



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

THURSDAY 30 JUNE 2016

CONFERENCE ROOM, AGBC

PRESENT

VOTING MEMBERS

Councillor Lorna Creswell (Chair)	The Moray Council
Ms Christine Lester (Vice-Chair)	Non-Exec Board Member, NHS Grampian
Mr David Anderson	Non-Exec Board Member, NHS Grampian
Ms Amanda Croft	Exec Board Member, NHS Grampian
Councillor Patsy Gowans	The Moray Council

NON-VOTING MEMBERS

Mr Ivan Augustus	Carer Representative
Mr Tony Donaghey	UNISON, The Moray Council
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Dr Ann Hodges	Registered Medical Practitioner, Non Primary Medical Services
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	PPF Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services
Mrs Margaret Wilson	Chief Financial Officer, Moray Integration Joint Board

IN ATTENDANCE

Mrs Margaret Forrest	Legal Services Manager, The Moray Council
Mr Bruce Woodward	Performance Officer, The Moray Council
Mrs Deborah O'Shea	Finance Officer, The Moray Council
Mrs Sandra Gracie	Strategy Development Officer
Mr Alasdair Walker	Mental Health Service Manager
Mrs Isla Whyte	PA to the Chief Officer, as Clerk to the Board

APOLOGIES

Councillor Sean Morton Mr Sean Coady	The Moray Council Interim Hosted Services Manager, Moray Health and Social Care Partnership
Ms Jane Mackie	Interim Joint Operational Manager (Adult Services), Moray Health and Social Care Partnership
Mrs Susan Maclaren Mr Fabio Villani	Chief Social Work Officer, The Moray Council tsiMORAY

1.	DECLARATION OF MEMBERS' INTERESTS
	There were no declarations of Members' interests in respect of any item on the agenda.
2.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD DATED 28 APRIL 2016
	The minute of the meeting of the Moray Integration Joint Board (MIJB) dated 28 April 2016 was formally approved by CL and seconded by SL.
3.	ACTION LOG DATED 28 APRIL 2016
	The Action Log of the Moray Integration Joint Board dated 28 April 2016 was discussed and it was noted that Item 3 was completed – the wording in Appendix 1 was completed April 2016 and the nominations of Standards Officers was submitted May 2016; still awaiting approval from Standards Commission. In terms of Item 4 and 5 PG confirmed that subsequent documents were circulated to the Board and no further comments were made so draft has been removed and documents now final. Item 6 – the Board agreed today that the Audit Scotland Report will go to Audit and Risk Committee and not MIJB.
4.	CODE OF CONDUCT
	<p>A report by Chief Officer asks the Board to agree and adopt a Code of Conduct for Members based on the new template Code of Conduct.</p> <p>A revised Code of Conduct will be submitted to the Scottish Government (SG). Paragraph 4.4 of the report highlights were the differences are to the version that was approved back in February 2016.</p> <p>LC noted that paragraph 4.4 states advice should be sought from chair of the Board. MF advised that other boards have asked to change that as they felt more appropriate to go to legal in first instance. PG stated the chair can still use expertise around the table. LC asked about the relevance of the Water Industry Commissioner, mentioned on page 19 of Annex A. MF responded this is not directly relevant but shows examples of sanctions that can be applied.</p> <p>Following discussion the Board agreed to approve the new Code of Conduct that has been produced and MW will now send to SG for approval.</p>

5.	MORAY STRATEGIC FRAMEWORK AND IMPLEMENTATION PLAN
	<p>A report by the Chief Officer to advise the Board on the progress of the Strategic Framework and Implementation Plan.</p> <p>SG presented the first iteration of the Strategic Framework and Implementation Plan. The Strategic Planning and Commissioning Group (SP&CG) felt they needed to see the whole picture to enable them to make informed decisions / have something to measure against. Further changes can be made through feedback today and in the future. The SP&CG will have an oversight on MIJB's behalf and will challenge current use of funds and make decisions with regards to commissioning and decommissioning of services, reporting on a regular basis to the MIJB. PG confirmed there will be opportunity (with different funds coming in) to support change and to allow redesign.</p> <p>The report sets out the key themes for change, which include the commissioning of a Mental Health Hub model, modernising primary care through demedicalisation of lower level mental health (MH) and wellbeing issues and the development of rehab/reablement options with Hanover and Jubilee Cottages.</p> <p>The Board were informed there continues to be challenges in relation to Geriatric medicine across Moray. A focus for the SP&CG is elderly medicine and they are currently exploring a commission approach in the context of Geriatrics and the future needs of the population of Moray..</p> <p>LW commended SG on this piece of work as it shows whole picture of services and what the spend is; very useful for the SP&CG.</p> <p>DA asked for clarity around demedicalisation of lower level mental health and wellbeing issues. LW informed the Board that many of the drivers for mental health problems tend to be work related, relationship related or community related etc, the aim is to try to reroute people to more self-help and recovery; get to root of problem and not rely on just medical prescribing. AH added it will not be a barrier for those who do need intensive support/ medication. AH continued stating that some MH patients still need to be shown in the 'red box' (intensive support) there will still be those with severe MH issues and complex LD needs.</p> <p>CL stated she recognises Moray are under resourced in terms of geriatricians and recognises from this document Moray needs more that what we have in terms of MH and Wellbeing and asked what therefore is the budget allocation next year for commissioning. PG responded that she wishes to move towards a fair shares model across x3 IJBs taking forward a commissioning approach and also wants to take a programme board approach to this.</p> <p>IA asked what can be done to make service more seamless and stated he feels there is time wasted duplicating discussions ie due to information sharing protocols. PG responded it will take time and it is a key objective at community level. Some areas seem seamless already which is partly due to the staff. There will be a programme of work put in place around joint systems and sharing protocols. Implementing new management structure will also help. A lot of work is being done with the workforce – cultural and leadership aspect critical.</p>

	<p>PG confirmed in response to DA's question this framework is a map of current situation. GT expressed his concerns at putting this framework out to public as there may be a perception they are getting less of a service, it is a document created out of necessity but need think about how best to articulate it.</p> <p>DA asked that the wording under the x 6 Moray strategic outcomes be reviewed to clarify output.</p> <p>A discussion took place regarding supporting people to stay at home (reshaping care for older people). Money is agreed and committed but not yet spent for some areas. There will have to be a competency based service to be clear on. AC advised she is looking at, along with Dr Nick Fluck, Medical Director, NHSG, healthcare framework ie healthcare scientists and healthcare associates are less regulated. Peer support workers also have no statutory regulations or qualifications needed. Board keen to ensure safety but don't wish to over regulate services that don't need to be.</p> <p>AC asked how the IJB will evaluate what is working and what isn't. PG responded SG has just completed the ICF return and that will be analysed. PG added evaluation is an area which needs further work.</p> <p>Thereafter the Board agreed this first iteration is a framework they are happy to work with in progressing change.</p>
<p>6.</p>	<p>GOOD MENTAL HEALTH FOR ALL IN MORAY</p>
	<p>A report by the Chief Officer to seek agreement upon the mental health and wellbeing strategy.</p> <p>AW presented this strategy to the Board, confirmed this strategy is not about major mental illness, but focuses on something much broader ie the stressed and distressed. AW added there is significant money available for this - £150m across whole of Scotland.</p> <p>CL asked who this early intervention can affect in terms of that group at the other end of scale with severe MH illnesses. AH responded that the demands for lower tiers of intervention have increased dramatically with the de-stigmatisation of MH conditions. Challenges are those with major illness also have MH asset – it is important you can still have a way of being managed / treated in a co-productive way. This strategy may help with the number of people who struggle in a social way – cry for helps may reduce ie threatening self-harm and actual self-harm. Other outcomes that you can measure are the number of people off work and those who present at local GP practice. CL asked for clarity that therefore it is mainly the people in Tier 1 that can be supported. LW feels it is across whole spectrum – people who have MH and wellbeing problems often present with physical problems too. Through current general practice model – appointment time can only provide time to prescribe not deliver skill set to patients to help them, for example, CBT.</p> <p>PG stated there is lots of evidence that shows significant impacts and outcomes with self-management approach, need to use that evidence base. IA asked if the strategy involves working more effectively with carers. AW responded there is a carers' strategy in place, staff are aware of the carer burden. An implementation plan will now be developed to focus on where</p>

	<p>resources will be committed.</p> <p>Cllr Gowans asked that support was focused on those who are feeling suicidal and their families and also those in the caring profession who are dealing with challenging behaviours. She stated better after care and support to families whose loved ones have committed suicide needs to be provided as they can develop mental health problems themselves.</p> <p>LH said the strategy was well written and that the crux is in delivery, planning and working in order to deliver. DA added that some areas may be outwith our ability to delivery, there is also a need for society as a whole to adopt. He added that we must be clear as to what our aspirational objectives are and what our actual strategic objectives are.</p> <p>In response to a query from DA, AW confirmed the strategy consultation has closed, 38 responses were taken into account and therefore consultation draft and the questionnaire will be removed following this meeting. DA also asked that the contradiction in numbers of those with MH problems be amended. The Strategy will be launched in autumn and the Chair confirmed there will be an opportunity for the Board to have further discussion at the IJB Development session in July.</p> <p>The Board agreed to accept the recommendation as laid out in the report, once the following changes are made:</p> <ol style="list-style-type: none"> I. Consultation draft and questionnaire to be removed from Strategy and contradictions in numbers of those with MH problems to be amended.
<p>7.</p>	<p>UNAUDITED ANNUAL ACCOUNTS</p>
	<p>Report by Chief Financial Officer to provide an overview of the Annual Accounts of the IJB for the year ended 31 March 2016. It is a statutory obligation to submit unaudited Annual Accounts to external auditors by 30 June 2016.</p> <p>MW highlighted the remuneration policy on page 10 of the accounts and advised the only transactions were CO salary and £5K external auditor's fee. MW clarified that SG guidance stated a name had to be added to monetary value and that all COs have to be fully named; requirement to be transparent. In response to a query from DA, MW advised remuneration details of only Chair and Vice-Chair were included as this was suggested in the guidance. It was agreed to put in an extra note regarding Vice-Chair as this named person will change in the future. It was also agreed to amend page 18 to reflect that a Vice-Chair of the Audit and Risk Committee has not yet been appointed. MW asked that thanks to GK, AS and TA were formally recorded for pulling together this report.</p> <p>Following discussion the Board agreed:</p> <ol style="list-style-type: none"> I. to note the position for the financial year 2015/16 II. include extra note regarding Vice-Chair as this named person will change in the future III. update page 18 to reflect that a Vice-Chair of the Audit and Risk Committee has not yet been appointed.

8.	<p>REVENUE BUDGET OUTTURN FOR 2015/2016</p>
	<p>A report by the Chief Financial Officer to inform the Board of the financial outturn for 2015/16 for the IJB core budgets.</p> <p>MW advised that Appendix 2 is a list of services that will be included in monitoring statements. MW to amend page 2 of this Appendix as Community Mental Health Services are fully delegated and not hosted. PG advised that further discussions are required to have a clear plan for the wider Mental Health Service – from a Moray perspective there is an inherited overspend that needs to be scrutinised.</p> <p>Thereafter the Board agreed to note the unaudited revenue outturn position for the financial year 2015/16 and MW will amend page 2 of Appendix 2 to show Mental Health Services are fully delegated and not hosted.</p>
9.	<p>THE IMPACT OF THE 2015/16 OUTTURN ON THE 2016/17 REVENUE BUDGET</p>
	<p>A report by the Chief Financial Officer to inform the Board of the impact of the financial outturn for 2015/16 for the IJB core services on the 2016/17 revenue budget and the actions to be taken to address pressures. The overall position for the IJB core services were overspent by £1.728m.</p> <p>From 2016/17 the IJB will assume responsibility for the budgets of the delegated functions and be expected to prioritise services within the budgets directed to it by TMC and NHSG.</p> <p>The report includes a breakdown of the additional share of £250m provided by the SG to Health Boards (paragraph 3.3). Moray's share is £4.02m and guidance was given with the funding for its use. PG stated that affordability for IJBs is a big risk area; negotiations are underway with each provider in terms of living wage. As a sub-committee of the Board SL advised that the Audit and Risk Committee could also analyse and request assurance on as part of its remit.</p> <p>A discussion took place regarding the financial position. PG concluded that most of cost pressures require significant redesign of services moving forward. Three financial workshops for budget holders have been scheduled for July and August. This will alert them to financial position and new IJB financial regulations. The management team will meet prior to these workshops on 22 July.</p> <p>IA asked if any overspend next year would be carried over to the next financial year. MW responded that there are discussions underway with the SG to iron out details.</p> <p>DA queried what percentage of posts are fully funded in the staff budget. MW advised that the NHS budget calculated salaries at mid-point in the scale and TMC calculate at the bottom of the scale. Many NHS staff are at the top of the scale where many staff within TMC are nearer the bottom of scale due to high</p>

	<p>staff turnover ie home carers.</p> <p>IT was also noted that each page was numbered 1 on the report.</p> <p>Following discussion the Board agreed to note the report and actions being taken to address budget pressures.</p>
10.	<p>HEALTH AND SOCIAL CARE MORAY PERFORMANCE REPORT BY EXCEPTION TO MARCH 2016</p> <p>A report by the Chief Officer to present an update on performance of the health and social care system in Moray in relation to national and local performance indicators; this report provides an exception summary on Delayed Discharges.</p> <p>BW reported that May 2016 saw a drastic increase in standard delays. The management team noticed that there were inconsistencies in the way in which community hospitals had been recording. There is now a more consistent recording across community hospitals which would have contributed to the increase. The management team have been working to improve transfer of patients and June figures are already showing a decrease in delayed discharges. PG confirmed she has been in touch with SG throughout and they are happy figures have now stabilised.</p> <p>DA asked PG to elaborate on section 4.5.3 where it stated those within the community understand their patients better than Dr Gray's Hospital. PG confirmed that those within the community will know what patient's home situation is like (what the 'norm' is for them) and can be proactive and advise those in the acute setting when they are ready to be discharged.</p> <p>AH advised she welcomes this type of exception reporting as part of the performance update.</p> <p>Following discussion the Board agreed to note the performance and actions being taken to seek improvement.</p>
11.	<p>PHARMACEUTICAL REVIEW</p> <p>A report by the Chief Officer to inform the Board of the requirement to conduct a review of general practice dispensing across Grampian.</p> <p>This review would assure the Board that, where a Medical Practice has been required to dispense, this is in line with existing regulations. PG added that the default position, for safety reasons, is GP prepares prescription and pharmacist dispenses. Due to rurality of some practices Doctor dispensing is undertaken. However, some practices still do Doctor dispensing even when there is a pharmacy close by.</p> <p>PG stated there will be no change to practices in Moray.</p> <p>Following discussion the Board agreed to note the review.</p>
12.	<p>AUDIT AND RISK COMMITTEE UPDATE</p> <p>PG provided a verbal update. Meeting was scheduled and pre-meeting took place, however, due to sickness meeting didn't go ahead. It is hoped to hold a meeting at the end of July but if that doesn't transpire then papers will be taken the August IJB.</p>

	<p>Thereafter the Board noted the position.</p>
13.	<p>QUESTION TIME</p> <p>DA asked why AOCB was not allowed. PG responded that it is in the Standing Orders but IJB can revisit this.</p> <p>DA asked what the 1 very high risk for Moray was and PG responded that after discussion with MW and AG it was agreed this was an operational risk and in fact shouldn't be there – will be reviewed. MW added TA will be arranging a workshop on risk with Zurich for September IJB development session.</p> <p>IA stated there is an increase involvement in carers meetings, at a National level too. PG and CL advised it is hard to know value of some of these meetings but felt that was the question to ask. PG advised she will ask Aimee Borzoni who is leading around Carers Strategy to get in touch with IA to support.</p> <p>CL asked about public involvement emphasising it is important not to lose strands at Board level ie patient experience. PG advised that there is a lot of work being done around public involvement with TG, TW and links with Community Planning. The Clinical and Care Governance Committee will review patient experience specifically with quarterly reports going to MIJB.</p> <p>LW updated the Board on the recent Acute Services Strategy event which took place at the Eight Acres Hotel on 21 June. The event focused on the role of Dr Gray's Hospital now and in the future – safe, effective and affordable in the context of National Clinical Strategy. Hopefully will create more opportunities for the future of the hospital.</p>
14.	<p>DATE OF NEXT MEETING</p> <p><u>Next Development Session</u> 28 July, 9am-12noon, Glen Moray Suite, Eight Acres Hotel</p> <p><u>Next Board Meeting</u> 25 August, 9am-12noon, Glen Moray Suite, Eight Acres Hotel</p>