

Meeting	Integration Joint Board (IJB)
Date, Time and Place	Thursday 8 March 2018 at 2pm Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> Natasha Cornick Allison Duncan Stephen Leask <i>[substitute for Emma Macdonald]</i> Robbie McGregor Ralph Roberts <i>[substitute for Shona Manson]</i></p> <p><u>Non-voting Members</u> Sue Beer <i>[Substitute for Catherine Hughson, Third Sector Representative]</i> Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Alex Garrick-Wright, <i>[Substitute for Susanne Gens, Staff Representative]</i> Maggie Gemmill, Patient/Service User Representative Jim Guyan, Carers Strategy Group Representative Edna Watson, Senior Clinician – Senior Nurse Karl Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	Jan Riise, Executive Manager – Governance and Law, SIC Hazel Sutherland, Head of Planning and Modernisation, NHS Jo Robinson, Executive Manager Allied Health Professions, SIC J Best, Solicitor, SIC S Duncan, Management Accountant, SIC Bob Kerr, Communications Officer, SIC Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> Emma Macdonald Shona Manson</p> <p><u>Non-voting Members</u> Susanne Gens, Staff Representative Catherine Hughson, Third Sector Representative Martha Nicolson, Chief Social Work Officer Ian Sandilands, Staff Representative</p> <p><u>Observers/Advisers</u> Christine Ferguson, Director of Corporate Services, SIC</p>
Chairperson	Marjory Williamson, Chair of the Integration Joint Board, presided.
Declarations of	Mr Duncan declared an interest in agenda item 5 “Market

Interest	Facilitation Strategy” as a Member of Voluntary Action Shetland.
08/18	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, October - December 2017
Report No. CC-11-18-F	<p>The IJB considered a report by the Head of Planning and Modernisation that presented the strategic overview of all elements of progress towards delivering on the strategic plan.</p> <p>In introducing the report, the Head of Planning and Modernisation explained that the update to the Joint Strategic Plan had been put on hold until scenario planning had taken place in order that the Strategic Plan can then become an implementation plan.</p> <p>In response to questions the IJB were advised that staff are employed from a number of areas within the EU. In that regard, the Chief Officer explained that Officers do all they can to ensure that staff from outside the UK are welcome and supported. In terms of recruitment, it was acknowledged that some individuals may not apply for positions in the UK at this time due to the Brexit implications. The IJB were advised that some posts in the UK offer a specific, more specialist role where there is more breadth to the roles in Shetland. In terms of EU workers potentially returning home following the outcome of Brexit the Chief Officer said that he hoped it would still be easy to work in the UK but noted the length of time it can take for a Doctor to qualify and be trained. An update was provided on the vacancy for a Head of Mental Health post and that the Interim Manager in place for one year was working well whilst being mindful of continuity. Reference was made to paragraph 6.2 and it was suggested that this may not be a correct statement given the recruitment issues faced. It was explained however that in terms of performance the comment is correct but there are service specific issues addressed under the risk register and through various strands of work.</p> <p>During further questions it was acknowledged that the broadband capacity, particularly in the Isles and other remote areas of Shetland was not good. The IJB were assured that this was an issue that was raised by the Health Board and Council at every opportunity in terms of the investment required. It was reported that the bid for a future link to the Isles was for a fibre line. It was also acknowledged that broadband links are also important in terms of recruitment to the North Isles and remote areas for new employees both for working life and socially.</p> <p>Reference was made to Appendix C, and the high targets set, and in that regard staff were commended for achieving, and sometimes overachieving, those targets. In terms of Appendix D item PPS003 “number of polypharmacy reviews completed”, following some discussion it was agreed that the Chief Officer would check to see whether the target set was achievable.</p>

	<p>Further concern was expressed that targets in some areas cannot be achieved and whether those targets can be changed. The Chief Officer said that it was important to keep a target as this can identify where demand is not being met driving consideration around whether the need can be dealt with in a different way. The Chief Officer said that he did not think that the targets should be moved or reduced without due consideration. It was also acknowledged that some targets are set nationally and therefore cannot be changed. Concern was expressed that Shetland was subject to national targets when in a unique Island position. The IJB however were cautioned that the percentage figures used can be misleading when dealing with a lower number of cases, as any fluctuation can change the figure dramatically.</p> <p>In responding to a query regarding the figures for PC002 “Percentage access to primary care health professional for on the day requests at any Shetland Health Centre” the IJB were advised that the figures had been provided from the practices themselves.</p> <p>During comments the Chair said that the question asked of an individual living independently is whether they are able to live independently. She said that this question should be changed so that an individual is asked if they are able to live independently and are they happy. The Chair said that whilst services are driven to making someone’s surroundings better there is also the loneliness to consider and that someone may not want to be alone anymore. The Head of Planning and Modernisation said that Officers have no choice over the language used and agreed that there was a lot more beneath the questions. She said that choice is not nationally measured.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
<p>Decision</p>	<p>The IJB</p> <ul style="list-style-type: none"> • COMMENTED, REVIEWED and DIRECTED on issues which they saw as significant to sustaining and progressing service delivery in order to meet the objectives of the Shetland Islands Health and Social Care Partnership’s Strategic Commissioning Plan 2017-2020; • CONSIDERED and APPROVED the targets for the six indicators set by the Ministerial Strategic Group for Health and Community Care set out at paragraph 4.2 and Appendix 1; and • NOTED the targets for the seven indicators which will form part of the (new) Operational Plan for 2018-19, at paragraph 4.2.

09/18	Financial Monitoring Report to 31 December 2017 (Including Financial Recovery Plan)
Report No. CC-10-18-F	<p>The IJB considered a report by the Chief Financial Officer that presented the Management Accounts for 2017/18 for the period to 31 December 2017.</p> <p>The Chief Financial Officer introduced the main terms of the report and was commended for his clear and easy to read report. The Vice-Chair advised of a discussion he had with the Chief Executive of the NHS, on the excessive cost of locum cover and the additional high cost of travel and accommodation on top. He said that the Chief Executive of the NHS had agreed to raise this with the Scottish Government during a conference call later today.</p> <p>Reference was made to the £200k reduction in the Mental Health budget and in responding to deep concern expressed, the Chief Officer said that he had to respond to the decision of the Council and that he had previously indicated that he would look across all service areas to cover this significant cost pressure. The savings had to include the Mental Health because to do otherwise would have an impact on the other service areas.</p> <p>In responding to a question regarding a £1.8m carry forward next year, the Chief Financial Officer confirmed that this figure would be added to the new savings required so the gap would become larger unless recurrent savings can be made.</p> <p>A request was made for more detail on the travel budget for patients and staff travelling to the mainland, and the suggestion was made that more use of video conference be considered along with negotiation with Loganair to reduce costs. The Chief Financial Officer agreed to provide more detail to the IJB, by email. In addition Officers were questioned on the use of taxis for locums, consultants and other staff members when arriving in Shetland. The Chief Officer said that whilst being mindful of the costs, staff arriving in Shetland are often being asked to start work immediately upon arrival, therefore this was important to ensure staff arrive in a comfortable and timely manner.</p> <p>During the discussion, reference was made to the overspend identified in paragraph 4.18 in Community Care Resources. It was advised that regular conversations are held with Senior Team Leaders in the Community Care Resources team to look at the reasons behind the absences, but although there is a mix of reasons the reality was that there is an aging workforce that can develop serious long term conditions where significant time can be needed to recover.</p>
Decision	The IJB NOTED the 2017/18 Management Accounts for the period to 31 st December 2017.

10/18	2018/19 Budget Update
Report No. CC-13-18-F	<p>The IJB considered a report by the Chief Financial Officer that presented and update to the 2018/19 IJB Budget.</p> <p>The Chief Financial Officer introduced the report providing an update on the 2018/19 Budget for the IJB.</p> <p>Reference was made to a comment during the introduction on funding for the Carers Information Strategy costs. The IJB heard that assurance had been given that funding for the Carers Information Strategy implementation would be ring fenced through the NHS and concern was expressed that this had now come as part of the Council's Adult Social Care budget. The Chief Financial Officer said that this funding was no longer ring fenced and the Carers Strategy Group would be involved in building up the requirements through the Council. The IJB acknowledged that the implications and impact of the Carers Act would form part of a seminar next week that would focus on the responsibilities of Social Care as a result of the Act. It was noted that £109k for carers' fees would be factored in as a cost.</p> <p>The IJB noted the update provided.</p>
Decision	The IJB NOTED the changes to the IJB budget from the report presented to the IJB on 22 February 2018 (2018/19 Budget, CC-06-18F), as set out in Appendices 2 and 3.
11/18	Falls Prevention Initiative
Report No. CC-09-18-F	<p>The IJB considered a report by the Executive Manager Allied Health Professions that presented a proposal to use the Integrated Joint Board General Reserve to fund a 0.48 WTE Falls Prevention Co-ordinator for a 3 year fixed term contract.</p> <p>The Executive Manager Allied Health Professions introduced the report and in response to questions provided a summary of the results from the pilot programme held in Unst.</p> <p>The IJB also heard from the Carers Representative who advised that he had first had experience of the programme and commented on the benefits found by himself and other attendees. He said that in addition to physical improvements the programme also provided benefit from a social perspective.</p> <p>During questions Officers were asked if there was a case to be made for additional funding from the Scottish Government. The Chief Officer explained that this was non recurrent funds for 1-2 years and it was expected that it be funded from Additionality funding. He said that one way to mainstream this service would be to realise the benefit when changes are seen in other services in terms of reduction in long term residential care or a reduction in care in the home.</p>

In terms of monitoring the IJB heard that there are technical ways of measuring improvement through strength and steadiness as well as the specific measures set out in Otago. The Executive Manager Allied Health Professions also explained that candidates are identified through Community Nurses, care homes and "Stepping Out". Individuals are assessed by physiotherapists on ability. She advised that people are also encouraged to sign up before falls occur as a prevention method. In addition she was asked if there was a means of quantifying the £51k spend. The Executive Manager Allied Health Professions advised that the Public Health Service in England have a tool that would be useful in establishing the true savings that are realised from this initiative but that it would have to be able to be adapted to reflect the local perspective.

The Chief Financial Officer explained that the NHS are forecasting a break even position and this would be a useful use of reserves but added a word of caution on taking the funds from the scheme.

Reference was made to the figures provided in paragraph 6.1 of the report and the confidence boost given to those individuals involved.

The Chief Officer said that there were significant savings to be realised from a Health Board perspective so it was important all is done to deliver quality efficiently. He said however that using the reserves means that the money can only be used once. He said that there is expectation that the Health Board will break even but it would be prudent for the Chief Financial Officer to write to the Director of Finance, NHS if the IJB are minded to support the recommendation. He said that if approving the recommendation the IJB may wish to consider a caveat that the Chief Financial Officer and the Director of Finance, NHS confirm the breakeven position. He said that there would still be time to have that exchange before 31 March 2018. He stated that the relationship with the Health Board needs to be maintained.

The Chair clarified the position for Members advising that there was £125k in reserves that the IJB put into Additionality projects. She said that the Chief Officer is asking that the IJB be mindful that the NHS are in a difficult position but are expected to break even. The Chair asked whether the IJB wished to go back to the Health Board with a caveat that Officers establish whether the Health Board is confident it can cover its costs, and delegate authority to the Chief Officer to proceed. The Chief Executive, NHS advised that in making a decision the IJB recognise that there is £125k in reserves, if not needed to cover overspends. If the IJB choose not to identify mental health it will be overspent next year. He explained that in choosing to earmark 40% of reserves this year the IJB will be limiting its choices next year. He said that while the IJB might consider this was the right thing to do, there was a level of risk.

	<p>Officers were asked if the decision had to be for 3 years and why not for 1 year, as this was a lot of money on one project. The Executive Manager – Governance and Law explained that the difficulty was that the position of a Falls Prevention Co-ordinator related to a three year project that had to align with the post. He said that in addition there were strong governance issues to be considered. He advised that there was a suggestion that the Chief Officer exercise a veto during the next few days on a decision the IJB make today, when responsibility for making that decision rests with IJB. He suggested this could set a precedent bearing in mind that the Director of Finance, NHS, who the Chief Officer was expected to consult, was not an accountable officer to the IJB.</p> <p>On a second point, the Executive Manager – Governance and Law acknowledged the discussion around the anticipated improved outcomes namely, that the consequence is 20% reduction in falls which might not translate into a 20% reduction in service costs. He added that where projects such as this are needed to focus on financial outcomes it was an advantage to run such projects with a skilled accountant on the team whose role is to identify where the cost savings arise and to report specifically on those throughout and at the end of the project.</p> <p>The Chair said that the Executive Manager - Governance and Law offered a helpful suggestion as to how the IJB can find a way of quantifying what any project saving will be. She said that the Executive Manager Allied Health Professions had indicated a formula that was being used nationally and could be used locally. She said that the IJB should seek an update report in one year where figures from the national formula should be presented. The Chair asked if the IJB wished to approve the recommendations or delegate to the Chief Officer and the Chief Financial Officer to have dialogue with the Director of Finance – NHS.</p> <p>Mr McGregor moved that the IJB approve the recommendation at paragraph 1.1, without referral to officers. Mr Leask seconded.</p> <p>The Chair asked if anyone was otherwise minded on their being no such indicated she advised that an update report will be to be presented in one year.</p>
Decision	The IJB approved the use of the Integrated Joint Board General Reserve to fund a 0.48 WTE Falls Prevention Co-ordinator for a 3 year fixed term contract at a cost of £51k.
12/18	Market Facilitation Strategy

Report No. CC-03-18-F	<p>The IJB considered a report by the Chief Officer that presented the Market Facilitation Strategy 2018-2021 for approval.</p> <p>The Chief Officer introduced the report and referred to paragraph 6.11 where issues raised at the Community Health and Social Care Strategic Planning Group were set out.</p> <p>The draft report was commended for its content and focus on health, smoking, obesity, alcohol and substance misuse. The Chief Officer said that the quality of information and the way it is delivered is important, adding that both education of young people and identifying risks earlier were key. The Chief Officer advised of an education promotion, and the IJB were also advised that an open peer education network had occurred through Health and Social Care where young people can go in as educators to speak on these often difficult issues.</p> <p><i>(Mr Roberts left the meeting)</i></p> <p>The IJB were advised that there is a definitive list of organisations available that could be attached to the strategy.</p> <p>In summarising the discussion, the Chair suggested that, as ambassadors for the IJB who have adopted the strategy it was important awareness of the strategy be raised at every group attended by IJB representatives.</p> <p>The IJB unanimously approved the Market Facilitation Strategy 2018-2021.</p>
Decision	<p>The IJB APPROVED the Market Facilitation Strategy 2018 – 2021.</p>
13/18	IJB Business Programme 2017/18 and 2018/19
Report No. CC-04-18-F	<p>The IJB considered a report, by the Chief Officer, that detailed the planned business to be presented to the IJB to the end of the financial year to 31 March 2018 and 31 March 2019.</p> <p>The IJB noted that the following reports are to be added to the 2018/19 Business Programme:</p> <p>June 2018 -</p> <ul style="list-style-type: none"> • Update on Scenario Planning • Code of Corporate Governance Update • Draft Annual Accounts
Decision	<p>The IJB to considered and approved its business planned for the financial year to 31 March 2018 (Appendix 1) and 31 March 2019 (Appendix 2).</p>

The meeting concluded at 4pm.

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Chair