

MINUTES

A&B – Public

Social Services Committee
Council Chamber, Town Hall, Lerwick
Monday 17 August 2015 at 11.30am

Present (Shetland Islands Council):

M Burgess	G Cleaver
A Cooper	B Fox
R Henderson	G Robinson
C Smith	T Smith
A Wishart	

Apologies:

A Westlake

In Attendance:

S Bokor-Ingram, Director of Community Health and Social Care
A Jamieson, Executive Manager – Housing
J Belford, Executive Manager - Finance
C McIntyre, Executive Manager – Audit, Risk and Improvement
J Riise, Executive Manager – Governance and Law
L Geddes, Committee Officer

Present (CHP Committee):

S Beer, Carers' Representative
C Hughson, Voluntary Sector Representative
George Smith, Shetland Islands Council Member
Vaila Wishart, Shetland Islands Council Member

Chairperson

Mr C Smith, Chair of the Committee, presided.

Circular

The circular calling the meeting was held as read.

Declarations of Interest

None.

57/15 Development Services Directorate Performance Report
3 Month/1st Quarter 2015/16

The Committee considered a report by the Director of Development Services (DV-43-15-F) which summarised the activity and performance of the Development Services Directorate for the reporting period above.

The Executive Manager – Housing summarised the main terms of the report, highlighting the areas which came under the remit of the Committee. She pointed out that the Scottish Housing Quality Standard (SHQS) had been met, but a new standard was being introduced and exemptions would be picked up under this new standard. Work was continuing to be carried out on the energy efficiency programme, and in relation to low demand properties. The average time to re-let properties which were not classed as low demand was being monitored, and it was hoped to try and get closer to target.

In response to a query regarding the level of external funding applied for by community groups and EU Employability Funding, she advised that she would arrange for this information to be supplied.

Decision:

The Social Services Committee noted the contents of the report.

58/15

Community Health and Social Care Directorate Performance Report – Quarter 1

The Committee considered a report by the Director of Community Health and Social Care (CC-34-15-F) which summarised the activity and performance of the Community Health and Social Care Directorate for the reporting period above.

The Director of Community Health and Social Care summarised the main terms of the report, advising that the information was now being presented in a new format. Indicators were grouped under the nine National Health and Wellbeing outcomes. The National Core Suite of Indicators was currently being developed, and would be included in future reports. The Local Delivery Plan was the suite of indicators generated locally which were relevant to the Committee. He highlighted in particular the Social Care overtime hours which had increased significantly. There were currently 70 vacant posts across Social Care, so relief staff were covering a number of posts. A lot of work was currently taking place regarding recruitment and retention, and it was hoped that some interest would be generated as a result. He also advised that work had been carried out to try and increase the number of people diagnosed with dementia taking up the offer of post-diagnostic support, and work was also taking place to develop a measure of unmet need in relation to technology enabled care. With regard to the cost per patient of GP prescribing, Shetland was significantly higher than the national average. Nationally the trend had increased, but Shetland was one of the areas which was higher and this had a financial impact.

With regard to the Public Dental Service, Mr Roberts advised that he was pleased to be able to confirm that a new independent dental practice would soon be opening in Shetland. This was being supported by NHS Shetland through a Dental Access Initiative Grant, so the Practice would have to maintain a level of NHS work in order to maintain the grant. A minimum of 80% of patients would need to be NHS, with up to 20% private, and this should make a significant difference to dental waiting lists in Shetland.

The Director of Community Health and Social Care then responded to questions, and the Committee noted the following:

- There was a policy in place that GPs should be using generic drugs wherever possible, and the computer system used by GPs automatically highlighted if there were generic alternatives available. It was not always appropriate to use the generic alternative, but this was encouraged. A lot of work had taken place to look at the indicators across pharmacy and generally there was good use of generic alternatives, so this was a possible indicator of over-prescribing. This was a general trend nationally, and there was no correlation with the shift away from dispensing GP surgeries.
- There were indications that the current economic situation locally was altering, and some people may become available for work in the social care sector again.

Close work was taking place with Human Resources, and a plan was being developed in relation to community care resources. A number of initiatives had recently taken place to try and target recruitment in certain areas.

- It was important to get the message regarding leading healthy lifestyles across to people, as this would impact on health care costs in the longer-term. Up until now, it had been possible to continue to invest in focusing on preventative measures, and it was important that this continued to be a focus.
- There were currently 516FTE staff in Social Care, but a number of these were part-time or relief posts.

Concerns were expressed regarding vacancy rates and the pressure on existing staff to continue to deliver services.

Decision:

The Social Services Committee noted the contents of the report.

59/15

Directorate Risk Register

The Committee considered a report by the Director of Community Health and Social Care (CC-35-15-F) which presented up-to-date information regarding the Directorate Risk Register.

The Director of Community Health and Social Care pointed out that the IJB Risk Register was in the process of being developed, and then responded to questions. The Committee noted the following:

- Over-prescribing was included as a financial pressure. This did not mean that people would not receive medication, but the risk was that spending over the allocated budget would have an effect on what could be offered in terms of other services.
- From a Directorate point of view, the risk relating to partnership working failure could probably be widened out further than the Council and the NHS. The rural care centre model was a good example of why there was a need to recognise the risk in a different way.
- If the ways services were being delivered had not been changed, it was almost certain that there would have been an inability to deliver a cost-effective and safe Mental Health Service. This was why a review had been put in place and recruitment had been carried out, so things had improved.
- There had been positive discussions with the Scottish Ambulance Service and the Coastguard in respect of air evacuations. It was intended to monitor the situation over the next year before the risk would be downgraded.

Decision:

The Social Services Committee reviewed the content of the Risk Register.

60/15

2015/16 Joint Budget Monitoring – 1st Quarter

The Committee considered a report by the Director of Community Health and Social Care (CC-36-15-F) which presented a summary of the expenditure incurred

to date and the projected outturn position for 2015/16 as at the end of the first quarter.

The Director of Community Health and Social Care summarised the main terms of the report, advising that it looked like there would be a small surplus. Further savings would be required in future years in order to meet budget targets, and there were particular pressures in the NHS part of the budget. Efficiency targets within the NHS currently sat within the Director of Community Health and Social Care's health budget, and were not reflected within each individual service.

In response to a query, he confirmed that the over-achievement of income in Community Care Resources would be examined to identify trends. However if more people were self-funding residential care, this would result in an over-achievement of income, and the figure could vary hugely.

Decision:

The Social Services Committee reviewed and noted the Joint Budget Monitoring report showing expenditure to date and the projected outturn position at Quarter 1.

61/15

**Management Accounts for Social Services Committee:
2015/16 – Projected Outturn at Quarter 1**

The Committee considered a report by the Executive Manager – Finance (F-042-F) which enabled the monitoring of the financial performance of services within its remit.

The Executive Manager – Finance summarised the main terms of the report, advising that there was a projected underspend of £1.182million on revenue and a break-even position for capital. There was a small positive variance for the Housing Revenue Account. Of the savings identified at this stage, it was estimated that £560,000 would be recurring savings.

Decision:

The Social Services Committee reviewed the Management Accounts showing the projected outturn position at Quarter 1.

62/15

Social Services Committee Business Programme 2015/16

The Committee considered a report by the Team Leader – Administration (GL-38-15-F) which informed of the planned business to be presented to Committee for the financial year to 31 March 2016.

The Executive Manager – Governance and Law summarised the main terms of the report, advising that it should be noted that the reference to the "IJB Risk Register" in the Business Programme should be replaced with "Directorate Risk Register". A lot of work was currently ongoing to develop the IJB Risk Register, and the Committee would pick up on this once it had been developed.

In response to a query, he confirmed that a report had been presented in the last cycle of meetings advising that the Social Services Committee would continue to meet until at least the end of next month. The date would depend on when the IJB picked up the full business of the Committee, after it had considered its draft strategy and commissioning plan. However it must pick up all its business before April 2016 and once this had happened, there would be no purpose for the Social Services Committee. It was not possible at this stage to say whether the dates

allocated for the Social Services Committee would be taken up by the IJB, as there would require to be some further discussion with those involved.

In response to a further query, the Director of Community Health and Social Care advised that it was for the IJB to decide whether to adopt the 2015/16 strategic plan. Things that might prevent it from adopting the plan would most likely relate to finances and, if this was the case, it would require further consideration by the Social Services Committee.

Decision:

The Social Services Committee noted its planned business for the financial year to 31 March 2016 and the amendment to the Business Programme.

The meeting concluded at 12.25pm.

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Chair