

Meeting	Integration Joint Board
Date, Time and Place	Friday 17 February 2017 at 10 am Bressay Room, NHS Shetland HQ, Montfield, Burgh Road, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> B Fox T Morton C Smith <i>[Chair]</i> E Watson M Williamson <i>[Vice-Chair]</i> A Wishart</p> <p><u>Non-voting Members</u> S Beer, Carers Link Group S Bokor-Ingram, Chief Officer S Bowie, Senior Clinician – GP (Video Link) K Carolan, Senior Clinician – Senior Nurse A Garrick-Wright, SIC Staff Representative C Hughson, Third Sector Representative M Nicolson, Chief Social Work Officer I Sandilands, NHS Staff Representative K Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	C Ferguson, Director of Corporate Services, SIC R Roberts, Chief Executive, NHS H Sutherland, Head of Planning and Modernisation, NHS C McIntyre, IJB Chief Internal Auditor, SIC S Henderson, Management Accountant, SIC J Best, Solicitor, SIC C Anderson, Senior Communications Officer, SIC L Gair, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> None</p> <p><u>Non-voting Members</u> S Gens, SIC Staff Representative 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.
07/17	2017/18 Budget

The Board considered a report by the Chief Financial Officer that presented, for noting, the IJB's 2017/18 Budget for the functions delegated to it.

The Chief Financial Officer introduced the report.

In responding to a question regarding the increase in self directed support and whether the budget will cover the increase in support packages, the Chief Officer said that he had discussed this matter with the Executive Manager – Adult Social Work this morning and was confident that self directed support would continue to be covered within budget. He said however that there had already been a shift away from provided services with an increased pressure on self directed support. He said that some of that shift would be limited by the number of available employees that clients can appoint to deliver their care. In the meantime this change can be managed in the current budget. In terms of what is spent on relief cover the Chief Officer referred to the performance reporting on sickness levels which he advised is down considerably.

During discussion it was suggested that it would be difficult for the IJB to note the matters highlighted in the decision required paragraphs as the matters were intertwined and Members needed to have more understanding around each of them. It was further suggested that what would be helpful was a report that looks at the level of activity in each area for example, GP practices provide 90% of the health activity.

A question was asked whether the money removed, as a result of less relief cover, could be used in order that less additionality funding is required. The Chief Financial Officer said that this was the last chance to negotiate the position with the Council but there needed to be a collective decision of the IJB to negotiate that.

Reference was made to paragraph 4.14 and the £814K excess, described as a 'slush fund', held by the Council in excess of its payment and Officers were asked how flexible that fund was and how much would be accessed. The Chief Financial Officer said that some of that money will be released but he did not know how much. The Chief Officer added that what is released is for specifics and is a contingency for certain elements.

In referring to the shifting balance of care into the community it was suggested that the money the Council are taking out is required and the IJB should be looking to the Chief Financial Officer to speak to the Council on this point. The Chief Officer agreed with the principle that it would be useful to have additionality funding available as additional money. He said that there is also intermediate care to look at with a view to having something better and more efficient. The Chief Officer informed the IJB that the integration fund is needed to "pump prime" these and other initiatives. The Chief Officer said that the IJB

	<p>had to be mindful that the additionality money going from health to the Council was mandated by the government but what was clear from government legislation is that both the Council and the Health Board need to fund at least at 2016/17 levels, whilst efficiencies would still need to be found going forward.</p> <p>In response to a question on timescale, were further negotiations be required with the Council, the Director of Corporate Service explained that the pre-election period starts on 13 March 2017 which is when matters change for elected Members on the IJB. She said that given the Council were satisfied with the due diligence undertaken, which is in line with legislation, if the IJB request a change to what the Council approved in terms of budget Officers would have to convince the Council that there had been a material change, otherwise their decision remains for 6 months. The Director of Corporate Services said that having considered due diligence in this matter she was unsure what the Council would consider a material change. In addition the Chief Financial Officer said that in terms of timescale it would be sensible to accept the Council's offer and focus on the issue of the NHS savings gap. Going forward the IJB should direct both parties early in the 2018/19 budget setting cycle to keep the additionality funding, which is not earmarked for Council current cost pressures, outwith the service budgets to create a transformational change reserve.</p> <p>Concern was expressed at the lack of understanding of what the report is asking the IJB to do when the opening presentation was seeking a decision around self directed support and social work. It was noted that reference had been made earlier to the "slush fund" held by the Council but it was pointed out that this money could not be described as such as it was earmarked for specific activities.</p> <p>The Chair commented that the IJB were running out of time as the last meeting would be held on 10 March 2017. He said that he hoped to leave the IJB in a solid position for the next Chair therefore it was important to give direction to the Chief Officer to provide more information through a seminar before 10 March 2017 so that the IJB know what decisions are required. The Chair concluded therefore that the IJB could not note the items highlighted in the decision paragraph.</p>
Decision	The IJB considered the report and sought more understanding of areas for noting, listed at section 1, through a seminar before the next meeting of the IJB on 10 March 2017.
08/17	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, excluding the Financial Plan and Service Delivery Plans
Report No.	The Board considered a report by the Head of Planning and

Modernisation, NHS, which presented the Shetland Islands Health and Social Care Partnership, Joint Strategic Commissioning Plan, excluding the Financial Plan and Service Delivery Plans.

In introducing the report the Chief Officer said that the budget offered by the Council and NHS was built in partnership with officers and recognises cost pressures and service pressures. He advised that there is a significant financial gap in the NHS part of the budget. The Chief Officer explained the reporting process within the Council and the Health Board and advised that comments were fed into the process. The Chief Officer recognised the hard work of the Head of Planning and Modernisation stating that this report takes the previous iterations of the plan to a new level.

The Head of Planning and Modernisation provided an overview of the intention behind the plan and what the needs assessment would be going forward. She said that there is an acknowledgement that more people are living longer with more complicated conditions therefore demand on services is increasing. The Head of Planning and Modernisation stated that there are good performances to build on and advised that the financial challenges mean that there is no longer enough efficiencies that can be made and if this position continues there will be a breakdown in terms of not having enough staff. The Head of Planning and Modernisation referred to programmes signed off by the IJB in December that were added to and highlighted the main terms of the report presented today.

The IJB welcomed the report and in responding to a question on whether thought had been given to a single project board that would have oversight of all activities, the Chief Officer said that the IJB covers a large area of activities that affects two organisations. He said that there are mechanisms and groups in place with shared governance that are mindful of any gaps and named the strategic planning group as one of these. The Chair said that conversations with legal would be helpful in ensuring who needs to be involved.

In referring to the decision required comment was made that there was some unease in approving the recommendations in principle when parts are missing. Officers were asked if approval could be given, when the service plans are not part of the report. The Vice-Chair said that the IJB have to find a way of moving forward as it heads towards a new financial year. She said that two parties had already approved a direction of travel and it was up to the IJB to find out how that will be delivered. The Head of Planning and Modernisation advised that the plan sets out the direction of travel and what it will do is tighten up what actions have to be delivered on. She said that this would not change the ten strategic programmes listed. This would be done in bite sized chunks to provide a connection to financial clarity. The Head of Planning and Modernisation said

that had she left the strategic commissioning plan till later as it would have been a lot to deal with at one time but this way it is building a strong plan as time goes on. She said that the government announcement was made later than anticipated which means that the plan is 2 months behind and although she appreciated the concerns around the development of the plan so far it did not change what still needs to be done.

The Chair adjourned the meeting at 10.50pm as the Video Connection to Dr Bowie was lost. The Chair reconvened the meeting, but the video connection to Dr Bowie could not be re-established.

Reference was made to page 94 of the agenda pack and the IJB were advised that concerns had been raised with the Head of Planning and Modernisation separately regarding unmet need and the ability to respond immediately to unscheduled care. The Head of Planning and Modernisation informed the IJB that the Executive Manager – Community Care Resources is setting up a system to better record unmet need across Social Care Resources and although she was in the early stages of this piece of work she intended to record information for a month and share it with the IJB as part of the performance report. The Chief Officer added that in terms of systems working and flowing he had not seen any particular issues. He said that there can be demand in particular circumstances and delays in accessing services but the month before Christmas and over the winter there had been the ability to accommodate clients, not necessarily in their own community. The Chief Officer said that he would appreciate examples of unmet need as this was not necessarily being seen by management. Ms Beer agreed to arrange a meeting with the Chief Officer on the issue of unmet need.

The IJB were also advised that there were currently no performance measures for carer assessments and it was noted that new legislation would be brought in during April 2018 that would make carer assessments a statutory duty. The importance of reporting on carer assessments as well as having assessments within the carer plan was highlighted. The Head of Planning and Modernisation confirmed that this was being worked on.

(K Carolan attended the meeting)

In response to a question the Head of Planning and Modernisation confirmed her intention to present the whole policy to the meeting on 10 March 2017.

The Senior Clinician – Senior Nurse responded to a question on the meaning of an “asset based approach” where she explained that this approach looked at strengths rather than the things that can’t be done. She said it was about having clear goals for someone to achieve and about it being the individual’s wishes

	<p>rather than the organisations. It was noted that this ethos runs through the whole paper, that individuals are to be at the heart of the changes. Officers were asked if this was happening and if there was a mechanism to allow that to happen. The Chief Officer explained that the way the plan was being developed and in managing change it is always done well with communities. He said that there was some direct contact however staff are connecting with groups of interest and with people either caring for someone with a condition, ie dementia. The Chief Officer said that staff attend events where people speak to them about changes needed etc, and he may attend community council's on matters of wider change. He said that there are many layers of interacting with service users and experience has found that attending pre-existing groups works best.</p> <p>In response to a query regarding the appointment of a user representative on the IJB, Ms Watson explained that the next meeting of the Public Partnership Forum in March 2017 would consider what structure there is locally and how to engage with people moving forward.</p> <p>At the direction of the Chair the IJB unanimously approved the decisions required in Section 1 of the report, acknowledging that more information will be available for the meeting on 10 March 2017.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • APPROVED in principle the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan, insofar as each organisation's authority is set out in the Integration Scheme, excluding for now but subject to the subsequent approval in March 2017 of the Financial Plan and Service Delivery Plans; and • NOTED that the budget proposals for 2017-18 involve the current service model being fully funded for SIC funded services delegated to the IJB; • NOTED that the gap between the current service models and available funding is in the region of £2.6m in respect of NHS funded services delegated to the IJB; • NOTED that a separate report on the agenda addresses the options for bridging the funding gap; and • NOTED that further reports will be prepared for the March meeting to complete the Strategic Commissioning Plan with a Financial Plan and Service Delivery Plans.

On the motion of Mr C Smith, seconded by Mr Fox the IJB resolved, in terms of the IJB Standing Orders for Meetings, to exclude the public from this meeting during consideration of the following item of business, on the grounds that it is likely that, if the public were present, there would be disclosure of exempt information as

defined in paragraph 6 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973.	
09/17	Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan: Financial Plan - Options for Bridging the Funding Gap
	<p>The Board considered a report, by the Head of Planning and Modernisation that presented the Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan: Financial Plan – Options for Bridging the Funding Gap.</p> <p>Following consideration of the report and on the motion of Mr Wishart, seconded by Mr Fox, the IJB approved the decisions required with amendments.</p>
Decision	The Integration Joint Board approved the decisions required with amendments.

The meeting concluded at 3.35pm.

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Chair