

Meeting	Integration Joint Board (IJB)
Date, Time and Place	Tuesday 19 December 2017 at 10.00 am Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> Emma Macdonald Shona Manson Allison Duncan Lisa Ward Marjory Williamson <i>[Chair]</i></p> <p><u>Non-voting Members</u> Sue Beer, Carers Link Group and Third Sector Representative Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Ian Sandilands, Staff Representative Edna Watson, Senior Clinician – Senior Nurse Karl Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	Ralph Roberts, Chief Executive, NHS Christine Ferguson, Director of Corporate Services, SIC Jan Riise, Executive Manager – Governance and Law Chris Nicolson, Head of Pharmacy Hazel Sutherland, Head of Planning and Modernisation Jaine Best, Solicitor, SIC Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> M Burgess Natasha Cornick</p> <p><u>Non-voting Members</u> Susanne Gens, Staff Representative Martha Nicolson, Chief Social Work Officer</p> <p><u>Observers/Advisers</u> None</p>
Chairperson	Mrs Williamson, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.
Minutes of Previous Meetings	<p>The minutes of the meeting held on 25 October 2017 were confirmed on the motion of Ms Macdonald seconded by Ms Manson, with the exception of the following:</p> <p><u>50/17 – “Page 4 last paragraph</u> – Clarification was provided that</p>

	the query regarding £30K funding for the implementation of the Carer's Act was not for the Carer's Strategy but for the implementation of the Act.
53/17	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, July – September 2017
Report No. CC-57-17-F	<p>The IJB considered a report, by the Head of Planning and Modernisation, NHS Shetland detailing the quarterly performance overview, July to September 2017.</p> <p>The Head of Planning and Modernisation, NHS Shetland introduced the report and provided a summary of steps involved in preparing the Risk Register. She circulated a summary sheet that provided the same information as in Appendix 2 but was in a format that was easier to read.</p> <p>In response to questions the Head of Planning and Modernisation explained the different information provided in Appendix 1 and Appendix A. A request was made that a timeline on Appendix 1 could include colour coding to show what has changed with a date for example where an appointment has been made and their start date. The Head of Planning and Modernisation advised that had not been done so far as the format was likely to change with timelines being linked to scenario planning which will be done in January 2018. She confirmed that timelines would be included following the scenario planning event.</p> <p>The Chief Officer confirmed that sickness planning does capture long term sickness and explained the figures on page 23 and 24. During discussion he noted that the NHS have a code that allows staff to remain off for 48 hours after vomiting and diarrhoea that does not get recorded as sickness absence. In the Council however there is no code therefore the 48 hour period is recorded as sickness absence. The Chief Officer said that the long term sickness absences are generally serious medical conditions and not necessarily stress related. He said however where mental health is stated as a reason there is a lot of support with a Welfare Officer in place and policies for supporting staff. The Chief Officer confirmed that the Council has a contract with the NHS for occupational health services which ensures a level of consistency across staff groups. He said that there is much more support for and awareness of mental health issues. He concluded that although the sickness rates have fluctuated over the years Managers are well versed on the procedures and policies in place therefore there is a good level of scrutiny with both Chief Executive's being made aware when rates rise in particular areas. He said that it was important to be aware that with an ageing workforce more long term illnesses can be expected.</p> <p>Reference was made to the comparative overtime figures on</p>

	<p>page 3 of Appendix B and the disparity between them. The Chief Officer explained that the OT level is less than in previous years but it had doubled from quarter 1 as there is a clear message from staff that they welcome extra time in some areas and this was being monitored closely. He advised that there were a large number of part time staff doing more hours but not going over full time hours, and that this would be to cover sickness or where a post had not been recruited to.</p> <p>During discussion on the matter of overtime hours the Chief Officer confirmed that it would cost less if all hours could be done locally but it had been necessary to engage agency staff in areas that were difficult to recruit to. The Chief Executive, NHS, added that overtime hours amounted to 1% of the total establishment.</p> <p>Reference was made to the entry in the third page of Appendix 1 "North Isles Co-production on out of hours" service and the Chief Officer responded to concern for Fetlar. Members were advised that the next step would be to discuss particular issues with Fetlar residents however attempts to date had proved difficult due to sickness and difficulties with the video conferencing available, however Officers are awaiting a response from residents to advise of a suitable time.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
Decision	The IJB NOTED the content of the report and AGREED the revised Risk Register at Appendix 2, which includes the completion of Risk Targets for each of the Strategic Risks.
54/17	Financial Monitoring Report to 30 September 2017 (Including Financial Recovery Plan Update)
Report No. CC-59-17-F	<p>The IJB considered a report, by the Chief Financial Officer, NHS Shetland detailing the Management Accounts for the period to 30 September 2017.</p> <p>The Chief Financial Officer, NHS Shetland introduced the report and explained variances listed in Appendix 1 and highlighted the information contained in the key issues paragraphs.</p> <p>Comment was made that although there is £125k available to the IJB it was important to consider the financial position of partner organisations, as in previous years, before being shown choices of how to spend the money. In response to a question the Chief Financial Officer explained that the £125k referred to in paragraph 4.29 was additionality funding underspend that was kept in reserves on the condition it is spent on additionality, but the Scottish Government would be open to how it is used. The Chief Officer said that there was no caveat that determined a specific use of the funding and where more is spent on other</p>

services this is additional resources that the additionality funding can cover. The Chair concluded that the IJB would need to see where and how money has been spent in services and take a view on whether the total sum spent was affecting change.

Concern was expressed on the pace of change and reference was made to the emphasis put to new Members that decisions would need to be made with some pace. The Chief Financial Officer explained that it might be unwise to reduce services without scenario planning therefore change had been slower than hoped. The Chief Officer advised that the pace was not quick enough to meet the challenge of breaking even but that did not take away from the savings already made. He said that the forecast was that the Health Service would break even in 2017/18 but position was not guaranteed in future years. The NHS has relied on non-recurrent measures to reach a break even position in recent years, a short term solution which is not sustainable. The Chair added that it was difficult to move ahead but there were plans in place for scenario planning that would help move matters on.

Reference was made to paragraph 4.27 “unscheduled care” and Members were informed that redeployment was taking time to complete due to the matching process. It was also noted that as there is no redundancy policy in the NHS each member of staff will be matched through time. In terms of the 1-4 rota Members were advised that the requirement is not based on the number of beds so although there had been a reduction of 6 beds there is a requirement for an out of hours rota for on call services during the night. Members were informed that the consultant previously covered the Ronas Ward, Ward 3 and Accident and Emergency and although Ronas Ward was closed consultant cover continued to be required for the remaining on call service.

Comment was made on the decision making process for allocation of funding and it was suggested that the IJB, and not the Council, should have made the decision on funding for adult social care. It was explained however that there were clear outcomes around carers. It was noted that the intention for the budget was approved by the Carers Strategy Group. It was suggested that it would be useful for the IJB to receive carer awareness training, the IJB were informed that this was being arranged with a specific date to be arranged and advised.

In terms of funding for supporting carers with individuals who have dementia it was explained that there was funding to pump prime support but it was known that there was no access to funding beyond that year.

Comment was made that the savings plans had been derailed by using agency staff. It was suggested that the NHS run the risk of losing momentum on the timing of a decision on models

	<p>that are important to being safe and financially sustainable. In terms of agency/locum staff it was confirmed that the NHS are expected to use staff from the agency contract framework first. Reference was to earlier discussion on staff seeking more hours and how that could reduce the need for agency staff, but it was explained that there are specific roles such as Registered Nurses where there is no one locally available to fill vacancies.</p>
Decision	<p>The IJB NOTED the 2017/18 Management Accounts for the period to 30th September 2017.</p>
55/17	<p>Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland</p>
Report No. CC-58-17-F	<p>The IJB considered a report, by the Director of Pharmacy which provided information on the National Strategy for Scotland and the potential opportunities in Shetland.</p> <p>The Director of Pharmacy introduced the report and commented on matters highlighted in paragraphs 4.4, 4.5 and 4.8.</p> <p>Where the Director of Pharmacy referred to pharmaceuticals being at the heart of medicine safety in care homes and said Shetland were leading in this area he said that the rest of the country had now caught up. He said that 15-20 years ago Shetland was lucky in that either the Welfare Trust or the Local Authority care homes were influenced by national direction at that time making process robust but it was time to move forward again and although Technicians were now working in care homes there was still a lot that could be done. The Director of Pharmacy said that patient's medication is managed in hospitals but there is a need to ensure that happens in individuals homes and in the wider community. He confirmed that with the Technicians in care homes it is very likely more savings could be made particularly in terms of waste for items such as dressings and catheters.</p> <p>The Director of Pharmacy was asked if he had believed that there was serial prescribing in Shetland, to which he said that this was a difficult area to comment on but that the Scottish Government have a scheme they want the NHS to follow. He said that in the meantime work had been done in Lerwick on repeat prescriptions to ensure there was no over ordering taking place.</p> <p>The Director of Pharmacy advised that with the right IT support it would be possible for the Pharmacist to review, agree and set up a system so that medicine could be posted to the individual's door. He said however that commerce would drive that and it would have to be safe and was dependent upon having the right infrastructure and broadband. The Director of Pharmacy explained that in terms of funding the Government are committed to the strategy therefore funding was ring fenced but it was being provided quicker than the service could use it. He</p>

	<p>said that the Government were keen to support links between GPs and the community in remote areas.</p> <p>The Chief Officer said that as indicated by the Director of Pharmacy broadband coverage was a constraint for many services. He said that staffing was also an issue due to the rurality of some areas.</p> <p>The Director of Pharmacy responded to a question on the delivery of prescriptions drugs and advised that there are no legal reasons why prescriptions cannot be posted, but there would be a cost associated.</p> <p>The Director of Pharmacy also confirmed the pharmacist training takes 4 years at University, 1 year pre-registration and another two years to become advanced.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
Decision	The IJB AGREED to support the National Strategy.
56/17	Directions to Shetland Islands Council and NHS Shetland
Report No. CC-61-17-F	<p>The IJB considered a report, by the Director Community Health & Social Care that presented Directions for the remaining services commissioned by the IJB.</p> <p>The Director Community Health & Social Care introduced the report advising that there is an absolute requirement for the IJB to give the SIC and NHS Directions through the Strategic Plan. He said that there was no prescribed way that this should be done but the IJB approved a format at its meeting on 13 July 2017.</p> <p>A suggestion was made that paragraph 1.2 should include a timescale rather than “in due course”. Following an explanation from the Chief Officer that the timescale relied on information from the Scottish Government, the IJB agreed that the wording be changed to read “after the Government review is complete”.</p> <p>Reference was made to paragraph 7 of the Health Improvement direction 4th bullet point. A breakdown of the costs associated with the smoking cessation was not available but it was agreed that a breakdown of the £310k budget, to carry out directions, would be provided following the meeting. It was suggested that responsibility for stopping smoking should rest more with the individuals and the choices they make and the same could be said of alcohol and drugs. In response however comment was received that the funds for the Health Improvement budget was about empowering people to improve their own health and that it was difficult to pass judgement on anyone affected by drugs and alcohol. Further comment was made that the budget was</p>

	<p>important to assist with intervention and prevention and that money is saved if an individual is successful through the smoking cessation programme. It was suggested that individual responsibility was evidenced when people use the resources available to receive help and support. It was also stated that individuals are more likely to turn to smoke or use drugs who are in poverty and do not have means to stop alone.</p> <p>The Chief Officer spoke of the importance, as a community planning partner, to consider the societal impacts on the wider community health and wellbeing including resultant crime, police time and a whole array of other consequences on society at large. He said that prevention was not only about moral and ethical support, but the health improvement model would not succeed if there is no prevention measures in place.</p> <p>The Chief Officer was asked how the new contract for the Primary Care GP was progressing. He advised that there had been consultation with the GP and the British Medical Association and the outcome should be known in January 2018 as there were still responses to questions to come from the Scottish Government. The Chief Officer advised that he would be involved in a video conference tomorrow where he would be asking what this means for Shetland and rural areas and to see if more detail would be provided on funding.</p> <p>On the motion of Mrs Williamson, seconded by Mr Duncan, the IJB approved the recommendations contained in the report.</p>
Decision	<p>The IJB APPROVED the Directions to Shetland Islands Council and NHS Shetland set out in Appendix 1; and</p> <p>NOTED that a review of the approach to undertaking Directions is being carried out across Scotland. In light of this and local consideration of the impact and beneficial outcomes deriving from the Directions the IJB will review their use and structure after the Government review is completed.</p>
57/17	IJB Business Programme 2017
Report No. CC-60-17-F	<p>The IJB considered a report, by the Chief Officer, NHS Shetland Which detailed the planned business to be presented to the IJB over the financial year to 31 March 2018.</p> <p>The Chief Officer introduced the report and during discussions the IJB noted that the June meeting date would be changed and confirmed to IJB.</p> <p>The IJB noted that the following reports are to be added to Business Programme:</p> <p>Carers Strategy Review – date to be allocated.</p> <p>Public Health Annual Report – 22 February 2018.</p>

	GP Plan Contract – 6 June 2018.
Decision	<p>The IJB approve its business planned for the financial year to 31 March 2018, including any changes or additions identified; and</p> <p>APPROVED the dates for the 2018/19 Board and Audit Committee meetings, with the exception of 22 June 2018 which will be rescheduled and advised in due course.</p>

The meeting concluded at 12.50pm.

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Chair