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| Meeting | Integration Joint Board (IJB) |
| Date, Time and Place | Wednesday 23 January 2019 at 2pm Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland |
| Present [Members] | <p><u>Voting Members</u> Natasha Cornick Allison Duncan Jane Haswell Emma Macdonald Robbie McGregor Marjory Williamson</p> <p><u>Non-voting Members</u> Sue Beer, Substitute for Third Sector Representative Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Maggie Gemmill, Patient/Service User Representative Susanne Gens, Staff Representative Jim Guyan, Carers Strategy Group Representative Denise Morgan, [Substitute for Martha Nicolson, CSWO] Graham Laing, Clinical Nurse Manager [Substitute for Edna Watson, Senior Clinician – Senior Nurse] Karl Williamson, Chief Financial Officer</p> |
| In attendance [Observers/Advisers] | Susan Brunton, Team Leader – Legal and Insurance, SIC Ralph Roberts, Chief Executive, NHS Gary Robinson, Chairman of the NHS Board Hazel Sutherland, Head of Planning and Modernisation Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i> |
| Apologies | <p><u>Voting Members</u> Shona Manson</p> <p><u>Non-voting Members</u> Catherine Hughson, Third Sector Representative Martha Nicolson, CSWO Ian Sandilands, Staff Representative Edna Watson, Senior Clinician – Senior Nurse Pauline Wilson, Senior Clinician: Local Acute Sector</p> <p><u>Observers/Advisers</u> Lorraine Hall, Director of Human Resources and Support Services, NHS Jan Riise, Executive Manager – Governance and Law, SIC</p> |
| Chairperson | Marjory Williamson, Chair of the Integration Joint Board, presided. |

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| Declarations of Interest | None. |
| Minutes of Previous Meetings | <p>The minutes of the meetings held on 8 November 2018 were confirmed on the motion of Mr Duncan, seconded by Ms Cornick.</p> <p><u>Min. Ref. 38/18 "Primary Care Improvement Plan Update"</u> – The Chief Officer advised that reference was made at the last meeting to a Direction that would be presented for approval today, however it was advised that a Direction was not required at this time. In terms of the Carer Eligibility Criteria, the Chief Officer said that in drafting a report the financial information was not available therefore the decision was made in consultation with the Executive Manager – Governance and Law that the report would be presented to the next meeting of the Board, if possible. It was noted that the Carer Eligibility Criteria item was listed in the business programme as planned business to be scheduled, and that would be done when all information was available.</p> |
| 01/19 | Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 2: July - September 2018 |
| Report No. CC-04-19-F | <p>The IJB considered a report by the Director of Community Health and Social Care/ IJB Chief Officer and Head of Planning and Modernisation that presented the strategic overview of all elements of progress towards delivering on the strategic plan.</p> <p>The Head of Planning and Modernisation introduced the main terms of the report and advised that the IJB were being asked to also look at the Ministerial Strategic Group indicators as the Scottish Government sought confirmation of the key indicators for 2019/20, and the retention of the current performance objectives and targets were presented for approval. The Head of Planning and Modernisation added that a new risk had been included in regard to Brexit and that was a more strategic level risk with each organisation taking account of Brexit within their own risk registers.</p> <p>During questions consideration was given to the alignment of the financial plan with the strategic plan, and it was considered that there was a difference between whether the two would be aligned or balanced. It was noted that progress was being made on elements of spend but the finances were not balanced overall.</p> <p>The good performance on targets was commented on and during further questions some figures in regard to employee costs were questioned and explanations provided. The Chief Officer</p> |

advised that the longer term view around recruitment and training was being taken, and the invigoration of modern apprenticeships was seen as a positive step. The IJB was informed that a commitment had been made with the AHS to attend careers events and it was hoped that this would be arranged within other Junior High Schools across Shetland. The number of days in hospital was also explained and it was agreed that the target set was challenging but staff work hard to ensure discharges are planned to achieve effective outcomes particularly for complex cases. It was further noted that this figure had been at zero for the last three weeks but this was changeable position.

There followed some discussion on the Risk Register and the wording used around targets. More clarity was provided at the meeting and it was agreed that this would be reviewed for future reporting.

During further questions it was noted that upon request more detailed information had been provided on Indicator E15 and it was agreed moving forward to provide that on an ongoing basis as part of the performance report. It was also acknowledged that the information provided in Appendix 1A is out of date but it would be refreshed and updated for 2019/20 following the approval of the Joint Strategic Commissioning Plan.

Reference was made to the “No Deal Brexit” item on the Risk Register and the implications for the supply of medication. The Chief Officer advised that both the UK and Scottish Governments were leading on resilience plans and that it is known that there are shortages of specific medicines. He said that locally Health Services are reliant on the UK procurement process to get supplies in. It was acknowledged that there are some medicines that had already been in short supply for a number of years so Brexit was not the only issue but it was important to look at alternative routes. The Chief Executive, NHS added that it was not possible to give assurances around this issue in terms of Brexit, but no-one in the UK could, and any additional costs could not be quantified at this time. He advised that Health Boards are being urged not to stockpile medicines as that could also lead to other problems. The Chief Executive, NHS did assure that Officers were in constant dialogue with the Government on this matter. He added that a self-assessment has been provided to the Government who are satisfied that NHS Shetland is doing all it can.

The Chief Financial Officer informed that weekly bulletins are received and suggested that if there were a financial impact from the No Brexit Deal the Government would have to support that.

Further comment was made around the impact of a No Brexit Deal and Officers were asked if the UK and Scottish Governments had been made aware of the special logistical issues that Shetland has being a remote Island area and that

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| | <p>efforts should be made to ensure that Shetland is not at the end of the supply chain. The Head of Planning and Modernisation confirmed that remote and rural challenges are part of the planning assumptions being used by the Scottish Government.</p> <p>It was noted that the Carer's Representatives were working with the Strategic Planning Group and Carers Collaborative to identify better indicators for outcome 6 in regard to unpaid carers and their own health. Meaningful indicators would be brought to the Strategic Planning Group and then to the IJB.</p> <p>Mr Duncan moved that the IJB approve the retention of the current performance objectives and targets in respect of the Ministerial Strategic Group Key Performance Indicators 2019-20 as set out in Appendix 3. Ms Cornick seconded and the IJB concurred.</p> |
| Decision | The IJB APPROVED the retention of the current performance objectives and targets in respect of the Ministerial Strategic Group Key Performance Indicators 2019-20, Appendix 3. |

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| 02/19 | Financial Monitoring Report to 30 September 2018 |
| Report No. CC-03-19-F | <p>The IJB considered a report, by the Chief Financial Officer that presented the 2018/19 Management Accounts for the period to 30 September 2018.</p> <p>The Chief Financial Officer introduced the report and noted that due to the timing of closing ledgers the figures had been revised from those presented to Policy and Resources Committee on 11 December 2018. The Chief Financial Officer noted that the overall overspend at paragraph 2.1 were in part due to high locum costs. Reference was made to the Auditors report that picked up on the need for the IJB to approve and take responsibility for its own budget and highlighted the importance of having a Medium Term Financial place of its own. He advised that this would be discussed further at the IJB Seminar on 28 January 2019.</p> <p>Discussion was held around the use of the words "savings targets" at 4.18 and it was suggested that there could be no target without a plan in place. The Chief Financial Officer disagreed advising that the target was to deliver the same service for less money. He said that when the target is not met it is carried forward from one year to the next and remains the target until a better position is reached with the funding providers or savings are realised. He said that a Medium Term Financial Plan would show the indicative allocations against the inflated cost of services but at this stage there was limited detail of how to close the savings gap. The Chief Financial Officer said that he understood the frustration around this matter but assured the IJB that work was in progress to redesign services however it was taking time to develop. Chief Executive, NHS provided an</p> |

update on the current position in terms of the funding gap for the NHS in Shetland and advised that there was a figure of 50-60% reliance of non-recurrent savings across Scotland. He said it was right to flag up that the savings target is not being met and challenge officers on that but work is ongoing on the Medium Term Financial plan however it would not identify choices that the IJB would be willing to make decisions upon and he was not prepared to bring forward options that the IJB would find neither safe nor achievable. The Chief Executive, NHS said that he wanted to ensure that he brought forward a credible plan.

The Chair stated that the main focus was to make the Strategic Commissioning Plan into an operational plan. She said that the Health Board held scenario planning on this and upon her request the Chief Executive, NHS provided an update on that and what the next step would be. He advised that the next step was to work on the detail of the elements but these were not at a stage that could be brought before the IJB. The Chief Executive, NHS said that the management team were attending a number of sessions to focus on delivering a the Joint Strategic Commissioning Plan but it would take some time to get to what a balanced plan would look like in time for next year therefore Officers would need to continue to bring forward non recurrent savings plans for next year.

A question was put forward on whether the Ministerial Visit had successfully acknowledged the special case that Shetlands location is in terms of high locum costs, travel and accommodation expenses. The Chief Executive, NHS said that Officers had, and continue to have discussions with the Scottish Government on these matters. He said that it was clear that Shetland spends more on Health and Social Care than other areas across Scotland and for valid reasons in terms of additional costs. He said that following the Ministerial visit he was clear that the Scottish Government would continue to support the NHS and that there would be assistance this year but the Minister did not specify a figure. Discussion was held around the need to minimise the need for locums both to reduce costs but to also provide a better service and continuity of care for patients. He commented that there was a lack of knowledge around the uniqueness of Shetland. The Chair confirmed that every opportunity would be taken to raise this issue but it was hopeful that there would be financial support this year with more lobbying needed next year. The Chief Executive, NHS was thanked for the work undertaken to get to this stage.

(Mr Laing and Ms Gens left the meeting)

During further discussion an explanation was provided for the figures noted in regard to a £203k overspend in Primary Care. The IJB were advised that these were salary costs as a result of a GP Practice moving from an independent practice to a Health Board practice. It was acknowledged that the staff involved move to a salaried position when such a transfer takes place and

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| | <p>often their wages increase in line with the NHS. The IJB noted that GPs from an independent practice can be underpaid to keep the practice going but when they transfer to the Health Board they are paid the correct salary. The Chief Financial Officer advised that now the true costs are known the budget figure could be amended to reflect the true costs.</p> <p>The Chair asked IJB Members to consider whether they are being involved enough in the budget process before the next seminar on 28 January 2019.</p> |
| Decision | The IJB NOTED the 2018/19 Management Accounts for the period to 30th September 2018. |

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| 03/19 | Domestic Abuse and Sexual Violence Strategy 2018-2023 |
| Report No. CC-08-19-F | <p>The IJB considered a report by the Consultant in Public Health Medicine, NHS Shetland that sought approval for a revised Domestic Abuse and Sexual Violence Strategy, on behalf of the Shetland Domestic Abuse Partnership.</p> <p>The Consultant in Public Health Medicine introduced the report and advised that this was different from other strategies as it was a multi-agency strategy and the Head of Planning and Modernisation had assisted in its development. She advised that this is often considered a gender equality issue but men have been included in the Strategy as men can also be affected. The Consultant in Public Health Medicine went on to explain that sexual violence was included due to local concern dating back a number of years. She said that there was emphasis on what is best practice and what can produce good practice. The Consultant in Public Health Medicine also commented on the local activity with other agencies such as Women's Aid and Rape Crisis. She advised that these services no longer have dedicated support or dedicated budget so there is more reliance on the third sector, police and NHS. The Consultant in Public Health Medicine commented on the changing national context around forensic assessments and more work was to come. She also explained that there were a lot of Boards that have MARAC (Multi Agency Risk Assessment Conference) but this is currently voluntary. It is intended that this will be looked at to see if that should become a more strategic function.</p> <p>During discussions, the Safer Shetland website was considered a good link for support and it was noted that the Funding Coordinator Role funding would come to an end of March 2019. In terms of feedback, it was acknowledged that there was a lot of input from staff and but it was difficult to share feedback from users. It was noted that more was being done to look at outcomes and Women's Aid were looking at the experiences not just statistics. The IJB were advised that there are quality and quantity figures available through the Service Level Agreement in place.</p> |

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| | <p>In responding to questions it was intimated that the IJB had provided funding of £5,600/year and that it would be considered again. In terms of allocating budget for this the Chief Officer advised that an invoice submitted and considered within the existing budget set for next year. He said that in terms of scale and benefit it was likely that funding would be provided again. It was then questioned whether the level of funding was sufficient and the Consultant in Public Health Medicine explained that the service was coordinated in Inverness therefore the contribution was right, however there may be a full review in the future on how it is funded.</p> <p>In terms of prevention against domestic abuse and sexual violence the IJB heard that work was being done with Women's Aid on this matter and it was noted that Rape Crisis and other organisations attend schools. It was noted that there was a lot happening in terms of prevention but it was in an uncoordinated way. It was acknowledged that this work should be mapped out to reduce duplication and address any gaps in delivery.</p> <p>Reference was made to this being a growth area and it was questioned whether there was an increase in domestic abuse and sexual violence or was it considered likely to be an increase in reporting. It was noted that work had been done to raise awareness and people were more able to come forward and although it was difficult to know what affected the increase this was a subject that was now less hidden. The Consultant in Public Health Medicine said that if individuals have a positive response and experience a good service this in turn encourages more people to come forward. In response to a further question the Consultant in Public Health Medicine said that there was a link to drinking and drugs in some cases which leads to an incident however it was not always the case however it was sometimes used as an excuse where there is no excuse.</p> <p>Tribute was paid to the staff involved in supporting the individuals accessing these services.</p> <p>In response to a question from the Chair the Chief Financial Officer confirmed that by approving the 'directions' the IJB were not committing money before it had received funding for 2019-20 and he agreed that should the IJB approve this 'Directions' it was not committing finance.</p> <p>Mr Duncan moved that the IJB approve the recommendations contained in the report. Ms Haswell seconded.</p> |
| Decision | <p>The IJB APPROVED:</p> <ul style="list-style-type: none"> • the Shetland Domestic Abuse and Sexual Violence Strategy 2018-2023, Appendix 1; and • the Direction for Domestic Abuse and Sexual Violence, Appendix 2. |

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| 04/19 | Mental Health Service Review: Findings and Directions |
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| Report No. CC-05-19-F | <p>The IJB considered a report by the Director of Community Health and Social Care that presented the findings and directions from the Mental Health Service Review.</p> <p>The Chief Officer introduced the report and provided a summary of its content and the decision required. In introducing the Head of Mental Health, the Chief Officer explained that Ms Smith had led an extensive and involved piece of work looking at Mental Health in the round and with social care and health aspects included. It was clear that some efficiency savings could be made without impacting on services but the £200K savings identified could not all be met from Mental Health. He reported that the redesign work offered more resilience with two people doing project work and there is already a better understanding and benefits being reaped around palliative care strategy development and this will come before the IJB in due course. The Chief Officer said that this was an excellent review that validated the work of the Social Care team and the positive impact on individuals.</p> <p>The Head of Mental Health advised that there would be more efficiency savings to be made and that process would also be supported by the third sector. In responding to questions the Head of Mental Health advised that the Service Level Agreement with NHS Grampian allow the service to deliver more specialist services but it should be noted that NHS Grampian were also struggling for specialist services.</p> <p>Reference was made to the building space in Annsbrae being underused and the Head of Mental Health explained the accessibility issues with the listed building and use of the multipurpose building. She advised that she was in contact with the Asset and Property Staff and it was agreed that she would provide an email to IJB members to update on progress in regard to multipurpose accommodation for use by the Mental Health Team.</p> <p>In response to a question on whether the £200k savings was realistic. The Head of Mental Health explained how it was difficult to answer that question as the nature of the mental health service was very fluid in terms of the level of support required at any one time. She said that as someone becomes unwell their support is increased and other services also step up their support.</p> <p>During further discussion it was suggested that more could be done in communicating to individuals how to get the help they need. The Chief Officer said that it was important to get the support in place at the right time. It was acknowledged that a</p> |

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| | <p>GP signposting patients is the right way for new patients as the Mental Health Team is not big enough to handle self-referrals. The Head of Mental Health agreed stating that there may be physical/medical reasons causing issues for mental health so it was important for individuals to be screened by a GP or hospital first. It was noted however that substance misuse clients can self-refer. She went on to explain that a menu had been developed to aid GPs in identifying the right resources needed and referring them as required or identifying whether there is more that the individual can do to help themselves.</p> <p>Comment was made that the report clearly shows that there is an outcome focus to the review and is not simply about saving money. The Head of Mental Health commented on the support of other services including Mind Your Head which was originally set up for people not being treated under a specific service. This had now gone further to consider social isolation and connecting individuals with their community so it is not service driven but allows people to integrate more into their own community.</p> <p>In regard to the uptake of self-directed support it was noted that an individual with Mental Health issues is least likely to take up self-directed support. The work of officers in supporting the process was explained and the IJB heard that everyone receives a single shared assessment to consider the different options available and once implemented there is support for individuals from the Self Directed Support team.</p> <p>Mr Duncan moved that the IJB approve the recommendations contained in the report. Ms Macdonald seconded.</p> |
| Decision | The IJB DIRECTED the Community Health and Social Care Partnership to deliver the Service Review as set out in Appendix 1. |

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| 05/19 | IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker |
| Report No. CC-01-19-F | <p>The IJB considered a report by the IJB Chief Officer that presented the business planned for the financial year to 31 March 2020 and which sought a review of the IJB Action Tracker.</p> <p>The IJB Chief Officer introduced the report and it was noted that there was a number of items on the Business Programme, under planned business yet to be scheduled including, Self-assessment for IJB and consideration is to be given to how best that should be delivered; and Carer Eligibility Criteria the IJB were advised that consideration would be given to whether this would be reported to the next meeting. The Chief Officer noted a number of amendments to the action tracker to be updated before the next meeting.</p> |

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| Decision | <p>The IJB:</p> <ul style="list-style-type: none"> • RESOLVED to consider and approve its business planned for the financial year to 31 March 2020, Appendix 1; and • REVIEWED the IJB Action Tracker, Appendix 2. |

The meeting concluded at 4.10pm.

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Chair