

MINUTE - PUBLIC

Meeting	Integration Joint Board
Date, Time and Place	Friday 9 December 2016 at 2.00pm Room 16, Islesburgh Community Centre, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> G Cleaver B Fox T Morton C Smith <i>[Chair]</i> C Waddington <i>[Vice-Chair]</i> M Williamson</p> <p><u>Non-voting Members</u> S Beer, Carers Link Group S Bokor-Ingram, Chief Officer S Bowie, Senior Clinician – GP S Gens, SIC Staff Representative H Massie, Patient/Service User Representative I Sandilands, NHS Staff Representative E Watson, Senior Clinician – Senior Nurse K Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	R Roberts, Chief Executive, NHS J Belford, Executive Manager – Finance, SIC J R Riise, Executive Manager – Governance and Law, SIC C Scott, Executive Manager – Adult Services, SIC H Sutherland, Head of Planning and Modernisation, NHS L Gair, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> None</p> <p><u>Non-voting Members</u> C Hughson, Third Sector Representative M Nicolson, Chief Social Work Officer J Unsworth, Senior Consultant: Local Acute Sector</p> <p><u>Observers/Advisers</u> J Best, Solicitor, SIC</p>
Chairperson	Mr Smith, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.
Minutes of Previous Meetings	The Board were advised that the minutes of 7 September 2016 and 26 September 2016 had been tabled at the meeting and the Chair allowed members time to read those minutes.

	<p>The Board confirmed the minutes of the meeting held on 7 September 2016 on the motion of Mr Cleaver, seconded by M Williamson, with the exception of the following:</p> <p><u>Sederunt</u>: “[Vice-Chair]” should appear after “C Waddington” not “M Williamson”.</p> <p>The Minutes of the meeting held on 26 September 2016 were considered and a correction was highlighted in line two of Min. Ref. 46/16 where “Intensive Care Team” should read “Intermediate Care Team”.</p> <p>A protest was made that the tabling of minutes was not acceptable and Mr Fox said that he was not happy for the minute to be approved as it stands. He commented that the support given to the IJB was not what it should be and that there was a need to look at the resources available. Mr Fox also said that the minutes had been presented out of sequence having approved 19 October 2016 minute at the previous meeting. He said that this was not a criticism of Committee Services as their workload was huge. The Chair said that he would take the matter up with the Executive Manager – Governance and Law and the Director of Corporate Services. The Executive Manager – Governance and Law apologised to the IJB and said that he appreciated their understanding. He advised however that it was in the IJB’s gift not to approve the minute and hold it over to the next meeting.</p> <p>The Chair advised that the minutes of the meetings at (b) 26 September and (c) 23 November 2016 would be presented to the next meeting of the IJB.</p>
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65/16	Shetland’s Autism Spectrum Disorder Strategy 2016-2021 Action Plan – Progress Update
Report No. CC-87-16-F	<p>The Board considered a report by the Executive Manager – Adult Services, which provided an overview of key activities of the Shetland’s Autism Spectrum Disorder Strategy Working Group to date following final approval of the Shetland’s Autism Spectrum Disorder Strategy 2016-21 on 27 April 2016 (Integration Joint Board) and 13 June 2016 (Education and Families Committee).</p> <p>The Executive Manager – Adult Services introduced the report and responded to a question relating to the appointment of a lay member. She advised that there is a plan to set up a sub group to take information forward and seek comment and feedback from individuals with Autism Spectrum Disorder into the action plan.</p> <p>Comment was made on how well laid out this report was and in referring to figures at paragraph 7.6 the Executive Manager – Adult Services was asked if the number of volunteer</p>

placements being supported would be sustained. The Executive Manager – Adult Services said that she would have to source that information and advised that the service supports individuals in voluntary work and employment through COPE, Employability Pathways and other arrangements. She advised that there is also a programme being developed in conjunction within Disability Shetland to support individuals not at work ready stage to move to employment. The Executive Manager – Adult Services said that some individuals are not ready for work so it is important to identify how their needs can be met.

The Vice-Chair said that the IJB are tasked with having an overview and had previously asked that key performance indicators be linked to strategies and it was important that every six months consideration is given to 1. What has changed in six months; and 2. are we heading in the right direction?

Upon request, the Executive Manager – Adult Services also provided the names of the consultant psychiatrist and psychiatric nurse who support the diagnosis of Autism Spectrum Disorder (ASD). In response to an observation on gaps in Adult Services the Executive Manager – Adult Services advised that through the Scottish Government Autism Spectrum Disorder Improvement and Innovation fund a trainer had come to Shetland to provide Sensory Integration training and a number of teachers from schools had been invited to attend. She said that training was provided on the basis of joint working with Children's Services, Adult Services and Allied Health Professionals. She said that the training was well received but there is further support needed for colleagues in Children's Services and Adult Services to support the transition of clients into Adult Services.

Reference was made to the 2013 mapping exercise and report and in response to a question the Executive Manager – Adult Services explained that an external individual, outside Shetland, had been tasked with producing the map of services for people with autism in Shetland, within a limited timeframe. She said that work is now taking place to look thoroughly at what assets there are in place and what is needed to fill gaps.

The Bruce Family Centre was referred to in both the Action Plan and Strategy and comment was made on the various services it provides to a large number of groups. The IJB were advised that one proposal was to move services from the Bruce Family Centre to the Library once the old library had been renovated, the Executive Manager – Adult Services responded that where ever the location it was important that a crèche facility is provided to support parents, of children with autism, attend the sessions for parents.

Reference was made to the circulation of the report and the need to present it to Education and Families Committee and IJB for the areas covered under their remit. It was suggested that

	<p>the Scottish Government should be more mindful of people with lifelong conditions and that it is not helpful to report across two separate bodies. However it was noted that although transition into adulthood is always a huge issue the care sector is in a position to help, which was seen as positive.</p>
Decision	<p>The Integration Joint Board noted the progress made by the Shetland's Autism Spectrum Disorder Strategy Working Group in taking Shetland's Autism Spectrum Disorder Strategy 2016-2021 Action Plan forward and highlighted issues for officers to take away and consider for future action.</p>

66/16	2016/17 Budget and Recovery Plan
Report No. CC-93-16-F	<p>The Board considered a report by the Chief Financial Officer which provided further information regarding the forecast outturn for 2016/17 and sought approval for an approach to NHSS to request additional funding to cover the forecast over spend in NHSS arm of the budget.</p> <p>The Chief Financial Officer introduced the report and advised that the value of the one-off payment required would not be known until the end of the financial year.</p> <p>In response to a question on how the NHS will pay for the one-off payment, the Chief Officer explained that if the Health Board are not able to balance their budgets at the end of the year they will need brokerage from the Scottish Government. However the Health Board is still forecasting a breakeven position without the need for brokerage and plan to pay for the one-off payment from underspends in other directorates and from unused reserves.</p> <p>The Chief Officer was asked further on this point and in terms of the Strategic Plan set by the IJB if the IJB would have to take on debt and if so would the Strategic Plan have to be amended. The Chief Officer advised that against the Strategic Plan there are efficiency targets, at a time of reduced budgets. For this year he advised that there is a gap in the health part of the budget which means the Health Board is being asked to cover the difference and it is important how the IJB plan to work out the underlying deficit and "cut its cloth" accordingly. The Chief Officer went on to explain that for this year, 2016/17, if the IJB is agreeing with the recommendation an approach to the Health Board will be made for them to make a one off payment to balance the IJB budget on the health side. He said that this would be on the presumption that the Health Board can balance its own budget and do not need brokerage from the Scottish Government. If however the Health Board need brokerage there is a risk to the IJB as the Health Board may pass the brokerage to the IJB which it will have to pay back. This would potentially leave the IJB with a loan.</p>

The Chief Executive, NHS addressed the IJB and said that he accepted that this was complicated matter now with the number of parties involved. He said that the IJB received a budget from the Council and Health Board which was agreed. For the health side there is an expectation to deliver budget savings. He said that after three quarters of the year there are two reasons that the budget is not balancing: 1. Number of specific costs such as locums; and 2. Savings to be delivered have not happened as quickly as needed. The Chief Executive, NHS said that he recognised that the Health side of the budget is overspent and that a request will be made to the Health Board to provide additional budget. He said that the difference for the Health Board compared to the Council is that the Health Board does not have reserves it can use to balance its budget in year. He said at the beginning of the year there had been an assumption that there would be one off non recurrent savings in property sales that would support the position but the time taken to deliver savings has been longer than expected. He said that it is reasonable that the IJB get a fair share of the one off savings but the Health Board will have to decide if it can afford to do that and also make a judgement as to whether it is the right thing to do. The Chief Executive, NHS said that if the Health Board are able to balance their overall budget it will be easier to pay additional funding but if they are not balanced overall this will be more difficult and their only option would be to ask the Scottish Government for brokerage to balance the budget. He concluded that should brokerage be required the IJB would be expected to pay back their share of it.

Concern was expressed that the IJB should firstly be overspent at all and secondly that brokerage may be required from the Scottish Government and should be split across two organisations. Clarity was sought on where in the Act this would be possible and guidance that shows that this would even be a desirable outcome. The Chief Executive, NHS said that the reality was that the IJB were overspending more than there is budget for and in response to the question he confirmed that while there was nothing in the Act but there is Scottish Government guidance that describes the options when one part of the IJB overspends and needs to ask for additional funding. The Chief Executive referred Members to the IRAG guidance at paragraph 4.2 where it states that additional budget or allocation can be required to be paid back.

The Chief Financial Officer was asked what the reserves were referred to in the report and was advised that the Health Board holds a 1% contingency every year in addition to reserves for prescribing costs. He said that this year the contingency amounted to £400k. He also confirmed that brokerage has never been required in the past for NHS Shetland.

A suggestion was made that the fortuitous underspend is held back if the IJB are allowed to spend on any other part of social care.

	<p>The Vice-Chair said that there is a recommended mechanism for one off payment however Members are not clear on the implications if the NHS refuses. She said it is important for next year to have an agreement at the outset and if the budget is overspent the IJB has to be clear and remind itself at each meeting what the implications are. She said that she was at a recent IJB Chair and Vice-Chair's meeting where the question of underspends came up and the Scottish Government Official, in attendance suggested that an underspend is only really an underspend where 100% of everything is done in the plan. She said however that Shetland's interpretation locally is different and therefore next year, each month, the IJB needs to monitor spend against the plan and be more challenging about how spending was achieving the IJB's Strategic Plan.</p> <p>The Chair moved that the IJB approve the recommendations contained at paragraph 1.1 and 1.2 of the report. Mr Fox seconded.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Requested that NHS Shetland (NHSS) provide the Integration Joint Board with an additional one-off payment to cover the forecast over spend on the NHSS arm of the budget; and • Noted that the forecast fortuitous under spend in Shetland Islands Council (SIC) arm of the budget will be returned to SIC in accordance with the Integration Scheme.

67/16	2017/18 Budget Setting
Report No. CC-92-16-F	<p>The Board considered a report, by the Chief Financial Officer which described the budget setting process for 2017/18.</p> <p>The Chief Financial Officer introduced the report and advised that draft budgets were in place and further versions would be presented in January 2016 and would include comments made at today's meeting.</p> <p>Comment was made by the Patient/Service User Representative that the 2017/18 budget shows the SIC with a reduction in care spending and it was felt that this went against discussion relating to Ronas Ward. It was suggested that people are not getting the care packages they need which promotes a bottle neck in the system. The question was asked if this was against the spirit of the IJB.</p> <p>The Chief Officer said that Officers look at the spend in totality of the social care budget and the levels of funding for social care in Shetland is significantly higher compared to other local authority areas. He said that Shetland costs are high against Orkney for example in terms of what is spent on adult social care. The Chief Officer said that he was confident that the IJB can live in the envelope set but if demand increases it will put</p>

the IJB over its budget. He said that there are variances on a month to month bases across Shetland with available hours in one area that can be shifted to another area. The Chief Officer said that the indicators for the Scottish Government grant could be as bad as last year and that would mean a 5.1% cash reduction, but that would not be known until the Scottish Government announcement next week.

The Patient/Service User Representative said that one answer was to take Ronas ward clients into the intermediate care team but surely that would not work. He said that to have a budget going down is contrary to what was intended and asked if this could all be linked together. The Chief Officer said that in terms of service they are much more integrated services and there is more understanding of unmet needs not meeting need is more rare now. He assured the IJB that the IJB can meet today's social care demands today. In terms of finance the reality is that there are two sources for the budget which is aggregated on paper but disaggregated at the year end and both organisations are entitled to know where money is spent.

The Chief Officer was asked if he had the ability to feed back and get to a position where the whole system flows and the SIC can do their bit and the NHS can do theirs. The Chief Officer said that this was possible through the integrated plan and the services on the ground and the pathways were there, which was evident through having more empty hospital beds with a shift to care in the community. He said that the integrated budget did not have a position where money was going in from both organisation and being used by both organisation and that there was still separation to understand and what was being spent in each.

During further consideration of the report reference was made to investment in pharmaceutical services where the Chief Officer advised that work was being done to try to track the benefit of investing in pharmacy. He said that the role of pharmacy is to provide a support service which is useful. He said that savings are being tracked and it is expected that costs will start to fall.

(Mr Cleaver left the meeting)

The Chief Officer said that it only takes one patient to be on a high cost drug for there to be high expenditure on the overall budget. Reference was made to fully integrating with community nursing and it was noted that Orkney are fully integrated in this area. The Chief Officer said that it would be useful to look at what Orkney has done and if that model could work in Shetland.

The Carers Link Group Representative referred to fortuitous vacancies and was concerned that budget savings into the future would see posts not being filled. The Chief Officer said

that staffing was based on the level of need and if that provision can be delivered. In terms of self directed support the Chief Officer explained that this was dependent upon available budget for Social Care within Community Care resources and is not entirely about where it has not been possible to react. The Carers Link Group Representative asked if self directed support money was available under an equivalency model, how that could save money. The Chief Officer said that it doesn't save money but it transfers demand away from Council provided services. During further discussion around self directed support and staffing levels concern was expressed that should staffing levels go down there would be insufficient resources in the Council which would leave customers with no choice other than self directed support. The Chair suggested that the Chief Officer and the Patient/Service User Representative meet to discuss specific cases where it had been suggested that need has not been met.

Reference was made to paragraph 1 to 1.2 of Appendix 1 and the savings indicated within nursing and what confidence there was that the figures were deliverable. The Chief Financial Officer provided an explanation to the figures provided and explained that there was to be a zero variance which meant a standstill budget for the current year.

The Vice-Chair referred to each of the four strands of the budgets and concluded that if there is a reduction on last year's budget it will be more than 3%. She said that this is an area where there is a huge increase in demand where the population is growing older and it was important to be more proactive than reactive. She said that care workers need to be as multi skilled as possible and more thought should be given to what is required in terms of care homes. The Vice-Chair said that whilst accepting that money is tight it is important to do something different to meet demand when demand is increasing.

Dr Bowie commented that Scottish Government should be told that there is not enough funding. She said that Dr Unsworth had suggested that she, the Clinicians, Senior Nurse, and Health Workers should meet to discuss what changes could be made and what is essential to provide their services.

The Chair said that if the Scottish Government were to be approached it would be important to do that jointly.

Attention was drawn to the further cuts that may be required, and the earlier discussion around individuals not receiving care packages, and comment was made that the current level of service can no longer be considered excellent. Reference was made to the impact that the oil and gas industry had on recruitment and although it would now be possible to recruit more easily it would remain an adequate service. It was suggested that the IJB could not go on believing that an

	<p>excellent service is being provided and more consideration was needed on how to provide a better service for less money. In terms of the underspent budget, that is to be handed back to the Council, it was considered not to be a smart move and that the funds should be used to provide much better care.</p> <p>The Chair responded that if anyone present is aware of individuals needs not being met then discussion should be held with the Chief Officer after the meeting. The Chair referred to the comment that there is only an “adequate” level of service provision, and said that he strongly disagreed and that staff do provide a very good level of care compared to other areas. He said that if the Scottish Government does reduce its grant there will have to be further cuts and changes will have to be made in 2017/18.</p> <p>The NHS Staff Representative thanked the Chair for his supportive words and commented that staff do deliver a high quality service and it was difficult to hear earlier comments. He said that all inspection reports show that the service provision is above “adequate”.</p>
Decision	The Integration Joint Board noted the progress on the 2017/18 budget setting exercise.

68/16	Joint Strategic Commissioning Plan: Part 1 – Draft Needs Assessment
Report No. CC-90-16-F	<p>The Board considered a report by the Head of Planning and Modernisation, NHS, which presented Part 1 of the Joint Strategic Commissioning Plan, including the Draft Needs Assessment.</p> <p>The Head of Planning and Modernisation introduced the report and highlighted the issues which had been raised, so far, from the consultation on the draft Plan.</p> <p>Reference was made to page 52 of the Plan and “Reliance on other Services” and during discussions around the use of telecare it was suggested that more could be done to challenge Scottish Government regarding broadband connectivity in remote areas of Shetland. The Head of Planning and Modernisation agreed and advised that good connectivity underpins the use of data transfer. The Chief Officer added that as a stakeholder on the Shetland Partnership the IJB will be able to identify how better connectivity will benefit the care sector and be able to influence discussions.</p> <p>During further discussion on the use of telecare, it was suggested that there is little evidence of the benefit of telecare and that 90% of all health care is done in the GP surgery, although it was seen as useful for patients being able to speak to consultants in Aberdeen without having to travel south, which</p>

also is also a cost saving for the NHS.

The Chief Executive, NHS advised that he had recently attended a technology summit where he had clearly made the point that the places that need telehealth care most are also those that have the most limited underlying infrastructure such as broadband. He felt this was acknowledged by the Scottish Government and he was clear that this should be progressed as a Community Planning issue. It was right that the IJB continued to push this issue. He said that telehealth care covers a huge range of services including clinician appointments and feedback from patients indicated that this provided a better solution for them than having to travel to an appointment. He also advised that as an example 300 patients had not had to travel to the Golden Jubilee Hospital for orthopaedic appointments by using telehealth care. The Chief Executive said that there is a good standard that can be delivered by telehealth care and it should be used, where appropriate.

Attention was drawn to a table which demonstrated a high percentage increase in respite care, and in response to a question the Chief Officer advised that there are different levels of income for the services received and clearly there is less income from respite. Looking at the whole issue of demand it is not possible to carry on services as it is and it is helpful to see a shift in terms of how services are delivered. The Chief Officer said that there is not money or staff to provide care as it had been provided in the past. He said that the table provides a good example of how the shift in operation has used more respite beds and the benefit is significant.

In response to a question as to whether the current fee structure was still appropriate when more respite was taking place the Head of Planning and Modernisation advised that checks are carried out on the calculation of care home fees.

Reference was made to the quote from The Christie Report on page 41 of the Plan and "It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising and preventative approach.". It was questioned whether the IJB were anywhere close to achieving this aspiration.

During further consideration of the Plan, it was noted that there are 4 strategic priority projects relating to hospital care, primary care, care homes and community care. A request was made that there be a change in terminology when referring to Montfield as it is not a locality hospital but is used by people across Shetland. It was suggested that transforming projects should include staffing under building organisational resilience and capacity. A question was raised as to whether adult services and mental health was reflected enough in the Plan and following some discussion on the matter it was agreed that Mental Health and Adult Services will be included in the last two

	<p>boxes of the table in section 4 of the report.</p> <p>Concern was also expressed that services such as family health promotion may be impacted where there is clear evidence that it makes a difference to patients.</p> <p>On the motion of the Chair, the IJB unanimously approved the recommendations contained in the report.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Considered and commented on Part 1 – the Needs Assessment – of the Joint Strategic Commissioning Plan; • Approved the Strategic Priority Projects and indicative timescale for implementation set out in section 4 of the report; and • Noted that the further elements of the Plan (the Final Needs Assessment, the Budget, the Service Plans, an Executive Summary and Equality Impact Assessment) will be presented for consideration in January 2017.

The Chair advised the IJB that this was Mr Massie's last meeting and he thanked Mr Massie for his contribution and help on the IJB, which had been appreciated. The IJB concurred.

The Chair advised that he would be in contact with Legal Services to ensure that a replacement for Mr Massie is sought.

The Chair wished those present a Merry Christmas and a Happy New Year.

The meeting concluded at 4pm.

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Chair