



Education and Families Committee
Social Services Committee
Development Committee
Environment and Transport Committee
Policy and Resources Committee
Shetland College Board

17 August 2015
17 August 2015
17 August 2015
17 August 2015
19 August 2015
8 September 2015

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

Report No: DV-43-15-F

Director of Development Services

Development Services Department

1.0 Summary

- 1.1 This report summarises the activity and performance of the Development Services Directorate for the reporting period above.

2.0 Decisions Required

- 2.1 The Committee should discuss the contents of this report as appropriate to their remit and make any relevant comments on progress against priorities to inform further activity within the remainder of this year, and the planning process for next and future years.

3.0 Detail

- 3.1 Highlights of progress against Council priorities from the Council's Corporate Plan by the Development Services Directorate are set out in Appendix 1. Further detail on Actions, Indicators and Risks are contained in appendices to this report.
- 3.2 The Committee is invited to comment on any issues which they see as significant to sustaining and improving service delivery.

4.0 Implications

Strategic

- 4.1 Delivery on Corporate Priorities – The Council's Corporate Priorities are set out in "Our Corporate Plan". This report reviews progress against these.

- 4.2 Community/Stakeholder Issues – Effective performance management and continuous improvement are important duties for all statutory and voluntary sector partners in maintaining appropriate services for the public.
- 4.3 Policy and/or Delegated Authority –
- The Council's Constitution – Part C - Scheme of Administration and Delegations provides in its terms of reference for Functional Committees (2.3.1 (2)) that they;
- “Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring –
- (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework.
- (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus.”
- 4.4 Risk Management – Embedding a culture of continuous improvement and customer focus are key aspects of the Council's improvement activity. Effective performance management is an important component of that which requires the production and consideration of these reports. Failure to deliver and embed this increases the risk of the Council working inefficiently, failing to focus on customer needs and being subject to further negative external scrutiny.
- 4.5 Equalities, Health and Human Rights – The Council is required to make sure our systems are monitored and assessed for any implications in this regard.
- 4.6 Environmental – NONE.

Resources

- 4.7 Financial – The actions, measures and risk management described in this report have been delivered within existing approved budgets. The service performance has contributed to an overall projected underspend, which is detailed in the Quarter 1 Management Accounts for Development Committee, appearing on this agenda.
- 4.8 Legal – There are a number of projects and key actions within the Performance Report that have legal implications. Legal advice will be sought as matters progress to ensure that Shetland Islands Council complies with all statutory requirements.
- 4.9 Human Resources - NONE.

4.10 Assets and Property – NONE.

5.0 Conclusions

- 5.1 This report demonstrates good progress against the priorities identified in the Council's Corporate Plan and the Development Services Directorate Plan 2015/16.

For further information please contact:

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Date Cleared: 07 August 2015

List of Appendices

Appendix 1 – Action Plan

Appendix 2 – Performance Indicators

Appendix 3 – Risk Management

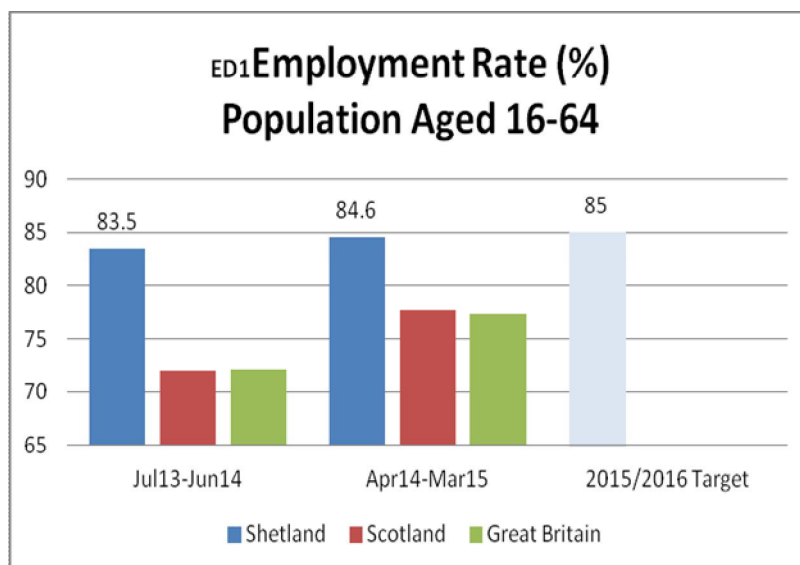
Links to Background Documents

Development Directorate Plan

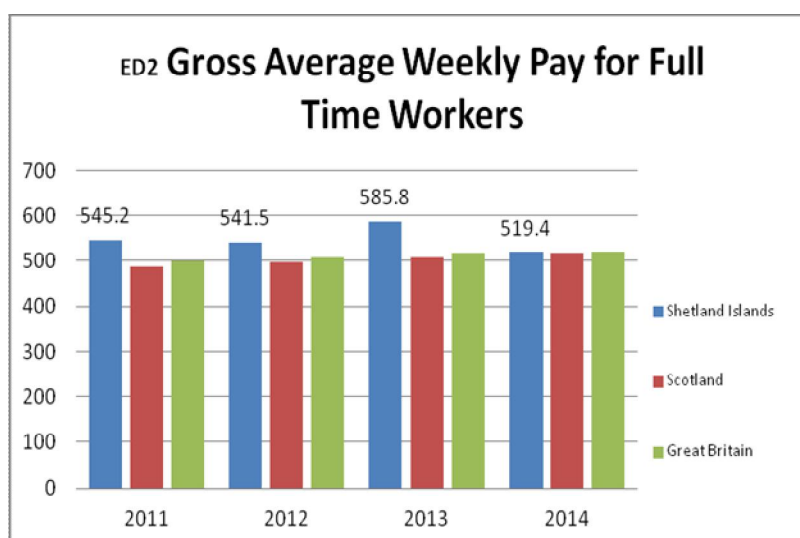
Our Corporate Plan – 2014 Update

Theme	Dev Ref	Dir/Service	Action Description	Expected Outcome (Dir Plan)	Q1 update - Mar-Jun15	Q1 RAG	Committee	Start date/ Comments (Dir Plan)	Covalent Code
Healthy economy	8	CP&D	Drawdown EU funding to support provision of employability services	Deliver effective employability support	Pipeline services embedding well, with positive outcomes for those requiring support, already. Still awaiting communication and confirmation of funding award from Scottish Government.	A	Social Services	Mar-14	DP055
A properly led and well managed council	12	Housing	Complete the HRA business plan	Ensure sustainable HRA into the future	Draft Asset Management Strategy complete, draft Tenant Participation strategy complete, financial modelling 95% complete. Plan to finalise Business Plan to fit with Budget Strategy for 2016/17.	G	Social Services	Mar-15	DP059

Service Area – Economic Development

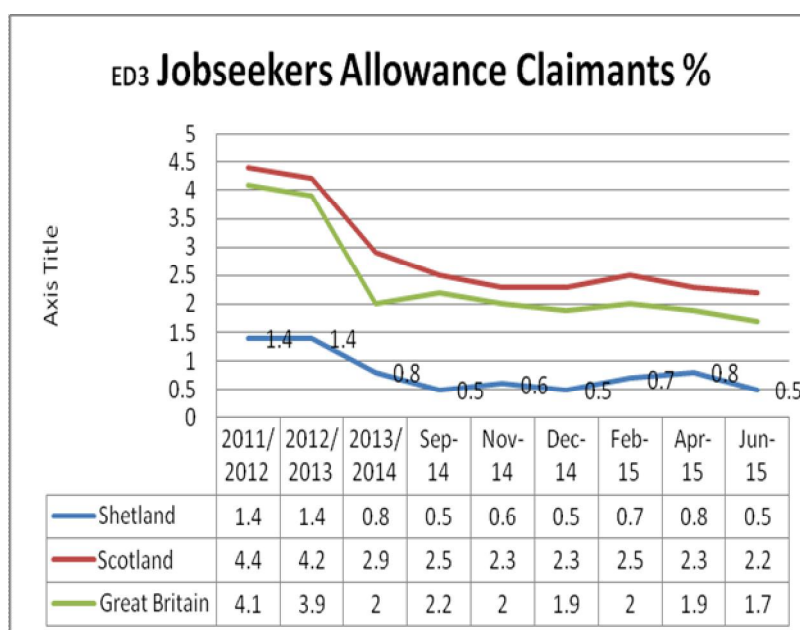


Trend Comment: Shetland's employment rate continues to be significantly higher than the Scottish or UK average, and has been relatively stable, with only minor fluctuations in the measured rate since Jan 2013, which reflects the high degree of private sector activity in the local economy. Employment rate is likely to be impacted by the Gas Plant construction phase run down later this year. Source: Office for National Statistics
Information Gathered: Annually



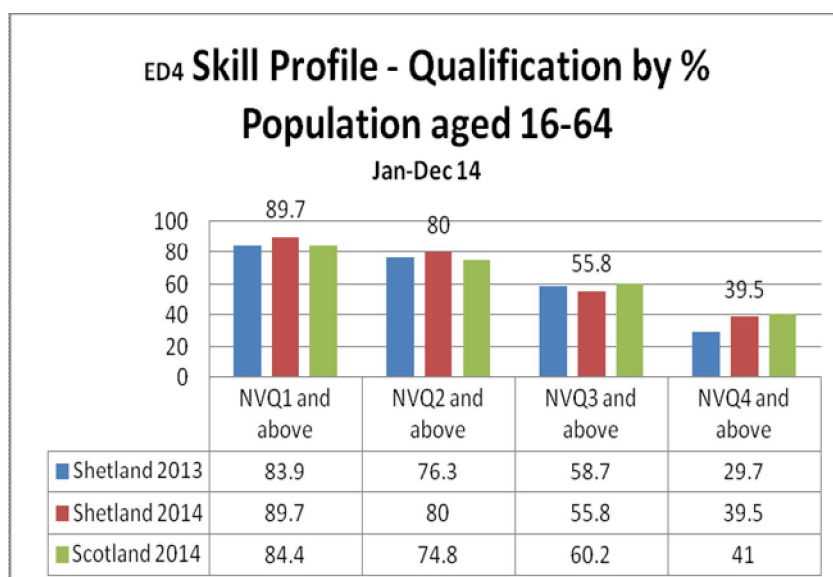
Trend Comment: The latest figures show a significant decline in gross average pay. It is possible that the apparent regression in these figures is due to inflated figures from 2013 due to sharp increases in demand in certain areas of the private sector. It is also possible that the survey has picked up an unrepresentative sample of workers' earnings.

Source: Office for National Statistics
Information Gathered: Annually



Trend Comment: The claimant count remains very low and has been stable at this level for the last 12 months (at or around 0.5%) and this remains to be the lowest in Scotland. This reflects the current strong performance of the private sector, and suggests that previous fluctuations in the JSA count caused by seasonal or temporary employment are not currently being experienced. See comments above re Gas Plant construction phase run down.

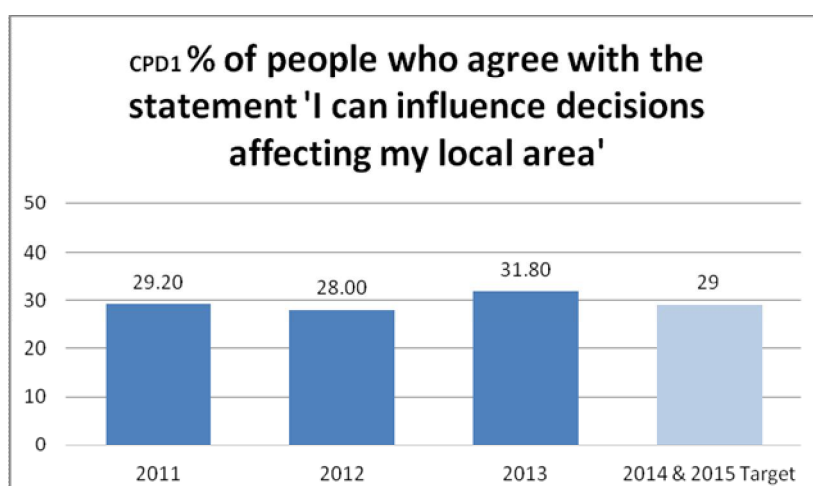
Source: Office for National Statistics
Information Gathered: Monthly




Trend Comment: The local skills profile continues to show a degree of attainment at NVQ1 level which is higher than the Scottish average (89.7% in Shetland against 84.4% nationally), but which is significantly lower at NVQ4 level (39.5% in Shetland against 41% nationally). It can be inferred from these figures that Shetland continues to have high educational attainment but the structure of the local economy provides limited opportunities for graduates to return or relocate.

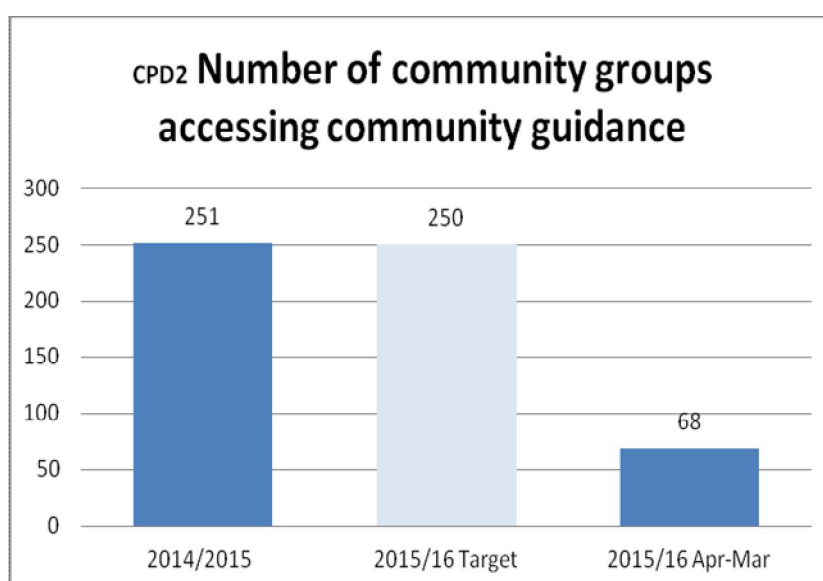
Source: Office for National Statistics
Information Gathered: Annually

Service Area – Community Planning & Development



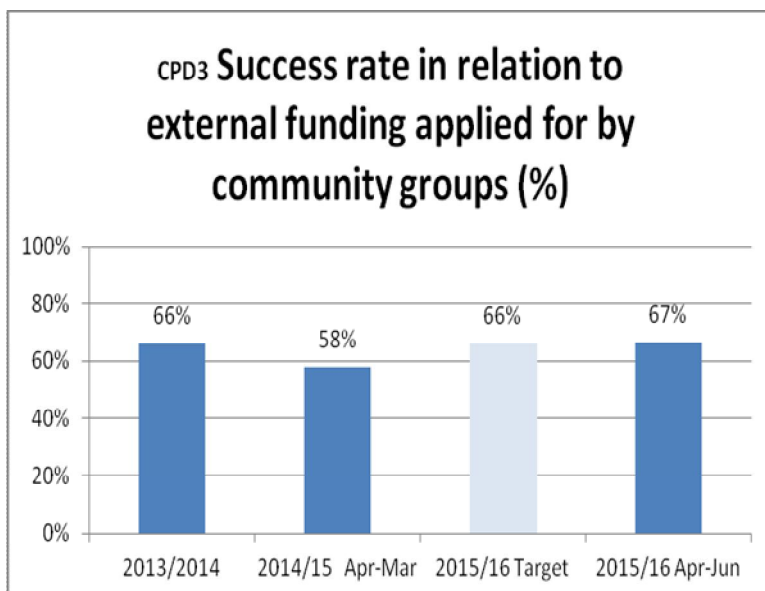
 Trend Comment: Slightly above target showing a positive improvement in trend. We are well above the national average of 22%.

Source: Scottish Household Survey
Information Gathered: Annual



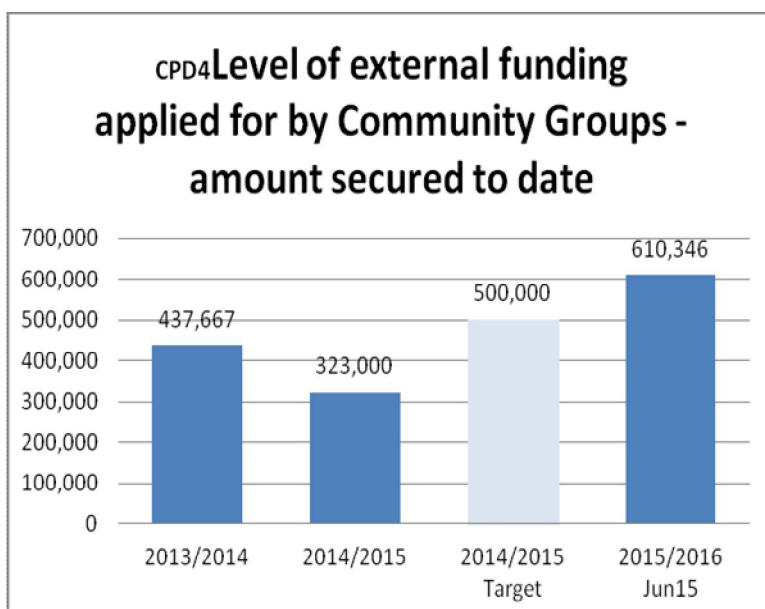
 Trend Comment: Above target, providing an indication of a possible upward trend in relation to the number of community groups seeking advice and support from Community Development.

Source: Community Planning & Development
Information Gathered: Quarterly



Trend Comment: Above target, showing a slight positive improvement in trend.

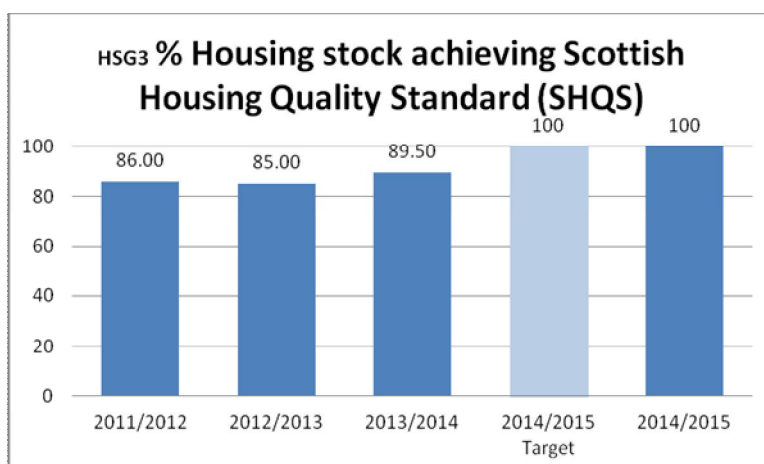
Source: Community Planning & Development
Information Gathered: Quarterly



Trend Comment: The level of external funding secured is well above annual target in first quarter. This is mainly due to the allocation of EU Employability Funding, which has not yet been awarded due to late changes in the process. A total of £826k has been applied for in the first quarter, which is well above target. Awaiting decisions on £153k.

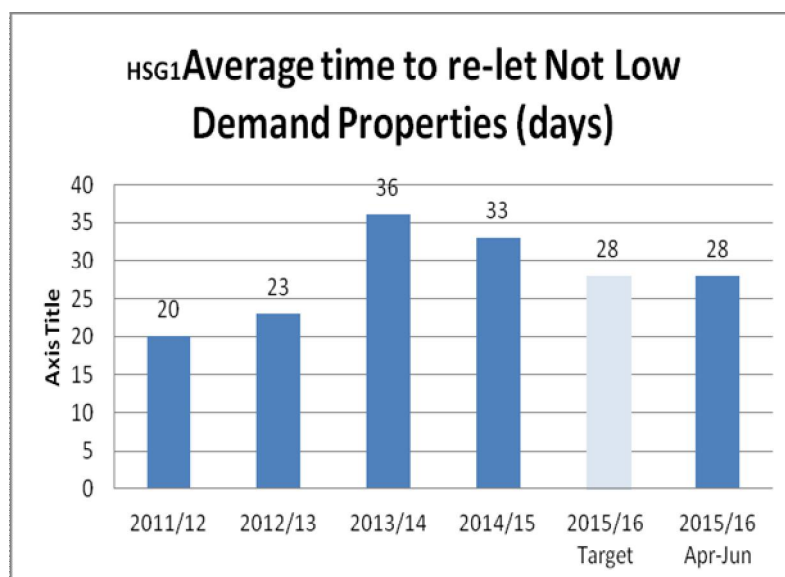
Source: Community Planning & Development
Information Gathered: Quarterly

Service Area – Housing Service



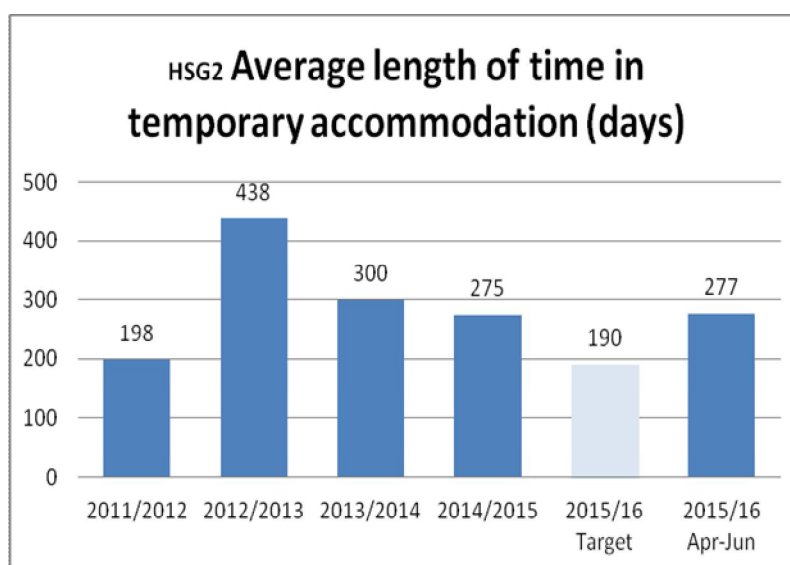
Trend Comment: At April 2015 the housing stock met the housing quality standard, with exemptions applying to 194 properties. These were under the energy efficiency category and further work is planned under the new EESSH standard to be achieved by 2020.

Source: Housing Service
Information Gathered: Quarterly



Trend Comment: Housing void policy review, together with continuing demand, has led to some improvement in time taken to re-let properties. The target for 2015/16 has been met in the first quarter.

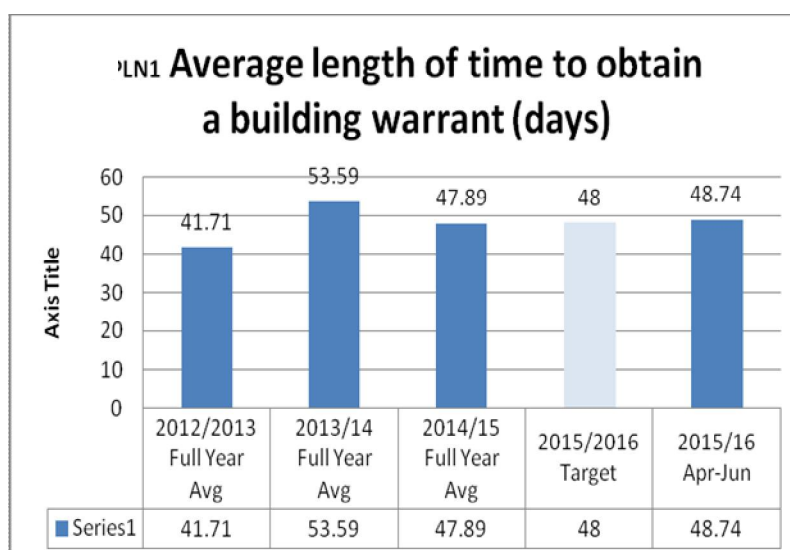
Source: Housing Service
Information Gathered: Quarterly



Trend Comment: Still well above target due to pressure on housing stock/supply. The trend is going down year on year from 2012/2013.

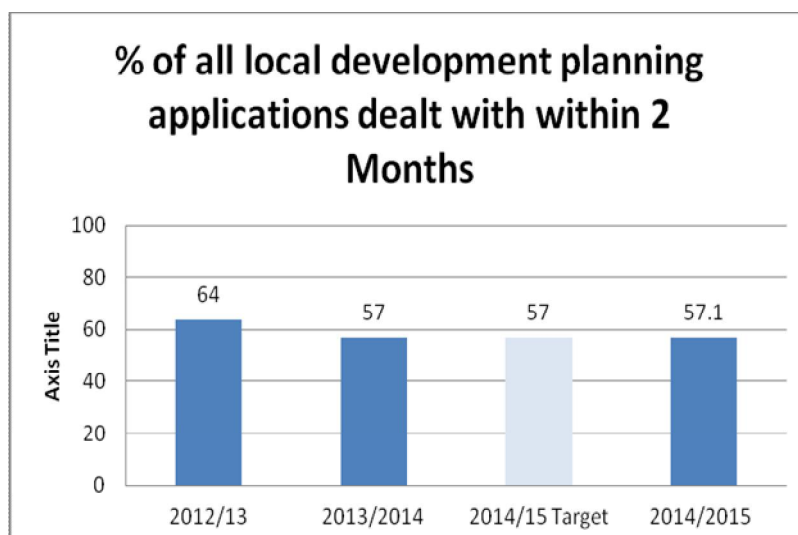
Source: Housing Service
Information Gathered: Quarterly

Service Area – Planning



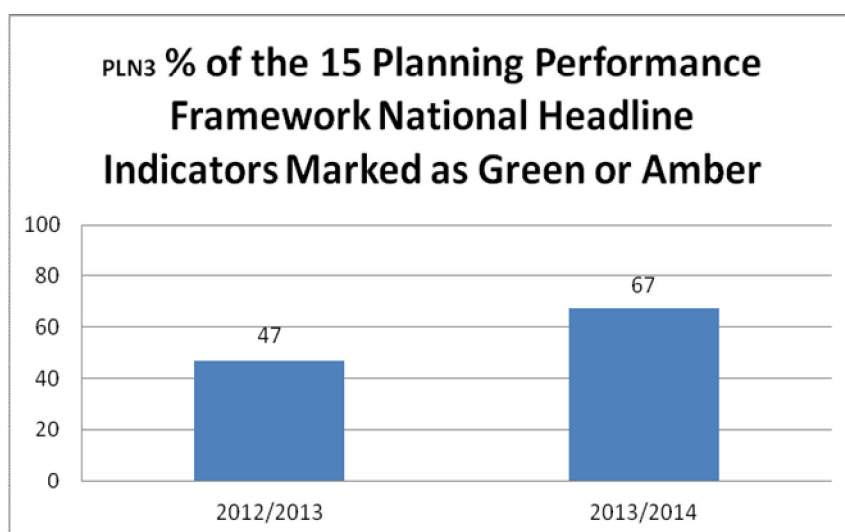
Trend Comment: The value included is a combined measure of the time taken by both the Council and the applicant or their agent to process an application through to approval. Separation of these times is not yet available but when this is available, we will be able to report on the SIC performance only. Evidence gleaned from recent inspections shows that more emphasis needs to be given this year to inspection of works under construction.

Source: Planning Service
Information Gathered: Quarterly



Trend Comment: The target set for 2014/2015 was met. Ongoing staffing issues impacting on service delivery.

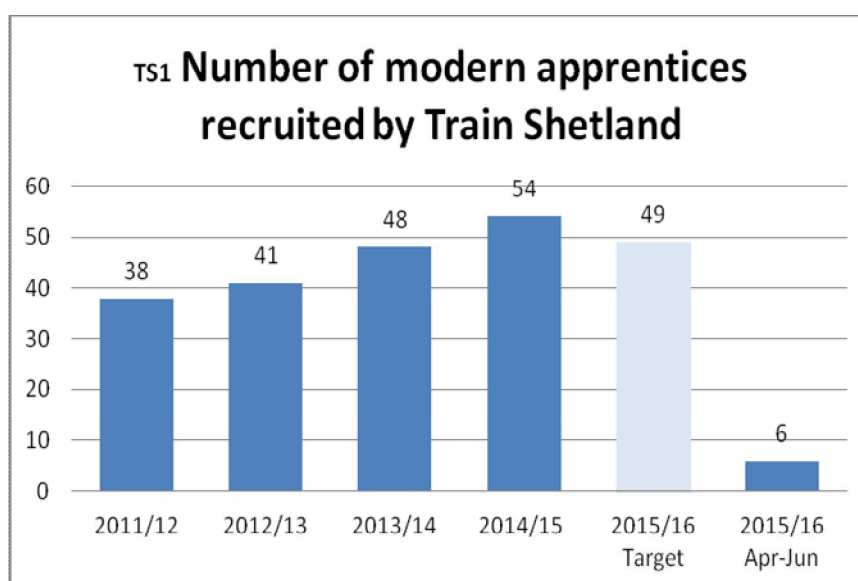
Source: Planning Service
Information Gathered: Quarterly



Trend Comment: Improvement made in the national framework. The update for 2014/2015 will be available later in 2015.

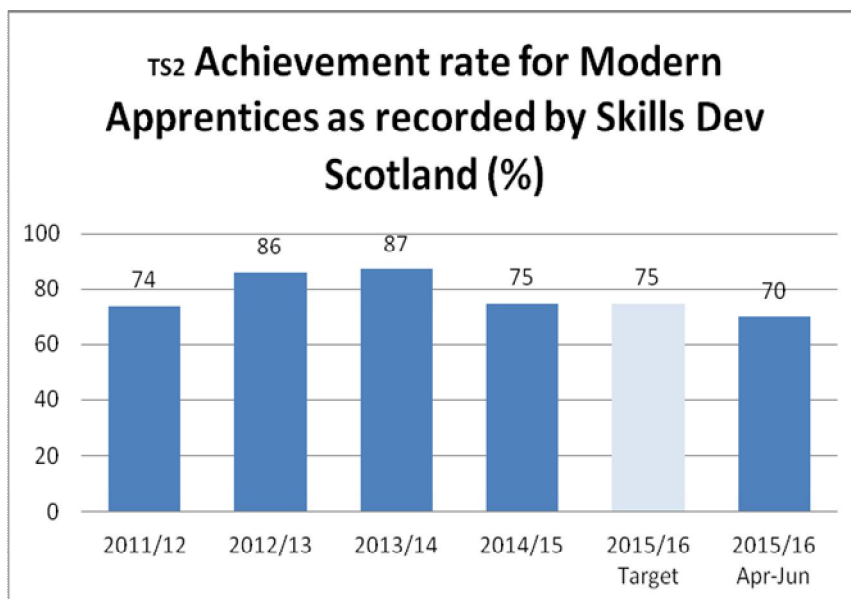
Source: Planning Service
Information Gathered: Annually

Service Area – Train Shetland



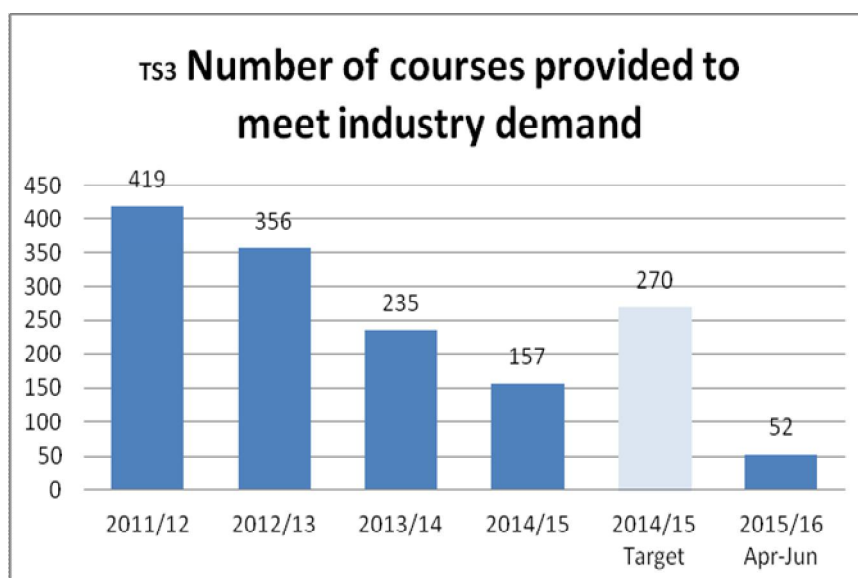
Trend Comment: Q1 figures are as expected and match the pattern of previous years. The majority of apprentices start in August/September and this pattern is profiled by Skills Development Scotland on our contract this year.

Source: Train Shetland
Information Gathered: Quarterly



The achievement rate % is what would be expected for Q1.

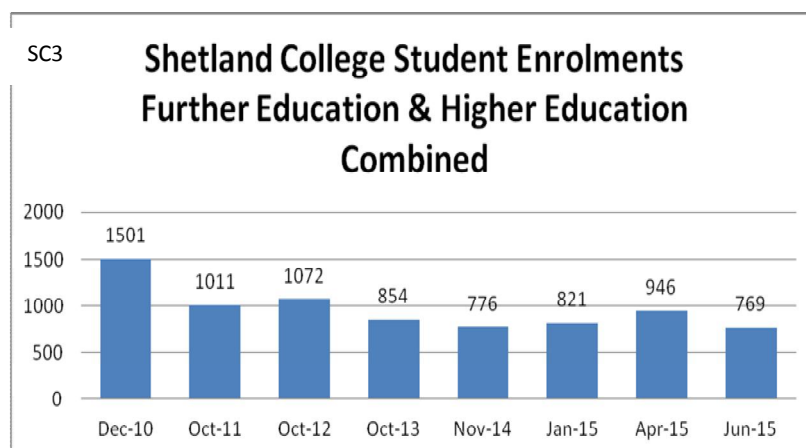
Source: Train Shetland
Information Gathered: Quarterly



This does not include courses provided for SIC Workforce Development. Q1 for 2015/16 mirrors the 2014/2015 Q1 figure.

Source: Train Shetland
Information Gathered: Quarterly

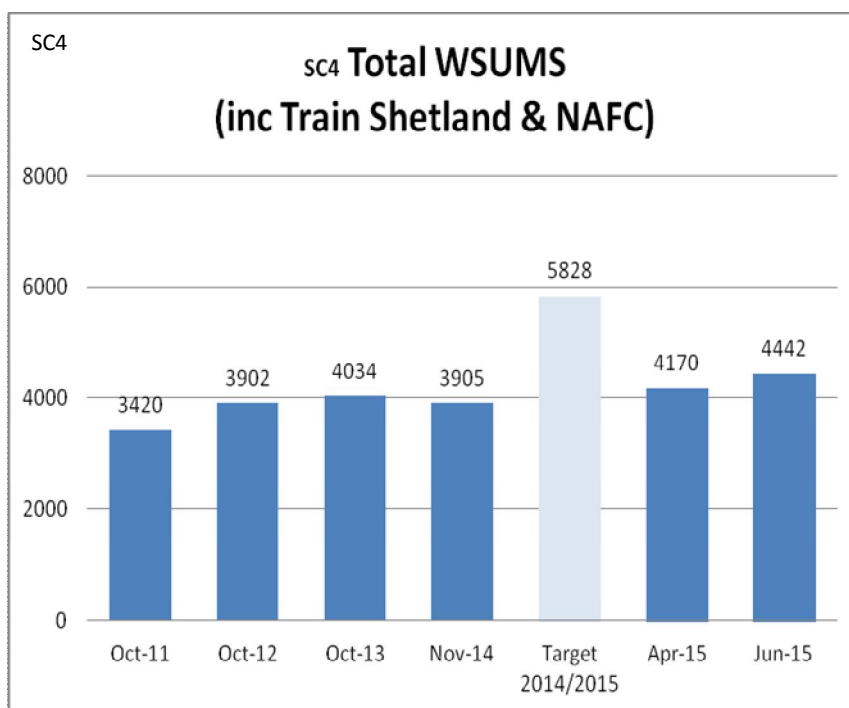
Service Area – Shetland College



Trend Comment:

Figures are shown as combined head counts for full-time and part-time further and higher education students.

Source: Shetland College
Information Gathered: Quarterly

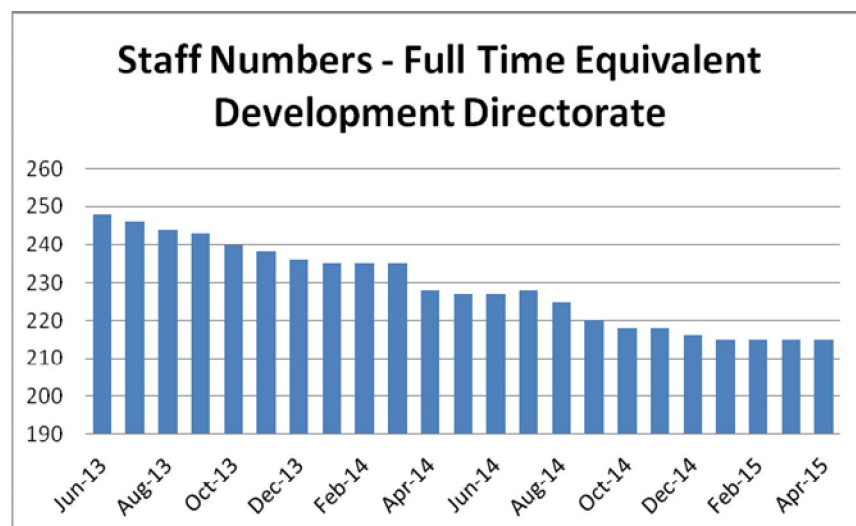


Trend Comment: WSUMs (Weighted Student Units of Measurement) is the funding term used by the Scottish Funding Council for further education. The funding carries different weightings for individual subject areas. For every notional 40 hours of study, a further education student generates a WSUM which translates into funding.

The structure of the funding is changing in the 15/16 academic year where credits will be awarded rather than sums. The credit value being allocated to Shetland College and the target set for 2015/16 are yet to be set.

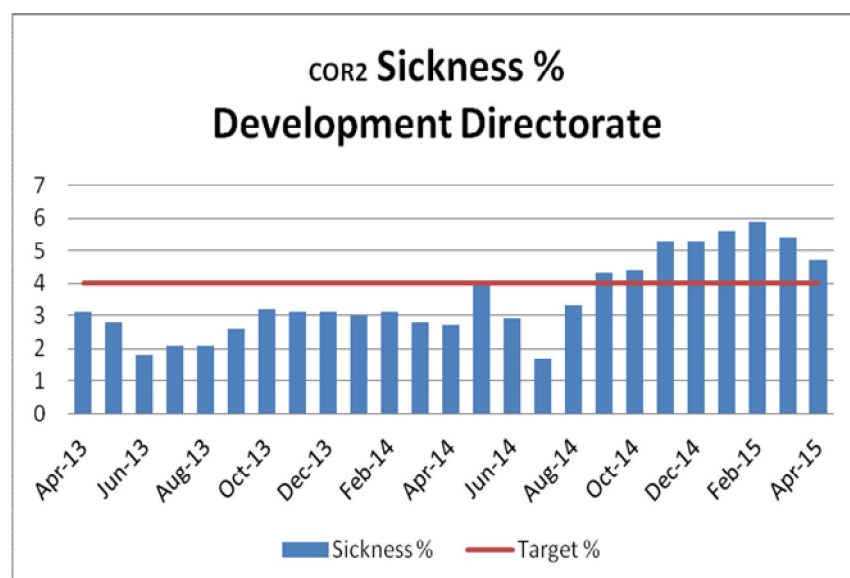
Source: Shetland College
Information Gathered: Quarterly

Development Dept - Corporate Indicators

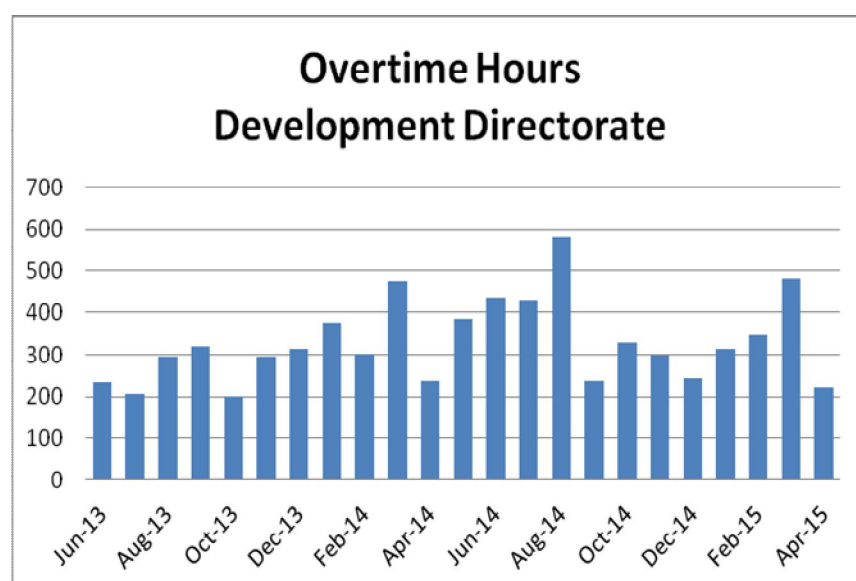


Trend Comment: The staffing number continues to decrease. As at April 2015, these figures include 24.6 FTE staff on Temporary Contracts.

Source: SIC
Information Gathered: Monthly



Trend Comment: Long Term sickness in Shetland College, and Transport Planning are improving but issues with long term absence in Housing service are persisting but being addressed. There has been a further significant reduction in June 2015.



Trend Comment:

Overtime hours in the Development Directorate covers housing repairs callouts but currently additional overtime has been required in Transport Planning. Staffing resources in Transport Planning are currently being addressed.

Source: SIC
Information Gathered: Monthly

Shetland Islands Council								Date:				, 24 July, 2015			Performance Report 2015/16 Q1				
Risk Assessment for Development Directorate															Appendix 3				
			Current					Target											
	Risk & Details		Frequency		Severity		Risk Profile		Current and Planned Control Measures				Severity		Frequency		Risk Profile		Assigned To
Level		Directorate																	
Corporate Plan		03. The transport services we need most																	
C0027 - Central Govt Funding Issues - Central		Unlikely	2	Minor	2	Low	4					Insignificant	1	Possible	3	Low	3	Neil Grant	
Corporate Plan		04. Healthy economy																	
C0017 - Key staff - loss of - Service reviews are taking place with some still outstanding		Likely	4	Significant	3	High	12	• Corporate wide Staff Survey (Viewpoint) • Five year plan to attract people to live and work in Shetland • Some reviews complete, restructure ER/VR implemented.				Significant	3	Possible	3	Medium	9	Neil Grant	
C0018 - Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc - Development Service operates within a complex legislative environment and is expected to be an exemplar.		Likely	4	Significant	3	High	12	• Train staff and adhere to standing orders, ongoing staff training on employment practices, H & S, ensure risk assessments are completed.				Minor	2	Unlikely	2	Low	4	Neil Grant	
Corporate Plan		06. Working with partners																	
C0026 - Economic climate - One or more communities fail to be sustainable		Possible	3	Significant	3	Medium	9	• Impact of connectivity from broadband and transport links, working with communities to develop sustainable plans				Significant	3	Unlikely	2	Medium	6	Neil Grant	
Corporate Plan		09. Dealing with challenges effectively																	
C0019 - Strategic priorities wrong - Development Directorate is managing a number of significant projects of strategic importance, including Colleges Review; Internal and External Ferries; Outer Isles Transport; Economic Development Service, Commercial Lending; Participatory Budgeting; Strengthening Community Involvement; High Speed Broadband; Local Housing Strategy; Local Development Plan; Transport Strategy; Economic Development Strategy; Energy Strategy; SOA (Outcome Improvement Plan) 2016-2020		Possible	3	Major	4	High	12	• Ensure projects are a priority activity in achieving the Outcomes identified in the new Corporate Plan • Appropriate governance and decision-making processes followed, PRINCE2 project management in place				Significant	3	Unlikely	2	Medium	6	Neil Grant	
C0021 - Economic / Financial - Other - Development Service delivers a service with reducing resources and constraints including the MTFP		Likely	4	Significant	3	High	12	• Restructure implemented				Significant	3	Possible	3	Medium	9	Neil Grant	
C0022 - Communications poor - Development Service works in a number of areas and necessarily publishes information on its activities		Unlikely	2	Major	4	Medium	8	• Adhere to corporate communications policy, use Communications Section				Significant	3	Rare	1	Low	3	Neil Grant	
C0023 - Legal / Compliance - Other - Development Directorate has complex governance arrangements which can impact on decision making		Possible	3	Significant	3	Medium	9	• Appropriate governance arrangements • Planning and performance management framework, governance				Significant	3	Possible	3	Medium	9	Neil Grant	



Shetland Islands Council



Agenda Item

2

SHETLAND HEALTH AND SOCIAL CARE PARTNERSHIP

Social Services Committee and CHP Committee

17 August 2015

Community Health & Social Care Directorate Performance Report – Quarter 1

Report No: CC-34-15-F

Report by : Director of Community Health & Social Care

**Community Health and
Social Care Directorate**

1.0 Summary

- 1.1 This report summarises the activity and performance of the Community Health & Social Care Directorate for the reporting period above.

2.0 Decisions Required

- 2.1 The Social Services Committee and CHP Committee should discuss the contents of this report and make any relevant comments on progress in the year and the planning process for next and future years.

3.0 Detail

- 3.1 In Appendix 4 the Committee can view indicators which are grouped under the headings of the 9 National Health & Wellbeing outcomes which show:
- (a) Progress against the redesigned services for elderly people and adults with a learning disability, physical disability or mental-health problem to help them to live as independently as possible
 - (b) Progress against the increase in services that help people live longer independently in their own homes and provide extra-care housing options to provide supported homely settings
 - (c) Progress against providing people with direct payments and personal budgets where they want that, so that they can make the choices they want for their lives
 - (d) Progress against arrangements in place for locally based integrated Community Health and Social Care resource allocation and management

- (e) Progress against build on established relationships with Third Sector Partners to further develop effective capacity
 - (f) Progress against build on established relationships with Third Sector Partners to help partners to further develop capacity
- 3.2 The National Core Suite of Indicators (Appendix 2) is in the process of being developed nationally. For completeness the whole template is shown and as indicator values are provided, these will be included in future reports.
- 3.3 The Local Delivery Plan (Appendix 3) is the suite of indicators generated by health that are relevant to this Committee.
- 3.4 The Committee is invited to comment on any issues which they see as significant to sustaining and improving service delivery.

4.0 Implications Strategic

- 4.1 Delivery on Corporate Priorities - Effective Planning and Performance Management are key features of the Council's Improvement Plan and part of the "Organising our Business" priority in the Council's Improvement Plan.
- 4.2 Community /Stakeholder Issues - Effective performance management and continuous improvement are important duties for all statutory and voluntary sector partners in maintaining appropriate services for the public.
- 4.3 Policy and/or Delegated Authority – The Council's Constitution – Part C - Scheme of Administration and Delegations provides in its terms of reference for Functional Committees (2.3.1 (2)) that they;
- "Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring –
- (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework.
 - (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus."

The CHP Committee ceased to be a formal sub-committee of Shetland NHS Board on 1 April 2015. It has been agreed that the CHP Committee would continue to meet in an informal advisory capacity until such time as the IJB adopts the Strategic Commissioning Plan. The CHP Committee can therefore make recommendations to Shetland NHS Board.

- 4.4 Risk Management - Embedding a culture of continuous improvement and customer focus are key aspects of the Councils Improvement activity. Effective performance management is an important component of that which requires the production and consideration of these reports. Failure to deliver and embed this increases the risk of the Council working inefficiently, failing to focus on customer needs and

being subject to external scrutiny. Key risks are reviewed regularly using the Directorate Risk Register.

4.5 Equalities, Health And Human Rights - The Council is required to make sure our systems are monitored and assessed for any implications in this regard.

4.6 Environmental - None

Resources

4.7 Financial - The actions, measures and risk management described in this report have clear budget parameters to be worked within in order to achieve the Medium term Financial Plan. Service performance remains within the Council allocated budget (subject of a separate report) however cost pressures persist in the health budget of the Directorate.

4.8 Legal - A number of these actions have legal implications and the Directorate will work with Governance and Law to ensure that the Council's statutory obligations are fully met.

4.9 Human Resources – Failure to manage recruitment and retention could lead to further staff attrition. Work is currently underway to address both of these issues. Team Leaders are also working closely with HR to effectively manage the sickness absence rate across the Directorate.

4.10 Assets And Property - None

5.0 Conclusions

5.1 This report demonstrates progress against the priorities identified in the Council's Corporate Plan, NHS Shetland's Corporate Plan, and the Community Health & Social Care Directorate Plan 2015/16.

For further information please contact:

Simon Bokor-Ingram, Director of Community Health & Social Care

Tel: 01595 743087 - email simon.bokor-ingram@nhs.net

Date: 24 July 2015

List of Appendices

- Appendix 1 – Performance Indicators
- Appendix 2 – National Core Suite of Indicators
- Appendix 3 – Local Delivery Plan
- Appendix 4 – Directorate Performance Service Plan

Links to Background Documents

Community Health & Social Care Directorate Plan

Appendix 1 - Performance Indicators

Indicators from Council wide Performance measures

	Previous Years			Last year Quarter 1	This year Quarter 1
	2012/13	2013/14	2014/15	Q1 2014/15	Q1 2015/16
	Value	Value	Value	Value	Value
Social Care Sickness Level	6.4%	6.0%	6.0%	5.7%	6.1%

	Previous Years			Last year Quarter 4	This year Quarter 1
	2012/13	2013/14	2014/15	Q4 2013/14	Q1 2015/16
	Value	Value	Value	Value	Value
FTE (Contracted Hours) - Social Care	642	530	517	530	516
Overtime Hours - Social Care	2470	1856	5675	396	1483

Indicators from Local Government Benchmark Framework

	Indicator	Target	Rank	Performance Statement	RAG
S W 1	Home care costs for people aged 65 or over per hour (£)	To reduce the cost per hour to a comparable level with national average	32	A full review of the LFR information has now been completed. The outcome of this review will be reflected in the Local Government Benchmark information going forward.	A
S W 2	Self directed support spend for people aged over 18 as a percentage of total social work spend on adults	To increase the % but there is no number locally specified	15	Self-Directed Support more accessible where individuals make that choice following implementation project	A
S W 3	% of people aged 65 or over with intensive needs receiving care at home	To increase the % but there is no number locally specified	3	Area of focus for a number of years to provide as much care in people's own homes	G
S W 4	% of adults satisfied with social care or social work services	No target set locally for adults satisfied with social care services. Average compared nationally	2	Satisfaction rates have remained high and service will continue to strive to meet expectations	G
S W 5	Residential care costs for people aged 65 or over per week (£)		32	Costs are significantly high in Shetland	A

NATIONAL CORE SUITE OF INDICATORS

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	RAG	Trend	Narrative	Target Lead
1	Percentage of adults able to look after their health very well or quite well	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
4	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
5	Percentage of adults receiving any care or support who rate it as excellent or good	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care



6	Percentage of people with positive experience of care at their GP practice	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
8	Percentage of carers who feel supported to continue in their caring role.	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
9	Percentage of adults supported at home who agree they felt safe	Biennial								It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often	Director Community Health & Social Care
10	Percentage of staff who say they would recommend their workplace as a good place to work	To Be Determined								Under development. To be included in NHS and LA Staff Surveys	Director Community Health & Social Care
11	Premature mortality rate	Annual	Jul-05	To Be Determined	To Be Determined	352.7	360.7	G	↓	Shetland consistently has amongst the lowest premature mortality rates in Scotland, but as a measure of preventable deaths we still want to see it reducing. The figure does fluctuate year on year because of small numbers so is better to see as a trend over a period of time.	Director Community Health & Social Care

12	Rate of emergency admissions for adults.	Annual									Director Community Health & Social Care
13	Rate of emergency bed days for adults	To Be Determined								Under Development - available in 6-12 months	Director Community Health & Social Care
14	Readmissions to hospital within 28 days of discharge	To Be Determined								Under Development - part of GP practice indicators data- to be available in Summer 2015	Director Community Health & Social Care
15	Proportion of last 6 months of life spent at home or in community setting	Annual	2012/13	To Be Determined	To Be Determined	91.6	89.1	G	↓	Just below Scottish average. Managed Clinical Network for Palliative Care established in 2015	Director Community Health & Social Care
16	Falls rate per 1,000 population in over 65s	To Be Determined								Under Development - no specific timescales for completion	Director Community Health & Social Care
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	To Be Determined	2014/15	To Be Determined	To Be Determined	-	-	G	→	All care settings have a 'Good' grading from Care Inspectorate among the domains assessed.	Director Community Health & Social Care
18	Percentage of adults with intensive needs receiving care at home	Annual	2013/14	>39%	Mar-16	48.5% (12/13)	46.10%	G	↓	Continue to focus on providing care at home where appropriate	Director Community Health & Social Care
19	Number of days people spend in hospital when they are ready to be discharged	Quarterly	May-15	To Be Determined	To Be Determined	184	234	R	↑	Area of focussed work. Latterly rates improving.	Director Community Health & Social Care
20	Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	Annual								Available Now	Director Community Health & Social Care

21	Percentage of people admitted from home to hospital during the year, who are discharged to a care home	To Be Determined								Under development	Director Community Health & Social Care
22	Percentage of people who are discharged from hospital within 72 hours of being ready	To Be Determined								Under development - new collection methods required which will take up to 12 months	Director Community Health & Social Care
23	Expenditure on end of life care	To Be Determined								Under development - final definition still to be agreed	Director Community Health & Social Care

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
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LDP001	People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Q	2014/15	50% Uptake	Mar-16	60%	75%	G	↑	All patients diagnosed with dementia are being offered a minimum of a year's worth of post-diagnostic support however not all patients take up the offer at the time of diagnosis	Service Manager - Mental Health
LDP002	18 weeks referral to treatment for Psychological Therapies (90%)	Q	Jan-Mar 15	90%	Mar-16	52.9%	62.5%	R	↑	cCBT service now commenced with all GPs able to refer. Expecting to see improvement in waiting times over next three months	Service Manager - Mental Health
LDP003	Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)	Q	Jun-15	90%	Mar-16	Drugs: 100% Alcohol: 100%	Drugs: 100% Alcohol: 83%	G R	→ ↓	One of out six patients missed target for alcohol treatment. Continued focus on three week target	Service Manager - Mental Health
LDP004	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	Q	Jun-15	261	Mar-16	68	99	G	↑	All areas have contributed to improving performance and are increasing intervention rates	Service Manager - Primary Care
LDP005	48 hour access or advance booking to an appropriate member of the GP team (90%)	A	2014	90%	Mar-16	73%	73.2%	R	↑	Practices run a mix of advanced booking, triage and on the day appointments through walk in clinics. Advance booking relates to the opportunity to have an appointment with a member of the clinical team, not a named GP. The largest practice currently has 1.73 WTE vacancies which is impacting on access, with several other practices also having vacancies.	Service Manager - Primary Care

LDP006	4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)	Q	Jun-15	98%	Mar-16	98.30%	96.10%	A		661 out of 688. Recent reduction in performance is due to increased emergency care requirements for a small number of patients (e.g. awaiting transfer/requiring stabilisation) who took clinical priority.	Director of Nursing & Acute Services
LDP007	At least 60 per cent of 3 and 4 year old children in each Scottish Index of Multiple Deprivation (SIMD) quintile to receive at least two applications of fluoride varnish (FV) per year.	Q	Jan-Mar 14	60%	Mar-16	71.8%	75%	G		Highest rate in Scotland and one of only 2 Boards to meet the 60% target. The aim is to maintain and improve present levels through continuing investment in targeted Childsmile activities	Clinical Director - Dental Services

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
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Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

DS001	Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of children aged 5-6 years in P1 attending SIC primary schools	2 Yearly	2013/14	<0.64	Mar-16	0.64	0.64	G	→	Source: NDIP data. Gives prevalence of dental decay in one age group of the total child population. Scotland dmft 1.27	Clinical Director - Dental Service
ASW003	Number and percentage of outcomes for individuals are met	M	New Indicator	80%	Mar-16	-				The new system for gathering this will be in place by end of August 2015 and reported on thereafter	Executive Manager - Adult Social Work
PC002	Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre	M	New Indicator	100%	Mar-16	-	100%	G	→	Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day	Service Manager - Primary Care
PC004	Percentage access to a Primary Care health professional for an appointment within 48 hours at any Shetland Health Centre	M	New Indicator	100%	Mar-16	-	100%	G	→	Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours	Service Manager - Primary Care
CH002	Development of a Primary Care Strategy	Q	Jun-15	Completed agreed Strategy	Oct-15	N / A	On track against milestones	G	→	Engagement phase in progress. Locality planning meetings also informing strategy development	Director Community Health & Social Care

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
CH006	Develop Integrated Locality Service Plans	Q	Jun-15	Commissioning Plan that reflects locality needs and priorities	Mar-16	N / A	Locality Management Model in place	G	→	Locality Planning Conversations underway Drafting of Strategic Commissioning Plan for 2016/17 scheduled for Sept/Oct	Director Community Health & Social Care
CH009	Development of an Oral Health Strategy	Q	Jun-15	An agreed Oral Health Strategy	Oct-15	N / A	Evidence gathering and first draft in place	G	→	Document in draft. Dental Staff consultation day 16/09/2015	Clinical Director - Dental Service
CH010	Development of an Older Peoples Strategy	Q	Jun-15	Completed agreed Strategy	Sep-15	N / A	Final draft completed	G	→	Document in draft. Seminar being held on 30/07/2015	Director Community Health & Social Care

Outcome 2 - People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

CCR003	Number of people 65 and over requiring intensive care package (over 10 hours per week) in their own home	M	Jun-15	30%	Mar-16	40%	48%	G	↑	We are continuing to work with reablement programme to enable people to remain at home	Executive Manager - Community Care Resources
CCR007	Proportion of 65 and over receiving Personal Care at Home.	Q	Jun-15	>200	Mar-16	214	221	G	↑	To enable people to remain at home we aim to increase independence which may result in less need for personal care at home	Executive Manager - Community Care Resources
CN002	Number of early supported discharges with no readmission in 30 days by Intermediate Care Team	M	New Indicator	100%	Mar-16	100%	91%	R	↓	11 patients - 1 early supported discharge readmitted due to being medically unwell	Chief Nurse (Community)
MH002	Admission rates to Psychiatric Hospitals	Q	New Indicator	<25	Mar-16	-	4	G	→	This will help us consider the effectiveness of our local service provision. No admissions for last two months	Service Manager - Mental Health

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
MH003	Dementia Diagnosis Standard - number of diagnoses exceeds 50% of prevalence	Q	2014/15	61%	Mar-16	48.5%	45.5%	R	↓	More people have died or moved away than have been diagnosed in recent months. As most of those on the register were diagnosed in older age, this is an ongoing issue. Work is in hand to encourage people to seek earlier assessment	Service Manager - Mental Health
PC001	Percentage conversion of OOH GP house visits converting to admission to hospital	M	New Indicator	To be determined	Mar-16	-	In development	G	→	Will require joint working between primary and secondary care in order to confirm whether patients were admitted following the GP request	Chief Nurse (Community)
AHP006	Increased number of people receiving home monitoring for health and social care (technology enabled care)	Q	2013/14	>600	Mar-16	610	610	A	→	Training and awareness raising is carried out on an ongoing basis with Community Health, Social Care staff, 3rd sector colleagues, carer's, responders and clients to ensure technology enabled solutions are considered wherever possible. Newly developed solutions are frequently sought and piloted where exiting solutions are unable to meet need. Latest national performance figures (2012/13) show Shetland ranked in top quartile of local authorities in Scotland for its telecare usage by care at home clients (Source- Draft Joint Inspection of Adult Services 2014/15)."	Executive Manager - AHPs

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected											
CJ002	Offenders commencing supervision within 7 working days of being sentenced	M	New Indicator	100%	Mar-16	-	94.1%	A	↓	Missed target as outwith service control	Executive Manager - Criminal Justice
ASW001	Number and percentage of assessments completed on time	M	2015/16	100%	Mar-16	72.10%	92%	R	↑	Each instance of missed target analysed by line manager	Executive Manager - Adult Social Work
ASW002	Number and percentage of reviews completed on time	M	New Indicator	100%	Mar-16	-	92%	R	↑	Each instance of missed target analysed by line manager	Executive Manager - Adult Social Work
ASW004	How satisfied are residents with local social care/ social work services?	A	2013/14	>80%	Mar-16	80%	81%	G	↑	Significantly higher than national average (55%)	Executive Manager - Adult Social Work

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users

DS004	Number of people who are waiting to register with Public Dental Service (PDS) for Continuing Care	M	Jun-15	500	Mar-16	1120	1120	A	→	Source: Local data. Total may include people currently accessing private dental care. All people are able to access Emergency dental care. What are we doing?	Clinical Director - Dental Service
AS002	Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills	A	New Indicator	>35	Mar-16	-		G	→	Adults with learning disability, autistic spectrum disorder and/or complex needs are supported to have a safe, healthy and active life. Self-care and enablement approaches are promoted.	Executive Manager - Adult Services
CN001	Number of Anticipatory Care Plans in Place	M	New Indicator	Incremental Monthly Increase	Mar-16	691	707	G	↑	Increase in number of eKIS plans in place, month by month	Chief Nurse (Community)

Outcome 5 - Health and social care services contribute to reducing health inequalities

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
DS003	The percentage of the adult and child populations who are registered with Shetland dentists for NHS dental care	6 Monthly	Mar-15	>79.1% (Adult) >92.1% (Child)	Mar-16	77.6% (Adult) 91.6% (Child)	79.1% (Adult) 92.1% (Child)	G	→	Target is to see a net rise in registration figures. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity.	Clinical Director - Dental Service

Outcome 6 - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

AS003	Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder	Q	New Indicator	0	Mar-16	-	1	A	↑	An incident of Emergency Respite is one or more consecutive overnight stay/s out with the assessed needs allocation of overnight respite stays. Source: Newcraigielea The risk of unscheduled care will be reduced.	Executive Manager - Adult Services
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Outcome 7 - People who use health and social care services are safe from harm

CCR001	Delayed discharge from Hospital - no delays exceeding 14 days	M	Jun-15	<3	Mar-16	9	2	G	↑	Intense work with acute services to work out delays in systems and processes	Executive Manager - Community Care Resources
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Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
CCR004	Rate and proportion of new entrants to residential care admitted from home; acute hospital speciality; following intermediate care; graduate from emergency respite	M	2013/14	0	Mar-16	25	-	G	↑	The number of people requiring permanent residential care is reducing through working with reablement	Executive Manager - Community Care Resources
CJ001	Court reports submitted on time	M	New Indicator	100%	Mar-16	-	100%	G	↑	Service consistently meets target	Executive Manager - Criminal Justice
CJ004	Risk and need assessment completed and case management plans in place within 20 days	M	New Indicator	100%	Mar-16	-	100%	G	↑	Service consistently meets target	Executive Manager - Criminal Justice
CJ005	Reduction in the level of assessed risk and need	A	2014/15	75%	Mar-16	37.50%		G	→	New risk assessment system in place which will provide more accurate data	Executive Manager - Criminal Justice
PPS002	Percentage rate of antibiotic prescribing in relation to Scottish average	M	Jun-15	<100% will mean that less antibiotics are used in Shetland than in Scotland	Mar-16	100.53%	89.01%	G	↑	In general we are expecting less antibiotics to be prescribed in Shetland than in the Scottish population	Director of Pharmacy
PPS003	Number of polypharmacy reviews completed	M	May-15	30	Mar-16	2	33	G	↑	Polypharmacy reviews bring about better outcomes for patients and often significantly reduce costs	Director of Pharmacy
PPS004	Number of discharge prescriptions dispensed out of hours by nursing staff	M	Jan-15	<50	Mar-16	63	51	A	↑	Good discharge planning should reduce the need for nurses to dispense medicines out of hours. Dispensing by pharmacy always more appropriate	Director of Pharmacy

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
CN003	Number of Catheter Associated Infections in individuals with an indwelling urinary catheter	M	New Indicator	0%	Mar-16	0%	12%	R	↓	2 CAUTIs out of 17 catheters inserted	Chief Nurse (Community)
CH007	Assist Shetland Partnership with implementing the redesign of Community Justice	Q	New Indicator	Partnership in Place	Mar-16	-	Lead Officer appointed and working group set up	G	→	Offenders within Shetland have the best opportunities to make positive changes to their lives and reduce the likelihood of reoffending	Executive Manager - Criminal Justice

Outcome 8 - People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do

AS005	Number of Social Care staff trained to implement Positive Behaviour Support.	A	2014/15	6	Mar-16	4		G	→	Staff will have the knowledge and theory of Positive Behaviour Support.	Executive Manager - Adult Services
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Outcome 9 - Resources are used effectively in the provision of health and social care services, without waste

DS002	The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	Q	Jun-15	<1:2500	Mar-16	1:3013	1:2230	G	↑	Sources: Local wte data and ONS population data. The greater the wte of dentists, the greater the available capacity for the resident population to receive NHS dental care. (Scotland ratio 1:1670)	Clinical Director - Dental Service
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Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
AHP001	Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	Q	Jun-15	<10	Mar-16	-	8	G	→	To achieve the nationally agreed referral to assessment timescales we have initiated a number of initiatives including streamlining our referrals and screening processes, reviewing all processes, and reconfiguring the team into a north and a south team to gain staff efficiency	Executive Manager - AHPs
AHP002	Maximum Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	Q	Jun-15	95%	Mar-16	-		G	→	Data is now being collected in Trak PMS. We expect to be developing reports to give waiting times information and to be quality assuring any data collection issues during the coming quarter	Executive Manager - AHPs
AHP003	Maximum Waiting Time from Referral to Treatment for Physiotherapy Services (18 weeks)	Q	Jun-15	95%	Mar-16	-		G	→	Data is now being collected in Trak PMS. We expect to be developing reports to give waiting times information and to be quality assuring any data collection issues during the coming quarter	Executive Manager - AHPs
AHP004	Maximum Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	Q	Jun-15	95%	Mar-16	-		G	→	Data is now being collected in Trak PMS. We expect to be developing reports to give waiting times information and to be quality assuring any data collection issues during the coming quarter	Executive Manager - AHPs
CCR005	Occupancy of care homes	M	2014/15	90%	Mar-16	86%	91.3%	G	↑	Under occupancy is a result of vacancies in respite beds.	Executive Manager - Community Care Resources

Ref	Measure	Data Available A/Q/M	Period of Latest Value	Target	Target Date	Performance Previous Period	Performance Current Period	R A G	Trend	Narrative	Target Lead
CJ003	Unpaid Work commenced within timeframes	Q	Jun-15	100%	Mar-16	84.2%	90.9%	G	↑	Increase in offenders attending as instructed	Executive Manager - Criminal Justice
PPS001	Cost per patient (GP Prescribing)	M	Jun-15	<100%	Mar-16	94.23%	112.91%	R	↓	Shetland has traditionally spent less on medicines per patient. The costs per patient are increasing, this highlighting the need to undertake additional prescribing efficiency work	Director of Pharmacy



Shetland Islands Council



Agenda Item

3

SHETLAND HEALTH AND SOCIAL CARE PARTNERSHIP

Social Services Committee and CHP Committee

17 August 2015

Directorate Risk Register	
Report No: CC-35-15-F	
Report by : Director of Community Health & Social Care	Community Health and Social Care Directorate

1.0 Summary

- 1.1 This report presents up to date information regarding the Directorate Risk Register for consideration by Social Services Committee and CHP Committee.
- 1.2 This report summarises the actions being taken within Community Health and Social Care Services. We will continue to review all risks on a regular basis during the course of the year.

2.0 Decisions Required

- 2.1 The Social Services Committee and CHP Committee RESOLVES to review the content of the Risk Register and make any suggestions for amendment or further update.

3.0 Detail

- 3.1 Each service within the Community Health and Social Care Directorate has a Risk Register for risks that can be managed at a service level.
- 3.2 The Risk Management Group (RMG) is the high-level risk management group for NHS Shetland, and regularly reviews corporate risks, which form part of the Integrated Joint Board Risk Register. The Council high-level Risk Management Group, the Risk Board, and the Corporate Management Team oversee the risk management process and review strategic risks.
- 3.3 The Directorate Management Team reviews the Risk Register on a regular basis. Risks are managed up from services if appropriate to

Directorate level, or down from Directorate level to a service Risk Register if the risk becomes more manageable.

4.0 Implications Strategic

4.1 Delivery on corporate priorities

The Council's Corporate Priorities are set out in "Our Corporate Plan". This report reviews progress against these.

4.2 Community and Stakeholder Issues

Managing risks safeguards customers through sound governance.

4.3 Policy and Delegated Authority

The Council's Scheme of Administration and Delegations provides in its terms of reference for Functional Committees (2.3.1 (2)) that they monitor and review achievement of key outcomes within their functional areas by ensuring – (a) appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework; and (b) best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus.

The CHP Committee ceased to be a formal sub-committee of Shetland NHS Board on 1 April 2015. It has been agreed that the CHP Committee would continue to meet in an informal advisory capacity until such time as the IJB adopts the Strategic Commissioning Plan. The CHP Committee can therefore make recommendations to Shetland NHS Board

Reports for decisions relating to the work of the Health and Care Partnership require decisions of both the Council and NHS Shetland Board or their proper sub-committees where authority has been delegated.

4.4 Risk Management

Risks relating to the Directorate are set out in the Risk Register (Appendix 1), which included risks to both community health and social care delivery.

4.5 Equalities, Health and Human Rights

The Risk Register provides an opportunity to assess risks for equalities issues.

4.6 Environmental Issues

None.

Resources

4.7 Financial

There are no financial implications arising directly from this report.

4.8 Legal

Risk management activities protect the Council and NHS Shetland from exposure to loss, damage or claims.

4.9 Human Resources

There are no HR implications arising directly from this report.

4.10 Assets and Property

None

5.0 Conclusions

- 5.1 Regular updates of the risks help inform service planning and ensure safe practices.

For further information please contact:

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23 July 2015

List of Appendices

Appendix 1 – Directorate Risk Register

Risks to Delivery / Risk Register

Almost certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5
	Insignificant	Minor	Significant	Major	Catastrophic

Rating	Descriptor	Description
5	Almost certain	I would not be at all surprised if this happened within the next few months
4	Likely	I think this could occur sometime in the coming year or so
3	Possible	I think this could maybe occur at some point, but not necessarily in the immediate future
2	Unlikely	I would be mildly surprised if this occurred, but cannot entirely rule out the possibility
1	Rare	I would be very surprised to see this happen, but cannot entirely rule out the possibility

Current risk details

What we are going to
do to manage those
risks

Target in one

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
01. Supporting Adults to be Independent										
EM 0031	Inability to deliver cost-effective, safe Mental Health Service	Inability to provide quality, effective and safe services, delivered in the most appropriate setting for the patient/client.	Almost Certain (5)	Major (4)	High (20)	Following reviews of mental health and dementia, there are action plans in place which are being closely monitored to ensure progress on	Possible (3)	Minor (2)	Medium (6)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
						strengthening the services. With the additional funding allocated from health, recruitment of staff has been progressed.				
EM 0018	NHS and SIC are required to comply with Scottish Social Services Council and National Care Standards	Poor inspections ratings, failure to comply with NC standards. Potential for closure of services, bad publicity and reputational damage	Possible (3)	Significant (3)	Medium (9)	Regular inspections. Staff aware of the standards required. Inspection results reported to Committee.	Rare (1)	Significant (3)	Low (3)	DCHSC
04. Health Economy										
EM 0030	The impact of demographic change on Shetland if it is unmanaged	Shetland's demographics are set to change significantly over the coming 20 years, at an even more pronounced level than Scotland as a whole. The main impacts for the Council will be a falling school roll across Shetland and an increase in demand for Care of the Elderly, Mental Health and Learning Disability services.	Likely (4)	Major (4)	High (16)	Community Health & Social Care Integration is driving further joint working and efficiencies. Joint commissioning planning process to create a sustainable, affordable care model for the future. Strategies in development for Older People's Care and Dementia.	Possible (3)	Significant (3)	Medium (9)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
05. Strong Communities										
EM 0022	To provide quality, effective and safe services delivered in the most appropriate setting for the residents of Shetland	Lack of access to services for those living in remote areas of Shetland	Likely (4)	Significant (3)	High(12)	Models for health and social care integration focusing on ensuring locality resilience and sustainability. Primary healthcare continues to be provided in existing localities.	Significant (3)	Rare (1)	Low (3)	DCHSC
EM 0021	Inability to provide consistent, high quality, sustainable Out of Hours Care	To provide quality, effective and safe services, delivered in the most appropriate setting for the patient/client	Likely (4)	Major (4)	High (16)	More use of Advanced Nurse Practitioners. Creating seven day week 24 hour intermediate care service as part of integrated care fund initiative. Active planning of rotas with GPs.	Unlikely (2)	Minor (2)	Low (4)	DCHSC
06. Working with Partners										
EM 0033	Effect of policy decisions	NHS and SIC required to provide services across all areas of Shetland	Likely (4)	Major (4)	High (16)	Performance reporting to provide early warnings. Localities project progressing. Services to be commissioned by locality.	Major (4)	Rare (1)	Medium (4)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
07. Vulnerable and Disadvantaged People										
EM 0004	Reduced response to an emergency situation on Remote areas of Shetland and the outer islands	Potential reduction in availability of helicopter for air evacuation of unwell patients	Unlikely (2)	Major (4)	Medium (8)	Coastguard Search and Rescue Helicopter will respond to life and limb threatening injuries/illness Memorandum of Understanding in place with Direct Flight for transfer of "walking wounded". NHS Shetland continuing discussions with SAS and GAMA regarding additional helicopter coverage, especially for urgent (rather than emergency) transfer. Temporary control measure (for managing situation short term) to ensure staff on NDI have increased stock of Oxygen and consumables. Longer term need to conduct training needs analysis and increase staff skill set to support ill patients for longer period of time (if timeliness of air evacuation options not enhanced). Continue to	Unlikely (2)	Significant (3)	Medium (8)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
						develop First Responder schemes on NDIs to support the nurse in caring for critically ill patient.				
EM 0034	Professional Errors and Omissions	NHS and SIC operate within a complex legislative, contractual and compliance environment. Clients/ patients are many and varied in age, vulnerabilities and needs.	Unlikely (2)	Significant (3)	Medium (6)	Monitoring by professional leads re skills and capacity. Staff training plan developed each year. Incidents fully investigated.	Significant (3)	Rare (1)	Low (3)	DCHSC
EM 0042	Harm to a vulnerable person in the care of the council and/or health board	Injury or harm to a vulnerable person due to a failure or lapse in professional standards could cause national press interest, impact on communities, litigation/ prosecution/ civil action.	Unlikely (2)	Catastrophic (5)	High (10)	Professional leads are tasked with ensuring that there are adequate levels of skill and capacity to manage protection issues. Training is a key requirement for staff working in services so they have the knowledge to raise issues. Policies and procedures in place.	Rare (1)	Minor (2)	Low (2)	DCHSC
EM 0044	Difficulty in ensuring sustainable provision of services and retention of skills in small and remote communities.	A number of single handed posts exist which can be hard to recruit to. Potential difficulties of recruiting staff on a retained	Likely (4)	Significant (3)	High(12)	Cover provided using permanent or temporary staff. Temporary cover provided by community and hospital staff banks. Use of agency locum staff	Unlikely (2)	Minor (2)	Low (4)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
		basis.				as a last resort. More focussed approach to supervision and performance management to aid staff retention.				
08. A Properly Led and Well-Managed Council										
EM 0002	Delayed Discharges	Failure to meet key HEAT targets and interim trajectories for delayed discharges.	Likely (4)	Significant (3)	High (12)	Create capacity through use of Integrated Care Fund with rapid access to resources which avoid unnecessary hospital admission and expedite timely discharge. Whole system approach to reducing bottlenecks in the pathway.	Possible (3)	Minor (2)	Medium (6)	DCHSC
EM 0006	Public Involvement	Public Partnership Forum (PPF) capacity to support public involvement in developing new services and improving health services.	Possible (3)	Significant (3)	Medium (9)	Various activities to increase membership being supported by local officer of Scottish Health Council. PPF reviewing ways of operating in order to increase contribution to Health and Social Care Partnership.	Possible (3)	Minor (2)	Medium (6)	DCHSC
EM 0007	Partnership Working Failure	Conflict of interest between roles of NHS and Council. Failure to agree on certain	Possible (3)	Significant (3)	Medium (9)	Development of joint strategies incorporated in Joint Commissioning Strategy signed off by	Unlikely (2)	Minor (2)	Low (4)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
		issues which does not allow delivery to progress.				both Council and NHS Board. Single outcome agreement in place.				
EM 0010	Lack of robust contracting arrangements	Contractual arrangements unclear between NHS and Council and external organisations providing services to NHS and Council. Failure to provide services and value for money.	Possible (3)	Significant (3)	Medium (9)	SLAs in place. Joint Commissioning Strategy has been developed and is being implemented. Review processes in place.	Unlikely (2)	Minor (2)	Low (4)	DCHSC
EM 0011	Resources	Resource requirements for future plans exceed available resources: — human resources — revenue — capital Failure to reach agreement on changes required to deliver targeted savings in resource.	Likely (4)	Significant (3)	High (12)	Cash Releasing Efficiency Savings (CRES) targets set for both Council and NHS. Prioritisation systems put in place for service developments. External support procured for particular efficiency schemes.	Possible (3)	Minor (2)	Medium (6)	DCHSC
EM 0013	Adult Protection Issues	Failure to act appropriately with relation to Adult Protection Issues. Current challenges in	Possible (3)	Minor (2)	Medium (6)	The professional leads are tasked with ensuring that there are adequate levels of skill and capacity to manage protection	Unlikely (2)	Minor (2)	Low (4)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
		releasing staff to attend training due to overall capacity issues				issues. Training is a key requirement for staff working in services so they have the knowledge to raise issues. Training on Adult Protection being prioritised.				
EM 0015	NHS and SIC require management information and budgetary planning to allow good performance monitoring and service planning.	Failure of systems to provide information, Inequalities, diverse formats of data, data unavailable, other technical and skills mis-matches	Possible (3)	Significant (3)	Medium (9)	Budget monitoring reports available at each period end. Performance information used at service level and reported to Committee.	Unlikely (2)	Significant (3)	Medium (6)	DCHSC
EM 0016	Not achieving full use of the Integrated Care Fund	Pace of change required to implement the Integrated Care Fund programme is not achieved.	Likely (4)	Significant (3)	High (12)	Plans are reflected in Joint Commissioning Strategy. Early development of plans	Possible (3)	Minor (2)	Medium (6)	DCHSC
EM 0035	Maintaining and improving the oral health of the local population	Inability to provide sufficient dental services to meet local needs	Likely (4)	Major (4)	High (16)	Review taking place of current Dental Service staffing levels and skill mix to ensure the model in place is working effectively, with flexibility for the future. Encourage local development of independent NHS dental practices.	Possible (3)	Minor (2)	Medium (6)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
EM 0036	NHS and SIC are required to evidence that funding for initiatives has resulted in improvements to service	Poor record keeping, failure to recognise requirements at the outset, no methods or systems of identifying improvements in services.	Unlikely (2)	Major (4)	Medium (8)	Establish performance monitoring systems, develop KPIs for local measures and utilise national measures. Establish performance monitoring systems reporting to both agencies. Work with Information Services Division Scotland on the national programme to develop performance indicators for joint services. Develop local measures to complement national indicators.	Rare (1)	Significant (3)	Low (3)	DCHSC
EM 0039	Management capacity issues	Aspects of Community Health and Social Care have been managed on an interim basis by Executive Managers.	Possible (3)	Significant (3)	Medium (9)	The structure for CH&SC will ensure that there is adequate management capacity including professional leadership within the directorate. Full engagement of the operational management team to ensure any gaps are quickly identified and dealt with.	Unlikely (2)	Minor (2)	Low (4)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
EM 0045	Budgets/ Service planning	Availability of funding or lack of alternative immediate/achievable management options, determines priorities rather than service need.	Likely (4)	Significant (3)	High (12)	Joint Commissioning Strategy sets out strategic direction and more detailed plans on how to spend specific funds. Need to better co-ordinate service planning and budget setting across the Council and Health Board to ensure budget is aligned to agreed service priorities.	Possible (3)	Rare (2)	Medium (6)	DCHSC
EM 0046	Task Duplication	Duplication or triplication of tasks to satisfy requirements of both organisations.	Almost Certain (5)	Significant (3)	High (15)	Agreement for lead organisation for functions or on use of one template and/or system. Number of initiatives progressing as result of discussions at Transition Programme Board.	Possible (3)	Unlikely (2)	Medium (6)	DCHSC
09. Dealing with Challenges Effectively										
EM 0014	Response to an emergency situation	Critical pressure on staff and resources in an emergency situation where services are unable to respond adequately.	Possible (3)	Significant (3)	High (9)	Business continuity plans in place for community health and social care services. Involvement in planning and exercises.	Possible (3)	Minor (2)	Medium (6)	DCHSC
EM 0023	Inability to recruit to key posts	Failure to recruit staff with the right skills and in sufficient numbers to meet the needs of	Likely (4)	Significant (3)	High (12)	Work closely with both HR departments on recruitment and retention. Develop schemes to	Possible (3)	Minor (2)	Medium (6)	DCHSC

No	Risk	Details	Residual Likelihood	Residual impact	Residual Risk Rating and Current Risk profile	Current and planned Control Measure	Target Likelihood	Target Impact	Target Risk Rate	Lead Officer
		an ageing population				attract people to health and care work. Develop dynamic joint health and care roles. Review options for redesign of job roles.				



Shetland Islands Council



Agenda Item

4

SHETLAND HEALTH AND SOCIAL CARE PARTNERSHIP

Social Services Committee and CHP Committee

17 August 2015

Report Title: 2015/16 Joint Budget Monitoring – 1st Quarter	
Report No: CC-36-15-F	
Report by: Director of Community Health & Social Care	Community Health and Social Care Directorate

1.0 Summary

- 1.1 This report presents a summary of the expenditure incurred to date and the projected outturn position for 2015/16 as at the end of the first quarter.

2.0 Decision Required

- 2.1 That the Social Services Committee and the CHP Committee review and NOTE the Joint Budget Monitoring report showing expenditure to date and the projected outturn position at quarter 1.

3.0 Detail

- 3.1 Expenditure on services for all care groups is shown in Appendix 1 attached to this report.
- 3.2 Overall expenditure is currently within available resources for Social Care and Community Health services within the Partnership.
- 3.3 The efficiency target within the NHS currently sits within the Director of Community Health and Social Care's health budget and is not reflected within each individual service. This along with emerging cost pressures has put pressure on the health budget.
- 3.4 The Council part of the budget is under spent, which has been reported on separately. The variances are in part due to difficulties in recruitment and also because of over achievement of income in Community Care Resources.

- 3.5 Further savings will be required in future years in order to meet budget targets of both the Council and the NHS. For the NHS part of the budget, concerted efforts will need to be made in 2015/16 to deal with unachieved savings from 2014/15 along with the efficiency target for 2015/16.
- 3.6 If the Integration Joint Board (IJB) adopts the 2015/16 Strategic Commissioning Plan, then the budgets for the functions delegated and services set out in the Strategic Plan will become IJB business. The Integration Scheme requires that where there is a forecast over spend against an element of the operational budget, the Chief Officer and the Chief Financial Officer of the IJB will work with Local Partnership Finance Team and the appropriate finance officers of the Parties to agree a recovery plan to balance the overspending budget. The recovery plan will be subject to the approval of the IJB. If the IJB adopts the 2015/16 Strategic Commissioning Plan, then the issue of the unachieved savings identified in this report, where it results in an anticipated overspend, will need to be addressed in this way through the IJB.

4.0 Implications

Strategic

4.1 Delivery on Corporate Priorities

There is a specific objective within the Corporate Plan to ensure that the Council is “living within our means” and the Council continues to pursue a range of measures which will enable the Council to manage its finances effectively and successfully now and over the medium to long term. This involves the Council aligning the allocation of its resources with its priorities and expected outcomes and maintaining a strong and resilient balance sheet.

The Medium Term Financial Plan also includes a stated objective to achieve financial sustainability over the lifetime of the Council.

There is a statutory requirement for Health Boards to operate within the allocated budget each financial year.

4.2 Community /Stakeholder Issues

Any redesign of services which changes the way the service is provided or accessed needs to consider what level of engagement and/or consultation is required.

4.3 Policy And/Or Delegated Authority

Section 2.1.2(3) of the Council's Scheme of Administration and Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved both revenue and capital budgets for the 2015/16 financial year. This report provides information to enable the Committee to ensure that the services within its remit are operating within the approved budgets.

The CHP Committee ceased to be a formal sub-committee of Shetland NHS Board on 1 April 2015. It has been agreed that the CHP Committee would continue to meet in an informal advisory capacity until such time as the IJB is established. The CHP Committee can therefore make recommendations to Shetland NHS Board.

4.4 Risk Management

There are numerous risks involved in the delivery of services and from a financial perspective risks are an integral part of planning for the future, as assumptions are made, internal and external factors and demand and supply all have an impact throughout the financial year, while unplanned or unexpected costs may arise without warning.

The awareness of risks is critical to successful financial management.

This report is part of the framework that provides assurance or provides the opportunity to correct any deviation from the budget that may be placing the Partnership in a financially challenging position.

Failure to deliver the 2015/16 budgets would result in the Council failing to deliver its Corporate Plan and Medium Term Financial Plan. The same risk applied to the Health Board in failing to meet its statutory obligation to operate within the allocated yearly budget. The demands on existing staff workloads is being monitored to ensure that staff are provided with adequate support and supervision that ensures that the impact on service delivery is managed.

4.5 Equalities, Health And Human Rights

None

4.6 Environmental

None

Resources

4.7 Financial

The budget set for 2015/16 was included in the Joint Commissioning Strategy. The 2015/16 Council budget was set as a budget that reflects the fact that the Council can live within its means, as it does not require a draw on reserves in excess of the returns that the fund managers can make on average in a year.

For every £1m of reserves spent (in excess of a sustainable level) it would mean that the Council would have to make additional savings of £50k each year in the future as a result of not being able to invest that £1m with fund managers to make a return.

It is therefore vital that the Partnership delivers its 2015/16 budget. Based on the information contained within this report the Council is projecting to achieve this.

For NHS Shetland there is a requirement to operate within the budget allocation. There are savings targets which are not being met and this presents a risk to the organisation.

4.8 Legal
None

4.9 Human Resources
The difficulties in recruitment and retention within the service is placing pressure on existing staff that cannot be sustained in the longer term. It is essential that staff are supported through this time until levels increase. Recent campaigns have been successful and a number of hard to fill vacancies have been recruited to. Staff turnover continues so the inability to recruit remains as a risk. Work is underway to identify what the issues are in terms of recruitment and staff retention in order to explore how best to address this in the short and longer term.

4.10 Assets And Property
None

5.0 Conclusions

5.1 Members of the Social Services Committee and CHP Committee are asked to note the information presented in this report and comment if they so wish.

For further information please contact:
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Date: 31 July 2015

List of Appendices

Appendix 1 – Budget Monitoring Outturn

END

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Funding Streams by Care Group	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
All Care Groups											
Adult Support and Child Protection											
- Adult & Child Protection Lead Officer incl Admin Support	93	0	93	0	0	21	0	0	93	0	93
Advocacy											
- Generic Advocacy	19	0	11	8	0	0	0	0	11	8	19
<i>Other strands of Advocacy appear under specific client/service headings</i>											
Citizens Advice Bureau	132	132	0	0	66	0	0	132	0	0	132
- Welfare Rights											
- Benefit Health Checks											
- Employment Tribunals											
- Debt Advice											
- Mediation											
- "With You For You" - Customer Relations Function	31	0	31	0	0	0	0	0	31	0	31
- Direct Payments	5	0	5	0	0	5	0	0	5	0	5
Directorate Costs											
- Management Costs (includes staffing costs; centrally held maternity, training and operational budgets for the service)	718	0	627	91	0	56	25	0	627	91	718
- 2014/15 Recurring Savings target brought forward	-144	0	0	-144	0	0	0	0	0	-144	-144
- 2015/16 Recurring Savings target	-343	0	0	-343	0	0	0	0	0	-343	-343
Disadvantaged & Social Inclusion Funding	294	0	294	0	0	92	0	0	294	0	294
Fieldwork Preventative Services	1	0	1	0	0	0	0	0	1	0	1
Local Charitable Organisations (small grants)	14	14	0	0	12	0	0	14	0	0	14
RVS - Emergency Support Services	2	0	2	0	0	0	0	0	2	0	2
Shetland Befriending	71	54	17	0	27	9	0	54	17	0	71
Social Work	703	0	703	0	0	151	0	0	703	0	703
Voluntary Action Shetland	126	126	0	0	63	0	0	126	0	0	126
Totals	1,723	327	1,783	-387	168	333	25	327	1,783	-387	1,723
Carers											
- Advocacy	13	0	13	0	0	0	0	0	13	0	13
- Respite Care at Home	87	0	87	0	0	43	0	0	87	0	87
Carers Information Strategy Funding (5)											
- Workforce Development	6	0	0	6	0	0	0	0	0	6	6
- Carers' Training incl Attending National Events	3	0	0	3	0	0	0	0	0	3	3
- Support for Carers Groups / Outings / Transport	5	0	0	5	0	0	0	0	0	5	5
- Admin, Newsletters, Leaflets	1	0	0	1	0	0	0	0	0	1	1
- Citizens Advice Bureau - Carers Helpline	1	0	0	1	0	0	0	0	0	1	1
- Support to Link Group and Carers	11	0	0	11	0	0	0	0	0	11	11
Totals	127	0	100	27	0	43	0	0	100	27	127

Key: SIC - Shetland Islands Council
SCT - Shetland Charitable Trust

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Funding Streams by Care Group	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
Criminal Justice											
· Offender Services	-6	0	-6	0	0	3	0	0	-5	0	-5
· Youth Crime	16	0	16	0	0	8	0	0	16	0	16
Totals	10	0	10	0	0	11	0	0	10	0	10
Health Improvement & Health Inequalities											
· Health Promotion	286	0	0	286	0	0	82	0	0	286	286
· Health Inequalities - Learning Disabilities	6	0	6	0	0	3	0	0	6	0	6
· Smoking Cessation	50	0	0	50	0	0	10	0	0	50	50
Totals	342	0	6	336	0	3	91	0	6	336	342
Learning Disabilities & Autistic Spectrum Conditions											
· Autism Strategy	22	0	22	0	0	8	0	0	22	0	22
· Learning Disabilities Nurse	68	0	0	68	0	0	16	0	0	68	68
· Management Costs (includes operational budgets for Grantfield offices)	93	0	93	0	0	24	0	0	93	0	93
· Residential Short Breaks (Respite)	703	0	703	0	0	142	0	0	703	0	703
· Supported Living & Outreach (2)	2,655	0	2,419	236	0	584	57	0	2,403	236	2,639
· Supported Vocational Activity	1,531	0	1,531	0	0	270	0	0	1,488	0	1,488
COPE - Supported Employment	258	155	103	0	77	0	0	155	103	0	258
Totals	5,329	155	4,869	304	77	1,029	73	155	4,811	304	5,271
Mental Health											
· Child & Adolescent Mental Health Services	174	0	0	174	0	0	49	0	0	174	174
· Community Mental Health Nursing	238	0	0	238	0	0	59	0	0	238	238
· Community Mental Health Support Service incl DSP Community	1,155	0	962	192	0	217	44	0	965	192	1,157
· Management Costs	81	0	81	0	0	25	0	0	81	0	81
· Mental Health Officer Services	172	0	172	0	0	15	0	0	172	0	172
· MHO Preventative Services	1	0	1	0	0	0	0	0	1	0	1
· Off-Island Placements/Treatment (7)	521	0	146	375	0	146	75	0	146	375	521
· Psychological Services	168	0	0	168	0	0	26	0	0	168	168
· Psychiatrist	252	0	0	252	0	0	68	0	0	252	252
Moving On - Supported Employment	54	0	54	0	0	0	0	0	54	0	54
Shetland Link Up	48	48	0	0	24	0	0	48	0	0	48
Specialist Advocacy for People with Mental Health Issues	16	0	6	10	0	0	0	0	6	10	16
Totals	2,879	48	1,423	1,408	24	402	320	48	1,426	1,408	2,882

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Funding Streams by Care Group	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
Older People including Dementia (3)											
Buses for Elderly & Disabled	50	50	0	0	8	0	0	50	0	0	50
Care Services at Home:											
• Personal Care Service	4,572	0	4,572	0	0	1061	0	0	3,970	0	3,970
• Domestic Tasks	775	0	775	0	0	273	0	0	809	0	809
Community Nursing	1,872	0	0	1,872	0	0	513	0	0	1,872	1,872
Day Care	634	0	609	25	0	92	6	0	603	25	628
Dementia Services	68	0	0	68	0	0	20	0	0	68	68
Management Costs	75	0	75	0	0	14	0	0	57	0	57
Residential Care:											
• Local Placements	8,303	2,408	4,881	1,015	0	1357	249	2,408	4,282	1,015	7,704
• Mainland Placements (8)	0	0	0	0	0	35	0	0	0	0	0
Reshaping Care for Older People 2014/15 carry forward (6)	0	0	0	0	0	78	0	0	0	0	0
Integrated Care Fund 2015/16	410	0	0	410	0	0	1	0	0	410	410
RVS	47	47	0	0	23	0	0	48	0	0	48
• Lunch & Social Clubs											
• Good Neighbours Scheme											
• Blether Together											
• Reminiscence Scheme											
• Accessible Transport											
Senior Citizens' Clubs	15	15	0	0	7	0	0	15	0	0	15
Totals	16,820	2,519	10,911	3,390	39	2,910	789	2,520	9,721	3,390	15,632

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Funding Streams by Care Group	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
Physical Disabilities											
<u>Occupational Therapy</u>											
• Adaptations	355	0	355	0	0	260	0	0	355	0	355
• Community Alarm	18	0	18	0	0	4	0	0	16	0	16
• Housing Adaptations	140	0	140	0	0	8	0	0	140	0	140
• OT Staffing including Admin	808	0	616	191	0	150	54	0	616	191	808
• Specialist Aids	194	0	194	0	0	17	0	0	194	0	194
AHP Management Costs (including Independent Living Centre operational budgets)	166	0	166	0	0	85	0	0	161	0	161
Disability Shetland Access Project	19	0	19	0	0	0	0	0	19	0	19
Disability Shetland Recreation Club	13	13	0	0	13	0	0	13	0	0	13
Orthotics	140	0	0	140	0	0	34	0	0	140	140
Supported Accommodation: (4)											
• Complex Needs	133	0	90	43	0	33	11	0	90	43	133
Telecare	7	0	7	0	0	9	0	0	12	0	12
Totals	1,992	13	1,605	375	13	566	99	13	1,603	375	1,990
Primary Care											
• Central Management & Admin Support	178	0	0	178	0	0	47	0	0	178	178
• Chemists	757	0	0	757	0	0	183	0	0	757	757
• Community Dental	346	0	0	346	0	0	69	0	0	346	346
• Dental	2,939	0	0	2,939	0	0	718	0	0	2,939	2939
• Dietetics	113	0	0	113	0	0	25	0	0	113	113
• GP Practices	3,913	0	0	3,913	0	0	1075	0	0	3,913	3913
• Ophthalmic	416	0	0	416	0	0	117	0	0	416	416
• Out of Hours	258	0	0	258	0	0	51	0	0	258	258
• Physiotherapy	582	0	0	582	0	0	143	0	0	582	582
• Podiatry	217	0	0	217	0	0	52	0	0	217	217
• Practice Nurses	423	0	0	423	0	0	97	0	0	423	423
• Prescribing	5,058	0	0	5,058	0	0	1330	0	0	5,058	5058
Totals	15,201	0	0	15,201	0	0	3,908	0	0	15,201	15,201
Sensory Impairment											
• Audiology Service	130	0	0	130	0	0	38	0	0	130	130
• Mobility And Rehabilitation	21	0	21	0	0	5	0	0	21	0	21
• Specialist Equipment	2	0	2	0	0	1	0	0	3	0	3
• Speech and Language Therapy	41	0	0	41	0	0	9	0	0	41	41
Totals	193	0	23	171	0	6	47	0	24	171	194

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Funding Streams by Care Group	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
Children & Young People with Disabilities											
• Disability Shetland - ASN Out of Term Provision	15	0	15	0	0	0	0	0	15	0	15
• Disability Shetland - ASN Saturday Club	15	0	15	0	0	0	0	0	15	0	15
• Shetland Befriending - ASN Befriending Service	14	0	14	0	0	0	0	0	14	0	14
• Short Break Services	998	0	998	0	0	244	0	0	998	0	998
• Speech and Language Therapy	133	0	92	41	0	8	9	0	92	41	133
Totals	1,175	0	1,134	41	0	252	9	0	1,134	41	1,175
Substance Misuse											
• Community Alcohol & Drugs Services Shetland CADSS	225	0	166	59	0	154	8	0	166	59	225
• Family Support Worker	34	0	34	0	0	8	0	0	34	0	34
• Health Service Provision	421	0	0	421	0	0	105	0	0	421	421
• Other Grants	78	0	27	51	0	38	13	0	27	51	78
• Rehabilitation Placements	55	0	55	0	0	0	0	0	55	0	55
• Specialist Social Worker	47	0	2	45	0	-12	11	0	2	45	47
Totals	858	0	283	575	0	188	137	0	283	575	858
GRAND TOTALS	46,649	3,062	22,146	21,440	321	5,744	5,499	3,063	20,901	21,440	45,405

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Services Purchased from Third Sector	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
Citizens Advice Bureau	132	132	0	0	66	0	0	132	0	0	132
• Welfare Rights											
• Benefit Health Checks											
• Employment Tribunals											
• Debt Advice											
• Mediation											
• Carers Helpline (5)	1	0	0	1	0	0	0	0	0	1	1
• "With You For You" - Customer Relations Function	31	0	31	0	0	0	0	0	31	0	31
• Direct Payments	5	0	5	0	0	5	0	0	5	0	5
Totals	169	132	36	1	66	5	0	132	36	1	169
Community Alcohol & Drugs Services Shetland (CADSS)	225	0	166	59	0	154	8	0	166	59	225
COPE Ltd	258	155	103	0	77	0	0	155	103	0	258
Crossroads - Respite Care at Home	87	0	87	0	0	43	0	0	87	0	87
Crossreach											
• Residential	446	0	446	0	0	81	0	0	446	0	446
• Day Care	165	0	165	0	0	0	0	0	165	0	165
Totals	611	0	611	0	0	81	0	0	611	0	611
Disability Shetland - Access Project	19	0	19	0	0	0	0	0	19	0	19
Disability Shetland - ASN Saturday Club	15	0	15	0	0	0	0	0	15	0	15
Disability Shetland - ASN Out of Term Provision	15	0	15	0	0	0	0	0	15	0	15
Disability Shetland - Recreation Club	13	13	0	0	13	0	0	13	0	0	13
Totals	62	13	49	0	13	0	0	13	49	0	62
Independent Advocacy	48	0	30	18	0	0	0	0	30	18	48
Local Charitable Organisations (small grants)	14	14	0	0	12	0	0	14	0	0	14
Moving On - Supported Employment	54	0	54	0	0	0	0	0	54	0	54
Off-Island Mental Health Placements/Treatment (7)	146	0	146	0	0	146	0	0	146	0	146
Off-Island Rehabilitation Placements	55	0	55	0	0	0	0	0	55	0	55
Off-Island Residential Care (8)	0	0	0	0	0	35	0	0	0	0	0
Other Substance Misuse Grants	78	0	27	51	0	38	13	0	27	51	78
Senior Citizens' Clubs	15	15	0	0	7	0	0	15	0	0	15
Shetland Befriending	71	54	17	0	27	9	0	54	17	0	71
Shetland Befriending - ASN Befriending Scheme	14	0	14	0	0	0	0	0	14	0	14
Totals	85	54	31	0	27	9	0	54	31	0	85
Shetland Link Up Mental Health Services	48	48	0	0	24	0	0	48	0	0	48
• Drop In											
• Women of Worth											
• Home Visits											
Totals	48	48	0	0	24	0	0	48	0	0	48
Voluntary Action Shetland	126	126	0	0	63	0	0	126	0	0	126
• Implementation Carers Information Strategy (5)	26	0	0	26	0	0	0	0	0	26	26
Totals	152	126	0	26	63	0	0	126	0	26	152

FUNDING STREAMS LINKED TO INTEGRATED JOINT BOARD SERVICE PROVISION - 2015/16 NETT CONTROLLABLE BUDGETS

Services Purchased from Third Sector	Total 2015/16	2015/16 Budget £'000s			Nett Expenditure to Period 3			Year End - Projected Outturn			Overall Projected Outturn
	Budget £'000's	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	SCT	SIC (1)	NHS Shetland	
RVS	47	47	0	0	23	0	0	48	0	0	48
<ul style="list-style-type: none"> • Lunch & Social Clubs • Good Neighbours Scheme • Blether Together • Reminiscence Scheme • Accessible Transport • Emergency Support Services 	2	0	2	0	0	0	0	0	2	0	2
Totals	49	47	2	0	23	0	0	48	2	0	49
Totals	2,155	605	1,395	155	313	510	20	605	1,395	155	2,156

Notes:

(1) During period 3 approved budget carry forward requests to the value of £545,179 was built into SIC budgets, detailed list of carry forward below.

SIC Approved Budget Carry Forwards built into 2015'16 Budgets during Period 3

Self-Directed Support (ring fenced funding)	25,568
Health Inequalities - Learning Disabilities (ring fenced)	6,162
Autism Strategy (ring fenced funding)	7,500
Transitional Funding to support Joint Integration of Health & Social Care (ring fenced funding)	32,127
2014'15 Community Care Revenue Underspend	473,822
	<u>545,179</u>

(2) NHS budgets for Learning Disabilities include £236,188 Resource Transfer payable to SIC

(3) NHS budgets for Older People include £1,039,925 Resource Transfer payable to SIC

(4) NHS budgets for Physical Disabilities include £42,994 Resource Transfer payable to SIC

(5) 2015'16 Carers Information Strategy funding indicative allocation from Scottish Govt. 2015'16 provisional split based on the approved Carers Link Group split for 2014/15 funding. Final 2015'16 split shall require agreement at Carers Link Group.

(6) Reshaping Care for Older People 2014'15 funding balance of £174,177 carried forward by SIC - budget still to be drawn down.

(7) SIC Off-Island Placements funding identified as a Cost Pressure for 2015/16 - budget vired in quarterly by Finance based on actual expenditure.

(8) SIC Residential - Mainland Placements funding identified as a Cost Pressure for 2015/16 - budget vired in quarterly by Finance based on actual expenditure.

**Social Services Committee****17 August 2015****Management Accounts for Social Services Committee:
2015/16 – Projected Outturn at Quarter 1****F-042-F****Report Presented by Executive Manager -
Finance****Corporate Services****1. Summary**

- 1.1 The purpose of this report is to enable the Social Services Committee to monitor the financial performance of services within its remit to ensure that Members are aware of the forecast income and expenditure and the impact that this will have with regard to delivering the approved budget. This report shows the projected financial consequence of the service performance detailed in the Community Health and Social Care Directorate and Development Directorate Performance Reports, and allows the Committee the opportunity to provide early instruction to officers to address any forecast overspends in order that the budget is delivered by the year-end.
- 1.2 This report describes the projected outturn position for the 2015/16 year as at the end of the first quarter for revenue, capital and the Housing Revenue Account (HRA). The forecasts have been determined by Finance Services after consultation with the relevant Budget Responsible Officers for the services in this Committee area.
- 1.3 The projected outturn position for the services in this Committee area is an underspend of £1.182m on revenue and breakeven on capital.
- 1.4 The contribution to the Housing Repairs and Renewals fund is expected to be £10k more than budgeted.

2. Decision Required

- 2.1 That the Social Services Committee RESOLVE to review the Management Accounts showing the projected outturn position at Quarter 1.

3. Detail

- 3.1 On 3 December 2014 (SIC Min Ref: 96/14) the Council approved the 2015/16 revenue and capital budgets for the Council (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £7.646m. It is vital to the economic wellbeing of the organisation that the financial resources are managed effectively and expenditure and income is delivered in line with the budget, as any overspends will result in a further draw on reserves, and would be evidence that the Council is living beyond its means.
- 3.2 This report forms a part of the financial governance and stewardship framework that ensures that the financial position of the organisation is identified, understood and quantified on a regular basis. It provides assurance to the Corporate Management Team and the Committee that resources are being managed effectively and allows corrective action to be taken where necessary.
- 3.3 Since the approval of the 2015/16 budget, revisions to the budget have been processed that take account of the carry forward scheme that is in place for the Council. Therefore the appendices to this report refer to the revised budget that is now in place for the relevant services.

Revenue

- 3.4 The projected revenue outturn position for Social Services Committee is an underspend of £1.182m (5.12%) which means the services in this Committee area are collectively on course to spend less than their Council approved budget. Of the £1.182m, a total of £560k will be recurring savings.

Capital

- 3.5 The projected outturn position on Social Services capital project expenditure is breakeven, which means the services in this Committee area are collectively on course to meet their Council approved budget.

Housing Revenue Account

- 3.6 The contribution to the Housing Repairs and Renewals fund is expected to be £10k more than budgeted. This is due to savings on computer maintenance costs which are no longer payable.

4. Implications

Strategic

4.1 Delivery On Corporate Priorities

There is a specific objective within the Corporate Plan to ensure that the Council is “living within our means” and the Council continues to pursue a range

of measures which will enable the Council to manage its finances effectively and successfully now and over the medium to long term. This involves the Council aligning the allocation of its resources with its priorities and expected outcomes and maintaining a strong and resilient balance sheet.

The Medium Term Financial Plan also includes a stated objective to achieve financial sustainability over the lifetime of the Council.

4.2 Community /Stakeholder Issues – None.

4.3 Policy And/Or Delegated Authority

Section 2.1.2(3) of the Council's Scheme of Administration and Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved both revenue and capital budgets for the 2015/16 financial year. This report provides information to enable the Committee to ensure that the services within its remit are operating within the approved budgets.

4.4 Risk Management

There are numerous risks involved in the delivery of services and from a financial perspective risks are an integral part of planning for the future, as assumptions are made, internal and external factors and demand and supply all have an impact throughout the financial year, while unplanned or unexpected costs may arise without warning.

This report is part of the framework that provides assurance or provides the opportunity to correct any deviation from the budget that may be placing the Council in a financially challenging position.

The awareness of risks is critical to successful financial management and the Council makes provision within its budget for items that may or may not arise as cost pressures and in doing so ensures that funding at the corporate centre is available should it be necessary. This provides additional confidence that having taken account of the ever changing operating environment that the Council can continue to live within its means.

A strong balance sheet and the availability of usable reserves ensures that the Council is prepared for significant unforeseen events should they arise.

If the Council were to have to draw reserves in any one year that are beyond what has been deemed sustainable (£10m) then this would have an adverse impact on the value of Council long-term investments. This would have to be addressed to recover the position in future years. Drawing reserves of less than this value should enable the Council to build its investment value over the long term.

4.5 Equalities, Health And Human Rights – None.

4.6 Environmental – None.

Resources

4.7 Financial

The 2015/16 Council budget was set as a budget that reflects the fact that the Council can live within its means, as it does not require a draw on reserves in excess of the returns that the fund managers can make on average in a year.

For every £1m of reserves spent (in excess of a sustainable level) it will mean that the Council will have to make additional savings of £50k each year in the future as a result of not being able to invest that £1m with fund managers to make a return.

It is therefore vital that the Council delivers its 2015/16 budget, and based on the information contained within this report the Social Services Committee services are projecting to achieve this.

4.8 Legal – None.

4.9 Human Resources – None.

4.10 Assets And Property – None.

5. Conclusions

- 5.1 The projected outturn position for the services under the remit of the Social Services Committee is an underspend of £1.182m on revenue, a breakeven on capital projects and an increased contribution to the Housing Repairs and Renewals Fund of £10k.

For further information please contact:

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List of Appendices

Appendix 1 – Projected Revenue Outturn Position 2015/16

Appendix 2 – Projected Capital Outturn Position 2015/16

Appendix 3 - Projected Revenue Outturn Position 2015/16 HRA

Background documents:

SIC Budget Book 2015-16, SIC 3 December 2014

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=16958>

Social Services Committee**1.0 - Projected Revenue Outturn Position 2015/16**

Description	Budget 2015/16 £000	Outturn 2015/16 £000	Proj. Outturn Variance (Adv)/ Pos £000
Director of Community Care	1,058	1,058	-
Adult Services	6,282	6,224	58
Community Care Resources	9,751	9,090	661
Criminal Justice	10	10	-
Mental Health	1,955	1,429	526
Occupational Therapy	1,378	1,377	1
Community Planning and Development	904	886	18
Housing	1,767	1,849	(82)
Total Controllable Costs	23,105	21,923	1,182

An explanation for the main variances by service is set out below.

1.1 - Directorate – projected outturn breakeven

This service is expecting to be on budget.

1.2 – Adult Services - projected outturn underspend £58k (0.93%)

The projected underspend relates mainly to:

- vacant posts within the Eric Gray Resource Centre for which recruitment is in progress £40K;
- projected additional income from supported tenancies at Seaview, which was not budgeted for in 2015/16 £17K.

This will represents £40K of one-off savings and £17K recurring savings.

1.3 – Community Care Resources - projected outturn underspend £661k (6.78%)

The projected underspend relates mainly to:

- continued vacancies across Community Care Resources due to difficulty in recruitment of social care workers. The service is actively trying to recruit to vacancies £520K;
- increased income from charging for board and accommodation and other non-residential charges, which can vary considerably due to the changing customer base and their individual financial circumstances £170K.

The above savings are both considered to be non-recurring.

1.4 – Criminal Justice - projected outturn breakeven

This service is expecting to be on budget.

1.5 – Mental Health - projected outturn underspend £526k (26.89%)

The majority of the projected underspend relates to the closure of Viewforth Care Home earlier than anticipated £543K. No further costs are expected after quarter 1 and this is a recurring saving to be recognised as part of the Spend to Save Project which linked Edward Thomason and Taing Care Homes.

1.6 – Occupational Therapy - projected outturn underspend £1k (0.07%)

This is expected to be almost on budget, with some minor, non-recurring variances across the service.

1.7 – Community Planning & Development - projected outturn underspend £18k (2%)

The underspend in this area relates to a projected saving through maternity leave that was not backfilled within the administrative team. This is a non-recurring saving.

1.8 – Housing - projected outturn overspend (£81k) (4.64%)

The majority of this projected overspend is due to increased accommodation costs for Homelessness (£70K). It is acknowledged that the cost of accommodation in Shetland is currently inflated, so contingency of £60K was detailed in The Council Budget Book 2015/16 to be drawn upon, if required.

Social Services Committee**1.0 - Projected Capital Outturn Position 2015/16**

Description	Annual Budget 2015/16 £000	Projected Outturn 2015/16 £ 000	Budget v Proj. Outturn Variance (Adv)/ Pos £000
Directorate	643	643	-
Adult Services	1,797	1,797	-
Community Care Resources	720	720	-
Housing	100	100	-
Total Costs	3,260	3,260	-

Capital projects within the remit of this committee are all currently expected to be within budget.

1.1 - Directorate - expected to be on budget

The conversion of part of the Scalloway School into a Health Centre is due to be completed in 2015/16. The Health Centre is expected to open in August 2015 and come in on budget.

1.2 – Adult Services - Expected to be on budget

The Planning Application for the Eric Gray Resource Centre Replacement has been submitted and tender documents are expected to be issued in October 2015. The estimated overall project cost has increased to £5.75m, but it is not envisaged that the budget set for 2015/16 will be exceeded.

1.3 – Community Care Resources - Expected to be on budget.

The final Phase of the ET/Taing conversion was tendered in July 2015 and is due to be completed in 2015/16. The budget of £720K, includes £70K retention and final fees due on Phase 1 of the project. At present the works are anticipated to be on budget.

1.4 – Housing - Expected to be on budget.

Work on the conversion of properties at Leaside, Mossbank has not yet started, but is expected to be on budget.

Housing Revenue Account**1.0 - Projected Revenue Outturn Position 2015/16**

Description	Annual Budget 2015/16 £000	Revenue Outturn 2015/16 £000	Budget v Outturn Variance (Adv)/ Pos £000
Expenditure:			
Supervision & Management	803	791	12
Repair & Maintenance	2,474	2,477	(3)
Void Rents & Charges	181	181	-
Garages	26	26	-
Capital Funded from Current Revenue	978	978	-
Capital Charges - Dwellings	1,827	1,827	-
Total: Expenditure	6,289	6,280	9
Income:			
Interest on Revenue Balances	(4)	(4)	-
Rents - Dwellings	(6,526)	(6,526)	-
Rents - Other ie garages/sites etc	(177)	(178)	1
Contribution to Housing R & R Fund	417	427	(10)
Total: Income	(6,290)	(6,281)	(9)
Overall Total	-	-	-

The contribution to the Housing Repairs and Renewals fund is expected to be £10k more than budgeted due to the variances set out below:

1.1 – Supervision & Management - projected outturn underspend £12k (1.43%)

The projected underspend is due to a computer maintenance agreement for Capita which is no longer required as covered by GRH maintenance agreement.

1.2 – Repairs & Maintenance- projected outturn overspend (£3k) (0.13%)

The projected overspend is due to anticipated electricity charges being higher than budget.

1.3 – Rents - Other - projected outturn underspend £1k (0.77%)

There is a small projected underspend due to increased rental income from garage recharges.

2.0 - Projected Capital Outturn Position 2015/16

Description	Annual Budget 2015/16	Projected Outturn 2015/16	Budget v Proj. Outturn Variance (Adv)/ Pos
	£ 000	£000	£000
Brae New Housing	28	28	-
Heating Replacement Program	300	300	-
Housing Quality Standard	1,400	1,400	-
Total Controllable Costs	1,728	1,728	

The projected outturn is expected to be breakeven. The budget for Brae New Housing represents the final retention payment on this project and is anticipated to come in at this value. Programmes of work for the Heating Replacement Program and the Housing Quality Standard have been put in place and are on track.

**Social Services Committee****17 August 2015**

Social Services Committee - Business Programme – 2015/16	
GL-38-15-F	
Team Leader – Administration	Governance and Law Corporate Services

1.0 Summary

- 1.1 The purpose of this report is to inform the Committee of the planned business to be presented to Committee for the financial year to 31 March 2016 and discuss with Officers any changes or additions required to that programme.

2.0 Decision Required

- 2.1 That the Committee considers its business planned for the financial year to 31 March 2016 and RESOLVES to approve any changes or additions to the Business programme.

3.0 Detail

- 3.1 The Council approved the Council's Meeting Dates and Business Programme 2015/16 at its meeting on 17 December 2014 (Min Ref: 108/14).
- 3.2 It was agreed that the Business Programme would be presented by Committee Services to the Council and each Committee, on a quarterly basis, for discussion and approval.
- 3.3 The manner in which meetings have been scheduled is described below:
- Ordinary meetings have been scheduled, although some have no scheduled business at this stage. Where there is still no scheduled business within 2 weeks of the meeting, the meeting will be cancelled;
 - Special meetings may be called on specific dates for some items – other agenda items can be added, if time permits;
 - PPMF = Planning and Performance Management Framework meetings have been called for all Committees and Council once per

quarter. These meetings are time restricted, with a specific focus on PPMF only, and therefore no other business will be permitted on those agendas;

- Budget = Budget setting meetings – other agenda items can be added, if time permits, or if required as part of the budget setting process; and
- In consultation with the Chair and relevant Members and Officers, and if required according to the circumstances, the time, date, venue and location of any meeting may be changed, or special meetings added.

3.4 The Business Programme for 2015/16 is presented by Committee Services to the Council and each Committee, on a quarterly basis, for discussion and approval, particularly in relation to the remaining projects and reports which are listed at the end of the business programme page for each Committee, as still to be scheduled.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities – The recommendation in this report is consistent with the following corporate priorities:

Our Corporate Plan 2013-17

- To be able to provide high quality and cost effective services to people in Shetland, our organisation has to be run properly.
- Fully align the timetables, time spans and approaches for financial planning relating to the medium term yearly budgeting with Council, directorate and service planning.

4.2 Community /Stakeholder Issues – The Business Plan provides the community and other stakeholders with important information, along with the Council's Corporate and Directorate Plans, as to the planned business for the coming year.

4.3 Policy And/Or Delegated Authority – Maintaining a Business Programme ensures the effectiveness of the Council's planning and performance management framework. The Business Programme supports each Committees' role, as set out in paragraph 2.3 of the Council's Scheme of Administration and Delegations, in monitoring and reviewing achievements of key outcomes within its functional areas, whilst ensuring best value in the use of resources is met to achieve these outcomes within a performance culture of continuous improvement and customer focus.

4.4 Risk Management – The risks associated with setting the Business Programme are around the challenges for officers meeting the timescales required, and any part of the business programme slipping and causing reputational damage to the Council. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the Council's Business Programme with the objectives and actions contained in its corporate plans could mitigate against those risks.

4.5 Equalities, Health And Human Rights – None.

4.6 Environmental – None.

Resources

4.7 Financial – There are no direct financial implications in this report, but indirect costs may be avoided by optimising Member and officer time.

4.8 Legal – None.

4.9 Human Resources – None.

4.10 Assets And Property – None.

5.0 Conclusions

5.1 The presentation of the Business Programme 2015/16 on a quarterly basis provides a focussed approach to the business of the Committee, and allows senior Officers an opportunity to update the Committee on changes and/or additions required to the Business Programme in a planned and measured way.

For further information please contact:

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10 August 2015

List of Appendices

Appendix 1 – Social Services Committee Meeting Dates and Business Programme 2015/16

Background documents:

Report GL-20-F: SIC Business Programme and Diary of Meetings 2015/16

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=4382>



**Social Services Committee - Meeting Dates and Business Programme 2015/16
as at Monday, 10 August 2015**

Social Services Committee and CHCP Committee - Shetland Health and Social Care Partnership			
<i>D= Delegated R=Referred</i>			
Quarter 1 1 April 2015 to 30 June 2015	Date of Meeting	Business	
	<i>Ordinary</i> 30 April 2015 10 a.m.	New Eric Gray Resource Centre Update	D
		Health and Social Care Integration Scheme Update	R
		Drug and Alcohol Service Update	D
		With You for You Review	D
		Review of Transport for Children with Additional Support needs and also Social Care Users	R SIC 27 May
		Delays in Discharge from Hospital to Community Setting	D
		Review of Social Work Services: Update	D
		Annual Review of Housing Allocations Policy	D
	<i>PPMF</i> 25 May 2015 11.30 a.m.	Management Accounts – Quarter 4	D
		Development Services Directorate – Performance Overview – Quarter 4	D
		Community Health and Social Care Services Directorate – Performance Overview – Quarter 4	D
		Directorate Risk Register Update	D
		Committee Business Programme 2015/16	D
	<i>Ordinary</i> 10 June 2015 10 a.m.	New Eric Gray Resource Centre Update	D
		Strategic Planning for Health and Social Care Integration	D
		Delays in Discharge from Hospital to Community Setting	D
		Dementia Strategy	D
		IRISS Action Plan Update	D



Social Services Committee - Meeting Dates and Business Programme 2015/16 as at Monday, 10 August 2015

Social Services Committee and CHCP Committee - Shetland Health and Social Care Partnership - *Continued*

D= Delegated R=Referred

	Date of Meeting		Business	
Quarter 2 1 July 2015 to 30 September 2015	<i>Special</i> 30 July 2015 10am	Local Unscheduled Care Action Plan		D
		Update on Lerwick Health Centre Action Plan		D
		Delays in Discharge from Hospital to Community Setting		D
	<i>PPMF</i> 17 August 2015 11.30 a.m.	Management Accounts – Quarter 1		D
		Development Services Directorate – Performance Overview – Quarter 1		D
		Community Health and Social Care Services Directorate – Performance Overview – Quarter 1		D
		Integrated Joint Board Risk Register		D
		Committee Business Programme 2015/16		D
	<i>Special</i> 27 August 2015 10.00 a.m.	New Eric Gray Resource Centre Update		D
Quarter 3 1 October 2015 to 31 December 2015	<i>Ordinary</i> 30 September 2015 2 p.m.	New Eric Gray Resource Centre Update		D
		Delays in Discharge from Hospital to Community Setting		D
	<i>Special</i> 29 October 2015 10 a.m.	Integrated Care Fund		D
		Winter Plan		D
		Adult Support and Protection Committee Biennial Report		D
		Chief Social Work Officer Report		D
	<i>PPMF</i> 16 November 2015 11.30 a.m.	Development Services Directorate – Performance Overview – Quarter 2		D
		Community Health and Social Care Services Directorate – Performance Overview – Quarter 2		D
		Integrated Joint Board Risk Register		D
		Committee Business Programme 2015/16		D



Social Services Committee - Meeting Dates and Business Programme 2015/16 as at Monday, 10 August 2015

Social Services Committee and CHCP Committee - Shetland Health and Social Care Partnership - <i>Continued</i> <i>D= Delegated R=Referred</i>			
	Date of Meeting	Business	
Quarter 3 1 October 2015 to 31 December 2015 <i>[continued]</i>	<i>Budget</i> 24 November 2015 10 a.m.	Development Services Directorate Plan 2016-17	D
		Community Health and Social Care Services Directorate Plan 2016-17	D
		Financial Monitoring Report [NHS]	D
		Management Accounts – Quarter 2	D
		2016-17 Budget and Charging Proposals	R P&R 25 Nov SIC 2 Dec
Quarter 4 1 January 2016 to 31 March 2016	Date of Meeting	Business	
	<i>Ordinary</i> 4 February 2016 10 a.m.	New Eric Gray Resource Centre Update	D
		Delays in Discharge from Hospital to Community Setting	D
	Date of Meeting	Business	
	<i>PPMF</i> 29 February 2016 11.30 a.m.	Management Accounts – Quarter 3	D
		Financial Monitoring Report [NHS]	D
		Development Services Directorate - Performance Overview Q3	D
		Community Health and Social Care Services Directorate - Performance Overview Q3	D
		CHCP Action Plan Main Priorities	D
		Integrated Joint Board Risk Register	D
		Quarterly Report on Health Improvement and Health Inequalities	D
		Committee Business Programme 2016/17	D

Planned Committee business still to be scheduled - as at Monday, 10 August 2015

- Primary Care Strategy
- Older People's Strategy

tbc = to be confirmed

PPMF = Planning and Performance Management Framework meetings – no other business to be added

Budget = Budget setting meetings – other items can be added if time permits

Ordinary = Ordinary meetings – other items can be added

Special = Special meetings arranged for particular item(s) – other items can be added if time permits

END OF BUSINESS PROGRAMME as at Monday, 10 August 2015