

**Local Partnership Finance Team
Meeting held on
Tuesday 8 February 2011, 2.00 p.m. in Lystina Board Room**

Present: Christine Ferguson (Chair), Janice Thomason, Yvonne Graham, Betty Fullerton, Shona Carter and Cecil Smith

In Attendance: Ann Nicolson (Minutes)

Apologies: Nick Kenton, Hazel Tait, Graham Johnston and Karl Williamson

1. Welcome and Apologies

Christine welcomed all to the meeting and apologies were given as noted. There was a round of introductions.

**2./3. Minutes of Previous Meeting (22 September 2010)
Matters Arising**

2./3.1 Mental Health – Off Island Placements

There is a place in the monitoring report for including SLAs with NHS Grampian for off island placements. This information will be supplied with the next figures.

4. Monitoring Report

4.1 Shona pointed out that there had been an error re Sexual Abuse Survivors. Ann will circulate a corrected report.

4.2 NHS off Shetland Mental Health money will be sorted for the period 9 report. The bottom line for Period 6 shows £50,319 as the total budget, with £26,463 as the total left to spend. Community Care have made £1M savings for the SIC savings and this will be reflected in the figures for Period 9. The joint resourcing showing aligned budgets is set out in the CHCP Agreement.

4.3 There is still a line on page 3 which details IPU spend for 2010/11. The balance remaining at the end of period 6 is £332K. The IPU still has a budget and they still have some staff coded there, in case it is required, although most of the staff have been moved to other areas. Period 9 figures could possibly be different. It would be important to see full running costs for the 22 beds no

longer in use. The Clinical Strategy will be presented to the NHS Board on 22 February. This includes consulting on the closure of Montfield. There is a need to get the cost of the 22 beds to inform any negotiations regarding resource transfer.

4.4 Yvonne will provide the figures for the Off Island Mental Health budget.

Action Yvonne

(For information the NHS budget was £476K with spend to period 6 of £153K.)

There is discussion and agreement between Dr Taylor and Ann Williamson as to which agency funds which part of a package.

5./6. Integrated Resource Framework (IRF) Mapping Exercise was discussed alongside Change Fund – Reshaping Care for Older People

5./6.1 NHS Shetland is to receive funding of £328K for year 11/12, which has been top sliced at national level, for Reshaping Care for Older People. It has been agreed by agencies to draft plans and send to the Scottish Government by the end of February. It will be after the elections in May before we can get any formal agreement.

5./6.2 The work already carried out on the Interim Placement Services Review is a good base for the plan. The total spend on older people should be available for reshaping care. The aim is to shift resources from institutional to Primary and Community Care. The total spend on Older People's care is approximately £23M per year. Plans must start to show a shift in where that money is spent and during 2011/12 the Joint Commissioning Strategy should be reviewed to show plans for the future.

5./6.3 There may be other aspects of NHS spend which should be taken into account. IRF will give more detailed information on budget streams to inform decisions on the priorities for that pooled budget. We have made a good start with the IPS review to take forward that key piece of work. We will be required to show what money is where and figures should be open and transparent to give good information.

5./6.4 The Mental Health budget regarding dementia may need to be taken into account with the Older People figures, along with OT, Physiotherapy, dietary and audiology figures. There would need to be a calculation of the percentage of time spent on the care of Older People by these services. IRF should help with that.

5./6.5 Nick K has found someone from Highland to help with the mapping exercise, which should help with 'Shifting the Balance of Care' around NHS.

7. CHCP Agreement

7.1 It is hoped that the annual review of the CHCP Agreement will be presented for agreement by the Board and Services Committee in March.

8. Commissioning Strategy

- 8.1 The Commissioning Strategy forms part of the CHCP Agreement, but will need updating during 2011/12 in light of Scottish Government Guidance on Reshaping Care. We would need to look at all the issues regarding Reshaping Care for Older People and the strategy should then cover the years to 2021.
- 8.2 Christine and Kathleen Carolan attended a Reshaping Care for Older People Event. Shona Robison was there and said she would like one system with pooled budgets. There was a talk on the guidance and they would like to have Lead Commissioners, which we follow to some extent already. COSLA seemed to be quite concerned about the 'Highland' system. However, it did not seem as though the Highland system was a pilot for a 'one size fits all'. The Government did not seem to be looking to impose one solution. There will be more details later in the year.
- 8.3 Highland looked at three options:
- As it was
 - A 3rd body option with each agency commissioning from the 3rd body. They decided it was a huge amount of work and more expensive.
 - One agency does the piece of business on a certain piece of work and they are looking at that in more detail, with proposals for all Children's Services managed by Highland Council and all Adult Services managed by NHS Highland.

Kathleen Bessos, Scottish Government lead on CHPs, did not expect there to be only 1 model – there was nothing definite and she referred to an 'Island Authorities' model at a recent meeting.

9. Audit Scotland Review of CHPs

Christine advised that there had been a set of supplementary questions recently. They were looking for net figures but our figures were gross. Meanwhile they have sent through details of the data which has been collated. Their review is expected to be published after Scottish Government elections this year.

10. Resource Transfer Protocols

- 10.1 The front page summaries the protocols, which will become important on the back of the Clinical Strategy. We will need to set out what is required, in terms of governance. As a joint appointment Christine can only provide good information as required and the negotiation between the two agencies will need to be done separately. There is a need to look at the running costs of the 22 beds, historically. The 22 beds include:- 16 in the IPU, 4 for young physically disabled and 2 in Ronas Ward that did not move across to Gilbert Bain Hospital.

10.2 In the past there has been the ability of either agency to commission a service, then the money would follow. We need a mechanism for that process.

11. **A.O.C.B.**

There was no discussion on any further business.

12. **Date of the Next Meeting**

The next meeting is to be organised for May.