Shetland Islands Health and Social Care Partnership

Shetland NHS Board	**Shetland Islands Council**

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2 March 2018

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Thursday 8 March 2018 at 2pm
Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick

Apologies for absence should be notified to SIC Committee Services on 01595 744599.

Yours sincerely

S. Bokor Ingram.

Simon Bokor-Ingram
Chief Officer

Chair: Ms Marjorie Williamson
Vice-Chair: Mr Allison Duncan

AGENDA

A	Welcome and Apologies
B	Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.
ITEM	
1	Performance Overview *CC-11*
2	Financial Monitoring Report to 31 December 2017 *CC-10*
3	2018/19 Budget Update *CC-13*
4	Falls Prevention Initiative *CC-09*
5	Market Facilitation Strategy *CC-08*
6	IJB Business Programme 2017/18 and 2018/19 *CC-12*

Shetland Islands Health and Social Care Partnership

Agenda Item

1

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	8 March 2018
Report Title:	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, October - December 2017	
Reference Number:	CC-11-18 F	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board COMMENT, REVIEW and DIRECT on any issues which they see as significant to sustaining and progressing service delivery in order to meet the objectives of the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020;

1.2 CONSIDER and APPROVE the targets for the six indicators set by the Ministerial Strategic Group for Health and Community Care set out at paragraph 4.2 and Appendix 1; and

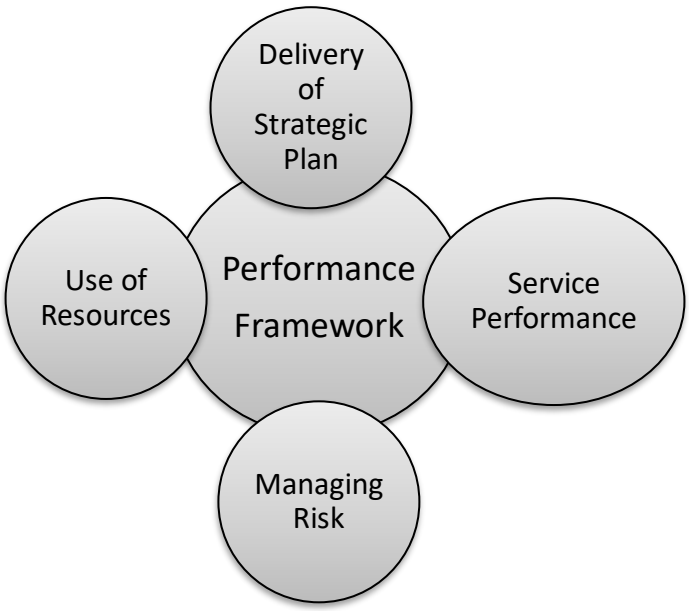
1.3 NOTE the targets for the seven indicators which will form part of the (new) Operational Plan for 2018-19, at paragraph 4.2.

2.0 High Level Summary:

2.1 Delivery of the Strategic Commissioning Plan relies on four key elements:

- maintaining and developing flexible and responsive services to meet patients / service users needs, with a focus on meeting health and wellbeing outcomes
- delivery of the strategic change programmes and projects, in a timely manner
- identifying and managing risks
- effective use of resources – money, staff and assets – to meet needs.

2.2 This Report therefore presents a strategic overview of all elements of progress towards delivering on the Strategic Plan. It is aligned to the format developed for the Annual Performance Report, as follows:



2.3 The key issues highlighted this quarter are listed below:

Strategic Planning	**Service Performance**
Update of Strategic Plan	Ministerial Group Integration Indicators
Scenario Planning	Systems Update
Local Delivery Plan – new arrangements	'Targets and Indicators in Health and Social Care in Scotland: A Review' by Sir Harry Burns
Yell, Unst and Fetlar Health and Care Project	Key Performance Indicators for this Quarter
Social Care Resources Project	

3.0 Corporate Priorities and Joint Working:

3.1 The Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.

4.0 Key Issues:

Strategic Planning

Update of the Strategic Plan

4.1 The Strategic Plan for 2018-19 has been updated in line with the consultation feedback: to strengthen the purpose and direction; to be the basis upon which decisions can be made; to be clearer on the changes required and implementation plans; and to be aligned to the financial envelope within which we have to operate. It is considered appropriate to put the Strategic Plan update 'on hold' in order to capture the key issues from Scenario Planning.

Scenario Planning

4.2 A programme of scenario planning workshops has been established. Recognising the issues and challenges that we face, the process of scenario planning will create the opportunity to take time out to review our models of care. The process will also explore opportunities, for example from technology or regional working, to think about which models of care will most appropriately address the needs of our population.

4.3 The first session took place on 24 January 2018, where over 70 participants took part. There were participants from a wide range of organisations and services.

4.4 The discussion was split into four sessions:

1. An explanation of the scenario planning process and how it can be used as a tool to inform the update of our Strategic Plan;
2. An overview of how services are currently delivered in Shetland and the challenges we face;
3. Hearing about other models of health and social care, including:
    - The benefits and ambitions of a regional planning approach;
    - An overview of remote and rural models of hospital care across Scotland;
    - The Canterbury Model (New Zealand) and the key learning and application to remote and rural care; and
    - Lessons learned from models of care in NHS Orkney
4. Facilitated group sessions to identify the top five factors that inform and shape the future of services

4.5 When the workshop concluded, there were clear themes emerging regarding the most significant factors that will impact on the scenario planning exercise. The top three emerging themes are:

- the role of self management and prevention;
- changes being clinician-led and management enabled; and
- the importance of good communication and community engagement.

4.6 The next session is planned for Wednesday 28 February when the purpose will be:

- a review of the key issues;
- to start to develop scenarios; and
- to start to consider the impact of the scenarios on our current service models.

4.7 An initial timeline of how each of the processes could come together is set out below.

Date	**January**	**February**	**March**	**April +**
Strategic Plan	Indentify key issues	Work up Scenarios	Agree Scenario and Revise Strategic Objectives	Draft Plan for approval
Financial Challenges		Cost Scenarios	Clarify 'Financial Ask' of each service	2018-19 Approve Budget
Strategic Change Projects			Refine the Outputs and Financial 'Asks' of each project	Revised Implementation Plan for approval
Service Plans			Refresh Service Plans to reflect Strategic Change	Approve Service Plans with strategic changes (as required)

Local Delivery Plan (LDP)

4.8 In light of the recent changes to national and, especially, regional planning arrangements, the guidance for preparing a Local Delivery Plan for 2018-19 has been much simplified. The Government will no longer require a detailed Local Delivery Plan to be prepared. Instead a shorter summary plan – called an Annual Operational Plan – will be required.

4.9 One of the planned performance targets is part of the IJB's Set Aside arrangements – the 4 hour Accident and Emergency waiting times. The planned performance is to maintain the current average performance, which is 96%, by March 2019.

Measure	***Latest Performance***	***Planned March 2019 Performance***	***Time Period - Month/Quarter***
62 day Cancer	50%	79%	Dec 17
31 day Cancer	100%	97%	Dec 17
12 weeks outpatient	265 (did not meet access standard)	1990 (will not meet access standard)	Jan 2018
6 weeks diagnostics	1 (ultrasound)	< 10 (ultrasound)	Dec 17
18 weeks CAMHS	100%	90-100%	Oct – Dec 17
12 weeks TTG	0 (did not meet access standard, although up to 85 patients will not meet TTG by end of Q4)	409 (will not meet access standard)	Dec 17
4 hour A&E	95.9%	96%	Oct – Dec 17

Yell, Unst and Fetlar Health and Care Project

4.10 Work on the Yell, Unst and Fetlar Health and Care Project is progressing, as follows:

- the feedback from the recent public meetings is being collated and analysed, and key themes are being identified. Issues outwith the scope of the project will be shared with other partners, for example transport and infrastructure issues;
- connections are being made with the Shetland Partnership's Locality Planning project, to make sure that both projects dove tail to each other and do not duplicate effort;
- arrangements are being made for staff consultation, with representation being sought from each of the key services operating in the isles – social care, nursing and primary care;
- a group of staff are working up a proposal for how a co-production exercise might be done. This will include finding out best practice examples from elsewhere. This is about exploring ideas, not determining how the work will be done This work will be shared with the community as a proposal for consideration;
- managers of each of the services which are provided in Yell, Unst and Fetlar have been asked to work up a summary of the legislation and standards which determine how services are provided. This information will be shared with the community, once available. This helps to understand any constraints within which new models can be developed.

Social Care Resources Project

4.11 The purpose of the Social Care Resources project is to determine the future shape of social care services over the next 5-10 years. A project team was established with representatives from NHS Shetland, Shetland Islands Council, Shetland Charitable Trust and third sector partners. The group has met about 6 times and is completing the work using the Council's Building a Better Business Case methodology.

4.12 The initial work focused on establishing 'success criteria' against which services can be assessed. The overall objective is to support people to live longer, healthier lives. Nine criteria were established, as follows:

1	Service users are safe from harm	Safe
2	Service users have the level of service appropriate to their own assessed level of risk	Risk Appropriate
3	Services promote people living independently at home	Live at Home
4	Services promote people living in a community setting, where they are unable to live at home	Live in their Community
5	Services help people to overcome barriers to access and participation	Tackle Inequality
6	Services work with people to anticipate their needs and prevent needs arising	Prevention
7	Service users have choice	Person Centred
	Service users are in control of the decisions affecting how they live	
	Service users have flexible and responsive services	
8	The IJB makes best use of all resources	Use Resources Wisely
9	The model of health and care is able to be adequately staffed.	Adequate Staffing

4.13 The project team assessed the current service model against the criteria and the emerging conclusions is that current services:

- meets 2;
- mostly meets 2;
- partially meets 4; and
- does not meet 1 of the 'success criteria'.

4.14 The Business Case is currently being completed and is going through a process of validation with some staff groups directly involved in the services.

Service Performance

Ministerial Strategic Group National Indicators

4.15 The Ministerial Strategic Group for Health and Community Care has established a performance framework for six indicators. A national working group has been developing the guidance, over the past year. The intention is to balance the presentation of a manageable number of common data points for all areas with more narrative data, to help explain any variation at a local level. The framework is based on four elements:

- quarterly data on the six indicators but in time building on these indicators for example to reflect the contribution of primary and social care
- comparison between progress in integration authorities and projections set out in local plans, and also with the likely result had no changes been made
- overarching narrative summary, drawing out emerging themes from across integration authorities
- local illustration, inviting individual integration authorities to contextualise their progress with a presentation to the group and opportunity for discussion. Over time we aim to involve a wide range of integration authorities depending on the purpose/ theme of the MSG meeting.

4.16 The summary of the MSG improvement objectives is set out below. The 'Objective' (or Target) is for the IJB to determine, prior to submission to the Scottish Government. There are no specific resource requirements to highlight, as a result of the level of objectives set. The detail is included at Appendix 1, which includes the further work activities which will help to deliver the targets. IJB Board Members may wish to note that this partnership achieved 'best in Scotland' in 3 out of the 6 indicators in 2016-17, and was second in one other.

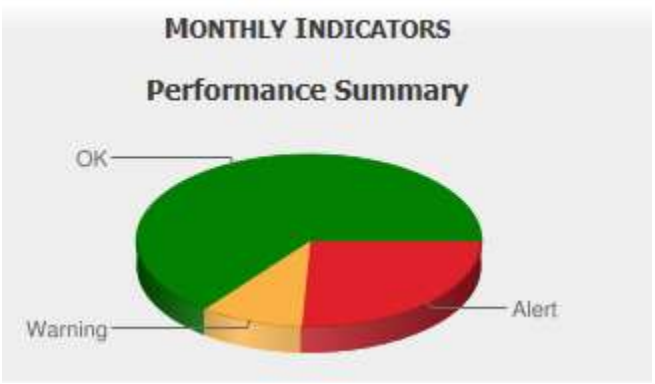
Baseline and Objective / Target Performance

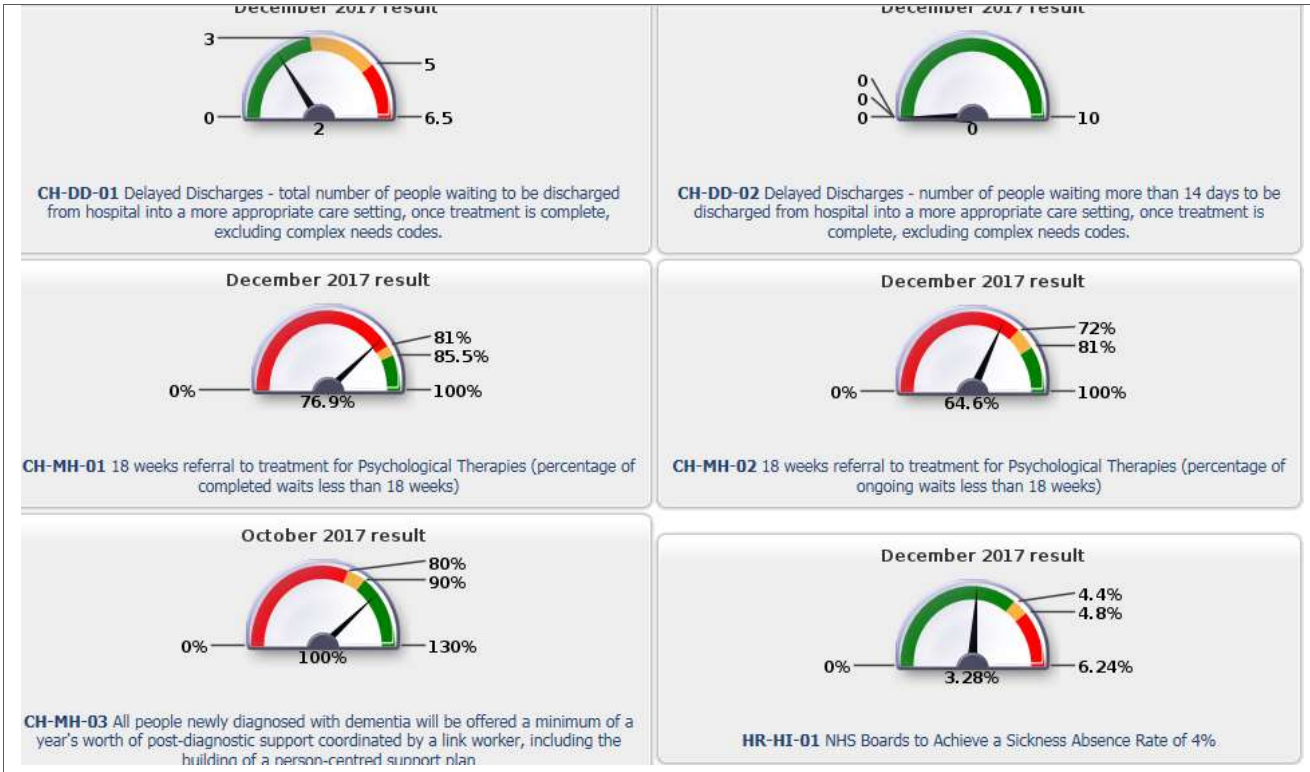
Unplanned admissions	**Unplanned bed days**	**A&E attendances**	**Delayed discharge bed days**	**Last 6 months of life**	**Balance of Care**
Rate of Emergency Admissions for Adults 2016-17 9,566 / 100,000 compared to	Rate of Emergency Bed Days for Adults 2016-17 69,612 per 100,000 population	Rate of Attendance at A&E 2016-17 At December 2017, 1,923 attendees out of 1,996 left	Number of days people spend in hospital when they are ready to be discharged 2016/17	Proportion of last 6 months of life spent at home or in community setting 2016-17	Percentage of adults supported at home who agree that they are supported to live as independently

Scottish average of 12,037	compared to Scottish average of 119,649 <u>Emergency Bed Day Rates for People Aged 75+</u> Target 500 (months) At December 2017, 352 Range within 1 year period is 223 – 410	A&E within 4 hours, 95.6%	528 / 1,000 population, compared with 842 Scottish average <u>Delayed Discharge Total Number of People waiting to be discharged from hospital > 14 days</u> January – December 2017, 10 months zero, two months 1 person, one month 2 people.	94%, compared to Scottish average of 87%	<u>as possible.</u> 2015-16 78%, compared to peer group average of 86% and Scottish average of 84%
Maintain current position within Peer Group.	Maintain current position within Peer Group.	To maintain current position. Target in Operational Plan is to achieve 96% by March 2019.	Maintain current performance.	Maintain current position	To improve this outcome to be in line with peer group average of 86% (+8% by next survey date 2017-18)

<u>Systems Update</u>

4.17 The system which helps to collate and report on the performance indicators has recently been replaced and the system configuration work is nearing completion. A summary view of each of the annual, quarterly and monthly performance indicators has been prepared – called a Dashboard. This will give the most up to date position on each of the indicators and collates them into the proportion of indicators which are 'green', 'amber' and 'red'. This has just been rolled out to Directors and the link can be made available to Board members to enable them to dip into the performance reports at their own convenience. Examples of screen shots from the system is shown below:





'Targets and Indicators in Health and Social Care in Scotland: A Review' by Sir Harry Burns

4.18 A national review of 'Targets and Indicators in Health and Social Care in Scotland: A Review' by Sir Harry Burns has recently reported. There is no indication as yet from the Scottish Government as to how that work will be taken forward.

Key Performance Indicators and Trends

4.19 Sickness absence has been improving throughout the year due to the Team Leaders and Managers working through absences with the support of both HR departments.

4.20 Delayed discharges have consistently remained between 0-2 in number.

4.21 Continue decrease in Occupancy of Care Homes which shows some interim loss of capacity due to staffing issues. Effective care at home and reablement is decreasing demand for residential care.

4.22 One Catheter Associated Infection was identified in the six catheters inserted giving an infection rate of 16% due to the small numbers. This is the first infection identified in the last two years.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Strategic Commissioning Plan sets out several strategic change programmes. This work is intended to put in place service models which are

	equitable, affordable and sustainable, during the life of the Plan. This work is in recognition of the increasing demand for services, alongside reducing resources and staff recruitment challenges. The Yell, Unst and Fetlar Health and Care project provides an opportunity to work with communities to draw up service models which best meet the needs of the communities, within the constraints identified and resources available.
6.2 Human Resources and Organisational Development:	There are no specific issues to address for HR.
6.3 Equality, Diversity and Human Rights:	There are no specific issues to address with regard to equality, diversity and human rights.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services. The IJB must monitor performance with regard to the functions delegated to the IJB by SIC and NHSS (the Parties) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB and the Parties must share information in this regard. Performance monitoring allows the IJB to measure performance and monitor progress against delivery of the Strategic Plan and achieving agreed national and local outcomes.
6.5 Finance:	Regular and effective monitoring of service delivery and funding arrangements will allow the IJB to make strategic commissioning decisions regarding the choices over which services should be provided, at what level and in what location in accordance with the financial allocations made available by the funding partners. There are no resource issues arising from setting performance targets for the six Ministerial Strategic Group indicators as it is considered that the targets can be met from within existing resources.
6.6 Assets and Property:	There are no specific issues to address with regard to assets and property.
6.7 ICT and new technologies:	There are no specific issues to address for ICT and new technologies. The new system of collating and reporting on performance data is working well.

6.8 Environmental:	There are no specific environmental implications to highlight.		
6.9 Risk Management:	There are no specific risks to address in the consideration of this Report.		
6.10 Policy and Delegated Authority:	The IJB is responsible for the operational oversight of service delivery of its delegated functions and through the Chief Officer will be responsible for the operational management of integrated services.		
6.11 Previously considered by:	Strategic Planning Group (by email)		

Contact Details:
Hazel Sutherland , Head of Planning and Modernisation, NHS Shetland
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21 February 2018

Appendices
Appendix 1 Ministerial Strategic Group Improvement Objectives
Appendix 2 Performance Report

Appendix 1, Ministerial Strategic Group Improvement Objectives – Summary of Objectives

Shetland Islands Health and Social Care Partnership	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	Rate of Emergency Admissions for Adults 2016-17 9,566 / 100,000 compared to Scottish average of 12,037 Current 26% conversion rate	Rate of Emergency Bed Days for Adults 2016-17 69,612 per 100,000 population compared to Scottish average of 119,649 Emergency Bed Day Rates for People Aged 75+ Target 500 (months) At December 2017, 352 Range within 1 year period is 223 – 410	Rate of Attendance at A&E 2016-17 At December 2017, 1,923 attendees out of 1,996 left A&E within 4 hours, 95.6%	Number of days people spend in hospital when they are ready to be discharged 2016/17 528 / 1,000 population, compared with 842 Scottish average Delayed Discharge Total Number of People waiting ot be discharged from hospital into a more appropriate care setting, once treatment is complete January – December 2017, range from 1 – 5 people. > 14 days January –	Proportion of last 6 months of life spent at home or in community setting 2016-17 94%, compared to Scottish average of 87%	Percentage of adults supported at home who agree that they are supported to live as independently as possible. 2015-16 78%, compared to peer group average of 86% and Scottish average of 84%

				December 2017, 10 months zero, two months 1 person, one month 2 people.		
Objective	Maintain current position within Peer Group.	Maintain current position within Peer Group.	To maintain current position. Target in Operational Plan is to achieve 96% by March 2019.	Maintain current performance. Whilst our target is zero, 3 in number is the point at which managerial action is taken.	Maintain current position	To improve this outcome to be in line with peer group average of 86% (+8% by next survey date 2017-18).
How will it be achieved	The work carried out to date with the health and social care partnership has allowed a recent reduction of 6 acute hospital beds. Evaluation of our ongoing hospital capacity demonstrates the sustainability of the shift that took place, with a community reablement focus where that activity took place in the past in the acute setting. Over 75 years of age acute admissions have shown a marked decrease in recent months. The number of bed days attributable to delayed discharges has been at a lower number on a monthly basis over the past year, where the investment in dedicated social work time in the hospital is now demonstrating its effectiveness on an ongoing basis. Small variations can be magnified in terms of effect. The care centre occupancy in Shetland is now at 85%, which is indicative of the success made in returning people to their own homes, rather than being placed in permanent institutional care. This bodes well for further opportunities to shift the balance of care to the community setting. Further work underway to continue the shifting the balance of care includes: – Robust and responsive community services and hospital admissions only happen where appropriate. – Focus on reducing lengths of stay in hospital and better liaison between community and hospital. – Clear pathways for further/specialist assessment of conditions of old age in the community setting – Further develop the advanced practitioner model to support primary care settings – Determine how best to deliver healthcare services OOHs and overnight – with greater integration of hospital and primary care teams. – Further developing locality based services (multi-agency) where 24/7 care is delivered, including support if a person has escalating care needs. – Using the pilots for locality working to redefine the care at home services, using integration as the driver for improving					

	capacity and responsiveness. – Further developing intermediate care pathways to enhance the availability of community based rehabilitation. – Further developing early supported discharge from and co-ordination of the discharge planning process to reduce patient flow pressures. – Further developing the model for anticipatory care planning to support locality based decision making and consistent delivery of care plans already agreed. – Putting a local emphasis on developing shared information systems, records and assessments to reduce duplication and support decision making. – Continuing to work with the Scottish Ambulance Service to put into place the actions agreed in the Strategic Options Framework, to explore how paramedic practitioners could enhance the local service – Third sector organisations are active in reducing isolation and loneliness, and supporting vulnerable groups including those with dementia – The local authority are seeking to quicken the roll out of broadband capacity which will allow a number of initiatives to be viable for supporting more people at home with technology enabled care, including rapid clinical and practitioner decision making to avoid a pathway into hospital or residential care. – The roll out of a falls programme, and a move to intervention both in peoples own homes and the front door of the hospital has the potential to further reduce the likelihood of hospital admission and subsequent residential care.					
Progress (updated by ISD)						
Notes	First in Scotland 2016-17	Second in Scotland 2016-17 (Adults) No beds held only for 'Mental Health' – SMR4 numbers will be in Grampian figures.	Consistently meeting target	First in Scotland 2016-17	First in Scotland 2016-17	Eleventh in Scotland 2015-16

Appendix A - Projects and Actions - Integrated Joint Board

Report Type: Actions Report

Generated on: 27 February 2018

Report Layout: IJB Simple Actions

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP017b Implement findings outlined within Mental Health review	Implement findings outlined within Mental Health review (2014)	People are able to access a mental health service which is able to respond appropriately to need. Failure to recruit to the Head of Mental Health post and alternative management arrangements are now being looked at urgently.	Planned Start	06-Jan-2015		Refreshed action plan in place. A number of actions completed with remainder at varying stages of progression. Additional management resource in place to support completion of actions.	Community Health & Social Care Directorate
			Actual Start	06-Jan-2014	50%		
			Original Due Date	31-Mar-2015	Expected Success		
			Due Date	31-Dec-2017			
			Completed Date		Likely to meet target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP024 Develop Integrated Locality Service Plans	Develop Integrated Locality Service Plans	People are able to look after and improve their own health and wellbeing and live in good health for longer	Planned Start	07-Nov-2014		Strategic Plan has been refreshed for 2017/18-2020 which includes locality information. Will continue to develop these plans during the course of the next year.	Community Health & Social Care Directorate
			Actual Start	02-Nov-2015	100%		
			Original Due Date	31-Mar-2015	Expected Success		
			Due Date	31-Mar-2017			
			Completed Date	08-Jun-2017	Likely to meet target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP025 Assist Shetland Partnership with implementing the redesign of community justice.	Assist Shetland Partnership with implementing the redesign of community justice.	Offenders within Shetland have the best opportunities to make positive changes to their lives and reduce the likelihood of reoffending.	Planned Start	07-Nov-2015		Transition phase is progressing well and we are on target to reach the deadlines for 2016.	Community Health & Social Care Directorate
			Actual Start	12-Nov-2015	100%		
			Original Due Date	31-Mar-2015	Expected Success		
			Due Date	31-Dec-2016			
			Completed Date	24-Jan-2017	Likely to meet target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP026 Develop a joint Organisational Development and Workforce Strategy	Develop a joint Organisational Development and Workforce Development Strategy	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Planned Start	01-Apr-2015		Submitted to Integration Joint Board in October 2017.	Community Health & Social Care Directorate
			Actual Start	11-Nov-2015			
			Original Due Date	31-Mar-2016	Expected Success		
			Due Date	29-Sep-2017			
			Completed Date	18-Oct-2017	Experiencing issues, risk of failure to meet target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP027 Development of Oral Health Strategy	Deveopment of Oral Health Strategy	People are able to look after and improve their own health and wellbeing and live in good health for longer	Planned Start	01-Apr-2015		Oral Health Strategy approved by IJB on 28 June and NHS Board on 23 August 2016. Detailed action plan in development.	Community Health & Social Care Directorate; Oral Health
			Actual Start	01-Jul-2015			
			Original Due Date	31-Mar-2016	Expected Success		
			Due Date	30-Sep-2016			
			Completed Date	26-Oct-2016	Likely to meet target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP031 Develop Anticipatory Care plans	Develop Anticipatory Care plans within localities that include all of the available assets	People using health and social care services are safe from harm	Planned Start	01-Apr-2015		Development of ACPs firmly embedded and number has increased significantly	Community Health & Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2016	Expected Success		
			Due Date	31-Mar-2017			
			Completed Date	08-Jun-2017	Likely to meet target		

Appendix B - Council-wide Indicators - Community Health and Social Care compared with Whole Council

Shetland Islands Council

Generated on: 27 February 2018 08:04

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2014/15	2015/16	2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	
	Value	Value	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2191	2196	2236	2236	2234	2215	2232	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-E Staff Numbers (FTE) - Community Health & Social Care Directorate	517.2	520.1	536.6	536.6	532.2	537.3	542.9	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4A-E+NHS Staff Numbers (FTE) - Community Health & Social Care Directorate inc. NHS		722.55	743.82	743.82	751.6	750.88	713.07	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sickness Percentage - Whole Council	4.2%	3.7%	3.1%	4.1%	4.0%	3.4%	3.3%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.0%	5.6%	5.2%	7.4%	7.6%	5.7%	4.6%	Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.
OPI-4E Overtime Hours - Whole Council	83,510	97,815	87,608	20,527	26,594	26,733	24,883	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-E Overtime Hours - Community Health & Social Care Directorate	5,675	7,546	2,231	583	1,125	2,713	2,458	Continues to be actively monitored
E01 FOISA responded to within 20 day limit - Health & Social Care Services	91%	93.5%	95%	88%	95%	93%	95%	Continue to strive to meet target.

Appendix B (cont) - Sickness Absences - All Directorates (for comparison)

NOTE: Sickness absences are very seasonal, therefore this quarter is compared to the same quarter last year (rather than compared to the previous quarter).

Generated on: 27 February 2018

	Previous Years				Last year	This year
Short Name	2013/14	2014/15	2015/16	2016/17	Q3 2016/17	Q3 2017/18
	Value	Value	Value	Value	Value	Value
Sickness Percentage - Whole Council	3.6%	4.2%	3.7%	3.1%	3.3%	3.3%
Sick %age - Chief Executive's "Directorate"	1.4%	2.4%	3.5%	1.2%	1.0%	2.1%
Sick %age - Children's Services Directorate	2.8%	3.7%	2.9%	2.5%	2.6%	3.3%
Sick %age - Community Health & Social Care Directorate	6.0%	6.0%	5.6%	5.2%	5.2%	4.6%
Sick %age - Corporate Services Directorate	1.6%	2.4%	1.8%	1.9%	2.5%	2.3%
Sick %age - Development Directorate	2.7%	4.2%	3.5%	2.9%	3.4%	2.3%
Sick %age - Infrastructure Directorate	3.4%	4.0%	3.8%	2.4%	2.4%	2.8%

Appendix C - Directorate Performance Report – Local Delivery Plan

Generated on: 27 February 2018

Local Delivery Plan

Code & Short Name	Years				Quarters				Copy of Years				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	2015/16		2016/17		
	Value	Target	Value	Target	Value	Value	Value	Target	Value	Target	Value	Target	
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	85.7%	90%	91.3%	90%	100%	100%	100%	90%	85.7%	90%	91.3%	90%	
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	88.2%	90%	88.9%	90%	93.3%	93.3%	100%	90%	88.2%	90%	88.9%	90%	
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	90%	90%	77.6%	90%	64.6%	48.6%	50%	90%	90%	90%	77.6%	90%	The consultant clinical psychologist is seeing patients who had been waiting for some time. Each such patient seen will be an 18 week breach. Current waiting list will be reviewed with new psychiatrist for appropriateness of referral.
CH-MH-04 People with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker)	45.3%	50%	44.9%	50%	41.3%	45.7%	46.2%	50%	45.3%	50%	44.9%	50%	Note: this is an interim measure showing the percentage of people with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker) as national data is not yet available. 104 of 225 cases. Continuing to promote the value of having this support to all patients at point of diagnosis, but it is down to individual choice as to whether they take up the offer.
CH-PC-02 Advance booking - GP Practice Team			76.4%	90%	Not measured for Quarters			Not measured for Quarters			76.4%	90%	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 GP vacancies which is impacting on access, with several other practices also having vacancies. In the future National data will only produced every 2 years – next publication due in May 2018.
NA-EC-01 A&E 4 Hour waits	96.5%	98%	96.1%	98%	97.3%	96.3%	95.9%	98%	96.5%	98%	96.1%	98%	
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	360	261	207	261	77	122	152	195	360	261	207	261	We are still behind trajectory; the Trakcare system in A&E is not user friendly and A&E figures are not being captured again, which is having a direct impact on our priority settings data. We are confident that if this data was being captured correctly, we would be on target. Staff have been reminded of the importance of capturing this data.

Appendix D - Directorate Performance Report – Outcomes 1-9 - Quarterly Measures

Generated on: 27 February 2018

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
ASW003 Percentage of outcomes for individuals are met								80%	The new system for gathering this has been delayed until the start of April 2018 in order for training of all staff to be completed.
PC002 Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre	100%	100%	100%	100%	100%	100%	100%	100%	Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day.
PC004 Percentage access to a Primary Care health professional for an appointment within 48 hours at any Shetland Health Centre	100%	100%	100%	100%	100%	100%	100%	100%	Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours.

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

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
CCR007 Number of 65 and over receiving Personal Care at Home.	199	200	204	200	210	209	226	200	Personal care is offered to those who need it. Assessments are thorough and the Council's policy of reablement, which includes a six week period of free support, has helped us to achieve good performance over a number of years.
CN002 Percentage of early supported discharges with no readmission in 30 days by Intermediate Care Team	94%	100%	90%	100%	100%	91.3%	100%	100%	15 patients discharged in this quarter. 5 Early Supported Discharges from GBH, 6 Early Supported Discharge from Care Centre, 4 Admission Avoidance. 0 readmissions
CCR009 Number of people waiting for a permanent residential placement.	12	10	5	10	1	4	4	10	Target to have less than 10 people waiting for a permanent residential placement. Currently well within target.
MH002 Admissions to Psychiatric Hospitals	15	24	18	24	7	7	2	6	

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)	657	599	653	599	671	684	673	599	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). Installation of Telecare services is a key element of supporting people to live independently at home for as long as possible.
CH-SC-01 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home	47%	39%	51%	40%	55%	47%	48%	40%	Enabling people to be as independent and safe as possible remains one of our primary aims. We continue to provide appropriate support in people's own home to assist in achieving this.
MD-MH-01 People with a diagnosis of dementia on the dementia register	170	184	170	184	167	174	179	184	Overall more people on the dementia register are dying or moving away than are being diagnosed, though we have seen an increase in recent months. Plan in development to provide diagnostic training/awareness for relevant staff (e.g. GPs). Work continues to encourage people to seek earlier assessment and diagnosis. We are also intending to audit all people discharged from hospital with dementia indicated in the discharge summary to ensure that they are on the register so that no potential new diagnoses are missed.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
CJ002 Percentage of new Community Payback Orders (Supervision) seen within 5 working days of the order being made	94.65%	100%	90.9%	100%	88.9%	88.9%	100%	100%	
ASW001 Percentage of assessments completed on time	100%	100%	91%	100%	89.4%	89.2%	79.5%	100%	The target was missed due to complexities in some cases and also increase in workload for soical workers and soical work assistants.
ASW002 Percentage of reviews completed on time	95.6%	100%	89%	100%	87.9%	85.4%	84.1%	100%	Reviews that were missed were due to unavailability of either the individual, family member or worker. Although some were missed, none went beyond the statutory timescale requirement.

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

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing Care	640	500	572	500	10	10	10	500	Source: Local data. Despite waiting, all these people are able to access NHS dental care elsewhere.
CN001 Number of Anticipatory Care Plans in Place	831	700	1,061	700	1,068	1,107	1,102	700	Data for December shows that there has been a reduction of 12 records from the total at the end of November 2017 (1114) thus there continues to be an increase in the number of eKIS records being created but there has been a reduction in the overall number of these at the end of December as a result of individual deaths.

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

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder	1	0	2	0	1	1	1	0	

Outcome 7 - People who use health and social care services are safe from harm

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
CJ001 Percentage of Criminal Justice Social Work Reports submitted to Courts on time	100%	100%	100%	100%	100%	100%	100%	100%	
CJ004 Risk and need assessment completed and case management plans in place within 20 days	100%	100%	100%	100%	88.9%	88.9%	100%	100%	
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average	94.8%	100%	101.2%	99%	105.1%	94.1%			In general we are expecting less antibiotics to be prescribed in Shetland than in the Scottish population. This is not always achievable and prevalence of infection in Shetland does not always coincide with national prevalence figures. Q3 data available at end of Feb 18.
PPS003 Number of polypharmacy reviews completed	98	360	383	360	66	48	59	90	Polypharmacy reviews bring about better outcomes for patients and often significantly reduce costs. Reduction this quarter due to staff on annual leave and off the island on training.

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff	435	588	164	192	48	65	68	48	Good discharge planning should reduce the need for nurses to dispense medicines out of hours. Dispensing by pharmacy is always more appropriate. Increase in recent months due to shortages in technical team staffing.
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter	2%	0%	0%	0%	0%	0%	16%	0%	1 CAUTI was identified in the 6 catheters inserted giving an iinfection rate of 16% due to the small numbers. A repeat audit will be undertaken in Quarter 4. NB This is the first infection identified in the last 2 years
CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	2	0	0	0	1	0	0	0	

Outcome 9 - Resources are used effectively in the provision of health and social care services, without waste

Code & Short Name	Years				Quarters				Latest Note
	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
DS002 The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	1,703	1,670	2,083	1,670	2,289	2,289	2,289	1,670	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. Q4 should reflect the new registration figures released by ISD and incorporate the new dentists who started in this quarter.
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	7	10	1	10	1	0	4	10	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.
AHP002 Percentage Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	98.73%	90%	99.4%	90%	100%	99.5%	99.2%	90%	
AHP004 Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	99.67%	90%	98.6%	90%	100%	100%	99.4%	90%	
CCR005 Occupancy of care homes	91.2%	90%	85.75%	90%	82.5%	84.3%	82.8%	90%	Increased use of permanent beds for enablement and respite care means occupancy levels decrease. Effectiveness of care provided at home results in less demand for residential beds.
CJ003 Unpaid Work commenced within 7 working days	87.05%	100%	80.9%	100%	90.9%	0%	100%	100%	7 of 7 commenced within 7 working days.

	Years				Quarters				
Code & Short Name	2015/16		2016/17		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q3 2017/18	Latest Note
	Value	Target	Value	Target	Value	Value	Value	Target	
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average	98%	99%	95%	99%	100.5%	97.1%			Shetland has traditionally spent less on medicines per patient. The costs per patient are increasing and there will be a need to undertake additional prescribing efficiency work to maintain the current position. Q3 data available at end of Feb 18.
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks			99.3%	90%	99.3%	100%	100%	90%	

Appendix D (cont) - Directorate Performance Report – Outcomes 1-9 - Annual Measures

Generated on: 27 February 2018

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Code & Short Name	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	
	Value	Target	Value	Target	Value	Target	Target	
E15 Proportion of last 6 months of life spent at home or in community setting	92.3%	90.8%	92.6%	90.8%	93.8%	90.8%	90.8%	Best performing partnership in Scotland. Managed Clinical Network for Palliative Care established in 2015. Note: new data taken from NSS Source system.
DS001 Decay experience of children in P1: Percentage of children with no obvious caries in deciduous teeth (children aged 5-6 years in P1 attending SIC primary schools)			79.4%	75%			75%	Source: NDIP data. Gives prevalence of dental decay in one age group (P1 or P7) each year, as a percentage of the total child population. Next P1 data release due Oct 18.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Code & Short Name	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	
	Value	Target	Value	Target	Value	Target	Target	
ASW004 How satisfied are residents with local social care/ social work services?		80%	79%	80%		80%	80%	Health & Care Experience Survey 2 yearly data. Slightly lower than national rate of 81%.

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

Code & Short Name	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	
	Value	Target	Value	Target	Value	Target	Target	
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills		35	46	35	40	35	35	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. 107 certificates were issued to 46 adults. Note: academic year runs Aug to Sept.

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

	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	

Code & Short Name	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	
	Value	Target	Value	Target	Value	Target	Target	
DS003a The percentage of the adult populations who are registered with Shetland dentists for NHS dental care	75.65%		79.8%		85.2%			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. Next data available July 18.
DS003c The percentage of the child populations who are registered with Shetland dentists for NHS dental care	93.55%		94.85%		96.45%			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. Next data available July 18.

Outcome 7 - People who use health and social care services are safe from harm

Code & Short Name	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	
	Value	Target	Value	Target	Value	Target	Target	
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order	37.5%	75%	65.4%	75%	52.9%	75%	75%	Individual case management plans are tailored to address criminogenic need, however some of this need is outwith service control. Analysis of risk/ need will be undertaken in 2017/18.

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

Code & Short Name	Previous Years						This Year	Latest Note
	2014/15		2015/16		2016/17		2017/18	
	Value	Target	Value	Target	Value	Target	Target	
AS005 Number of Social Care staff trained to implement Positive Behaviour Support.	4			6	0	6	6	Update 22.1.2018. 138 Staff across Adult Services are trained at Foundation Level MAPA.(Managing Actual and Physical Aggression). 18month refresher required. Positive Behaviour Support PBS is considered and implemented by teams as and when required on a person centred basis with the assistance of the Community Liaison Nurse (Learning Disability and Autism).

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8 March 2018
Report Title:	Financial Monitoring Report to 31 December 2017 (Including Financial Recovery Plan Update)	
Reference Number:	CC-10-18 F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

The IJB is asked to:

1.1 Note the 2017/18 Management Accounts for the period to 31st December 2017.

2.0 High Level Summary:

2.1 The current projected outturn to the end of March 2018 for the services delegated to the IJB is an overall adverse variance of £3,290k which represents an over spend in the Shetland Island Council's (SIC) arm of the budget of £14k and an over spend in NHS Shetland's (NHSS) arm of £3,276k.

2.2 SIC approved an initial contribution to the IJB of £19.216m in February 2017, forecasting that it would receive £20.494m in order to deliver the range of services, as defined by the IJB's Strategic Plan. In June 2017, a further contribution of £620k was agreed in respect of revenue budget carry-forwards. Provision was also made within the central cost pressure and contingency budget for other costs not known with certainty when the 2017/18 budget was set. These other costs have now been calculated and an additional contribution of £932k has been allocated to the IJB increasing the total SIC contribution to the IJB to £20.783m.

2.3 Of the additional SIC contribution of £932k, £879k is to recognise the costs of the pay uplift, £467k, holiday pay, £307k and reduction in Shetland Charitable Trust funding for 2017/18, £105k. There has been a further minor budget adjustment of £53k during the year.

2.4 SIC will provide a one-off payment to balance its arm of the budget should the projected overspend in the Council arm of the IJB budgets come to fruition.

2.5 NHSS is currently forecasting a break-even position at year-end, and has agreed to provide the IJB with a one off additional payment to cover the year-end over spend in the NHSS arm of the budget. The final value of this payment will have to be agreed between the IJB Chief Officer, IJB Chief Financial Officer and the NHSS Director of Finance at the end of the financial year once the outturn position is

known. Although NHSS will provide this additional payment it is important to note that any unachieved 2017/18 IJB savings will be carried forward and added to the new 2018/19 target adding to the IJB challenge in 2018/19 and beyond.

2.6 It is important to note that should NHSS be unable to contain costs, and their break-even position becomes possible only through a Scottish Government loan (brokerage), this may impact future year NHSS funding allocations to the IJB. NHSS will have to repay any brokerage leaving less of their in-year funding to support direct healthcare.

2.7 As a result of the above it is anticipated that the IJB, as a separate legal entity, will reach a break-even position for the financial year 2017/18.

2.8 The IJB currently has a General Reserve balance of £125k which can be used in line with the IJB Reserve Policy. This policy was approved at the IJB meeting on 6th September 2017 (Min. Ref. 40/17).

3.0 Corporate Priorities and Joint Working:

3.1 The IJB's vision, aims and strategic objectives are set out in the Integration Scheme and the Strategic Plan 2017-20.

3.2 The quarterly Financial Monitoring Reports are to enable the IJB to manage in year financial performance of the integrated budget and to monitor performance against the Strategic Commissioning Plan.

4.0 Key Issues:

Background

4.1 The 2017/18 Integration Joint Board (IJB) budget was noted at the meeting of 10 March 2017 (Min. Ref. 18/17).

4.2 The Integration Scheme requires Management Accounts to be presented to the IJB at least quarterly.

4.3 This report represents the Management Accounts as at the end of the third quarter of the 2017/18 financial year.

Executive Summary

4.4 The Management Accounts for the period ended 31 December 2017 have been compiled following financial analysis and budget monitoring at SIC and NHSS.

4.5 Appendix 1 details the consolidated year-end outturn forecast for the services delegated to the IJB. Current projected outturn to the end of March 2018 is an adverse variance of £3,290k. It is important to note that the adverse variance relates to the services delegated to the IJB but the IJB itself will show a breakeven position in its annual accounts for 2017/18 because of the additional one-off balancing payments from NHSS and SIC.

4.6 Appendix 2 details the current annual budgets by organisation as per the Joint Strategic Commissioning Plan 2017-20.

Financial Commentary

Mental Health – projected outturn overspend of (£259k), (14%)

4.7 Consultant Mental Health Locum commitment plus flights and accommodation to 28th February 2018 (£260k).

Substance Misuse – projected outturn overspend of (£11k), (2%)

4.8 There are no significant variances in this service area.

Oral Health – projected outturn breakeven

4.9 There are no significant variances in this service area.

Pharmacy & Prescribing – projected outturn breakeven

4.10 There are no significant variances in this service area.

Primary Care – projected outturn overspend of (£838k) (19%)

4.11 GP locum requirements in Bixter (£112k), Whalsay (£102k), Yell (£141k), Unst (£106k), Brae (£38k) and Walls (£58k). Scalloway practice creating (£193k) in year cost pressure following TUPE transfer of staff.

Community Nursing – projected outturn breakeven

4.12 There are no significant variances in this service area.

Directorate – projected outturn under spend of £151k, 13%

4.13 The projected under spend mainly relates to the inability to use the full 2016/17 carry-forward funding due to delays in getting projects and recruitment underway, £139k. All savings are deemed one-off in nature.

Pensioners – projected outturn under spend of £1k, 1%

4.14 There are no significant variances in this service area.

Sexual Health – projected outturn breakeven

4.15 There are no significant variances in this service area.

Adult Services – projected outturn under spend of £46k, 1%

4.16 There are no significant variances in this service area.

Adult Social Work – projected outturn under spend of £69k, 3%

4.17 The projected under spend relates mainly to employee costs due to maternities not back-filled, a vacant post within the Admin Team and the impact of staff who are new to posts starting on a lower grade than budgeted, £96k. All savings are deemed one off in nature.

Community Care Resources – projected outturn overspend (£317k), (3%)

4.18 The projected overspend is mainly due to:

- Projected overspend in employee costs in many of the care homes (£286k), notably Edward Thomason House (£132k) and Wastview (81k) due to long-term staff sickness for which budget was not included. This has been off-set by smaller projected underspending in employee costs at Overtonlea, Isleshavn and Nordalea, totalling £85k due to less demand for care at home services at times allowing these staff to be used to back-fill residential shifts, avoiding the use of relief staff. Difficulty in recruiting staff has also led to temporary bed closures during the year at both Wastview and Isleshavn.

- Projected underspend in employee costs in Care At Home Central, £194k, due to vacant posts which have proved difficult to recruit to. Demand for care at home services have been less than budgeted during the year, but the vacancies have led to some unmet need, particularly in home help services.

- Agency staff being employed in areas where we are having difficulty recruiting and have experienced significant sickness levels, (£201k);

- A projected underachievement of Board and Accommodation income which can vary significantly from budget as it is dependent on the financial circumstances of those receiving care, (£87k)

Criminal Justice – projected outturn under spend of £13k 50%

4.19 There are no significant variances in this service area.

Speech & Language Therapy – projected outturn breakeven

4.20 There are no significant variances in this service area.

Dietetics – projected outturn breakeven

4.21 There are no significant variances in this service area.

Podiatry – projected outturn breakeven

4.22 There are no significant variances in this service area.

Orthotics – projected outturn breakeven

4.23 There are no significant variances in this service area.

Physiotherapy – projected outturn breakeven

4.24 There are no significant variances in this service area.

Occupational Therapy – projected outturn under spend £33k, (2%)

4.25 There are no significant variances in this service area.

Health Improvement – projected outturn breakeven

4.26 There are no significant variances in this service area.

Unscheduled Care – projected outturn overspend (£525k), (18%)

4.27 Ward 3 overspend on pay cost due to Ronas staff redeployment. Staff will be redeployed into vacancies in due course but cost pressure will remain during 17/18 (£90k). A&E overspend on pay cost due to maternity leave and bank costs (£26k). Medical consultant locums (£353k) and junior doctor locums (£59k) being required to maintain the 1 in 4 rota.

Renal – projected outturn breakeven

4.28 There are no significant variances in this service area.

Scottish Government Additionality Funding – projected outturn breakeven

4.29 There are no significant variances in this service area. A summary of the planned expenditure is detailed in the table below.

Summary

Funding	Budget £000s	Projected Outturn £000s	Variance £000s

SG Additionality 16/17 (recurrent)	512		
SG Additionality 17/18 (recurrent – From NHSS baseline funding)	110		
SG Additionality 17/18 (non recurrent – additional funding allocation)	30		
Total	**622**		
Planned Expenditure			
Self Directed Support (SIC)	348	348	0
Social Work Hospital Discharge Liaison (SIC)	78	78	0
Reablement Programme to support Care Centres (NHS)	86	86	0
Implementation of Carers Act (SIC)	30	30	0
Enhanced Intermediate Care Team	80	80	0
Total	**622**	**622**	**0**

Integrated Care Funding – projected outturn breakeven

4.30 The budget of £410k will be used to partially fund the enhanced Intermediate Care Team with the balance being funded from the Scottish Government Additionality funding as shown in paragraph 4.29. Full details of the enhanced Intermediate Care Team and funding can be seen in IJB report presented on 13 July 2017 (Min. Ref. 32/17) via the following link:
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=21147

Recovery Plan - projected outturn unachieved (£1,685k), (67%)

4.31 The IJB noted a £2,529k gap between the current service model and the allocation of funding to the IJB in respect of NHSS delivered functions. The IJB directed NHSS to redesign services to deliver Planned Savings and Efficiency Projects to the value of £1.291m and to identify further service redesign to close the remaining funding gap of £1.208m at a meeting on 10 March 2017 (Min. Ref. 18/17).

4.32 At the end of December 2017, £876k savings has been achieved as shown below.

	Recurrent Savings			**Non Recurrent Savings**	**Total Savings Achieved 17/18**	**Saving Gap Remaining 17/18**	**Savings Gap Remaining (FYE)**
Savings Scheme	Target (£s)	Achieved YTD (£s)	Achieved FYE (£s)	Achieved YTD (£s)	(£s)	(£s)	(£s)
Shifting the Balance of Care from Hospital to Community: Rehabilitation	472,184	450,000	480,419	0	450,000	22,184	-8,235
Community Nursing	240,000	61,016	61,036	£14,193	75,209	164,791	178,964
GP Employed Practices	150,000	45,563	69,924	£1,280	46,843	103,157	80,076

Out of Hours	100,000	0	0	0	0	100,000	100,000
Pharmacy Drugs	328,500	155,906	155,906	£821	156,727	171,773	172,594
Funding Gap	1,238,316	45,080	51,140	102,005	147,085	1,091,231	1,187,176
Total	**2,529,000**	**757,565**	**818,425**	**118,299**	**875,864**	**1,653,136**	**1,710,575**
%	**100%**	**30%**	**32%**	**5%**	**35%**	**65%**	**68%**

4.33 Whilst progress has been made in some areas, only a third of the savings target has been achieved at the end of the third quarter. The consequences of recruitment difficulties particularly has meant that locum costs have eaten into potential savings opportunities throughout the year.

4.34 Efforts to recruit GPs have resulted in some interest, but the reality is that any potential new recruits are unlikely to relocate and begin work in Shetland until the start of the 2018/19 financial year.

4.35 Recruitment to long standing vacancies within Community Nursing has now been successful but the essential reliance on Agency staff, to provide cover in both Yell and Unst for most of 2017/2018, has had a negative impact upon the overall level of savings achievable to date.

4.36 Pharmacy savings have been generated, however very high cost drug expenditure for a handful of patients has offset some of these savings. The growth in prescription volume is now slowing as a result of polypharmacy work, however the increasing number of patients with long term conditions will continue for several years. It is noted that increasing effort is needed to secure a diminishing return. Of concern this year is the unexpected continuing high cost of the medicine pregabalin, where the Scottish Drug Tariff has lagged behind the English tariff, i.e. the cost of this medicine is currently much higher in Scotland. Short supply of medicines has also pushed up prices.

4.37 Allied Health Professionals (AHP) services have generated recurrent and non-recurrent savings, and have exceeded their target. Pressure remains high on these services to absorb increasing complexity of referrals and emerging roles such as more specialist dementia, mental health and falls prevention input, input into autism diagnostic pathway, and expansion into primary care services.

4.38 The table below shows the targets for savings at the start of the year, and what has been achieved in each:

	Target	Recurrent	Non-recurrent	Total
Shifting the Balance of Care from Hospital to Community: Rehabilitation	472,184	450,000	0	450,000
Community Nursing	240,000	61,016	14,193	75,209
Allied Health Professions	60,000	31,080	70,477	101,557
Pharmacy	328,500	155,906	821	156,727
Primary Care	250,000	45,563	1,280	46,843
Remaining Savings Gap	1,178,316	14,000	0	14,000

Total	**2,529,000**	**757,565**	**86,771**	**844,336**

General Reserve

4.39 In line with the IJB Reserve Policy, £125k was carried forward from 2016/17 in the General Reserve. These funds resulted from an under spend against the Scottish Government Additional Funding for Social Care.

4.40 The reserve will be used in line with the Strategic Commissioning Plan including (but not limited to) the following priorities:

4.41 To fund projects which will accelerate the shifting of the balance of care from hospital to community settings;

4.42 To fund in year cost pressures which arise during the delivery of the services.

4.43 The IJB can decide when and how to utilise this reserve. It can be used during 2017/18 or it can be carried forward as long as necessary in the IJB's General Reserve.

4.44 Should NHSS be unable to contain costs, and their break-even position for 2017/18 becomes possible only through a Scottish Government loan (brokerage), the IJB may wish to consider using the IJB reserve to support NHSS overall financial position. The Reserves Policy permits the use of reserves to support in-year cost pressures and the cost pressure of £838k created by GP locums (Para. 4.11) meets this condition. At the end of December 2017 NHSS is projecting a break-even position but there is still a degree of risk around this forecast. Further reports will be presented to the IJB should this position change.

Overall Year End Forecast Position

4.45 The projected financial outturn to the end of March 2018 for services delegated to the IJB is an overall adverse variance of £3,290k which represents an over spend in the SIC arm of £14k and an over spend in NHSS arm of £3,276k. It is important to note that these forecast figures are subject to change and are often difficult to predict due to a variety of factors outwith our control.

4.46 Despite the variances in the operational budgets of both SIC and NHSS the IJB is expected to break even at the end of the financial year 2017/18. The SIC have applied cost pressure and contingency budget and made minor budget changes which increases their payment to the IJB by £0.932m, as detailed at paragraph 2.3. The SIC will provide a further payment to meet the cost of any overspend on its arm of the budget at the year-end. NHSS will provide an additional balancing payment from their own reserves and under spends elsewhere in the organisation.

4.47 It is crucial that the savings schemes continue to be identified and accelerated through collaborative and cooperative working between all three partners. The current service model is not sustainable and we face a significant financial challenge in 2017/18 and beyond.

5.0	**Exempt and/or confidential information:**
None	

6.0		
6.1	**Service Users,**	May be affected should services be redesigned. However

Patients and Communities:	appropriate consultation procedures will be followed should any changes have an impact on this group.
6.2 Human Resources and Organisational Development:	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and the Health Board to the IJB and the budget allocated to the IJB by each Party in order to deliver the delegated functions for that Party. These are set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance. The Council, the Health Board and the IJB must adhere to the terms of the Integration Scheme approved by the Scottish Government under the terms of the Public Bodies Act. This includes a section on Finance with details regarding the treatment of under/over spends.
6.5 Finance:	NHSS and SIC has agreed to provide the IJB with one off additional payments to cover the year end over spends in their respective arms of the IJB budget. It is important to note that this arrangement is not sustainable and may not be available in future years.
6.6 Assets and Property:	None arising directly from this report. There may be implications for assets and property depending on the projects/ options considered to meet the NHSS budget overspend.
6.7 ICT and new technologies:	None arising directly from this report. There may be implications for ICT depending on the projects/ options considered to meet the NHSS budget overspend.
6.8 Environmental:	None arising directly from this report. There may be implications for the environment depending on the projects/ options considered to meet the NHSS budget overspend e.g. regarding carbon footprint.
6.9 Risk Management:	There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management. The IJB has a Risk Management Strategy in place and considers the risks regarding the activities of the IJB itself as a body corporate and also the risks associated with the services provided to meet the obligations of the IJB with regard to the functions delegated by the Council and NHSS on a regular basis. Specific issues and risks to the IJB associated with this report are those concerning failure to deliver the Strategic Plan within the budget allocation specifically regarding the delegated functions and budget allocation from NHSS. These risks are articulated in the IJB Risk Register and the Health and Social Care Risk Register.
6.10 Policy and	This report presents information with regard to the budgets

Delegated Authority:	allocated to the IJB including the NHSS “set aside” allocation. The IJB has delegated authority to deliver the approved Strategic Plan within the budget allocated.	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation.	

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
20th February 2018

Appendices:

1 – Year end forecast outturn position
2 - Annual Budget by Organisation

Appendix 1

Consolidated Financial Monitoring Report
Year end outturn position

Service	2017/18 Revised Annual Budget £000s	Year End Outturn £000s	Budget v Outturn Variance (Adv)/ Pos £000s
Mental Health	1,914	2,173	-259
Substance Misuse	625	636	-11
Oral Health	3,317	3,317	0
Pharmacy & Prescribing	6,349	6,349	0
Primary Care	4,472	5,310	-838
Community Nursing	2,656	2,656	0
Directorate	1,159	1,008	151
Pensioners	79	78	1
Sexual Health	40	40	0
Adult Services	5,132	5,086	46
Adult Social Work	2,472	2,403	69
Community Care Resources	10,714	11,031	-317
Criminal Justice	26	13	13
Speech & Language Therapy	85	85	0
Dietetics	104	104	0
Podiatry	223	223	0
Orthotics	140	140	0
Physiotherapy	562	562	0
Occupational Therapy	1,632	1,599	33
Health Improvement	232	232	0
Unscheduled Care	2,946	3,471	-525
Renal	188	188	0
SG Additionality Funding	622	622	0
Integrated Care Funding	419	419	0
Efficiency Target	-2,529	-876	-1,653
Grand Total	**43,579**	**46,869**	**-3,290**

Appendix 2

Consolidated Financial Monitoring Report
Annual Budget by Organisation

Service	NHS Managed £000s	SIC £000s	NHS Set Aside £000s	Total £000s
Mental Health	1,398	516	0	1,914
Substance Misuse	402	223	0	625
Oral Health	3,317	0	0	3,317
Pharmacy & Prescribing	5,793	0	556	6,349
Primary Care	4,472	0	0	4,472
Community Nursing	2,656	0	0	2,656
Directorate	93	1,066	0	1,159
Pensioners	0	79	0	79
Sexual Health	0	0	40	40
Adult Services	54	5,078	0	5,132
Adult Social Work	0	2,472	0	2,472
Community Care Resources	0	10,714	0	10,714
Criminal Justice	0	26	0	26
Speech & Language Therapy	85	0	0	85
Dietetics	104	0	0	104
Podiatry	223	0	0	223
Orthotics	140	0	0	140
Physiotherapy	562	0	0	562
Occupational Therapy	186	1,446	0	1,632
Health Improvement	0	0	232	232
Unscheduled Care	0	0	2,946	2,946
Renal	0	0	188	188
SG Additionality Funding	196	426	0	622
Integrated Care Funding	419	0	0	419
Efficiency Target	-2,079	0	-450	-2,529
Grand Total	**18,021**	**22,046**	**3,512**	**43,579**

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8 March 2018
Report Title:	2018/19 Budget Update	
Reference Number:	CC-13-18 F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 That the IJB NOTES the changes to the IJB budget from the report presented to the IJB on 22 February 2018 (2018/19 Budget, CC-06-18F), as set out in Appendices 2 and 3.

2.0 High Level Summary:

2.1 The Health Board and Local Authority will delegate functions and make payments to the Integration Joint Board (IJB) in respect of the delegated functions; and the Health Board will also set aside amounts in respect of hospitals for use by the IJB. The IJB will produce the Strategic Plan for the use of these resources and give direction and make payment where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan. The total budget for the functions delegated to the IJB should be allocated to the IJB prior to the start of each financial year, including the budgets for acute services advised as a set aside sum.

2.2 The level and adequacy of resources available are key factors in the ability of the IJB to deliver its strategic plan and improve health and social care outcomes. This report contains updated funding allocations to the IJB from SIC and NHSS. The NHSS allocation is subject to further change as they finalise their 2018/19 budget over the next few months but the SIC allocation is now finalised.

3.0 Corporate Priorities and Joint Working:

3.1 The proposals support the IJB's vision, aims and strategic objectives as set out in the Integration Scheme and the Joint Strategic Commissioning Plan 2018-21. However, the report recognises that there is currently a lot of work to do in order to close the gap between the current cost of services and the proposed funding to deliver these services. Further reports will be required to inform and seek decisions from the IJB with regard to any changes that may be proposed to services and the Strategic Plan in order to close the budget gap.

4.0 Key Issues:

2018/19 Budget

Updates

NHS Shetland

4.1 NHS Shetland presented a draft budget to its Board on 20th February 2018. One of the decisions taken at that meeting was to reduce the Board's general contingency budget from 2% to 1%. This change along with other minor adjustments will reduce the NHSS overall savings target from £4.118M to £3.441M.

4.2 As a result of this change the IJB will receive in the region of £250k more funding in 2018/19 than was presented in the previous budget report on 22nd February 2018. (2018/19 Budget, CC-06-18 F). The IJB savings target on the NHSS arm of the budget has therefore reduced from £2.327M to £2.077M.

4.3 The updated funding proposal, which is still to be finalised, is shown in Appendices 1 to 3.

4.4 NHSS draft budget is still expected to change over the next few months as discussion with the Scottish Government continues. Further clarity is required regarding the following issues:

- The Scottish Government are yet to advise that any changes should be made to the planning assumptions previously advised in the guidance issued for the 2017-18 budget planning cycle. However in 2018-19 pay awards are likely to be higher than 1.0% but resourcing for additional cost implications is yet to be fully clarified. The current allocation to NHS Board's does not include funding for a pay award higher than 1%. NHSS is committed to passing onto the IJB any additional funding received for pay awards in excess of 1%, in line with the costs associated with delegated functions. NHSS expect to be notified of the agreed pay award percentage in May but clarity on the funding allocation is not likely to be received until June.

- A National Transformational Change fund of £126M will provide support to the regional delivery plans for implementation of new service delivery models, improved elective performance and investment in our digital capability.

- Primary Care - Investment in the Primary Care Fund will rise to £110 million in 2018-19. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community. All resources received from this fund that relate to delegated functions will be passed to the IJB as an additional allocation.

- Mental Health - Through the new Mental Health Strategy, there is a shift in the balance of care towards mental health, increasing the level of investment in mental health services and improving support in the crucial period from birth to young adulthood. To support this, in 2018-19 a further £17 million will be invested, which will go towards the commitment to increase the workforce by an extra 800 workers over the next 5 years. All resources received from

this fund that relate to delegated functions will be passed to the IJB as an additional allocation.

Shetland Islands Council

4.5 Shetland Islands Council approved its budget on 14th February 2018. A decision was taken at this meeting to set a savings target of £200k against Mental Health Services.

4.6 As a result of this change the IJB will receive £200k less funding in 2018/19 than was presented in the previous budget report on 22nd February 2018. (2018/19 Budget, CC-06-18 F). The IJB savings target on the SIC arm of the budget is now £200k.

4.7 The final updated funding proposal is shown in Appendices 1 to 3.

Integration Joint Board

4.8 This report details the updated funding allocations from Shetland Islands Council (SIC) and NHS Shetland (NHSS) within which the Joint Strategic Commissioning Plan 2018-21 should be delivered.

4.9 The delegated functions are still managed and delivered by the partner organisations and they have each set a budget for the services they will deliver. The 2018/19 gross budgets, shown in the accounts of SIC and NHSS, are shown in Appendix 1.

4.10 The total gross budget for the IJB for 2018/19 is £46.426M, which represents the SIC budget of £22.285M and NHSS budget of £24.141M (including set aside sum).

4.11 The indicative funding proposed to the IJB by both partner organisations is shown in Appendix 2 – this represents the payments made to the IJB and will appear in the accounts of the IJB.

4.12 It has been confirmed that the funding to cover the Carer Information Strategy and the Implementation of the Carers Act has been received by SIC as part of the £66 million (£260k locally) to support additional investment in social care. All relevant costs will therefore be covered by the existing SIC Adult Social Care budget.

Next Steps

4.13 The indicative budgets contained in this report will form the starting point for the 2018/19 financial monitoring process and be used to populate the initial Directions issued to SIC and NHSS. Should budgets change over the next few months the IJB will be informed of these changes through the quarterly management accounts.

4.14 Directions will be issued to SIC and NHSS which are intended to provide clarity about the changes that need to take place in the design and delivery of services delegated to the IJB. As further plans are developed in partnership with other stakeholders and as funding allows, new or revised Directions will be issued. For those services that are not covered by a specific Direction the expectation is that the SIC and NHSS will to provide good quality services within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan.

4.15 The Directions will contain the gross cost of services as they are currently contained in the Strategic Plan. The Directions will acknowledge the current funding gap, accepting that work is underway to address the situation, and that further Directions will be issued as service redesign is developed and progressed.

4.16 The IJB must work closely with both partner organisations to help identify short term savings and achieve financial balance across all three organisations in 2018/19.

4.17 The IJB must fully engage with the Scenario Planning exercise as the outputs from this exercise will help inform future Strategic Commissioning Plans.

4.18 The Scenario Planning exercise is looking at longer term solutions for the sustainable delivery of health and social care services in Shetland but it must not distract us from the immediate financial challenges being faced in 2018/19.

4.19 Work is in hand to engage all partners in developing a process that will streamline decision making for redesign projects and a further report will be presented to the IJB as this work progresses.

5.0 Exempt and/or confidential information:	
None	
6.0	
6.1 Service Users, Patients and Communities:	Changes to budgets will occur as efficiency schemes are developed to address the current funding gap. Service change will require a separate process for public and user engagement in line with NHSS, SIC and IJB policies.
6.2 Human Resources and Organisational Development:	Any service development proposals or changes affecting staff will be subject to full staff engagement and consultation with staff and their representatives through the Joint Staff Forum and other consultation committees in line with the relevant agencies policies and procedures.
6.3 Equality, Diversity and Human Rights:	None arising directly from this report. Any equalities impacts will be assessed and considered as part of any proposals for change and schemes for efficiency savings.
6.4 Legal:	The proposals in this report are consistent with the Public Bodies (Joint Working) (Scotland) 2014 Act and the Integration Scheme for Shetland's IJB.
6.5 Finance:	This report contains revised funding allocations to the IJB from SIC and NHSS. The NHSS allocation is subject to change as they finalise their 2018/19 budget over the next few months.
6.6 Assets and Property:	None arising directly from this report as the IJB doesn't own any assets or property. Both partner organisations have policies and procedures in place which govern their assets and property.
6.7 ICT and new technologies:	None arising directly from this report.
6.8 Environmental:	None arising directly from this report.
6.9 Risk Management:	Ultimately the IJB does not carry any financial risk but does face a reputational risk if services are not redesigned to be delivered within the funding allocations available.

	Any overspends on the SIC arm of the operational budget will be funded from SIC central contingency budget as a one off additional payment to the IJB. Any overspends on NHSS arm of the operational budget will be funded from NHSS under spends in other directorates and/or its central contingency budget as a one off additional payment to the IJB. If NHSS cannot achieve overall financial balance it may need to borrow further funding from the Government (Brokerage) which will have to be repaid in future years. If a Brokerage situation arises further discussion will be required between partners to fully understand the implications for the IJB.	
6.10 Policy and Delegated Authority:	The IJB has authority from SIC and NHSS for the services delegated to it as per the Integration Scheme. The IJB must direct service delivery, within its funding allocation, to deliver the outcomes of the Strategic Commissioning Plan.	
6.11 Previously considered by:	The proposals in this report have been presented to the IJB on 22 February 2018 (Min. Ref. 03/18)	

Contact Details:

Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net

26th February 2018

Appendices:

Appendix 1 – IJB Gross Budgets 2018/19

Appendix 2 – IJB Proposed Funding Allocations 2018/19

Appendix 3 – Indicative IJB funding proposals for 2019/20 and 2020/21

Appendix 1

IJB Gross Budgets 2018/19

SERVICE HEADING	ANNUAL BUDGET				
	JOINT BUDGETS		SET ASIDE		
	NHS	SIC	BUDGET	TOTAL	
	£	£	£	£	WTE
Mental Health	1,397,935	594,682	0	1,992,617	34.01
Substance Misuse	402,202	179,594	0	581,796	9.48
Oral Health	3,176,630	0	0	3,176,630	63.58
Pharmacy & Prescribing	5,673,698	0	555,372	6,229,070	10.08
Primary Care	4,404,800	0	0	4,404,800	55.41
Community Nursing	2,591,495	0	0	2,591,495	54.12
Directorate	92,086	935,383	0	1,027,469	6.12
Pensioners	0	77,974	0	77,974	0.00
Sexual Health	0	0	40,330	40,330	0.56
Adult Services	67,409	5,141,897	0	5,209,306	132.53
Adult Social Work	0	2,914,816	0	2,914,816	27.46
Community Care Resources	0	10,989,369	0	10,989,369	383.22
Criminal Justice	0	26,253	0	26,253	6.97
Speech & Language Therapy	84,617	0	0	84,617	3.24
Dietetics	117,981	0	0	117,981	3.00
Podiatry	233,965	0	0	233,965	4.40
Orthotics	135,156	0	0	135,156	2.00
Physiotherapy	598,688	0	0	598,688	12.81
Occupational Therapy	191,226	1,409,975	0	1,601,201	22.27
Health Improvement	0	0	211,995	211,995	4.90
Unscheduled Care	0	0	2,799,741	2,799,741	45.45
Renal	0	0	194,023	194,023	3.80
Intermediate Care Team	452,839	0	0	452,839	0.00
Reserve	528,490	0	178,630	707,120	0.00
Total	**20,149,217**	**22,269,943**	**3,980,091**	**46,399,251**	**885.41**
Efficiency Target	-1,936,382	-200,000	-140,395	-2,276,777	
IJB Running Costs	11,762	15,000	0	26,762	
Grand Total	**18,224,597**	**22,084,943**	**3,839,696**	**44,149,236**	

Appendix 2

IJB Proposed Funding Allocations 2018/19

2018/19 (£000s)					**2017/18 Prior Year Comparator (£000s)**		
	NHSS	SIC	Total		NHSS	SIC	Total
Payment to IJB (IJB Income)	23,342	20,807	44,149		23,092	20,110	43,202
SG Additionality funding transfer	(1,278)	1,278	0		(1,278)	1,278	0
Total Delegated Budget	**22,064**	**22,085**	**44,149**		**21,814**	**21,388**	**43,202**
Less IJB Running Costs	(12)	(15)	(27)		(15)	(15)	(30)
	22,052	**22,070**	**44,122**		**21,799**	**21,373**	**43,172**
Cost of Services	**24,129**	**22,270**	**46,399**		**24,328**	**21,373**	**45,701**
Funding gap	(2,077)	(200)	(2,277)		(2,529)	0	(2,529)

Appendix 3

Indicative IJB funding proposals for 2019/20 and 2020/21

£000s	SIC	NHSS	Total	Savings Target
IJB Funding 2018/19 (Appendix 2 above)	20,807	23,342	44,149	(2,327)
2019/20	20,807	23,342	44,149	(2,327)
2020/21	20,807	23,342	44,149	(2,327)
Total 3 year indicative funding proposal	62,421	70,026	132,447	(6,981) [1]

[1] Indicative total savings target over 3 years is £6.981M which is 15% of the cost of the current service delivery model in 2018/19.

Shetland Islands Health and Social Care Partnership

Agenda Item

4

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8 March 2018
Report Title:	Falls Prevention Initiative	
Reference Number:	CC-09-18 F	
Author / Job Title:	Jo Robinson - Executive Manager Allied Health Professions	

1.0 Decisions / Action required:

1.1 To approve the use of the Integrated Joint Board General Reserve to fund a 0.48 WTE Falls Prevention Co-ordinator for a 3 year fixed term contract at a cost of £51k.

2.0 High Level Summary:

2.1 In Scotland, for people 65 years and over, falls are the largest single presentation to the Scottish Ambulance Service (over 35,000 attendances), one of the leading one of the leading causes of Emergency Department attendance, responsible for over 390,000 emergency bed days and implicated in up to 40% of care home admissions.

2.2 Evidence shows that group exercise reduces both the rate of falls and the risk of falling.

2.3 The Otago programme is an evidence based strength and exercise programme designed to prevent falls and improve balance, strength and confidence. A pilot programme was run successfully in Unst in 2017. Funding is required to support a coordinator post to implement the programme across Shetland and ensure it is fully embedded and sustainable into the future.

2.4 The proposal is in line with the IJB Reserves Policy as it should reduce hospital admissions and provide a preventative healthcare measure in the community. An extract from the IJB Reserves Policy is included below:

The reserve will be used in line with the Strategic Commissioning Plan including (but not limited to) the following priorities:

To fund projects which will accelerate the shifting of the balance of care from hospital to community settings;

To fund in year cost pressures which arise during the delivery of the services.

3.0 Corporate Priorities and Joint Working:

3.1 Falls prevention meets the following National Health and Wellbeing Outcomes:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- People who use health and social care services are safe from harm
- Resources are used effectively and efficiently in the provision of health and social care services.

3.2 It also meets Shetland Islands Council's Corporate Priorities:

- Older people and people who are living with disabilities (including learning disabilities) or long-term conditions will be getting the services they need to help them live as independently as possible.
- People will be supported to look after and improve their own health and well-being, helping them to live in good health for longer.
- Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer.

3.3 Falls prevention meets NHS Shetland's Corporate Priorities :

- To continue to improve and protect the health of the people of Shetland

- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient

- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service

- To provide best value for resources and deliver financial balance.

4.0 Key Issues:

4.1 In Scotland, for people 65 years and over, falls are the largest single presentation to the Scottish Ambulance Service (over 35,000 attendances), one of the leading one of the leading causes of Emergency Department attendance, responsible for over 390,000 emergency bed days and implicated in up to 40% of care home admissions.

4.2 Costs to health and social care services in Scotland are currently estimated to exceed £471m each year (estimated to rise to £666m by 2020) with the breakdown of costs being proportioned as follows:

- 45% long term care
- 40% NHS
- 15% care at home

(Craig 2013)

4.3 The cost of falls to both health and social care are also described in the King's Fund Paper Exploring the system-wide costs of falls in older people in Torbay). The findings of the King's Fund were that, on average, the cost of hospital, community and social care services for each patient who fell were almost four times as much in the 12 months after admission for a fall as the costs of the admission itself. Comparing the 12 months before and after the fall, the most dramatic increase was in community care costs (160 per cent), compared to a 37 per cent increase in social care costs and a 35 per cent increase in acute hospital care costs.

4.4 A Cochrane Collaboration systematic review on interventions to prevent falls in community dwelling adults found that group exercise reduced the rate of falls by 29% and the risk of falling by 15% (Gillespie et al, 2012). Iliffe et al (2014) found that a falls prevention group exercise programme significantly reduced falls and increased levels of self-reported physical activity 12 months after intervention. McLean et al (2015) found that group-based exercise for women over 70 years, with or without a history of falls, appears to be cost-effective when judged using an incremental cost per quality adjusted life year.

4.5 Reliable data on falls in Scotland is nationally recognised as being difficult to obtain due to varying methods of recording by the agencies involved, for example a fall might be recorded by the Scottish Ambulance Service as a Traumatic Injury rather than a Fall. A Falls Register is under development locally in line with best practice which, over time, will assist in monitoring incidence. The Local Intelligence Support Team are also beginning some analysis of Falls pathways in Shetland. However, with the increasing numbers of elderly people in Shetland it is appropriate to assume that the numbers of people who experience preventable falls are in line with national figures, and that that evidence based interventions are used to prevent falls where it is possible to do so.

4.6 The Otago programme is an evidence based strength and exercise programme designed to prevent falls and improve balance, strength and confidence. In 2016, a pilot project was undertaken in Unst in recognition of the need to provide a comprehensive approach to falls prevention. 'The Prevention and Management of Falls in the Community - A Framework for Action for Scotland 2014-2016' describes the delivery of evidence-based strength and balance exercise programmes, multi-factorial falls risk assessments and education on fall risk factors as essential components in reducing the risk of falls.

4.7 A multi-disciplinary team designed and piloted a multi-component programme, (initial 8 week programme followed by 12 months maintenance phase). The multidisciplinary team that supported the project were: Physiotherapists, Physiotherapy Assistants, Pharmacist, Occupational Therapists, GPs, Practice Nurse, Community Nurses, Health Improvement Advisor, Optician, Podiatrist, social care staff, housing support staff, meals on wheels staff and the community lunch club.

4.8 The results of the pilot were that all participants had improved muscle strength, balance, confidence and exercise tolerance. Limited resources at the time meant that the maintenance phase was less than recommended levels. The project also demonstrated the added value of integrated working, however the effectiveness was dependent on strong coordination.

4.9 Funding for a Falls Prevention Coordinator was identified for 2017/18 but due to the length of the recruitment process, the postholder (employed by the NHS) has only been in place since December 2017, and there is only sufficient funding available to support the post until 31st March 2018. The 8 week programme is currently running in Yell, and planning is underway to roll the programme out Shetland-wide, however if additional funding is not identified to fund the programme going forward, the programme will not be able to be sustained, and will end on 31st March.

4.10 It is considered that longer term funding is required in order to attract and retain the calibre of candidate required to coordinate and run this complex programme and to embed and thoroughly evaluate the initial programme and maintenance phase. Funding for a period of three years is therefore requested.

4.11 Funding has been identified to train Shetland Recreational Trust staff in the Otago programme which enable them to carry out the maintenance phase of the programme, for up to a year after the initial 8 week programme. This training will take place in April 2018.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The continuation of the Otago and More Falls Prevention Programme will support service users to remain safely as close to home as possible. It supports the reduction in social isolation as it enables service users to partake in 8 week programme followed by up to a year's on-going support. Outcomes from the initial pilot included

	84% participants reporting increased confidence and 64% reporting enhanced social benefits.
6.2 Human Resources and Organisational Development:	The current post holder is in place until 31st March 2018, at which point she will return to her substantive post within the health board unless additional funding can be obtained. An application will need to be made to the Health Board's vacancy group if funding is successful in order to extend the current post holder.
6.3 Equality, Diversity and Human Rights:	Participants have been referred to the programme by Community Nursing staff who have prioritised them according to those with the greatest need for preventative intervention. Other participants with a lower level of need have been identified via the Stepping Out group in Yell. The classes are divided into three levels and participants are screened and allocated sessions in relation to their assessment scores and physical ability ensuring they were in classes with others of similar functional abilities. This allows Otago practitioners to deliver the exercises at an appropriate level and speed. It is expected that similar processes will be followed in other areas of Shetland, and that the programme will be opened up to self-referral in the future in order to ensure the widest possible participation.
6.4 Legal:	The proposals in this report are consistent with the Public Bodies (Joint Working) (Scotland) 2014 Act and the Integration Scheme for Shetland's IJB.
6.5 Finance:	The IJB currently holds a General Reserve balance of £124,734 which can be used in line with the IJB's Reserve Policy. This balance consists of unused Scottish Government Additional Funding from 2017/18 brought forward and retained in the IJB's General Reserve. The cost of a 0.48 WTE Falls Prevention Co-ordinator for a 3 year fixed term contract is £51K. This equates to £14,000 per annum, plus training and travel costs of £3000 per annum. A total cost of £17000 is required in each of the 3 years, plus any pay inflation uplifts (in years 2 and 3). The average cost per inpatient case to NHS Shetland in 2016/17 was £5K (Information Services Division. Scottish Health Service Costs 2017)
6.6 Assets and Property:	The programme is reliant on appropriate accessible venues being identified in order to run the programme across Shetland. This is part of the Practitioner's coordination role and is not considered to be an impediment to the

	programme going ahead.
6.7 ICT and new technologies:	There are no specific ICT and new technologies considerations associated with this report. Telecare devices are made use of where relevant to falls prevention.
6.8 Environmental:	There are no specific environmental considerations associated with this report other than travel for practitioners and service users to the venues around Shetland. Travel for service users will be kept to a minimum.
6.9 Risk Management:	The main risk to the falls prevention programme is that no funding will be identified to support the extension of the Falls Coordinator's contract. The success of the pilot in Unst was largely due to the strength of the coordination which was undertaken within existing resources, but this level of coordination is unsustainable on a Shetland wide scale.
6.10 Policy and Delegated Authority:	The IJB has authority from SIC and NHSS for the services delegated to it as per the Integration Scheme. The IJB must direct service delivery, within its funding allocation, to deliver the outcomes of the Strategic Commissioning Plan.
6.11 Previously considered by:	None

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DATE 21 February 2018

Appendices:

Shetland Islands Health and Social Care Partnership

Agenda Item

5

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8 March 2018
Report Title:	Market Facilitation Strategy	
Reference Number:	CC-08-18 F	
Author / Job Title:	Simon Bokor-Ingram / Director Community Health & Social Care	

1.0 Decisions / Action required:

1.1 That the Integrated Joint Board (IJB) APPROVE the Market Facilitation Strategy 2018 – 2021.

2.0 High Level Summary:

2.1 The Market Facilitation Strategy (Appendix 1) is part of the strategic commissioning process and aims to ensure Shetland's residents are well cared for and that people who need help to stay safe are able to obtain support, and able to exercise choice and as much control as they wish over their support.

2.2 The overall objectives for the Shetland Islands Health and Social Care Partnership are set out in the Joint Strategic (Commissioning) Plan, which is updated regularly (The Strategic Plan). The Strategic Plan is supported by a number of framework documents which describes the way in which the partnership will operate, such as the Partnership and Engagement Strategy. This Market Facilitation Strategy is another document which sits across all service areas and can be seen as one of the pillars which support the delivery of the Strategic Plan.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.

3.3 Delivery of the Strategic Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and

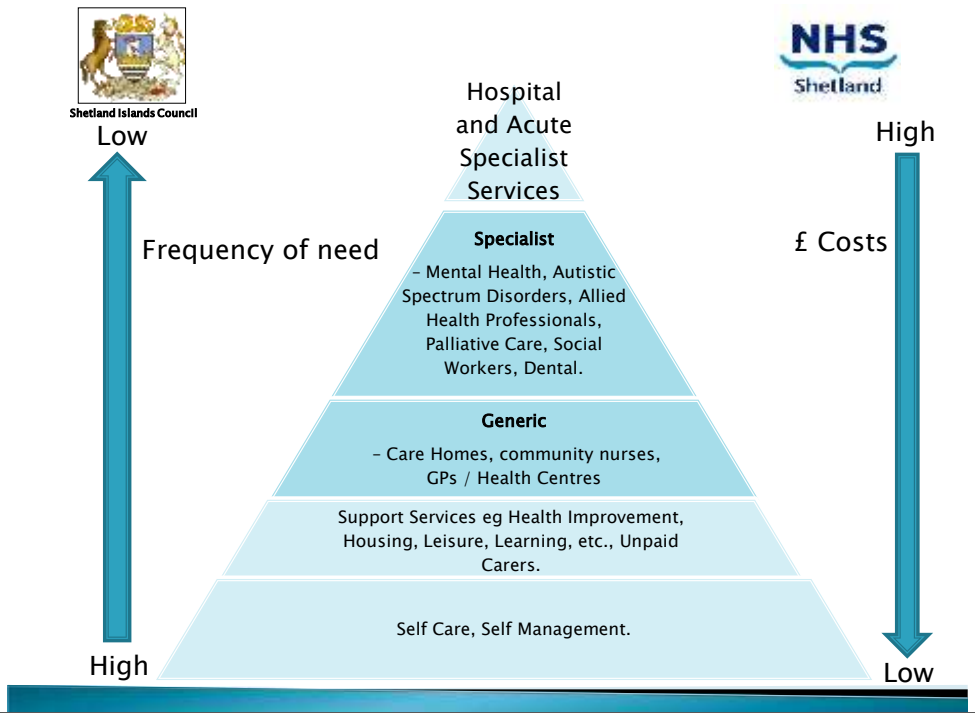
national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers. This Market Facilitation Plan helps to put in place a framework for how the Partnership works with external providers – both the private and third sector – by being open and transparent about service need, now and in the future, and how the Partnership hopes to address that need.

4.0 Key Issues:

4.1 The current model of service provision is predominantly direct service provision, with services mainly delivered by staff employed by NHS Shetland or Shetland Islands Council. The balance between in-house, third sector and private sector provision is shown in the Table below:

Service Provider	Value of IJB Services £m and %
Direct Service Provision (NHS and SIC)	£41,703,823 or 94.57%
Third Sector Providers	£1,658,663 or 3.76%
Private Sector Providers	£623,536 or 1.41%
Total	£44,099,236

4.2 The mixture of direct service provision and 'bought-in' services is reviewed by managers on an ongoing basis as part of the test for 'best value' and 'efficiency' to make sure that services continue to provide the best mix of quality, safety and effectiveness. Often services operate a mixed model, in support of what is known as the 'pyramid' of need. In general, this usually means that specialist services are provided in-house and more generic universal services are provided within a mixed model – but this does not apply to every service area. Some services will be wholly provided in house due to their nature and there will be limited scope to change those models.



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4.3 The Shetland Partnership Board recently endorsed a 10 Year Plan to attract people to live, study, work and invest in the Isles. Whilst there is no specific reference to growing the health and care sector, the 10 year Plan acknowledged that there are "particular problems in attracting the skilled workforce that we require" and noted that proportion of older people in the population is projected to increase faster than the rest of Scotland. IJB members will be aware that social care services on occasion have had to rely on agency workers to fully meet current need.

4.4 Voluntary Action Shetland is the third sector interface for the Shetland Partnership and seeks to respond to and support voluntary services in Shetland by meeting present and emerging needs, developing and promoting new ways of responding and encouraging people in Shetland to offer voluntary service to their community. This includes 'commissioned' services in support of the Strategic Plan.

4.5 At the Strategic Planning Group meeting on 15th February 2018 the key issues raised in relation to the Market Facilitation Strategy were:

- Who is responsible for using this document?
- Who will ensure this strategy is used?
- How will potential external parties be given the chance to provide services?
- How will the monitoring of the effectiveness of the document be done?
- Who will ensure that this is a live document which develops over time?

4.6 The Market Facilitation Plan is not in itself the document that makes the change happen; it is the commissioning process that makes actual decisions about investment (and disinvestment) of services. There is a real challenge to find a way to both support the continuation of existing service models, to meet current identified need, and find a way to support early intervention and preventative work to 'turn the tap off' in terms of future demand. It is the intention that the Market Facilitation Plan will be a tool to help managers make choices over which service models are appropriate to best meet the needs of the community.

5.0 Exempt and/or confidential information:

5.1 "None".

6.0 Implications :

6.1 Service Users, Patients and Communities:	The likely impact is unknown at present as this is Shetland's first Market Facilitation Strategy. However steps will be taken to ensure that there is no detriment to the level of service or quality of service.
6.2 Human Resources and Organisational Development:	N/A at this stage
6.3 Equality, Diversity	N/A at this stage

and Human Rights:	
6.4 **Legal:**	There are no specific issues to consider. For any 'bought-in' services, NHS Shetland and Shetland Islands Council must comply with relevant procurement legislation, including the Procurement (Reform) Scotland Act 2014.
6.5 **Finance:**	There are no financial implications arising directly from this report. For each 'commissioning cycle' it is necessary for each service manager, through the Chief Officer, to determine that the commissioning tests have been met for the service delivery models put in place to deliver the Strategic Plan. This will include consideration of: – How many people will need services and what type will they need? – What is the current provision, is it the right level, quality and cost? – How can these services improve people's lives? – Which services will best achieve this? – How do we develop these services at an affordable cost? – How do we procure and deliver these services to best effect? – How do we monitor and review these services?
6.6 **Assets and Property:**	There are no specific issues to consider.
6.7 **ICT and new technologies:**	There are no specific issues to consider.
6.8 **Environmental:**	There are no specific issues to consider.
6.9 **Risk Management:**	There are no specific issues to consider.
6.10 **Policy and Delegated Authority:**	Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the joint Strategic (Commissioning) Plan at its meeting on 24 November 2015. The delegated functions are set out in the Integration Scheme.

	This policy is specific to the IJB and it is therefore within its remit to consider and approve.	
6.11 Previously considered by:	Community Health & Social Care Strategic Planning Group. The issues raised were: – Who is responsible for using this document? – Who will ensure this strategy is used? – How will potential external parties be given the chance to provide services? – How will the monitoring of the effectiveness of the document be done? – Who will ensure that this is a live document which develops over time?	15th February 2018

Contact Details:
Simon Bokor-Ingram
Director Community Health & Social Care
23 February 2018

Appendices:
Appendix 1 – Market Facilitation Strategy 2018 - 2021

END

Shetland Islands Health and Social Care Partnership

Market Facilitation Strategy

2018 - 2021

Date of First Issue:			
Approved by:		On:	
Current Issue Date:			
Review Date:			

Contents

Foreword

"We are the community, and they are us[1]"

Shetland, in keeping with other areas in the UK, is facing a period of unprecedented change in its public services. Investment in health and care services has been hugely successful, with people living longer and being able to live longer even though they may have more complicated health and care needs. Shetland has an excellent reputation for delivering high quality, safe and effective services. However, the pressures before us continue to grow and we will have less money year on year to be able to stay the same, never mind dealing with increasing demand. In line with the Scottish Government's policies we need to turn our attention to significantly change how we design and deliver services. It goes without saying that individuals, families, unpaid carers, volunteers, staff and communities will be at the heart of the changes – after all that is why we are all in the business of public service. Our challenge is to find a way to genuinely streamline all that we do and make sure that services are integrated around the needs of individuals, their families and unpaid carers and are not built around the convenience of organisations. It is a hugely exciting challenge to be at the forefront of modernising public sector service in Shetland and to help individuals enjoy a good quality of life. We want to grow a system where skilled staff and volunteers are trusted to do the best they can for the individuals that we serve within a safe and open learning environment and we look forward to working with the Shetland community to make that happen.

Marjorie Williamson	Ian Kinniburgh	Cecil Smith
Chair of Shetland Islands Integration Joint Board	Chair Shetland Health Board	Leader Shetland Islands Council

[1] Feedback from member of staff 2015

Executive Summary

The provision of health and social care services are set out in detail in our 2017-2020 Joint Strategic Commissioning Plan. This Market Facilitation Statement aims to open dialogue with new and existing service providers, to share information, raise awareness of the potential there may be for third and independent sector providers through the Self-Directed Support (Scotland) Act 2013, and highlight where we believe there is scope to develop new service models so that, in partnership, we can deliver more options for high quality care in a way that is safe, puts the person at the centre of all decisions, and allows people to live independently in their own home for longer.

Why a Market Facilitation Strategy?

In 2012, Scotland's Auditor General outlined the complexities associated with the strategic commissioning of social care services due to reducing budgets, changing demographics, the personalisation agenda and the planned implementation of self-directed support legislation (from: Commissioning Social Care, Audit Scotland, March 2012).

The Auditor General urged local authorities and their health partners to do more to improve the planning and delivery of health and social care services through better engagement with providers, service users and carers, and better analysis and use of information on needs, costs, quality of service and their impact on people's lives.

The Scottish Government's 2020 Vision for health and social care is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Where hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

National Health and Wellbeing Outcomes

1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
2) People, including those with disabilities or 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.
3) People who use health and social care services have positive experiences of those services, and have their dignity respected.
4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5) Health and social care services contribute to reducing health inequalities.
6) People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7) People who use health and social care services are safe from harm.
8) People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9) Resources are used effectively and efficiently in the provision of health and social care services.

The local context

Health and social care services in Shetland are delivered across the geographical sector as a whole by the Local Authority, NHS Shetland and by a variety of third sector services including:

Advocacy Shetland	Red Cross Cars
Age Concern	Relationship Scotland & Couple Counselling
Breast Cancer Support Group	Royal Voluntary Service
British Heart Foundation	Shetland Autism Group
CLAN Services in Shetland	Shetland Befriending Scheme
Citizens Advice Bureau	Shetland Bereavement Support Service
Shetland Alcohol and Drugs Partnership	Shetland Care Attendant Scheme
COPE	Shetland Club for the Deaf and Hard of Hearing
Crossroads	Shetland Community Bike Project
Dial a Ride	Shetland Rape Crisis
Disability Shetland	Shetland Stroke Support Group
Forget Me Not Self Help Group	Shetland Women's Aid
Shetland Link Up	Victim Support Shetland
Mind Your Head Mental Health Awareness	Voluntary Action Shetland
MS Society	Welcome Home Shetland
Red Cross	

There is also one independent residential care unit, Walter and Joan Gray which is operated by Crossreach and also provides day care and respite care services.

Shetland has always faced challenges attracting external care providers due to its remote location and the impact this has on the financial viability of working in Shetland. Because of this, the proportion of services currently provided by the local authority is far greater than on the Scottish mainland.

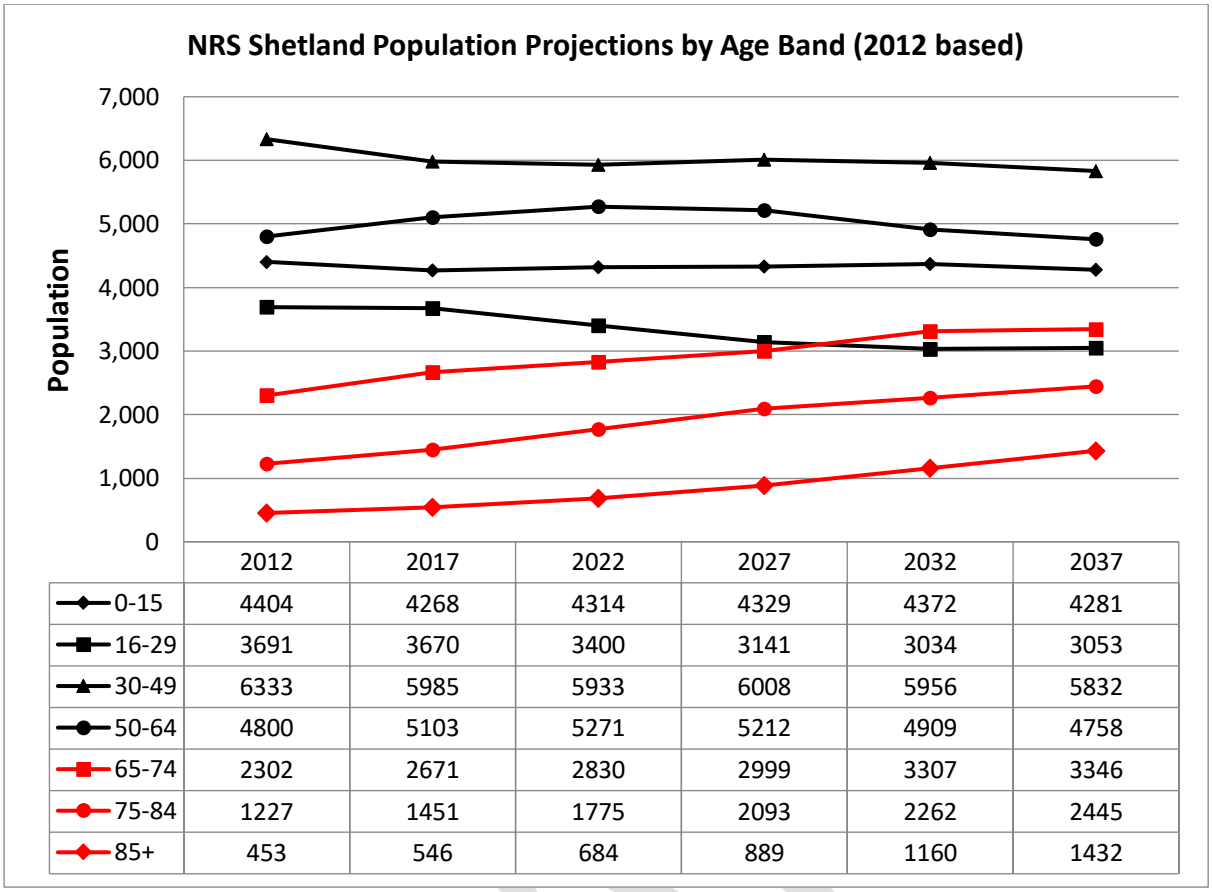
Drivers for change

The Shetland Islands Health and Social Care Joint Strategic Commissioning Plan 2017-2020 has identified several key drivers for change:

Changing Demographics

Shetland's population is changing and we are facing the challenges of providing care for not only an increasing population but an ageing one. Official figures from the National Records of Scotland (NRS) show Shetland's population, which was 23,167 at the 2011 census, is expected to rise to around 25,000 by 2037.

The number of people aged 65 and over is set to rise from 17% to 29% in the next 20 years and this, combined with an expected increase in life expectancy, will lead to the number of Shetland residents who are 80+ more than doubling. At the same time the working age population, age range 16-64, is expected to decrease by around 8%.



	2012	2017	2022	2027	2032	2037
0-15	4404	4268	4314	4329	4372	4281
16-29	3691	3670	3400	3141	3034	3053
30-49	6333	5985	5933	6008	5956	5832
50-64	4800	5103	5271	5212	4909	4758
65-74	2302	2671	2830	2999	3307	3346
75-84	1227	1451	1775	2093	2262	2445
85+	453	546	684	889	1160	1432

With increased survival rates of infants born prematurely, those born with various congenital anomalies, Children with Medical Conditions (CMC), learning disabilities or Autism Spectrum Disorder (ASD), the number of people affected by these conditions grows larger and, with increased longevity, will result in an increase in the number of people who experience issues associated with complex medical conditions in older age with subsequent increases in intensive medical technology use, medical and nursing care, and coordination needs. As this population age the issues associated with older age such as arthritis, the menopause and dementia are experienced and it is increasingly important to consider what support will enable people to remain in their own homes and have meaningful lives within their communities.

With rising demand, the main challenge for the foreseeable future will be the provision of flexible, creative and responsive services to appropriately meet the statutory duties of the Local Authority and the personal outcomes of individuals we support within the available resources.

Overall the demographics for each area of Shetland are broadly similar though it is worth mentioning that in the North Isles there are fewer young people and adults in the 15-44 age group, however there are more people in all the older age groups, compared to Shetland as a whole. Having a slightly larger population of older people and a slightly smaller population of working age people could mean that the

implications of an ageing population for the provision of health and care services in the North Isles could be even more difficult in this area compared to the rest of Shetland. Whalsay, Skerries, Fair Isle and Foula have slightly fewer adults in the 25-64 age group and although this equates to around 30 individuals, this is not a huge figure. They also have slightly more adults in the 65-85+ age groups, compared to Shetland as a whole.

As people live longer there is likely to be an increase in the prevalence of health conditions and multi-morbidities which will lead to an increase in demand for health and social care services.

Pressures on Spending

Alongside increasing demand, health and care services will continue to face an unprecedented restriction in resources for at least the next three years. The NHS continues to see "real terms" growth but this is at historically low levels and set against a challenging efficiencies target required to off-set the gap between funding and health inflation. At the same time, it is expected that funding for local authorities will continue to reduce as their cost pressures mount, impacting on all services, including Social care. For both organisations, the impact of the Scottish Government's removal of the pay cap for public services from 2018/19 is expected to create significant cost pressures given the high proportion of staffing resources needed to deliver all services.

Spend per head of population on both health and care in Shetland is high in comparison to the national average, which is part is due to higher service delivery costs, but we are also fortunate that the Shetland Charitable Trust provide support for our Rural Care Model. However, reduction to this funding has taken place over a staged 5-year period from 2014/15, bring the level of funding down by £505k overall by 2019/20.

Given the extent of the savings and efficiencies which still need to be found, health and social care services cannot continue to be provided in the same way as at present, if we are to provide the best possible services for the local population.

Self-Directed Support

Self-Directed Support (SDS) is a major change to the way people with social care needs are supported. SDS is based on the human rights principles of fairness, respect, equality, dignity and autonomy for all. This means that people should be equal partners with relevant professionals in determining their social care needs and controlling how their needs are met. SDS aims to improve the impact that care and support has on people's lives by helping them to choose and control what type of social care services they get, when and where they get them, and who provides them. Social care services include supporting people to live their daily lives and helping them with basic personal care like washing, dressing and eating. The

support may be intended to help someone become more independent, or to keep in touch with friends or activities they enjoy. This means they are not limited to choosing from existing services such as day centres, respite care or homecare, but may still choose them if that will best meet their needs. (Report: Self-directed support June 12, 2014 by Auditor General, Accounts Commission)

Focus on Health

We need to support people in Shetland to make informed choices, to take control and contribute to their own health and wellbeing. There are some lifestyle choices and behaviours which persist within society that may impact negatively on people's ability to look after their own wellbeing and live in good health for longer. The Scottish Government's Health and Social Care Delivery Plan 2016 states that, "we need to move away from doing things to people to working with them on all aspects of their care and support.....to one based on anticipation, prevention and self management". With our partners, we have identified several strands of work where we consider that Shetland could do better. We have put in place programmes of work to:

- reduce the percentage of adults who smoke
- reduce premature mortality from Coronary Heart Disease among under 75s
- increase physical activity levels
- reduce obesity levels
- address issues associated with mental health, wellbeing and resilience
- promote suicide prevention
- recognise and respond to public protection issues e.g. domestic violence
- reduce harm caused by alcohol; and
- address issues caused by substance misuse

Delivering the Right Support at the Right Time

We want to make sure that we reduce the 'waste' in the system by getting people the right support, at the right time so that resources are used more effectively and that people experience better outcomes. More emphasis is now being placed on preventative services and early interventions to support people to live more independently in the community and initiatives have already been implemented to provide this support, address gaps in services, relieve pressure on frontline services and reduce readmissions to hospital. There has been investment made in the Intermediate Care Team, and the introduction of the Welcome Home Shetland service but there is a need for further, community based services to be developed. Agencies are working together to develop more integrated services and improve health outcomes for people who need support.

With the increased number of people suffering from health conditions the number of unpaid carers is also expected to rise. We recognise the value of unpaid carers and the need to provide them with the right support to allow them to continue in their caring role without negatively affecting their own health and wellbeing.

The Case for Change

All of these factors combine to make a strong case for change.

We know that our population is getting older and while patient expectation of services is increasing, our ability to meet these increasing demands is being compromised by difficulties with recruitment and financial constraints. The Scottish Government 2020 Vision for the future of health and social care in Scotland emphasises the need to change the way we provide care for our patients. We endorse the need to do things differently and to invest in prevention and early intervention with partners to improve the health or our population, enabling them to live longer and keep well whilst addressing the inequalities that many of our most vulnerable people living in Shetland experience everyday of their lives.

We need to ensure that all service providers are well prepared for the changes in our community demographics and are in a position to provide high quality care in a way that puts the person at the centre of all decisions.

The pressure of trying to provide care to an ageing populating with less money and a smaller working age population means that current models of care delivery are unsustainable. Health and Social Care services cannot continue to be provided in the same way as at present if we are to provide the best possible services for the local population. New models of care are needed to provide safe and affordable services and to meet the growing demand for self-funded help.

We recognise that there is a need to improve the health and wellbeing of our residents so that our population is more resilient, independent and are able to better self-manage their own health. Early intervention and prevention can effectively contribute towards this and there is a need to further develop services and support service providers who deliver these services.

In summary, the time to change has never been as important to us as we look to create a new environment where the language of transformation and innovation is part of our everyday culture, something we all agree that we need to embrace with fresh ambition.

How the Provision of Care Needs to Change

Audit Scotland, in their report on 'Changing Models of Health and Social Care' stated that,

> *"the growing number of people with complex health and social care needs, particularly frail older people, together with continuing tight finances, means that current models of care are unsustainable. New models of care are needed."* [2]

[2] Changing models of health and social care by Audit Scotland, March 2016

The policy focus is to find ways to enable folk to stay safely and independently in their own home for as long as possible; moving away from hospital and residential models of care and create sustainable models of community care resources, including the development of integrated, multi-purpose care 'hubs' within each community identifying, where possible, opportunities for the co-location of services within one physical space and sharing back office support functions.

The value of unpaid carers and local and national third sector organisations in building sustainable service models is acknowledged and will form an integral part of how care and support services are delivered. It is important to recognise the value that service users bring to their community and there is a need to invest in models that build community resilience and increase capacity so that more people can remain within their own community.

The Health and Social Care Partnership and other service providers need to embrace the advancements and changes in technology. There is potential for home or community based technology, video conferencing facilities, social media and smart phone applications to transform interactions between professionals/service providers and patients/service users, including helping them to live safely in their own home, manage long term conditions and help them to look after and improve their own health and wellbeing.

Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan has determined strategic priorities for the period 2017 – 2020. These will be built on:

- Keeping people safe from harm, protecting vulnerable people
- Delivering integrated health and care pathways and single point of entry to services by continuing to shift resources to primary and community care
- Strengthening and working in partnership with individuals, their families and communities
- Reducing avoidable admission to and inappropriate use of hospital services
- Developing primary care and community responses through multi-disciplinary teams
- Supporting unpaid carers

- Tackling inequalities, with a focus on health inequality
- Prevention and early intervention
- Promoting health lifestyles
- Improving mental health and wellbeing
- Promoting self management and independence

Scope for the Future and How Providers Can Adapt

We want to work with our partners to deliver seamless services through the integration of health and social care support services. Providers who reshape their delivery models to meet these changes will be better placed to respond to future procurement opportunities.

Providers should:

- Be aware that with the implementation of Self Directed Support the purchaser will increasingly be the service user themselves rather than the Local Authority or NHS.
- Consider how they can make access to their services straightforward, ensuring that people are well informed of all the care and support options available, and the costs involved.
- Develop ways to make their services 'early intervention and prevention' focussed and support people to live independently in their own homes or a homely setting.
- Consider how their services can work within the local community and support the building of capacity within these communities.
- Collaborate with place and interest-based community, voluntary, faith and leisure groups to reduce loneliness and isolation.
- Look to create smarter partnership working opportunities. Consider where there is scope to share knowledge and expertise, resources or back office functions.
- Work proactively to quality assure their services so that they are able to evidence positive outcomes for service users.

Our Commitment

We are committed to working closely with our partners in the third and independent sectors in reshaping the landscape of health and social care provision so that we can provide the best possible services for the local population both now and in the future.

To ensure we are able to do this we will create genuine opportunities for engagement to communicate these changes with service providers. We will continue to analyse the evolving needs of our communities, so that we can shape the key strategic priorities that we are committed to delivering against and look to actively share the intelligence we garner on population trend and projected future demographics, the current demand for and costs of care, and what we predict the future demand for health and social care will look like.

It is important that we work with providers to explore ways that they can:

- Build on existing models of care,
- Pinpoint service gaps,
- Work within local communities to build capacity and resilience,
- Redesign services,

- Bring together a range of services,
- Make their care and support services 'person centred' to meet the growing demand for self-directed support,
- Provide care at home services which increase the range and flexibility of options available to service users,
- Support carers to reduce the impact that caring has on their own health and wellbeing,
- Agree Outcome and Performance Frameworks to ensure providers can evidence quality of service.

We will engage with providers to understand what support we can provide to enable them to achieve these changes, how long it takes to plan and implement new care models, and what the barriers are so that we can work with providers to overcome these. We recognise that smaller providers may need encouragement and nurturing during this process and we are committed to providing support for both existing and any potential new providers in the third or independent sector through Business Gateway.

We are committed to working with our partners to integrate services from the third and independent sectors into mainstream service to provide a seamless experience for service users. As the purchaser of these services will increasingly be the service user themselves it is vital that we ensure people understand what support is available and that they are able to make informed choices by having easy access to information about the quality, flexibility, safety and cost of services.

By being clear with providers about how we will intervene in the market, about how we will allocate funding in the future and what services we will invest/dis-invest in, and about what support and advice we can give, we hope to drive effective change that will allow us to both achieve a balance in the supply and demand for services and improve the overall availability and quality of services.

Shetland Islands Health and Social Care Partnership

Agenda Item

6

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8 March 2018
Report Title:	IJB Business Programme 2017/18 and 2018/19	
Reference Number:	CC-12-18 F	
Author / Job Title:	Simon Bokor-Ingram, IJB Chief Officer	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board RESOLVES to consider and approve its business planned for the financial year to 31 March 2018 (Appendix 1) and 31 March 2019 (Appendix 2), including any changes or additions identified.

2.0 High Level Summary:

2.1 The purpose of this report is to allow the IJB to review the business that was presented to the Board over the financial year to 31 March 2018, and to consider the planned business to be presented to the Board during the financial year to 31 March 2019, and discuss with Officers any changes or additions required to that programme.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

3.2 In order to fulfil the statutory duties with regard to the functions delegated to the IJB by the Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board), and in order to meet public governance principles, the IJB must make sure its Business Programme supports its role in the planning and direction of services to meet the needs of some of the most vulnerable people in our community, and to set its business in accordance with local and national reporting frameworks.

4.0 Key Issues:

4.1 The IJB's governance documents contain the legislative requirements and matters of best practice and standards, and the Business Programme enhances these by publicising the plans for decision making and other public reporting requirements, in keeping with the principles of good governance.

4.2 There is a strong link between strategic planning and financial planning, to provide the best possible environment to ensure that the strategic direction, service models and resources to deliver services are aligned.	
5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Business Programme provides the community and other stakeholders with important information, along with the Strategic Commission Plans, as to the planned business for the coming year.
6.2 Human Resources and Organisational Development:	There are no direct impacts on staffing or organisational development matters with regard to approval of the Business Programme. However approval of the Business Programme will give direction and assurances to staff with regard to the timing and requirements for decisions and public reporting that the IJB has agreed.
6.3 Equality, Diversity and Human Rights:	There are no direct impacts on equality, diversity or human rights with regard to approval of the Business Programme, although individual items will have to have regard to those in terms of any outcomes and associated risks. The recommendation in this report does not require an Equalities Impact Assessment.
6.4 Legal:	The IJB is advised to establish a Business Programme, but there are no legal requirements to do so. There are no direct legal impacts with regard to approval of the Business Programme, although individual reports will have to have regard to current and impending legislation and the impact on the IJB, and the services which the NHS and SIC deliver, in terms of outcomes and legal risks.
6.5 Finance:	The there are no direct financial implications by approving the Business Programme, but indirect costs may be avoided by optimising time spent by officers and members of the IJB at scheduled meetings. Regular financial and performance reporting will ensure that the IJB fulfils the terms of the Integration Scheme. Any costs associated with the development and

	maintenance of the IJB Business Programme will be met from within existing budgets of the Council and the Health Board.
6.6 Assets and Property:	There are no implications for major assets and property. It is proposed that all meetings of the IJB will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board.
6.7 ICT and new technologies:	There are no ICT and new technology issues arising from this report.
6.8 Environmental:	There are no environmental issues arising from this report.
6.9 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 IJB, the Council or the NHS. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the IJB's Business Programme with the objectives and actions contained in its Strategic Plans could mitigate against those risks.
6.10 Policy and Delegated Authority:	As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf. Having in place a structured approach to considering key planning, policy and performance documents at the right time is a key element of good governance. Regular Business Planning reports are already prepared for each IJB meeting.
6.11 Previously considered by:	None

Contact Details:
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27 February 2018

Appendices:
Appendix 1 Business Programme 2017/18
Appendix 2 Business Programme 2018/19

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2017/18

as at Friday, 02 March 2018

Integration Joint Board		
	Date of Meeting	**Business**
Quarter 1 1 April 2017 to 30 June 2017	Thursday 25 May 2017 at 10 a.m.	• Appointment of IJB Committees • Decision Making Structures • Strategic Risk Register • Annual Business Programme
	Friday 23 June 2017 at 2 p.m.	• Performance Overview Quarter 4 • Draft 2016/17 Accounts • Health & Social Care Annual Performance Report 2016/17 • Financial Monitoring Report to 31 March 2017 • Legislation Requirements for Directors • Chief Internal Auditor – Annual Report 2016/17 • Appointment to IJB Audit Committee
Quarter 2 – 1 July 2017 to 30 September 2017	Thursday 13 July 2017 at 10 a.m.	• Use of Integrated Care Fund and Additionality for 2017/18 • Remit of Strategic Planning Group • Management Arrangements for Strategic Change Programme • Local Delivery Plan (LDP) 2017-2020 • Directions to Shetland Islands Council
	Wednesday 6 September 2017 at 10 a.m.	• Q1 Management Accounts • Q1 Key Performance Indicators • A Regional Clinical Strategy and Developing a North of Scotland Regional Delivery Plan • Autism Spectrum Disorder Strategy 2016/17: Action Plan Update • IJB Appointments • 2017/18 Business Programme • Bridging the Finance Gap 2017/18
	Thursday 21 September 2017 at 10.30 a.m.	• Final 2016/17 Accounts • 2016/17 Annual Audit Report • Joint Strategic Commissioning Plan Refresh Process • Commissioned Services • 2018/19 Budget Setting Process
Quarter 3 - 1 October 2017 to 31 December 2017	Wednesday 25 October 2017 at 2 p.m.	• CSWO Annual Report • Joint Organisational and Workforce Development Protocol • Winter Plan • 2017/18 Business Programme

Shetland NHS Board | Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2017/18

as at Friday, 02 March 2018

	Tuesday 19 December 2017 at 2 p.m.	• Q2 Management Accounts and Financial Recovery Plan Update • Q2 Performance Overview • Achieving Excellence in Pharmaceutical Care • Directions to SIC and NHSS • 2017/18 Business Programme

Integration Joint Board - continued

	Date of Meeting	**Business**
Quarter 4 1 January 2017 to 31 March 2018	Thursday 22 February 2018 at 10 a.m.	• Appointment to IJB Audit Committee • Non Voting Member Appointments to IJB • 2018/19 Budget Setting • MoU – New Scottish GP Contract • Shetland Partnership Plan (LOIP) – Consultation Response • Amendment to the Integration Scheme as a consequence of Carers (Scotland) Act 2016 • 2017/18 Business Programme
	Thursday 8 March 2018 at 2 p.m.	• 2018/19 Budget Setting Update • Market Facilitation Plan • Financial Monitoring Report to 31/12/17 • Falls Prevention Initiative • Q3 Management Accounts • Q3 Performance Overview • 2017/18 and 2018/19 Business Programmes

Planned business still to be scheduled - as at Friday, 02 March 2018

- Code of Corporate Governance – Approval
- Joint Strategic Commissioning Plan - Approval

END OF BUSINESS PROGRAMME as at Friday, 02 March 2018

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Friday, 02 March 2018

Integration Joint Board		
	Date of Meeting	**Business**
Quarter 1 1 April 2018 to 30 June 2018	Wednesday 6 June 2018 at 2 p.m.	• Efficiency Savings in Mental Health • Social Care Model • Joint Strategic Commissioning Plan • Self Directed Support Costs • Primary Care Improvement Plan • IJB Action Tracker • 2018/19 Business Programme
	Wednesday 20 June 2018 at 3 p.m.	• 2017/18 Q4 Management Accounts • 2017/18 Q4 Key Performance Indicators • Business Programme 2018/19
Quarter 2 – 1 July 2018 to 30 September 2018	Wednesday 5 September 2018 at 2 p.m.	• 2018/19 Q1 Management Accounts
	Friday 21 September 2018 at 10.30 a.m.	• Final 2017/18 Accounts • 2017/18 Annual Audit Report
Quarter 3 - 1 October 2018 to 31 December 2018	Wednesday 8 November 2018 at 2 p.m.	• 2018/19 Q2 Management Accounts

Integration Joint Board - continued		
	Date of Meeting	**Business**
Quarter 4 1 January 2019 to 31 March 2019	Wednesday 23 January 2019 at 2 p.m.	• *To be confirmed*
	Wednesday 13 March 2019 at 2 p.m.	• 2018/19 Q3 Management Accounts

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Friday, 02 March 2018

Planned business still to be scheduled - as at Friday, 02 March 2018

Planned business still to be scheduled - as at Friday, 02 March 2018

- Code of Corporate Governance – Approval

END OF BUSINESS PROGRAMME as at Friday, 02 March 2018