MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Friday 10 March 2017 at 9.15am** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	Voting Members B Fox T Morton C Smith *[Chair]* E Watson M Williamson *[Vice-Chair]* A Wishart Non-voting Members 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 M Nicolson, Chief Social Work Officer J Unsworth, Senior Consultant: Local Acute Sector K Williamson, Chief Financial Officer
In attendance [Observers/Advisers]	C Anderson, Senior Communications Officer, SIC J Belford, Executive Manager – Finance, SIC J Best, Solicitor, SIC S Duncan, Management Accountant, SIC C Ferguson, Director of Corporate Services, SIC C McIntyre, IJB Chief Internal Auditor, SIC L McLeod, Project Manager – Shetland Health & Social Care Partnership J Riise, Executive Manager – Governance and Law, SIC R Roberts, Chief Executive, NHS J Robinson, Executive Manager – Allied Health Professionals H Sutherland, Head of Planning and Modernisation, NHS L Watt, Service Manager – Primary Care, NHS L Geddes, Committee Officer, SIC *[note taker]*
Apologies	Voting Members None Non-voting Members C Hughson, Third Sector Representative I Sandilands, NHS Staff Representative

Chairperson	Mr Smith, Chair of the Integration Joint Board, presided.
Declarations of Interest	Ms Watson declared an interest in Agenda Item 10 “Extending Intermediate Care in the Community – Update” as Service

	Manager in that particular area, and in respect of her involvement with the project team and board taking the work forward.

Minutes of Previous Meetings	The minutes of the meeting held on 25 January 2017 were confirmed on the motion of Mr Fox, seconded by Mrs Williamson. <u>03/17 – Carers' Information Strategy 2016-20</u> The Carers' Link Group representative advised that she had been asked to point out that although funding had been secured for the Support Worker, there was no funding for the core work supported by the Council or the IJB – this came via the Carers' Information Strategy. The Chief Officer advised that the funding referred to in the minutes related just to the Carers' Information Strategy. However there were other applications from which funding was allocated. If anyone had questions relating to future funding, he could put them in touch with the relevant people. Except as undernoted, the minutes of the meeting held on 17 February 2017 were confirmed on the motion of Mrs Williamson, seconded by Mr Fox. <u>08/17 – Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, excluding the Financial Plan and Service Delivery Plans</u> Ms Watson advised that the reference to the "Public Partnership Forum" in the penultimate paragraph should be replaced with "PFPI Steering Group".

10/17	**Scottish GP Patient Experience Survey**
Report No. CC-18-17-F	The IJB considered a report by the Service Manager – Primary Care which presented the findings of the 2015/16 Scottish GP Patient Experience Survey for Shetland. The Service Manager – Primary Care summarised the main terms of the report, advising that the survey had taken place in November 2015, and the next one was due in November 2017. The paper presented today highlighted individual practice results broken down by locality areas. It also provided information on the feedback received from practices and action plans, where these had been developed. Information had been included regarding practice vacancies when the survey had been carried out and regarding different types of appointment systems, as neither were reflected in the survey. She advised that it was important to note that a separate survey had been sent to patients of Lerwick Health Centre prior to this particular survey, and the results had been supportive. Locally there was

	an issue with GP recruitment and some vacancies were still ongoing. Work had been carried out on a different recruitment model and to promote Shetland, particularly to GP trainees. The Service Manager – Primary Care then responded to questions, and the IJB noted the following: • Consideration could be given to including results from previous years for comparison. It was not yet clear what questions would be asked in the 2017 survey, but it was anticipated that the questions that had been asked about carers would be expanded on. • Work would be taking place soon regarding the co-ordination of test results across practices. A number of practices only contacted patients when test results showed something outwith the normal range, and consideration was being given to a system to record this. • The survey did not ask about Advanced Nurse Practitioner (ANP) access at the Lerwick Health Centre, although the separate survey carried out had shown a high satisfaction rate. Nationally a number of practices employed ANPs due to GP shortages, and the survey organisers had been advised that there was a need to reflect this. There had been some gaps in ANP provision at the Lerwick Health Centre due to a vacancy, ill health and holidays. However the practice should be back to full strength again by the end of April. • Work was being undertaken with the data to look at comparisons between Lerwick and the rest of Shetland, and how they compared to other rural areas. This information would be shared when it was available. It was commented that the public tended to perceive ANPs as untrained junior doctors, but that ANPs were not interchangeable with GPs. Whilst patients may be satisfied with the appointments system, it could be argued that they were not getting to see a GP when they wanted to. Concern was expressed that there were some occasions where it had been evident that ANPs had not been supervised as they should have been. As GPs could not carry out their own role whilst supervising, this also had a 'double accounting' effect. It would therefore be useful for the Survey to take into account practices across Scotland which used ANPs, and it was noted that there were different models across the country regarding the use of ANPs. However it was pointed out that once people became aware of the type of service offered by ANPs - who were highly qualified individuals - they were much happier with the service they were receiving, particularly as a GP was made available to offer

	assistance when required. ANPs were nurses and did not undertake the role of GP, but the capacity of GPs to be able to carry out supervision was an essential part of the process. It was therefore important to get the message out that the delivery of primary care services involved a multi-disciplinary team, where all staff had a role to play in delivering the service. There was a continuing challenge around the recruitment of GPs to rural areas, and a lot of work had been done to try and make the local GP posts as attractive as possible.
Decision	The IJB discussed and commented on the results of the 2015/16 Scottish GP Patient Experience Survey.

11/17	**Directorate Response to Audit Scotland: Reshaping Care Impact Report**
Report No. CC-14-17-F	The IJB considered a report by the Project Manager – Shetland Health and Social Care Partnership which presented the findings of the Audit Scotland Reshaping Care for Older People: Impact Report (2016) and an appropriate response. The Project Manager summarised the main terms of the report, advising that the key messages highlighted within the impact report illustrated that good progress had been made, but more needed to be done in relation to directing resources to community and preventative areas. In response to questions, the Project Manager and Chief Officer advised that the key messages highlighted related to the national picture. Local areas had been asked to provide a position paper illustrating their response on moving from institutional settings to community-based ones, and the assessment of Shetland's position had been made following discussion with managers. The whole system approach referred to in relation to the ten Strategic Programmes related to consequences and impacts, and it reflected the need to ensure that links were being made between risks and unintended consequences. The work that had come out of the Government's work in research and innovation into health and social care had been embedded in other work programmes, rather than being a stand-alone set of actions, and the learning from that piece of work was included in strands of work that were being taken forward. Earlier pieces of work were used when considering benchmarks and national frameworks. During the discussion that followed, the importance of preventative measures in order to ensure that people remained healthy for as long as possible was highlighted. The measuring of outcomes was seen as crucial in order to ensure that what was being done was working well in practice. It was commented that the report was useful in that it reminded IJBs how they should be working, but that there was an underlying

	issue regarding the lack of resources. It was questioned how the minutes of this meeting would be confirmed, given that three of the voting members' appointments would expire at the end of the current Council's term in May. The Executive Manager – Governance and Law advised that an early draft would be produced for consideration by the Chair, as was the usual practice, and in this instance could be provided to the Vice Chair. They could then gather comments from the discussion from the other decision-making members to contribute to clearing the minutes. However the legal approval process could not be changed and confirmation of the minutes would be an item of business for the next IJB meeting. Some of decision-making members should be at the next IJB meeting, and would be able to confirm if the minutes reflected the discussion at the meeting. The Chair suggested that recommendation 1.1(c) in the report should be amended to read "Direct" rather than "Invite", and the IJB agreed.
Decision	The Integration Joint Board: • Noted the Audit Scotland: Reshaping Care Impact Report • Considered the extent to which the current local arrangements address the issues raised in the report • Directed the Chief Officer to report back on the significant issues arising from the report that require local action, namely: I. clarification on the decision making framework for investment / disinvestment decisions on the commissioning of services and priority services areas, at a time of diminishing resources; II. clarification on how a 'whole system' approach to health and social care service can underpin the 10 strategic programme areas; and III. clarification that the Annual Performance Report, to be presented for the first time in June 2017, will focus on the National Health and Wellbeing Outcomes; and IV. clarification on the balance of the current and future use of the Integrated Care Fund and the capacity to use it for pump priming for new and innovative solutions.

12/17	**NHS Internal Audit Report: Strategic Planning – September 2016**
Report No. CC-09-17-F	The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland which presented the findings of a

	recent NHS Internal Audit Study carried out on the topic of strategic planning. The Head of Planning and Modernisation summarised the main terms of the report, advising that the findings were broadly positive with no significant areas of risk highlighted, but there were four recommendations for improvement. Some of the actions required had already been addressed with the update of the Strategic Commissioning Plan, and it was intended that the others would be completed by April. It was noted that the audit had been carried out by the internal auditor of the NHS as part of the NHS audit process, and as a result it focused on NHS Shetland activity. The IJB's internal audit service was currently carrying out a holistic review, and the findings and recommendations of this review would be presented to a future meeting of the IJB Audit Committee. It was commented that there was a need to focus on making the strategic plan a 'whole system' plan, and to measure achievements.
Decision	The Integration Joint Board: • Agreed the Management Responses included in the Action Plan • Directed the parties to implement the actions required to improve the process of strategic planning with regard to the preparation of the Strategic Plan for the IJB.

13/17	**Financial Monitoring Report to 31 December 2016**
Report No. CC-16-17-F	The IJB considered a report by the Chief Financial Officer which presented the quarterly Management Accounts to 31 December 2016. The Chief Financial Officer summarised the main terms of the report, advising that the projected outturn was an overall adverse variance of £901,000, which was better than the Quarter 2 position. The main variances were outlined in the report and it was not possible to forecast more accurately at this stage, but the key point was that the IJB would show a break even position for the financial year 2016/17. The SIC underspend would be returned, and NHSS would have to make provision to cover its overspend. NHSS expected to break even with no brokerage required, but further discussion on the repayment of this would have to take place between NHSS and the IJB if it was required. The gap between NHS services and funding continued to be a significant issue, and this was discussed further in the budget paper being presented to today's meeting. There was a need to get a better

	understanding of cost pressures, but also to look forward to next year and consider how to address the underlying savings gap by working together to address the ten strategic plans to redesign services. Some discussion took place regarding the return of some GP practices to NHSS. It was noted that after June, there would be only three independent practices in Shetland, with seven being run by NHSS. The primary care projected overspend did not take account of changes in ways GP practices were being run, but the costs would not fall within the current financial year. NHS-managed practices - if run on a like-for-like basis - tended to be more expensive as independent practices, so it would be a worrying development if more practices returned to the NHS in the longer-term. The smallest practices were usually the most costly, and the Board could redesign practices so that they were more cost-effective. Redesign was likely to take place as there were some areas where there were would be obvious advantages, such as the integration of primary care and community nursing services which would save money as well as being of benefit to the patients. With practice nurses taking on more of a primary care workload, it had become the case that community nursing had been left as a separate area, and integrated nursing services was therefore something that should be considered. It was noted that primary care and out of hours care were two strategic priorities for NHSS. Work would take place in primary care to look for opportunities for further integration and creating a sustainable model of overnight care was being prioritised. It was pointed out that locally it was not always the case that smaller practices were twice as expensive. Small practices tried to manage with the staff they had available to keep locum costs to a minimum, and staff tended to have been there longer-term and were less likely to go on extended sick leave. GP recruitment challenges were referred to, and it was noted that a lot of work had taken place recently to look at recruitment models and promote local posts. The Orkney model had been closely studied, as Orkney was fully recruited in terms of GPs. Locum costs were one of the reasons that practices were returning to the NHS, and it was hoped that efforts made to increase recruitment would be successful. In response to a query regarding the underspend in SIC training due to a change in priorities, the Chief Officer advised that he would arrange to supply further information in respect of this. However he was aware that it was not always possible to release people for training when required - for example if there was inadequate cover available. There were alternative ways of delivering training and these were being used more, but service priorities would take precedence.

	It was noted that the reference to an overspend in Community Care Resources in paragraph 4.19 of the report should instead refer to an underspend, and that this was as a result of doing things more efficiently. There was an ongoing concern around vacancies that continued across Community Care Resources and difficulties in recruiting to Care at Home posts. The provision of vocational opportunities via schools continued, and there were opportunities for Modern Apprentices. Vacant posts were advertised in the local media and on the national portal, but consideration could be given to whether the posts were advertised widely enough so that they were easily accessible to people outwith Shetland who may be looking for employment.
Decision	The Integration Joint Board noted the Management Accounts for the 2016/17 year, as at the end of the third quarter, and the requirement to minimise expenditure during the remaining three months of the financial year. *(Dr Bowie left the meeting)*

14/17	**Performance Overview**
Report No. CC-15-17-F	The IJB considered a report by the Director of Community Health and Social Care which summarised the activity and performance within the functions delegated to the IJB. The Chief Officer summarised the main terms of the report, highlighting in particular that there were a number of indicators that required to be populated and to get a better spread of indicators that reflected local outcomes. In terms of the national indicators that were being measured under integration, Shetland had profiled well. He drew attention to AHP001 – the number of people waiting longer than nationally agreed referral assessment timescales for an occupational therapy assessment – and advised that the OT Service had reassessed their data when the report had been published. As a result, there were now only two people waiting over the agreed time. It was suggested that consideration should be given to the inclusion of information relating to each service in the summary of complaints, and the Chief Officer said that this could be taken into consideration. He also agreed to seek further analysis from occupational health statistics regarding incidences of sickness that had arisen as a result of manual handling tasks, and to provide this information to the IJB. In response to a query regarding the Homelink system, the Chief Officer advised that there were a number of pieces of equipment available. There was potential to use more types of equipment, but broadband speeds across Shetland were a limiting factor. Further opportunities would arise as broadband was rolled out further across Shetland.

	Some discussion took place regarding complaints that had been received in respect of mental health services. It was noted that nationally mental health services tended to attract a high number of complaints. On two occasions, NHSS had carried out external reviews of patient complaints to make sure there were no underlying issues regarding the delivery of services locally, and had been reassured as a result of these reviews. It was commented that the performance in relation to hospital bed occupancy was testament to the wider planning and interventions that were taking place.
Decision	The Integration Joint Board commented, reviewed and directed on issues they saw as significant to sustaining and progressing service delivery in order to meet the objectives in the Strategic Plans. *(The meeting adjourned at 10.35am and reconvened at 10.50am)* *(Dr Bowie returned to the meeting)*

15/17	**Risk Register - IJB**
Report No. CC-12-17-F	The IJB considered a report by the Director of Community Health and Social Care which summarised the high level risks that affect the IJB. The Chief Officer summarised the main terms of the report, advising that Risk IJB024 had been created to highlight concerns around changes to the voting membership and Risk IJB023 - relating to the Mental Health Service - remained high while procedures and processes were being embedded, but this was being actively monitored. Responding to questions, he advised that there were financial risks in not being able to deliver services, but also specific strategic risks relating to the delivery of strategic aims and objectives and other risk factors that made up the score. When new members were appointed to the IJB in the next Council term, it would be useful to hold a risk seminar to map out all the risks and what was behind the ratings. It was suggested that there was a need to focus on having a whole Strategic Plan going forward to mitigate the risk of failing to adequately identify community needs through planning processes and being unable to differentiate between the particular differences between localities. The amount of material that members required to read through before meetings was referred to, and it was suggested that the

	papers should include executive summaries to help reduce this and clarify complex issues, although it was recognised that it was difficult to strike a balance between trying to reduce the amount of information and not providing enough for good decision-making.
Decision	The Integration Joint Board reviewed and directed on issues they saw as significant to sustaining and progressing service delivery.

16/17	**Risk Register – CH&SC Directorate**
Report No. CC-13-17-F	The IJB considered a report by the Director of Community Health and Social Care Directorate which summarised the high level risks that could impact upon the Services of the delegated functions under Community Health and Social Care. The Chief Officer summarised the main terms of the report, highlighting in particular that additional management resources were now in place to support completion of the actions in respect of the Mental Health Service, and that two posts were currently being recruited to. It was questioned if it would be possible for psychiatrists to visit practices and hold clinics there, as had happened in the past, as it was felt that this would help improve services that were delivered. The Chief Officer advised that this would be something for the head of service to consider once in post. However there was a tension between clinicians using their time to travel to clinics, and having patients travel to a central point for clinics. It was noted that a low score had been received in relation to the capacity to provide a sustainable out-of-hours service, and it was suggested that one of the central measures that could be included in the review was the payment of social work staff in relation to the provision of this service.
Decision	The Integration Joint Board reviewed and directed on issues they saw as significant to sustaining and progressing service delivery.

17/17	**Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan**
Report No. CC-17-17-F	The IJB considered a report by the Head of Planning and Modernisation which sought authority to deliver the Strategic Commissioning Plan and associated services from 1 April 2017. The Chief Officer advised that a process of engagement had been gone through to reach this point. It was recognised that there was a gap in funding on the NHSS side, but important to

	consider that the strategic direction of travel had to be set, despite the funding challenges. The Head of Planning and Modernisation advised that a correction had to be made to paragraph 1.3(c) of the report, whereby the words "...insofar as the extent of the authority delegated to them through the integration scheme..." should be deleted. She went on to say that service plans had progressed which described the existing service arrangements but due to the funding gap, it had not been possible to completely align this. The Plan reflected the new Risk Register going forward. In response to a query, she advised that there had been some debate as to whether this report should be considered prior to the 2017/18 Budget report or following it, given that there was a funding gap. The two reports were connected but it was felt that this report should be considered first in order to set out the overview first, then resourcing should follow. It was commented that it was accepted that there was a need to redesign services, and questioned if that would follow on from approval of this report. The Director of Corporate Services said that the two reports were linked. However from a technical point of view, the difficulty the IJB had was with its requirement to issue directions to the two partners to deliver services, and there had been some discussion at a recent seminar that referred to the terms of appropriate instructions. Neither this report nor the following one were set out in a style of direction that was, in her view, legally competent. On the back of issuing direction to the two parties, there was a need to consider funding. Directions to the two parties must stipulate with regard to which function was delegated to which service to deliver and how much funding there was to deliver it with, and that information had to be considered before the direction could be given. Therefore the Plan could be approved in terms of the strategy and direction of travel, but the issuing of directions should wait until the finance had been considered. It was pointed out that the IJB were being asked to note that the following report on the agenda would be putting forward the budget proposals, and that these proposals were not being approved as part of that item. The Plan had already been approved by Shetland Islands Council.
Decision	The Integration Joint Board: (a) approved the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan, including the Service Delivery Plans; and (b) noted that a separate report on today's agenda puts forward budget proposals for 2017-18 to deliver the Plan and

address the funding gap on NHS Shetland funded services of £2.5m; and

(the decision in respect of (c) below was made during consideration of the next item on the agenda)

(c) instructed NHS Shetland and Shetland Islands Council to deliver the Strategic Commissioning Plan by:

- providing the services as set out in the Service Plans;
- delivering the services within the budget and resources described in the Budget for 2017-18 (see separate Report);
- delivering the services within the overall strategic and policy framework;
- putting in place the necessary performance monitoring arrangements to reassure the IJB that:
    - services within the Strategic Commissioning Plan are being delivered;
    - that service standards and performance targets are being met;
    - that the services are provided within budget;
    - the projects are being implemented on time; and
    - remedial action is being taken as necessary if expected performance is not achievable.
- regularly reviewing the strategic and operational risks of delivering the plan and putting in place arrangements to reassure the IJB that the risks are well managed and appropriate mitigation is in place; and
- noting that specific authority will be sought from the IJB for any changes, as a consequence of the strategic programmes or recovery plan, which result in a significant impact on the current service model or performance outcomes

(d) noted that depending on the decisions on the Budget Report 2017-18, some NHS Shetland Service Plans may require to be amended to reflect anticipated changes in service delivery arrangements and performance outcomes and will therefore be resubmitted for further approval during the year.

18/17	2017/18 Budget
Report No. CC-19-17-F	The IJB considered a report by the Chief Financial Officer which detailed the funding allocations from SIC and NHSS for 2017/18, outlined the gap between current service models and the allocation of funding in respect of NHSS functions delegated to the IJB, and proposed the development of NHSS service redesign plans to support the balancing of the budget. The Chief Financial Officer summarised the main terms of the report, advising that the funding allocation of £19.231m from the Council was equal to the cost of the current service model contained in the Strategic Commissioning Plan. The funding allocation of £23.135m from NHS Shetland, while £2.529M less than the current cost of service, exceeded the requirement set out by the Scottish Government to at least meet the recurrent budget this year. His recommendation was that the IJB should note the funding allocations from both Partners, direct NHS Shetland to progress the Planned Savings & Efficiency Projects of £1.291m outlined in paragraph 4.7 of the report, and direct NHS Shetland to identify further service redesign that delivered the remainder of the funding gap of £1.208M, as illustrated in paragraph 4.9 of the report. The IJB would be provided with regular progress reports on these redesign projects, and would be asked to make decisions on proposed service changes along the way. He went on to say that by accepting this approach and the Strategic Commissioning Plan 2017-20, progress could begin on the updated Vision and Strategic Direction which included the ten strategic projects contained in the Strategic Commissioning Plan, which were key parts of the solution. In reaching a decision, the IJB may wish to consider if there was likely be a better offer on table if the budget was rejected and, realistically, the answer was probably not as NHSS had fully committed all of its resources and had no reserves. Following discussions with NHSS this week, it was clear that the immediate Financial Risk remained with NHSS who would need to support the IJB's services with extra funding if the necessary savings were not delivered. It was also clear that if this required NHSS to obtain brokerage from the Government to support any additional funding; this would not create a debt on the IJB balance sheet, although it would reduce the funds available to NHSS to support the IJB's services in the future. The risk, therefore, if the service redesign was not progressed, was that the underlying funding gap would increase year on year, and in the long term this would reduce the ongoing funding available for the provision of services. He concluded by saying he was of the view that the IJB therefore required to work with both parties and to feel ownership of this challenging position. This would allow

	solutions to be developed that were based on the benefits of integration and partnership working, and would therefore result in better long-term outcomes for the local population than doing things separately. This was even more important at a time when financial and service sustainability challenges were so significant. For those reasons, and to support the development of long term solutions, he recommended that the IJB support the proposed way forward. Some discussion took place regarding the money relating to shifting the balance of care from hospital to the community, and whether this remained within the IJB. The Chief Financial Officer and the Chief Officer advised that this money was contained in the IJB's set-aside budgets. Where NHSS had to put extra funding into things to meet cost pressures - for example for pharmacy costs and wage bills - funding would shift into these other things, but the savings did not disappear out of Shetland and would not be moving outwith the IJB's control. The IJB budget had cost pressures it required to fund. The majority of costs for shifting the balance of care related to staff costs, and staff costs put into vacancies elsewhere freed up budgets which NHSS reinvested to meet cost pressures. The only way to fund cost pressures was to make efficiencies elsewhere, but it had not gone outwith the IJB. The Director of Corporate Services advised that she was Chair of the LPFT where these issues were discussed. There were three categories for the funding received, and concern was being expressed that savings being set aside were going into the NHS part of the budget outwith the IJB. The LPFT recognised the significant gap in the order of £2.6million, and a set aside saving of £472,000 had been identified. It would be necessary to come up with a simpler way of identifying where this saving would go, given that there was this funding gap, and clearly show where the savings made in these integrated budgets were managed and where resources were being shifted so that the financial implications were clear and there was not this confusion at future meetings. In response to a query regarding why £240,000 was being taken out of community nursing when there was a focus on moving services into the community, the Senior Clinician – Senior Nurse explained that rehabilitation services were being redesigned and that provision would not be removed but would be delivered differently. The plan set out realistic areas of redesign at a reduced cost to the service and if a more affordable model could be created, some of those resources would go to services with a growing demand. The savings target for community nursing was not a specific project, but an examination of the skill mix to ensure that the right kind of services were being delivered by the right people in the right place at the right time, and how to integrate the teams accordingly at locality level. It was an aspirational model to be worked towards.

Responding to a question regarding how far the authority of the IJB extended, and if NHSS could go ahead and make operational changes without referring these back to the IJB, the Chief Financial Officer explained that anything that changed budgets or services set out in the Strategic Plan had to be referred back to the IJB, but operational decisions remained with NHSS or SIC.

It was questioned if the closure of Ronas Ward was classed as an operational decision, and the Chief Executive, NHSS, explained that there had been changes to legislation and guidance, and there was a need to be clear that operational management within services was different to the set aside of different services that were delegated to the IJB. The Act referred to set aside, and the IJB set the strategic direction and budget for services, but the day- to-day operational management remained within the NHS. Accordingly operational management of the hospital sat within NHSS. If a situation arose where Unst and Yell failed to recruit GPs, for example, operational decisions would have to be made regarding how services should be sustained in the immediate future. The IJB should be aware of what was happening, and agree if these changes were going to remain in place for the longer term or involved changing the model. However this was different to what may require to be done on a day-to-day basis to preserve the service.

He went on to say it was important to note that in cash terms, the NHSS budget was going up, and there was a 1.5% uplift this year. However savings had to be made because costs were increasing faster than this, and savings had to be used to cover the gap. Over the next five years, a commitment would be made to shift the balance in preparation for the money being spent, rather than simply reducing spending in one area and moving it to another.

It was commented that there was a need for a timetable to be presented in respect of recommendations 1.4 and 1.5 in the report, in order that design proposals could be mapped out and to identify how these would be moving forward, recognising that there was a savings gap and that major savings would require to be made before the end of the financial year.

The Chief Officer advised that it was proposed to present further reports in June regarding decisions that required to be made in respect of the Planned Savings and Efficiency Projects identified, and there was a need to come up with other schemes that would help to fill the savings gap.

The Chair said that it would be useful for a report to be presented every cycle to illustrate how the gap was reducing.

The Senior Clinician – Senior Nurse pointed out that it was

	important to note that linked to all redesign programmes were conversations with clinicians and professional delivery groups. The professional and clinical consequences had to be made clear, as they had a significant role to play in the future shape of models, and quality was as important as cost in sustainable services. Decisions had to be made about safe staffing levels and, as part of the Winter Action Plan, a mechanism had been agreed regarding covering vacancies to ensure safe staffing levels. The decision regarding Ronas Ward had been a temporary decision to provide a safe service in a period when there were vacancies, and it had not been intended to usurp any decision of the IJB. Concern was expressed that the ten strategic projects would require to be collectively agreed in order to reach a sustainable service position, and to agree whether they reflected the outcomes set out in the Audit Scotland: Reshaping Care Impact report. Leadership was required to assist with the process as officers already charged with delivering day-to-day services were being expected to design new models of service. Finance would have to be considered to help achieve objectives, and consideration would have to be given to investing in order to achieve long-term strategy objectives. The importance of the safety of services and listening to the views of stakeholders and clinicians in developing new models was highlighted. It was suggested that the minutes of meetings of the Area Medical Committee could be made available to the IJB to assist with this. In response to a query regarding whether the IJB had any locus to make a decision that would affect staff contracts, the Senior Clinician – Senior Nurse advised that if the IJB agreed a change in a model of care, there would be staff governance implications for the organisations, and it would be necessary to ensure that the correct staff governance procedures were followed. *(During the following discussion, the Chair left the meeting, and the Vice-Chair assumed the chair in his absence)* The Director of Corporate Services explained that the Joint Staff Forum had a key role to play in this regard, in considering proposals and playing a part in the decision-making process, but each organisation would have to follow their own procedures. With regard to the presentation of minutes of the meetings of the Area Medical Committee, she said that she would expect the type of advice made available at these meetings to be included in information that was presented to the IJB to help inform the decision making. *(The Chair returned to the meeting and assumed the Chair)* The Chief Officer said that there were a series of difficult decisions to be made when it came to finding further savings,

	but unless the services could be made sustainable, the IJB would run the risk of not being able to deliver on its aims and objectives. Concern was expressed that unless timescales were clearly in place, the meeting would conclude today without members knowing how the gap was going to be closed. It was essential to have a plan in place to bridge that gap, as this was required for the plan going forward. The Executive Manager – Governance and Law advised that the meeting today had to come to a decision, but it was not within the gift of the IJB to reject the offer from each body. There was clearly an issue regarding timescales, which were not apparent within the overall plan and activity, and this would be needed to give IJB members confidence about what would be happening in future. The IJB should not make a decision today which would cause staff to make services unsafe, and staff should continue to deliver services safely and work on the necessary plans so that the IJB knew in June what the specific directions would be. The inclusion within reports of an appendix providing the wording for specific direction(s) issued by the IJB to whoever was responsible for implementing decisions should go some way to satisfying the IJB. Any other detail the IJB wanted could be included, but it was necessary for the IJB to be in a position to issue specific directions with the financial detail required. The Director of Corporate Services added that the IJB required to have properly formulated directions for every function delegated to it, and she suggested that the recommendations in the report gave that agreement in principle in order for services to continue in the meantime. In June, a complete set of directions would be prepared so that all functions could be signed off. It was suggested that there was a need for detailed plans to be included in the resolutions. *(Dr Bowie left the meeting)* *(The meeting adjourned at 12.10pm and reconvened at 12.25pm)* The Executive Manager – Governance and Law advised that in order to deal with the concerns that had been raised, it was suggested that recommendation 1.3(c) of the previous report (Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan) should be amended so that it read “Instruct NHS Shetland and Shetland Islands Council...” rather than “Direct...”. This would clarify in relation to the document following the service plan and implementation. In respect of this report, recommendations 1.4 and 1.5 should be amended to read “Instruct NHS Shetland...” rather than “Direct

	NHS Shetland...", and this would also capture this intention. The wording of the decision should also capture the concern Members had regarding the decision point in June, and the Directions required at that stage related to redesign projects to the value of £1.291million in recommendation 1.4. The IJB agreed to these amendments to the recommendations of both reports, and otherwise approved the recommendations. It was questioned how the Chief Financial Officer felt about these recommendations, in his position as the Section 95 Officer. The Chief Financial Officer advised that he had had concerns when there was a possibility that the IJB may be carrying debt. However following discussions at the LPFT, there had been agreement that this would not be the case. If NHSS required brokerage this would mean less funding in future years, but the IJB would have a break-even position in the annual accounts. Therefore the financial risk would sit with two parties and in this position, there would be no risk to the going concern of the IJB. There was a risk that the notional gap would increase but, as an entity, there would be no risk to the going concern.
Decision	The Integration Joint Board: 1.1 noted that the funding allocation from Shetland Islands Council for the 2017/18 financial year to the IJB in respect of the functions delegated to it and as expressed in the Joint Strategic Commissioning Plan, is equal to the cost of the current service model as explained in this report; 1.2 noted the funding allocation of £23.135M from NHS Shetland for the 2017/18 financial year to the IJB in respect of the functions delegated to it and as expressed in the Joint Strategic Commissioning Plan; 1.3 noted the gap between the current service models and the allocation of funding is £2.529M in respect of NHS Shetland functions delegated to the IJB; 1.4 instructed NHS Shetland, to redesign services to deliver the Planned Savings and Efficiency Projects, to the value of £1.291M as set out in paragraph 4.7 subject to final decisions of the IJB on the service plans including the detailed redesign proposals, and the directions required to deliver the services; this to be reported to the IJB in June 2017; 1.5 instructed NHS Shetland to identify further service redesign that delivers the required savings and efficiencies to close the remaining funding gap of £1.208M as set out in paragraph 4.9 and to report the proposals in this regard to the IJB for consideration in June 2017; and

	1.6 noted that the Chief Financial Officer will present monitoring reports on the financial situation and revised financial plans to each meeting of the IJB going forward.

19/17	**Extending Intermediate Care in the Community - Update**
Report No. CC-04-17-F	The IJB considered a report by the Director of Community Health and Social Care and the Director of Nursing and Acute Services which outlined progress in developing the plan to extend intermediate care and sought approval to implement the plan. The Chief Officer introduced the report, advising that a proposal had been considered in September 2016 and a decision had been deferred. There had been a specific request to look at three areas – to evaluate how the model would operate, look at how an intermediate care model would be developed, and how the model would be staffed and costed. Intermediate care services were supported by the IJB, and it was proposed to extend the model to offer more reablement and maximise people's independence so that they could remain in the community. Shetland continued to perform well, remaining in the top class of indicators. Ms Watson summarised the main terms of the report, outlining the purpose and function of the intermediate care team and highlighting some statistics with regard to the service. She advised that the intermediate care team provided a 'bridge' between locations and people, and helped give people the confidence to manage again at home after being in hospital. The local team had had 179 referrals since it was set up, and the majority of these were supported at home. The service was predominantly for older people and had a limited geographical area – being primarily a central service – and there had been some difficulties in recruiting. The Executive Manager – Allied Health Professionals outlined the proposals and the work that the project team had carried out since the first report had been presented in September. She advised that a lot of consultation had been carried out which had provided the feedback required to review some of the service. The project team had recognised that there was a need to take a wider look at the environment and the community, and to make sure that whatever was put in place did not lead to blockages elsewhere in the system. It had been recognised that the work the Intermediate Care Team carried out was very successful, and that there was a need to be careful that whatever was developed left the team free to take on complex cases. There had been a lot of issues regarding the use of funding, but there was now a fully-costed plan and the way it had been put together would allow investment in

	other projects that came up. There were a variety of risks that had to be taken into consideration, the main one being the ability to finish the project and recruitment to vacant posts. The project team were confident that the proposals would meet the complex needs of the community. There was one component that had not been included – the Out of Hours response service – and this would be the subject of a separate report in future. In response to queries, she explained that the proposals continued to focus on maintaining the central locality, but it should not be too difficult to extend to localities in future. She was confident that the model could be managed to cover the whole of Shetland. In response to a further query, the Chief Officer advised that there had been capacity issues in Lerwick in terms of moving people back into the community, but a change in the nature of usage of beds in care homes was now evident. As they were now being used for more short-term and respite care, this had an impact on capacity. In response to queries regarding the out of hours service, Ms Watson advised that it was recognised there was a need. Traditionally district nurses were available at health centres during the working day, and an on-call service was provided for the out-of-hours period or people contacted NHS24. A 'wide awake' service, where someone would be on shift, had been trialled in 2014. However it had been apparent that demand was not huge and not enough to justify the post. But it was recognised that there were other issues and gaps in the service, so a model was being looked at that covered both medical and nursing issues at night. Concern was expressed that whilst there had been a decrease in pressure on beds and a reduction in delayed discharges, there were some reservations about going forward. As the system was a gated system, people who did not fit the referral criteria did not get a service, even though they may be no less deserving. It was becoming increasingly difficult to access therapy outwith ICT, and this was not the intention of the service. Therefore those working in acute services should be involved in the review, as clinicians should be involved in the decision about whether problems being experienced by patients were related to existing conditions or new ones. *(Dr Bowie rejoined the meeting during the following discussion)* The Chief Officer advised that a number of options had been identified to mitigate the risk in relation to failure to recruit. The use of locum staff was one option, but not a preferred option, and it was hoped that there would be permanent staff in place. Adverts had already been placed for therapy staff and to seek replacements for existing gaps in the service. The adverts emphasised the benefits of joining a larger team, as this may be

	more attractive to people in terms of peer support. But the risk of failure to recruit was recognised, and it was noted that it would be possible to fill some posts more quickly than others. In response to a query, he said that NHSS would be looking to 'import' people rather than just move people around in posts. Some of the posts where there were vacancies were very specialised posts, and a redesign of service may be required if recruitment was unsuccessful. It was questioned if recommendation 1.6 in the report meant that the temporary closure of Ronas Ward could become permanent without having to come back to the IJB for decision. The Senior Clinician – Senior Nurse advised that the IJB was been asked to accept this, if this was the model of rehabilitation agreed. There was a balance as to how the hospital component was dealt with as an operational matter and acute rehabilitation had always been provided outwith Ronas Ward. There would continue to be an appropriate level of service provided outside the hospital, and this would be managed with ICT to enhance the model. It was questioned if the IJB would be discussing what would happen with the potential savings of £472,000, and the Chief Officer advised that that was in the budget, and the IJB would discuss the strategic direction for use of this money. It was further questioned how staff had reacted to the temporary closure of Ronas Ward, if staff morale had been affected, and if it affected their contracts of employment. The Senior Clinician – Senior Nurse advised that she had been working with staff since the end of January to enact some temporary placements, giving staff a level of choice regarding temporary placements that they may cover and how this fitted with their skill sets. The staff involved had all been able to take on temporary placements of their choice, and they had approached the need to work more flexibly very professionally. Staff were happy with the way they had been supported in making these changes, and this level of supervision and support would continue until permanent changes had been made. It was requested that it was minuted that all staff had had their choice of placements fulfilled. Responding to a question regarding if there had been any issues regarding changes in contracts, the Senior Clinician – Senior Nurse advised that staff terms and conditions were the same when they were covering temporary placements and their levels of pay were not affected by covering posts on a temporary basis. The Senior Consultant – Local Acute Sector was questioned if he was satisfied that the direction of travel away from the use of

	Ronas Ward was safe. He advised that there had been wide-ranging discussions regarding the options at both the Area Medical Council and the consultants' group at the hospital. Both groups had agreed that the proposal to link rehabilitation with community-based services was appropriate. There were questions regarding whether it met the recommendations in the Government's Older People's Strategy, and he was of the view that what was being proposed was the least bad alternative. The service was very mixed, but there should be an assured level of rehabilitation input that could be done within the hospital, and any care that could be delivered outwith should be continued. As long as investment was in place to support these rehabilitation needs, he would be satisfied. These assurances had been given and would require to be monitored. Responding to concerns regarding the need for ongoing evaluation in order to assess the longer-term consequences, the Chief Officer advised that a report evaluating the impact would be presented to the IJB in twelve months.
Decision	The Integration Joint Board: 1.1 noted the information presented in this report and its appendices 1.2 confirmed the strategic direction of extending the availability and accessibility of intermediate care 1.3 approved the proposal to extend Intermediate Care, noting that this will be funded in 2017/18 using Integrated Care Funding and Additionality Funding, combined with utilisation of existing employees who are to be funded within the proposed delegated budgets of the Shetland Islands Council and the NHS Shetland for 2017/18. The full IJB budget proposals will be presented as a separate report on today's agenda. 1.4 directed NHS Shetland and the Shetland Islands Council to enact the changes required to extend and resource intermediate care in the community, and therefore support the shift in the balance of care; 1.5 directed NHS Shetland to continue to deliver acute rehabilitation in the hospital and to support the shift in the balance of care through a disinvestment in Inpatient hospital services, in line with the proposed delegated budgets (as per separate report on today's agenda) 1.6. noted that operational decisions on the distribution and use of Inpatient beds within the hospital rests with NHS Shetland

	1.7	requested a report evaluating the impact of the enhancement of community rehabilitation services in twelve months time.

Before the meeting concluded, the Chair made the following statement:

"Most of you will know this is the last meeting of this IJB, and the last meeting for me as Chair.

Board members – you have got your IJB to where it is today, and you should be proud of that. There are going to be difficult decisions to be made by you as you go into the next session. You have, in my mind, as strong a board here and Shetland's IJB is up there among the best and, of course, we know you are the best. Please, when making your decisions, remember what the impact may be on an individual. You want the best outcome for the people of Shetland.

For both organisations, the NHS and the Council, I appreciate this has been a culture change and it has not come without its challenges, which I suppose we should have expected. It is important that the organisations accept what you signed up to as a partnership, and please remember it is the people of Shetland that you are delivering to. I appreciate there are going to be reduced resources for the next years, but you all need to consult with each other and move forward as a team.

From the time we started off down the road of integration, a huge amount of work has been done by a lot of officers. I do intend to mention one who, in my opinion, drove the project forward. I would like to publicly thank Christine Ferguson for all her hard work and long hours she gave to the setting up and getting our scheme through, and it was one of the first, so I'm very proud about that. She continues to assist the IJB and has been of immense help to me.

I will end by wishing the next IJB all the very best. You hold a very strong position in this community".

Mr Fox recorded his thanks and appreciation to the Chair for his approach to the work of the IJB, which dated back to the days of the Council's Social Services Committee.

The meeting concluded at 1.15pm.