

Meeting	Integration Joint Board (IJB)
Date, Time and Place	Wednesday 5 September 2018 at 3pm Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> Natasha Cornick Allison Duncan Steven Leask [substitute for Robbie McGregor] Emma Macdonald Shona Manson Marjory Williamson</p> <p><u>Non-voting Members</u> Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Maggie Gemmill, Patient/Service User Representative Jim Guyan, Carers Strategy Group Representative Catherine Hughson, Third Sector Representative Graham Laing [substitute for Edna Watson, Senior Clinician – Senior Nurse] Karl Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	Ralph Roberts, Chief Executive – NHS Shetland Gary Robinson, Chairman – NHS Shetland Board Christine Ferguson, Director – Corporate Services, SIC Karen Smith, Head of Mental Health Services (Interim), NHS Shetland Jan Riise, Executive Manager – Governance and Law, SIC Sheila Duncan, Senior Accountant, SIC Anne Cogle, Team Leader - Administration, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> Robbie McGregor</p> <p><u>Non-voting Members</u> Susanne Gens, Staff Representative Ian Sandilands, Staff Representative Martha Nicolson, Chief Social Work Officer Edna Watson, Senior Clinician – Senior Nurse</p> <p><u>Observers/Advisers</u> None.</p>
Chairperson	Mrs Williamson, Chair of the Integration Joint Board, presided.

Declarations of Interest	<p>Ms Maggie Gemmill declared an interest in relation to agenda item 2 [Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15)]. Ms Gemmill stated that she was a member of the Mental Health Forum and had a meeting planned for 19 September where this report is the sole matter for discussion. Ms Gemmill added that she was also an active member of Shetland Samaritans who are listed in the report as part of Voluntary Sector Services. She concluded that all of her interests were voluntary with no financial involvement.</p>
Minutes of Previous Meetings	<p>The minutes of the meeting held on 6 June 2018 were confirmed on the motion of Mr Allison Duncan, seconded by Ms Natasha Cornick.</p> <p>The minutes of the meeting held on 20 June 2018 were confirmed on the motion of Ms Emma Macdonald, seconded by Mr Allison Duncan.</p>
Chairperson's ruling	<p>The Chair ruled that, due to special circumstance namely due to the timescales involved, the following item of business is to be considered at this meeting as a matter of urgency in terms of paragraph 5.3.7 of the IJB's Standing Orders for Meetings – Agenda item (d) – Non Voting Appointments to the IJB.</p>
25/18	Appointment of Non-voting Members of the IJB
Report No. GL-17-IJB	<p>The IJB considered a report by the Executive Manager - Governance and Law, which sought to affirm the re-appointment of non-voting members to the IJB for a further period of 3 years, and to present a nomination for appointment to the vacant non-voting member representative of Senior Consultant – Local Acute Sector.</p> <p>The Executive Manager summarised the terms of the report, during which he indicated that, if re-appointed, the non-voting representative organisations would be asked to confirm their representative would be continuing and that he would report back if there were any changes to be made.</p> <p>Ms Shona Manson referred to section 4.5 of the report, and to the end of the Chair's NHS term of office, and suggested that the NHS give early consideration to succession planning and induction for the new member and Chair. The Chair noted, and asked the Chief Officer and Chief Executive of the NHS to follow up on this in early course.</p> <p>The IJB unanimously approved the terms of the report.</p>
Decision	The IJB:

	<p>1.1 NOTED the re-appointment of existing NHS voting members to 30 June 2021;</p> <p>1.2 APPROVED the re-appointment of existing non-voting Members to 19 July 2021; and</p> <p>1.3 APPROVED the appointment of Non-Voting Member Senior Consultant – Local Acute Sector representative to the IJB, namely Dr Pauline Wilson, for a three-year period to 19 July 2021.</p>
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26/18	Financial Monitoring Report to 30 June 2018 (Including proposed approach to addressing current and projected overspends)
Report No. CC-33-18-F	<p>The IJB considered a report by the Chief Financial Officer that presented the Management Accounts as at the end of the first quarter of the 2018/19 financial year.</p> <p>After hearing the Chief Financial Officer introduce the report, particular reference was made to paragraph 2.3 and more explanation was sought as to what was meant by the “further discussions required” with regard to the project overspend by NHS Shetland at year end, and how future funding allocations may be affected.</p> <p>The Chief Financial Officer explained that should NHS Shetland require brokerage there would be less funding available for the IJB in future years due to the loan repayment commitments faced by NHS Shetland. Mr Roberts advised that if NHSS was to consider venturing into brokerage, this would have to be contained within financial plans, and resourced in the long term until the accounts could be brought into balance, and those issues would require discussions with the IJB around service delivery and the impact of ongoing savings targets.</p> <p>Ms Macdonald suggested that the same situation had risen in previous years, and each year it appeared to have been resolved, and wondered why this year was expected to be any different. The Chief Officer agreed it had been the case that in previous years the IJB had been told that the accounts would not balance, but they had, but he said the general view was that the reliance on funding had grown each year, the issue of spending had not slowed down and all predictions so far were not showing a break even position. Mr Roberts added that the scale of the problem was bigger than last year, compounded by the fact that the allocations from the government were not known. The Chair asked whether these issues had been flagged up with the government and the difficulties they were causing. Mr Roberts confirmed that conversations about these issues were held at the end of each quarter, but the Government’s position was still that NHSS was expected to make decisions that would allow the IJB to break even. He</p>

said that the Government had corrected a number of allocations made last year as they were incorrect, and these had reduced the overspend, and a number of fortuitous underspends had been made throughout the year, but at this point it was not possible to whether those scenarios would happen again.

Ms Gemmill referred to paragraph 4.8 regarding the Primary Care overspends, and said that she had not reached the same amounts, particularly for the Bixter practice. The Chief Financial Officer was able confirm that this paragraph only contained the main issues, and there were a number of other small variations which made up the detailed figures.

With regard to Lerwick Health Centre, the Chief Financial Officer explained that it had had no overspend and was aiming to break even. He explained that the reason for this was that locums were funded through vacancies and it had been easier to recruit in Lerwick compared to other areas. He confirmed that, with regard to Whalsay in particular, a Service Level Agreement was in place, and this came at a premium rate and cost more to recruit to, hence the budget, based on salaried grades, was less than actual costs. Mr Roberts said that the model run in Whalsay was more expensive, and if that model was to continue to run, then the IJB would have to consider that as part of its budget submission. He explained that for two to three years now, budgets had been inextricably linked back to funding from the Scottish Government, and so was not done on cost, which emphasised where there is a discrepancy between running a practice and what is funded. Mr Roberts said that a particular judgement would be made as part of that process, with an emphasis on the point that running medical practices based on different solutions, because NHSS have been unable to appoint substantive GPs for a number of years. In this regard, he said, there would be a need to think differently about how GPs are contracted, and SLAs was one way.

In response to questions regarding project savings, the Chief Financial Officer advised that no specific plans had been developed, but the first such paper regarding the Primary Care improvement Plan was the most developed so far and would be coming to the IJB, but as yet the figures were not specific. The Chief Officer added that scrutiny of the projected overspend looks likely, and the level of confidence of recovering that position was currently very low.

Mr A Duncan said that it had been made clear on many occasion that the Scottish Government had to fund these costs, and every effort should be made to continue raising this matter, especially for Shetland where fares and accommodations costs were more expensive than other areas.

The Chair agreed, adding that it was down to all Shetland community partners to make the case for more funding.

	<p>The Chair then referred to paragraph 4.17 of the report and asked when the projects currently underway would culminate in reports to the IJB. The Chief Officer advised that these projects would evolve over the next few months, and key actions would be reported to the IJB as they were developed.</p> <p>Regarding questions on recruitment, the Chief Officer explained the position in relation to gaps that still remained in Walls, Bixter and Whalsay, but that the Lerwick Health Centre had been a success. He said that there was a need to continue to try and recruit, but look at alternative solutions.</p> <p>Mr Duncan referred to recent issues around Brexit and health services perhaps having to store medications, and asked if there had been any discussions about this. The Chief Officer said that NHSS would not be stockpiling medicines, and any issues regarding any Brexit impacts were being addressed by the Scottish Resilience Forum.</p> <p>With regard to Self Directed Support core funding, the Chief Officer said that, in some respects, self-care and self-management was considering the impact of traditional services versus private service, but these were still decisions that had to be made and there were still costs that arise from promoting Self Directed Support and creating internal capacity.</p> <p>The IJB otherwise NOTED the terms of the report.</p>
Decision	The IJB NOTED the 2018/19 Management Accounts for the period to 30th June 2018 and the proposed approach to addressing current and projected overspends.

27/18	Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15)
Report No. CC-35-18-F	<p>The IJB considered a report by the Director of Community Health and Social Care and Karen Smith, Head of Mental Health Services (Interim) that sought approval of the draft mental Health Action 15 Plan and for the continuation of action by the Chief Officer to draw down the Scottish Government allocation.</p> <p>After hearing the Head of Mental Health Services (Interim) introduce the report, the Chief Officer said that the report illustrated a really good piece of work by the staff involved. He said that, in particular, the directory of available services would help to signpost people to ensure they were getting the right level of support – so not necessarily getting people to higher levels, but having greater levels of earlier intervention. He said the directory would sit with GPs and others, and would mean that with a generic service, it can meet individual needs much earlier, then there's far more chance that those issues can be dealt with in Shetland.</p>

Ms Manson agreed that this was a really good piece of work. However, she said she had still had major concerns about talking therapies and the apparent stack of waiting lists for those, in some cases people waiting for a year. She asked if that would be part of a bigger enablement plan. The Head of Mental Health Services (Interim) said that the strategy was intended to ensure that individuals were dealt with at the right level and if people had complex and extreme symptoms they needed to be dealt with at a higher specialist or statutory level, but if they do not fit into that category they may go on a waiting list, but they were still receiving a service but at a lower level as required. She added that to assist with the numbers a member of staff would be trained to train other staff to run group therapy sessions, and this would have an impact on the waiting lists for those at the lower tiers and the waiting lists would start to decrease.

Ms Hughson referred to Appendix 1 and the number of service users, and the Head of Mental Health Services (Interim) agreed that some of those could be individuals who were double counted as people would be committed to different services.

Mr Leask referred to a recent funding announcement from the Scottish Government of £250m for mental health in Scotland over 5 years, and asked if this was new money in addition to what was already funded. The Chief Officer said the announcement had only recently been made, and it was not clear yet what it meant, and clarification was being sought and would be shared with the IJB when that was known.

Ms Gemmill referred to Psychological staff and lone working, and asked how their own mental health was supported. The Chief Officer confirmed that there was a supervision arrangement in place so everyone had a person that they can go to. He said that a single handed practitioner may have someone off island, and they provided support for individuals and gave professional oversight of the cases that they are managing. In addition, the Head of Mental Health Services (Interim) said that individuals were also part of a wider team, and case discussions were held as well as other local team support mechanisms.

With regard to the government funding, the Chief Officer said that a piece of work was being done to redesign and make efficiencies, and was driving the service to consolidate and integrate what was a disparate health and social care team. He said the opportunity around making the efficiency does allow the service to improve outcomes overall, and so there was a challenge around efficiencies which can improve quality, but making sure that we are getting the right outcomes for individuals. The Chief Officer said that the savings targets were still required, but by effectively redesigning it would create an efficiency as well as improving quality and outcomes for

	<p>individuals.</p> <p>Ms Gemmill asked if the redesigned service would start to reduce the number of those waiting for services. The Head of Mental Health Services (Interim) said that group work in particular would have an impact, and efficiency savings would plug gaps in other areas where services in the past had not been able to.</p> <p>Regarding recruitment to new posts, the Head of Mental Health Services (Interim) said she remained optimistic, and discussions were ongoing with other island bodies, including discussions about regional working. She confirmed that any recruitment issues would be reported back if another solution was required.</p> <p>Regarding £250m funding over the next 5 years, the Chief Financial Officer said it had just been confirmed that some of that funding, around £60m, would be going to local authorities for use in schools.</p> <p>The Chair said that everyone was very happy with the report, and any additional external funding, the detail of which was to be clarified, would of course be gratefully received.</p> <p>Mr A Duncan moved that the IJB approve the terms of the report. Mr S Leask seconded, and the IJB unanimously agreed.</p>
Decision	<p>The IJB:</p> <ul style="list-style-type: none"> • APROVED the draft Mental Health Action 15 plan, and • INSTRUCTED the Chief Officer to continue to take the necessary action to draw down the Scottish Government allocation.

28/18	IJB Business Programme 2018/19 and IJB Action Tracker
Report No. CC-34-18-F	<p>The IJB considered a report by the IJB Chief Officer – NHS, which detailed the planned business to be presented to the Board during the financial year to 31 March 2019.</p> <p>The IJB Chief Officer introduced the report and suggested the following changes to the Business Programme:</p> <p><u>21 September –</u> Add:</p> <ul style="list-style-type: none"> • Draft Strategic Commissioning Plan • Q1 Performance <p>Remove:</p> <ul style="list-style-type: none"> • 2018/19 Winter Plan <p><u>8 November -</u></p>

	<p>Add:</p> <ul style="list-style-type: none"> • 2018/19 Winter Plan • Q2 Performance • Carers Strategy <p><u>13 March -</u> Add:</p> <ul style="list-style-type: none"> • Q3 Performance <p>Members noted that the timing for the final sign off of the Winter Plan and Strategic Plan may require a special meeting to be called during December.</p> <p>With regard to Right to Advocacy report, the Chief Officer advised that working had started on identifying gaps that have to be addressed jointly with community partners. He said it was hoped that a report could be presented to the IJB early in the new calendar year.</p> <p>Regarding the Winter Plan, Mr Duncan pointed out that there had been a few instances last year where lack of gritting on the roads had resulted in accidents involving staff, and asked if this was to be taken account of in the Winter Plan. The Chief Officer said that ensuring staff were ready for winter conditions, such as checking car tyres and ensuring that SIC and NHSS fleet cars are prepared adequately for winter. In terms of gritting, the Chief Officer advised that he was able to call upon the Roads Service for support at any time if required for a home visit for Health and Social Care reasons. However, he said that the general policy around gritting was not a matter which he, or the IJB, had any control over. The Executive Manager – Governance and Law advised that the Council also had a Winter Resilience Plan in place, which included responsibilities in the event that Business Continuity Plans had to be brought in for dealing with service impacts of severe weather conditions.</p> <p>With regard to the earlier report on the Mental Health Services response to the National Mental Health Strategy, the Board agreed that a report should be prepared by the Chief Officer to a future meeting, either 21 September or 8 December, on any Directions required from the IJB to implement the Action 15 plan.</p> <p>The IJB otherwise approved the Business Programme and noted progress as stated in the Action Tracker.</p>
Decision	<p>The IJB:</p> <ul style="list-style-type: none"> • RESOLVED to approve its business planned for the financial year to 31 March 2019, taking account of the changes noted above; and • NOTED the IJB Action Tracker.

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On the motion of Ms M Williamson, seconded by Mr A Duncan the IJB resolved, in terms of the IJB Standing Orders for Meetings, to exclude the public from this meeting during consideration of the following item of business, on the grounds that it is likely that, if the public were present, there would be disclosure of exempt information as defined in paragraph 9 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973.

29/18	Internal Audit Service
	<p>The IJB considered a report by the Director of Corporate Services, which presented information regarding proposals to change the internal audit service arrangements for the IJB in light of changes proposed to the Council's Internal Audit Service.</p> <p>On the motion of Mr A Duncan, seconded by Ms E Macdonald, the IJB unanimously approved the terms of the report.</p>
Decision	<p>The IJB:</p> <ul style="list-style-type: none"> • CONSIDERED the information presented in the report; appendices and the decisions of the Council; and • AGREED that Shetland Islands Council continue to provide Internal Audit services for the IJB and AGREED that elements of this function may be provided through external procurement arrangements subject to the decisions of the Council in this regard.

The meeting concluded at 3.35 p.m.

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Chair