

<b>Meeting</b>	<b>Special Integration Joint Board (IJB)</b> <b>Remote Link</b>
<b>Date, Time and Place</b>	<b>Thursday, 24 September 2020 at 3pm</b> <b>Remote Link</b>
<b>Present [Members]</b>	<p><b><u>Voting Members</u></b>  Natasha Cornick  John Fraser  Jane Haswell  Emma Macdonald  Robbie McGregor  Colin Campbell [substitute for Shona Manson]</p> <p><b><u>Non-voting Members</u></b>  Brian Chittick, Interim Chief Officer  Susanne Gens, Staff Representative, SIC  Jim Guyan, Carers Strategy Group Representative  Denise Morgan, Chief Social Work Officer, SIC  Edna Watson, Senior Clinician, Senior Nurse, NHS  Karl Williamson, Chief Financial Officer, NHS</p>
<b>In attendance [Observers/Advisers]</b>	Christine Ferguson, Director of Corporate Services, SIC Jamie Manson, Executive Manager – Finance, SIC Peter McDonnell, Executive Manager – Adult Social Work, SIC Jan Riise, Executive Manager – Governance and Law, SIC Elizabeth Robinson, Public Health and Planning Principal, NHS Jo Robinson, Interim Depute Chief Officer Kathleen Carolan, Director of <b>Nursing and Acute Services, NHS</b> Anthony Davitt, Adv. Pharmacist & Prescribing Advisor, NHS Wendy McConnachie, <b>Alcohol and Drugs Development</b> Officer, NHS Mary McFarlane, Pharmacist, NHS Chris Nicolson, Director of Pharmacy, NHS Jane Pembroke, Interim Executive Manager Allied Health Professionals, SIC Karen Smith, Mental Health Service Manager, NHS Lisa Watt, Primary Care Manager Anne Cogle, Team Leader, Administration, SIC Charlotte Jones, Solicitor, SIC Sheila Duncan, Management Accountant, SIC Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i>
<b>Also in attendance</b>	Conor Healy, Deloitte
<b>Apologies</b>	<p><b><u>Voting Members</u></b>  Shona Manson</p> <p><b><u>Non-voting Members</u></b>  Wendy Hand, Substitute - Third Sector Representative  Catherine Hughson, Third Sector Representative</p>

	Ian Sandilands, Staff Representative
<b>Chairperson</b>	<p>Emma Macdonald, Chair of the Integration Joint Board, presided.</p> <p>The Chair moved that “the IJB agree to suspend standing order 5.8.1 relating to the circumstances under which the IJB can resolve to exclude members of the public. Whilst the public are excluded from this meeting consent has been given for members of the local media to be present via remote link. This, I believe, maintains a level of public accountability and scrutiny to our proceedings. The formal decisions of the IJB, as is usual practice, will be available to the public after the meeting.” Mr McGregor seconded and the IJB unanimously agreed.</p>

<b>Declarations of Interest</b>	None.
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<b>24/20</b>	<b>Final Audited Accounts 2019/20</b>
<b>Report No. CC-32-20-F</b>	<p>The IJB considered a report by the Chief Financial Officer that presented the Audited Annual Accounts for 2019/20 for approval and signature.</p> <p>The Chief Financial Officer introduced the report and advised that there were no material changes from the draft Annual Accounts. He said that the IJB Audit Committee had also reviewed the Annual Audited Accounts and no issues were raised. He drew attention to section 4 of the report and commented on the surplus to be carried forward to the General Reserve. He highlighted the issues raised in the Governance statement in regard to the number of changes in membership, the fact that the IJB Integration Scheme had not yet been reviewed and the financial sustainability of the IJB. The Chief Financial Officer concluded by advising that the Annual Accounts had received a clean audit opinion from the external Auditors.</p> <p>There being no questions, the Chair requested that the IJB’s thanks be passed on to the staff involved in reaching this position. She said that the report held no surprises but that there were still savings to be found. In terms of the financial plan, she said that the impact of COVID-19 had reduced the time needed to make improvements to the financial position. The Chair said that the use of agency staff was an ongoing issue required to fill gaps in the workforce and that it was time to get creative in promoting these role to a wider audience.</p> <p>The Vice-Chair of the IJB Audit committee advised that there had been quite a lot of discussion around the need for the Government to fund the reasonable costs associated with COVID-19. He also reported that there had been a discussion around the complementary roles of the IJB and its Audit Committee and the</p>

	<p>duplication of reporting, but it was pointed out that there is a statutory requirement for clear separation in that regard. The Vice-Chair of the IJB Audit Committee said that he supported the comments of the Chair.</p> <p>Mrs Macdonald moved that the IJB approve the recommendations contained in the report. Mrs Cornick seconded.</p>
<b>Decision</b>	<p>The IJB RESOLVED to:</p> <ul style="list-style-type: none"> <li>• APPROVE the audited Annual Accounts for 2019/20 for signature (Appendix 1); and</li> <li>• NOTE the Management Representation Letter for signature (Appendix 2).</li> </ul>

<b>25/20</b>	<b>Annual Audit Report 2019/20</b>
<b>Report No. CC-31-20-F</b>	<p>The IJB considered a report by the Chief Financial Officer that presented Deloitte's Annual Audit Report on the 2019/20 Audit.</p> <p>The Chief Financial Officer introduced Mr Healy of Deloitte to the IJB. Mr Healy introduced the Annual Audit report and commented on the exceptional circumstances in which the audit had been carried out as a result of COVID-19. He reassured the IJB that while the audit had been carried out remotely, it had been undertaken in the same manner and to the same high quality. Mr Healy reported to the IJB that the overall conclusions resulted in an unmodified audit opinion.</p> <p>Mr Healy went on to advise on the three final bullets of outstanding items, but assured the IJB that these would be resolved the same day that the accounts are signed. Mr Healy commented on each of the Audit dimensions and noted that the IJB had for the first time started the year with a balanced budget. He said however that the IJB improvements would be affected by COVID-19. He said however that in terms of governance and transparency, the IJB had a high turnover within its membership which was outwith its control but there were good arrangements in place and noted that there was good governance and strong leadership during COVID-19. Mr Healy reported that the IJB had not complied with the review the Integration Scheme by 30 June 2020 but it was acknowledged that other priorities had come in to play which would be resolved by the end of the year. He noted that this was a breach in compliance across all three organisations.</p> <p>Mr Healy referred to page 9 of the audit report, and advised that there was no significant change to the way the audit had been carried out from last year, and he highlighted the risks on page 10 to 12. He drew attention to the new Best Value slide, on page 33, and said that the IJB has knowledge of areas to be improved but these required some pace and the Action Plan was set out from page 40</p>

	<p>onwards. Mr Healy said that there were 16 recommendations with only 3 completed and 13 overdue. He highlighted the audit fee at page 49 and the quality of the audit on page 50 advising that they too are reviewed by Audit Scotland to ensure compliance with auditing standards and the Code of Audit practice, which he hoped provides assurance that a quality audit had been carried out.</p> <p>In response to a query regarding the training and induction of IJB Members, Mr Healy referred to page 27 and said that he was not aware of a plan or appraisal system therefore he could not conclude that it was appropriate but this should be looked at by the NHS and Council to ensure the requisite skills are on the NHS Board and IJB. The Chair commented that if there are gaps in knowledge it was for Members to ask for specific training.</p> <p>The Vice-Chair questioned the comments made in regard to the changes in membership and leadership of the IJB. She said that there remains 5 of the 6 voting members that were in place last year and changes in Chair and Vice-Chair roles were as a result of the rotation required by regulation. She added that the Chief Officer role was filled by people well embedded and well able to understand their role and that the comments were slightly inflated. She also noted that on page 70 comment was made that the significant variance analysis was not required in the audit report but the IJB has always been told to increase openness and transparency and surely including those variances was a positive step.</p> <p>In response, Mr Healy accepted that Vice-Chair's comment in regard to leadership however he said that there remained a potential risk. This was not a huge concern but it would take the new postholders some time to be inducted and become familiar with the new role. He added that this would be a one year concern.</p> <p>In terms of the financial variances, Mr Healy said that this should be presented to a committee of the Board such as the Audit Committee to undertake scrutiny, which would mean that less time would be taken up by the IJB on operational matters. He said however that it was a decision for the Board as to whether they have time for that or to keep it as it is. The Vice-Chair said that it may be more appropriate to have detail at committee of the IJB but given the Audit Committee membership is 2 less of the IJB members it may not be necessary. In addition, the value of having non-voting membership knowledge is useful. She acknowledged that in a larger authority area it may be an issue but not so necessary for Shetland.</p> <p>The Chair thanked the staff in Deloitte and locally for the work involved in producing the report. She said that within the audit report there are things that need to be tackled quickly and in terms of transparency and openness she requested that IJB meetings be recorded and published as the SIC has started to do. The IJB concurred.</p>
<b>Decision</b>	The IJB NOTED Deloitte's Annual Audit Report on the 2019/20

	<p>Audit (Appendix 1); and</p> <p>Approved the recording and publishing of IJB meetings, going forward, to promote transparency and openness.</p>
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26/20	Primary Care Medicines Costs
Report No. CC-29-20-F	<p>The IJB considered a joint report by the Advanced Pharmacist &amp; Prescribing Advisor \ Director of Pharmacy, which presented the activities undertaken by the Pharmacy service linked to prescribing costs and the work to identify cost efficiencies.</p> <p>The Director of Pharmacy introduced the report, and advised that the Advanced Pharmacist &amp; Prescribing Advisor would describe the prescribing budget and look at the GP prescribing and costs of medicines. He said that an explanation would be given around how budgets are allocated and about savings. The Director of Pharmacy said that budget allocation was a complicated subject given how much health and prescribing can vary in any year. He advised that the governance around prescribing is done through the Area Drugs Therapeutic Committee and a meeting was planned soon and any issues would be brought to him and taken to the IJB directly.</p> <p>The Advanced Pharmacist &amp; Prescribing Advisor spoke in detail on the drug tariff mechanism, NRAC (<b>NHS Scotland Resource Allocation Committee</b>) and how budget allocations are done and the prescribing budget issued to community GPs or other community health care contractors. He advised on the potential for a £25k loss when explaining the financial impact, during 2020/21, should Tariff adjustments be implemented using the NRAC formula as opposed to actual medicine usage. He went on to explain the work of NHS Shetland and four other areas in terms of work planned. He said that there was a need to achieve cost efficiencies and the pharmacy and prescribing service aim to reduce medicine spend by around £100k, but only half would be achieved within 2020/21 and not all would be recurring. In addition, the Advanced Pharmacist &amp; Prescribing Advisor reported that other risks to prescribing was medicine shortages and cost increases, adding that some risks cannot be mitigated against but the service would do what was viable and achievable.</p> <p>The Chair commented that Pharmacy was an area that Members know less about and the detail provided had been helpful. She invited Members to put forward questions.</p> <p>The Advanced Pharmacist &amp; Prescribing Advisor was asked if he was aware that drug tariff agencies are on agreed prices above the drug tariff, as this challenged the hypothesis put forward. The Advanced Pharmacist &amp; Prescribing Advisor said that he was partly aware of this and spoke of the difficulties in adjustments on tariff. He said that this was largely dependent on not going into short supply as this could become an issue with pricing. He said that these matters were discussed through the national working groups</p>

for managing shortages. Comment was made that it was unfair that Shetland should be disadvantaged by this.

Reference was made to the 10 September 2020 meeting of the IJB and the reporting of the projected underspend of £346k in prescribing calculations that were under review. It was noted that nationally there was a decrease in footfall in surgeries in March 2020 but by April 2020 levels had returned to normal, and it would be challenging to stay on budget. The Advanced Pharmacist & Prescribing Advisor said that these challenges were acknowledged and that there were some patients that have not been seen and are without diagnoses. He advised on the uncertainty going forward and that it is very difficult to predict where the service will be by the end of the year.

In responding to a question on whether medicine wastage was a problem in Shetland, the Advanced Pharmacist & Prescribing Advisor said that following a medicine amnesty conducted by colleagues, the main reason for returning medicines were due to a change in prescription, or a change in dosage. He advised that this was as a result of a change in healthcare rather than over ordering. The Advanced Pharmacist & Prescribing Advisor said that the amnesty was self-selecting but served as a good indication that there is not as much patient waste. He added that 28 day prescribing ensures that the potential for waste is reduced.

In referring to the nutritional supplements at section 5.6, it was noted that Shetland has the highest cost in Scotland and Officers were asked what could be done about that. The Interim Executive Manager Allied Health Professionals, advised that services had been allocated to this to review the amount of nutritional supplements being used and to bring Shetland in line with other areas in Scotland. She said that as well as use by dietetic services, the use in care homes was another aspect to consider. She said however this was a double edged sword as people were using supplements to remain well but she said that there was always room to review how this is managed.

During further discussion it was noted that there had been an announcement that the Westminster autumn budget would not take place so the Scottish Government are unlikely to set their budget which impacts on Local Authorities and in turn service managers. The Chief Financial Officer was asked if there were any plans for the allocation of resources for the next financial year. The Chief Financial Officer said that he had not had an opportunity to consider the announcement. He said however that from the Medium Term Financial Plan and funding assumptions an indicative budget can be set within the normal timeframe. In response, comment was made that in these difficult times and planning for future service delivery to the Shetland public officers can only do their best.

Ms Haswell moved that the IJB approve the recommendations contained in the report, Mrs Cornick seconded.

	The Chair thanked everyone for their hard work in this area and for attending the meeting.
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• APPROVED and supported the cost efficiency focused work outlined the appendix;</li> <li>• NOTED how cost adjustments and drug pricing can affect the allocation available to allocate to prescribing; and</li> <li>• NOTED the activities undertaken by the pharmacy service linked to prescribing costs.</li> </ul>

<b>27/20</b>	<b>Directions to Shetland Islands Council and NHS Shetland</b>
<b>Report No. CC-28-20-F</b>	<p>The IJB considered a report by the Depute Director of Community Health and Social Care, which sought approval of the Directions and related Improvement Plans to Shetland Islands Council and NHS Shetland set out in Appendix1.</p> <p><i>(Mr Guyan declared a non-financial interest in the Direction for Unpaid carers and advised that he was involved in the Carer's Strategy)</i></p> <p>The Interim Chief Officer introduced the report.</p> <p>Reference was made to the IJB Audit Committee held directly before this meeting. It was noted that the IJB would be looking at the impact from COVID-19 and the clear impact and understanding of equalities for specific groups. The importance of referring back to Directions was recognised in terms of the information and process. Members were advised that the Interim Chief Officer provided a good overview of the performance monitoring group and having sought a report on this matter it was acknowledged that this may not be necessary given that the review of the Joint Strategic Commissioning Plan would include equalities. It was therefore agreed that the Interim Chief Officer look at equalities as the IJB moves towards refresh of the Joint Strategic Commissioning Plan.</p> <p>Before the introduction of each Direction, the Chair commented that it was important to give each of the Direction the time it needed and that any items that could not be heard would be held over to another meeting of the IJB.</p> <p><u>Allied Health Professionals</u> The Interim Executive Manager Allied Health Professionals, introduced the Direction in respect of Allied Health Professionals. She explained that when reviewing the Directions the way ahead had been influenced by COVID-19 and subsequently every part of the practice was examined. She commented on the widening scope</p>

of rehabilitation, the modernisation programme, the improvement of triage, the instigation of electronic referrals and said that there are other areas where it is possible to learn from other AHP services. She said that while MS Teams is an important avenue for patient contact, despite the current limitations it is important to remain mindful of who must be seen face to face. The Interim Executive Manager Allied Health Professionals, added that the use of electronic notes is crucial for the Allied Health Professionals as without them working from home is compromised as is the sharing of information between health professionals. The Interim Executive Manager Allied Health Professionals, said that looking at this Direction has provided the opportunity to review and modernise all services to better support the people who need their services. She added that over the last few months a lot of progress had been made but the work was far from over.

The Chair commented that it was clear that a lot of change had taken place but there would be further changes going forward.

Reference was made to the budget column where some areas were marked “unknown”. It was suggested that the IJB may not be able to approve the Direction if the budget is unknown as it cannot take responsibility without an indication of cost. The Interim Depute Chief Officer suggested that alternative wording may be helpful otherwise the Direction could be held over and reviewed in time for the IJB meeting in November 2020. Following a brief discussion it was agreed that this Direction would be brought to the November meeting. In addition, following a request, it was agreed that the “other services target” would include Podiatry.

#### Community Nursing

The Chief Nurse, Community, NHS, introduced the Direction for Community Nursing (including intermediate care). She commented that all services focus on individuals remaining at home, and whilst that relates to adults the service do provide birth to death services in the community or residential settings. She said that there is key support for carers in order to maintain people at home. She said that the programme of modernisation provides care services at home through a range of activities. Ms Watson commented on a number of changes made under the GP Contract, advising on the partnership approach, and she said that urgent care provided support and access in a timely manner for individuals. She said that national work was transforming nursing roles to support people at home.

The Chief Nurse, Community, advised that COVID-19 highlights the need to protect, prevent and control, whilst the aspiration of infection control it is imperative to support the work of the Scottish Government care assurance framework for all care home facilities. She referred to digital transformation in primary care so that people can be seen at any clinic who will have access to up-to-date health records.

During questions, it was noted that digital transformation and electronic record keeping was a significant issue in community

nursing and that had been raised at the EIS Group.

In seeking clarification on the first expected outcome of the improvement plan, in terms of reduction in admissions, a change of wording was sought to “Reduction in long term admissions to care homes for mainland Shetland Residents “. It was noted that this outcome would give more choice as change to care at home at night would be good for the community. It was agreed that flexibility of choice in care homes is needed to maintain respite and to provide resilience if a surge in placements is required. Comment was made that the IJB has funded community led support in both health and social care and that community led support is equally important in health particularly in an area like Community Nursing. The Chief Nurse, Community, noted these comments and it was agreed that she would look at a model for best option in regard to increased resilience in local areas.

The Chair said that in terms of increased resilience in local areas she would like to see what that would look like. She said that since being appointed to the IJB there had been discussion around nursing on non-doctor islands, however this was not always the best solution particularly in terms of nurses keeping up their level of expertise. She asked if the best option could be looked at in this area. The Chief Nurse, Community, advised that this was a particularly important matter given the recent resignations from two non-doctor islands, which had prompted the review so this work had already started. She reassured the IJB that there will be services provided to these Islands when the vacancies take place but it would not be a 24/7 solution but a mix of residential and visiting services until a new model can be identified.

Reference was made to the wider conversation required around unpaid carers, respite and how to provide this and the overlap between community nursing and community resources and the point was raised in regard to how the services overlaps are captured within Directions. During discussion, it was agreed that this matter would be included within a seminar to discuss how the delivery of individual services overlap into other service areas.

There was discussion about whether approval of this Direction should be deferred to the next meeting. Advice was provided by the Director of Corporate Services in terms of the difficulty a deferral would place on the Chief Nurse, Community, to move forward. The Executive Manager – Governance and Law suggested that where the IJB are minded to consider a Direction not yet complete enough to approve it is nevertheless content that the information will help to direct services until it can be approved. In responding to a suggestion that consideration be given to a further meeting immediately before or after the October break, the Executive Manager – Governance and Law said that to reconvene too quickly may then require a further meeting.

Following some discussion the IJB unanimously agreed that the Community Nursing Direction should be approved with the change

	<p>of wording in regard to the reduction in long term admission stated earlier.</p> <p>The Chair said that there had been huge amount of work involved in these Directions and she did not want to rush consideration of their content. She thanked everyone for attending the meeting and said she was very grateful for the time and effort put into this. She proposed that the meeting adjourn at this point and reconvene at a date to be decided. The IJB concurred.</p> <p>The Executive Manager – Governance and Law said that it was important when preparing an agenda to consider whether there was sufficient time allocated for that business. He said that it was not usual to add the volume of additional business to special meetings, particularly reserved for consideration of the annual accounts. He did however advise that if the next meeting was able to start earlier in the day it would be possible to add additional items to the agenda of the reconvened meeting.</p> <p>The Interim Chief Officer agreed to discuss with the Chair, Vice-Chair and Depute Interim Chief Officer, a date for a meeting immediately before or immediately after the October break.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• DEFERRED a decision on the Direction related to Allied Health Professionals so that budget allocation can be added.</li> <li>• APPROVED the Direction related to Community Nursing with amended wording in row two of the Improvement plan.</li> <li>• Adjourned the meeting and DEFERRED consideration of remaining Directions to a date to be agreed by the Chair, Vice Chair, Interim Chief Officer and Depute Interim Chief Officer.</li> </ul>

The meeting concluded at 5.05pm.

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Chair