# Shetland Islands Health and Social Care Partnership

| Shetland NHS Board | Shetland Islands Council |
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19 May 2017

Dear Member

You are invited to attend the following meeting:

**Integration Joint Board**
**Thursday 25 May 2017 at 2pm**
**Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick**

Apologies for absence should be notified to SIC Committee Services on 01595 744599.

Yours sincerely

S. Bokor Ingram.

Simon Bokor-Ingram
Chief Officer

Chair: Ms Marjorie Williamson
Vice-Chair: Mr Allison Duncan

# AGENDA

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| A | Welcome and Apologies |
| B | Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place. |
| C | Confirm minutes of meeting held on 10 March 2017. |
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| **ITEM** | |
| 1 | Appointments to IJB Committees<br>*GL-28* |
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| 2 | Decision Making Structures<br>*CC-23* |
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| 3 | Managing Strategic Risks<br>*CC-22* |
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| 4 | Annual Business Programme and Meeting Dates 2017<br>*CC-21* |
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Shetland Islands Council

# MINUTES – PUBLIC

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

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| **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.<br><br><u>03/17 – Carers' Information Strategy 2016-20</u><br>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.<br><br>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.<br><br>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.<br><br><u>08/17 – Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, excluding the Financial Plan and Service Delivery Plans</u><br>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.<br><br>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 |

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| | 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.<br><br>The Service Manager – Primary Care then responded to questions, and the IJB noted the following:<br><br>• 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.<br><br>• 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.<br><br>• 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.<br><br>• 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.<br><br>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.<br><br>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 |

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| | 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.<br><br>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.<br><br>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.<br><br>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. |

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| | 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.<br><br>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.<br><br>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:<br><br>• Noted the Audit Scotland: Reshaping Care Impact Report<br><br>• Considered the extent to which the current local arrangements address the issues raised in the report<br><br>• Directed the Chief Officer to report back on the significant issues arising from the report that require local action, namely:<br>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;<br>II. clarification on how a 'whole system' approach to health and social care service can underpin the 10 strategic programme areas; and<br>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<br>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. |

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| | 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.<br><br>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.<br><br>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:<br><br>• Agreed the Management Responses included in the Action Plan<br><br>• 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.<br><br>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. |

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| | 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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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 |

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| | 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.<br><br>*(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.<br><br>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.<br><br>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.<br><br>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.<br><br>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 |

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| | 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.<br><br>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.<br><br>*(The meeting adjourned at 10.35am and reconvened at 10.50am)*<br><br>*(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.<br><br>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.<br><br>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.<br><br>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.<br><br>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. |

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| **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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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 |

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| | 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.<br><br>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.<br><br>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.<br><br>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.<br><br>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:<br><br>(a) approved the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan, including the Service Delivery Plans; and<br><br>(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<br><br>*(the decision in respect of (c) below was made during consideration of the next item on the agenda)*<br><br>(c) instructed NHS Shetland and Shetland Islands Council to deliver the Strategic Commissioning Plan by: |

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| | - providing the services as set out in the Service Plans;<br>- delivering the services within the budget and resources described in the Budget for 2017-18 (see separate Report);<br>- delivering the services within the overall strategic and policy framework;<br>- putting in place the necessary performance monitoring arrangements to reassure the IJB that:<br>• services within the Strategic Commissioning Plan are being delivered;<br>• that service standards and performance targets are being met;<br>• that the services are provided within budget;<br>• the projects are being implemented on time; and<br>• remedial action is being taken as necessary if expected performance is not achievable.<br>- 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<br>- 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<br><br>(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.<br><br>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. |

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| | 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.<br><br>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.<br><br>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.<br><br>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 |

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| | 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.<br><br>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.<br><br>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.<br><br>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.<br><br>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 |

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

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| | 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.<br><br>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.<br><br>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.<br><br>*(During the following discussion, the Chair left the meeting, and the Vice-Chair assumed the chair in his absence)*<br><br>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.<br><br>*(The Chair returned to the meeting and assumed the Chair)*<br><br>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.<br><br>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.<br><br>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 |

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| | 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.<br><br>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.<br><br>It was suggested that there was a need for detailed plans to be included in the resolutions.<br><br>*(Dr Bowie left the meeting)*<br><br>*(The meeting adjourned at 12.10pm and reconvened at 12.25pm)*<br><br>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.<br><br>The IJB agreed to these amendments to the recommendations of both reports, and otherwise approved the recommendations.<br><br>It was questioned how the Chief Financial Officer felt about these recommendations, in his position as the Section 95 Officer.<br><br>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. |

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| | 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:<br><br>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;<br><br>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;<br><br>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;<br><br>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;<br><br>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<br><br>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.<br><br>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 |

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| | 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.<br><br>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.<br><br>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.<br><br>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.<br><br>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. |

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| | 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.<br><br>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.<br><br>*(Dr Bowie rejoined the meeting during the following discussion)*<br><br>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.<br><br>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.<br><br>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 |

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| | the model.<br><br>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.<br><br>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.<br><br>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.<br><br>It was requested that it was minuted that all staff had had their choice of placements fulfilled.<br><br>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.<br><br>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.<br><br>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.<br><br>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 |

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| | would be presented to the IJB in twelve months. |
| **Decision** | The Integration Joint Board:<br><br>1.1 noted the information presented in this report and its appendices<br><br>1.2 confirmed the strategic direction of extending the availability and accessibility of intermediate care<br><br>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.<br><br>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;<br><br>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)<br><br>1.6. noted that operational decisions on the distribution and use of Inpatient beds within the hospital rests with NHS Shetland<br><br>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.

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Chair

**Shetland Islands Health and Social Care Partnership**

Agenda Item

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| Shetland NHS Board | Shetland Islands Council |
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| **Meeting(s):** | Integration Joint Board | 25 May 2017 |
| **Report Title:** | Appointments to IJB Committees | |
| **Reference Number:** | GL-28-IJB | |
| **Author / Job Title:** | Executive Manager - Governance and Law | |

## 1.0 Decisions / Action required:

1.1 Note the SIC Councillor appointments made to the IJB, and the full membership list as stated in Appendix 1.

1.2 Appoint a Council appointed member as Chair of the IJB Audit Committee, who cannot also be the Vice-Chair of the IJB;

1.3 Appoint one further Council voting member as a member of the IJB Audit Committee; and

1.4 Appoint an NHS appointed member of the IJB as Vice-Chair of the IJB Audit Committee.

1.5 The IJB is also asked to note the position with regard to appointments on the Clinical Care and Professional Governance Committee and the Joint Staff Forum.

## 2.0 High Level Summary:

2.1 The purpose of this report is to make IJB appointments in accordance with the Integration Scheme and the approved Scheme of Administration and Delegations.

## 3.0 Corporate Priorities and Joint Working:

3.1 Approval of the decisions required in this report will ensure that membership of the IJB and its committees is maintained, which supports the strategic aims of the Partnership to ensure joint strategic and operational planning, clear accountability for decision-making and spending decisions, and responses to community needs and aspirations.

## 4.0 Key Issues:

Audit Committee

4.1 The IJB Audit Committee has a key role with regard to:

- Ensuring sound governance arrangements are in place for the IJB; and
- Ensuring the efficient and effective performance of Shetland's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.

4.2 The IJB makes all appointments to the IJB Audit Committee including the appointment of the Chair and Vice-Chair of the Committee. The Committee consists of four voting members of the IJB comprising two elected members of the Council and two non-executive members of the Health Board.

4.3 The Chair and Vice-Chair of the IJB Audit Committee are voting members of the IJB appointed from amongst those members appointed to the IJB Audit Committee; one will be an elected member of the Council and the other will be a non-executive member of the Health Board. They may not also be either the Chair or Vice-Chair of the IJB. The role of Chair and Vice-Chair will rotate every 3 years with the first rotation taking place in May 2017.

4.4 In this regard, the IJB is required to appoint two of the Council appointed voting members of the IJB to the IJB Audit Committee, and to appoint the Chair and Vice-Chair of the IJB Audit Committee as set out in the Terms of Reference.

Clinical Care and Professional Governance Committee (CCPGC)

4.5 The CCPGC is a formal sub-committee of 3 agencies; the Health Board, the Council; and the IJB.

4.6 The CCPGC is recognised as a formal sub-committee of Shetland NHS Board (the Health Board) and CCPGC will fulfil this purpose for the Health Board i.e. the CCPGC will fulfil the assurance role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services directed by the Integration Joint Board (IJB) established to implement the requirements of the Public Sector (Joint Working) (Scotland) Act 2014.

4.7 The CCPGC also oversees the care governance arrangements for social care services provided or purchased by Shetland Islands Council (the Council) including social care services under the direction of the IJB. The CCPGC will ensure that appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities.

4.8 The CCPGC provides an advisory role to the IJB on all clinical, care and professional governance issues with regard to the functions delegated to the IJB. The Chairs of the Audit Committees of the Health Board, the Council and the IJB are members of the CCPGC. Council appointments the CCPGC will be confirmed at its meeting on 28 June 2017.

Joint Staff Forum

4.9 The purpose of the Joint Staff Forum is to ensure that joint management arrangements, joint resourcing, joint training and organisational development are delivered in consultation with staff representatives of the partner agencies, namely Shetland NHS Board (the Health Board) and Shetland Islands Council (the Council). Council appointment to the JSF will be considered by the SIC Employees JCC at its next meeting scheduled for 7 June.

| **5.0 Exempt and/or confidential information:** | |
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| 5.1 None. | |
| **6.0 Implications :** | |
| **6.1 Service Users, Patients and Communities:** | The decision in this report will not impact on service users, patients or communities. |
| **6.2 Human Resources and Organisational Development:** | The decision in this report will not impact on employees and/or wider workforce management and development. There are no issues health, safety and well being which need to be addressed. |
| **6.3 Equality, Diversity and Human Rights:** | The decision in this report does not have any Equalities, Diversity or Human Rights and does not require an Equalities Impact Assessment to be undertaken. |
| **6.4 Legal:** | Appointment of the members of the IJB is in line with the Integration Scheme and the Public Bodies (Joint Working) (Scotland) Act 2014. |
| **6.5 Finance:** | Any expenses and costs associated with attendance at meetings of the IJB by elected members of the Council will be met from within existing budgets of the Council. |
| **6.6 Assets and Property:** | There are no implications for major assets and property arising from this report. |
| **6.7 ICT and new technologies:** | There are no implications for ICT and ICT systems arising from this report. |
| **6.8 Environmental:** | There are no environmental issues arising from this report. |
| **6.9 Risk Management:** | The main risk addressed by this report is failure to make all the appointments necessary to populate the IJB and its committees in line with secondary legislation and the Integration Scheme.<br><br>If appointments from among the Council members of the IJB are not made at this time, the vacancies would remain, and the Council would be unable to exercise any rights over business of the IJB committees, which may impact on the effective performance of the IJB with regard to Council services with implications for users and staff. |

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| **6.10 Policy and Delegated Authority:** | The appointment of voting members of the IJB and of the chair and vice-chair can only be made by the Council or the Health Board in accordance with the legislation and the Integration Scheme. The appointment of voting members of the IJB to the IJB's Committees is a matter for the IJB. |
| **6.11 Previously considered by:** | None. |

**Contact Details:**
Jan Riise, Executive Manager - Governance and Law jan.riise@shetland.gov.uk
18 May 2017

**Appendices:**
Appendix 1 - current membership of IJB, IJB Audit Committee, CCPGC and

**Background Documents:**
Integration Scheme and IJB Scheme of Administration

## INTEGRATION JOINT BOARD - MEMBERS AND ADVISORS

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| **VOTING MEMBERS:** | |
| NHS Shetland<br>Non-Executive Directors | Marjorie Williamson [NHS Chair to 31 March 2020]<br>Tom Morton<br>Edna Mary Watson |
| Shetland Islands Council<br>Councillors | Allison Duncan [SIC Vice-Chair to 31 March 2020]<br>Mark Burgess<br>Emma Macdonald |
| **NON-VOTING MEMBERS:** | |
| **Senior clinicians / Professional Advisers:** | |
| Local GP | Susan Bowie |
| Clinician practising in a local acute setting | Jim Unsworth |
| Lead Nurse for community | Kathleen Carolan |
| Chief Social Work Officer | Martha Nicolson |
| **Stakeholder representatives:** | |
| Patients and service users representative | Vacant - Chair of Shetland's Public Partnership Forum |
| Carers' representative | Sue Beer - Member of Carers' Link Group, |
| Third Sector representative | Catherine Hughson - Executive Officer Voluntary Action Shetland, |
| **Staff representatives:** | |
| SIC Employees Joint Consultative Committee | Suzanne Gens |
| NHS Area Partnership Forum | Ian Sandilands |
| **IJB APPOINTED OFFICERS [Non-voting members of the IJB]** | |
| Chief Officer | Simon Bokor-Ingram - Director of Community Health and Social Care, |
| Chief Financial Officer | Karl Williamson - NHS Head of Finance, |

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| **IJB APPOINTED ADVISERS [Not members of the IJB]** | |
| Standards Officer | Jan-Robert Riise, SIC Executive Manager - Governance and Law |
| Chief Internal Auditor | Crawford McIntyre, SIC Executive Manager - Internal Audit |

## IJB AUDIT COMMITTEE - MEMBERS AND ADVISORS

| **VOTING MEMBERS:** | |
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| NHS Shetland | Marjorie Williamson<br>Tom Morton |
| Shetland Islands Council | 1 vacant<br>2 vacant |
| **IJB AUDIT APPOINTED ADVISERS [not members of the IJB Audit]** | |
| Chief Officer | Simon Bokor-Ingram - Director of Community Health and Social Care, |
| Chief Financial Officer | Karl Williamson - NHS Head of Finance, |
| Chief Internal Auditor | Crawford McIntyre, SIC Executive Manager - Internal Audit |

## JOINT STAFF FORUM

| **Members:** | |
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| **Staff Representatives [Union Side]:** | NHS: Ian Sandilands<br>Bruce McCulloch<br>Catherine Coutts |
| | SIC: Ms Susanne Gens<br>Mr Alex Garrick-Wright<br>Mr Robert Williamson |
| **Non-Staff Representatives [Management Side]:** | SIC: to be appointed by the SIC EJCC |
| | NHS: Ms Lorraine Hall<br>Mr Simon Bokor-Ingram<br>Mr Colin Marsland |
| **JSF ADVISERS [not members of the JSF** | |
| Christine Ferguson, Director – Corporate Services, SIC<br>Denise Bell, Executive Manager – Human Resources, SIC [Joint Lead Officer]<br>Lorraine Hall, Director of Human Resources, NHS [Joint Lead Officer]<br>Kathleen Carolan, Director of Nursing and Acute Services, NHS<br>Hazel Sutherland - Head of Planning and Modernisation, NHS<br>Simon Bokor-Ingram, Director – Community Health and Social Care Services, SIC/NHS | |

## CLINICAL CARE AND PROFESSIONAL GOVERNANCE COMMITTEE

| **Members** | |
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| **Role** | **Name** |
| Non-Executive Member of the Health Board as **Chairperson** | **Tom Morton** |
| The Chairs of the Audit Committees of the Health Board, the Council and the IJB | **VACANT**, NHS Shetland Audit Committee *(When not available the Vice-Chair will attend in their absence – VACANT)*<br><br>**Allison Duncan**, Chair of the SIC Audit Committee *(When not available the Vice-Chair will attend in their absence – Catherine Hughson)*<br><br>**VACANT,** Chair of the IJB Audit Committee *(When not available the Vice-Chair will attend in their absence - VACANT)* |
| 2 x Non-Executive Members of the Health Board | **Malcolm Bell**, Non-executive member of the Health Board<br><br>**Edna Mary Watson**, Non executive member of the Health Board |
| 2 x elected members of the Council, one of whom must be a member of the IJB and the other must be the Chair of the Committee of the Council with responsibility for Children's Social Work Services | **VACANT**, SIC Councillor and member of the IJB<br><br>**George Smith**, SIC Councillor and Chair of SIC Education and Families Committee (*When not available the Vice-Chair will attend in their absence – Theo Smith.)*<br><br>*These appointments will be confirmed by the Council on 28 June 2017* |
| The Employee Director of the Health Board | **Ian Sandilands** |
| A staff representative of the Council nominated by the Council's Employee Joint Consultative Committee (EJCC) | **Susanne Gens** |
| **Invited to Attend [Not members of the CCPGC]** | |
| **Role** | **Name** |
| The Chief Executives of the Health Board and the Council | Ralph Roberts, Chief Executive, NHS Shetland<br>Mark Boden, Chief Executive, SIC |
| Director of Community Health & Social Care/IJB Chief Officer | Simon Bokor-Ingram |

| **CLINICAL CARE AND PROFESSIONAL COMMITTEE GOVERNANCE (Continued)** | |
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| The Clinical Governance Manager for the Health Board and the Health & Safety Manager for the Council | Emma Garside, Health and Safety Manager, NHS Shetland<br><br>Fiona Johnson, Health and Safety Manager, SIC |
| The Chief Social Work Officer - SIC | Martha Nicolson |
| The Director of Pharmacy – Health Board | Chris Nicolson |
| The Dental Director – Health Board | Brian Chittick |
| The Medical Director – Health Board | VACANT |
| The Director Nursing & Acute Services – Health Board | Kathleen Carolan |
| The Director of Public Health – Health Board | Susan Webb |
| The chair of the Joint Governance Group (JGG) – Health Board | Dr Roger Diggle |
| The chair of the Area Clinical Forum (ACF) and/or their nominated deputy – Health Board | Edna Mary Watson |
| A Joint Staff Forum Representative | VACANT |
| The Executive Leads for Information Governance for the Health Board and the Council. | Colin Marsland, IG Lead, NHS Shetland<br><br>Jan Riise, Executive Manager – Governance and Law [Records Manager and Data Controller], SIC |
| **Observers** | |
| **Role – Information Only** | **Name** |
| Two Patient Forum Representatives | VACANT |
| Other Members of the Health Board, the Council and the IJB | 19 remaining Councillors |

END

# Shetland Islands Health and Social Care Partnership

Agenda Item

**2**

| Shetland NHS Board | Shetland Islands Council |
|---|---|

| | | |
|---|---|---|
| **Meeting(s):** | Integration Joint Board | 25 May 2017 |
| **Report Title:** | Decision Making Structures | |
| **Reference Number:** | CC-23-17 D1 | |
| **Author / Job Title:** | Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland | |

## 1.0 Decisions / Action required:

That the Integration Joint Board:

(a) note that there are robust governance arrangements in place to support the IJB in reaching good decisions, through its five connected groups and committees;
(b) note that NHS Shetland is currently carrying out a exercise to review its decision making arrangements in line with national best practice;
(c) note that Shetland Islands Council is carrying out a specific review of the arrangements in place for consultation and engagement with staff; and
(d) approve the request from the Strategic Planning Group to revisit their Terms of Reference to better clarify its role and purpose, especially with regard to involvement in strategic change management projects.
(e) agree to support an Organisational development approach to continuously improving the governance arrangements of the IJB, Shetland Island Council and NHS Shetland, to ensure effective interface to meet the needs of the Shetland community

## 2.0 High Level Summary:

In March 2017 the IJB considered a Report entitled, 'Directorate Response to Audit Scotland: Reshaping Care Impact Report'. The Report presented an opportunity for the IJB to look afresh at the progress being made, and still to be made, around Reshaping Care for Older People.

Four key recommendations were made and accepted by the IJB, as set out below:

*"INVITE the Chief Officer to report back on the significant issues arising from the report that require local action, namely:*

*a) clarification on the decision making framework for investment and/or disinvestment decisions on the commissioning of services and priority services areas, at a time of diminishing resources;*
*b) clarification on how a 'whole system' approach to health and social care services can underpin the 10 strategic programme areas; and*
*c) 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*
*d) 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."*

This Report begins to address the first recommendation, around the decision making arrangements. It should be noted that formal decisions of the IJB are issued in writing in the form of 'Directions' as required in terms of the legislative framework.
Clarification of the decision making framework will be done in three stages:

- clarification of the role and remit of each of the groups and committees connected to the IJB;
- clarification on where and how decisions can get taken; and
- create a framework for developing investment and disinvestment recommendations .

This first report deals with clarifying the role and remit of each of the groups and committees.

The IJB has in place five groups or committees to support it in carrying out its work:

- the Strategic Planning Group, a legal requirement;
- the Clinical Care and Professional Governance Committee;
- the Joint Staff Forum;
- the Local Partnership Finance Team; and
- the IJB Audit Committee

The Terms of Reference for each of the Groups is set out in the Scheme of Administration and Delegations. Table 1 below provides a summary of the key purpose of each of the entities.

**Table 1: Summary of Purpose of IJB Committees and Groups**

| Committee / Group | Purpose | Focus of Assurance / Reassurance |
|---|---|---|
| IJB Audit Committee | Ensuring sound governance arrangements are in place for the IJB to ensure the efficient and effective performance of Shetland's Health and Social Care Partnership IJB in order to deliver the outcomes set out in the Integration | - Performance monitoring and best value<br>- Audit arrangements, internal and external<br>- Final Accounts<br>- Standards, ethical standards and codes of conduct |

| | Scheme | |
|---|---|---|
| Strategic Planning Group | Assurance that Strategic objectives are being met and 'strategic commissioning' choices are effectively made | - How will the proposals improve people's lives (Health and Wellbeing Outcomes)?<br>- How will the proposals contribute to the Strategic Commissioning Plan's objectives?<br>- Have all appropriate delivery mechanisms been considered?<br>- Do the proposals represent the best mix of service, quality and cost? |
| Joint Staff Forum | Reassurance on staff engagement and staff consultation on change management projects affecting staff | - That appropriate consultation and engagement with affected staff (directly and indirectly affected) has taken place at all stages<br>- That effective engagement with staff has informed the proposal<br>- That all relevant employment law and policies have been considered in the development of the proposals |
| Clinical Care and Professional Governance Committee | Assurance role – ensuring systems are in place to monitor standards and provide safe, effective person centred services | - That the proposals are based on sound evidence that best meet the identified needs<br>- That the proposals are safe and will secure appropriate levels of quality<br>- That all the relevant risks have been identified and managed<br>- That effective engagement with service users and staff have informed the proposal |
| Local Partnership Finance Team | Consultation on proposed changes to resource decisions, allocation of funding, funding options, best value and risk. | - Is the proposal in line with the Strategic Financial Plan, including any savings plans / efficiencies?<br>- Have all the financial risks been identified and addressed?<br>- Has the funding mechanism been agreed by all parties?<br>- Does the proposal represent value for money? |

The Integration Scheme also established two groups to support the work of the IJB. These groups were particularly active during the development stage of the IJB and remain in place as a support mechanism to resolve issues and support continuous improvement in the governance arrangements and they meet on an ad hoc basis, as required.

- IJB Liaison Group (relevant Chairs and Chief Executives, to help resolve complex issues)
- IJB Corporate Services support (to ensure sound governance arrangements are in place)

It should be acknowledged that public sector decision making arrangements are increasingly complex. Through Community Planning, and other, arrangements there is an expectation that decisions will be developed with service users, staff and communities, taking account of all social, economic, environmental and financial issues.

Before the Public Bodies (Joint Working) (Scotland) Act 2014 came into being and the IJB was established, any decision to change the model of community health and social care services in Shetland had to be considered and agreed by both NHS Shetland and Shetland Islands Council on a partnership basis. At that time, there would have been somewhere in the order of 7 boards, committees or groups involved in the consultation and decision making processes. The introduction of the IJB, and its supporting framework, has increased that number to about 15. Many of the supporting committees and groups are a requirement of legislation and must exist.

NHS Shetland and Shetland Islands Council are responsible for the delivery of services, under the formal Direction of the IJB. Both organisations have in place long established decision making structures, including staff engagement and service user engagement. Some of these entities will have formal delegated powers to make recommendations to the IJB and some will form part of a consultative process to make sure that policies and service models are developed in an open and inclusive way.

There are in place several underpinning principles for the delivery of health and care services, around safety, person-centred care and effective care. The IJB will want to be reassured that proposals that come before the Board for a decision meet those tests, as well as being in line with the Strategic Commissioning Plan. The governance framework allows ideas to be tested and the risks and consequences of service changes to be explored before formal reports on options are presented to the IJB.

Where significant service changes are proposed, which impact on the delivery of the Strategic Commissioning Plan it is for the IJB to consider issuing Directions.

The diagram in Appendix 1 sets out an overview of the decision making process and Appendix 2 lists the roles and remits of the groups and committees. The arrangements have been tested over the past 18 months, since the IJB become fully operational, and now is an opportune time to look afresh at the effectiveness of the arrangements.

Whilst the process is robust, there are concerns that:

- there is a degree of duplication in the system;
- the Strategic Planning Group, which has a legal standing, would wish their place within the overall decision making structure to be clarified; and
- there is a need to invest time and effort in effectively serving all these groups; there may therefore be a conflict between the pace of change and the robustness of the assurance process.

The IJB's Strategic Planning Group has asked for their terms of reference to be clarified, especially with regard to their involvement in the strategic change management arrangements. Other Health and Care Partnerships across Scotland are in a similar position whereby, following a period of practical operation, the arrangements are being refined. The emerging purposes (built on the model of Edinburgh's Health and Care Partnership) are:

- The role of the Strategic Planning Group as set out in the legislation is to be consulted and provide feedback:
    - At each stage of the production of the Strategic Plan; and
    - In respect of any proposed decision about the arrangements for carrying out the 'integration functions' that the Board proposes to implement without revising the Strategic Plan.

- Review detailed business cases and change plans on behalf of the IJB to ensure they are robust and meet the aims of the strategic plan
- Provide assurance to the IJB that there has been appropriate consultation and engagement in line with the statutory responsibilities for any service changes
- Review the planning structures in place and provide assurance to the IJB that appropriate planning mechanisms exist within the partnership, and between the partnership and key stakeholders
- Provide a forum for discussion and debate in relation to emerging themes and national or local initiatives
- Receive updated Joint Strategic Needs Assessment and performance information as this emerges to inform the annual review of the Strategic Plan;
- Collaborate on the production of future iterations of the Strategic Plan; and
- Oversee delivery of the Strategic Plan on behalf of the IJB.

It is intended to consult formally with the Strategic Planning Group prior to seeking IJB approval for a revised Terms of Reference. This will not change the role of the Strategic Planning Group, which has a statutory basis, but it will help to clarify their remit in the overall context of the governance arrangements.

**3.0 Corporate Priorities and Joint Working:**

The IJB Joint Strategic Commissioning Plan describes how health and care services are to be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.

Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.

**4.0 Key Issues:**

The decision making arrangements for the IJB are set out in the legislative framework, the Integration Scheme and supporting documents; the Scheme of Administration and Delegations and the Standing Orders for Meetings.

When the IJB was established, Shetland Islands Council disestablished the then Social Services Committee, as a significant part of the Council functions within that remit were delegated to the IJB. The remaining functions including leisure and recreation and housing were reallocated to other functional committees of the Council. The Council's Policy and Resources Committee has responsibility for all policy and resources matters for all Council business including the functions delegated to the IJB. The Council's Employee Joint Consultative Committee (JCC) fulfils the formal consultation role with regard to all staff employed by the Council in health and social care services.

NHS Shetland chose to retain the existing committee and governance arrangements, some of which are required by statute (referred to as 'Standing Committees' of the NHS Board). Following a year of operation, the time is now right to make sure the arrangements are working well. This

will be done in line with good governance standards (from 'The Healthy NHS Board, 2013'), including:

*"Strategic decision-making is an integral part of the board's role in formulating strategy. Good practice here includes:*

- *A formal statement that specifies the types of strategic decisions, including levels of investment and those representing significant service changes that are expressly reserved for the board, and those that are delegated to committees or the executive*
- *Early involvement of board members in debating and shaping strategic decisions and appropriate consultation with internal and external stakeholders*
- *For significant strategic decisions: consideration by the board of options and analyses of those options and the board's appetite/tolerance for the major risks involved*
- *Criteria and rationale for decision making that are transparent, objective and evidence based*
- *Clarity about which strategic decisions require approval of other external organisations or bodies".*

Notwithstanding the NHS Board's own good governance arrangements the Integration Scheme has transformed responsibility for decision making in respect of almost half of NHS Shetland's functions which can create confusion in relation to overall decision making responsibility and this creates potential barriers to the transformational change which is required.

IJB Members will note that each entity has separate, and joint, arrangements for staff consultation and engagement in policy development and strategic change management. The Council's Director of Corporate Services is leading a review of those arrangements to determine which are legislative and which are policy requirements.

| **5.0 Exempt and/or confidential information:** | |
|---|---|
| 5.1 None. | |
| **6.0 Implications :** | |
| **6.1 Service Users, Patients and Communities:** | Lack of clarity in the decision making arrangements could cause confusion to service users, patients and communities if project management arrangements in relation to individual service plans are not sufficiently robust |
| **6.2 Human Resources and Organisational Development:** | If staff are not clear how and where decisions get taken, there is the potential for proposals to not be considered by all the relevant groups and committees, which could result in time delays. |
| **6.3 Equality, Diversity and Human Rights:** | There are no specific issues to consider. |
| **6.4 Legal:** | The arrangements for implementing the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 are set out in the Integration Scheme, which includes the agreed decision making arrangements for the functions delegated to the IJB by NHS Shetland and Shetland Islands Council. |

| | | |
|---|---|---|
| | | |
| **6.5 Finance:** | For 2017-18, there is a gap in funding between the cost of the current service delivery model and the allocation of funding for NHS Shetland funded services of about £2.5m. If there is a lack of clarity over how and where decisions get made, this may result in delays to savings and efficiency proposals being considered which could lead to the financial plan and savings target not being achieved. | |
| **6.6 Assets and Property:** | There are no specific issues to consider. | |
| **6.7 ICT and new technologies:** | There are no specific issues to consider. | |
| **6.8 Environmental:** | There are no specific issues to consider. | |
| **6.9 Risk Management:** | Clarification of the governance arrangements is an action point on the Strategic Risk Register. Approving this report will start the process of refreshing the current arrangements and therefore assist with mitigating the risks around 'Failure of Governance Arrangements'.<br>The IJB have responsibility for delivering transformational service redesign in relation to all the functions agreed and approved by the Scottish Government in terms of the Integration Scheme. | |
| **6.10 Policy and Delegated Authority:** | In November 2014, it was agreed that unless there was a legal impediment that prevented it, the Shetland Islands Health and Social Care Partnership would set up arrangements to operate under the principle of doing things 'once for Shetland'.<br><br>The Scheme of Administration and Delegations states that,<br><br>"4.6 The Board shall approve the terms of reference and membership of the committees, sub-committees and working groups and shall review these as and when required".<br><br>Approval to amend the Terms of Reference of the Strategic Planning Group therefore rests with the IJB. | |
| **6.11 Previously considered by:** | None. | |

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23 May 2017

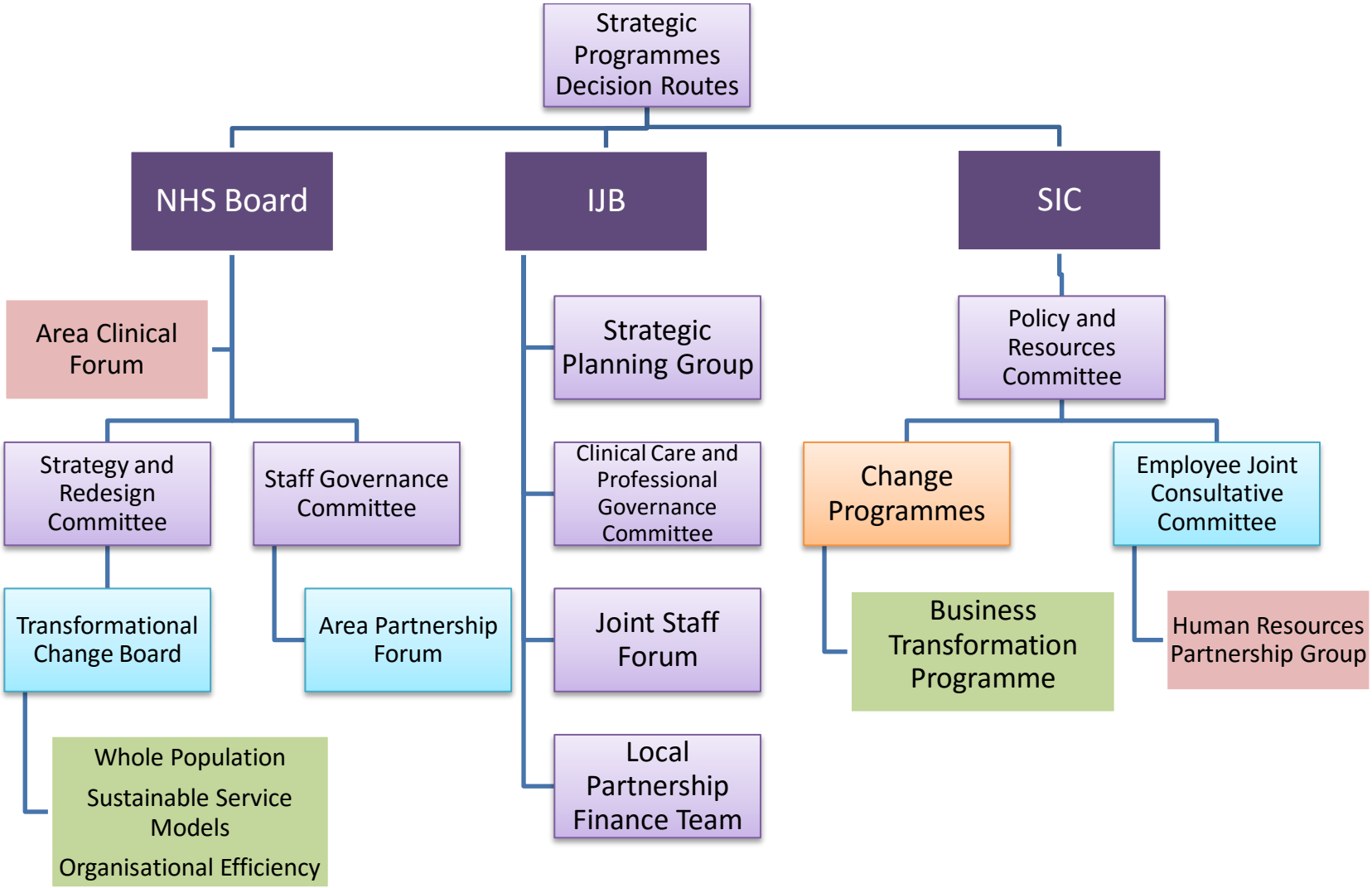
**Appendices:**

Appendix 1 Decision Making Routes: Overview
Appendix 2 Decision Making Routes: Role and Remit

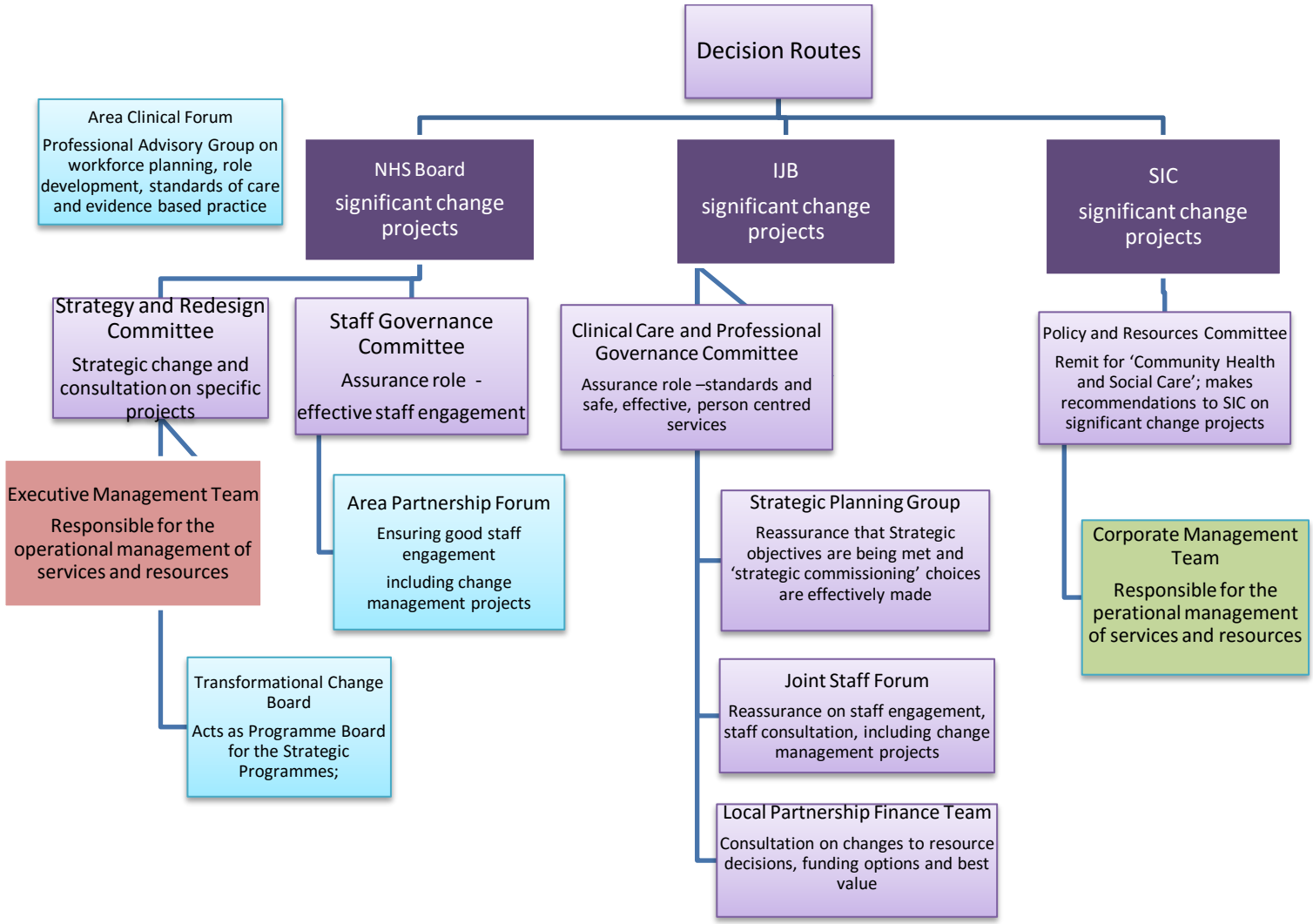
**Background Documents:**
Shetland Islands Health and Social Care Partnership's Scheme of Administration and Delegations
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/IJBSchemeofAdmin-V2.0-19January2016.pdf

The Healthy NHS Board 2013: Principles for Good Governance
https://www.leadershipacademy.nhs.uk/wp-content/uploads/2013/06/NHSLeadership-HealthyNHSBoard-2013.pdf

**Appendix 1, Decision Making Routes: Overview**



**Appendix 2, Decision Making Route: Roles and Remits**



# Shetland Islands Health and Social Care Partnership

Agenda Item

**3**

| Shetland NHS Board | Shetland Islands Council |
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|---|---|---|
| **Meeting(s):** | Integration Joint Board (IJB) | 25 May 2017 |
| **Report Title:** | Managing Strategic Risks | |
| **Reference Number:** | CC-22-17 F | |
| **Author / Job Title:** | Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland | |

## 1.0 Decisions / Action required:

1.1 That the Integration Joint Board:

(a) Approve the revised Strategic Risk Register, following the recent approval of the Strategic Commissioning Plan
(b) Approve the assessment of 'current risk' to reflect the control and mitigation measures which are in place
(c) Notes the future actions which might help to further mitigate the level of risk carried by the IJB
(d) Determine, or make arrangements to determine at a future date, the level of risk which the IJB is willing to carry by setting 'target risks' for each of the strategic risks.

## 2.0 High Level Summary:

2.1 In March and April 2017, the IJB, NHS Shetland and Shetland Islands Council approved, in principle, Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan. Part of that Plan included an update of the IJB's strategic risks, attached as Appendix 1 in full for ease of reference. In developing this version of the Strategic Risk Register, on reflection, some risks identified within the Strategic Commissioning Plan have been combined, or taken to the operational risk register.

2.2 The IJB legislation and governance arrangements are multifaceted and relatively new and it is therefore to be expected that the level of strategic risk to which the IJB is exposed is high. There are strong and effective policies and procedures in place to support the work of the IJB. However, good decision making often relies on effective partnership working which is underpinned by softer dynamics around leadership, trust and confidence. These behavioural type risks are often harder to

capture and manage through formal arrangements.

2.3 The updated Risk Register has been drawn up in 3 stages.

- The first stage is the level of risk that the IJB would carry if no mitigation or control measures were in place; this might be referred to as the 'Gross Risk'.

- The second stage is the 'Current Risk' that the IJB is carrying which takes account of all the mitigation and control measures which are already in place and operating effectively.

- The third stage is the 'Target Risk'. This is the level of risk that the IJB is comfortable with carrying when all reasonable measures are in place and working well.

2.4 The Risks have been scored in line with the IJB's Risk Management Strategy. A summary of the scoring mechanism is shown below and more detail is included at Appendix 2.

| | **Consequences** | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Negligible** | **Minor** | **Significant** | **Major** | **Extreme** |
| **Almost Certain** | Medium | High | High | High | High |
| **Likely** | Medium | Medium | High | High | High |
| **Possible** | Low | Medium | Medium | High | High |
| **Unlikely** | Low | Medium | Medium | Medium | High |
| **Rare** | Low | Low | Low | Medium | Medium |

2.5 Appendix 3 shows the Risk Register as currently drafted. The 'Gross Risk' and 'Current Risk' and current and planned mitigation measures have been prepared at officer level. The 'Trigger' column lists issues which may cause a risk to occur. The 'Consequences' describe what might happen if the risk occurs and the mitigation measures fail.

2.6 The key control mechanisms which are in place include:

- the Integration Scheme
- the Scheme of Administration and Delegations
- Standing Orders for Meetings
- Financial Regulations
- The Joint Strategic Commissioning Plan 2017-2020
- The formal and informal supporting groups and committees
- Performance reporting arrangements

2.7 The planned actions which are intended to further strengthen the control environment include:

- Training needs assessments and training plan
- Annual self evaluation of effectiveness of decision making
- Clarity on decision making routes (includes NHS Shetland and Shetland Islands Council)
- Formalising the project management arrangements for the strategic change programmes (agreed as part of the Strategic Commissioning Plan)
- Proposals to address the funding gap on NHS Shetland funded services

2.8 The 'Target' risks are left blank, as it is appropriate for the IJB to determine for itself the overall risk approach. At this early stage in the IJB's existence, members may consider that it is appropriate to leave the Targets for certain Strategic Risks at a relatively high level. The 'Target' risk is where the IJB will want to be for the particular risk under consideration. It should reflect the IJB's own stated Risk Appetite (see Section 6.9 below). The IJB should recognise the gap between the 'current' risk and the 'target risk' and decide what else would need to be done to achieve the agreed target rating within a reasonable timescale.

2.9 Regular performance reports will be prepared throughout the year to enable the IJB to check that the systems of control are working effectively, or take remedial action if required.

## 3.0 Corporate Priorities and Joint Working:

3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.

## 4.0 Key Issues:

4.1 The strategic objectives of the IJB are set out in the Joint Strategic Commissioning Plan 2017-2020. These strategic objectives include delivering on:

- The national health and wellbeing outcomes;
- The national integration principles; and
- Local strategic objectives.

4.2 In broad terms, the Strategic Commissioning Plan puts in place a set of arrangements to:

- ensure the delivery of existing services;
- work to reduce future demand for health and care services;
- implement the strategic change programmes; and
- achieve financial balance.

4.3 The Strategic Commissioning Plan sets out several strategic change programmes. This work is intended to put in place service models which are equitable, affordable and sustainable, during the life of the Plan. This work is in recognition of the increasing demand for services, alongside reducing resources and staff recruitment challenges.

4.4 The Strategic Risk Register is a description of the things which could cause the

strategic objectives to not be met (for example, outcomes not achieved or timescales not met). The Strategic Risk Register is, in essence, the opposite hand to the Strategic Commissioning Plan. Managing these strategic risks in a positive, realistic and dynamic way will help the IJB to be pro-active in ensuring that the objectives of the Strategic Commissioning Plan are met.

4.5 The Strategic Risks cover a range of hard issues (such as lack of resources) as well as softer issues (for example around partnership working and leadership).

4.6 Putting in place effective risk management arrangements is a fundamental part of the role of the IJB. The Strategic Risks are complemented by a range of service delivery risks, referred to as the Directorate Risk Register, which is reported separately to the IJB on a regular basis.

| **5.0 Exempt and/or confidential information:** | |
|---|---|
| 5.1 None. | |
| **6.0 Implications :** | |
| **6.1 Service Users, Patients and Communities:** | There are no specific service user issues arising directly from this report, other than to note that 'failure to direct' NHS Shetland and the Shetland Islands Council to deliver services to meet agreed outcomes is on the Strategic Risk Register. |
| **6.2 Human Resources and Organisational Development:** | There are no specific issues to consider. |
| **6.3 Equality, Diversity and Human Rights:** | There are no specific issues to consider. |
| **6.4 Legal:** | There are no specific issues to consider. |
| **6.5 Finance:** | There are no specific financial issues arising directly from this report, other than to note that 'insufficient resources' is on the Strategic Risk Register. |
| **6.6 Assets and Property:** | There are no specific issues to consider. |
| **6.7 ICT and new technologies:** | There are no specific issues to consider. |
| **6.8 Environmental:** | There are no specific issues to consider. |
| **6.9 Risk Management:** | The IJB's risk appetite statement is:<br><br>*"The IJB aims to ensure a safe environment for everyone working within the Integrated Services; it is committed to safely, efficiently and effectively achieving the corporate objectives of the IJB. The IJB supports well-managed risk-taking and recognises the need to be risk aware, not risk averse".* |

| | | |
|---|---|---|
| | Consideration of this Report will put in place the arrangements to support the achievement of this statement. | |
| **6.10 Policy and Delegated Authority:** | As a separate legal entity, the IJB has full autonomy and capacity to act on its own behalf. The IJB is responsible for the strategic planning of the functions delegated to it by the Council and the Health Board and for the preparation of the Strategic Commissioning Plan. The IJB must also, therefore, manage the Strategic Risks associated with ensuring the delivery of the Strategic Commissioning Plan.<br><br>The Integration Scheme states that, "the Chief Officer will develop a risk framework for the IJB and maintain the risk information and Risk Register for all functions delegated by the Parties to the IJB ....and<br><br>- Identify the risk sources, providing a basis for systematically examining changing situations over time and focussing on circumstances that affect the ability to meet the Parties objectives and statutory duties;<br>- Identify and agree parameters for evaluating, categorising and prioritising risk and thresholds to trigger management intervention;<br>- Demonstrate processes to identify and document risk in a Risk Register;<br>- Demonstrate the process for monitoring corporate and operational risks including clear lines of governance, accountability, responsibility, reporting lines and frequency of reporting;<br>- Develop a process for recording management and learning from adverse events;<br>- Develop and agree risk appetite and tolerance linked to corporate objectives; and<br>- Ensure sufficient resources are in place to meet these requirements." | |
| **6.11 Previously considered by:** | IJB Corporate Support Services Group<br>Local Partnership Finance Team | 19 April 2017<br>2 May 2017 |

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9 May 2017

**Appendices:**
Appendix 1 Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan 2017-2020, Extract of Risks.
Appendix 2 Risk Matrix, Extract from Risk Management Strategy
Appendix 3 Strategic Risk Register

**Background Documents:**
Shetland Islands Health and Social Care Partnership's Risk Strategy,
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18314

**Appendix 1**
**Extract of Strategic Risks from the Joint Strategic Commissioning Plan 2017-2020**

- the governance arrangements detracting from rather than supporting a journey towards 'single system' working across health and care services;

- the scale of the financial challenges and extent of the Government's ambition to modernise public services not being well understood when decisions about changes to specific service areas are required;

- the individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered;

- this Strategic Commissioning Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland;

- the need for transformational change not being effectively understood or communicated to all stakeholders;

- the pressure to address short term needs is greater than planning what needs to change to create a sustainable future;

- spending decisions being based solely on historical service models rather than those we need to develop for now and into the future;

- insufficient staff, or ability to recruit and retain staff with the necessary skills;

- lack of leadership in the transformational change agenda, including insufficient clarity of purpose;

- cultural differences around extent to which staff on the ground are able to make decisions and choices around flexible, integrated and person-centred health and care services without recourse to management;

- when the fixed costs of maintaining the current model of service is factored into the financial planning process, the savings may have to fall disproportionately on community health and social care and health improvement services, which is contrary to the Government guidance on where investment should be targeted to achieve the best outcomes for individuals;

- legal impediments around records management which may limit the extent to which each partner organisation can pro-actively support data sharing arrangements for front line staff;

- the Strategic Commissioning Plan may be seen as a stand-alone document which does not get converted in achievable delivery plans;

- there may be insufficient staff time to undertake all the strategic projects in the timeframe suggested as staff have to balance their time between operational matters and development work and day to day service delivery matters will always take priority;

- the underpinning requirement for resilient and complete broadband coverage to take advantage of technological solutions might not be secured within the timescale of this Plan.

**Appendix 2, Risk Matrix Extract from Risk Management Strategy**

Estimating risk likelihood and severity -

**Step One -** Look at the text in the box below and decide which descriptor of likelihood best matches your
estimation of this particular risk/event.

| Descriptor | Description |
|---|---|
| Almost certain | I would not be at all surprised if this happened within the next twelve months; I would expect this to happen |
| Likely | It is probable that this will occur sometime in the coming year |
| Possible | I think this could maybe occur in the next year |
| Unlikely | I would be mildly surprised if this occurred in the next year; it is unlikely to happen |
| Rare | I would be very surprised to see this happen in the next twelve months; it is very unlikely to happen |

**Step Two -**

Find the most realistic outcome for the risk you have identified and move down the left hand column to establish its value. Most risks will have potential impacts under more than one column.

| HAZARD<br>IMPACT | Personal Safety | Property loss or damage | Failure to provide Statutory Service or breach of legal requirements | Financial Loss or Increased cost of Working | Personal Privacy Infringement | Environmental | Community/ stakeholders / organis-ation | Reputation |
|---|---|---|---|---|---|---|---|---|
| Insignifi-cant | Minor injury or discomfort to an individual | Negligible property damage | Reported to HSE, Stage 2 complaint | <£10k | Isolated personal detail revealed | Licensable activity occurring without authorisation but not causing pollution | Inconvenience to an individual or small group | Contained within Service Unit |
| Minor | Minor injury or discomfort to several people | Minor damage to one property | HSE investigation<br>Complaint requiring investigation | £10k to £100k | Isolated sensitive data revealed | Death of invertebrates/ >10 fish, minor visible pollution, minor damage to commercial activity | Impact on an individual or small group | Contained within Service |
| Significant | Major injury to an individual/ range of moderate injuries to more than one person | Significant damage to small building or minor damage to several properties from one source | Litigation, claim or fine to £250k<br>HSE Improvement Notice served<br>Complaint referred to Ombudsman | £100k to £500k | Several persons details revealed | Environmental damage to > 1km$^2$<br>Death of 10-100 fish, long term localised harm/ widespread short-term harm to environment, Significant visible pollution/ damage to commercial activity | Impact on a local community.<br>Impact on Council Service | Local public or press interested |
| Major | Major injury to several people or death of an individual | Major damage to critical building or serious damage to several properties from one source | Litigation, claim or fine £250k to £1m imposed<br>HSE Prohibition Notice served<br>Adverse report from External Advisor | £500k to £1m | Several persons' sensitive /personal details revealed | Death of animals, substantial harm to human health, wide-spread/ long-term harm, loss/ closure of shellfish/drinking// bathing water, extensive damage/ closure of agriculture/ commercial activities | Impact on several communities.<br>Impact on whole organisation | National public or press interest, |
| Extreme | Death of several people | Total loss of critical building(s) | Multiple civil or criminal actions.<br>Litigation, claim or fine above £1m or custodial sentence | >£1m | All personal details revealed for many | Permanent damage to a nationally significant population/ to site of special interest | Impact on the whole of Shetland | Senior officer(s) and /or members dismissed/ disqualified. Central takeover of authority |

| | | | | Risk Assessment: No Control Measures | | | | Risk Assessment After Control Measures | | | | | Target Risk Assessment | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Risk to Delivering Strategic Objectives** | **Description of Risk** | **Triggers** | **Consequences** | **Likliehood and Severity** | **Impact and Outcome** | **Risk Rating** | **Mitigation and Control Measures In Place** | **Likliehood and Severity** | **Impact and Outcome** | **Risk Rating** | **Gaps in Control Measures which would further mitigate risk** | **Risk Assigned To:** | **Likliehood and Severity** | **Impact and Outcome** | **Risk Rating** |
| Failure of Governance Arrangements | The complexity of the governance arrangements may detract from rather than support a journey towards 'single system' working across health and care services<br><br>The individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered | Policy framework misunderstood<br><br>Policy framework ignored<br><br>Conflict of Interest between professional, organisational and IJB roles<br><br>Decisions are taken outwith the IJB arrangements | Strategic Plan not implemented.<br><br>NHS Shetland and Shetland Islands Council interests take priority to IJB: IJB unable to fulfil its remit | Almost Certain | Major | High | Intregration Scheme, Scheme of Administration and Delegations, Standing Orders and Financial Regulations<br><br>IJB Committees and supporting groups / forums established and predominantly working effectively.<br><br>Liaison Group of senior representatives from each organisation meeting regularly to resolve issues.<br><br>Corporate Services Support Group established and working effectively.<br><br>Formal Induction Programme<br><br>Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council.<br><br>Budget and Financial Plan approved by each of the partners.<br><br>Formal agenda mangement arrangements including Report Templates | Unlikely | Minor | Medium | Training Needs Assessment and Training Programme, including organisational development support.<br><br>Clarity on the decision-making routes for each of the Strategic Change Programmes.<br><br>Annual Business Programme to be established June 2017.<br><br>Formalise the self evaluation process for effective decision making<br><br>Strengthen the Reports for decision making to be clearer about risks of non-decisions and contribution of report towards meeting strategic objectives. | Simon Bokor-Ingram | | | |
| | Failue to implement the Strategic Programmes | Lack of strategic direction<br><br>Lack of resources to deliver the change programmes and projects | National and local priorities not achieved<br><br>Failure to redesign services to secure equitable, sustainable and affordable services<br><br>Not achieve financial balance in 2017-18.<br><br>Diminished reputation from failure to deliver | Likely | Major | High | Timetable for Delivery was agreed as part of the Strategic Plan.<br><br>Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes. | Possible | Minor | Medium | Clarity on the decision-making routes for each of the Strategic Change Programmes.<br><br>System of quarterly reporting will be established from June 2017.<br><br>Project Teams, supporting documentation and timelines for delivery being developed. | Simon Bokor-Ingram | | | |
| Lack of leadership | The Strategic Commissioning Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland (NOTE this includes making sure that the plan addesses need) | Options for change do not adequantely address issues of equity, sustainability and affordability. | Failure to redesign services to secure equitable, sustainable and affordable services | Possible | Major | High | Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. | Unlikely | Minor | Medium | The outcomes that each of the Strategic Programmes need to deliver on need to be defined more tightly, around key themes of equity, sustainability and affordability. | Hazel Sutherland | | | |
| | The need for transformational change not being effectively understood or communicated to all stakeholders with resulting lack of support for change. | Resistence to change; campaigns for 'status quo' to remain. | Issues are addressed piecemeal with no strategic overview | Almost Certain | Major | High | Participation and Engagement Strategy is part of core suite of policies. | Likely | Significant | High | Communication Plans established for Strategic Change Programmes and Financial Challenges. | Simon Bokor-Ingram | | | |
| | Failure to investigate, explore, invest in and implement new and sustainable service models. | Options for change modelled on inputs and resources and not outcomes to meet service needs. | Diminished reputation from failure to deliver | Almost Certain | Major | High | Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. | Unlikely | Significant | Medium | Work to address the gap between the cost of the current service model and the avaialble funding on the NHS funded services in 2017-18 needs to be done by June 2017. | Simon Bokor-Ingram | | | |
| | Lack of leadership in the transformational change agenda, including insufficient clarity of purpose | Scale and scope of options for change not sufficiently challenging. | | Almost Certain | Major | High | Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes. | Unlikely | Significant | Medium | Core element of Induction Programmes for new NHS Board Members, new or returning Councillors and appointed IJB members. | Simon Bokor-Ingram | | | |
| Insufficient Finance, or funding not being applied to strategic plan objectives | When the fixed costs of maintaining the current model of service is factored into the financial planning process, the savings may have to fall disproportionately on community health and social care and health improvement services, which is contrary to the Government guidance on where investment should be targeted to achieve the best outcomes for individuals | Contuined reliance on non-recurring (one-off) savings to balance financial plan.<br><br>Financial Plan remains out of balance; potential need for Recovery Plan.<br><br>Inability of parnters to agree on Financial Plan and Savings Plans. | Strategic Plan and Financial Plan not aligned; inability to meet strategic objectives<br><br>Existing service needs not met<br><br>Emerging and new service needs not met<br><br>Inabiity to meet Government targets on investment in primary care<br><br>Ability to function as a 'going concern'. | Likely | Major | High | SIC funded services, aligned to Strategic Commissioning Plan and allocation of funding meets identified service needs.<br><br>NHS funded services, aligned to Strategic Commissioning Plan and allocation of funding meets 90% of current service models. | Unlikely | Significant | Medium | Working towards full alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget.<br><br>Work to address the gap between the cost of the current service model and the avaialble funding on the NHS funded services in 2017-18 needs to be done by June 2017.<br><br>The outcomes that each of the Strategic Programmes need to deliver on need to be defined more tightly, around key themes of equity, sustainability and affordability. | Simon Bokor-Ingram | | | |
| Failure to Direct service delivery | Failure to adequately direct service delivey to meet the outcomes required. | Strategic Plan, Financial Plan and Service Plans are not aligned. | Service needs (existing, unmet and future demand) not met. | Likely | Significant | High | Strategic Plan includes detailed Service Plan, performance framework, financial plan and strategic change programmes upon which to base detailed 'Directions' from the IJB to the Health Board and Council to deliver the services as required. | Possible | Minor | Medium | Template for 'Directions' being developed for June 2017 meeting. | Simon Bokor-Ingram | | | |

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| | | Formal Directions are insufficient. | Strategic direction from IJB not implemented by delivery partners (NHS Shetland and Shetland Islands Council). | | | | Quarterly reporting arrangements in place for performance, risk and finance. | | | | Refreshed quarterly reporting arrangements to include progress on Strategic Change Programmes and an overview of all elements - performance / resources / projects / risks. | | | | |
| Opportunity | The underpinning requirement for resilient and complete broadband coverage to take advantage of technological solutions might not be secured within the timescale of this Plan. | Technology solutions that rely on broadband not robust or unable to take advantage of full functionality. | Service needs (existing, unmet and future demand) not met. | Almost Certain | Significant | High | Strategic objective of the Shetland Partnership's Local Outcome Improvement Plan. | Likely | Significant | High | Stronger connection between service impact and political lobbying plan to strenghten the potenital negative impact on achieving health and wellbeing outcomes if full coverage not achieved. | Simon Bokor-Ingram | | | |
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# Shetland Islands Health and Social Care Partnership

Agenda Item

**4**

| Shetland NHS Board | Shetland Islands Council |
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|---|---|---|
| **Meeting(s):** | Integration Joint Board (IJB) | 25 May 2017 |
| **Report Title:** | Annual Business Programme and Meeting Dates 2017 | |
| **Reference Number:** | CC-21-17 F | |
| **Author / Job Title:** | Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland | |

## 1.0 Decisions / Action required:

1.1 That the Integration Joint Board (IJB):

(a) Approve the Annual Business Programme

(b) Approve the meeting dates for 2017.

## 2.0 High Level Summary:

2.1 The Annual Business Programme sets out, over the year, what reports need to be considered by the IJB. This helps the IJB in its governance role by making sure that all its business needs are covered routinely and regularly.

2.2 The Annual Business Programme also sets out the range of performance reports which will come before the Board. It is not intended to hold separate 'performance' sessions; instead the performance reports will form part of the normal agenda and will take their place alongside strategic and policy matters.

2.3 At this stage, the Annual Business Programme only shows the key strategic and performance documents. From time to time, service specific policy matters will be reported to the IJB; these will vary from year to year as existing policies are refreshed or renewed, or new policies are required.

## 3.0 Corporate Priorities and Joint Working:

3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

3.2 The Plan is a significant part of public sector delivery in Shetland and supports the

Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.

**4.0 Key Issues:**

4.1 The Annual Business Programme is intended to provide a formal structure within which the IJB can carry out its business, over an annual cycle. Appendix 1 shows the programme in a calendar style, firstly with the dates of all the relevant meetings of the IJB and its connected Committees and Groups and then also showing the decision making links. A separate report on today's agenda sets out the role and purpose of each of the IJB's connected groups. Appendix 2 shows the business programme in the normal list format, which will be updated regularly to each meeting.

4.2 The meetings have been set to coincide with key decision points through the year, for performance or planning reasons. This is built around a natural annual planning cycle of:

- spring time, review previous year's performance and outcomes
- autumn time, plan for the year ahead, building on what we know about the year just gone and new and emerging issues to address for next year
- February, approve the relevant plans and budgets for implementation from 1 April onwards.

4.3 There is a strong link between strategic planning and financial planning, to provide the best possible environment to ensure that the strategic direction, service models and resources to deliver services are aligned.

**5.0 Exempt and/or confidential information:**

5.1 None.

**6.0 Implications :**

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| **6.1 Service Users, Patients and Communities:** | There are no specific issues to consider. |
| **6.2 Human Resources and Organisational Development:** | There are no specific issues to consider. |
| **6.3 Equality, Diversity and Human Rights:** | There are no specific issues to consider. |
| **6.4 Legal:** | There are no specific issues to consider. |
| **6.5 Finance:** | There are no specific issues to consider. |
| **6.6 Assets and Property:** | There are no specific issues to consider. |

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| **6.7 ICT and new technologies:** | There are no specific issues to consider. |
| **6.8 Environmental:** | There are no specific issues to consider. |
| **6.9 Risk Management:** | There are no specific issues to consider. |
| **6.10 Policy and Delegated Authority:** | As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf. Having in place a structured approach to considering key planning, policy and performance documents at the right time is a key element of good governance. Regular Business Planning reports are already prepared for each IJB meeting. This report provides an annual overview of the planning and performance cycle to complement the existing arrangements. |
| **6.11 Previously considered by:** | None |

**Contact Details:**
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Title: Head of Planning and Modernisation, NHS Shetland
E'mail: hazelsutherland1@nhs.net

9 May 2017

**Appendices:**
Appendix 1 Annual Business Planning Cycle
(a) Timetable
(b) Calendar View with connections to related committees and groups
Appendix 2 Annual Business Planning Cycle; normal list view

**Background Documents**
IJB Standing Orders for Meetings
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/IJBstandingorders-V1.0-29July.pdf

**Appendix 1 (a) Annual Business Planning Cycle; Calendar View**

| | | June | July | August | Sept | Oct | Nov | Dec | Jan | Feb | **Mar** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SIC | SIC Policy & Resources Committee Performance Meeting (PPMF) | | | 29-Aug | | | | 06-Dec | | | 06-Mar |
| | SIC Budget 18/19 | | | | | | | 13-Dec | | | |
| | SIC Employees JCC | 07-Jun | | | 19-Sep | | | | 22-Jan | | |
| | SIC Policy & Resources Committee | 19-Jun | | | | 23-Oct | | | | 12-Feb | |
| NHS | NHS Board | 20-Jun | | 22-Aug | | | | 12-Dec | | 20-Feb | |
| | NHS Area Partnership Forum (APF) | | 06-Jul | | 07-Sep | | 02-Nov | 21-Dec | | 15-Feb | |
| | Staff Governance (SG) | | | 31-Aug | | | | 07-Dec | | 22-Feb | |
| IJB | IJB Joint Staff Forum (JSF) | 09-Jun | | 18-Aug | | 06-Oct | | 08-Dec | | 23-Feb | |
| | Clinical Care & Professional Governance Committee (CCPG) | 07-Jun | | 30-Aug | | | 21-Nov | | | 07-Feb | |
| | Strategic Planning Group | 02-Jun | | 02-Aug | 31-Aug | 04-Oct | 23-Nov | | | 01-Feb | 15-Feb |
| | Local Partnership Finance Team (LPFT) | 07-Jun | | 09-Aug | 04-Sep | 05-Oct | 27-Nov | | | | |
| | IJB Audit | 22-Jun | | | 21-Sep | 25-Oct | | | | 14-Feb | |
| | IJB | 23-Jun | | 23-Aug | 21-Sep | 25-Oct | | 14-Dec | | 22-Feb | 08-Mar |

| | A | B | C | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Topic** | **Report** | **Frequency** | **June** | **July** | **August** | **September** | **October** | **November** | **December** | **January** | **February** | **March** | **Report** | | | | Decision | | | | |
| 2 | | | | Q4 16/17 | | Q1 17/18 | | Q2 17/18 | | | | | Q3 17/18 | | | | | | | | | |
| 3 | **Corporate Governance** | Code of Corporate Governance | Annual | | | | | 25-Oct | | | | | | **Code of Corporate Governance** | | | | IJB | IJB Audit | | | |
| 4 | | IJB Risk Register | Annual | | | | | 25-Oct | | | | | | **IJB Risk Register** | | | | IJB | IJB Audit | | | |
| 5 | | Business Programme | Each Meeting | 23-Jun | | 23-Aug | | 25-Oct | | | | 22-Feb | | **Business Programme** | | | | IJB | IJB Audit | | | |
| 6 | **Strategic Planning** | Agree process of update of Strategic Commissioning Plan | Annual | | | | 21-Sep | | | | | | | **Agree process of update of Strategic Commissioning Plan** | | | | IJB | Strategic Planning Group | | | |
| 7 | | Final Draft for Approval of Strategic Commissioning Plan | Annual but various stages | | | | | | | 14-Dec | | | | **Final Draft for Approval of Strategic Commissioning Plan** | | | | IJB | Strategic Planning Group | Joint Staff Forum | Local Partnership Finance Team | Clinical, Care and Professional Governance Committee |
| 8 | | Local Delivery Plan | Annual | 23-Jun | | | | | | | | | | **Local Delivery Plan** | | | | IJB | | | | |
| 9 | | Directorate Service Plan | Annual, if required | | | | | | | | | 22-Feb | | **Directorate Service Plan** | | | | IJB | | | | |
| 10 | **Budgets / Resources** | Agree process / constraints | Annual | | | | 21-Sep | | | | | | | **Agree process / constraints** | | | | IJB | Local Partnership Finance Team | | | |
| 11 | | Final Draft for Approval | Annual | | | | | | | 14-Dec | | | | **Final Draft for Approval** | | | | IJB | Local Partnership Finance Team | | | |
| 12 | | Final Budget | Annual | | | | | | | | | 22-Feb | | **Final Budget** | | | | IJB | Local Partnership Finance Team | | | |
| 13 | **Strategies and Policies** | Examples: Primary Care; Autism Spectrum Disorder; Locality Planning; Charging; Effective Presribing; Winter Plan; Participation and Engagement; Risk; Carers Information; etc *as per Joint Commissioning Plan* | One-off, then regular review | | | | | | | | | | | **Examples: Primary Care; Autism Spectrum Disorder; Locality Planning; Charging; Effective Presribing; Winter Plan; Participation and Engagement; Risk; Carers Information; etc as per Joint Commissioning Plan and Integration Scheme** | | | | IJB | | | | |
| 14 | | | | Q4 16/17 | | Q1 17/18 | | Q2 17/18 | | | | | Q3 17/18 | | | | | | | | | |
| 15 | **Significant Service Changes (Impact on Operational Service Delivery)** | (a) Strategic Project Implementation where significant impact on current service model | eg Community Rehabilitation | | | | | | | | | | | **Strategic Project Implementation where significant impact on current service model** | | | | IJB | | | | |
| 16 | | (b) Ad Hoc service changes resulting from factors unknown at the time the plan was written so outwith the approved Plan | One-offs, ad hoc | | | | | | | | | | | **Ad Hoc service changes resulting from factors unknown at the time the plan was written so outwith the approved Plan** | | | | IJB | | | | |
| 17 | **Performance (link with IJB Audit Committee)** | Progress Report on Action Plans | Quarterly summary and different topics each cycle | 23-Jun | | 23-Aug | | 25-Oct | | | | | 08-Mar | **Progress Report on Action Plans** | | | | IJB | Strategic Planning Group | | | |
| 18 | | Service Risk Register | Quarterly | 23-Jun | | 23-Aug | | 25-Oct | | | | | 08-Mar | **Service Risk Register** | | | | IJB | | | | |
| 19 | | Management Accounts | Quarterly | 23-Jun | | 23-Aug | | 25-Oct | | | | | 08-Mar | **Management Accounts** | | | | IJB | | | | |
| 20 | | Key Performance Indicators | Quarterly summary and different topics each cycle | 23-Jun | | 23-Aug | | 25-Oct | | | | | 08-Mar | **Key Performance Indicators** | | | | IJB | Strategic Planning Group | | | |
| 21 | | Service User Feedback (eg GP experience survey, complaints) | Regular, as required | | | | | | | | | | | **Service User Feedback** | | | | IJB | | | | |
| 22 | | Annual 'Performance' Report | Annual | 23-Jun | | | | | | | | | | **Annual 'Performance' Report** | | | | IJB 23 June p.m. | IJB Audit a.m. | | | Strategic Planning Group |
| 23 | | Draft Final Accounts | Annual | 23-Jun | | | | | | | | | | **Draft Final Accounts** | | | | IJB 23 June p.m. | IJB Audit a.m. | | | |
| 24 | | Annual Final Accounts and External Audit | Annual | | | | 21-Sep | | | | | | | **Final Accounts** | | | | IJB 21 Sept p.m. | IJB Audit a.m. | | | |
| 25 | | Public Health Annual Report | Annual | 23-Jun | | | | | | | | | | **Public Health Annual Report** | | | | IJB 23 June | NHS Board 20 June | | | |
| 26 | | Chief Social Work Officer Annual Report | Annual | | | | | 25-Oct | | | | | | **CSWO Annual Report** | | | | IJB 25 Oct - adult services only | E&FC 2 Oct - childrens services only | | | CC&PGC |
| 27 | | Workforce and Organisational Development Plan | Annual Report | 23-Jun | | | | | | | | | | **Workforce and Organisational Development Plan** | | | | IJB 23 June | P&R 19 June | JSF 9 June | | EJCC 7 June |
| 28 | | External Audit National Reports | Ad-hoc | | | | | | | | | | | **External Audit National Reports** | | | | IJB Audit | | | | |

| | A | B | C | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Topic** | **Report** | **Frequency** | **June** | **July** | **August** | **September** | **October** | **November** | **December** | **January** | **February** | **March** | **Report** | | | | Decision | | | | |
| 29 | | External Quality Inspections | As required | | | | | | | | | | | **External Quality Inspections** | | | | IJB | | | | |
| 30 | | Internal Audit Reports | As required | | | | | | | | | | | **Internal Audit Reports** | | | | IJB Audit | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | | | **Report** | | | | Decision | | Consultation and Review process | | |
| 33 | | | | | | | | | | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | | | | | | | | | | |

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

# Integration Joint Board

## Meeting Dates and Business Programme 2017/18

as at Friday, 19 May 2017

| Integration Joint Board | | |
|---|---|---|
| | **Date of Meeting** | **Business** |
| **Quarter 1**<br>1 April 2017 to<br>30 June 2017 | Thursday<br>25 May 2017<br>at 2p.m. | • Appointment of IJB Committees<br>• Decision Making Structures<br>• Strategic Risk Register<br>• Annual Business Programme |
| | Friday<br>23 June 2017<br>at 2 p.m. | • 2016/17 Q4 Management Accounts<br>• 2016/17 Q4 Key Performance Indicators<br>• Draft 2016/17 Accounts<br>• 2016/17 Annual Performance Report<br>• Public Health Annual Report<br>• Workforce and Organisational Development Plan<br>• Local Delivery Plan<br>• 2017/18 Business Programme |
| **Quarter 2 –**<br>1 July 2017 to<br>30 September 2017 | Wednesday<br>23 August 2017<br>at 2 p.m. | • Q1 Management Accounts<br>• Q1 Key Performance Indicators<br>• Service Risk Registers<br>• 2017/18 Business Programme |
| | Thursday<br>21 September 2017<br>at 10.30 a.m. | • Final 2016/17 Accounts<br>• 2016/17 Annual Audit Report<br>• Joint Strategic Commissioning Plan Refresh Process<br>• 2018/19 Budget Setting Process |
| **Quarter 3 -**<br>1 October 2017 to<br>31 December 2017 | Wednesday<br>25 October 2017<br>at 2 p.m. | • CSWO Annual Report<br>• Q2 Management Accounts<br>• Q2 Key Performance Indicators<br>• Service Risk Registers<br>• Code of Corporate Governance - Approval<br>• IJB Risk Register - Approval<br>• 2017/18 Business Programme |
| | Thursday<br>14 December 2017<br>at 2 p.m. | • Joint Strategic Commissioning Plan - Approval<br>• 2018/19 Budget Setting - pre-budget funding proposals |

Shetland NHS Board | Shetland Islands Council

Shetland Health and Social Care Partnership

# Integration Joint Board

## Meeting Dates and Business Programme 2017/18

as at Friday, 19 May 2017

| Integration Joint Board - continued | | |
|---|---|---|
| | **Date of Meeting** | **Business** |
| **Quarter 4**<br>1 January 2017 to<br>31 March 2018 | Thursday<br>22 February 2018<br>at 10 a.m. | • Directorate Service Plan<br>• 2018/19 Budget Setting - final budget funding proposals<br>• 2017/18 Business Programme |
| | Thursday<br>8 March 2018<br>at 2 p.m. | • Q3 Management Accounts<br>• Q3 Key Performance Indicators<br>• Service Risk Registers |

**Planned business still to be scheduled - as at Friday, 19 May 2017**

- None

END OF BUSINESS PROGRAMME as at Friday, 19 May 2017