Shetland Islands Health and Social Care Partnership

NHS Shetland **Shetland NHS Board**	**Shetland Islands Council**

Enquiries to   Leisel Malcolmson Direct Line: 01595 744599 E-mail: leisel.malcolmson@shetland.gov.uk
21 June 2019

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Thursday 27 June 2019 at 3p.m.
Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick

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

Yours sincerely

Josephine Robinson
Interim Chief Officer

Chair: Ms Natasha Cornick
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   Unaudited Accounts 2018/19
CC-26

2   Interim External Audit Report
CC-25

3   Financial Monitoring Report to 31 March 2019
CC-27

4   Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 4 – January - March 2019
CC-28

5   Shetland Islands Health and Social Care Partnership Annual Performance Report 2018-19
CC-29

6   Performance Management Framework 2019-2024
CC-24

7   IJB Business Programme 2019 and Action Tracker
CC-30

Shetland Islands Health and Social Care Partnership

Meeting(s):	Integration joint Board Audit Committee Integration Joint Board (IJB)	27 June 2019 27 June 2019
Report Title:	Unaudited Accounts 2018/19	
Reference Number:	CC-26-19-F	
Author / Job Title:	Karl Williamson/IJB Chief Financial Officer	

1.0	Decisions / Action required:

1.1   That the IJB Audit Committee and Integration Joint Board:

    a) CONSIDER the 2018/19 Unaudited Annual Accounts for the Shetland Integration Joint Board (Appendix 1) and;

    b) CONSIDER the information at section 4.0 that highlights the key issues from the 2018/19 accounts.

1.2   That the IJB Audit Committee and Integration Joint Board approves the Annual Governance Statement 2018/19 that forms part of the accounts (Appendix 1, pages 12-15).

2.0	High Level Summary:

2.1   The Local Authority Accounts (Scotland) Regulations 2014 require the IJB to prepare and publish a set of accounts, including an annual governance statement, by 30 June each year.

2.2   The draft accounts are then required to be formally considered by the IJB and IJB Audit Committee no later than 31 August 2019 and the Annual Governance Statement should be formally approved at this time.

2.3   The accounts are then submitted to Deloitte for external audit by 30 September 2019. The audited accounts will be presented to the IJB and IJB Audit Committee on 26 September 2019.

3.0	Corporate Priorities and Joint Working:

3.1   The annual accounts is a key element of the IJB's overall governance and reporting arrangements and helps to assess its ability to provide best value and deliver its priorities as outlined in the Strategic Commissioning Plan.

4.0	Key Issues:

4.1   The unaudited accounts include the following primary financial statements:

- Comprehensive Income and Expenditure Statement – this shows the accounting cost in the year of providing services in accordance with generally accepted

practices (GAAP).

- Balance Sheet – this shows the value of all assets and liabilities recognised by the IJB. The net assets of the IJB stand at £905k as at 31 March 2019.

4.2 The Management Commentary provides an overview of the most significant matters in the Accounts the key points are summarised for members' consideration below:

- The IJB made an accounting surplus of £0.541m in 2018/19, due to underspend in the year of Scottish Government Additionality Funding and other specific NHSS Funding which will be carried forward into 2019/20;

- This surplus of £0.541m was only achieved following substantial one off additional payments from Shetland Islands Council and NHS Shetland. This position is not sustainable and services must be redesigned urgently to align with the Medium Term Financial Plan.

- The IJB oversaw service strategic initiatives and activities, building on work from previous years. These include the progression of the Adult Mental Health redesign project and the development of the Primary Care Improvement Plan.

- The IJB approved its Strategic Commissioning Plan 2019-2022 and Shetland's Partnership Plan 2018-2028 during the year. Both are key strategic plans which will provide a framework for the continued progress of integrated working in Shetland.

5.0	Exempt and/or confidential information:
5.1	None.
6.0	Implications :

6.1 Service Users, Patients and Communities:	None
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	The Local Authority Accounts (Scotland) Regulations 2014 require IJB members to consider the unaudited accounts at a meeting to be held no later than 31 August.
6.5 Finance:	The accounts form part of the annual performance cycle which aids members in establishing their view on whether the objectives of the Strategic Commissioning Plan have been achieved.
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None
6.9 Risk Management:	The annual accounts are subject to external audit by 30 September 2019, in order to mitigate risk of material misstatement.
6.10 Policy and Delegated Authority:	The IJB Committee are to consider the IJB Annual Accounts before submission and approval by the IJB, as set out in Section

	5.2 of its Terms of Reference. Approval of the annual accounts of the IJB is a matter reserved to the IJB, as set out in Section 6 of its Scheme of Administration.	
6.11 Previously considered by:	N/A	

Contact Details:
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Chief Financial Officer
karlwilliamson@nhs.net

10 June 2019

Appendices:
Appendix 1: Shetland Integration Joint Board Draft Annual Report and Accounts 2018/19 (Including Annual Governance Statement)

Background Documents: *The Local Authority Accounts (Scotland) Regulations 2014*

Unaudited Annual Accounts 2018/19

NHS Shetland

Shetland Islands
Integration Joint Board

Contents

Shetland Islands Integration Joint Board

Introduction

The Shetland Islands Health and Social Care Partnership (Integration Joint Board) is a Body Corporate, established by Parliamentary Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014, on 27 June 2015.

The Parties:

Shetland Islands Council ("the Council" or "SIC"), established under the Local Government etc. (Scotland) Act 1994.

Shetland Health Board ("the Health Board" or "NHS Shetland" or "NHSS"), established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as Shetland NHS Board).

The Parties agreed the Integration Scheme of Shetland Islands Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board.

The Shetland Health and Social Care Partnership Members for 2018/19 were as follows:

Voting Members:

- Mr A Duncan (Vice Chairperson – SIC)
- Ms E MacDonald (SIC)
- Ms Shona Manson (NHSS)
- Ms Natasha Cornick (Chairperson – NHSS) – appointed as Chairperson 13 March 2019
- Mrs M Williamson (Chairperson - NHSS) – resigned 13 March 2019
- Mr R McGregor (SIC)
- Ms Jane Haswell (NHSS) – appointed 13 March 2019

Non-Voting Members:

- Mr S Bokor-Ingram (Chief Officer)
- Mrs M Nicolson (Chief Social Work Officer)

- Mr K Williamson (Chief Financial Officer)
- Mr J Guyan (Carers' Representative)
- Dr S Bowie (GP Representative) –Resigned 17 October 2018
- Mrs E Watson (Lead Nurse for the Community)
- Ms S Gens (Staff Representative)
- Mrs C Hughson (Third Sector Representative)
- Ms M Gemmill (Patient / Service User Representative)
- Mr I Sandilands (Staff Representative)
- Dr P Wilson (Senior Consultant: Local Acute Sector) – Appointed 5 September 2018
- Vacant (Senior Clinician – GP)

Post Year End Changes to Voting Membership

Since 1 April 2019 there have been no further changes to membership.

1

Shetland Islands Integration Joint Board

Management Commentary

The purpose of the Management Commentary is to inform all users of these Accounts and help them to understand the most significant aspects of Shetland Islands Health and Social Care Partnership's financial performance for the year to 31 March 2019 ("period", "year") and its financial position as at 31 March 2019.

The Management Commentary has been prepared in accordance with the requirements of the Local Authority Accounts (Scotland) Regulations 2014 (SSI 2014/20) and the statutory guidance in Finance Circular 5/2015 and based on Companies Act legislation and Financial Reporting Council (FRC) guidance.

Background

Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long-term conditions and disabilities, many of whom are older people.

The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on 1 April 2014. SIC and the Board of NHSS, took the decision that the model of integration of health and social care services in Shetland would be the Body Corporate, known as an Integrated Joint Board (IJB).

Under the Body Corporate model, NHSS and SIC delegate the responsibility for planning and resourcing service provision of adult health and social care services to the IJB.

As a separate legal entity, the IJB has full autonomy and capacity to act on its own behalf and can make decisions about the exercise of its functions and responsibilities as it sees fit.

The IJB is responsible for the strategic planning of the functions delegated to it by SIC and NHSS and for the preparation of the Strategic Plan. The Strategic Plan specifies the services to be delivered by the Parties. The IJB is also responsible for ensuring the delivery of its functions through the locally agreed operational arrangements set out within its Integration Scheme, which can be found at;

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/SHSCPartnershipIntegrationScheme15May2015_000.pdf

The practical application of the Integration Scheme is managed and administered in accordance with the Financial Regulations, Standing Orders and Scheme of Administration of the Parties, as amended to meet the requirements of the Act.

Purpose and Objectives

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act; as follows:

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 reducing any negative impact of their caring role on their own health and wellbeing.

7. People using 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

2

Shetland Islands Integration Joint Board

information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care.

The Scottish Government 2020 Vision is that, "By 2020, everybody is able to live longer, healthier lives, at home or in a homely setting".

Shetland's Partnership Plan

The Shetland Partnership is a wide range of partners and community bodies who collectively make up the Community Planning Partnership (CPP) for Shetland. A CPP should have a clear and ambitious vision for its local area.

The Partnership and the key partners within it, including the IJB, SIC & NHSS, have a statutory duty to produce Shetland's Partnership Plan and ensure it is delivered and resourced.

Extracts from Shetland's Partnership Plan 2018-2018:

Our *shared* vision

"Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges"

Our *shared* priorities

Participation
People participate and influence decisions on services and use of resources

People
Individuals and families thrive and reach their full potential

Place
Shetland is an attractive place to live, work, study and invest

Money
All households can afford to have a good standard of living

The IJB approved the Shetland Partnership Plan 2018-2028 – the Local Outcomes Improvement Plan (LOIP) on 20 June 2018, agreeing to prioritise resources in the annual budgeting process to improve local outcomes.

The focus for the IJB with regard to delivery of the LOIP outcomes will be 'People' and 'Participation' with specific focus on;

Tackling alcohol misuse
Healthy weight and physical activity
Low income/poverty
Satisfaction with public services
People's ability to influence and be involved in decisions which affect them.

Strategic Plan

The IJB approved its Strategic Commissioning Plan 2019 -2022 on 13 March 2019. This sets out its vision for health and care services in Shetland.

Our vision is that by 2025 everyone is supported in their community to live longer, healthier lives and we will have reduced health inequalities.

The IJB put the preparation of the Strategic Plan on hold during 2018-19, while NHS Shetland facilitated a 'Scenario Planning' exercise to understand more fully the issues the Board faced and look at ways to address these. This identified some key themes that are likely to impact on health and care services in the future:

- Demand
- Prevention
- Economics
- Workforce
- Integration
- Technology

The Strategic Commissioning Plan 2019-2022 now sets out an ambitious plan for health and care services in the future, with aspirations for seamless services, wrapped around the needs of individuals, their families and communities.

The Plan sets out the IJB's priorities for the next 3 years taking all the national, regional and local

3

drivers for change. The IJB intends to continue to evolve its services models to:

Develop a single health and care system - We will have in place seamless services, wrapped around the needs of individuals, their families and communities, which are not restricted by organisational or professional boundaries. Where possible we aim to deliver a 'one stop shop' approach to health and care.

Maximise population health and wellbeing – people will be supported to look after and improve their own health and well-being, helping them to prevent ill health and live in good health for longer

Develop a unified primary care service with multi-disciplinary teams working together to respond to the needs of local populations

Streamline the patient's journey in hospital – we will work to make sure that people get the right care in the right place at the right time by maximising outpatient, ambulatory, day care services and minimising in-patient stays

Achieve a sustainable financial position by 2023

Performance Overview

Managing performance is part of the 'commissioning cycle' which seeks to provide good evidence to ensure that services are prioritised, designed and delivered to meet need. The overall purpose of recording and reporting on performance is to use that evidence to deliver good quality services, and to improve how we do things.

The Scottish Government published an updated National Performance Framework during 2018-19. The framework aims to reduce inequalities and give equal importance to economic, environmental and social progress. To achieve its purpose the framework sets out 'national outcomes' which are to measured using national indicators. The national indicators specific to health are:

- Healthy Life Expectancy
- Mental Wellbeing
- Healthy Weight
- Health Risk Behaviours

- Physical Activity
- Journey by Active Travel
- Quality of Care Experience
- Work Related Ill Health
- Premature Mortality

Operational Review

In 2018/19 the IJB set out to put in place arrangements to improve services through a range of initiatives and activities, building on work from previous years.

Our achievements during 2018-19 include:

- The Adult Mental Health redesign project has been progressed, with a focus on creating multi-disciplinary teams and appropriate referrals and care pathways;
- The Social Care programme of work reinforced our approach to 'care at home' being the principle objective of how we care for our service users, with several 'tests of change' being developed around prevention and 24 hour care support. Innovative approaches to workforce recruitment and retention is supporting this work;
- Development of our approach to implementing the Primary Care Improvement Plan, to support how we organise ourselves to ensure that our service users get seen by the right person, in the right place to address their health and care needs;
- A reinvigorated approach to Self Directed Support, with a significant investment in training and coaching to support our staff to have good conversations around choice and flexibility of services, and to them find ways to meet that need through innovative approaches and 'tests of change';
- The Intermediate Care Team is now firmly embedded to support reablement and we invested in the Otago Falls Prevention programme to help avoid people injuring themselves and requiring treatment;
- The community pharmacy work has been developed to provide support to people to

4

manage their own medicines in community settings and provide services within care homes to ensure residents are receiving medicines safely and that waste is avoided;

- A community co-production project has been undertaken with the support of the Scottish Health Council on the island of Bressay to explore and implement solutions to providing health and care services to a community with no resident health staff;
- Rolling out training on an asset based approach to a wide range of stakeholders - including to people outwith the health and care sectors;
- The Domestic Abuse and Sexual Violence Strategy was refreshed and endorsed by the IJB, the NHS Board and the local authority with a strong platform of development work to tackle the root causes, as well as addressing acute and ongoing support needs for people affected by abuse;
- The IJB strengthened its approach to financial planning with the establishment of a Medium Term Financial Plan.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to report against the National Health and Well-being measures, which draw on a mix of qualititative and quantitative measures. The qualitative measures come from the annual Care Experience and Staff survey administred by the Scottish Governement. For most of these, Shetland performs well compared to Scottish levels. In terms of system measures, Shetland has performed well against the national benchmarks, as shown below.

National Outcome Indicators	Current Performance	Scotland Rate
Premature mortality rate (per 100,000)	323	425
Rate of emergency admissions for adults (per 100,000)	10,350	12,183
Rate of emergency bed days for adults (per 100,000)	65,137	123,035
Readmissions to hospital within 28 days of discharge (per 1,000)	69	102
Proportion of last 6 months of life spent at home or in a community setting	94.20%	89.20%
Falls rate per 1,000 population in over 65s	18	22
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	97%	Not Known
Number of days people (75+) spend in hospital when they are ready to be discharged (rate per 1,000)	505	762
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	14%	25%

5

Shetland Islands Integration Joint Board

Primary Financial Statements

The Financial Statements detail Shetland Health and Social Care Partnership's transactions for the year and its year-end position as at 31 March 2019. The Financial Statements are prepared in accordance with the International Accounting Standards Board (IASB) Framework for the Preparation and Presentation of Financial Statements (IASB Framework) as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom.

A description of the purpose of the primary statements has been included immediately prior to each of the financial statements: The Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement and the Balance Sheet. These Statements are accompanied by Notes to the Accounts which set out the Accounting Policies adopted by the Partnership and provide more detailed analysis of the figures disclosed on the face of the primary financial statements.

No Cashflow Statement is required as the IJB does not operate a bank account or hold cash.

The primary financial statements and notes to the accounts, including the accounting policies, form the relevant financial statements for the purpose of the auditor's certificate and opinion. The remuneration of the Chief Officer of the Partnership is disclosed in the Remuneration Report.

Financial Review

At its meeting on 22 February 2018 the IJB noted its 2018/19 indicative budget of £44.099m. Subsequently budget revisions have been made during the year for additional funding allocations and application of contingency and cost pressure budgets with the total budget delegated from the IJB to the Parties for 2018/19 being £46.145m (£44.222m 2017/18).

The purpose of the Financial Statements is to present a public statement on the stewardship of funds for the benefit of both Members of the IJB and the public. The IJB is funded by SIC and NHSS.

The Comprehensive Income and Expenditure Statement presents the full economic cost of providing the Board's services in 2018/19.

For the year-ended 31 March 2019, the IJB generated a surplus of £0.541m (£0.239m 2017/18), after adjustment has been made for additional contributions made by SIC and NHSS.

The surplus of £0.541m represents the underspend of Scottish Government Additionality Funding and other specific funding allocations made to NHS Shetland during the year. This funding will be carried forward and the IJB can then make decisions on how best it can be utilised to further its objectives, in line with its Strategic Plan.

The outturn position at 31 March 2019 for the IJB is an overall deficit against budget of £3.116m (2017/18: £2.392m), which represents an overspend in relation to services commissioned from SIC of £0.157m (underspend £0.446m 2017/18) and an overspend in relation to services commissioned from NHSS of £2.959m (overspend £2.838m 2017/18). The £3.116m deficit (which includes 'set aside budget") is detailed in Row 3 in the following table.

6

Shetland Islands Integration Joint Board

Financial Transactions 2018/19

		SIC £000	NHSS £000	Total £000
1	Budgets delegated to the Parties from the IJB	22,396	23,830	46,226
2	Contribution from the Parties to the IJB (against delegated budgets)	(22,553)	(26,789)	(49,342)
3	Surplus/(Deficit)	(157)	(2,959)	(3,116)
4	Additional contributions from Parties to meet IJB Direct Costs	(15)	(14)	(29)
5	IJB Direct Costs (Audit fee, Insurance & Members Expenses)	15	14	29
6	Additional contributions from SIC and NHS to IJB	144	3,513	3,657
7	Final Surplus/(Deficit) of IJB	(13)	554	541

Significant Budget Variances

Mental Health: overspend of £0.463m (22.4% of £2.071m budget)

The overspend relates mainly to the cost (including flights and accommodation) for a Consultant Mental Health locum in the year (£0.652m). This is partially off-set by an underspend against NHS Grampian Mental Health SLA £0.146m due to reduced activity.

The outcome of an international recruitment process will be known in June 2019 and it is hoped that this will result in a reduction in the requirement for expensive locums.

Primary Care: underspend of £0.139m (2.4% of £5.676m budget)

The underspend belies overspending on locum cover for General Practitioners during the year in Health Centres where it was not possible to fill vacant posts, with notable overspend against budgets at, Yell (£0.127m), Whalsay (£0.080m), Unst (£0.093m), Brae (£0.128m). There was also a further overspend as a result of in-year cost pressure following the TUPE transfer of staff at the Scalloway Practice (£0.160m), combined with (£0.070m) locum cost.

The overspending above has been off-set by £1.2m additional primary care, island harmonisation funding received from the Scottish Government in January 2019.

The shared priorities of the LOIP include the objective to attract people to live, work and invest in Shetland.

NHS Shetland are engaged in a partnership project with their counterparts in Orkney, Western Isles and Highland to encourage GPs at any point in their career to work in romote areas of Scotland for fixed periods of time. Phase 1 of the project has been successful in recruiting 28 GPs who will work across the Boards. NHS Shetland are current in negotiation around Phase 2 Scotland wide and Phase 3 International.

Community Nursing: overspend of £0.172m (6.0% of £2.862m budget)

The overspend relates some nursing bank usage and the cover for an Allied Health Practitioner being provided by a GP locum from May to July 2018, including travel costs.

Adult Services: underspend of £0.065m (1.2% of £5.472m budget)

The underspend relates to vacant posts during the year, both at Eric Gray Resource Centre and across Supported Living and Outreach, £0.080m. This has been off-set by overspending at Newcraigielea due to increased demand for this service in the year (£0.053m).

Community Care Resources: overspend of £0.398m (3.5% of £11.350m budget)

7

Shetland Islands Integration Joint Board

The overspend relates mainly to:

- The increased cost of Off-Island Placements following the addition of 2 packages in the year (£0.135m). Unfortunately, there are cases which we do not have the correct resources to meet in Shetland;

- Write off of charging income which has been deemed irrecoverable (£0.074m);

- Agency staffing costs required to meet service demand, as a result of long-term sickness and difficulties in recruitment and retention in various locations (£0.534m);

- Overspend in employee costs at Wastview and Montfield due to increasing the rota in the early part of the year to deal with specific packages of care (£0.234m);

- Off-set by underspend in employee costs across Community Care Resources, significantly at Support At Home Central, £0.073m due to vacant posts, which has been managed as a result of service demand being less than anticipated. Recruitment and retention difficulties at North Haven & Overtonlea & Nordalea led to the use of agency staff and underspend through vacant posts of, £0.087m and there was further underspend at Isleshavn where care home capacity being reduced from 10 to 7 beds for most of the year due to inability to staff the unit to the correct level, £0.069m;

- The overspend is further off-set by savings made in mileage costs due to efficient route planning, use of a fleet vehicle in Yell and the impact of the Council's change to paying the HMRC mileage rate, £0.074m;

- There was an overachievement of Board and Accommodation income in the year, £0.504m. Charging income can vary significantly dependent on the financial circumstances of those receiving care and allowance was made in the year for the anticipated level of waived charges as a result of legislation, such as the Carers Act, expected in the year.

Recruitment and retention of staff continues to be difficult, however the Modern Apprenticeship programme has encouraged people to take up social care work and the SIC also supports the vocational programme in social care run by the Anderson High School which aims to encourage school pupils to take up social care roles.

The shared priorities of the LOIP include attracting people to live and work in Shetland, recognising that the population of Shetland is ageing at a faster rate than the rest of Scotland. A trial recruitment exercise will take place early in 2019/20, initially looking to recruit six social care workers from out with Shetland through the offer of relocation packages.

During 2018/19, the Council agreed to purchase 30 vehicles for Community Care Resources funded from its Spend to Save Fund, estimating savings of £0.064m per annum in mileage costs through the provision of vehicles to staff delivering care at home services. Formerly, staff were required to provide their own vehicles, which in some cases became a barrier to recruitment. The new vehicles are fitted with tracking devices that mitigate lone working concerns and allow for optimum route planning. It is hoped that recruitment and retention of care staff will be improved as a result of vehicle provision.

There are a number of "Test of Change" projects being explored within Community Care Resources with a view to looking at how staffing resources can be used more effectively and different models of care developed.   These projects will required additional funding, so work continues to build up information necessary to apply to the Council's Spend To Save Fund. It is hoped that these pilot projects can be started in 2019/20.

In addition to these projects, further service redesign in planned for delivery of meals on wheels, by bringing this in-house. This should create financial savings, whilst also provide more effective nutritional support.

The use of Agency staff has continued into 2019/20, to ensure the safe delivery of care services, but it is hoped this can be reduced or ceased through the actions above.

Unscheduled Care: overspend of £0.823m (27.8% of £2.964m budget)

The overspend in Unscheduled Care relates mainly to;

- The cost of 2 medical consultant posts being covered by locums during the year (£0.732m);

- Ward 3 and A&E ended the year with overspend of (£0.052m) and (£0.038m),

8

respectively, due to use of bank staff and maternity cover costs.

Recruitment to consultant and junior doctor posts actively continues, working closely with the Deanery, Universities and NHS Education for Scotland to look at ways in which training can be developed to support remote and rural practice and encourage doctors to take up posts in Shetland.

We have made good progress in filling junior doctor vacancies during 2018/19 and developing junior doctor opportunities in remote and rural settings through the Clinical Development Fellowship programme.

The IJB is focused on preventative work to ensure that patients are cared for in the community wherever possible and reduce pressure on services that provide emergency care.

Renal: overspend of £0.059m (29.2% of £0.202m budget)

The overspend is due to an increase in activity throughout the year resulting in the need for additional dialysis sundries and increased patient taxi costs.

Scottish Government Additionality Funding: underspend of £0.080m (13.5% of £0.592m budget)

The Scottish Government allocated £250m of funding nationally in 2016/17 to the health and social care partnerships to support the delivery of improved outcomes in social care, help drive the shift toward prevention and further strengthen its approach to tackling inequalities. Shetland Health and Social Care Partnership was allocated £1.024m of this funding.

In 2017/18, the Scottish Government agreed the 2016/17 funding allocation would be continuing and made a further national allocation of funding for Social Care of £110m. This represented a continuing annual funding allocation of £0.420m to the Shetland Health and Social Care Partnership.

As per Scottish Government guidance, £0.852m of the funding was provided to help meet a range

of existing costs faced by local authorities in the delivery of effective and high quality health and social care services in the context of reducing budgets. The remaining £0.592m was available to support integration projects and the IJB agreed it would be used as follows:

- Support for increased demand for Self-Directed Support packages - £0.348m;
- Recruitment of 2 therapist posts for the Re-ablement Programme in Care Homes - £0.086m; and
- Funding for Hospital Discharge Liaison Staff - £0.078m; and
- Support the costs associated with providing an enhanced Intermediate Care Team - £0.080m.

The IJB recognises an underspend in this funding of £0.080m, a small underspend in Re-ablement Programme in Care Homes, £0.002m, and underspend in employee costs due to vacant posts within the Intermediate Care Team during the year, £0.078m.

NHSS Specific Funding: Underspend £0.473m

Contained with the additional contribution from NHSS are 9 specific funding allocations, listed below, which were received by NHSS during the year. These allocations were held in NHSS's General Contingency budget until year-end and then passed to the IJB to be added to the IJB Reserve as an Earmarked element.

- Additional Alcohol and Drugs Partnership Funding - £0.127m
- Rediscover the job in GP – reflect and rejuvenate - £0.171m
- Screening inequalities – Year 1 Funding - £0.028m
- Primary Care Funding: Dispensing Practices per GP Contract - £0.029m
- Section 28 - £0.011m
- Attend Anywhere - £0.020m
- Action 15 - £0.039m
- Primary Care Improvement Fund - £0.011m
- GP Sub Committee - £0.037m

9

Shetland Islands Integration Joint Board

Efficiency Target: Underachieved by £1.850m

An efficiency savings target of £2.276m was identified within the 2018/19 IJB Budget, necessitating a Recovery Plan to be implemented during the year. As at 31 March 2019, there was an underachievement of £1.850m against the Recovery Plan.

Of the £0.426m savings achieved, £0.247m represented recurring savings and £0.179m were non-recurrent.

NHSS have rolled forward their unachieved savings from 2018/19 and combined this with their 2019/20 savings target. In May 2019, the IJB Board noted that the gap between the current service models and available NHSS funding for 2019/20 is £2.331m in respect of functions delegated to the IJB. The Board approved savings proposals of £1.806m, recognising that the remaining gap of £0.525m will be made from additional non-recurrent actions.

In order to look at transforming service delivery and deal with the challenges facing the IJB around workforce and available financial resources, the IJB also agreed a number of proposals for use of IJB Reserves at its May meeting. These projects are intended to support the agreed proposals within the 2019/20 Recovery Plan.

NHSS began a Scenario Planning exercise in January 2018 to look at alternative models for the delivery of health and social care service in Shetland. This has informed the development of Strategic Commissioning Plan for 2019-2022, but has not resulted in the alignment of the Strategic Plan to IJB budgets. The Strategic Plan does however set one of its main priorities of the next 3 years as achieving a financial sustainable position by 2023.

The Balance Sheet as at 31 March 2019

The IJB carried a General Reserve of £0.364m as at 1 April 2018. This reserve was created from underspending in the Scottish Government Additionality Funding in previous years.

It was agreed in 2018/19, that the Reserve would used to fund a £0.051m investment in the Falls

Prevention Programme, over 3 years, this represents a reduction to the Reserve of £0.013m in year.

Further underspending in the Scottish Additionality Funding and other specific NHSS funding allocations in 2018/19 of £0.554m have been added to the Reserve, leaving a closing General Reserve balance as at 31 March 2019 of £0.905m.

Proposals to utilise a further £0.110m of the General Reserve were agreed by the IJB on 13 May 2019. The funds will be used for the following projects;

Project	Objective	Link to National Outcome	Cost
Stress Control	Greater community resilience	1	£25,000 (over 3 years)
Alternative to residential care accommodation	Greater choice and control for individual	2	£12,172 (delivered over 3 years)
MSK Physiotherapy	Faster access to the most appropriate professional	9	£51,000 (2019/20 only)
Community Nursing Continence Service	Better quality and more efficient service	4	£8,750 (2019/20 only
Community Led Support Programme	Greater choice and control for individual	2	£13,230 (2019/20 only)
Total agreed use of General Reserve			**£110,152**

2019/20 Budget and Medium Term Financial Outlook

The IJB Board approved the proposed budget for 2019/20 of £45.649m, on 13 March 2019, subject assurance that contingency budgets of £386k and £800k had been set aside by SIC and NHSS, respectively, and that savings proposals to address the identified funding gap of £2.533m can be achieved in year.

General Reserve is also available to support the strategic objectives of the IJB.

The IJB were advised at their meeting on 14 May that the overall funding gap has reduced to £2.331m against the 2019/20 delegated budgets

10

Shetland Islands Integration Joint Board

after taking account of 2018/19 efficiency savings made. Proposals have been made where Management believe recurring savings can be achieved in year of £1.806m, with a remaining gap of £0.525m which will be closed by additional non-recurrent actions.

A Financial Recovery Plan will continue to be required in 2019/20 to address the efficiency savings required and regular updates on the Recovery Plan will be presented as part of the quarterly financial monitoring reports prepared by the Chief Financial Officer for the Board.

The Shetland IJB, like many others, faces significant financial challenges and is required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook and increasing demand for services. Additional funding for Health and Social Care Partnerships, as detailed above, was made available from the Scottish Government. Despite this additional funding, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted in future years.

The IJB approved its Medium Term Financial Plan 2019/20 to 2023/24 on 13 March 2019. Based on the current planning assumptions the Plan identifies a likely funding shortfall over the next five year of £7.7m if no action is taken to mitigate the impact of rising costs and reducing funding. The role of the IJB in planning and directing services will be key to addressing this estimated shortfall.

Principle Risks and Uncertainties

The key risks for the IJB in 2019/20 are:

- Continued staffing vacancies across IJB services, with difficulty in recruiting to both health and care roles, resulting in significant expenditure on locum costs;
- Failure to deliver recurring efficiency savings through service redesign proposals leaving a funding gap for the IJB;
- The continued need to make efficiency savings hindering the future development of services. The IJB will need to manage immediate cost pressures and any planned investment in services within available budgets;

- In order to maintain financial balance significant changes in current practise or service models may be required. It is important that proposals are evidence based on current and emerging best practice and represent the optimum balance between cost, quality and safety;
- Limited digital connectivity due to remote location, restricting the potential for use of information technology in service delivery.

11

Shetland Islands Integration Joint Board

Acknowledgement

We would like to acknowledge the significant effort of all the staff across the IJB who contributed to the preparation of the Annual Accounts and to the budget managers and support staff who have ensured delivery of the outcomes of the Strategic Plan within the financial resources available to the IJB for the year ended 31 March 2019

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Jo Robinson
Chief Officer
27 June 2019

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Natasha Cornick
Chair
27 June 2019

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Karl Williamson
Chief Financial Officer
27 June 2019

12

Annual Governance Statement

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure Best Value.

In discharging these responsibilities, the Chief Officer has a reliance on the systems of internal control of both NHSS and SIC that support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the IJB.

The IJB has adopted a Local Code of Corporate Governance ("the Local Code") consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of Internal Control

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to evaluate the nature and extent of failure to achieve the organisation's policies, aims and objectives and to manage risks efficiently, effectively and economically. As such it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control has been in place at the IJB for the financial year ended 31 March 2019 and up to the date of the approval of the Annual Accounts.

The Governance Framework and Internal Control System

The Board of the IJB comprises the Chair and five Members with voting rights; three are SIC Members appointed by the Council and three are Non-Executive Directors appointed by the Scottish Government to the NHSS Board. The IJB via a process of delegation from NHSS and SIC has responsibility for the planning, resourcing and oversight of operational delivery of all integrated health and social care within its geographical area through its Chief Officer. The IJB also has strategic planning responsibilities for a range of acute health services for which the budget is "set aside".

The main features of the IJB's system of internal control are summarised below.

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Integration Scheme which sets out the key outcomes the IJB is committed to delivering through SIC and NHSS as set out in the IJB's Strategic Plan and Annual Accounts.

- Services are able to demonstrate how their own activities link to the IJB's vision and priorities through their Improvement Plans and Service Plans.

- Performance management, monitoring of service delivery and financial governance is provided through quarterly reports to the IJB as part of the Planning and Performance Management Framework. Quarterly reports include financial monitoring of the integrated budget and the "set aside" budget, the IJB Risk Registers, performance against national outcome measures, local outcome measures and service development projects. The IJB also receives regular reports from the joint Council, Health Board and IJB Clinical, Care and Professional Governance Committee and the IJB Audit Committee.

- The Participation and Engagement Strategy sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken collaboratively with SIC and NHSS and through existing community planning networks. The IJB publishes information

13

about its performance regularly as part of its public performance reporting.

- The IJB operates within an established procedural framework. The roles and responsibilities of Board Members and officers are defined within Standing Orders, Scheme of Administration and Financial Regulations; these are subject to regular review.

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, national inspection agencies and the appointed Internal Audit service to the IJB's Senior Management Team, to the IJB and the main Board and Audit Committee.

- The IJB follows the principles set out in COSLA's *Code of Guidance on Funding External Bodies and Following the Public Pound* for both resources delegated to the Partnership by NHSS and SIC and resources paid to its SIC and NHSS Partners.

- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB.

- The IJB's approach to risk management is set out in the Integration Scheme and IJB Risk Management Strategy. Reports on risk management are considered regularly by the Health and Social Care Management Team with quarterly reporting on the IJB Risk Registers to the IJB Board and an annual report to the IJB Audit Committee.

- IJB Board Members observe and comply with the Nolan Seven Principles of Public Life. Comprehensive arrangements are in place to ensure IJB Board Members and officers are supported by appropriate training and development.

- Staff of both NHSS and SIC are made aware of their obligations to protect client, patient and staff data. The NHS Scotland *Code of Practice on Protecting Patient Confidentiality* has been issued to all NHSS staff working in IJB directed services and all staff employed by SIC working in IJB directed services have been issued with the SSSC Codes of Practice.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Service Managers within SIC and NHSS (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors, the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by Directors within SIC and NHSS. The IJB directs SIC and NHSS to provide services on its behalf and does not provide services directly. Therefore, the review of the effectiveness of the governance arrangements and systems of internal control within the IJB places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

There were two significant changes to the voting membership of the IJB during the year and up to the date of signing the annual accounts. A new Chair was appointed in March 2019 and a new Interim Chief Officer was appointed in May 2019. The previous Chair had completed their maximum permitted term as a member of NHS Shetland's Board and the previous Chief Officer was appointed to the Interim Chief Executive role in NHS Shetland. The change in membership is not considered a significant issue as thorough handovers and assurances have been received from the previous post holders. The new Chair has been a voting member of the IJB from September 2017 and the new Interim Chief Officer has worked as an Executive Manager in Shetland's Community Health & Social Care Services from 2011. Both have extensive knowledge of the IJB and its delegated functions.

There remains one significant internal control issue which continues to be highlighted by both Internal Audit and the wider scope work of External Audit. The key area of concern remains

14

Shetland Islands Integration Joint Board

focused on the carried forward funding gap and ongoing Savings and Efficiency targets. Since the inception of the IJB in 2015 the Financial Recovery Plan has not succeeded in achieving the IJBs aspiration to "develop a Strategic Commissioning Plan which minimises, or ideally eliminates, the need for a Financial Recovery Plan".

There has been recent progress as evidenced in the 2019/20 IJB Budget which has identified £1.979m savings from an initial target of £2.533m. The remaining gap of £0.554m will be sought from non-recurrent measures which there is a good track record in achieving.

An IJB Medium Term Financial Plan (MTFP) has been developed during the year and ambition is to align this plan with the Strategic Commissioning Plan so that sustainable services can be delivered within the funding allocation available.

As savings plans are developed and refined the MTFP, which will be updated annually, will begin to incorporate the financial projections of these schemes and minimise or eliminate the need for a Recovery Plan.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

IJB Members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Audit Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2013 (PSIAS) and reviews the performance of the IJB's Internal Audit Service. The appointed Chief Internal Auditor has responsibility to review independently and report to the Audit Committee annually, to provide assurance on the adequacy and effectiveness of the IJB's system of internal control.

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal

Auditor provides an independent opinion on the adequacy and effectiveness of internal control.

The work undertaken for 2018/19 focused on Directions, Self Directed Support and Shetland Specific responses to Audit Scotland's national reports on health and social care integration. The Chief Internal Auditor has also conducted a review of all relevant NHSS Internal Audit reports issued in the financial year by Scott Moncrieff.

On the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

Compliance with Best Practice

The IJB complies with the CIPFA Statement on "*The Role of the Chief Financial Officer in Local Government 2010*". The IJB's Chief Finance Officer has overall responsibility for the IJB's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff in both partner organisations to ensure the effective financial management of the IJB. The Chief Financial Officer has direct access to the Director of Finance for NHSS and the Executive Manager – Finance for SIC to address financial issues and is a member of the Local Partnership Finance Team.

The Partnership complies with the requirements of the CIPFA Statement on "*The Role of the Head of Internal Audit in Public Organisations 2010*". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "*Public Sector Internal Audit Standards 2013*".

Internal Control Issues and Planned Actions

The IJB continues to recognise the need to exercise strong management arrangements to manage the pressures common to all public bodies. Regular reviews of the IJB's arrangements are undertaken by the appointed internal auditors and overall the IJB's

15

Shetland Islands Integration Joint Board

arrangements are sound. The key area of concern continues to be in relation to the Financial Recovery Plan. The Chief Officer has agreed actions to address this governance issue and has provided assurance that all audit recommendations will be implemented or progressed.

Assurance

Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement.

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Jo Robinson
Chief officer
27 June 2019

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Natasha Cornick
Chair
27 June 2019

16

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the Integration Joint Board shall comprise three persons appointed by NHSS, and three persons appointed by the SIC. Nomination of the IJB Chair and Vice Chair post holders alternates between a SIC Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The Chair and Vice Chair did not receive any taxable expenses paid by the IJB in 2018/19 or 2017/18.

The IJB does not have responsibilities, in either the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime and no other non-voting board members of the IJB meet the criteria for disclosure.

All Partnership officers are employed by either NHSS or SIC, and remuneration to senior staff is reported through the employing organisation.

The Chief Officer is employed by NHSS but this is a joint post with SIC, with 50% of his cost being recharged to the SIC. Performance appraisal and terms and conditions of service are in line with NHS Scotland circulars and continuity of service applies. Formal line management is provided through the Chief Executive, NHSS, but the Director of Community Health and Social Care is accountable to both the Chief Executive of NHSS and the Chief Executive of SIC.

The IJB approved the appointment of the Chief Financial Officer at its meeting on 20 July 2015. The role of Chief Financial Officer for the IJB is carried out by the NHSS Head of Finance & Procurement, Karl Williamson, with NHSS meeting his full cost.

Disclosure by Pay Bands

Pay band information is not separately provided as all staff pay information has been disclosed in the information below.

17

Shetland Islands Integration Joint Board

Remuneration

The Chief Officer received the following remuneration during 2018/19:

| Senior Employees | Designation | 2018/19 | | | 2017/18 |
		Salary, Fees and Allowances £	Taxable Expenses £	Total Remuneration £	Total Remuneration £
Simon Bokor-Ingram	Chief Officer	95,006	0	95,006	93,698

Pension benefits

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB, however, has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table below shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

The Chief Officer participates in the National Health Service Superannuation Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations.

Pension entitlement for the Chief Officer for the year to 31 March 2019 is shown in the table below, together with the contribution made to this pension by the employing body.

| Name of Senior Official | Designation | In-Year Employer | | Accrued Pension Benefits | | | |
| | | | | As at 31 March 2019 | | Increase from 31 | |
		2018/19 £	2017/18 £	Pension £	Lump Sum £	Pension £	Lump Sum £
Simon Bokor-Ingram	Chief Officer	13,889	13,677	31,979	73,646	2,381	1,126

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Jo Robinson
Chief Officer
27 June 2019

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Natasha Cornick
Chair
27 June 2017

18

Statement of Responsibilities for the Annual Accounts

The Integration Joint Board's Responsibility

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board, the proper officer is the Chief Financial Officer;

- manage its affairs to secure economic, efficient and effective use of resources and to safeguard its assets;

- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and, so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and

- approve the Annual Accounts for signature.

I can confirm that these Unaudited Annual Accounts were approved for signature by the Integration Joint Board on 27 June 2019.

Signed on behalf of Shetland Islands Integration Joint Board.

The Chief Financial Officer's Responsibilities

The Chief Financial Officer is responsible for the preparation of the Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently;

- made judgements and estimates that were reasonable and prudent;

- complied with legislation; and

- complied with the local authority Accounting Code (in so far as it is compatible with legislation).

- The Chief Financial Officer has also:

- kept adequate accounting records which were up to date; and

- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the Annual Accounts give a true and fair view of the financial position of the Integration Joint Board at the reporting date and the transactions of the Integration Joint Board for the year ended 31 March 2019.

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Natasha Cornick
Chair
27 June 2019

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Karl Williamson
Chief Financial Officer
27 June 2019

19

Independent auditor's report to the members of Shetland Islands Integration Joint Board and the Accounts Commission

20

Comprehensive Income and Expenditure Statement for year ended 31 March 2019

This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices (GAAP).

2017/18 Net Expenditure £000		Notes	2018/19 Gross Expenditure £000	2018/19 Gross Income £000	2018/19 Net Expenditure £000
25,354	Health Services	3	26,789		26,789
21,708	Social Care Services	3	22,553		22,553
28	Corporate Services	3	29		29
47,090	**Cost of Services**		**49,371**	**0**	**49,371**
(47,329)	Taxation and non-specific grant income	4		(49,912)	(49,912)
(239)	**(Surplus) / Deficit on Provision of Services**		**49,371**	**(49,912)**	**(541)**
(239)	**Total Comprehensive Income and Expenditure**				**(541)**

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these Annual Accounts.

21

Shetland Islands Integration Joint Board

Movement in Reserves Statement

This statement shows the movement in the year on the reserves held by the IJB.

2018/19 - 30 -	General Fund Balance £000	Total Reserves £000
Balance at 1 April 2018	**(364)**	**(364)**
Total Comprehensive Income	(541)	(541)
(Increase) / Decrease in 2017/18	**(541)**	**(541)**
Balance at 31 March 2019	**(905)**	**(905)**

Comparative movements in 2017/18	General Fund Balance £000	Total Reserves £000
Balance at 1 April 2017	**(125)**	**(125)**
Total Comprehensive Income and Expenditure	(239)	(239)
(Increase) / Decrease in 2017/18	**(239)**	**(239)**
Balance at 31 March 2018	**(364)**	**(364)**

22

Shetland Islands Integration Joint Board

Balance Sheet as at 31 March 2019

This shows the value as at the Balance Sheet date of the assets and liabilities recognised by the IJB. The net assets of the IJB (asset less liabilities) are matched by the reserves held.

As at 31 March 2018 £000	- 1 -	Notes	As at 31 March 2019 £000
364	Other Current Assets	4	905
364	**Current Assets**		**905**
364	**Net Assets**		**905**
	Represented by:		
364	Usable Reserves		905
364	**Total Reserves**		**905**

The Annual Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2019 and its income and expenditure for the year then ended.

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Karl Williamson
Chief Financial Officer
27 June 2019

23

Shetland Islands Integration Joint Board

Notes to the Primary Financial Statements

Note 1: Accounting Standards issued Not Adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that are not yet due to be adopted. There are none which are relevant to the IJB accounts.

Note 2: Events After the Reporting Period

The Unaudited Annual Accounts were authorised for issue by the Chief Financial Officer on 27 June 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respect to reflect the impact of this information.

Note 3: Taxation and Non-Specific Grant Income

2017/18 £000		2018/19 £000
20,550	Funding contribution from Shetland Islands Council	21,277
24,895	Funding contribution from NHS Shetland	26,751
1,884	Other Non-ringfenced grants and contributions	1,884
47,329	Total	49,912

The funding contribution from the NHS Board shown above includes £4.890m in respect of 'set aside' resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB has responsibility for the consumption of, and level of demand placed on, these resources.

Other non-ring fenced grants and contributions represents Scottish Government funding provided for the IJB, which is paid to the IJB via NHSS.

Note 4: Other Current Assets

As at 31 March 2018 £000		As at 31 March 2019 £000
183	Shetland Islands Council	170
181	NHS Shetland	735
364	Total	905

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

Note 5: Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- to earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.

- to provide a contingency fund to cushion the impact of unexpected events or emergencies.

2017/18 £000	General Fund	2018/19 £000
(125)	Balance at 1 April	(364)
(239)	Transfers in: Scottish Government Additionality Funding Reserve	(541)
(364)	Balance at 31 March	(905)

24

Note 6: Related Party Transactions

The IJB has related party relationships with the SIC and NHSS. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balance included in the IJB's accounts are presented to provide additional information on the relationships.

Transactions with Shetland Islands Council

2017/18 £000		2018/19 £000
(20,550)	Funding contributions due from Shetland Islands Council	(21,277)
21,708	Expenditure on services provided by Shetland Islands Council	22,553
1,158	Total	1,276

Balances with Shetland Islands Council

As at 31 March 2018 £000		As at 31 March 2019 £000
183	Amounts due from Shetland Islands Council	170
183	Total	170

Transactions with NHS Shetland

2017/18 £000		2018/19 £000
(26,779)	Funding contributions due from NHS	(28,635)
25,354	Expenditure on services provided by NHS Shetland	26,789
(1,425)	Total	(1,846)

Balances with NHS Shetland

As at 31 March 2018 £000		As at 31 March 2019 £000
181	Amounts due from NHS Shetland	735
181	Total	735

The SIC and NHSS provide support services to the IJB. These costs are not recharged to the IJB.

The Scottish Government have the power to exert significant influence over the IJB through changes to legislation and funding.

Note 7: Post Balance Sheet Event

Simon Bokor-Ingram was appointed Interim Chief Executive of NHS Shetland on 22 April 2019, so it was necessary to appoint an interim Director of Community Health and Social Care to cover the expected 6 month period he will be unable to cover his permanent post, which includes his role as Chief Officer of the IJB.

Jo Robinson was appointed as Interim Director of Community Health and Social Care from 13 May 2019.

Note 8: Summary of Significant Accounting Policies

A General Principles

The Annual Accounts summarise the IJB's transactions for the 2018/19 financial year and its position as at 31 March 2019.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government Act 1973 and as such is required to prepare its annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, supported by International Financial Reporting Standards (IFRS) and statutory guidance issued under Section 12 of the 2003 Act.

25

Shetland Islands Integration Joint Board

The accounting convention adopted in the financial statements is historical cost. The accounts have been prepared on a going concern basis, on the premise that its functions and services will continue in existence for the foreseeable future.

B Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Prior period adjustments may arise as a result of a change in accounting policies or to correct a material error. Changes in accounting estimates are accounted for prospectively, ie in the current and future years affected by the change and do not give rise to a prior period adjustment.

Changes in accounting policies are made only when required by proper accounting practices, or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the IJB's financial position or financial performance.

Where a change is made, it is applied retrospectively (unless stated otherwise) by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

C Accruals of income and expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- revenue from contracts with service recipients, whether for services or the provision of goods, is recognised when (or as) the goods or services are transferred to the service recipient in accordance with the performance obligations in the contract;

- supplies are recorded as expenditure when they are consumed, but where there is a gap between the date supplies are received and their consumption they are carried as inventories on the Balance Sheet;

- expenses in relation to services received (including services provided by employees) are recorded as expenditure when the services are received rather than when payments are made;

- interest receivable on investments and payable on borrowing is accounted for respectively as income and expenditure on the basis of the effective interest rate for the relevant financial instrument rather than the cashflows fixed or determined by the contract; and

- where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet. Where debts may not be settled, the balance of debtors is written down and a change made to the CIES for the income that might not be collected.

D Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, SIC and NHSS. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Shetland.

E Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

F Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangement are provided in the Remuneration Report. Charges from the employing partner are treated as employee costs.

26

Shetland Islands Integration Joint Board

G Provisions, contingent liabilities and contingent assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probably; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

H Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

I Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member or officer responsibilities. The NHSS Board and the SIC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any "shared risk" exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the

CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the expected value of known claims, taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

J Events after the Balance Sheet

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the annual accounts are authorised for issue.

Two types of events can be identified:

- those that provide evidence of conditions that existed at the end of the reporting period, whereby the annual accounts are adjusted to reflect such events; and

- those that are indicative of conditions that arose after the reporting period, whereby the annual accounts are not adjusted to reflect such events; where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect.

K VAT

The IJB is not VAT registered and does not charge VAT on income or recover VAT on payments. Any VAT incurred in the course of activities is included within service expenditure in the accounts.

27

Shetland Islands Health and Social Care Partnership

Meeting(s):	IJB Audit Committee Integration Joint Board	27 June 2019 27 June 2019
Report Title:	Interim External Audit Report	
Reference Number:	CC-25-19-F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0   Decisions / Action required:

1.1   The IJB Audit Committee RESOLVE to:

NOTE Deloitte's Interim Audit Report to the IJB Audit Committee on the audit for year ended 31 March 2019 (Appendix 1).

1.2   The IJB RESOLVE to:

NOTE Deloitte's Interim Audit Report to the IJB Audit Committee on the audit for year ended 31 March 2019 (Appendix 1).

2.0   High Level Summary:

2.1   IJBs are specified in legislation as 'Section 106' bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom. These Annual Accounts are then subject to external audit. Deloitte LLP is currently the IJB's nominated auditors.

2.2   The purpose of this report is to receive Deloitte's Interim Report to the Audit Committee on the audit for the year ended 31 March 2019.

3.0   Corporate Priorities and Joint Working:

3.1   The IJB is a separate legal entity, accountable for the stewardship of public funds and expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities.

3.2   Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangements for the proper administration of their financial affairs. One of the key controls for financial management is the preparation of annual accounts which will be submitted for external audit.

4.0	Key Issues:	

4.1   Deloitte has identified various areas for improvement across the four audit dimensions of Financial Sustainability, Financial Management, Governance and Transparency and Value for Money.

4.2   The Action Plan from page 29 on the Interim Audit Report provides the detail on seventeen new audit recommendations and progress against six prior year recommendations.

4.3   Officers are currently drafting management responses to these new recommendations which will be included in the final Audit Report which will be presented to the IJB Audit Committee and IJB on 26 September 2019.

5.0	Exempt and/or confidential information:	

None

6.0		
6.1 Service Users, Patients and Communities:	None	
6.2 Human Resources and Organisational Development:	None	
6.3 Equality, Diversity and Human Rights:	None	
6.4 Legal:	IJBs are specified in legislation as 'Section 106' bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practise on Local Government Accounting in the United Kingdom.	
6.5 Finance:	There are no financial implications arising from this report.	
6.6 Assets and Property:	None	
6.7 ICT and new technologies:	None	
6.8 Environmental:	None	
6.9 Risk Management:	The Annual Audit Report includes the identification of key risks and internal control arrangement in place to manage those risks, together with any improvement actions required.	
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with	

	the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB Audit Committee remit includes consideration of all report from the external auditors, including the External Auditor's Annual Report and to review the IJB's financial performance as contained in the Annual Report. Receiving the audited accounts of the IJB and related certificates and reports is a matter reserved by the IJB.	
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
10 June 2019

Appendices:

Appendix 1 – Deloitte's Interim Report to the IJB Audit Committee on the audit for the year ended 31 March 2019
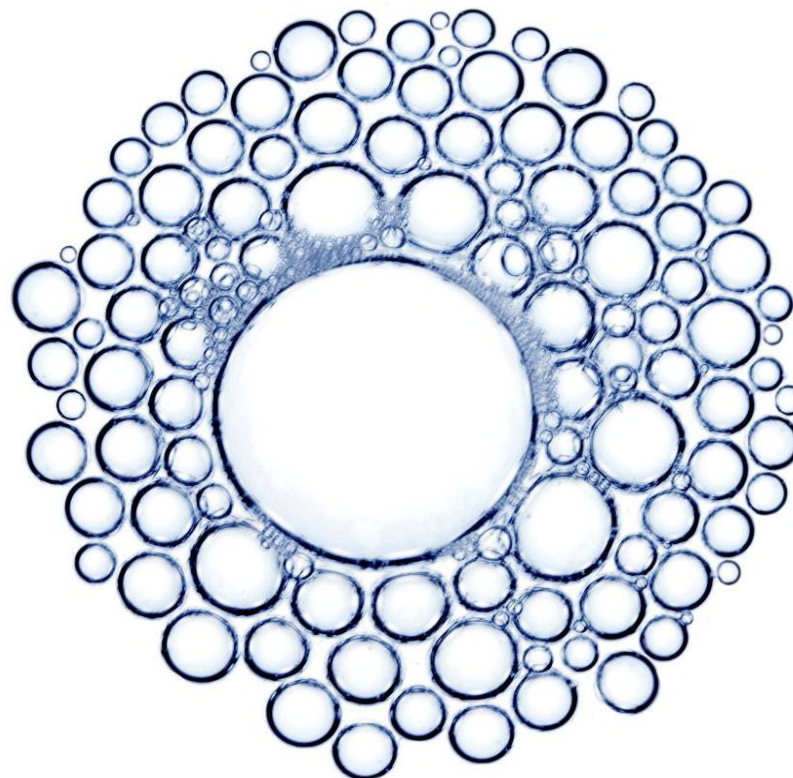
Shetland Islands Integration Joint Board
Interim Report to the Audit Committee
on the audit for the year ended 31 March 2019
Issued 18 June 2019 for the meeting on 27 June 2019

Contents

2

Introduction

The key messages in this report

I have pleasure in presenting our report to the Audit Committee (the Committee) of Shetland Islands Integration Joint Board (the IJB) as part of our 2018/19 audit responsibilities. I would like to draw your attention to the key messages of this paper:

Background

As set out in our plan which was presented to the Committee in March 2019, the Code of Audit Practice sets out four audit dimensions which set a common framework for all public sector audits in Scotland.

Our audit work has considered how the IJB is addressing these and our conclusions are set out within this report.

As part of this review we met with the Chief Officer, Chief Financial Officer, a number of Board members and senior members of the IJB's partner organisations in NHS Shetland (the NHS) and Shetland Islands Council (the Council). We also observed an Audit Committee meeting in March 2019.

We then reviewed supporting evidence to support our judgements and conclusions which are contained within this report.

Scope of audit

Our audit work covered the four audit dimensions as follows:

- Financial sustainability;
- Financial management;
- Governance and transparency; and
- Value for money.

The audit incorporated the specific risks highlighted by Audit Scotland, in particular, the impact of EU withdrawal, the changing landscape for public financial management, dependency on key suppliers and increased focus on openness and transparency.

Introduction (continued)

The key messages in this report (continued)

Overall conclusions

Financial sustainability – The IJB is not in a financially sustainable position. While the IJB's Medium-Term Financial Plan ('MTFP') refers to the need for £7.7m (14%) of recurring savings to be achieved by 2023/24 (with cumulative savings of £25.4m, 10% of the IJB's cumulative budget), it has it has not taken sufficient action to address this and has not identified the savings required to close the funding gap. The IJB needs to work with its partners to prioritise and progress transformational change, considering alternative methods of service delivery or taking difficult decisions such as changes to the level of service provided in order to reach a financially sustainable position in the medium to longer term.

Financial management – The IJB has effective financial management processes in place. However, there is room for improvement in the budget setting process, the reporting of progress against budget and changes to the budget in year. To improve financial management at the IJB, the Board should delegate authority to a committee to review and report to the Board on financial performance. The IJB also needs to consider the capacity of the leadership team given the dual role being completed by the Chief Financial Officer, and changes in the Chief Officer role.

Governance and transparency – The IJB promotes a culture of openness and transparency, although there is room for improvement and the IJB needs to adopt an approach of always 'striving for more'. While attendance at meetings is good, there is a downward trend and the level of turnover at meetings limits the effectiveness of scrutiny. Scrutiny could be improved through the development of tailored training plans for the Board.

The IJB needs to significantly improve its approach to self assessment. It should develop a self assessment programme to ensure that the Council has adequate self assessment arrangements in place.

Value for money – While the IJB's performance continues to fare well against the national average, this comes at substantial cost. The IJB has noted that achieving Best Value is an area in which it needs to improve. Given the current financial position, the IJB needs to consider the targets it sets and outline what it considers acceptable performance in lower-priority areas, ensuring such decisions are made through engagement with the wider community. When preparing its budget, the IJB should make clear links to outcomes and outline how spend is improving outcomes or how spend will be reduced in areas that are not.

The IJB should develop a clear and concise annual Improvement Plan. This Improvement Plan should be informed by service self-assessments, stakeholder surveys and national reports.

The IJB has been performing consistently against its targets. However, performance has declined from 2017/18 in 51% of cases (improving in 34%; remaining consistent in 15%). From the IJB's performance monitoring reports, it is difficult for the Board to fully assess performance, given that performance information provided is lengthy, highly numerical and difficult to follow, with the accompanying report lacking detail. There needs to be a link made between cost and performance, and the IJB should consider the targets it sets on an ongoing basis to ensure they remain realistic, demonstrate a commitment to improvement and are aligned with the Scottish Government's National Performance Framework.

Our detailed findings and conclusions are included on pages 5 to 26 of this report.

Next steps

An agreed Action Plan is included at pages 29 – 34 of this report. We will consider progress with the agreed actions and provide an update on any significant changes in our annual audit report to the Committee in September 2019.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making, and more effective use of resources.
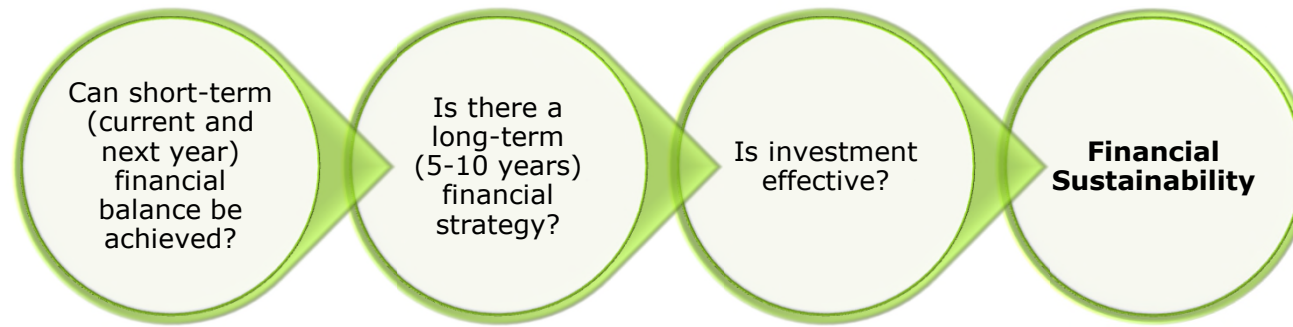
This is provided throughout the report and our separate Sector Developments report. In particular, we have added value through our work with the IJB by sharing best practice on medium-term financial planning. We also believe that our input has encouraged a constructive discussion of the IJB's governance arrangements, it's approach to openness and transparency, how it works to improve outcomes for the community and how it can use self-assessment to improve performance.

Pat Kenny
Audit Director

4

Financial sustainability
Overview

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Can short-term (current and next year) financial balance be achieved?

Is there a long-term (5-10 years) financial strategy?

Is investment effective?

Financial Sustainability

Audit risks

Within our audit plan we identified a number of risks as follows:
- The IJB fails to take sufficient action to reach a financially sustainable position; and
- The IJB's long-term financial planning is inconsistent with the Scottish Government's five-year plan.

5

Financial sustainability (continued)
Short-term financial position

Short-term financial balance

The IJB has achieved financial balance in 2018/19 and is forecasting to do so in 2019/20. However, financial balance was only achieved in 2018/19 following the receipt of additional funding of £1.2m from the Scottish Government, through NHS Shetland (in relation to primary care). The remaining funding gap was addressed through deficit funding of £3.6m provided by NHS Shetland directly. In 2019/20, the IJB has identified savings to address the majority, but not all, of the funding gap.

In 2017/18, the IJB identified an 'efficiency target' of £2.53m, achieving £0.92m of these (37%). In 2018/19, the IJB identified an 'efficiency target' of £2.28m, achieving £0.23m of these (10%). In 2019/20, the IJB agreed a high-level savings targets of £2.53m. Savings have been identified to address £1.98m (78%) of this target. This is a substantial improvement on 2017/18 and 2018/19. However, detailed plans were not prepared until May 2019 and savings for the remaining £0.55m have yet to be identified. Given historical performance, the IJB will need to carefully and closely monitor performance against savings plans in the year to ensure that these are achieved or that appropriate alternative actions are taken to address the funding gap, as discussed further below and on the following pages.

It is essential that the IJB operates within the delegated budget and commissions services from the Council and NHS Shetland on this basis, particularly given the risk of overspends against budget (as has occurred in 2017/18 and 2018/19). Where the IJB identifies that budgeted services will require more resources than available, it needs to identify savings, agree additional funding from the NHS and Council, or change service delivery: it is poor practice and not in line with the Integration Scheme to budget using non-existent resources where savings are not identified.

Budgeted Expenditure £m	Funding Gap £m	Identified Savings £m	Unidentified Savings £m
48.18	2.53	1.98	0.55

Reserves

The IJB has a clear Reserves Policy in place, which sets out the legislative basis for holding reserves and how reserves should be used. However, it does not set a minimum level of reserves to be held. The Reserves Policy was approved in 2017. While there has been no review since then, there has been no significant change in operations that would necessitate such a review.

The need for the IJB to maintain reserves to address short-term funding gaps is minimised as the Integration Scheme places responsibility on the Council and NHS to agree a recovery plan with the IJB and identify other options to address overspends where this plan is unsuccessful. However, we do note that the IJB has £0.31m of unearmarked reserves to carry forward to 2019/20, which provides a degree of a buffer for funding gaps and which can be allocated by the IJB to drive forward redesign, transformation and programmes of demand management.

IJB performance against savings target

- Savings Required
- Savings Achieved
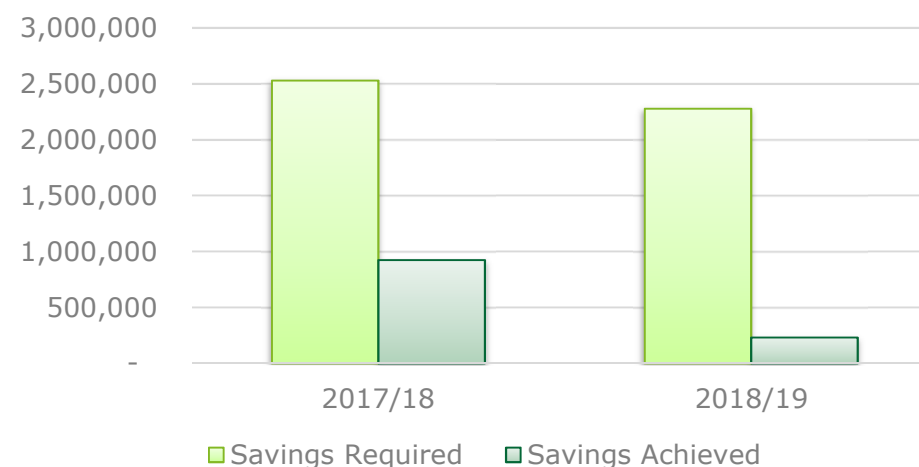
Financial sustainability (continued)

Medium to long-term financial sustainability

Medium-term financial sustainability

We welcome the development of an IJB-specific Medium-Term Financial Plan ('MTFP') in 2018/19. While the IJB's MTFP refers to the need for £7.7m (14%) of recurring savings to be achieved by 2023/24 (with cumulative savings of £25.4m, 10% of the IJB's cumulative budget), the suggestion in the plan that "spending would need to increase by 17% by 2023/24" is unhelpful - the IJB cannot simply keep increasing spend, it must make savings and if it cannot identify savings through service redesign it will be required to make difficult decisions on service provision in order to reach a financially sustainable position.

While a useful starting point, the robustness of the MTFP needs to be substantially improved, with specific consideration given to the following:

1. The MTFP presents a single figure for the funding gap. It needs to include scenario analysis and risk assessments of assumptions (particularly in relation to potential service redesign and funding from the IJB's partner organisations). The IJB should adopt the mid-point of the 'worst case' and 'best case' scenarios for quantifying its funding gap.

2. The MTFP currently quantifies the problem facing the IJB, but does not plan how this problem will be addressed. In the immediate future, the IJB needs to outline the options available to it to address the funding gap: this can include preferred methods of achieving savings (such as redesign), but it must also include actions which the IJB would take if these methods were not achieved (such as reductions in service provision).

3. The MTFP does not outline how the IJB intends to use its resources to deliver the Strategic Commissioning Plan (page 7). The MTFP needs to include clear links to the Strategic Commissioning Plan to enable the IJB and wider stakeholders to understand how the IJB plans to allocate its resources over the medium term to achieve the objectives set out in the Strategic Commissioning Plan, and to understand the 'funding gap' against each area of the plan.

4. In accordance with the Integration Scheme, the IJB should be revising its Strategic Commissioning Plan in light of budget allocations and be setting a clear direction for both the NHS and Council.

In 2017/18 and 2018/19, the IJB achieved savings of 2% and 0.5% of its total expenditure (with the funding gap being 5%). Without any plans in place and with this historical record over the prior two years, it is difficult to see how the IJB can realistically expect to be able to close a funding gap which is forecast to be 14% in five years.

While we are aware of the ongoing work in service redesign and business transformation at the Council and NHS, there is no evidence that these have identified all the savings required to meet the target in the MTPF, nor that the IJB has prepared for the eventuality that it may have to alter service delivery if it fails to achieve the necessary savings.

Given recent performance against savings targets, the IJB's short-term financial balance being achieved only through additional funding from NHS Shetland (£3.6m), the significant medium-term funding gap and the lack of detailed savings plans to address it, it is clear that at present, the IJB is not financially sustainable.
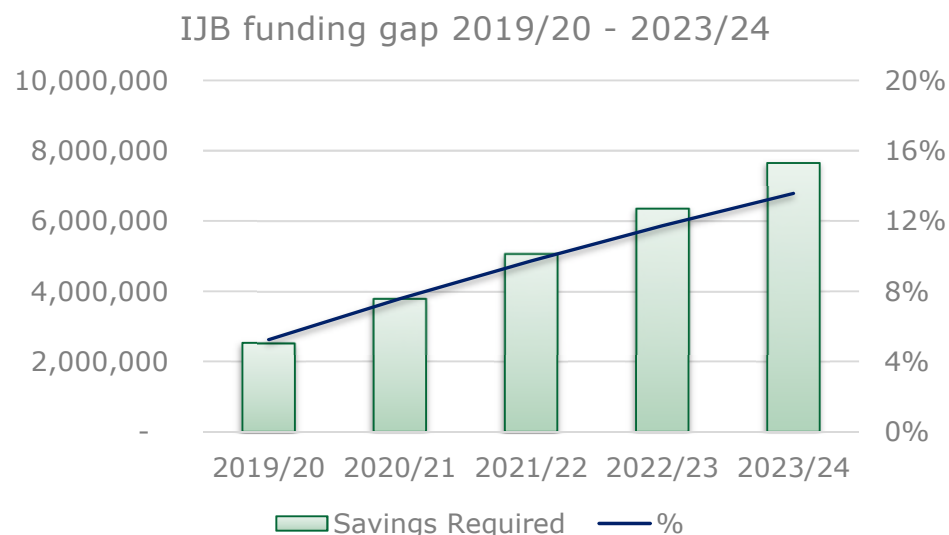
IJB funding gap 2019/20 - 2023/24

Financial sustainability (continued)

Medium to long-term financial sustainability (continued)

Medium-term financial planning

The IJB developed its MTFP in March 2019, covering the period to 2023/24. Within this plan, the Scottish Government's Medium-Term Financial Strategy ('MTFS') is considered a 'key factor'. The assumptions used in the plan - in terms of funding uplifts and cost increases - are consistent with the Scottish Government MTFS and Health and Social Care Medium-Term Financial Framework ('MTFF'). However, the IJB's MTFP does not make reference to the key principles of public service reform - prevention, performance, partnership and people - and how these key principles contained within the MTFS are reflected in the IJB's financial planning, and how the IJB intends to align its resources to these key principles or monitor progress against them.

In order to develop a culture where long-term financial sustainability is at the forefront of decision makers' minds, the IJB should include the impact that decisions will have on the IJB's position against the in-year budget and the funding gap identified in the MTFP in the 'Finance implications' section of reports. This will make the anticipated longer-term financial impact of decisions clear to everyone who is making the decision, rather than simply understanding the impact in the short term. The implications of decisions on long-term outcomes and needs of the community should also be enhanced, to move away from service decisions being based on the availability of short-term funding rather than long-term need.

Strategic Commissioning Plan

The IJB underwent a scenario planning exercise in 2018/19 to develop an updated Strategic Commissioning Plan covering the period 2019-22. While the scenario planning exercise was a welcome and innovative approach, substantial improvements are required to the resulting plan, including:

- Quantifying demand pressures and the resulting costs in a 'no change' environment, linked clearly to the MTFP.

- Identification of the level of transformation required, linked to NHS Shetland's and Shetland Islands Council's transformation programmes.

- Specific, detailed action plans need to be developed and linked to the plan to ensure it is achievable.

The IJB needs to review the transformation programmes of its partner organisations (page 9), building the anticipated financial impact of these projects into the budget, the MTFP and Strategic Commissioning Plan. At present, it is difficult to understand what impact transformation has had or is expected to have. This also makes it difficult to monitor the effectiveness of transformation projects as a tool for ensuring financial sustainability.

8

Financial sustainability (continued)

Medium to long-term financial sustainability (continued)

Transformation work

The IJB does not have a standalone transformation programme, with transformation being through NHS Shetland and Shetland Islands Council, both of whom have their own Business Transformation Programmes. The IJB needs to assess these programmes and consider whether they meet the IJB's needs: if not, the IJB should consider developing its own programme. The IJB should receive reporting on progress against the programmes in areas which are relevant to the IJB. Currently, it is not clear how the transformation programmes of the NHS and Council will deliver the savings the IJB requires and how the IJB will monitor this.

Workforce Strategy and plan

The IJB does not have permanent employees, other than the Chief Officer. However, workforce is pivotal to the IJB's objectives and is considered through the Joint Organisational and Workforce Development Protocol between the IJB, NHS and Council.

The IJB needs to work with the NHS and the Council to ensure that the IJB's needs are met through it's partners' workforce plans. As the NHS and Council are both developing their workforce plans in the current year, the IJB should receive reporting on how the IJB has been involved in the development of the plan, what the IJB identified as it's needs and how these have been built into the plan. Any IJB-specific gaps should be highlighted, with the consequent plans to address those gaps provided to the Board (e.g. changes in service delivery models, additional training, use of technology.)

Deloitte view – Financial sustainability

As discussed on page 6, the IJB is projecting an overspend against budget in 2018/19, with only 10% of the budgeted savings being achieved. Despite this, the IJB expects to achieve a surplus position due to additional funding of £3.6m from NHS Shetland. The IJB's MTFP identifies a cumulative funding gap to 2023/24 of £25.4m (10%), with the recurring annual funding gap set to increase from £2.5m (5%) in 2019/20 to £7.7m (14%) by 2023/24. The IJB needs to identify savings, agree additional funding from the NHS and Council, or agree changes to service delivery which will enable it to reach a financially sustainable position over the medium term.

The assumptions in the IJB's MTFP are consistent with the Scottish Government's MTFS and MTFF. However, there is room for improvement in outlining how the anticipated spend over the medium term aligns with the key themes on public service reform (prevention, performance, partnership, people), the Strategic Commissioning Plan and demonstrates a focus on improving outcomes.

The IJB's Strategic Commissioning Plan needs to be improved, quantifying demand pressures and the resulting costs in a 'no change' environment, linked clearly to the MTFP and identifying the level of transformation required, linked to NHS Shetland's and Shetland Islands Council's transformation programmes. In 2019/20, the IJB needs to prioritise the process of preparing specific, detailed action plans linked to the plan to ensure it is achievable.

Financial management
Overview

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Is financial management effective?

Are budget setting and monitoring processes operating effectively?

Is there sufficient financial capacity?

Financial Management
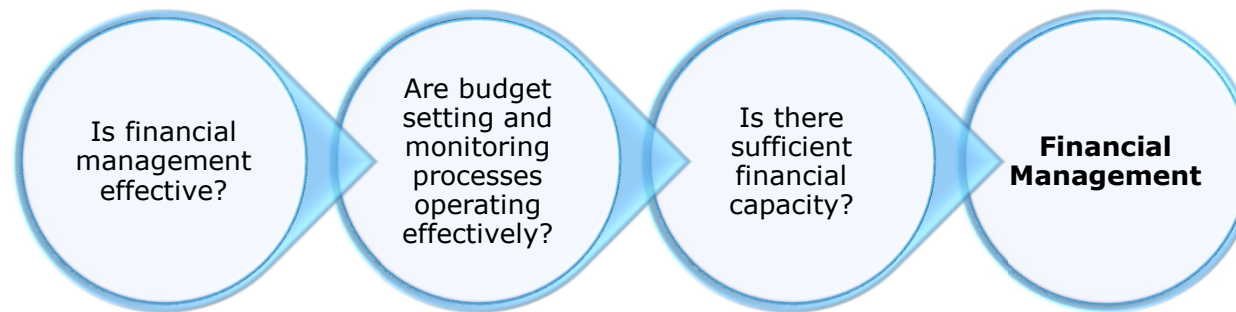
Audit risks

Within our audit plan we identified a number of risks as follows:
* The budget setting arrangements of the IJB are insufficient to commission services within the funding available and monitor performance; and
* The underlying financial performance of the IJB is not transparently reported.

Financial management (continued)
Financial performance

2018/19 projected outturn

The IJB is expected to end the year with an overspend compared to budget. Despite this, it will achieve a surplus in the year, due to additional funding of £3.6m being received from NHS Shetland. This has been reported to members throughout the year as illustrated below:

Financial performance: Budget v Projected

Variance by Service favourable/(adverse)
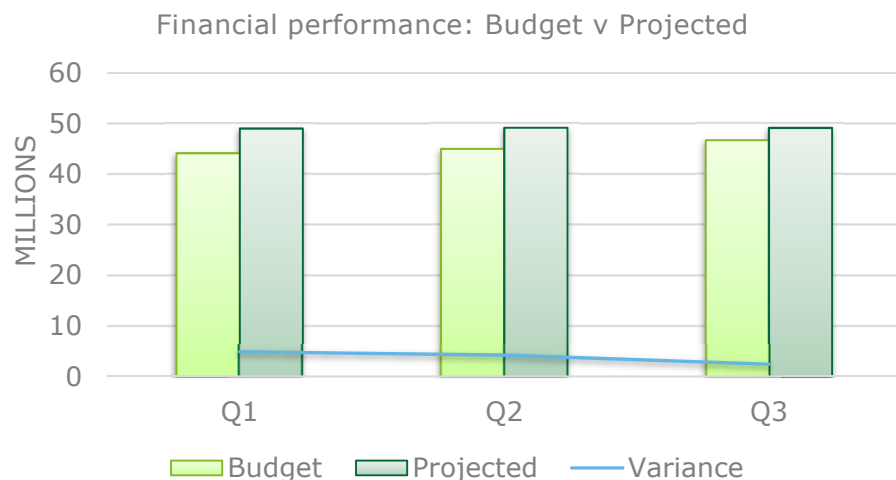
The original 2018/19 budget was noted rather than approved by the IJB, as it was not possible to prepare a balanced budget. The IJB budgeted for expenditure of £44.122m in the year. This has been repeatedly revised in the year, to £44.139m in Q1, £44.972m in Q2 and £46.718m in Q3. The 'reduction' in the overspend to Q3 is due to additional funding from the Scottish Government, specifically for primary care.

It is difficult for the Board to assess the financial performance of the IJB given that the financial monitoring reports and outturn reports presented to the IJB only refer to forecast spend to the year-end. There is no information provided on the actual spend incurred in any given period to provide assurance to the IJB that financial performance is in line with budget at any given point in time in the year. Going forward, financial monitoring reports should present information on actual expenditure in each quarter, in addition to the forecast outturn for the full year as at the end of each quarter.
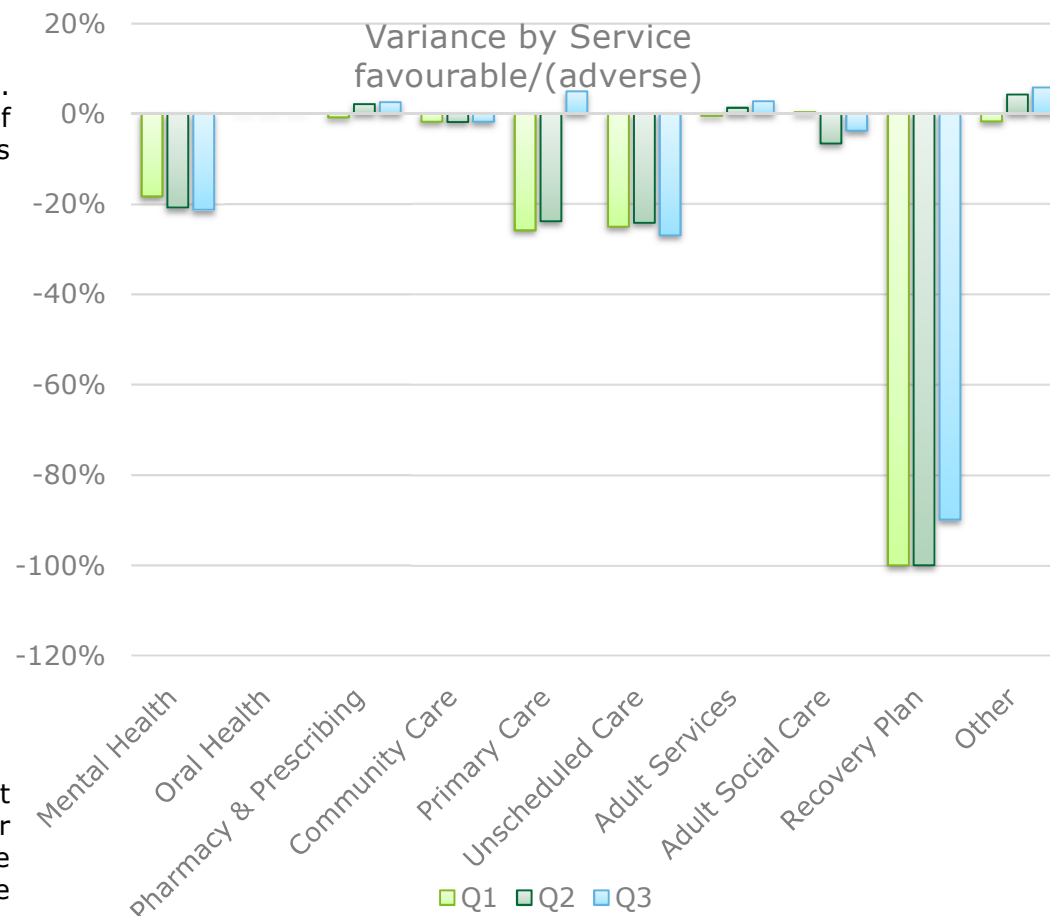
Overspends in the year were driven by a failure to achieve the savings needed in the recovery plan, additional locum costs for psychiatric cover, primary care and unscheduled care. Given the long-term and recurrent nature of these costs (i.e. the psychiatric locum cover has been provided on an ongoing basis for almost two years, and the IJB has historically failed to achieve the recovery plan), it is questionable how appropriate it is to not build these foreseeable issues into the budget.

11

Financial management (continued)
Systems of internal financial control

Financial reporting

Amendments to the budget are made throughout the year, to take account of changing circumstances and events which were not foreseen when the budget was agreed.

Revisions to the budget are included in the Financial Monitoring Reports (FMR) which are presented to the Board each quarter. While this provides information on the numerical amendments which were made, they do not provide any detail on why these revisions were required and why they weren't identified in the original budget. The revisions are substantial - £6.4m of amendments or reallocations have been made to Q3, with the overall budgeted spend increasing by £2.6m (6%). We are aware that the main driver of changes to the budget in the year was additional funding received from NHS Shetland. High-level narrative on the reasons for major reallocations within service budgets and amendments to the overall budget should be included in the FMR.

We have concerns about the accuracy of budgeting (page 13) and forecasting given the amount of amendments in the year, in addition to the high level of forecast overspends from Q1 to Q3. In 2017/18, the Q1 FMR forecast an overspend of 6.5% (increasing to 7.5% by Q3); in 2018/19, the Q1 FMR forecast an overspend of 11% (reducing to 5.2% by Q3 due to additional funding received). The overspends are due to the budget being 'made' to balance with savings - both identified and unidentified - which is inappropriate: savings should be attached to the individual service budgets (by reducing their budgeted allocation) and separately identified in the budget report to enable monitoring throughout the year. Savings should not be treated as essentially a 'balancing figure' in the budget.

We note that there is no committee within the IJB responsible for monitoring financial performance, and a significant amount of Board meeting time is spent analysing the detail of IJB finances rather than focusing on strategic thinking and priority areas. The IJB should delegate authority to a committee to review and report to the Board on financial performance to better spread workload, free up time in Board meetings, improve the scrutiny of financial performance and enhance the importance attached the committees by the IJB.

BUDGET AMENDMENTS BY SERVICE

Legend: Mental Health, Oral Health, Community Care, Primary Care, Unscheduled Care, Adult Services

12
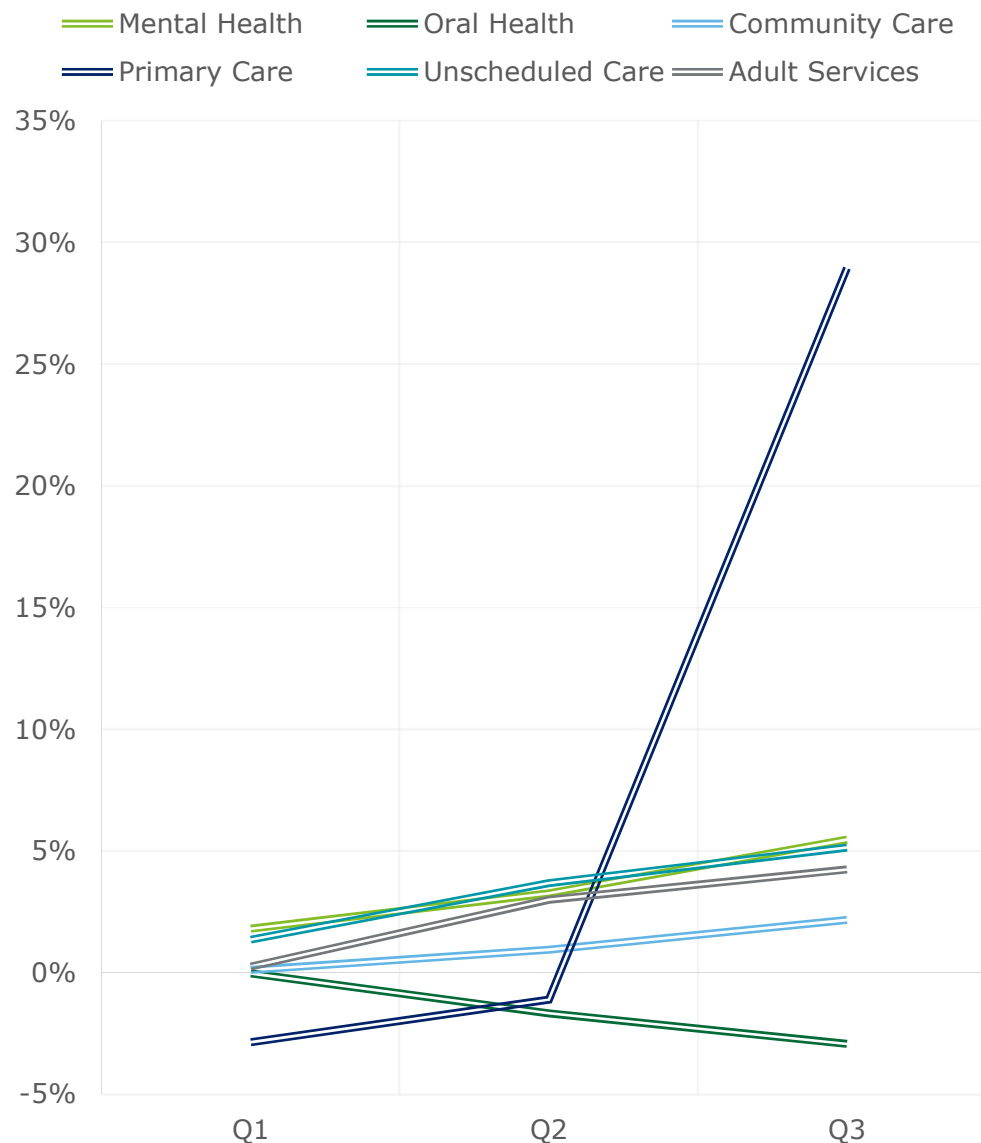
Financial management (continued)

Systems of internal financial control (continued)

Budget setting

Financial planning is not integrated, long-term or outcome focused. This severely limits the ability of the IJB to change the way the system operates. A way to move from this is to follow up on recommendations we made to treat the budget allocation as 'IJB money' rather than 'Council' and 'NHS' money.

We are pleased to note that the IJB has approved its budget for 2019/20 (as opposed to simply noting it, as in 2018/19). In 2018/19, the IJB was in breach of the Integration Scheme by failing to develop a recovery plan to address the budgeted funding gap. We welcome progress in this area - the IJB has identified £1.979m of the £2.533m savings required in 2019/20, with the budget specifically highlighting the remaining funding gap as being achievable through other non-recurring actions. A number of improvements, however, are required to the budget setting process:

1. There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan.

2. There needs to be improved links between the budget and outcomes: there is no information of the outcomes the IJB expects to be progressed (and to what extent) by the budget, which makes it difficult for the IJB to assess to what extent budgetary decisions are impacting on outcomes achieved.

3. Although seminars are held to discuss the budget, it was noted in our discussions with IJB Members that the level of engagement needs to be improved. IJB Members need to be able to contribute to discussions on budget setting and should feel able to challenge the budgeted funding allocations. Funding allocations should be based on need, and it is inappropriate for funding allocated to be below the cost of services commissioned as disclosed in the 2019/20 budget.

4. There is a requirement in the Integration Scheme for the budget to be linked to locality plans. The IJB is not complying with this requirement as no locality plans exist. This means that the IJB is also in breach of the Community Empowerment Act.

In line with good practice, the IJB should maintain a central record of all queries received from the IJB on the budget and answers provided, with this being publicly available, thereby ensuring that all Members are equally informed on the budget and that the public can be assured that appropriate scrutiny is applied to the budget.

Financial capacity

From our audit work over the past number of years, we are satisfied that there are suitably qualified and experienced officers leading the finance function within the IJB. We note that there have been no changes in the finance function in the year. The quality of reporting is appropriate.

However, the IJB needs to consider the capacity of the finance function given the dual role being completed by the Chief Financial Officer, who works as Head of Finance & Procurement at NHS Shetland. While we are aware that capacity is an ongoing consideration, we note the dual role of this position has not been specifically considered. This should be specifically considered given the findings of the recent Audit Scotland report on Health & Social Care Integration (which highlighted capacity concerns due to a lack of dedicated Chief Financial Officers and insufficient support being provided to them) and Ministerial Review on integration (which noted that the role of the Chief Financial Officer is both operational and strategic, which is a wider role than initially planned for.) Nationally, increasing numbers of IJBs are appointing their own dedicated Chief Financial Officer or full-time support at a more junior grade.

The IJB needs to consider the case for a dedicated Chief Financial Officer in Shetland. If a case exists, the NHS and Council should work with the IJB and provide it with the resources needed to develop that capacity. The IJB will need to carefully manage any change and transition and maintain continuity of knowledge given recent changes in the Chief Officer role (page 16).

The IJB also needs to consider if its leadership is appropriately resourced and supported by enough personnel and other services (e.g. HR, legal, accountancy) to deliver the strategic change necessary. While staff may be 'assigned' to the IJB to provide these services, this is on top of their current roles and the IJB needs to critically evaluate whether this is appropriate and actually working in practice – if it is not, the IJB needs to be clear what is missing that would enable improved outcomes and work with the Council and NHS for these to be provided.

13

Financial management (continued)

Systems of internal financial control (continued)

Internal audit

Shetland Islands Council's Chief Internal Auditor provides the Internal Audit function for Shetland IJB. Internal Audit concluded that the main area of concern remains centred on the carried forward funding gap and the ongoing savings and efficiency targets.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal controls. During the year, we have liaised with internal audit and reviewed all internal audit reports. These have helped inform our audit work, although no specific reliance has been placed on the work of internal audit.

On the basis of the audit work undertaken during the year, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the IJB.

In 2018/19, the Chief Internal Auditor of Shetland Islands Council retired. An opportunity was taken to outsource the internal audit service, with the strategic direction for the internal audit now being set by 'Audit Glasgow', the internal audit function within Glasgow City Council, who provide internal audit services to a number of other bodies. The Council is retaining several internal audit staff, thereby ensuring continuity of knowledge. The transition has been well managed and offers an opportunity for the IJB to make use of a wider base of expertise.

Standards of conduct for prevention and detection of fraud and error

We have reviewed the IJB's arrangements for the prevention and detection of fraud and irregularities. Overall we found the IJB's arrangements to be well designed and appropriately implemented.

Deloitte view – financial management

Although we welcome improvements made in the budget setting process in 2018/19, further improvements are needed. In future, the budget should quantify the impact of the current year decisions on the funding gaps identified throughout the period covered by the MTFP, rather than just focusing on the impact in the coming year. The IJB also needs to better align its budget with its Strategic Commissioning Plan, making clear how the budget progresses the IJB's priorities.

Throughout the year, the IJB was forecasting an overspend against budget. Despite this, the IJB has achieved a surplus position due to additional funding from the Scottish Government and NHS Shetland. Going forward, FMRs should present information on actual expenditure in each quarter, in addition to the forecast outturn for the full year as at the end of each quarter. This will enable the IJB to challenge where overspends are anticipated more effectively. To further improve scrutiny, narrative in the FMRs needs to be significantly improved to provide explanations for why variances have occurred, not just what they consist of.

Revisions to the budget are referred to in the FMRs, however, these do not provide any detail on why these revisions were required and why they weren't identified in the original budget. The revisions are substantial but insufficient information is provided to enable appropriate challenge of the reasons for this.

A significant amount of Board meeting time is spent analysing the detail of IJB finances rather than focusing on strategic thinking and priority areas. The IJB should delegate authority to a committee to review and report to the Board on financial performance.

The IJB needs to consider the capacity of the leadership team given the dual role being completed by the Chief Financial Officer, and changes in the Chief Officer role. The IJB should consider the case for a dedicated Chief Financial Officer in Shetland. The IJB also needs to consider if its leadership is appropriately resourced. If it is not, the IJB needs to be clear what is missing that would enable improved outcomes and work with the Council and NHS for these to be provided.

The IJB has changed internal auditors in the year, given the retirement of its Chief Internal Audit. The internal audit function is now provided by 'Audit Glasgow', the internal audit service in Glasgow City Council. The transition has been well managed and offers an opportunity for the IJB to make use of a wider base of expertise.

14

Governance and transparency
Overview

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information

Is governance effective? → Is there effective leadership? → Is decision making transparent? → Is there transparent reporting of financial and performance information? → **Governance and transparency**
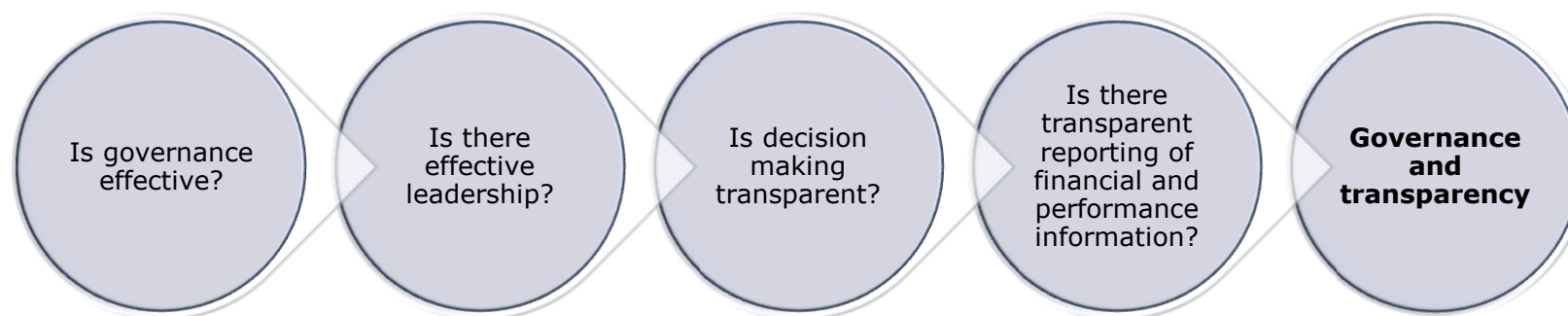
Audit risks

Within our audit plan we identified a number of risks as follows:
- Scrutiny is rendered less timely and appropriate given the time between the events occurring and being reported to the IJB; and
- The IJB's approach to openness and transparency is not keeping pace with public expectations and good practice.

Governance and transparency (continued)
Leadership, vision and governance arrangements

Leadership and vision

The IJB and its partners have a clear vision for what they want to achieve for the people of Shetland, as set out in the Shetland Partnership Plan, to which the IJB has clearly linked it's Strategic Commissioning Plan. Members and staff within the partner organisations support the vision.

The IJB has strong executive leadership, driven by the Chief Officer. The Chief Officer and leadership teams within the Council and NHS need to continue to drive progress together, ensuring that there is sufficient buy-in across the team, rather than being so heavily reliant on the Chief Officer.

There have been a number of changes in leadership at the IJB in the year. In April 2019, the Chief Officer took up the Interim Chief Executive post at NHS Shetland, with a replacement Interim Chief Officer announced in May 2019. The Chair of the IJB's term ended at the end of March 2019, with a new Chair appointed from April. The IJB needs to ensure that it has appropriate transitional arrangements and handovers in place to enable functions which need to be carried out to be carried out regardless of changes in the leadership.

While changes in leadership provide opportunities for changes in direction, the IJB must be particularly aware of the potential impact on its partner organisations - the NHS and Council - as a result of the vacancy in the Chief Officer role created by the appointment of the IJB's previous Chief Officer to the Interim CEO role at the NHS.

Development

The IJB does not have a training plan at an individual officer, Member, committee, or Board level. From discussion with Members, we have confirmed that no skills gap analysis has been carried out and appraisals are not conducted for Members to enable an informed training plan to be developed. The effectiveness of training that is provided is not regularly assessed.

The Shetland Partnership Plan's **vision** is:

"Shetland is a place where everyone is able to thrive; live well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges."

The Shetland Partnership Plan has agreed four **strategic priorities** to help make this happen:

Participation

People

Place

Money

The IJB needs to fundamentally overhaul its approach to training and adopt a formal, ongoing approach to development. The IJB needs to carry out a skills gap analysis as part of the annual self assessment of committees and the IJB, work in conjunction with Members to develop training plans for them (specific to committees/Members' needs), assess the effectiveness of all training provided and track and report attendance at training by Members. The IJB should specifically consider a joint development programme with the NHS and Council to improve understanding and integration.

Governance and transparency (continued)

Leadership, vision and governance arrangements (continued)

Effectiveness of governance

The IJB does not have a structured approach to regular self-assessment. In 2018/19, no self-assessments were conducted. The IJB needs to have annual self-assessments of governance arrangements, committee and Board performance, which can help inform and guide the more structured triennial reviews of the governance framework. The IJB should agree a structured self-assessment and review programme, thereby ensuring the IJB has adequate self-assessment arrangements in place.

From review of the attendance sheet for IJB meetings, we are concerned at the declining level of attendance: dropping from 80% in 2016/17 (when the IJB was newly established) to 67% in 2018/19. While attendance is still acceptable, the direction of travel is worrying. There are issues also with the continuity of knowledge given the high level of turnover in IJB members: 18 people attended IJB meetings in 2016/17, there were 16 changes to these in 2017/18 and a further 11 changes to these in 2018/19. Only 29% of IJB members have attended meetings in every year of the IJB's existence. This makes it difficult for the IJB to maintain focus and momentum as there is regular turnover (or use of substitutes).

Attendance sheets are not maintained for the IJB Audit Committee. However, of the 4 meetings held in 2018/19, we note from attendance at these meetings that one meeting was quorate only by virtue of the substitute attendance of the Chair of the IJB (which is against good practice), and another had to be cancelled due to the meeting being inquorate. Having an Audit Committee where the meeting is quorate with Committee members only 50% of the time is obviously not acceptable and indicates wider issues with perceptions of the Audit Committee and its importance. The Chair of the IJB, in partnership with the Council and NHS, needs to ensure that appropriate time is provided for IJB meetings and Members are held to account for non-attendance at meetings or for failing to carry out their responsibilities.

We have reviewed the IJB's 'action tracker' of decisions. We noted that this was not provided to the IJB in Q3, which makes it difficult for the Board and the public to understand how decisions taken are implemented and to monitor their implementation. An action tracker should be developed for each committee and should be provided at every meeting. The action tracker needs to include target dates, have clear and concise updates provided, and have sufficient information to justify the Red/Amber/Green/Completed status which is chosen.

Attendance: 2016/17 - 2018/19

- Most meetings missed by one member
- Attendance Rate

IJB attendees: Length on IJB 2016/17 - 2018/19

Changes in IJB attendees: 2016/17 - 2018/19
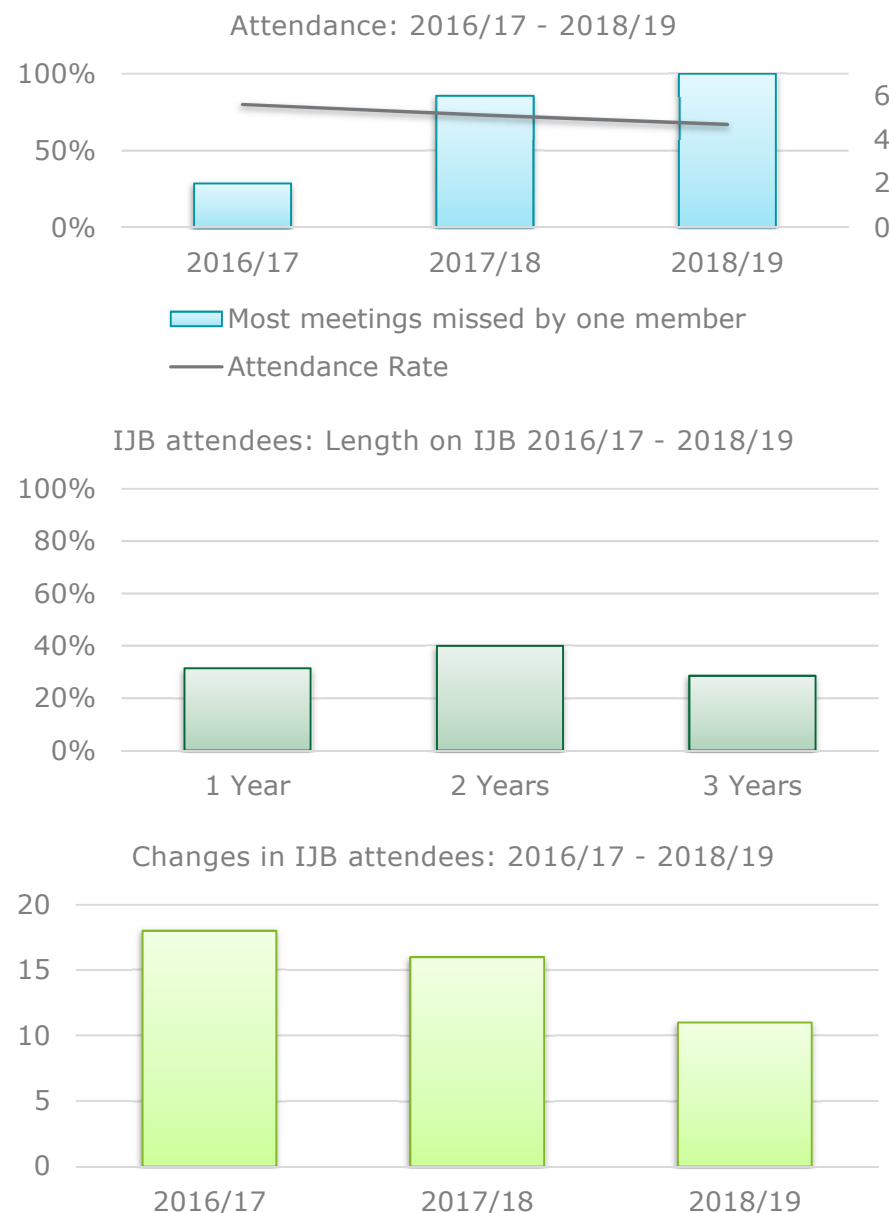
Governance and transparency (continued)
Openness and transparency

Openness and transparency

Taking an *open approach* to business can support good governance.

It is about behaviours, centred on a preference for sharing information about how and why decisions are made. In the public sector, this is based on the recognition that public services are delivered for the public good using public money.

We have considered the IJB's approach to openness and transparency, how good the IJB's information is; and its commitment to improving openness and transparency and concluded that the IJB has a generally positive attitude towards openness and transparency. However, we note that the IJB has not carried out a review of how open and transparent it is and no such review is included in the IJB's business programme for 2019/20. The IJB has not sought the views of the wider community on its approach to openness and transparency. The IJB should carry out regular stakeholder surveys and seek views on how open and transparent it is through these.

Transparency can be seen as a process. Access to information provides insight into decision-making and how the organisation works. Transparency in the public sector is supported by statutory requirements and regulations. These are minimum requirements and it is for individual organisations to decide whether the content and volume (in terms of quantity and amount of detail) of the information that they make available contributes to increased understanding. There are judgements to be made, and an approach designed to increase transparency rather than comply with minimum standards is more likely to satisfy the good governance test.

Openness and transparency are individually important, and working well together they help demonstrate that public organisations are acting in the public interest.

18

Governance and transparency (continued)

Openness and transparency (continued)

Quality of information

The IJB provides extensive and timely information to Members to enable them to take decisions. However, the IJB should review whether the style of report is appropriate (it is important that Members are involved in any such review.) There is a high quantity of lengthy reports, with the covering reports often failing to identify the key matters actually being considered and the implications of decisions not being properly analysed and considered.

As part of the review of reports, the IJB should also consider how it minutes meetings: the IJB should ensure that minutes are clear and have sufficient detail. We note that the Council has recently announced its intention to move towards webcasting of Council meetings and this should be considered for the IJB also. This, coupled with effective minute taking, should demonstrate how scrutiny has been effective and how decisions have been made.

In addition to making information available on its website and hosting public Board and committee meetings, the IJB needs to take steps to actively communicate with the community on an ongoing basis about key decisions it has taken and the impacts that they have had. Improvements could be made through the use of webcasting meetings or hosting meetings in alternative locations on occasion.

Publishing information

The IJB makes a large volume of information publicly available. The IJB needs to ensure that the information which is publicly available is accessible to the reader. For example, while the IJB has published its governance arrangements, it would not be clear to the average member of the public how the IJB makes decisions as the documents published are detailed, technical operational documents and not summarised or explained for non-IJB users.

The IJB should consider developing its own website, rather than having information published on Shetland Islands Council's website. While a link to the IJB-specific page is clearly signposted on the Council's homepage, information on the IJB is not always clearly differentiated from Council responsibilities and decisions, which hinders the ability of the IJB to forge its own identity and to be seen as an entity in its own right. Across Scotland, a number of IJBs have their own websites and the level of information disclosed is greater than that disclosed by the IJB in Shetland, and clearly demonstrates to stakeholders and the wider public what the IJB is responsible for and how it is driving improvement across the health and social care system.

Commitment to improvement

The IJB is required by law to carry out a formal review of its Integration Scheme by the fifth anniversary of its adoption, identifying and assessing potential changes which could improve integration.

Through this review, the IJB needs to ensure that there is agreement of responsibility and accountability arrangements. The NHS, IJB and Council need to work together to clearly set out roles and responsibilities of each of the parties - in greater detail than currently set out in the Integration Scheme - ensuring consistency across the partner organisations and ensuring that delegation of responsibilities is carried out effectively. We are aware of work being piloted nationally, through NHS Ayrshire and Arran, to develop an exemplar set of Directions to make commissioning more transparent. The IJB should ensure it is an early adopter of these when developed.

Fundamentally, the IJB needs to make it work locally, addressing any perceived lack of clarity and setting out how local arrangements will work. The IJB needs to establish, communicate and enforce a clear governance structure, outlining who is responsible for service performance and quality of care.

The IJB should be considering how it can become increasingly open and transparent on an ongoing basis, identifying improvements that will help stakeholders and the public to understand how decisions and made and how they can engage with the IJB. The IJB should carry out annual self-assessments of its performance as a body and the effectiveness of its governance through committee evaluations. The IJB should ensure that any such assessment specifically considers improvements which can be made to openness and transparency. The results of these reviews should be made publicly available through the publication of an Annual Self-Evaluation Report.

Governance and transparency (continued)

Deloitte view

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Deloitte view – Governance and transparency

In general, the IJB has a good attitude to openness and transparency. However, it has not taken specific actions in the year to improve its approach to openness and transparency in line with good practice. The IJB should review its approach to openness and transparency in 2019/20, developing an action plan in conjunction with the Board and wider stakeholders, monitoring improvements in openness and transparency on an ongoing basis thereafter. The IJB should specifically consider developing its own website, enabling it to create a distinct identity and improve the level and accessibility of information disclosed.

The lack of review of the IJB's approach to openness and transparency evidences the IJB's weaknesses in self assessment. In the year, no self-assessments were carried out. The IJB should have annual self-assessments of governance arrangements, committee and Board performance. The IJB should develop a self assessment programme to ensure that the IJB has adequate self assessment arrangements in place.

The IJB is required by law to carry out a formal review of its Integration Scheme in 2019/20. Through this review, the IJB needs to ensure that there is agreement of responsibility and accountability arrangements, clearly setting out roles and responsibilities of each of the parties. The IJB should ensure it is an early adopter of the exemplar Directions being developed at a national level.

While attendance at IJB meetings is acceptable, the downward trend in attendance is worrying and the effectiveness of scrutiny is at risk of being weakened by the high level of turnover of those attending. The effectiveness of training that is provided is not regularly assessed. The IJB needs to adopt a formal, ongoing approach to development. The IJB needs to carry out a skills gap analysis as part of the annual self assessment of committees and the Board, work in conjunction with Members to develop training plans for them (specific to committees/Members' needs), assess the effectiveness of all training provided and track and report attendance at training by the Board.

The IJB provides extensive and timely information to Members to enable them to take decisions. However, the IJB should review whether the style of report is appropriate. There is a high quantity of lengthy reports, with the covering reports often failing to identify the key matters actually being considered and the implications of decisions not being properly analysed and considered.

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Value for money
Overview

Value for money is concerned with using resources effectively and continually improving services.

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Are resources        Are services        Is Best Value        Value for
being used           improving?          demonstrated?        money
effectively?
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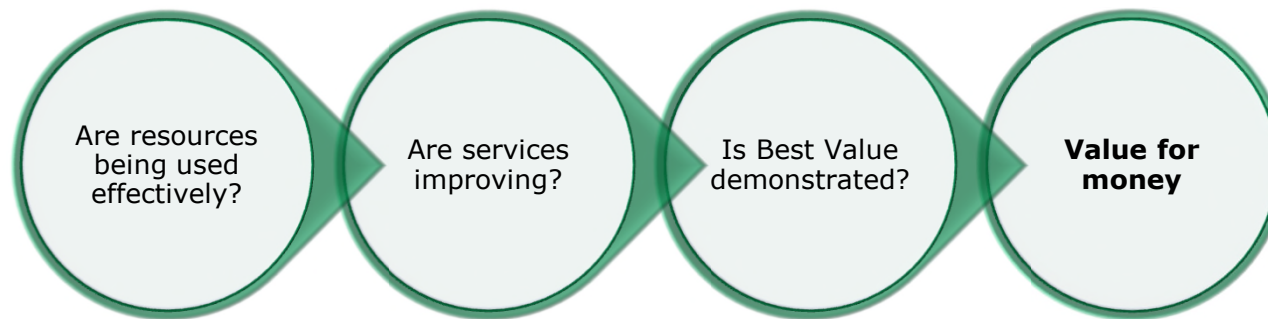
Audit risks

Within our audit plan we identified a number of risks as follows:
- The IJB does not allocate resources effectively; and
- The IJB does not clearly report on its contribution towards the national outcomes.

Value for money (continued)
Performance management

Performance management

The IJB has a performance management framework in place, with performance regularly considered by management and the Board. This is currently based on existing frameworks in each partner body and further work is required to provide a fully integrated suite of indicators for the IJB linked to its Strategic Commissioning Plan and the Scottish Government's National Performance Framework.

Performance data

The IJB has been performing consistently against its targets: in 2017/18, it achieved 20 targets and missed 15, and in 2018/19, it achieved 21 targets and missed 15 (one additional target was added). However, this information does not enable the IJB to fully understand its performance: while the IJB has performed consistently, this is because it is meeting targets which have not changed - between 2016/17 and 2018/19, targets have either decreased or remained static in 71% of cases, so while the IJB is meeting targets, this doesn't mean that performance is actually improving. From our review of indicators in 2018/19, we noted that performance has declined from 2017/18 in 51% of cases (improving in 34%), which is a substantially different picture to that suggested by comparing against target. At present, while performance is declining, this is masked by the way performance is reported. The IJB should be reviewing its historical performance and its targets and challenging whether targets set are realistic and demonstrating a commitment to continuous improvement.

Members have noted that performance information provided to the IJB is lengthy, highly numerical and difficult to follow. The accompanying report lacks detail. The narrative provided alongside the performance indicators is extremely high-level and does not enable an observer to understand specifically why performance has - or has not - met a target, whether that was within or outwith IJB control, and what specifically will be done to address areas of underperformance. There is no link made between cost and performance. Reports also do not outline the general performance of the IJB - with each indicator presented separately it is difficult for members to identify trends across the IJB.

To demonstrate a focus on improving performance and outcomes, an Improvement Plan should be reported to the IJB. This Improvement Plan should be informed by service self-assessments, stakeholder surveys and national reports. A centralised Improvement Plan will enable the IJB to monitor improvement across the IJB as a whole - rather than considering the Council and NHS separately - and to identify areas where improvement is not progressing as planned.

Performance against target: 2017/18 - 2018/19
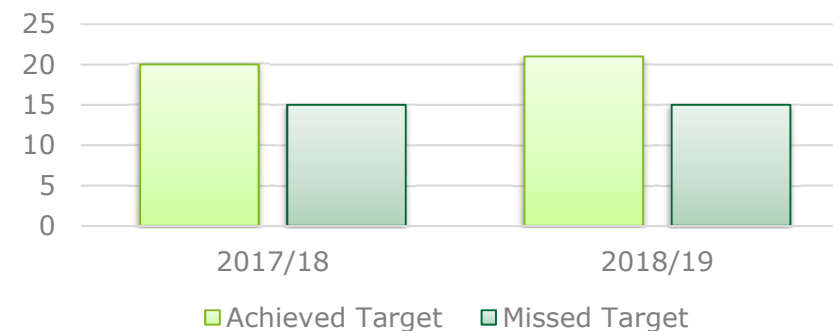
Targets: 2016/17 - 2018/19
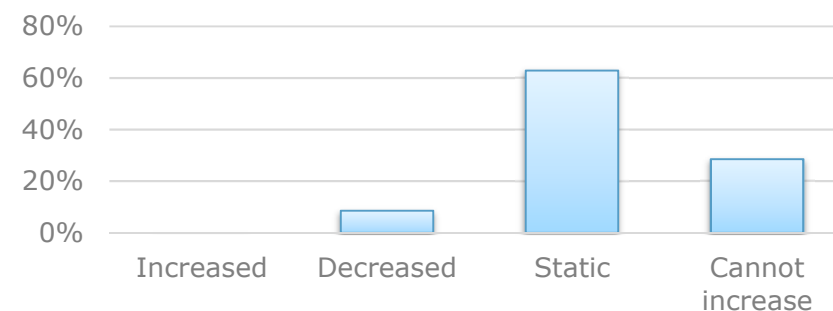
Performance Indicators: 2017/18 - 2018/19
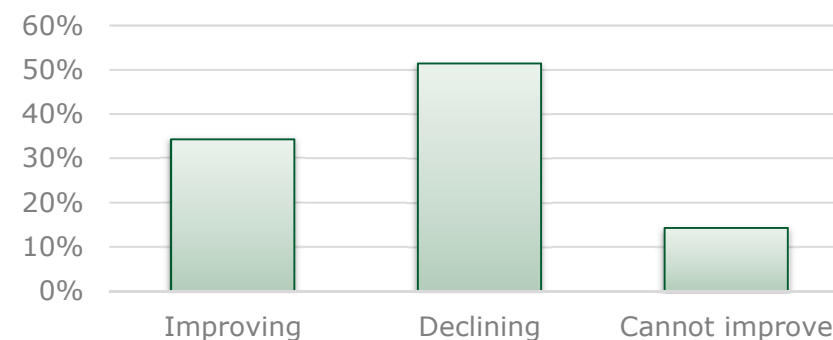
* Cannot increase/cannot improve due to the target and performance being 100%.

22

Value for money (continued)
Performance management (continued)

Accuracy of reporting

From our review of information reported to the IJB, we noted that the sickness absence information reported to the IJB differs from that reported to the Council, despite the sickness absence information being for the same period and covering the same staff. It is not clear why the information differs between reports and undermines the ability of the Board to effectively monitor performance in this area. The IJB needs to work with the Council and NHS to standardise what is reported to committees (i.e. if sickness absence is reported to one committee, the same information should be reported to all committees). Through Pentana, the IJB should develop a suite of indicators that are locked down at month and quarter end and then used for all reporting to ensure consistency.

Demand management

The IJB has been involved in several programmes of demand management in recent years, receiving 'spend to save' funding from the NHS and Council to progress these. This provides upfront funding to services in order to deliver changes which will yield recurring future savings whilst improving outcomes. We are aware of recent investment in areas such as mental health, primary care, intermediate care and social care to change how service is delivered to improve outcomes whilst making financial savings. These are positive examples of the IJB working with its partners to improve services for the local community and we encourage the IJB, NHS and Council to work together to identify further areas where such action can be taken.

While there have been a number of programmes approved and started, the IJB needs to continue to improve its focus on transformational change and its engagement - both internally and externally - as it drives transformation forward as the basis for its longer-term financial strategy. This will require investment in strategic leadership, planning and good governance. The IJB needs to set a risk appetite for transformational change against which it monitors risks and actions taken.

Engagement between the IJB, its partners and the wider community from the outset is key: all stakeholders should understand how the approach to transformation will improve services as well as reduce costs. The repercussions for financial sustainability and service delivery if savings are not achieved needs to be clearly communicated to all stakeholders. There needs to be improved monitoring of performance against the targets set for each project and actions in transformation need to be clearly linked to outcomes to enabling monitoring of the impact that transformation is having on services. The action plans currently included in the projects are high-level, with more detail needed on who is responsible for taking actions forward and when they need to be completed by, and how and when progress will be monitored.

The progress reports provided to the IJB do not enable it to effectively monitor and properly scrutinise performance. In progress reports, it should be clear:

i.   What work has been undertaken to date.

ii.   What work is still to be completed.

iii. Why there are revised due dates (if any) and the financial impact this has had.

iv.   Whether or not the action has been completed on time, and if not, what lessons have been learned and remedial actions taken.

Value for money (continued)
Best Value

Best Value

There is clarity in the IJB on who is accountable for achieving Best Value: the Chief Officer. However, a number of concerns have been highlighted through our discussions on the IJB achieving Best Value and obtaining appropriate assurance that it is demonstrating value for money in the use of resources. It was noted that the IJB is heavily reliant on Best Value statements from NHS Shetland and Shetland Islands Council, however, there was an acceptance from everyone we spoke to that the IJB is struggling to achieve Best Value and does not have enough information or consider a wide enough range of areas to assure itself that Best Value is being achieved: the IJB noted in its local response to the national report on integration that "Best Value is an area that is less developed."

Concerns were raised about a lack of buy in or appetite for change, with resistance to change by IJB members being highlighted as a key risk to the IJB's ability to achieve Best Value. While a number of service redesign and improvement actions have been approved and taken forward since the IJB was established (page 23), these have been primarily through delegated authority rather than working with the Board, and change through the Board has been slow. It is clear from our discussions, observations at IJB meetings and review of relevant documents that although there is a desire for improvement across the IJB, there is also a fear of change and the risk and exposure associated with it which means that improvement is slow and not continuous.

The Board and officers need to work together and with their partners in the NHS and Council to identify the factors that are slowing improvement, set clear actions for how such factors will be addressed on an ongoing basis in the future, and report to the Board on an annual basis on the IJB's self-assessment of Best Value to monitor improvements in this area and identify any further actions necessary.

Deloitte view – Value for money

In line with good practice identified by Audit Scotland, we recommend that the IJB prepare a clear and concise annual Improvement Plan to be reported to the Board. This Improvement Plan should informed by service self-assessments, stakeholder surveys and national reports.

The IJB has been performing consistently against its targets. However, this information does not enable the IJB to fully understand its performance: while the IJB has performed consistently, this is because it is meeting targets which have not changed. From our review of indicators in 2018/19, we noted that performance has declined from 2017/18 in 51% of cases (improving in 34%).

From the IJB's performance monitoring reports, it is difficult for the Board to fully assess performance, including performance against outcomes, given that performance information provided is lengthy, highly numerical and difficult to follow, with the accompanying report lacking detail. There needs to be a link made between cost and performance, and the IJB should consider the targets it sets on an ongoing basis to ensure they remain realistic whilst also demonstrating a commitment to improvement.

The IJB noted that Best Value is an area in which it is less developed. The IJB needs to identify causal factors, set clear actions improvement and report on an annual basis on a self-assessment of Best Value to monitor improvements in this area and identify further actions.

Other specific risks

As set out in our Audit Plan, Audit Scotland identified a number of areas as significant risks faced by the public sector. We have considered these as part of our audit work on the four audit dimensions and summarised our conclusions below.

Risk	Areas considered	Conclusion
EU Withdrawal	We have assessed what work the IJB has done to prepare for the impact of EU withdrawal, specifically considering people and skills; finance; and rules and regulations.	The IJB is reliant on the NHS and Council to prepare for EU Withdrawal to minimise impact on the IJB. However, there has been no reporting to the IJB on what actions the NHS and Council are taking, so it is not possible for the IJB to have assurance that sufficient planning is underway, despite it being recorded as a 'high' risk on the IJB's risk register. While the IJB's partner organisations - the NHS and Council - are prepared in many areas for EU withdrawal, there are a number of areas - workforce planning, longer-term financial planning and contingency planning for a 'no deal' withdrawal - which require improvement. Some of these areas have not been considered by the partner organisations, others have been considered but have not addressed IJB-specific risks and detailed plans and actions remain under development. Overall, the Council and NHS were found to be partly prepared for EU Withdrawal. Given that the IJB is reliant on their preparedness, that conclusion also applies to the IJB.
Changing landscape for public financial management	As part of our audit work on financial sustainability (see pages 5 – 9) we have considered how the IJB has reviewed the potential implications of the Scottish Government's MTFS for its own finances, including long term planning.	The IJB produced its MTFP (5 year financial plan) in March 2019, based on NHS Shetland's and Shetland Islands Council's MTFPs, with the Scottish Government's MTFS being considered as a 'key factor' within those plans. The assumptions used in the plan - in terms of funding uplifts and cost increases - are consistent with the Scottish Government MTFS. However, there is room for improvement in outlining how the anticipated spend over the medium term aligns with the key themes on public service reform (prevention, performance, partnership, people) and demonstrating a focus on improving outcomes.

Other specific risks (continued)

Risk	Areas considered	Conclusion
Dependency on key suppliers	We obtained a detailed breakdown of expenditure by supplier and performed an analysis to identify if there were any risks of dependency on key suppliers.	No specific risks of key supplier failure have been identified through our work. While the IJB has a number of key supplier relationships – through the NHS and Council – only one accounts for more than 10% of expenditure with external suppliers. CrossReach accounts for 23% of IJB expenditure with external suppliers. Given their strong financial position, the comparatively small amount of transactions with the IJB, its backing by local authorities, status as a subsidiary of the Church of Scotland and its regulation by the Scottish Charity Regulator, we are satisfied that although this is a key supplier for the IJB, the risk of key supplier failure is remote.
Openness and transparency	We have considered the IJB's approach to openness and transparency as part of our audit work on governance and transparency (see page 18).	The IJB has a good attitude to openness and transparency. However, there is room for improvement and the IJB needs to ensure its approach to openness and transparency keeps pace with public and regulatory expectations. The IJB should review its approach to openness and transparency, considering wider expectations, developing an action plan in conjunction with wider stakeholders to ensure that the IJB clearly demonstrates that it is always striving for more.

Appendices

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Audit Committee of the IJB discharge their governance duties.

Our report includes the results of our work on the following:

- Financial sustainability;
- Financial management;
- Governance and transparency; and
- Value for money.

What we don't report

As you will be aware, our audit is not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

This report has been prepared for the Audit Committee of the IJB, as a body, and we therefore accept responsibility to you alone for its contents.

We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

We welcome the opportunity to discuss our report with you and receive your feedback.

for and on behalf of Deloitte LLP

Glasgow

18 June 2019

28

Action plan

Recommendations for improvement

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Financial Sustainability	The MTFP should be made more robust, giving specific consideration to the following: 1. Include scenario analysis and risk assessments of assumptions. 2. The MTFP needs to outline the options available to the IJB to address the funding gap. 3. The MTFP should outline how the IJB intends to use its resources to deliver the Strategic Commissioning Plan. 4. The MTFP should make reference to the key principles of public service reform - prevention, performance, partnership and people - and how these key principles are reflected in the IJB's financial planning, and how the IJB intends to align its resources to these key principles and monitor progress against them. (See page 7 for further details.)	The Strategic Commissioning Plan (SCP), which is refreshed annually will be the primary mechanism for addressing these recommendations. However, the MTFP will be updated annually so that it is aligned to the SCP. This is an ongoing iterative process where the SCP and MTFP are interdependent.	Chief Financial Officer	31/03/2020	High
Governance & Transparency	The IJB needs to have annual self-assessments of governance arrangements, committee and Board performance. The IJB should agree a structured self-assessment and review programme. (See page 17 for further details.)	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.	Executive Manager, Governance & Law (SIC)	31/12/2019	High
Governance & Transparency	The Chair of the IJB, in partnership with the Council and NHS, needs to ensure that appropriate time is provided for IJB meetings and Members are held to account for non-attendance at meetings. The IJB should specifically review attendance at committee and Board meetings on an annual basis to identify where improvement is needed and to agree actions to be taken. (See page 17 for further details.)	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.	Executive Manager, Governance & Law (SIC)	31/12/2019	High

29

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Value for Money	The IJB should review its historical performance and its targets and challenge whether targets set are realistic and demonstrating a commitment to continuous improvement. To demonstrate a focus on improving performance and outcomes, the IJB should develop an Improvement Plan. This Improvement Plan should informed by service self-assessments, stakeholder surveys and national reports. (See page 22 for further details.)	As the IJB is a relatively small organisation with limited resources this recommendation will be addressed through existing mechanisms. The annual refresh of the SCP, subsequent directions and the Performance Management Framework will represent a continuous improvement cycle.	Chief Officer	30/03/2020	High
Financial Sustainability	The Strategic Commissioning Plan should be reviewed to include: 1. Quantification of demand pressures and the resulting costs in a 'no change' environment, linked clearly to the MTFP. 2. Identification of the level of transformation required, linked to NHS Shetland's and Shetland Islands Council's transformation programmes. 3. Specific, detailed action plans need to be developed and linked to the plan to ensure it is achievable. (See page 8 for further details.)	The SCP, which is refreshed annually, will address these recommendations. The MTFP will be updated annually so that it is aligned to the SCP. This is an ongoing iterative process where the SCP and MTFP are interdependent.	Chief Officer	31/03/2020	Medium

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Financial Sustainability	The IJB should include the impact that decisions will have on the IJB's position against the in-year budget and the funding gap identified in the MTFP in the 'Finance implications' section of reports. The implications of decisions on long-term outcomes and needs of the community should also be enhanced, linked clearly to specific elements of the Strategic Commissioning Plan. (See page 8 for further details.)	The Chief Financial Officer will provide quality control reviews on all 'Finance Implication' sections of IJB reports during the Agenda Management process. The Chief Officer will quality control the impacts section of reports with regard to outcomes.	Chief Financial Officer	31/03/2020	Medium
Financial Management	High-level narrative on the reasons for major reallocations within service budgets and amendments to the overall budget should be included in the FMR. (See page 12 for further details.)	The budget process will be reviewed during 19/20 to address this recommendation.	Chief Financial Officer	31/03/2020	Medium
Financial Management	The IJB should delegate authority to a committee to review and report to the Board on financial performance to better spread workload, free up time in Board meetings, improve the scrutiny of financial performance and enhance the importance attached the committees by the IJB. (See page 12 for further details.)	As the IJB is a relatively small organisation with limited resources this recommendation will be addressed through existing committee structures. IJB agendas and chairing technique will be reviewed to allow greater scrutiny of financial reports.	Chief Officer	31/03/2020	Medium

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Financial Management	A number of improvements are required to the budget setting process: 1. There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan. 2. There needs to be improved links between the budget and outcomes. 3. The IJB should work with the Board to identify what engagement is necessary as part of the budget setting process. 4. Funding allocations should be based on need, and the IJB should challenge allocations which are not. 5. The budget is required to be linked to locality plans. The IJB is not complying with this requirement as no locality plans exist. 6. The IJB should maintain a central record of all queries received on the budget and answers provided, with this being publicly available. (See page 13 for further details.)	The SCP, which is refreshed annually, will be the primary mechanism for addressing these recommendations. The budget setting process will be reviewed during 2019/20 to ensure the budgets are aligned to need. There is an ambition to maintain core records within the new website which is currently under development.	Chief Financial Officer	31/03/2020	Medium
Governance & Transparency	The IJB needs to adopt a formal, ongoing approach to development. The IJB needs to carry out a skills gap analysis as part of the annual self assessment of committees and the IJB, work in conjunction with the Board to develop training plans for them (specific to committees/Members' needs), assess the effectiveness of all training provided and track and report attendance at training by the Board. The IJB should specifically consider a joint development programme with the NHS and Council to improve understanding and integration. (See page 16 for further details.)	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.	Executive Manager, Governance & Law (SIC)	31/12/2019	Medium

32

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Governance & Transparency	The IJB should carry out annual reviews of how open and transparent it is, seeking the views of the wider community. The IJB should carry out regular stakeholder surveys to help inform its approach to openness and transparency. The results of these reviews should be made publicly available through the publication of an Annual Self-Evaluation Report. (See page 18 for further details.)	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme. There is an ambition to maintain core records within the new website which is currently under development.	Executive Manager, Governance & Law (SIC)	31/12/2019	Medium
Governance & Transparency	The IJB should review whether the style of reports used and is appropriate. Covering reports should identify the key matters being considered and the implications of decisions. (See page 19 for further details.)	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.	Executive Manager, Governance & Law (SIC)	31/12/2019	Medium
Governance & Transparency	The IJB should consider developing its own website, to improve the level and accessibility of publicly disclosed information and clearly demonstrate to stakeholders and the wider public what the IJB is responsible for and how it is driving improvement across the health and social care system. (See page 19 for further details.)	SIC is currently refreshing its internet platform and the IJB will have its own website within this system.	Chief Officer	31/03/2020	Medium

33

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Governance & Transparency	The IJB is required by law to carry out a formal review of its Integration Scheme by the fifth anniversary of its adoption, identifying and assessing potential changes which could improve integration. This review needs to: 1. Ensure that there is agreement of responsibility and accountability arrangements. 2. Clearly set out roles and responsibilities of each of the parties. 3. Address any perceived lack of clarity in the Integration Scheme and set out how local arrangements will work. 4. Establish, communicate and enforce a clear governance structure, outlining who is responsible for service performance and quality of care. (See page 19 for further details.)	The IJB will carry out a formal review of its Integration Scheme by the fifth anniversary of its adoption, identifying and assessing potential changes which could improve integration.	Director of Corporate Services (SIC)	15/11/2020	Medium
Value for Money	Progress reports provided to the IJB should make it clear: 1. What work has been undertaken to date; 2. What work is still to be completed; 3. Why there are revised due dates (if any) and the financial impact this has had; and 4. Whether or not the action has been completed on time, and if not, what lessons have been learned and remedial actions taken. (See page 23 for further details.)	This recommendation will be addressed through the IJB Performance Management Framework 2019-2024.	Chief Officer	31/03/2020	Medium
Governance & Transparency	An action tracker should be developed for each committee and should be provided at every meeting. The action tracker needs to include target dates, have clear and concise updates provided, and have sufficient information to justify the Red/Amber/Green/Completed status which is chosen. (See page 19 for further details.)	Action Trackers are included in the Business Programmes of IJB and IJB Audit Committee. The IJB will ensure they are provided at every meeting.	Chief Officer	30/09/2019	Low

34

Action plan (continued)
Follow-up 2017/18 action plan

We have followed up the recommendations made in our 2017/18 annual report in relation to the wider scope areas and are pleased to note that 7 of the total 14 recommendations made have been fully implemented. The following recommendations have either not been implemented or are only partially implemented. We will continue to monitor these as part of our audit work and provide an update in our Annual Report to the Committee in September 2019.

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2018/19 Update
Financial Sustainability	Continued focus needs to be given to developing a medium-term financial strategy through the Scenario Planning exercise. This should include quantification of the forecast funding gap and plans to address this.	The body understands the long-term pressures, which have been built in plans. There is a three year strategic plan in place (2016-19), but a medium-term financial plan is starting to be developed through a combination of the NHS MTFP and SIC LDP and is one of the anticipated outcomes of the Scenario Planning exercise.	Chief Financial Officer	1/12/18	High	*Partially implemented:* We will monitor progress on this against our updated recommendation on page 29. **Updated management response:** The SCP, which is refreshed annually, will be the primary mechanism for addressing this recommendation. The MTFP will be updated annually so that it is aligned to the SCP. **Updated target date:** 31/3/2020
Governance & Transparency	A training plan should be put in place for the Audit Committee and Board members to ensure they know what their roles and responsibilities are, as well as to be clear on the scope of their work.	Management have agreed to consider the training needs of the Audit Committee and Board and to institute a relevant training plan.	Executive Manager, Governance & Law (SIC)	1/9/18	Medium	*Partially implemented:* We will monitor progress on this against our updated recommendation on page 33. **Updated management response:** This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme. **Updated target date:** 31/12/2019

35

Action plan (continued)

Follow-up 2017/18 action plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2018/19 Update
Governance & Transparency	The Audit Committee should have a clear terms of reference in place, and this should be assessed for effectiveness on an annual basis, in accordance with best practice.	The Terms of Reference will be reviewed so as to be clear on the responsibilities of the Audit Committee.	Executive Manager, Governance & Law (SIC)	1/9/18	Medium	*Partially implemented:* We will monitor progress on this against our updated recommendation on page 33. **Updated management response:** This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme. **Updated target date:** 31/12/2019
Value for Money	In order to demonstrate how the Board is achieving its objectives and meeting planned outcomes, management should demonstrate a clear link between expenditure and outcomes achieved.	Management consider that it is difficult to see the link between actions and outcomes, as often improvement can be hidden by the changing demographics (ageing population, for e.g.). However, they have agreed to look at this further going forward.	Chief Financial Officer	1/9/18	Medium	*Not implemented:* We will monitor progress on this against our updated recommendation on page 30. **Updated management response:** The SCP, which is refreshed annually, will be the primary mechanism for addressing this recommendation. **Updated target date:** 31/3/2020

36

Action plan (continued)

Follow-up 2017/18 action plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2018/19 Update
Governance & Transparency	The management accounts reporting process takes approximately two months. We accept that this is in line with protocol, but that improvements in the speed of reporting, without compromising on the quality should be explored.	Management have accepted this point and will consider if there are areas where the efficiency of reporting can be enhanced.	Chief Financial Officer	1/3/19	Low	*Not implemented:* We will monitor progress on this against our updated recommendation on page 33. **Updated management response:** The timing of financial reporting will be considered during 2019/20. **Updated target date:** 31/03/2020
Financial Sustainability	The Board should focus on implementing recurring saving schemes to ensure long-term financial sustainability. The Board should complete an exercise to fully evaluate demand drivers and the impact on costs going forward.	The Strategic Commissioning Plan recognises the scrutiny placed on the Board and all future redesign projects will be supported with robust needs and risk assessments. These assessments will be subject to further scrutiny through the existing decision making structure of the IJB. NHS Shetland identified that they are focused on recurring savings efficiencies in 2017/18.	Chief Financial Officer	30/6/18	High	*Partially implemented:* We will monitor progress on this against our updated recommendation on page 32. **Updated management response:** The SCP, which is refreshed annually, will be the primary mechanism for addressing this recommendation. **Updated target date:** 31/03/2020.

Deloitte.

Sector developments

June 2019

Contents

2

Introduction

Sharing our research, informed perspective and best practice

As part of our "added value" to the audit process, we are sharing our research, informed perspectives and best practice from our work across the wider public sector. In particular, we have included the following within this report:

1. Keeping pace? Government's technology transformation – Research (pages 4-6)

Technology is a key driver for public sector transformation, making government departments more effective and public services accessible for those who rely on them.

Snapshot research with 815 civil servants has identified their views on the role and adoption of technologies, skills and training, as well as confidence levels in dealing with cyber-attacks. Whilst the results tell us that there is an appreciation of the impact and risks of technology developments, and progress is underway, the public sector appears to be struggling to keep pace.

2. Best practice case study (pages 7-9)

We have provided some case study data where Deloitte have been involved in transformational work within England.

4. Deloitte Perspective (page 10)

We have shared our perspectives and insights which are informed through our daily engagement with companies large and small, across all industries and in the private and public sectors.

5. National reports (pages 11 – 14)

We have summarised the recommendations and proposals from recent Audit Scotland and the Ministerial Strategic Group's review on progress with integration which should be considered by the IJB as part of the ongoing development of the Partnership.

3

Keeping Pace?
Government's technology transformation

Technology is a key driver for public sector transformation, making government departments more effective and public services accessible for those who rely on them.

Snapshot research with 815 civil servants has identified their views on the role and adoption of technologies, skills and training, as well as confidence levels in dealing with cyber-attacks. Whilst the results tell us that there is an appreciation of the impact and risks of technology developments, and progress is underway, the public sector appears to be struggling to keep pace.

Area	Survey results	Action
Role of technology in government	Respondents were asked which technologies have the most potential to impact on their department and on service delivery. Transformation of existing IT (88 per cent), cyber security (81 per cent) and data analytics (73 per cent) were the top three for greatest effect on the department. For service delivery, online interaction with citizens and cyber security were joint first (72 per cent), followed by transformation of existing IT (63 per cent) and mobile technology (60 per cent). On the other hand, digital currencies, blockchain, Interne and augmented reality are viewed as the least likely to impact either department operations or service delivery. These new technologies may have the power to revolutionise how we do things, however, our survey suggests that while IT professionals in the public sector are aware of them, they perceive them to be well down the list of priorities. But is there a need for the public sector to be at the 'leading edge' or at least be 'faster followers'? Transforming existing IT, the clear priority for survey respondents, and a focus of existing investment is arguably more likely to generate service improvements for citizens and drive savings internally. Equally the use of advanced data analytics to drive better insights for example, is now well established and delivering real benefits for many public sector organisations.	It will be important of course for public sector CIOs to keep a 'watching brief' on new technology. Technology that was new one year can become mainstream the next as functionality matures and the price point reduces.

Keeping Pace? (continued)

Government's technology transformation (continued)

Area	Survey results	Action
Adoption of technology	When asked which technologies they had explored for adoption, respondents highlighted those which might be considered more 'mainstream': transformation of IT (78 per cent), cyber security (64 per cent), cloud computing (59 per cent), mobile technology (56 per cent) and data analytics (54 per cent). Interestingly, while 72 per cent felt that online interaction with citizens had potential for the greatest impact on service delivery, only 46 per cent have explored the area for adoption. It's a well-worn stereotype that people working within the public sector believe they are behind the private sector in many areas. Our survey backs up this perception in relation to the adoption of new technologies; whilst 35 per cent felt they were behind others in the public sector, 64 per cent felt they were behind private sector organisations. Barriers highlighted include lack of budget (82 per cent), perceived cost (74 per cent) and 'fear of failure' culture (42 per cent).	The key lessons from our experience that helps accelerate technology adoption: • Develop a coherent business case that clearly describes the benefits from the investment. This can help achieve buy-in and ensure the project is appropriately prioritised. • Have a clear Digital Strategy that supports the delivery of the business strategy: leadership and direction are at the core of driving successful technology adoption. • Involve citizens and service users in the design and delivery of new technology. This is critical for realising benefits and delivering 'fit for purpose' solutions. • Work closely with procurement teams to encourage technology innovation and accelerate the procurement process.
Cyber Security	The survey was conducted approximately one month after one of the biggest cyber-attacks ever within the UK public sector with the WannaCry attack on the NHS. The survey presents a conflicting message in the response to questions of cyber security. When asked which technology developments have the greatest potential to impact on the department and service delivery, cyber security was flagged by 81 per cent and 71 per cent respectively. This shows a significant realisation of the real and present threat and potential for impact. However almost half (44 per cent) are not sure or do not have confidence in their organisation's ability to withstand a cyber-attack. Interestingly the more senior civil servants are, the more likely they are to express confidence. This could be due to the senior group having more visibility of what the department is doing organisation-wide to reduce the risk of cyber-attack, or it could be down to this group having less awareness of the risks and exposure that exists. The survey showed that 56 per cent were confident which could be attributed to an increased awareness amongst users, strengthening of cyber security policy across government and more stringent compliance requirements e.g. GDPR and NIS Directive.	It is clear that the public sector understands the importance of strong and robust cyber security technology. We would encourage organisations to adopt a holistic approach to cyber security including people, processes and technology, and use the clear interest in cyber security to promote awareness amongst staff.

5

Keeping Pace? (continued)

Government's technology transformation (continued)

Area	Survey results	Action
Skills and training	**Skills** Digital skills gaps provide a barrier to adoption according to 68 per cent of respondents. For many CIOs, figuring out the answer as to where to invest in skills can be challenging. The IT industry is constantly morphing with skills that were readily available a month ago being in short supply today. There is a clear move within the public sector towards user-centred design and data analytics, and it is perhaps not surprising that these figure large in terms of skills gaps in the survey. In our experience an added complication is the disparity in salaries between IT staff in the public and private sector. There is a fear factor of training people up only for them to get a better paid job elsewhere. Beyond the IT team, digital skills for the entire workforce need to be considered and addressed. One respondent suggested that there is a need for a standardised set of digital skills for all staff while another pointed to the need for more structured programmes to support upskilling. Investment in skills, for both the IT team and wider workforce, needs to be linked to the organisation's IT Strategy. Once an organisation has established what it wants to achieve, it can then establish a plan, including the volume and type of skills required. This will typically be a mix of in-house and outsourced resource dependent upon the nature of the project. **Training** 'On the job' training continues to be the most important means through which civil servants acquire the digital skills they need to perform their job effectively (64 per cent). Given the pervasiveness of technology in the workplace and at home, a potential working assumption is that all staff have, or will acquire on the job, the digital skills they need. This a potentially dangerous assumption. There are still many people within the workplace who are uncomfortable with technology. If they have not been given the right support and training, the risk is that they will become less effective in the workplace and the benefits of the organisation's investment in technology will not be fully realised.	• Involve HR professionals in skills analysis, including the digital skills required for the entire workforce as well as the more specific skills for the IT team. The principles behind training needs analysis are still as relevant as they ever were: identifying people's current skill levels and any gaps is crucial to IT benefits delivery. • Embed a structured training programme based on the skills analysis. • Consider partnerships with universities, local employers and trusted suppliers. Some of the skills needed in the public sector can be accessed in small bites. For example, skills necessary with particular new technologies do not require long-term continuity of resource. External resources can deliver pace, capability and, with larger suppliers, an element of risk transfer that justifies the higher cost in the short and medium term. • In-house academies and training programmes can be used to upskill the existing workforce. Well-designed programmes can have a big impact on culture and levels of buy-in. Delivering programmes or partial programmes via e-learning will be time efficient and help to keep skills up-to-date

6

Best practice case studies

Our teams have worked with a number of English Council to support them through transformation programmes. We have set out on pages 8 and 9 two specific case studies that formed part of this work, including how they have applied demand management to transform services, and the outcomes achieved which are relevant to the Health and Social Care Partnership.

- **New Adult Services front door** – this increased contact centre capabilities and resolution at the first point of contact.

- **Re-defining the care offer within its Social Care service** - this included planning and delivering targeted reviews of care packages, re-defining the care offer and rolling out strength based approaches as well as a new contact model.

7

Best practice case studies (continued)

Council– New Adult Services front door

Overview

In 2015, an English Council embarked on a £100m efficiency programme. Adult Social Care directorate was expected to contribute £43.1m to this target, approximately 15% of their operating budget. This is in the context of an ageing population with increasing social care needs, workforce pressures and a complex provider marketplace.

The challenge

To improve demand management at the 'front door'. This is needed to reduce pressures on front line operational teams through an enhanced contact centre function and a new digital service.

What we did

We set up a project team that combined experienced operating model practitioners from Deloitte with Adult Services staff to bring deep operational expertise:

- As part of a department wide operating model the team defined a channel strategy that described how Adult Services would interact with customers and professionals.
- We worked with the leadership team to agree an agile approach to developing a new contact and assessment team to shift operational activity to the phone channel.
- Starting with a high level design of the contact centre, the team worked through three test cycles to design and implement: new processes; changes to internal policy around information management and financial delegation; an organisation structure with new capabilities; enhanced management information; and a transparent governance structure.
- The team collaborated with digital developers to design a new digital service to improve customers' access to information and advice and transform the processes that describe how they interact with Adult Services.

Outcomes

The bespoke digital service and contact centre:

- Increased the contact centre resolution rate from 30% to 70%; and
- Reduced the cost to serve customers by 25%.

Adult Services have been able to make a compelling business case for investing in the contact centre to deliver longer term savings across their front line teams.

8

Best practice case studies (continued)
Council – Re-defining the care offer

Overview

The Council was facing a significant funding gap, which was challenging the future sustainability of the Council. This was in the context of an aging population and increased demand for adult social care services.

The challenge

To identify and deliver a number of change initiatives across Adult Services to reduce spend and better manage projected increased demand. As part of this there was a need to address inconsistency in social work practice and inequity of care packages.

What we did

Re-defined the care offer: jointly with staff we developed a strengths based, tiered model to promote a consistent approach among social care practitioners. The approach promotes reablement and considers alternative creative approaches to meeting need which draws on a person's natural support.

A framework was developed to guide staff in their practice and we then delivered training and communications to upskill staff and promote the new approach. This was supported by a benefits tracking system to monitor progress across the service and to address variance between teams.

Targeted reviews: through a diagnostic of the social care data, we prioritised a number of service user reviews (adults and children with disabilities). We worked with the Council to put in place a dedicated team and support them to undertake strengths based reviews which included preparing and delivering an induction programme; putting in place a benefits tracking system; and undertaking regular reporting and team meetings to discuss progress and unblock issues.

New front door: We supported the Council to put in place a new approach for managing demand at the front door, redesigning the customer journey including the promotion of digital channels. We redesigned processes and increased the skills and delegated authorities of call handlers in the contact centre to improve resolution at the first point of contact.

Outcomes

The Council had a savings target for the whole council that they asked us to help them jointly achieve of £10.5m over 2 years. We helped them deliver £15.5m over 3 years. £9m of this was from adult and children with disabilities services and the remaining on procurement initiatives (see other case study).

9

Deloitte perspectives

Talking Public Sector: Our podcast series on government and public services

Our podcast explores the big challenges facing the public sector, how citizens want the public services to be run and what the future holds by drawing on expert opinion and exclusive research. Aimed at anyone who works in or with the public sector, this podcast brings together leaders from government and the public services, industry experts and commentators to provide an insights on the big issues facing public bodies in the UK and around the world.

Listen and subscribe to Talking Public Sector:

https://www2.deloitte.com/uk/en/pages/public-sector/articles/talking-public-sector.html

Tech Trend 2019: A Government and Public Services Perspective

Our recently published 10th edition of the Tech Trends report reflects on a decade of disruptive change and demystifies the future of digital transformation. The story of technology trends is inseparable from the story of the public sector.

Technology can help make government more effective by protecting and maintaining infrastructure, creating more personalised and secure citizen interactions, or automating tasks so workers can focus on more value-added jobs.

As leaders work to reshape their organisations and realise these possibilities, they rely on fresh, relevant insights. We are delighted to share our perspective which provides a UK Government and Public Services lens on Deloitte's *Technology Trends 2019: Beyond the digital frontier.*

https://www2.deloitte.com/uk/en/pages/public-sector/articles/public-sector-tech-trends.html

Digital government: It's all about the people *a view from Government and Public Sector Lead Partner, Rebecca George*

Deloitte has published our third Digital Disruption Index. Based on a survey of the UK's most senior digital leaders from both private and public sectors, the index explores levels of digital maturity in their organisations. The results reinforce my belief that the defining factor in getting digital right is not the technology – which of course needs to deliver – but is people: the people who lead digital transformation and the people with the skills to make it happen.

Read Rebecca's full view at:
https://www2.deloitte.com/uk/en/pages/public-sector/articles/digital-government-all-about-people.html

The Digital Disruption Index is available online:
https://www2.deloitte.com/content/campaigns/uk/digital-disruption/digital-disruption/digital-disruption-index.html

One of the key insights is around Artificial Intelligence (AI) which is increasingly a strategic priority. After Cloud, Cyber-security and Data analytics – three foundational digital pillars – respondents to our survey rated AI as the most important technology to their digital strategy.

The use of advanced data science, whether explicitly AI or a combination of AI, Robotic & cognitive automation (RCA) and Data analytics, is at the centre of much current debate about ethics and the societal impact of digital technology. A significant number of senior leaders seem unaware of these ethical considerations. We believe that what is unethical in the real world is unethical in the digital world, and we explore how organisations are able to make AI decision-making as transparent as human decision-making.

We have recently been engaged with NHS Lothian where we have gone live, as part of a data gathering and piloting phase, with two unattended and six attended robots. These are helping clinicians to triage referrals quicker and are also automating the invoice raising process in the finance department.

Health and social care integration

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration

Overview

Audit Scotland issued its latest progress report on Health and Social Care Integration in November 2018 as part of its health and social care series. It reported that while some improvements have been made to the delivery of health and social care services, Integration Authorities (IA), Councils and NHS Boards need to show a stronger commitment to collaborative working to achieve the real long-term benefits of an integrated system. While some progress was noted, the remaining challenging are significant. It found that success will depend on long term integrated financial planning and stable and effective leadership. All bodies involved (being IAs, Councils, NHS Boards, the Scottish Government and COSLA) need to tackles these issues as a matter of urgency in order to transform the way services are provided for Scotland's ageing population.

The Ministerial Strategic Group (MSG) issued its progress review in February 2019. The report referred to evidence emerging of good progress in local systems and referred to Audit Scotland's report which highlighted a series of challenges that need to be addressed. The pace and effectiveness of integration need to increase.

Both reports highlighted six areas must be addressed if integration is to make a meaningful difference to people in Scotland.

Features supporting integration

Collaborative leadership & building relationships	Integrated finances and financial planning	Effective strategic planning for improvement	Agreed governance & accountability arrangements	Ability & willingness to share information	Meaningful & sustained engagement
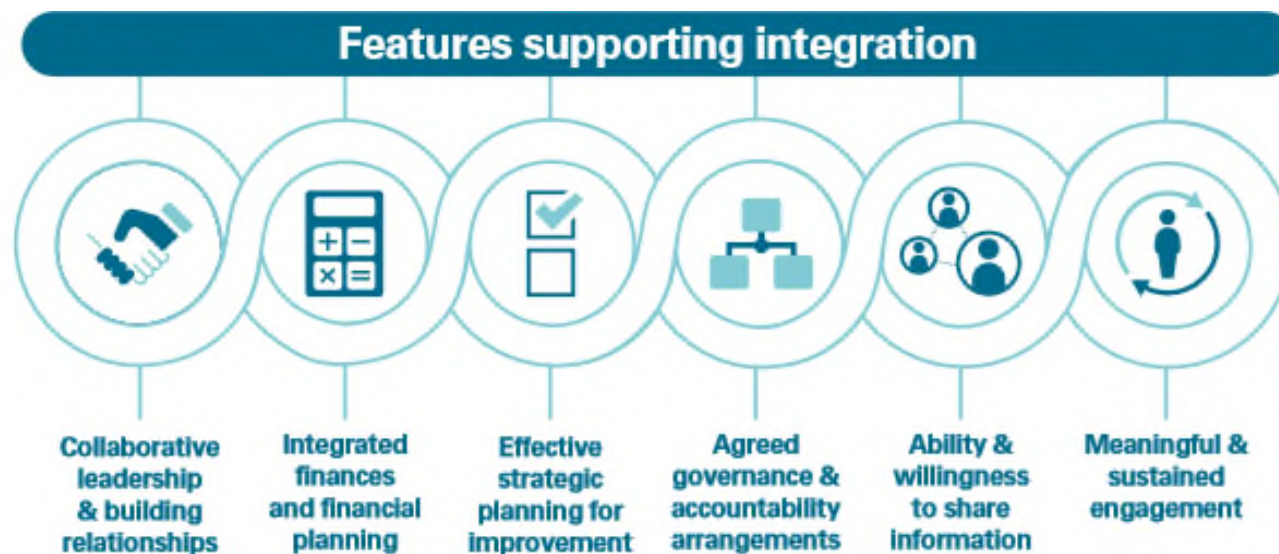
Next steps

The IJB, in partnership with the NHS and the Council consider how these issues identified in these reports will be addressed as part of the development of the Partnerships.

11

Health and social care integration (continued)

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration (continued)

Key findings	Audit Scotland conclusion	Audit Scotland recommendations (for IJBs)	MSG proposals
Collaboration leadership and building relationships	A lack of collaborative leadership and cultural differences are affecting the pace of change	No specific recommendations for IJBs. The Scottish Government and COSLA should: • Ensure that there is appropriate leadership capacity in place to support integration • Increase opportunities for joint leadership development across the health and social care system to help leaders to work more collaboratively.	• All leadership development will be focused on shared and collaborative practice. • Relationships and collaborative working between partners must improve. • Relationships and partnership working with the third and independent sector must improve.
Integrated finances and financial planning	Longer term, integrated financial planning is needed to deliver sustainable service reform.	The Scottish Government, COSLA, Councils, NHS Boards and IA's should work together to: • Support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community based care. IAs, Councils and NHS bodies should work together to: • View their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.	• Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration. • Delegated budgets for IJBs must be agreed timeously. • Delegated hospital budgets and set aside requirements must be fully implemented. • Each IJB must develop a transparent and prudent reserves policy. • Statutory partners must ensure appropriate support is provided to IJB S95 Officers. • IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Health and social care integration (continued)

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration (continued)

Key findings	Audit Scotland conclusion	Audit Scotland recommendations (for IJBs)	MSG proposals
Effective strategic planning for improvement	Good strategic planning is key to integrating and improving health and social care services	IA's, Councils and NHS Boards should work together to: • Ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA • Monitor and report on the Best Value in line with the Public Bodies (Joint Working) (Scotland) Act 2014.	• Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB. • Improved strategic inspection of health and social care is developed to better reflect integration. • National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work. • Improved strategic planning and commissioning arrangements must be put in place. • Improved capacity for strategic commissioning of delegated hospital services must be in place.
Agreed governance & accountability arrangements	It is critical that governance and accountability arrangements are made to work locally.	The Scottish Government, COSLA, Councils, NHS Boards and IAs should work together to: • Agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenario or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.	• The understanding of accountabilities and responsibilities between statutory partners must improve. • Accountability processes across statutory partners will be streamlined • IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis • Clear directions must be provided by IJBs to Health Boards and Local Authorities • Effective, coherent and joined up clinical and care governance arrangements must be in place.

Health and social care integration (continued)

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration (continued)

Key findings	Audit Scotland conclusion	Audit Scotland recommendations (for IJBs)	MSG proposals
Ability & willingness to share information	IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas.	The Scottish Government, COSLA, Councils, NHS Boards and IAs should work together to: • Share learning from successful integration approaches across Scotland. • Address data and information sharing issues, recognising that in some cases national solutions may be needed. • Review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.	• IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. • Identifying and implementing good practice will be systematically undertaken by all partnerships. • A framework for community based health and social care integrated services will be developed.
Meaningful & sustained engagement	Meaningful and sustained engagement will inform service planning and ensure impact can be measured.	IAs, Councils and NHS Boards should work together to: • Continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.	• Effective approaches for community engagement and participation must be put in place for integration. • Improved understanding of effective working relationships with carers, people using services and local communities is required. • We will support carers and representatives of people using services better to enable their full involvement in integration.

14

Deloitte.

Shetland Islands Health and Social Care Partnership

Shetland NHS Board

Shetland Islands Council

Meeting(s):	Integration Joint Board	27 June 2019
Report Title:	Financial Monitoring Report to 31 March 2019	
Reference Number:	CC-27-19-F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0   Decisions / Action required:

The IJB is asked to:

1.1   Note the 2018/19 Management Accounts for the year ended 31 March 2019.

2.0   High Level Summary:

2.1   The outturn to the end of March 2019 for the services delegated to the IJB is an overall adverse variance of £3.116m which represents an over spend in the Shetland Islands Council's (SIC) arm of the budget of £0.157m and an over spend in NHS Shetland's (NHSS) arm of £2.959m.

2.2   SIC and NHSS will provide additional one off payments to balance their arms of the operational budget. Following these adjustments the IJB will end the financial year 2018/19 with an under spend of £0.541m which will be retained in its General Reserve. The transactions, which will be included in the IJB Annual Accounts, are shown below.

	SIC £000s	NHSS £000s	Total £000s
IJB Budget 2018/19 as at 31/03/19	22,396	23,830	46,226
Cost of IJB Services delivered by SIC/NHSS	(22,553)	(26,789)	(49,342)
Surplus / (Deficit)	(157)	(2,959)	(3,116)
Additional one off payment from SIC and NHSS to IJB	144	3,513	3,657
Final position of IJB	(13)	554	541

2.3   The £0.541m under spend consists of the following:

General Reserve - Free [1]	£s
Underspend on SG Additionality Funding	80,894
General Reserve – Earmarked [2]	
Additional ADP funding	127,484

Rediscover the joy in GP - reflect and rejuvenate	170,765	
Screening Inequalities - Year 1 Funding	27,503	
Primary Care Fund: Dispensing Practices per GP contract	28,952	
Section 28 Allocation	11,589	
Attend Anywhere	19,840	
Action 15	38,982	
Primary Care Improvement Fund	10,783	
GP Sub Committee	37,436	
Falls Prevention – Funded from Reserves [3]	(13,225)	
Total	**541,003**	

[1] Underspend on SG Additionality funding will be added to the General Reserve and can be used in line with the IJB Reserves Policy.

[2] Contained within the additional contribution from NHSS are 9 specific funding allocations, listed above, which were received by NHSS during the year. These allocations were held in NHSS's general contingency budget until year-end and then passed to the IJB to be added to the IJB Reserve as an Earmarked element. These allocations were not passed to IJB budgets during the year as plans for utilising the funds in line with Government expectations were still under development. Once plans are finalised the funding will be released from the IJB reserve to fund the various improvement initiatives.

[3] Falls Prevention funding was released from Reserves to cover the £0.013m expenditure in 2018/19 on this project. This is demonstrated through the overspend shown on the SIC arm of the budget in paragraph 2.2 above. The IJB agreed to the use of £51k from the IJB Reserve over 3 years in March 2018 (Min. Ref. 11/18) for this purpose.

2.4   The £0.541m will be added to the IJB General Reserve giving a total Reserve balance of £0.905m at the end of March 2019.

2.5   Further information on the financial position as at 31 March 2019 can be seen in the IJB unaudited annual accounts which will be presented at today's IJB meeting.

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 2019-22.

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 2018/19 Integration Joint Board (IJB) budget was noted at the meeting of 13 March 2018 (Min. Ref. 09/19).

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 2018/19 financial year.

Executive Summary

4.4   The Management Accounts for the year ended 31 March 2019 have been compiled following financial analysis and budget monitoring at SIC and NHSS.

4.5   Appendix 1 details the consolidated year-end outturn for the services delegated to the IJB. The outturn to the end of March 2019 is an adverse variance of £3.116m. It is important to note that the adverse variance relates to the services delegated to the IJB but the IJB itself will show an under spend of £0.541m in its annual accounts for 2018/19 as a result of the additional one-off transactions shown in paragraph 2.2.

Financial Commentary – Significant Variances > £0.050m

Mental Health – outturn overspend of (£0.463), (22%)

4.6   The overspend relates mainly to the cost, plus flights and accommodation, for a Consultant Mental Health locum in the year (£0.652m). This is partially off-set by an underspend against NHS Grampian Mental Health Service Level Agreement (SLA) £0.146m due to reduced activity.

Primary Care – outturn under spend of £0.139m, 2%

4.7   The underspend belies overspending on locum cover for General Practitioners during the year in Health Centres where it was not possible to fill vacant posts, with notable overspend against budgets at, Yell (£0.127m), Whalsay (£0.080m), Unst (£0.093m), Brae (£0.128m).   There was also a further overspend as a result of in-year cost pressure following the TUPE transfer of staff at the Scalloway Practice (£0.160m), combined with (£0.070m) locum cost.

The overspending above has been off-set by £1.200m additional primary care, island harmonisation funding received from the Scottish Government in January 2019.

Community Nursing – outturn overspend of (£0.172m), (6%)

4.8   The overspend relates to some nursing bank usage and the cover for an Advanced Nurse Practitioner (ANP) being provided by a GP locum from May to July 2018, including travel costs.

Adult Services – outturn under spend of £0.065m, 1%

4.9   The underspend relates to vacant posts during the year, both at Eric Gray Resource Centre and across Supported Living and Outreach, £0.080m. This has been off-set by overspending at Newcraigielea due to increased demand for this service in the year (£0.053m).

Community Care Resources – outturn overspend (£0.398m), (4%)

4.10   The overspend relates mainly to:

- The increased cost of Off-Island Placements following the addition of 2 packages in the year (£0.135m). Unfortunately, there are cases which we do not have the correct resources to meet in Shetland;
- Write off of charging income which has been deemed irrecoverable (£0.074m).
- Agency staffing costs required to meet service demand, as a result of long-term

sickness and difficulties in recruitment and retention in various locations (£0.534m);

- Overspend in employee costs at Wastview and Montfield due to increasing the rota in the early part of the year to deal with specific packages of care (£0.234m);
- Off-set by underspend in employee costs across Community Care Resources, significantly at Support At Home Central, £0.073m due to vacant posts, which has been managed as a result of service demand being less than anticipated. Recruitment and retention difficulties at North Haven & Overtonlea & Nordalea led to the use of agency staff and underspend through vacant posts of, £0.087m and there was further underspend at Isleshavn where care home capacity being reduced from 10 to 7 beds for most of the year due to inability to staff the unit to the correct level, £0.069m;
- The overspend is further off-set by savings made in mileage costs due to efficient route planning, use of a fleet vehicle in Yell and the impact of the Council's change paying HMRC mileage rate, £0.074m;
- There was an overachievement of Board and Accommodation income in the year £0.504m. Charging income can vary significantly dependent on the financial circumstances of those receiving care and allowance was made in the year for the anticipated level of waived charges as a result of legislation, such as the Carers Act, expected in the year.

Unscheduled Care – outturn overspend of (£0.823m), (28%)

4.11   The overspend in Unscheduled Care relates mainly to the cost of medical consultant locums, inclusive of travel and accommodation, covering two vacant posts during the year (£0.732m). Ward 3 and A&E also ended the year with overspends of (£0.052m) and (£0.038m) respectively due to bank staff and maternity cover.

Renal – outturn overspend of (£0.059m), (29%)

4.12   The overspend is due to an increase in activity throughout the year resulting in the need for additional dialysis sundries and increased patient taxi costs.

Recovery Plan - unachieved by (£1.850m), (81%)

4.13   An efficiency savings target of £2.276m was identified within the 2018/19 IJB Budget, necessitating a Recovery Plan to be implemented during the year. As at 31 March 2019, there was an underachievement of £1.850m against the Recovery Plan. Of the £0.426m savings achieved, £0.247m represented recurring savings and £0.179m were non-recurrent.

4.14   The savings achieved in year are shown below:

Description	Recurring (£m)	Non-Recurring (£m)	Total (£m)
Pharmacy savings through specific strands of work that includes tackling polypharmacy; the use of generic medicines; and supporting clinicians with prescribing decisions	0.196	0	0.196
Skill mix changes in Lerwick Health Centre and Occupational Therapy	0.051	0	0.051
Vacancy factor across various services		0.179	0.179
Total	**0.247**	**0.179**	**0.426**

General Reserve

4.15   In line with the IJB Reserve Policy, £0.364m was carried forward from 2017/18 in the General Reserve. These funds resulted from an under spend against the Scottish Government Additional Funding for Social Care.

4.16   An additional £0.541m, as detailed in paragraph 2.3 will be added to the IJB General Reserve at the end of the 2018/19 financial year.

	£M
Balance carried forward from 2017/18	0.364
2018/19 Increase	0.541
Total Balance at 31 March 2019	**0.905**

4.17   It is important to note that the General Reserve is now split between free reserves, which can be used in line with Reserves Policy, and earmarked reserves which must be used for the specific purpose prescribed by the Scottish Government. The breakdown of the General Reserve is shown below.

	£M
Free Reserve	0.351
Earmarked Reserve	0.554
Total	**0.905**

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

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

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

4.21   The IJB can decide when and how to utilise this reserve. It can be used during 2018/19 or it can be carried forward as long as necessary in the IJB's General Reserve.

Overall Year End Position

4.22   The outturn to the end of March 2019 for services delegated to the IJB is an overall adverse variance of £3.116m which represents an over spend in the SIC arm of £0.157m and an over spend in NHSS arm of £2.959m.

4.23   Despite the variances in the operational budgets of both SIC and NHSS the IJB has achieved a surplus of £0.541m for the financial year 2018/19 as a result of the additional transactions detailed in paragraph 2.2.

4.24   This surplus will be carried forward in the IJB General Reserve and can be used to help accelerate the redesign of services to achieve a sustainable health and social care system for Shetland.

5.0   Exempt and/or confidential information:

None	
6.0	
6.1 Service Users, Patients and Communities:	May be affected should services be redesigned. However 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. Work is underway to pilot new recruitment packages in an effort to reduce the use of Agency Staff and subsequent costs.
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:	The outturn position for the IJB at 31 March 2019 is an overall adverse variance of £3.116m. SIC and NHSS has agreed to provide the IJB with one off additional payments of £0.157m and £2.959m, respectively, 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. The IJB has achieved a surplus of £0.541m in 2018/19 which means the IJB Reserve balance as at 31 March 2019 increased to £0.905m.
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 Delegated Authority:	This report presents information with regard to the budgets 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.

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04 June 2019

Appendices:

1 – Year end forecast outturn position

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	2,071	2,534	(-463)
Substance Misuse	543	496	47
Oral Health	3,084	3,071	13
Pharmacy & Prescribing	6,477	6,502	(-25)
Primary Care	5,676	5,537	139
Community Nursing	2,862	3,034	(-172)
Directorate	512	340	172
Pensioners	78	78	0
Sexual Health	45	43	2
Adult Services	5,472	5,407	65
Adult Social Work	2,530	2,530	0
Community Care Resources	11,350	11,748	(-398)
Criminal Justice	58	27	31
Speech & Language Therapy	81	78	3
Dietetics	116	98	18
Podiatry	236	232	4
Orthotics	138	125	13
Physiotherapy	570	561	9
Occupational Therapy	1,664	1,635	29
Health Improvement	259	211	48
Unscheduled Care	2,964	3,787	(-823)
Renal	202	261	(-59)
SG Additionality Funding	592	512	80
Integrated Care Funding	496	495	1
Efficiency Target	-1,850	0	(-1,850)
Grand Total	**46,226**	**49,342**	**-3,116**

Shetland Islands Health and Social Care Partnership

Shetland NHS Board

Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	27 June 2019
Report Title:	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 4: Jan – March 2019	
Reference Number:	CC-28-19-F	
Author / Job Title:	Jo Robinson, Interim Director of Community Health and Social Care / IJB Chief Officer and 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 2019-2022.

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 user's 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 presents an overview of progress towards delivering on the Strategic Plan.

2.3   The Report is supported by a number of Appendices, as follows:

- Appendix 1 (A) – Projects and Actions
- Appendix 1 (B) – Council Wide Indicators
- Appendix 1 (C) – Annual Operational Plan
- Appendix 1 (D) – Directorate Performance Report
- Appendix 1 (E) – National Integration Indicators
- Appendix 1 (F) - Complaints
- Appendix 1 (G) - Risk Register
- Appendix 2 – Directions Performance

1

2.4   In order to assist with the IJB's remit to oversee Directions, a new template has been developed and included at Appendix 2 – Directions Performance.   These documents have been prepared by the Lead Officers responsible for each of the 15 approved Directions. The objective is to demonstrate to the IJB that services are being delivered in line with approved Directions and to give a high level overview of how services are performing. The intention is that this information is complementary to the numerical information held in Appendix 1 (A) – (E).

2.5   The template also includes a section to allow for each Lead Officer to describe progress against the agreed projects and improvement / action plans. This will allow the IJB to monitor progress on an ongoing basis across all the programmes of activity.

2.6   Lead Officers can identify issues or risks which they may wish to highlight to the IJB in the delivery of services.   Some areas to highlight are:

  − Staff recruitment
  − Increase in demand for services
  − Supporting services in more rural areas
  − Unpredictable medicines shortages and associated cost rises
  − Barriers to progressing single system working
  − Ability to 'scale up' activity from range of improvement plans
  − Time needed to embed an asset based approach with all stakeholders
  − Sustainability of commissioned services
  − Identification of unpaid carers
  − Data collection and evidence to support improvement work.

2.7   This is a new approach and feedback will be welcome from the IJB as to the form, content and detail of the information provided.

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 Partnership 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:

4.1.   **Projects and Action Plans**

4.1.1   Appendix 1 (A) is a summary of four key projects and a progress update of the current position. Further updates will include projects as they come on stream, linked to the efficiency target in the 2019/20 budget setting. The four projects are:

2

- Learning Disability Services
- Mental Health Services
- Community Care Resources
- Community Area Structures

Service Performance

4.2   Key Performance Indicators and Trends

4.2.1   The detailed quarterly performance report for Quarter 4 of 2018-19, January – March 2019, is included at Appendix 1 (B-E), as follows:

- Appendix 1 (B) – Council Wide Indicators
- Appendix 1 (C) – Annual Operational Plan
- Appendix 1 (D) – Directorate Performance Report
- Appendix 1 (E) – National Integration Indicators

4.3   **Complaints**

4.3.1   Appendix 1 (F) includes a report on complaints.

4.4   **Risks**

4.4.1   Appendix 1 (G) shows the Risk Register and the status of each of the strategic risks.

4.5   **Directions Performance**

4.5.1   The new templates of Directions Performance are included at Appendix 2. These are intended to provide IJB members with sufficient information to be able to assure themselves that:

- services are being delivered in line with the Directions issued;
- services are performing in line with the Directions issued; and
- change programmes, improvement plans and action plans are progressing in a timely manner,

to achieve the objectives of the Joint Strategic Commissioning Plan 2019-22.

5.0 Exempt and/or confidential information:	
5.1 None.	

6.0 Implications :	
6.1 Service Users, Patients and Communities:	The purpose of effective performance monitoring is to demonstrate to our stakeholders how we are delivering services which are safe, of appropriate quality and effective and in line with the Joint Strategic Commissioning Plan 2019-22.
6.2 Human Resources and Organisational Development:	There are no specific issues to address for HR.

3

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.	
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.	
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 oversight of service delivery of its delegated functions through the Chief Officer.	
6.11 Previously considered by:	None	

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11June 2019

4

Appendices
Appendix 1   Performance Report (A-E Performance, F Complaints, G Risks)
Appendix 2   Directions Performance

5

Appendix 1, Performance Report (A Action Plan, B-E Performance, F Complaints, G Risks)

Appendix A - Projects and Actions - IJB

Report Type: Actions Report
Generated on: 29 May 2019

NHS Shetland

Shetland Islands Council

6

Appendix B - Council-wide Indicators - Community Health & Social Care

Shetland Islands Council

Generated on: 29 May 2019 16:34

Code & Short Name	Previous Years		Quarters			(past) Performance & (future) Improvement Statements
	2017/18	2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	
	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2258	2290	2265	2279	2290	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	531	522	522	526	522	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	711.29	695.75	694.45	695.75		These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sickness Percentage - Whole Council	4.0%	4.0%	3.5%	4.2%	4.5%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.3%	5.8%	5.5%	6.0%	6.8%	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	102,909	84,541	23,976	21,371	16,176	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	7,184	3,166	898	952	735	Continues to be actively monitored
OPI-4G Employee Miles Claimed - Whole Council	1,244,630	1,092,394	278,015	286,275	216,416	
OPI-4G-E Employee Miles Claimed - Community Health & Social Care Directorate	640,990	552,076	146,714	144,827	107,792	
E01 FOISA responded to within 20 day limit - Health & Social Care Services	94%	69.25%	82%	69%	30%	Continue to strive to meet target.

7

Appendix B (cont) - Sickness Absences - Community Health & Social Care Services

Shetland Islands Council

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

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| Code & Short Name | Previous Years | | | | Last year | This year | (past) Performance & (future) Improvement Statements |
| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | Q4 2017/18 | Q4 2018/19 | |
	Value	Value	Value	Value	Value	Value	
OPI-4C Sickness Percentage - Whole Council	3.7%	3.1%	4.0%	4.0%	5.2%	4.5%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	5.6%	5.2%	6.3%	5.8%	7.0%	6.8%	Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.

8
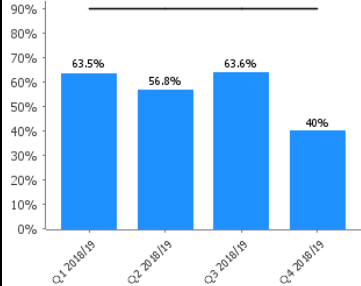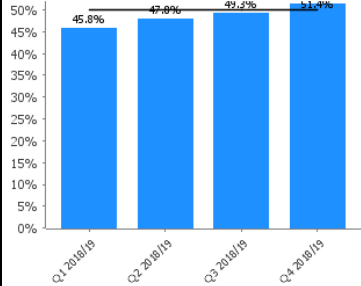
Appendix C - Directorate Performance Report - Annual Operational Plan: Quarterly Measures
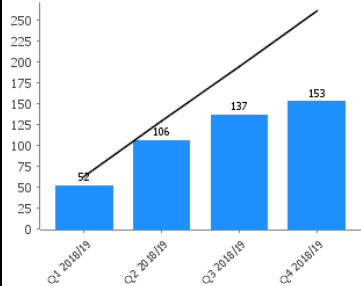
NHS Shetland **Shetland Islands Council**

Generated on: 29 May 2019

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Target	Status		
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	97.1%	90%	100%	90%	100%	100%	90%	✅		
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	96.6%	90%	93.3%	90%	90.9%	91.7%	90%	✅		

9

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	55.4%	90%	58.5%	90%	63.6%	40%	90%	🛑		
CH-MH-04 People with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker)	46.5%	50%	51.4%	50%	49.3%	51.4%	50%	✅		02–May–2019 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. 151 of 294 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.
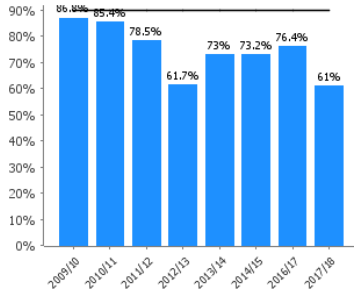
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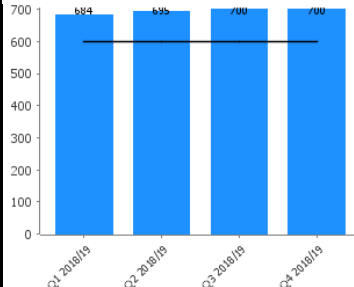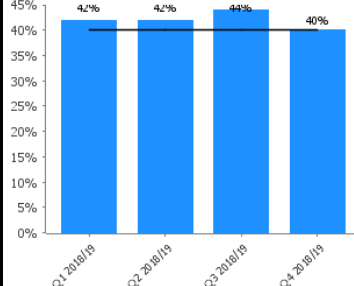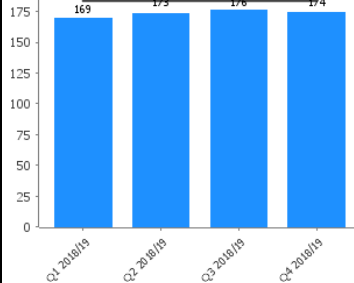
Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Target	Status		
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	183	261	153	261	137	153	261	🔴		19-Apr-2019 The Board has again missed the target for Alcohol Brief Interventions. ABIs are one of the most effective, evidence based ways of identifying people who drink at harmful levels and supporting them to reflect on and potentially reduce their drinking. People who drink at harmful levels are often drinking more than they think they are and are significantly contributing to potential future poor health, as well as costs to productivity and society generally. There have been recording issues since ABIs were first introduced and it is difficult to know whether ABIs are being delivered and not being recorded, or not being delivered at all. An improvement plan is in the process of being developed; this will require all partners to play their parts in this important intervention.

11

Appendix C (cont)- Directorate Performance Report - Annual Operational Plan: Annual Measures

NHS Shetland **Shetland Islands Council**

Generated on: 29 May 2019

Indicator	Years			Graphs	Note
	2016/17	2017/18	2018/19		
	Value	Value	Value		
CH-PC-02 Advance booking - GP Practice Team	76.4%	61%	N/A		04–Jun–2018 Large decreases seen nationally and locally in 2017–18 survey, but a more significant decrease locally. Patients who need to speak with a clinician within 48 hours can do so and practices also all offer advance appointments with a member of the practice team. National data only produced every 2 years – next publication due in May 2020.

12

Appendix D - Directorate Performance Report - Outcomes 1-9: Quarterly Measures
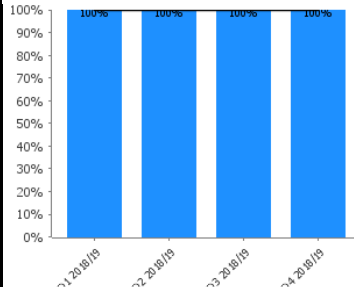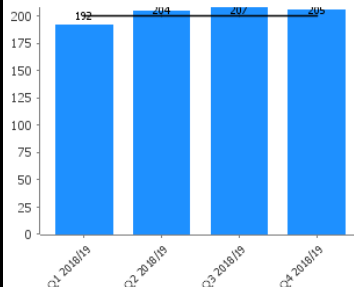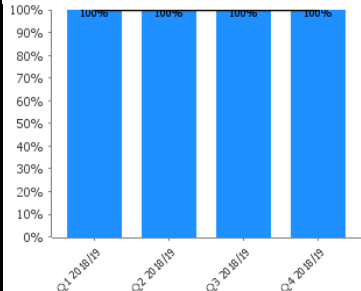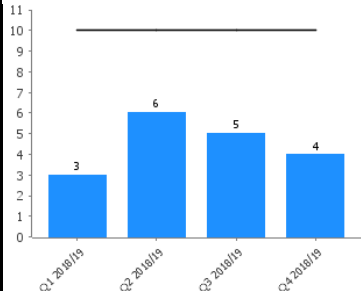
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Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
ASW003 Percentage of outcomes for individuals are met	N/A	N/A	94%	80%	85.7%	93%	94%	80%	✓		03–May–2019 New indicator under development – the % of people who have achieved, or mostly achieved, their agreed outcomes after assessment.
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%	✓		28–May–2019 Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day.

13

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
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%	✅		28-May-2019 Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours.
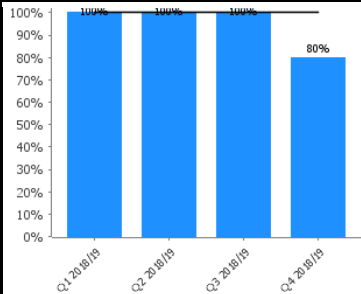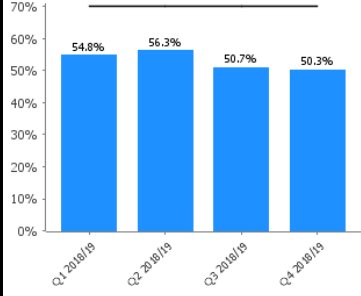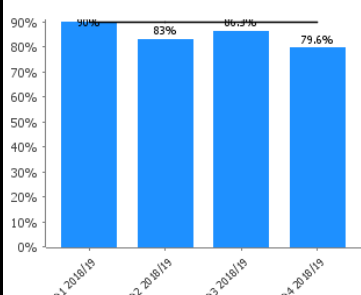
Outcome 2 - People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

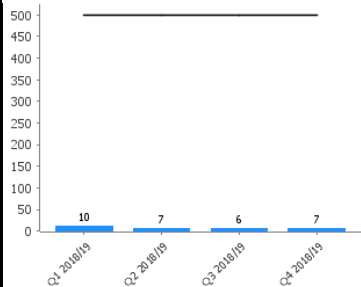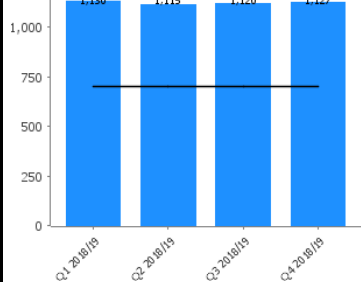| Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CCR007 Number of 65 and over receiving Personal Care at Home.	196	200	205	200	204	207	205	200	✅		03-May-2019 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.

14

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CN002 Percentage of early supported discharges with no readmission in 30 days by Intermediate Care Team	100%	100%	100%	100%	100%	100%	100%	100%			29-May-2019 5 patients discharged from ICT support in this quarter, none of whom were re-admitted.
CCR009 Number of people waiting for a permanent residential placement.	8	10	4	10	6	5	4	10			03-May-2019 Target to have less than 10 people waiting for a permanent residential placement. Currently within target.
MH002 Admissions to Psychiatric Hospitals	20	24	10	24	3	2	2	6			

15

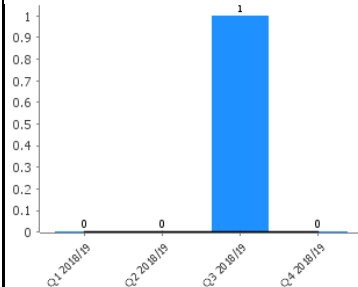| Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)	683	599	700	599	695	700	700	599	✅		03-May-2019 Technology enabled care continues to be used wherever possible to support people to live as independently as possible.
CH-SC-01 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home	44%	40%	40%	40%	42%	44%	40%	40%	✅		03-May-2019 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	167	184	174	184	173	176	174	184	✅		

16

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

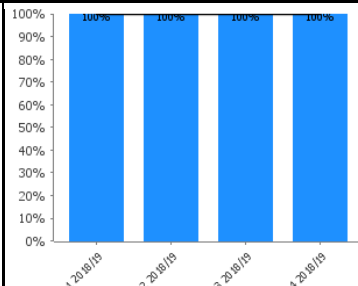| Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ002 Percentage of new Community Payback Orders (Supervision) seen within 5 working days of the order being made	93.75%	100%	92.59%	100%	100%	100%	80%	100%	🔴		28-May-2019 8 of 10 seen within 5 working days. 2 offenders did not turn up.
ASW001 Percentage of assessments completed on time	79.5%	100%	50.3%	100%	56.3%	50.7%	50.3%	70%	🔴		03-May-2019 Assessment data is now extracted from our recording system and completion rates should rise when recording issues are resolved. Figures are currently low and will be looked at closely by management team.
ASW002 Percentage of reviews completed on time	88.9%	100%	79.6%	100%	83%	86.3%	79.6%	90%	🟡		03-May-2019 Percentage of all reviews completed within 7 days of due date. Reviews often miss target dates due to a number of factors such as availability of client or family member or a change of circumstances. Target reset to more realistic 90%.

17

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users
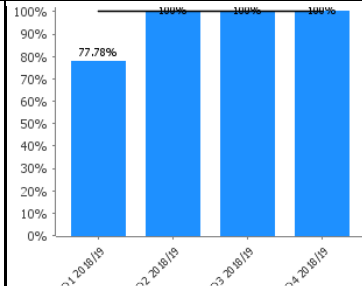
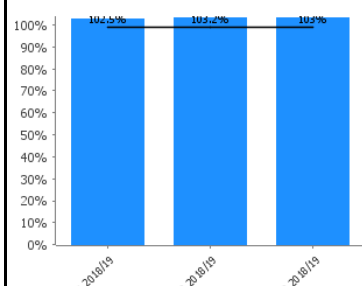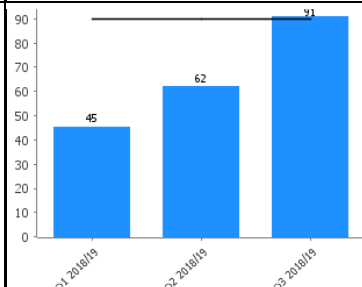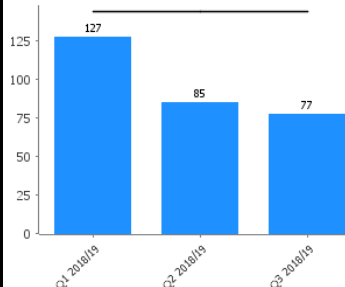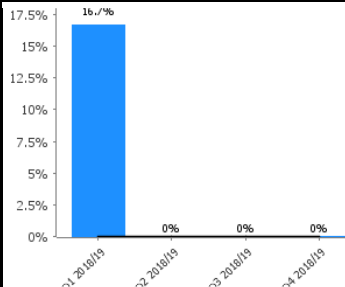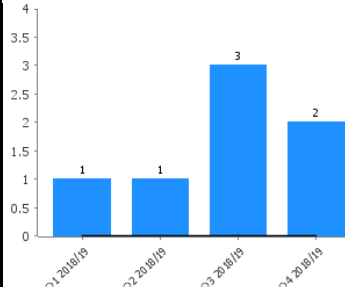| Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing care	10	500	7	500	7	6	7	500	✓		08-May-2019 Source: Local data. Despite waiting, all these people are able to access NHS dental care elsewhere.
CN001 Number of Anticipatory Care Plans in Place	1,119	700	1,127	700	1,115	1,120	1,127	700	✓		06-May-2019 Continued month on month increase in the number of Anticipatory Care Plans developed

18

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

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder	4	0	1	0	0	1	0	0	✅		

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

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ001 Percentage of Criminal Justice Social Work Reports submitted to Courts on time	100%	100%	100%	100%	100%	100%	100%	100%	✅		
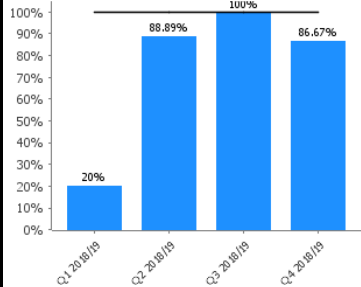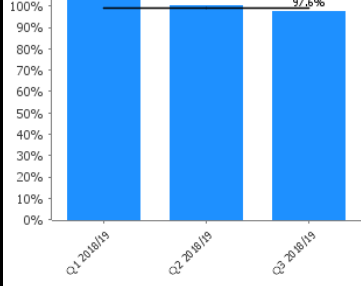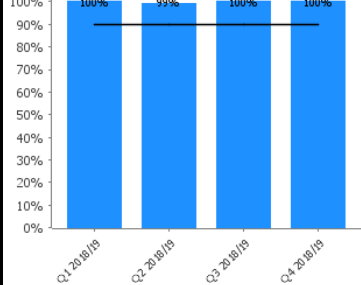
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Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ004 Risk and need assessment completed and case management plans in place within 20 days	94.29%	100%	92%	100%	100%	100%	100%	100%	✅		
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average	99.8%	99%	103%	99%	103.2%	103%	N/A	99%	✅		25-Feb-2019 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. Note: Q4 data not available in time for this report.
PPS003 Number of polypharmacy reviews completed	298	360	198	360	62	91	N/A	90	✅		30-May-2019 Note: Q4 data not available in time for this report.

20

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff	496	576	289	576	85	77	N/A	144			25-Feb-2019 Good discharge planning continues to reduce the need for nurses to dispense medicines out of hours. Dispensing by pharmacy is always more appropriate. Note: Q4 data not available in time for this report.
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter	0%	0%	0%	0%	0%	0%	0%	0%			28-May-2019 No catheter associated infections identified among the 5 patients in latest audit cycle.
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.	0	0	2	0	1	3	2	0			

21

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

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS002 The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	1,765	1,670	1,897	1,670	1,911	1,911	1,897	1,670	🛑		
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	0	10	0	10	3	0	0	10	✅		03-May-2019 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.

22

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP002 Percentage Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	100%	90%	100%	90%	98.4%	99.2%	100%	90%	✔		
AHP004 Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	100%	90%	99.2%	90%	100%	100%	99.2%	90%	✔		
CCR005 Occupancy of care homes	82.9%	90%	76.25%	90%	75%	75%	80%	90%	⚠		03-May-2019 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.

23

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q2 2018/19	Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ003 Unpaid Work commenced within 7 working days	71.05%	100%	78.13%	100%	88.89%	100%	86.67%	100%	⚠️		28-May-2019 2 orders not commenced within the period due to clients not turning up.
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average	94.7%	99%	97.6%	99%	99.9%	97.6%	N/A	99%	✅		25-Feb-2019 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. Note: Q4 data not available in time for this report.
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	99.3%	90%	100%	90%	99%	100%	100%	90%	✅		

24

Appendix D (cont) - Directorate Performance Report - Outcomes 1-9: Annual Measures
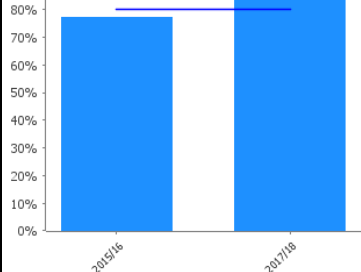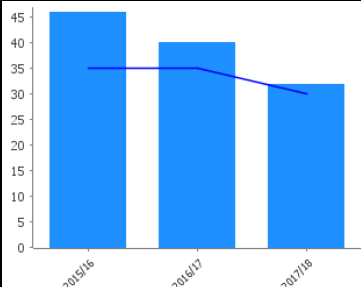
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Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		2018/19		2018/19	2018/19		
	Value	Target	Value	Target	Value	Target	Target	Status		
DS001a Decay experience of children in P1: Percentage of children with no obvious caries in deciduous teeth	N/A	75%	81.9%	75%	N/A	75%	75%	✅		23–Oct–2018 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. 2nd highest rate in Scotland and well ahead of the Scottish rate of 71.1%. Next P1 data release due Oct 20.
DS001b Decay experience of children in P7: Percentage of children with no obvious caries in deciduous teeth	89.3%	75%	N/A	75%	N/A	75%	75%	✅		27–Nov–2018 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. 2nd highest rate in Scotland and well ahead of the Scottish rate of 77.1%. Next P7 data release due Oct 19.
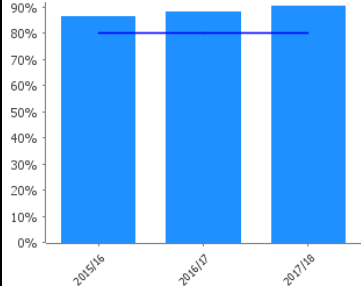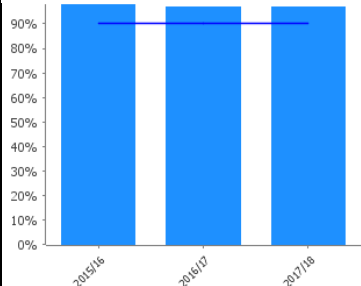
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Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		2018/19		2018/19	2018/19		
	Value	Target	Value	Target	Value	Target	Target	Status		
ASW004 Overall, how would you rate your help, care or support services?	N/A	80%	86%	80%	N/A	80%	80%	✅		23–Nov–2018 Health & Care Experience Survey 2 yearly data. Well above the national rate of 80%.
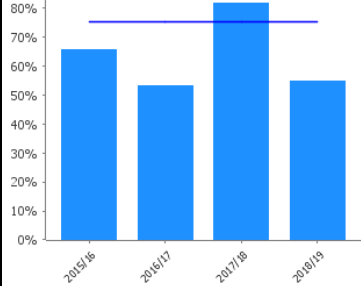
Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		2018/19		2018/19	2018/19		
	Value	Target	Value	Target	Value	Target	Target	Status		
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills	40	35	32	30	N/A	30	30	✅		14–Feb–2019 Value 32 Target 30

26

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

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		2018/19		2018/19	2018/19		
	Value	Target	Value	Target	Value	Target	Target	Status		
DS003a The percentage of the adult populations who are registered with Shetland dentists for NHS dental care	88.3%	80%	90.6%	80%	N/A	80%	80%	✅		21-Feb-2019 Provisional figures as at Sept 18. 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. Note: now published on an annual basis. Next data available January 20.
DS003c The percentage of the child populations who are registered with Shetland dentists for NHS dental care	96.8%	90%	96.8%	90%	N/A	90%	90%	✅		21-Feb-2019 As above.

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

27

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		2018/19		2018/19	2018/19		
	Value	Target	Value	Target	Value	Target	Target	Status		
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order	52.94%	75%	81.48%	75%	54.55%	75%	75%	🔴		24-May-2019 Out of 28 cases who completed in this annual return, 12 scored less at the end, 6 scored the same and 4 scored more. One case died during the CPO, one case was given a new CPO during the existing one and so has not been reassessed yet, and 4 CPOs were revoked and custody given. In summary, 18 of 22 cases (or around 77%) scored the same or less on completion than at the beginning.

28
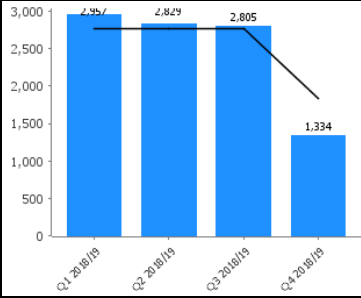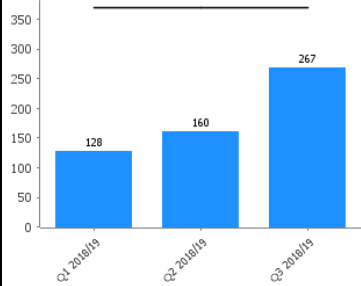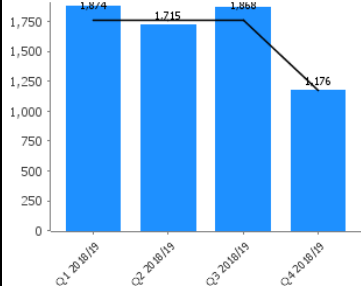
Appendix E - National Integration Performance Indicators: Quarterly Measures
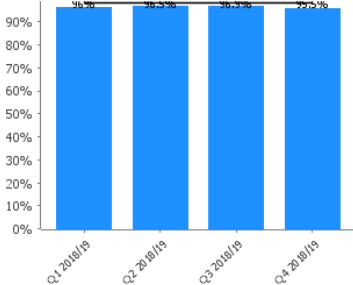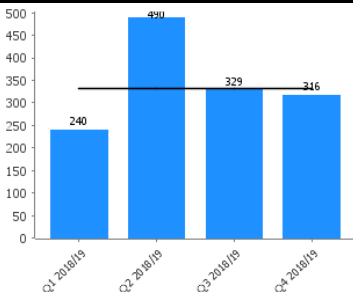
NHS Shetland · **Shetland Islands Council**

Generated on: 29 May 2019

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Target	Status		
NIPI01a Number of emergency admissions	2,016	1,764	1,761	1,764	512	272	294	✅		09–May–2019 Objective – maintain current position within Peer Group. (Monthly average was 147 over 12 months Jan to Dec 2017). Note: Q4 only includes Jan and Feb data at present.
NIPI01b Number of admissions from A&E	1,774	1,740	1,597	1,595	460	292	290	✅		09–May–2019 Objective – maintain current position within Peer Group. (Monthly average was 145 over 12 months Jan to Dec 2017). Note: Q4 only includes Jan and Feb data at present.

29

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Target	Status		
NIPI02a Number of unscheduled hospital bed days; acute specialties	11,119	2,760	9,925	10,120	2,805	1,334	1,840	✅		09–May–2019 Objective – maintain current position within Peer Group. (Monthly average was 920 over 12 months Jan to Dec 2017). Note: Q4 only includes Jan and Feb data at present.
NIPI02b Number of unscheduled hospital bed days; long stay specialties (mental health)	1,258	1,476	555	1,107	267	N/A	369	✅		05–Mar–2019 Objective – maintain current position within Peer Group. (Quarterly average was 369 over 12 months Jan – Dec 17)
NIPI03a A&E attendances	7,110	7,044	6,633	6,457	1,868	1,176	1,174	✅		09–May–2019 Objective – maintain current position. (Monthly average was 587 over 12 months Jan – Dec 17). Note: Q4 only includes Jan and Feb data at present.
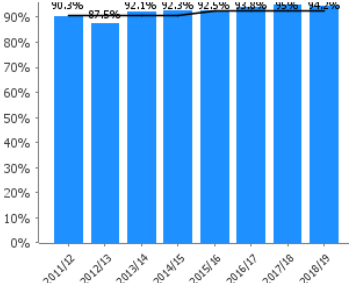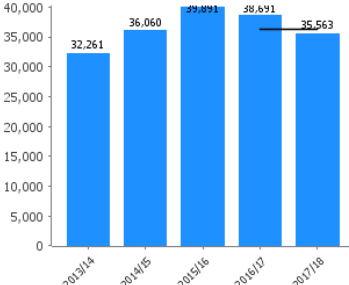
30

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q4 2018/19	Q4 2018/19		
	Value	Target	Value	Target	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIPI03b)	96.5%	98%	96.2%	98%	96.9%	95.5%	98%	✅		
E19 Number of days people spend in hospital when they are ready to be discharged (NIPI04)	1,499	333	1,181	1,221	329	316	333	✅		

31
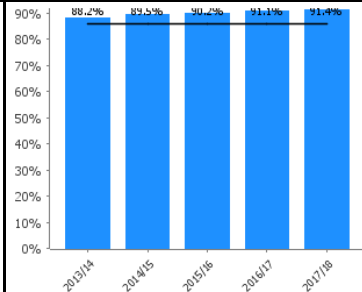
Appendix E (cont) - National Integration Performance Indicators: Annual Measures

NHS Shetland   **Shetland Islands Council**

Generated on: 29 May 2019

Indicator	Years			Current Target	RAG Status	Graphs	Note
	2016/17	2017/18	2018/19	2018/19	2018/19		
	Value	Value	Value	Target	Status		
E15 Proportion of last 6 months of life spent at home or in community setting (NIPI05a)	93.8%	95%	94.2%	92.6%	✓		29-May-2019 Note: provisional data. Best performing partnership in Scotland by some margin. Note: Next data available May 20.
NIPI05b Number of days spent at home or in community setting during the last six months of life	38,691	35,563	N/A	36,276	✓		29-Aug-2018 Objective – maintain current position. (Average is 36,276 over past 4 years.)

32

Indicator	Years			Current Target	RAG Status	Graphs	Note
	2016/17	2017/18	2018/19	2018/19	2018/19		
	Value	Value	Value	Target	Status		
NIPI06 Balance of care: Percentage of population living unsupported in the community	91.1%	91.4%	N/A	86%			17-Apr-2019 Objective – maintain in line with peer group average.

33

34

Directions Performance Template

	Service
1.	Adult Mental Health
2.	Substance Misuse
3.	Oral Health
4.	Pharmacy & Prescribing
5.	Primary Care
6.	Community Nursing (including Intermediate Care Team)
7.	Adult Services
8.	Adult Social Work
9.	Community Care Resources
10.	Criminal Justice
11.	Allied Health Professionals
12.	Health Improvement
13.	Hospital Based Services
14.	Unpaid Carers
15.	Domestic Abuse and Sexual Violence

Adult Mental Health Services

Lead Officer: Karen Smith

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

<u>Service Delivery</u>

Service	Numbers Patients / Service Users	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Off-island placements	Average 12 per annum (multiple-visits)	Yes, in line with direction and no significant issues to report	On Target
Local Acute Bed Days	Average 10 per month	Yes, in line with direction and no significant issues to report	On Target
Psychiatry Service	Approximately 200 Case Load	Yes, in line with direction and no significant issues to report	On Target
Psychiatric Nursing Service	Approximately 520 Case Load	Yes, in line with direction and no significant issues to report	On Target
Psychology Service (Tier 4)	Approximately 15 Case Load Waiting List 70 + Waiting Duration 12 months plus	Mostly in line with direction, issues around significant increase in demand & recruitment of staff	Below target due to increased demand and inability to recruit to vacant post
Talking Therapies Service (Tier 2)	Approximately 45 Case Load Waiting List 50 + Waiting Duration 22-25 weeks	Mostly in line with direction, issues around significant increase in demand & recruitment of staff	Below target due to increased demand and inability to recruit to vacant post
Substance Misuse Recovery Service	Approximately 200 Case Load Waiting List zero	Yes, in line with direction and no significant issues to report	On Target
Dementia Diagnostics Service	176 Live Cases with approximately 15 new referrals a	Yes, in line with direction and no significant issues to report	On Target

	month		
Post Diagnostic Service	Capacity to support 45 cases with the 5-tier model	Yes, in line with direction and no significant issues to report	On Target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plans

Topic	Project	Detail	Year 1	Year 2	Progress as at June 2019
Service Improvements	Referrals	Referral Protocol	√		Complete
	Pathways	Grampian Royal Cornhill Hospital	√		Compete
		Gilbert Bain Hospital where primary need is Mental Health	√		On target
		Social Care and Health	√		On target
		Third and Private Sector	√		On target
		Out of Hours	√		On target
		Crisis Intervention	√		On target
		Employability		√	
	Post Diagnostic Support			√	
	Psychiatric Emergency Plan		√		On target
	No Health without Public Mental Health and See Me			√	
Staffing / Training	Recruit to vacant posts		√		Below target – recruitment issues with all vacant posts. 2nd round of advertising
	Training Plan		√		On target
Ways of Working	Service User / Carers		√		On target
	Multi-Disciplinary Teams		√		Below target – staff absences

3

					mean day to day coverage is priority for clinical workload.
	Systems / Data Sharing		√		On target
	Single Care Plans		√		Below target – staff absences mean day to day coverage is priority for clinical workload.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Adult Mental Health Direction are listed below:

- Staff recruitment

Case Studies

Young man with a dysfunctional childhood was referred into the service due to signs of clinical depression due to social circumstances. After a short piece of intensive work co-producing coping skills, and prescribed anti-depressant, the young man showed signs of a reduction in the severity of symptoms and a marked improvement in mood. Was discharged from the service with no concerns

4

Substance Misuse

Lead Officer: Wendy McConnachie, Shetland Alcohol and Drug Partnership (SADP)

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

<u>Service Delivery</u>

Tier	Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
4	Off Island Detox	2 persons year to date, with a further 2 undergoing assessment	Yes	As expected, in line with demand.
	Local in-patient alcohol detox	Average 1 per month planned, 1 per month unplanned	Yes	As expected, in line with demand.
3	Substance Misuse Recovery Service (SMRS)	251 currently in service. 20 referrals quarter to date – Alcohol 8 Drugs 12	Yes	Meeting waiting times target. Recruiting to newly vacated and new post shortly, so likely to be under pressure due to staff shortages in the interim. Increase in last quarter of people assessed as suitable for Opioid Substitute Therapy (average per quarter is 2 to 3, last quarter was 9) Starting to see younger people entering service for support
2	Employment Pathways (Bike Project)	Running at capacity	Yes	Performing well, but experiencing financial pressure due to increase in minimum wage and pension contributions
	Family Support		Yes, funded and	Shetland Alcohol and

5

			delivered by VAS	Drug Partnership are supporting service improvement.
	Offender Behaviour		Programmes run by Criminal Justice. Bridgehead Project recently launched by Scottish Fire and Rescue Service will benefit substance misuse clients.	
	Alcohol Brief Interventions		This is a target for Health Board, which is also monitored and reported on, by Shetland Alcohol and Drug Partnership.	Consistently not meeting the target. Improvement plan is in the development phase.
1	Advice and Information		Yes	Advice and info provided by all commissioned services. SADP's newly launched social media page has reached a large proportion of the community.
	Educational Programmes		Yes (Commissioned Services)	More clarity around how drug and alcohol education is being delivered by statutory services is required, so that commissioned education programmes are a true enhancement.
	Whole Population Programmes		Yes	Information being shared daily via social media. Targeted campaigns will also run.
	Self Care and Self Management		Yes	Information being shared daily via social media.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

6

Action / Improvement Plans

Activity	Progress as at June 2019
Encourage changes in attitudes and culture towards alcohol and drug use; with the aim that harmful use of drugs and alcohol is seen as a health issue, and that public sector understand the roles they can play in reducing access to harmful substances	Media Strategy and Social Media Strategy developed. Stigma training planned for later in the year. Local ABI training being developed. Local training on Children Affected by Parental Substance Misuse being developed. Continued engagement with the Licensing Board Cocaine working group formed in response to rising cocaine use.
Increase access to needle exchange services, supported by good quality outreach and harm reduction	Meetings held with national harm reduction organisations. Enhanced harm reduction and outreach is dependent upon filling vacancies in SMRS team and launching the new tier 2 service.
Increase capacity of Tier 2 service, with accessible, client centred recovery focused support	Funding in place, but experiencing difficulties in identifying suitable premises
Engage with businesses and workplaces in Shetland to enable them to intervene early to identify and support staff with drug and alcohol problems.	To be actioned later in the year.

Key Risks and Issues

- There is an increase in cocaine use and illicit benzodiazepine use, with recent near fatal overdoses being reported.
- There has been a recent increase in individuals accessing SMRS, who are suitable for Opioid Substitute Therapy (OST).
- There is a continued and sustained increase in the number of needles being distributed from the needle exchange.
- Failure to secure suitable premises for the expansion of tier 2 services will result in an alternative, less comprehensive model being developed.

7

Oral Health

Lead Officer: Brian Chittick

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Routine and general dental service (GDS) care for persons who are registered with the PDS	16,500	Mostly in line with the direction. Some problems with staffing levels have impacted on some areas with regard to access of the Service.	Performing well against agreed targets for registration rates. Progress to be made in participation rates for adults.
Routine core PDS oral health provision for patients with additional care needs, including special care patients, vulnerable patients and children	Referral of patients in from Independent Practice and registered PDS patients	Mostly in line with the direction. All referrals are seen but due to staffing levels there has been a slight increase in numbers waiting to access GA and sedation services.	Increasing percentage of children without decay at both P1 and P7 age groups.
Emergency clinical primary dental care for people registered with the PDS	Entire Shetland population	In line with the direction	In this Financial Year there has been 24/7 coverage on the emergency dentist roster.
Secondary care oral health for the whole population – for orthodontics and oral and maxilla-facial surgery (OMFS) in particular	Entire Shetland population	Mostly in line with direction. OMFS service has repatriated a significant number of patients but there is still some extended waiting times due to the nature of the visiting service. Orthodontics provision is compromised by a national shortage of Consultant	OMFS has some Treatment Time Guarantee (TTG) breaches for GA operations but this is often accentuated by the nature of a visiting service which only comes to the island every 3-4 months.

		Orthodontists Establishment of a consultant led restorative clinic in Shetland	
Dental Public Health Promotion and Prevention for the whole population though Childsmile, the National Dental Inspection Programme (NDIP), Oral Health Education and Promotion and Caring for smiles	Entire Shetland population	In line with the direction Caring for Smiles programme continues to grow in Shetland with all Care homes except North Haven having a foundation trained worker in Caring for Smiles.	Good statistics for Childsmile access/NDIP screening and Caring for Smiles.
Develop patient access within the local independent NHS dental sector	Entire Shetland Population	Registration in the independent sector continues to grow with circa 7,000 patients now registered.	Over 25% of population now registered with independent practice.
Primary Dental Care will be provided predominantly through independent NHS practices. Public Dental Service will cover: special needs; remote and rural; public health; oral health promotion; specialist services.		Registration in the independent sector continues to grow with circa 7,000 patients now registered.	The split of roles and responsibilities between independent and salaried sectors seem well defined.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

9

Action / Improvement Plans

Activity	Progress as at June 2019
Encourage / facilitate at least one other new independent NHS dental practice to open in Shetland.	SDAI reinstated for Lerwick
Scope the risks/benefits of undertaking fissure sealant programme for children in Shetland	
To sustain our direct engagement with schools to promote oral health promotion via child smile and healthy eating	
To align PDS practices to the current SIGN guidelines for the examination, treatment and recall of children with caries	
To maintain a child dental risk register	
To sustain engagement with local independent practices to ensure children at high caries risk are participating adequately	
To implement annual training for all care home staff and older persons carers in alignment with the Caring for Smiles Programme and to develop Caring for Smiles 'Champions' in the care community.	
To monitor PDS and independent registrations and 'pinch point' areas for access to GDS care to accurately inform the SDAI process	
To deliver a Remote Island Examination Protocol to facilitate on island examination in remote areas and prioritise mainland appointments for those requiring further oral healthcare, to ensure equity of access	
To ensure all PDS practices are complaint with CPI practice inspection regulations	
To continually review the emergency dental service and assess its fitness for purpose	
To use the clinical governance framework to undertake patient quality assessment of the service and to encourage independent practices to do the same	
To oversee the national clinical audit policy and process for all GDS practitioners	
To undertake an annual appraisal and job plan for all PDS dentists	
To oversee the provision of Oral and Maxillofacial Surgery, special care dentistry, orthodontics and restorative dentistry, within established care pathways and clinical networks.	
To oversee the delivery plan for the long term provision of an Orthodontic Service for Shetland (in conjunction with Consultant and NES).	
To produce a scoping paper for the establishment of dental laboratory work within NHS Shetland	
To continually ensure an effective skill mix within the dental team.	
To link with national oral health promotion project aimed at adults with additional needs.	

10

<u>Key Risks and Issues</u>

The key risks and issues which may impact on the ability to achieve the Oral Health Services Direction are listed below:

- Staff recruitment and retention
- Access to care in North Isles
- Non establishment of further independent practices in Shetland
- Maintenance of an on-island orthodontic service

<u>Case Studies</u>

In order to provide maximum access to oral healthcare in the North Isles, we have introduced skill-mix. There is a dentist: therapist split of 3 days: 2 days meaning that the surgery is being used 5 days per week. We have tried to ensure that the patients are seen by the right clinician at the right location at the right time. We are still assessing the true effect of adoption of the skill mix model in a more remote area with regards to dentistry.

11

Pharmacy and Prescribing

Lead Officer: Chris Nicolson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
To provide pharmaceutical services within the hospital including procurement storage supply and dispensing of medicines.	All hospital wards and departments	Largely in line with Direction, compliance with the Falsified Medicines Directive is now complete	Performing well- Procurement is now done independently from Aberdeen allowing additional savings to be made.
To support and apply governance around prescribing both in the hospital and primary care, considering cost, effectiveness, training, safety and clinical input.	Hospital and 10 GP practices.	Largely in line with Direction.	The demand and need for input from pharmacy can overwhelm the resource available- behind target
To ensure safe and appropriate contractual arrangements are in place for the delivery of community pharmacy. To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy	5 community pharmacies. 7 dispensing or partially dispensing practices	Yes New local contracts being developed for community pharmacies.	No major issues- ahead of target with additional support from the regulatory body now in place
To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland.	Hospital and 10 GP practices.	Largely in line with Direction	Performing well with available resource. On target
To ensure support training and governance in medicine use and administration in community care and care at home settings.	All care and care at home settings	Largely in line with Direction	Performing well with available resource. On target

To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy service.	All 10 GP practices	Largely in line with Direction however there is a need to grow the service in tandem with a single system of working in GP practices.	Due to smaller than expected Scottish Government (SG) allocation behind target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at June 2019
Within the action plan the current priority projects are: – Safe transfer of medicines on admission and discharge – Pharmacists led interventions through pharmacotherapy. – Development of the pharmacy technician role – Diabetes prescribing – Respiratory Prescribing – Cardiovascular Prescribing – Polypharmacy and reduction in waste.	Areas of clinical work and role development are progressing, the availability of technician and pharmacist hours being the main rate limiting step.
Building on "Achieving Excellence in Pharmaceutical Care" develop a workforce plan to describe how a modern pharmacy service can be developed which incorporates the clinical specialisms and technical services and meets the increasing need for pharmacotherapy services.	Progressing this will highlight the areas where redesign or investment are needed.
Expand the work of technicians to increasingly provide support for people to manage their own medicines in community settings and provide services within care homes to ensure residents are receiving medicines safely and that waste is avoided.	Limited progress. The areas of involvement are increasing, but the hours to develop the service are limited.
Fully participate in HEPMA roll out which will aid discharge arrangements and provide safer procedures for medicine prescribing and administration.	Good progress in moving forward the business case for HEPMA to facilitate safer prescribing, administration and transfer of medicine information
Better systems for the management of repeat prescribing and pharmacotherapy within GP practices	Progressing

13

The service will lead on governance for medicines prescribed by all clinicians in Shetland including those provided directly to patients by "Homecare" companies.	New procedures being developed.
The service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled drug monitoring.	Ongoing, stronger links with Grampian network now established.

The new General Medical Services contract in Scotland has identified that multi-disciplinary team working is crucial to reducing GP workload. As part of the agreed contract, every practice will receive pharmacy and prescribing support in the form of a pharmacotherapy service.
The aspiration of Scottish Government is for a pharmacotherapy service to evolve over a three year period from 2018 – 21 with pharmacists and pharmacy technicians becoming embedded members of the core practice clinical teams to establish a sustainable service.
Over the period, pharmacists and pharmacy technicians will take on responsibility for:
  a) Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines, medication review, compliance review, medicines management
  b) Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics
	Slow progress. Aspirations of SG, and NHS Shetland are not matched by the anticipated funding from Primary Care Improvement Fund.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Pharmacy and Prescribing Services Direction are listed below:

- Staff recruitment (availability and funding) and retention.
- Unpredictable medicines shortages and associated cost rises.
- Slow progress towards a single system of working in GP practices.

14

Case Studies

The Falsified Medicines Directive (FMD) is a set of rules to protect people from fake medicines in the European Union (EU). It includes additional anti-tampering security on packaging, and tracking of medicines using a unique identifier contained within a 2D barcode. Each dispensary in Shetland required the technology installed. The Hillswick practice was an early adopter and close working between IT, the practices and a clinical pharmacist allowed the technology to be installed. There were many problems from a technological perspective, and a large number of licences had to be negotiated. The project was achieved without the need for a project manager or team and completed well within the budget. This means that Shetland is now FMD compliant, a legal requirement, and that the medicines dispensed from each outlet can be authenticated as being genuine.

Primary Care

Lead Officer: Lisa Watt

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
10 Health Centres in Shetland providing GP services	22,957	Yes, in line with direction and no significant issues to report	On target
5 non-doctor islands which are staffed by community nurses and receive GP services from a local health centre.		Yes, in line with direction and no significant issues to report	On target
Primary care provides Ophthalmic Services with three providers of ophthalmic services based in Lerwick.		Yes, in line with direction and no significant issues to report	On target
To ensure support training and governance in medicine use and administration in community care settings.		Yes, in line with direction and no significant issues to report	On target
To support a multidisciplinary approach within GP Practices providing pharmaceutical input.		Yes, in line with direction and no significant issues to report	On target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

16

Action / Improvement Plan

Plan, develop and implement Year 2 of the Primary Care Improvement Plan.

Activity	Progress as at June 2019
Improve the recruitment and retention of GP's in Shetland through leading on the "Discover the Joy" recruitment campaign, for which Shetland is the recruitment hub.	On target
Influence partner organisations such as Scottish Ambulance Service, Shetland Islands Council with regard to transport issues and Scottish Government on national policy that will affect local services	On target
Actively pursue Schemes such as Remote and Rural Fellows Scheme	On target
Increase the number of training practices in Shetland	On target
Development of local primary care team to include GP roles as envisaged in the new GP contract, pharmacy and other health improvement practitioner time working with community nursing, social care and other professionals such as OT to develop a more integrated model of health and social care – this ties in with the Primary Care Improvement Plan, which holds more information.	On target
Develop service models for Shetland to suit the local context, to include different staffing models, within the funding received.	On target

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Primary Care Services Direction are listed below:

- timescales for implementation of national IT systems to support multi-disciplinary working.

17

Community Nursing (including Intermediate Care Team)

Lead Officer: Edna Mary Watson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
District Nursing - community based nursing service to individuals within their own home, or a care home, on a 24 hours a day, seven days a week, 365 days a year basis.	22,957	Yes, in line with direction and no significant issues to report	On target
Practice Nursing – at all 8 Board provided general practices.		Yes, in line with direction and no significant issues to report	On target
Advanced Nurse Practitioners – Advanced Nurse Practitioner posts based in Primary Care		Yes, in line with direction and no significant issues to report	On target, ongoing training programme
Specialist Nurse - Continence Nurse Advisor – Shetland wide service to support patients, care and nursing staff		Yes, in line with direction and no significant issues to report	On target, service development project in hand
Non-Doctor Island Nursing – nurses resident on the small outer islands of Fair Isle, Foula, Fetlar, and Skerries		Yes, in line with direction and no significant issues to report	On target Bressay project ongoing.
Intermediate Care Team – multi-disciplinary, partnership team focussed on provision of re-ablement programmes, additional support to increase independence on discharge home from hospital and provision of additional support at home to prevent unnecessary admission to hospital or care home.		Yes, in line with direction and no significant issues to report	On target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at June 2019
Explore / Test potential electronic solutions to record keeping for Community Nursing whilst awaiting new GP IT systems with longer term aim of being able to interface to GP, social and secondary care records	In hand.
Further embed model of case management within Community Nursing Services, including addressing frailty	In hand
Continue to support implementation of eKIS Anticipatory Care Planning across the services	In hand, monthly figures reported
Continue to progress review of local District nursing service in line with national Transforming Nurses roles" project, reviewing DN role against national Band 6 DN role position paper and skill mix of the team	In hand
Progress development of a 24hour nursing and care at home service, as a test of change, thus facilitating early supported discharge from hospital as well as avoiding unnecessary admissions	In hand in conjunction with Community Care Resources projects.
Review model of service provision in remote areas, with respective communities, to ensure sustainable, safe, effective, person-centred services are in place	In hand, Bressay and Yell projects underway.
Work with partner agencies, SAS (under Strategic Options Framework) and SFRS, regarding establishing First Responder services on Non-Doctor Islands	In hand, in conjunction with SAS.
Implement 'Attend Anywhere' capability on all Non-Doctor Islands to both support clinical consultations and enhance access to peer/ professional support for staff	In hand, separate project with bid funding to develop models.
Progress development of General Practice Nursing in line with the national Transforming Nursing Roles Band 6 GPN position paper. Establishment of Skill mix teams.	In hand.

19

Vaccine Transformation Programme - ensure comprehensive approach to immunisation delivery to all people across Shetland; -Establish formal "VTP" team, for immunisation delivery across Shetland; -Discuss delivery, by VTP team, of Vaccine services for Independent Practices to be added to delivery model – by 2021	In hand, in line with the Primary Care Improvement Plan.
Community Treatment & Care Services - Skill mix Practice Nursing team to support delivery of Community Treatment Room services; - Scope feasibility of centralised service to provide "open access" to care and treatment in Lerwick (support access to healthcare for working age population).	In hand, in line with the Primary Care Improvement Plan.
Urgent Care (Advanced Practitioners) Continue to increase number of ANPs locally. 1 Qualified, 5 in development (LK), 1 development (Sc / Brae). Recruitment to additional posts as funded through Primary Care Improvement Plan.	In hand, see above.
Set strategic direction for nursing in community settings by developing Nursing in Community Strategy	
Implement Excellence in Care Community measures as a consistent and robust system for measuring, assuring and reporting on the quality of nursing practice in place in the Community. The system will inform quality of care reviews at national and local level and drive continuous improvements in the quality of nursing care.	
Continue to progress opportunities for development within and by the Intermediate care team eg increased rate of falls assessment and advice provided by linking in with Bone Density Scanning service.	In hand, links to e-frailty tool.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Community Nursing Services Direction are listed below:

- timescales for implementation of national IT systems to support multi-disciplinary working.

20

Adult Services

Lead Officer: Clare Scott

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Supported Living and Outreach Service	42	Delivery in line with Directions.	• Full occupancy and no vacancies in Supported Living tenancies. • The Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002 came into force on 1st April 2019, further information below. • There continues to be some turnover of staff. • The Team Leader post is currently vacant and will be recruited to,
Supported Vocational Activity Service: a. Accessing Service b. KPI AS002: Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills	a. 62 b. 32 (Year to Aug. 2018)	a. In line with Direction. b. Annual target 30	Service delivery to: • maintain and improve the quality of life of supported people • Contribute to reducing health inequalities

Supported Employment and Training:
  a. COPE
  b. Project SEARCH
	a. 20
	
	b. 4
		In line with Directions.	a. Supported training and volunteering. Number of people supported into paid employment: 0
			b. 3 (Academic year 2018/19)

Short Break and Respite Services	31	In line with Directions.	Short Break and Respite Project underway to consider level of eligible demand and how best to meet need now and into the future.
Day care for older people with learning disabilities and autism spectrum disorder	8	In line with Directions. Increased demand and small waiting list (includes new request for service and requests for additional days).	Short Break and Respite project underway to consider level of eligible demand and how best to meet need now and into the future.
Community Learning Disability Nurse (Learning Disability and Autism) /	29	In line with Directions.	Specialist LD Clinical Model of service under review. There is a waiting list for adult ASD diagnosis.
Support for unpaid carers of adults with learning disabilities and autism spectrum disorder.			In relation to unpaid carers of adults with LD/ASD, work is underway to establish: • the number of unpaid carers known • the number of unpaid carers assessments in place (including for a single unpaid carer and couple unpaid carers) • The number of carers who have been identified and declined assessment • Unpaid carers without carers assessment offered. • Reconciliation of numbers

22

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Review of funded service for adults with learning disability, autism and complex needs, and includes support and services to unpaid carers.

Activity	Progress as at June 2019
Short Break and Respite	A Short Break and Respite Project commenced in January 2019 to consider the level of eligible need for short break and respite support and to develop a sustainable plan to meet current and future eligible needs. Short Break and respite needs can arise in relation to unpaid carer needs and/or eligible needs of a cared for person. In financial year 2018/19, demand for service exceeded budget available, which resulted in an overspend.
Supported Vocational Activity service	All in-house services are being delivered from Eric Gray @ Seafield
Employment	Project SEARCH is a one year transition to work programme, supporting young people with additional needs to gain skills and experience into sustainable employment. Locally Project SEARCH is delivered in partnership with Shetland Islands Council (Adult Services, Children Services and HR) and Shetland College, with work placements being offered in SIC and NHS S locations.
Supported Living and Outreach	As above (main table)
Community Learning Disabilities and Autism Nurse	As above (main table)
Young people in transition into adulthood	Need identified

Key Risks and Issues
The key risks and issues which may impact on the ability to achieve the Adult Services Direction are listed below:

Legislative Change.
On 1st April 2019, Scottish Government amended The Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002 to extend free personal care to people under 65 years of age. This legislation, also known as 'Frank's Law', means that free personal care is available to all adults who are assessed by their local authority as needing this service.

23

As a result of these legislation changes, Shetland Islands Council reviewed the fixed rate charge previously used by Supported Living as it included both personal and non-personal care. From April 2019, only non-personal care provided at Supported Living will be charged for, with a maximum Supported Living Service Charge of £131.00 per person, per week. The contribution towards this service is based on individual financial assessment.

Scottish Government require quantitative data collection and returns and have indicated that this will be extended to include qualitative data to provide evaluation of the policy implementation.

Young People in Transition into Adulthood
There are a small number of young people with very complex needs in transition from children's to adult services. Children Services and CH&SC Services are working closely to consider how best the needs of the young people and families can be met. This requires new ways of working.

Older Unpaid Carers
As longevity of cared for people increases, there are growing numbers of unpaid carers reaching older age and continuing to provide a caring role. Adult Services have identified this as an area of risk and is working to identify ways of mitigating the risks for unpaid carers and cared for people. This will include for example, supporting unpaid carers have an emergency plan in place.

Case Studies

Adult Services (Learning Disability and Autism) Short Break and Respite Project
Adult Services (Learning Disability and Autism) and Newcraigielea Short Break and Respite Service commenced work in January 2019 to consider how best the short break and respite outcomes of people with learning disability, autistic people, their families and unpaid carer's can be met now and into the future. To assist with this work, Adult Services invited Lou Close, as a freelance consultant, facilitator and trainer to Shetland for a number of visits. Work commenced in late January by meeting people closest and most directly involved with short break and respite support to listen and learn,

In the period since then, a project board has been established with members including family carers; third sector and Children Services colleagues and leads from CH&SC to take forward the aims and outcomes identified to create sustainable models for support for the future. This is a wide reaching and ambitious project through which we hope to achieve sustainable, tailored support that maximise on individual and community assets.

A learning and further planning day is being held on **Thursday 27th June from 10.00 am - 3.00 pm. in Room 16 Isleburgh** when we plan to bring together everyone who has been involved so far, or who has an interest in the project, to check progress, identify challenges and further develop our plans. IJB members are welcome to join us.

24

Adult Social Work

Lead Officer: Peter McDonnell

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Screening of Referral to establish whether or not a social work response is required	81 Duty Contacts	Yes, in line with Direction	See a) below. There has been high demand on Adult Duty service, which is being monitored
Assessment of social need and care management	74	Yes, in line with Direction	See b) below Review of performance criteria required
Mental Health assessment, support and intervention	*	Yes, in line with Direction	Within timescales
Adult Support and Protection	12	Yes, in line with Direction	Within timescales
Out of Hours Social Work Service	17	Yes, in line with Direction	See c) below

a) Duty contacts in April, no monthly monitoring in place.
b) Includes all assessments from monthly figures (including OT); most likely under reporting if the overdue figures are anything to go by.
c) 17 Out of Hours emergency contacts in April, no monitoring to date.

* In April, there were 2 MH Assessments (1 STDC and 1 Consultation under AWI), 3 MHO Contacts and 1 MH Review (Mandatory Review for CTO) recorded

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

25

Action / Improvement Plan

Activity	Progress as at June 2019
Community Led Support programme	On target. 2-day 'Readiness Check' confirmed with National Development Team for Inclusion (NDTi) for 1 & 2 July.
Taking an 'asset based' approach to needs assessment, whereby the assessment of need starts from the premise of what a person is able to do for themselves, then works outwards to statutory provision	On target. Feedback from recent Care Inspectorate thematic review of self-directed support identified that 98% of assessments were seen to take an asset approach.
Provide information on the 4 Options within Self-directed Support, which allows people to choose how their support is provided, and gives them as much control as they want of their individual budget	On target
Supporting the further development of integrated local teams, building resilience and cover especially around single handed practitioners and out of hours arrangements	Under review – will form part of the work within the Community Led Support programme.
Maximising the use of Anticipatory Care Plans	Under review
Apply, where appropriate, emerging technological solutions to support people to live independently at home	On target / under review
Support for financial wellbeing, fuel poverty and social isolation / loneliness	On target
Working with partners to explore community transport arrangements to support people being able to be connected within and between communities	Adult Social Work contributing to wider Council Review.
Coordinated support for young people with additional support needs in transition into adulthood	Below target. Action plan in progress, via multi-agency short life working group.
Thematic Review of Self-directed Support Action Plan	Ahead of target. Action plan developed by SDS Programme Board based on draft inspection report (final report not yet received). Short life working groups taking forward key recommendations. Review by September 2019.

26

<u>Key Risks and Issues</u>

The key risks and issues which may impact on the ability to achieve the Adult Social Work Direction are listed below:

- Recruitment and retention – to date, Adult Social Work has had positive outcomes in terms of recruitment, however, maintaining full capacity is an on-going issue, due to staff leaving, maternity, and absence
- Ability to 'scale up' activity from range of improvement plans – there is a significant amount of work being undertaken that requires resource (people) around this to lead. Community Led Support may provide some of the 'scaffolding'.
- Time needed to embed an asset based approach with all stakeholders

<u>Case Studies</u>

There are considerable challenges around the provision of 24/7 care in the community, and the setting of thresholds for residential care, which is a mechanism local areas are using within their resource allocation framework for self-directed support. A robust discussion of this has taken place within Adult Social Work during the past 12 months, as this should not been interpreted as 'capping' care, whereby we effectively force individuals down the route of residential care, which is neither in their best interests, nor securing a better outcome.

National policy identifies the need to enable and support people to remain in their own accommodation for a long as possible, so they are within their local community, with family and friends around them. In setting thresholds, we should be clear that this is intended as a guide to assist with greater equity in the distribution of limited resources. It is not a ceiling and it should allow some flexibility, to meet individual assessed need.

However, this is a very complex area, with no easy solution, as resource allocation processes and mechanisms are challenging us all, as we look to manage significant budgetary constraints, and follow the public pound. It seems that whatever system of resource allocation we look to put in place it becomes about the money. Thus, we can find services slip back into process, and these financial drivers and procedures are not supporting and enabling staff to focus on applying the values and principles of delivering better outcomes from co-produced assessments and person centred, asset based support planning.

Thus, the challenge is how we balance two of the key messages from the Audit Scotland 'Self-directed support 2017 progress report':

"2. …Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is

27

effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.

3. Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have… Authorities' commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people's choices."

As outlined within the Adult Social Work service plan, we continue to work towards an enhanced level of support to enable supported people to "live, as far as reasonably practicable, independently and at home or in a homely setting in their community". Improvement plans across Community Health & Social Care have the potential cost benefit of reducing reliance on the provision of 'sleep-ins' within a range of packages of support, enabling us to create efficiencies, whilst maintaining individuals safely within their place of choice in their community.

28

Community Care Resources

Lead Officer: Jaine Best

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Residential Care for long term care and short breaks (respite)	114 permanent/34 respite	Yes, in line with the Direction	Evidence of increased use of placements for respite/reablement and intermediate placement
Day Services	157	Yes, in line with Direction	Includes Adult Services
Care at Home	254	Yes, in line with Direction	
Domestic	154	Yes, in line with Direction	Some reporting anomalies- are being addressed may include some personal care clients
Meals on wheels	371	Yes, in line with Direction	

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[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at June 2019
Provide support to unpaid carers through extended, 'drop in' day care services in Lerwick	Below target. Baseline data is scarce. Finance currently developing costings around potential savings
Carry out level 1 and 2 needs assessment across the over 75's in Whalsay trialling simplified assessment tools. Map existing resources and develop arrangements to best meet those needs including preventative services outwith the Partnership	Below target. Baseline data is scarce.
Explore geographically dispersed models for care at home in the South Mainland including enhanced and overnight provision	Below Target. Baseline data is scarce. Finance currently developing costings around potential savings.

29

Develop a 24/7 response service in Lerwick to provide nursing and social care support	Below Target. Updated costings in preparation.
Develop Outline Business Case for capital and revenue investment in telehealth and telecare resources	On target
Co- Production. Working with the Community in Yell to explore ideas and develop services that are safe and effective; able to be staffed by permanent staff without relying on agency or locum arrangements and affordable	On target

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Community Care Resources Direction are listed below:

- recruitment and retention
- ability to 'scale up' activity from improvement plan
- sustainability of commissioned services

30

Case Studies

> **'Please can you help me go home?**'
>
> A client with dementia has developed a trusting relationship with her care at home team visiting 4 times per day to ensure a safe and secure environment. This support enables the client to remain in her own home, leading an independent/self directed and fulfilled life within the community that she has lived for many years. While initially reluctant to accept any supports whatsoever the staff team worked hard to gain the clients trust and warm, personal bonds have formed with the regular carers. Following a hospital admission there were concerns from some members of the multi agency team that the client could not safely return home and required a 24 hour supported environment. A compromise position was agreed and an intermediate placement in a care home identified with a view to assessment and reablement home. Within hours of discharge from hospital the client became acutely distressed and her care at home team attended the residential centre to offer 1:1 support. She was delighted to see a familiar face and made it clear she wished to go home. The carer was able to reassure the client and indeed, spend a relaxed and pleasant evening in her company.
>
> In view of the client's distress and having regard to relevant evidence based practice (Nothing Ventured, Nothing Gained – risk guidance for people with dementia. DOH 2010) it was agreed to accompany the client home the following morning. The client has remained at home with some enhanced supports (including assistive technology) to ensure her wellbeing and happiness. This case study is a positive example of staff having the courage to advocate on behalf of a client's rights to self determination, take positive risks, maximise independence and minimise risk.
>
> **'Life is never risk free. Some degree of risk taking is an essential part of good care. Self determination and freedom of choice and movement should be paramount, unless there are compelling reasons why this should not be so.' (Mental Welfare Commission Good Practice Guide, Rights, risks and limits to freedom 2013)**

31

Criminal Justice

Lead Officer: Denise Morgan

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Diversion from prosecution services.	4 (April – May)	Yes	Service is performing well. Individuals receive assistance with their behaviour without having to be prosecuted through the court system.
Bail information and supervision.	0	Yes	Service is underused.
Criminal Justice Social Work Reports.	17 (April-May)	Yes	Service consistently meets targets. Recent quality assurance of all reports showed a 98% score in quality of report writing.
Supervision and management of individuals subject to Community Payback Orders.	33	Yes	Individuals are completing personal plans specific to addressing offending behaviour and associated needs. Positive outcomes are being reported during reviews and exit questionnaires.
Unpaid Work Scheme.	35	Yes	Service is performing in line with targets. Feedback from beneficiaries is positive
Statutory and Voluntary Throughcare.	0	Yes	Service is performing well. Good uptake of voluntary throughcare.
Public Protection – MAPPA	Included in CPOs	Yes	Full cooperation from partners in the management of high risk individuals.
Out of Hours Social Work Service	Data unavailable	Yes	Individuals are responded to in a timeously manner and concerns addressed until the services open for business the next working day.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at June 2019
Develop Whole System Approach (WSA) arrangements for young people up to the age of 21 and 26 for care experienced adults.	WSA is in operation, looking at best way of identifying and reporting on progress. On target.
Support focus group to review Community Reintegration on Leaving Custody.	Housing are leading on this action with support from Criminal Justice Social Work.
Work with partners to plan and deliver recreational and employment opportunities	Outward bound activities and access to leisure facilities have been accessed. This focuses on improving mental health, self esteem and developing more appropriate activities.
Raise awareness of community payback scheme within the local community.	Word of mouth and promotion at partnership meetings is ongoing. Projects will be advertised during the country shows.
Explore better information management processes to increase feedback from service users, staff and partners.	Currently reviewing information management processes across services.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Criminal Justice Direction are listed below:

No key risks at this time.

33

Case Studies

Below is a sample of feedback from individuals who have completed exit questionnaires.

	Issues Identified	Improved	Comments
Employment / Training Education	1	1	In employment.
Drugs	2	2	No longer consuming as much. None taken.
Alcohol	4	4	No longer dependent Reduced drinking No longer drink Controlled.
Personal Relationships	3	2	Improving all the time More under control.
Self Esteem	4	4	Improved self esteem Feel better about being out and about.
Mental Health	4	3	Improved mental health. Mind more clearer

Allied Health Professionals

Lead Officer: Jo Robinson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Dietetics	There are currently an average of 17 patients per months who opt in for an outpatients clinic appointment with a dietitian There are currently 260 active service users.	Yes	Max. Waiting time should be 12 weeks. 13 patients(16%) out of 81 patients needed to wait more than 12 weeks to get an appointment with the dietitian, but 84% get an appointment within the target time.
Occupational Therapy	1091 referrals in the last year, for assessments to 727 clients.	Yes	Well, but under increasing pressure due to increased demand for services in all teams
Orthotics	Approx 2500 active users with some 1100 appointments per year.		Meeting 4 week target in Shetland.
Physiotherapy	2090 referrals received in 2018	yes	Service is meeting all waiting times and access targets
Speech and Language Therapy	**Current Activity April 2019** / **Numbers Service Users** Adult patients including voice and neurological conditions — 46		

	Adults with learning disability	21	
	Children under school age	103	
	School age children	202	
	Total new referrals in 2018	191	
Podiatry			
Core podiatry.	600+ annually.	Yes	Patients seen usually within assessed timescale.
MSK.	300+ annually.	Yes	Pressure on MSK service due to single specialist clinician.
		Yes	
Diabetes screening + assessment.	Potentially 1300 + persons with diabetes.		On target.
Vascular assessment neurological assessment.	All new patients plus "at risk".	Yes	On target.
Orthopaedic triage.	Average 20 per week.	Yes	Triage reducing number of patients requiring Orthopaedic intervention.
Orthopaedic VC clinics.	6 patients per clinic.	Yes	New service improving patient outcomes.
Surgical intervention.	60 + annually.	Yes	Excellent patient feedback.
In shoe device prescription.	Demand led.	Yes	Cost effective interventions.

36

Education, training and advice.	Available to all patients,carers,family and friends.	Yes	Well, empowering and enabling service users.
High risk foot clinics.	Weekly average 6 patients per clinic.	Yes	Well, multidisciplinary working.
Falls prevention and education.	All relevant "at risk of falls" patients, plus Otago programme.	Yes	Well received.
Wound care.	Demand led.	Yes	Rapid access to service.
Services provided Shetland wide in health centres, hospital, care centres, domiciliary settings.	Demand led.	Yes	Pressure on availability of clinical facilities.
Service access.	Average of 40 + new patient referrals received per month.	Yes	Increasing number and complexity of referrals.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

37

Action / Improvement Plan

Description	Lead Officer	Start	Progress Report as at June 2019
Collaborate with colleagues in education on Emerging Literacy programme	Clare Burke	April 2019, ongoing	Ongoing
Developing the Universal and Targeted levels of the SLT service through joint working with other services.	Clare Burke	ongoing	Ongoing
Explore alternative service delivery options including "Attend Anywhere" and intensive SLT for short periods versus less frequent input for longer periods.	Clare Burke	April 2019	Ongoing
Implement actions relating to Augmentative and Alternative Communication	Clare Burke	ongoing	Ongoing
Contribute to developments with autism spectrum disorder (ASD) and neurodevelopmental (ND)pathways	Clare Burke	April 2019 - 2020	Ongoing
Installation of 3D scanning to reduce the number of visits required by patients.	Laurence Hughes	October 2019	December2019
Reduce DNA rate to 5% by implementing Patient Focus Booking	Laurence Hughes	August 2019	December 2019
Ensure Brief Interventions are embedded in practice	Laurence Hughes	April 2019 ongoing	April 2019 ongoing
Undertake a service review and implement any resulting recommendations.	Laurence Hughes	April 2020	April 2020
Maximise support to people with dementia and their families, partners and carers to live positive, fulfilling and independent lives. Develop and maintain the Post-Diagnostic Support Service for people with Dementia, and their carers, and scale up the implementation of Home Based Memory Rehabilitation	Lorna Willis	April 2019 ongoing	On target HBMR pilot successfully completed and ready to move to wider implementation
Develop a mental health OT service underpinned by the Scottish Government's priorities	Lorna Willis	April 2019 ongoing, subject to	On target

and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness. To focus initially on intervention via Primary Care.		identified funding	
Develop and improve vocational rehabilitation provision via the Employability Pathway, now funded by SIC under the IJB. Develop new and evidence based interventions for eligible client groups, working in partnership with CMHT, and NHS colleagues in the community.	Lorna Willis	January 2019 ongoing	Underway with further development planned
Implement and develop an advice and information service, with a display area of equipment for trial and demonstration, based at the ILC	Lorna Willis	Following release of funding for building alterations, this will be ongoing throughout 2019/2020	Waiting for funding approval
Develop the use of the Independent Living Centre, including an equipment display area, to allow for more accessible and flexible clinic space and provide improved options for delivery of services out with the hospital setting.	Jo Robinson, Lorna Willis, Laurence Hughes	Following release of funding for building alterations, this will be ongoing throughout 2019/2020	Waiting for funding approval
Implement recommendations from Podiatry 5 year training plan	Chris Hamer	Dec 2018 complete by 2023	2 Podiatrists attended national conference. 3 Podiatrists have received funding for shadowing on mainland.
Build on and develop Specialist Podiatric services	Chris Hamer	Jan 2019 ongoing	On target.
Develop the orthopaedic triage VC clinic	Chris Hamer	Oct 2018 Ongoing	On target, clinics now in operation. Shadowing to take place.
Continue to monitor and instigate effective and efficient models of practice delivery	Chris Hamer	Nov 2018 ongoing	Ongoing and on target.

39

Devise and implement Tier 3 weight management pathways	Stefanie Jarzemski	Complete by March 2020	Still ongoing
Complete review of NHS Shetland/ SIC Nutrition Policy	Stefanie Jarzemski	Complete by March 2020	Still ongoing
Implement an Oral Nutritional Supplement Pathway	Stefanie Jarzemski	Complete by March 2020	Still ongoing
Explore reasons for high DNA rate in MSK service	Fiona Smith	Currently under review (May 2019)	In hand.
Establish physiotherapy support for rheumatology clinics and injection therapy, including consideration of options for service continuity and succession planning			
Explore options for ensuring continuity of strong links with APP in orthopaedics in NHS Grampian, particularly with regard to clinical support and supervision			
Complete review of community physiotherapy service, including community rehabilitation and input to Intermediate Care Team			
Explore options for improving self-management and patient education			
Review line management structure for physiotherapy team			
Consider options for recruitment, and how to manage risk, if there are ongoing difficulties and gaps between supply and demand.			
Explore options for Upper Limb rehabilitation			
Explore options for MSK Advanced Practice Physiotherapist in primary care, in conjunction with national group			
Develop succession plans for retirements and consider future options for paediatric service.			
Exploration of reasons for high referral rates and appropriateness of referrals. Investigation of re-referral rates and reasons for these.			
Continue service improvement			

40

work as identified within MSK and long-term conditions teams.			
Development and training as per physiotherapy training plan	Fiona Smith	March 2020	Ongoing.

Key Risks and Issues

- High and increasing referral rate
- Maintaining waiting times dependent on staffing resource.
- Recruitment challenging at higher grades and no local bank staff.
- Limited resources for training and development

41

Health Improvement

Lead Officer: Elizabeth Robinson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Information and advice, awareness raising, education and capacity building to tackle wider issues impacting on health using range of tools and across a range of settings i.e. schools, work places, care centres, with a proportion of settings being within health and care, and a substantial amount external to health and social care.		Some delay due to vacant Resource Officer post (currently being recruited to)	On target
Delivery of range of training programmes: • Mental Health First Aid (adults and childrens' versions) • Mentally Healthy workplaces • Self-harm awareness, • Raising the issue, • Health Behaviour Change.		In line with direction	On target
Management, co-ordination and direct delivery of health improvement/prevention/ inequalities programmes or projects; i.e. Inequalities targeted lifestyle checks, Health Walks.		In line with direction	On target
Direct delivery of evidence based health improvement interventions in primary care: smoking cessation, adult and child weight management programmes, Get Active (for the least active), Behavioural Activation (low level mental health support programme) and support with online Cognitive Behavioural Therapy programme.		In line with direction	On target, apart from smoking cessation – but improvement plan in place.

42

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Conduct Health Needs Assessment, Health Impact Assessments and Evaluation to encourage decision makers to take decisions which increase and do not damage health, to create positive healthy environments, and reduce inequalities in health.		In line with direction	On target
Lead and/or actively participate in a range of local strategic and operational partnership groups representing health improvement/public health i.e. Integrated Children and Young People Forum, Active Shetland Strategic group and sub groups, Mental Health Partnership and Forum.		In line with direction	On target
Represent Shetland at a national level through active involvement in national forums and groups i.e. National Child and Adult Healthy Weight Leads group, National Child Poverty Group.		In line with direction	On target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

43

Action / Improvement Plan

Activity	Progress as at June 2019
Building capacity across NHS and IJB for prevention by increasing prevention agenda input into staff induction and CPD for other professional staff e.g. AHPs, social care, primary care staff	On target.
Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through the Shetland Community Plan, Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.	On target.
Work with partners to reduce the overall smoking rate in Shetland from 14.6% in 2019 to 5% by 2022. Work with pharmacy and other colleagues to achieve the target for the number of successful quits for people residing in the 60% most-deprived data zones in Shetland (43 quits) but still waiting confirmation of target for 2019/20. The smoking targets above contribute to the outcome to reduce the incidence of smoking related disease in Shetland, such as COPD, and improve healthy life expectancy.	Behind target but improvement plan in place, which relies on more frontline staff 'raising the issue' and referring into services.
Support Primary Care, A&E and Maternity to achieve the annual target for Alcohol Brief Interventions (261), in order to reduce the burden of alcohol related disease and socio- economic costs of alcohol.	Behind target.
Support Community Planning Partners to take action to tackle the obesogenic environment; the outcome is a reduction in numbers of adults who are overweight or obese, which will in turn contribute to reductions in Type II Diabetes, Cardiovascular Disease and some cancers.	Unlikely to see impact within 1 year – longer term target.
Reduce the proportion of children with their Body Mass Index outwith a healthy range (>=85th centile) (to 15% of Primary 1 children).	Unlikely to see impact within 1 year – longer term target.
Support partners in working towards achievement of 50% of adults meeting moderate/vigorous physical activity (MVPA) guidelines.	Unlikely to see impact within 1 year – longer term target.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Health Improvement Direction are listed below:
- capacity within other teams to incorporate health improvement approaches into their work.

Hospital Based Services

Lead Officer: Kathleen Carolan

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Renal Dialysis	12	Yes	We have experienced an increase in the number of people requiring dialysis; this has led to a review of the skill mix in the team and a capital programme to extend the Renal Unit to include 2 additional dialysis stations. Funding from NHS Shetland access allocation has been used in the short term to manage the gaps in the workforce.
Sexual Health	Not applicable	Yes	
Unscheduled Care	See attached presentation	Yes	A&E performance is consistency above 95%, which is a proxy measure for the functioning of the wider emergency care system. Data for May 2019 is shown in the case studies section.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

45

Action / Improvement Plan

Activity	Progress as at June 2019
1. Using the Integration Fund to ensure that there are robust and responsive community services and hospital admissions only happen where appropriate. Focus on reducing lengths of stay in hospital, better liaison between community and hospital services and looking at early intervention available in A&E.	The professional alliance is leading on the review of unscheduled care services. The intention is to develop new tests of change for implementation from Q3 onwards.
2. Clear pathways for further/specialist assessment of conditions of old age in the community setting e.g. dementia through Community Mental Health/Dementia Liaison Services.	Review in April 2019 of complex older people's pathways and actions that can be taken collectively to further develop specialist pathways e.g. community led support and re-enablement in hospital.
3. Further develop the advanced practitioner model to support primary care settings (including remoter localities in Shetland) and the emergency practitioner role in the Hospital.	Additional training posts have been funded using NHS Shetland Transformational Fund allocation to support advanced practice in the Hospital setting. Recruitment is underway. Work is also progressing to develop advanced practice roles to support forensic and custody healthcare.
4. Undertake an options appraisal to determine how best to deliver healthcare services OOHs and overnight – with greater integration of hospital and primary care teams and identification of 'whole system' solutions.	See progress against the professional alliance initiative (activity 1).
5. Further developing locality based services (multi-agency) where 24/7 care is delivered, including support if a person has escalating care needs.	**Need JR or EMW to complete**
6. Using the pilots for locality working to redefine the care at home services, using integration as the driver for improving capacity and responsiveness.	**Need JR or EMW to complete**
7. Further developing intermediate care pathways to enhance the availability of community based rehabilitation.	**Need JR or EMW to complete**
8. Further developing early supported discharge from hospital (e.g. in conjunction with the intermediate care team in the community) and co-ordination of the discharge planning	Day of care survey undertaken in May shows that 35% of patients did not need care in hospital (previous surveys reflect similar percentages). Work continues to review transitional care

46

process to reduce patient flow pressures.	arrangements in line with the findings of the survey (see activity 1 and 2).
9. Further developing the model for anticipatory care planning to support locality based decision making and consistent delivery of care plans already agreed.	**Need JR or EMW to complete**
10. Putting a local emphasis on developing shared information systems, records and assessments to reduce duplication and support decision making.	Acute eHealth Programme Board is leading on the implementation of systems to support remote clinical decision making, prescribing and technology enabled care.
11. Continuing to work with the Scottish Ambulance Service to put into place the actions agreed in the Strategic Options Framework.	**Need JR or EMW to complete**

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Hospital Based Services are listed below:

- Our workforce is made up of many small teams and that means some services remain fragile. We have particular challenges in sustaining the renal nursing workforce because of the highly specialist nature of the nursing roles and competencies required. We are working is NHS Grampian to look at role development, skills maintenance and succession planning. We also have significant gaps in the medical workforce and have had success in supporting clinical placements for junior doctors which will help us to maintain medical services in the future (e.g. exposure to remote and rural practice), but we still carry risk in our current senior medical cohort and we have looked at alternative roles e.g. emergency care practitioner as an alternative and put risk assessments in place for the current service arrangements.

- Affordability of the current models is a key challenge because of the diseconomies of scale across services. We are reviewing how best to deliver services and use technology enabled care as a means of improving access, sustainability and reduce costs.

- We will need to determine at a strategic level what the balance of locality based services and centralised services we need to deliver services safely and affordably – our overnight care services (social care, community and primary care) are largely based on models using 'on call' staffing. The concept and aims are clearly articulated in the joint commissioning plan, but we need to build on the professional alliance concept to look at how best to implement new, multi-agency models of care.

47

- We will need to develop a clear e-health strategy which focuses on technology enabled care – to support decision making and create opportunities for connecting locality based services with secondary and specialist care services. This needs to be developed at pace to support new ways of working.
- We will need to develop a clear approach and strategic plan to support role development to support new models of care across Nursing, Midwifery, AHP and Health Science professions. The advanced practice model has helped to support increased capacity and access to primary care services; we have completed a service needs analysis to describe how we can develop the model across Shetland over the next 4 years, reflecting the timeline for new roles to be developed
- There is more work to do in developing our signposting, redirection and health education/awareness services to ensure that the public know what services are available, when they are available and how to access them appropriately. This needs to be developed at pace to support new ways of working

Case Studies

The current position, performance and priorities for unscheduled care in Shetland are shown in the attached presentation.

UEA presentation priorities 2019-20.ppt

The current activity and performance against the 4 hour A&E target is shown in the attached document.

Emergency care data Jan-April 2019.doc

The national 'day of care survey' undertaken in May 2019, to review how many patients are in hospital who are medically fit for discharge, is shown in the attached presentation.

DoC ppt NHS Shetland Acute May 2

48

Unpaid Carers

Lead Officer: Claire Derwin
Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23848

<u>Service Delivery</u>

Service	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
The services will include, but not be limited to: - New Craigielea - Care Centres (Respite) - Non Residential Respite - Carers Lead Training - Waiving Charges - Carers Attendance Scheme - Information and Advice	Services are performing in line with the direction.	Carers are well supported locally through a range of Health and Social Care interventions. Areas of development are underway to ensure we identify new carers, including a short breaks project with NCL, Carers Attendance Scheme are looking into the possibility of offering Self Directed Support (SDS) Option 2. Information and Advice Services are delivered through CAB and VAS in line with current service level agreements (SLA). Ongoing appraisals of the SLA with VAS and Shetland Carers Attendance Scheme in relation to the Carers (Scotland) Act are taking place. The Section 28 project has successfully recruited 2 posts and is working with hospital staff and patients to identify Carers and offer Support Plans. The Carers Hospital Liaison Officer is trialling new recording tools for support planning. Work is underway to ensure we capture meaningful data about what difference we make to Carers lives; through gathering personal outcomes information.

49

Action / Improvement Plan

Activity	Progress as at June 2019
Identify Carers	33 new carers identified between Oct 2018 – March 2019. (13 between the age of 18-64, 20 over 65. 25 females and 8 males)
To be supported and empowered to manage my caring role	This information will be included in new data collection
To be enabled to have a life outside caring	This information will be included in new data collection
To be fully engaged in the planning and shaping of local services.	This information will be included in new data collection
To be free from disadvantage or discrimination related to their caring role	This information will be included in new data collection
To be recognised and valued as equal partners in care	This information will be included in new data collection

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Unpaid Carers Direction are listed below:

- Identification of Carers continues to be a challenge due to the stoical nature of carers, the focus on the cared for person and service led models of support which whilst are appropriate are not suitable/accessible to all Carers.

- New local data collection is required in order to understand how well we are supporting Carers, through the of implementation of Carers (Scotland) Act 2016 (Carers Census Data). Work is underway to ensure we incorporate measures to systematically and consistently collect and collate the appropriate information. This includes work with the Planning and Information team to ensure the new data software system can capture what is needed and review of the recording tools that frontline staff use to gather meaningful information about carers' outcomes.

- This recording template has given us an appropriate framework to summarise information that helps us relay meaningful information to the IJB in relation to the direction.

50

Domestic Abuse and Sexual Violence

Lead Officer: Susan Laidlaw

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23530

Service Delivery

Service	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Custody Healthcare and Forensic Medicine Services	Yes, in line with direction and no significant issues to report	On target
Referrals to Shetland Rape Crisis	Yes, in line with direction and no significant issues to report	On target
MARAC Case Conferences	Yes, in line with direction and no significant issues to report	On target
Referrals to Shetland Women's Aid	Yes, in line with direction and no significant issues to report	On target
Refuge Service	Yes, in line with direction and no significant issues to report	On target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at June 2019
Secure funding for the continuation of MARAC for 2018-19 and beyond.	In hand.
Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.	In hand.
Develop and implement a communications plan to raise awareness amongst public and professionals, utilising social media and other platforms, in the context of the Safer Shetland Communications Strategy.	In hand.
Map current preventative work in schools (and other settings for young people), in context of wider violence reduction education and relationship work to identify gaps and duplication.	In hand.
Develop and adopt a gender based violence policy for the Shetland Islands Council.	In hand.
Review the NHS Shetland gender based violence policy, including evaluation of its use to date.	In hand.
Provide support and guidance (e.g. simple checklists) for organisations not yet ready to adopt a policy.	In hand.

Key Risks and Issues

- Re-establishing core training - funding and releasing staff to carry out training.

51

Shetland Islands Health and Social Care Partnership

Shetland NHS Board

Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	27 June 2019
Report Title:	Shetland Islands Health and Social Care Partnership Annual Performance Report 2018-19	
Reference Number:	CC-29-19-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 approves the Shetland Islands Health and Social Care Partnership's Annual Performance Report for 2018-19 for publication.

2.0 High Level Summary:

2.1 The 2014 Act obliges Health and Care Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is the third Annual Performance Report prepared for the IJB.

2.2 The deadline set by the Scottish Government is for publication by 31 July 2019.

2.3 The purpose of the performance report is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities.

2.4 There are a set of minimum expectations on the content of the reports, with particular reference to the reporting of the Core Integration Indicators to support assessment of performance in relation to the National Health and Wellbeing Outcomes.

2.5 Generally, the guidance encourages an approach where the Annual Performance Report is produced with the public in mind, so 'readable' and 'understandable' have been key objectives in developing the content and style. Given that this is the third report, we are encouraged to show trends in performance and highlight key variances between years.

2.6 The Government did not provide individual feedback on the form and content of the 2017-18 Report but they did provide key learning points from an overview of all the

Reports and gave examples of best practice upon which we can draw. We have used best practice examples to inform the development of this year's Report. Individual feedback will be provided in future.

2.7 The self evaluation process highlighted a specific improvement action, "IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data". The IJB scored that as an 'established' process. It is hoped that, in time, a national database of readily available comparisons will be made available to support cross service and cross partnerships comparisons and learning. Meanwhile, the Chief Officer makes use of relevant databases to support understanding on local performance.

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 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:

4.1 The planning and performance cycle is set out below.

Quarter 1 May – June	Quarter 2 August – September	Quarter 3 October – December	Quarter 4 February - March
Looking back on what's actually been done and learning from that.	Planning for the year ahead, what do we want to achieve and why.	Resourcing the plans through budgets, workforce plans, asset plans, etc.	Approval of the Plans and Resources for the year ahead.

4.2 The Annual Performance Report enables the IJB, and other interested parties, to look back over the year that has just been to celebrate the achievements, learn from what worked well, and not so well, and apply that learning to future plans and projects. This is the idea of 'continuously learning' through the actions of: Analyse – Plan – Do – Review.

4.3 The themes which the Annual Performance Report considers are:

- Key achievements, and what didn't work so well
- Financial Performance
- Service Performance, with a focus on Health and Wellbeing Outcomes

- What service users think
- Workforce review and staff surveys
- What changes were made to service models, and any impacts
- What risks did we carry and how well were they managed
- External view of what we do, through audits, inspections, studies, etc
- What's happening in each local area, known as localities
- What are the plans for the future

4.4   The IJB has acknowledged that our approach to participation and engagement could be improved. The self evaluation process highlighted, for example:

– effective approaches for community engagement and participation must be put in place for integration;
– improved understanding of effective working relationships with carers, people using services and local communities is required; and
– we will support carers and representatives of people using services better to enable their full involvement in integration,

were only 'partially established' and could be improved. The IJB may reflect, therefore, that this third IJB Performance Report is still not sufficiently well developed as it could be with regard to service user, unpaid carers, staff and local communities input and, specifically, how that has made a difference to services and service user outcomes. The co-production project highlighted with regard to Community Nursing in Bressay is an example of emerging good practice in this regard, as is the asset based training and exploration of how we support people to lead 'ordinary lives'.

4.5   Shetland Islands Health and Social Care Partnership performs well and secures good results across many of the Health and Wellbeing Outcomes.   However, when compared with other areas, the models in Shetland can be of higher cost which is reflected in the financial challenges facing the IJB and can limit service users' choice and flexibility in meeting their particular needs.

5.0   Exempt and/or confidential information:

5.1   None.

6.0   Implications :

6.1 Service Users, Patients and Communities:	The key purpose of the Annual Performance Report is to provide an honest assessment of the successes and challenges facing the Partnership so that our service users, patients, staff, partners and communities are well informed about what we do, and why.
6.2 Human Resources and Organisational Development:	The Joint Staff Forum considers the implications for joint workforce issues.
6.3 Equality, Diversity and Human Rights:	The guidance asked for a specific focus on equality and human rights. The Strategic Commissioning Plan includes a focus on Health Inequality and access to services for ethnic minorities, led by the Public Health team.
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.

Section 42 of the 2014 Act requires that Performance Reports are prepared by the "*Integration Authority*".

The required content of the performance reports is set out in the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

The Scottish Government issued further 'Guidance for Health and Social Care Integration Partnership Performance Reports'.

It is considered that the Annual Performance Report meets the minimum reporting requirements of the legislation, regulations and guidance but, in future years, could be strengthened further with regard to the analysis of performance on: best value; inequalities and human rights; staff engagement; and arrangements within localities.

6.5	**Finance:**	The Annual Performance Report includes the information required by the Regulations in respect of Financial Reporting. A separate, and complementary, report is prepared by the IJB's Chief Financial Officer for the Annual Accounts.	
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.	
6.8	**Environmental:**	There are no specific environmental implications to highlight.	
6.9	**Risk Management:**	The Annual Performance Report includes an assessment of the key risks which were encountered and addressed throughout the year. The key risks were around the governance, funding and the effectiveness of the Strategic Commissioning Plan in addressing service needs. The risk associated with not preparing and producing an effective Annual Performance Report means that the IJB's ability to communicate and engage with stakeholders would be diminished. In any event, it is a legal requirement to prepare and publish a performance report on an annual basis by the end of July each year.	
6.10	**Policy and Delegated Authority:**	Consideration and approval of the Annual Performance Report, for publication, is within the remit of the IJB.	
6.11	**Previously considered by:**	Strategic Planning Group	By email.

Contact Details:

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19 June 2019

Appendices

Shetlands Islands Health and Social Care Partnership Annual Performance Report 2018-2019

References

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014
http://www.legislation.gov.uk/ssi/2014/326/pdfs/ssi_20140326_en.pdf

Guidance for Health and Social Care Integration Partnership Performance Reports
http://www.gov.scot/Publications/2016/03/4544/0

Shetlands Islands Health and Social Care Partnership Annual Performance Report 2016-2017
https://www.shetland.gov.uk/Health_Social_Care_Integration/documents/IJBAnnualPerformanceReport2016-17Final.pdf

Shetlands Islands Health and Social Care Partnership Annual Performance Report 2017-2018
https://www.shetland.gov.uk/Health_Social_Care_Integration/documents/ShetlandHSCPAnnPerfReport2017-18Final.pdf

Shetland Islands Health and Social Care Partnership
Annual Performance Report 2018-19

Note: Not all the data in the Report has been finally verified through the Scottish Government's validation processes. We have used the most up to date data we have. Where that might change, when the national data is published, we shall amend the on-line versions of the Report.

Document Control

Date	Version	Contents	Author
31/05/2019	1.0	First Draft, drawing on 'Best Practice example' from the Western Isles H&SC Partnership and the Scottish Government areas of improvement - Finance, Strategic Planning, community engagement and localities	Hazel Sutherland

Welcome .... to the third Annual Performance Report for Shetland Islands Health and Social Care Partnership.   This report covers our third full year as a Health and Social Care Partnership under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

We work hard at delivering the best possible health and care services for the community but there is still plenty of work to do.   I hope you enjoy reading about our work.

Jo Robinson
Interim Director of Community Health and Social Care for NHS Shetland and Shetland Islands Council
Chief Officer of Shetland's Integration Joint Board (IJB)

Contact Details

We always welcome comments on what we do. Comments or questions about this document, including requests for support information or documentation should be made to:

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Contents	**Page**

> **Our Vision** is that by 2020 everyone in Shetland is able to live longer healthier lives, at home or in a homely setting. We will have an integrated health and care system focused on prevention, supported self management and reducing health inequalities. We will focus on supporting people to be at home or in their community with as much specialist care provided in Shetland and as close to home as possible. Care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
>
> This is the Vision which relates to the 2018-19 financial year

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. It requires local authorities and health boards to integrate adult health and social care services – including some hospital services.

The main aim of the Act is to improve the wellbeing of people who use health and social care services. It does this by requiring local partners to:

-    create a single system for health and social care services
-    develop more informal community resources and supports
-    put the emphasis on prevention and early intervention
-    improve the quality and consistency of services
-    provide seamless, high quality, health and social care services

The legislation requires Health Boards and Local Authorities to establish formal partnership arrangements to oversee the integration of services. Like most partnership areas, this has been done in Shetland through the creation of an Integration Joint Board (IJB), which is a partnership body designed to take decisions about how to invest resources and deliver services.

The IJB is not an organisation which employs staff but it does have the authority to direct the two parent bodies – the Health Board and the Local Authority – to set out how it wants integrated services to be delivered. Each IJB is required to publish an annual review of its performance. This document is the Annual Report of Shetland Islands Health and Social Care Partnership for 2018/19.

A Year in the Life of the IJB

- The IJB met 7 times and its Audit Committee met 4 times
- The IJB membership includes representatives of carers, service users, trades unions, the voluntary sector, health and social care professionals, local councillors and Health Board Directors and the meetings were well attended by a broad spectrum of our stakeholders
- Several development sessions were held for all IJB members with a focus on updating the Strategic Plan and resolving the financial imbalance
- The Strategic Planning Group met 6 times during the year to support the update of the Strategic design, oversee performance and assess service redesign proposals
- The IJB fulfilled its best value and wider statutory obligations by delivering a strategic plan, providing directions to the partner bodies and closely overseeing the financial situation to secure a positive financial position by the end of the financial year
- The IJB fulfilled its governance policy obligations in respect of the implementation of a workforce strategy, a participation and engagement strategy and proactively managing risk.
- The IJB considered and provided policy guidance in respect of integrated service models for: primary care; self directed support; adult mental health; the intermediate care team, domestic abuse and sexual violence and community pharmacy.
- The IJB supported a co-production project on the future nursing provision on one of the non-doctor islands, Bressay.
- The IJB strengthened its financial policy framework by considering and approving the Medium Term Financial Plan.

The accountability arrangements are set out in legislation and demonstrated by the diagram below (source: Audit Scotland).

Body corporate or Integration Joint Board model

The IJB is jointly accountable to the NHS board and the council through its membership, the integration scheme and the strategic plan.

- Accountability
- Functions and resources
- Resources and directions to deliver services

Scottish ministers

Scottish Parliament

Electorate

Integration Joint Board

NHS board

Council

Integrated services delivered via localities

In response to the recently published Audit Scotland Report "Health and Social Care Integration - Update on progress" (November 2018)[1], the Scottish Government asked each IJB to undertake an evaluation exercise on 22 key areas which are considered necessary for the IJB to work successfully. The IJB participated in the Scottish Government's self evaluation of integration and considered that it has established effective arrangement for 6 of the factors, but had work still to do on 16 of the recommendations. The analysis is set out below.

This is where we feel we have well established arrangements in place:

- ✓ Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- ✓ Each IJB must develop a transparent and prudent reserves policy
- ✓ Statutory partners must ensure appropriate support is provided to IJB S95 Officers
- ✓ Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.
- ✓ IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.
- ✓ Identifying and implementing good practice will be systematically undertaken by all partnerships.

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[1] http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress

These are the issues where we feel our arrangements are only 'partially established' so we need to do more work to embed this as a way of working:

- All leadership development will be focused on shared and collaborative practice.
- Relationships and collaborative working between partners must improve
- Relationships and partnership working with the third and independent sectors must improve
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside budget requirements must be fully implemented
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations
- Improved strategic planning and commissioning arrangements must be put in place.
- Improved capacity for strategic commissioning of delegated hospital services must be in place
- The understanding of accountabilities and responsibilities between statutory partners must improve
- Accountability processes across statutory partners will be streamlined.
- IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.
- Clear directions must be provided by IJB to Health Boards and Local Authorities.
- Effective, coherent and joined up clinical and care governance arrangements must be in place.
- Effective approaches for community engagement and participation must be put in place for integration.
- Improved understanding of effective working relationships with carers, people using services and local communities is required.
- We will support carers and representatives of people using services better to enable their full involvement in integration

Strategic Objectives

The Integration Joint Board has a statutory obligation to agree and implement a Strategic Plan. The plan sets out the changes to services how we intend to shift resources to best meet need - move activity out of the acute sector and into community settings and invest in prevention and early intervention to help people to live in good health, for longer.

The Strategic Plan has recently been refreshed, in March 2019, and it sets out the national policy context, the key drivers for change, a vision for future service delivery, an outline of the change programme and an explanation of what needs to change to make it happen. The Strategic Plan focuses on the changing philosophy of how we will interact with our service users and the communities we serve, through an 'asset based[2]' approach and the philosophies of 'self directed support'[3] and 'realistic medicine'[4].

We need to consider not just a clinical or care assessment of need but, also, what matters to people as individuals. This relates to the immediate relationship between a professional and the user of a service. However, it also has much wider implications for how we interact with and support communities to build strong and resilient communities, with health and care services acting as an enabler.

The approach means that as we move forward to think about changing the models of service, we need to put our service users and communities at the heart of that process. We need to make sure that we understand what our customers want and need. While we may not always be able to respond to individual and community preferences, the clear approach is that our service users are an equal part in determining the shape of future services.

[2] Asset Based approaches focus on the positive aspects of individuals and communities, valuing their capacity, skills, knowledge and connections
[3] Self-directed support (SDS) allows people to choose how their support is provided to them by giving them as much ongoing control as they want over the individual budget spent on their support
[4] Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to you so that the care of your condition fits your needs and situation. Realistic medicine recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.

Our **Strategic Objectives** were more clearly defined in the recent update of the Strategic Plan and they are:

Develop a single health and care system - We will have in place seamless services, wrapped around the needs of individuals, their families and communities, which are not restricted by organisational or professional boundaries. Where possible we aim to deliver a 'one stop shop' approach to health and care.

Maximise population health and wellbeing – people will be supported to look after and improve their own health and well-being, helping them to prevent ill health and live in good health for longer

Develop a unified primary care service with multi-disciplinary teams working together to respond to the needs of local populations

Streamline the patient's journey in hospital – we will work to make sure that people get the right care in the right place at the right time by maximising outpatient, ambulatory, day care services and minimising in-patient stays

Achieve a sustainable financial position by 2023

Our **Priorities** are 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 healthy lifestyles
- Improving mental health and wellbeing
- Promoting self management and independence

Case Study – Intermediate Care - "Journey Home to 60 Degrees North and Beyond"

The Intermediate Care Team considered how to provide an equitable service across Shetland and that 'equitable' does not necessarily mean the same service. A client in Unst had fallen and fractured her hip while visiting London. The Intermediate Care Team initially worked with this client in a care home in Lerwick, where her reablement journey started. The client then transferred to Nordalea Care Home in Unst where the Intermediate Care Team continued to oversee her reablement plan. However, as it was not possible for the Rehabilitation Support Workers to provide multiple daily support visits in Unst, these were carried out by local staff, such as the care centre staff, the community Occupational Therapist and community nurses. After further reablement, the client was able to return home with a care support package. Intermediate Care provision is no longer dependent on home location and all clients who meet the referral criteria are considered regardless of their home address.

In 2018-19, we put together an overall programme of work to take forward.

Whole Population	
Implementing an asset based approach to health care prevention	Effective Prescribing- working with patients and prescribers to ensure that evidenced, best value, medicines are started and stopped appropriately
Sustainable Service Models	
Developing a safe and effective model of unscheduled care	Developing a sustainable hospital, acute and specialist services model for Shetland
Developing a sustainable primary care model for Shetland, with clear links to the 7 locality areas and the Gilbert Bain Hospital	Developing a sustainable model of social care resources
Developing a sustainable model for mental health services, including appropriate crisis and emergency arrangements	Developing a sustainable model for adults affected by learning disabilities and autism spectrum disorders
Achieving Financial Balance	

These programmes of work are progressing and the IJB receives specific proposals to take forward 'tests of change' to aid service redesign.

Our achievements during 2018-19 include the following activities.

- The Adult Mental Health redesign project has been progressed, with a focus on creating multi-disciplinary teams and appropriate referrals and care pathways
- The Social Care programme of work reinforced our approach to 'care at home' being the principle objective of how we care for our service users, with several 'tests of change' being developed around prevention and 24 hour care support. Innovative approaches to workforce recruitment and retention is supporting this work.
- Development of our approach to implementing the Primary Care Improvement Plan, to support how we organise ourselves to ensure that our service users get seen by the right person, in the right place to address their health and care needs
- A reinvigorated approach to Self Directed Support, with a significant investment in training and coaching to support our staff to have good conversations around choice and flexibility of services, and to them find ways to meet that need through innovative approaches and 'tests of change'.
- The Intermediate Care Team is now firmly embedded to support reablement and we invested in the Otago Falls Prevention programme to help avoid people injuring themselves and requiring treatment.
- The community pharmacy work has been developed to provide support to people to manage their own medicines in community settings and provide services within care homes to ensure residents are receiving medicines safely and that waste is avoided.
- A community co-production project has been undertaken with the support of the Scottish Health Council on the island of Bressay to explore and implement solutions to providing health and care services to a community with no resident health staff.
- Rolling out training on an asset based approach to a wide range of stakeholders - including to people outwith the health and care sectors
- The Domestic Abuse and Sexual Violence Strategy was refreshed and endorsed by the IJB, the NHS Board and the local authority with a strong platform of development work to tackle the root causes, as well as addressing acute and ongoing support needs for people affected by abuse.
- The Allied Health Professionals services continued to support acute and preventative work – some Case Studies of their work are included as Appendices to this Report.
- The IJB strengthened its approach to financial planning with the establishment of a Medium Term Financial Plan.

The work which did not progress to the timelines originally envisaged include the projects to:

- develop a safe and effective model of unscheduled care, although several 'tests of change' were able to be progressed; and
- develop a sustainable hospital, acute and specialist services model for Shetland.

Case Study - Community Care Resources - 'Please can you help me go home?'

Affordable and sustainable social care models need to be developed which ensure personal outcomes are met and enable high quality care to be delivered at home and in the community wherever possible. It is also important that community engagement events encourage individuals to 'future proof' as much as possible and with this in mind Community Care Resources attended flu clinics across Shetland last winter to provide advice and signposting with a view to encouraging older people to anticipate changing needs and circumstances.

A number of 'tests of change' are expected to commence in the near future which will provide local data to support future service redesign to ensure all services are responsive to the changing needs of the community in Shetland. These include:-

- Support for unpaid carers though the implementation of the Carers (Scotland) Act 2016 by offering extended day care provision at Edward Thomason and Taing House support Services.
- Carry out level 1 and 2 needs assessment in Whalsay to map existing resources, identify gaps and develop arrangements to best meet those needs.
- Provide geographically dispersed model of care at home (including respite at home and overnight care) in the South Mainland.
- Provide 24/7 nursing and social care within Lerwick including enhanced support to reduce unplanned hospital admissions.

In common with many remote and rural locations recruitment and retention remain problematic for social care staff. Work is ongoing in relation to developing the young workforce, MA's (in relation to social care and administration) and pathways into care as well as recruitment with relocation packages to attract staff from outwith Shetland. In addition, recruitment processes are regularly reviewed together with contractual arrangements.

Significant investment has taken place in the last year to improve lone working conditions. Investment has been made in terms of fleet vehicles and mobile phones for care at home staff. Care at Home is likely to see continued expansion of services due to changing demographics and the need for ensure that those requiring care services are central to all decision making. The efforts made by teams to ensure that client focused, high quality care are delivered in a constantly evolving environment is reflected in the Care Inspectorate grades however most of the day to day determination and flexibility required by teams to ensure good outcomes goes unreported. We know that older people want to be cared for in an environment that is not institutional care. With this in mind business justification cases will developed to increase telehealth and Telecare capacity with a particular focus on those technologies that support people to be cared for in their own homes.

These developments will also require changing attitudes to risk which emphasis the rights of older people to remain independent while challenging negative views of risk and the stereotypes and prejudices about old age and older people that exist across society (Norman, 1988 cited in Titterton M, Risks and Risk Taking in Health and Social Welfare. Jessica Kingsley Publishers.2005)

Case Study:- 'Please can you help me go home?'

A client with dementia has developed a trusting relationship with her care at home team visiting 4 times per day to ensure a safe and secure environment. This support enables the client to remain in her own home, leading an independent /self directed and fulfilled life within the community that she has lived for many years. While initially reluctant to accept any supports whatsoever the staff team worked hard to gain the client's trust and warm, personal bonds have formed with the regular carers. Following a hospital admission there were concerns from some members of the multi agency team that the client could not safely return home and required a 24 hour supported environment. A compromise position was agreed and an intermediate placement in a care home identified with a view to assessment and reablement home. Within hours of discharge from hospital the client became acutely distressed and her care at home team attended the residential centre to offer 1:1 support. She was delighted to see a familiar face and made it clear she wished to go home. The carer was able to reassure the client and indeed, spend a relaxed and pleasant evening in her company.

In view of the client's distress and having regard to relevant evidence based practice (Nothing Ventured, Nothing Gained – risk guidance for people with dementia. DOH 2010) it was agreed to accompany the client home the following morning. The client has remained at home with some enhanced supports (including assistive technology) to ensure her wellbeing and happiness. This case study is a positive example of staff having the courage to advocate on behalf of a client's rights to self determination, take positive risks, maximise independence and minimise risk.

> *'Life is never risk free. Some degree of risk taking is an essential part of good care. Self determination and freedom of choice and movement should be paramount, unless there are compelling reasons why this should not be so.'*

> (Mental Welfare Commission Good Practice Guide, Rights, risks and limits to freedom 2013)

Localities

The Plan is considered across seven localities based on geography and ward boundaries. The same arrangements are in place for all Shetland's strategic plans, including the Shetland Partnership's Local Outcome Improvement Plan.

A good strategic commissioning process will take account of the differing needs of each locality.   We look to find ways to actively work with local communities to share problems, identify solutions and make the best possible use of all resources available.

The seven localities in Shetland are:

- North Isles
- North Mainland
- West Mainland
- Whalsay and Skerries
- Central Mainland
- Lerwick and Bressay
- South Mainland

Each area currently has a set of services delivered within the locality:

- primary care;
- community nursing;
- care at home; and
- care home resources

alongside a broad range of voluntary activity to support individual and community wellbeing.

The Occupational Therapy and Health Improvement teams have practitioners allocated to deliver services and work with partner services within the locality. The Adult Social Work team has identified link professionals for each locality and the Pharmacy and Prescribing service are developing their community based support to GP practices.
Many services, although located in Lerwick, will provide outreach services throughout the islands to wherever the patients and service users live. An example of this way of working is the podiatry service.

There is in place a considerable range of voluntary and community provision in each area to support well being. Examples of this will include: support for individuals with dementia; befriending; lunch clubs; craft circles; leisure and learning opportunities. These deliver invaluable social benefits to those attending and form an intrinsic part of the network of provision to support individual health and wellbeing and community resilience.

A community co-production project has been undertaken with the support of the Scottish Health Council on the island of Bressay to explore and implement solutions to providing health and care services to a community with no resident health staff.   The project has made use of the Ketso[5] model; a method for making sure that everyone has their say and can focus on moving forward.   A summary of the approach is shown below and a wider description of the project included as a Case Study.

It is hoped that the engagement model that has been developed through undertaking the 'Caring for Bressay' project will be used elsewhere across Shetland. It is currently being considered by another outer island Community Council and an invitation has been sent for members to attend a 'Caring for Bressay' Project Board meeting to witness the joint approach this project has had from the start.

Caring for Bressay - Health and Care project – Extract from Community Council update – 18 October 2018

"The 24 September saw 17 participants take part in a group session using a tool called Ketso to explore the topic of 'Caring for Bressay'. The participants included: island residents; Bressay community council members; the Community Planning and Development Officer; and an elected Council member.

Using the Ketso approach participants were asked to consider the following questions:
- What do you think is important to the Bressay Community?
- What are the current challenges?
- How do we overcome the challenges? What can we do differently?
- Describe your ideal vision for Caring for Bressay?

The event was facilitated by the Scottish Health Council. All who attended evaluated the session very positively, including those who had been a little uncertain at the start of the event.   A report from the session, capturing all views and ideas expressed, has been written up and will be shared with the participants. The report will then be used to help inform the work of the Project Team as they consider future models of care for the residents of Bressay."

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[5] https://ketso.com/

How Have We Performed?

The Scottish Government has a key purpose to increase healthy life expectancy. This is so that people live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.

Shetland has traditionally had a good life expectancy and a level of health amongst the best in Scotland, reflecting the high quality of life in Shetland, as well as the quality of local services. Recently, the year on year improvements in life expectancy have slowed down across the UK, including Shetland. The reason for this slowdown is under investigation by universities and other academic institutions. For men the life expectancy at birth using the three year rolling average for 2013-15 was 77.6 years, down from 78 and for women was 81.9 years, down from 82.45. We are yet to reach the ambitious local targets of 79.2 and 86.2 years respectively. Life expectancy is still better than many other parts of Scotland but there are health inequalities within Shetland that are often hidden and not reflected in available data.

The Health and Social Care Partnership has a role in preventing ill health and promoting good health. In practice, much of this service is delivered via health improvement practitioners who are based in localities across Shetland.

- Over the last year, Shetland's smoking rate (based on GP data) has decreased from 15.8% to 14.6% and 20 people had successfully stopped smoking by March 2018.
- The target for delivering Alcohol Brief Interventions in primary care was not met; this remains a key strand of the government's alcohol strategy and will require increased focus next year.
- Work on increasing physical activity, especially amongst the most inactive, and healthy diet is continuing but outcomes are difficult to measure on a short term (annual) basis.
- Work is underway to develop and deliver the government funded diabetes prevention programme.
- The role of the community link worker has expanded to include low level psychological therapies, social prescribing (for example, nature prescriptions), and walks for health, now re-branded as Peerie Wanders.

However, our population is aging rapidly, which is and will cause an increase in demand for health and care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to report against the National Health and Well-being measures, which draw on a mix of qualititative and quantitative measures. The qualitative measures come from the annual Care Experience and Staff survey administred by the Scottish Governement. For most of these, Shetland performs well compared to Scottish levels.   The full range of indicators is set out at Appendix 1. In terms of system measures, we have performed well against the national benchmarks, as shown below.

National Outcome Indicators	Current Performance	Scotland Rate
Premature mortality rate (per 100,000)	323	425
Rate of emergency admissions for adults (per 100,000)	10,350	12,183
Rate of emergency bed days for adults (per 100,000)	65,137	123,035
Readmissions to hospital within 28 days of discharge (per 1,000)	69	102
Proportion of last 6 months of life spent at home or in a community setting	94.2%	89.2%
Falls rate per 1,000 population in over 65s	18	22
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	97%	Not Known
Number of days people (75+) spend in hospital when they are ready to be discharged (rate per 1,000)	505	762
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	14%	25%

There are, however, areas where the indicators suggest performance below the national average.   This suggests that the IJB needs to do more to: support people to live as independently as possible and to help people to feel safe. Whilst slightly above the national figure, our rate of percentage of carers who feel supported to continue in their caring role (at 41%) is lower than we would wish.

Indicator	Shetland Current	*Shetland* Previous	*Scotland* *Current*
8. Percentage of carers who feel supported to continue in their caring role. (2017-18)	41%	54%	*37%*
9. Percentage of adults supported at home who agree they felt safe. (2017-18)	80%	79%	*83%*

A visual snapshot of performance and activity during 2018-19, covering a range of indicators and services is included at Appendix 2.

Our primary driver of performance is built around the 'Shifting the Balance of Care' philosophy – moving care from hospital to community settings, and from community settings to peoples' own homes to help improve their health and wellbeing.

As a result, over the past few years, it has been possible to reduce the overall number of hospital and care beds, as shown in the graph below.

Hospital & Care Beds in Shetland

	2007/08	2008/09	2009/10 Montfield Care Home	2010/11 Montfield Hospital	2011/12	2012/13 ET& Taing Combined	2013/14 ET&Taing	2014/15 Viewforth	2015/16 ICT	2016/17	2017/18 Ronas
Hospital	92	92	85	84	76	65	63	63	57	55	49
Care	153	153	154	171	171	179	179	158	158	158	158
Total	245	245	239	255	247	244	242	221	215	213	207
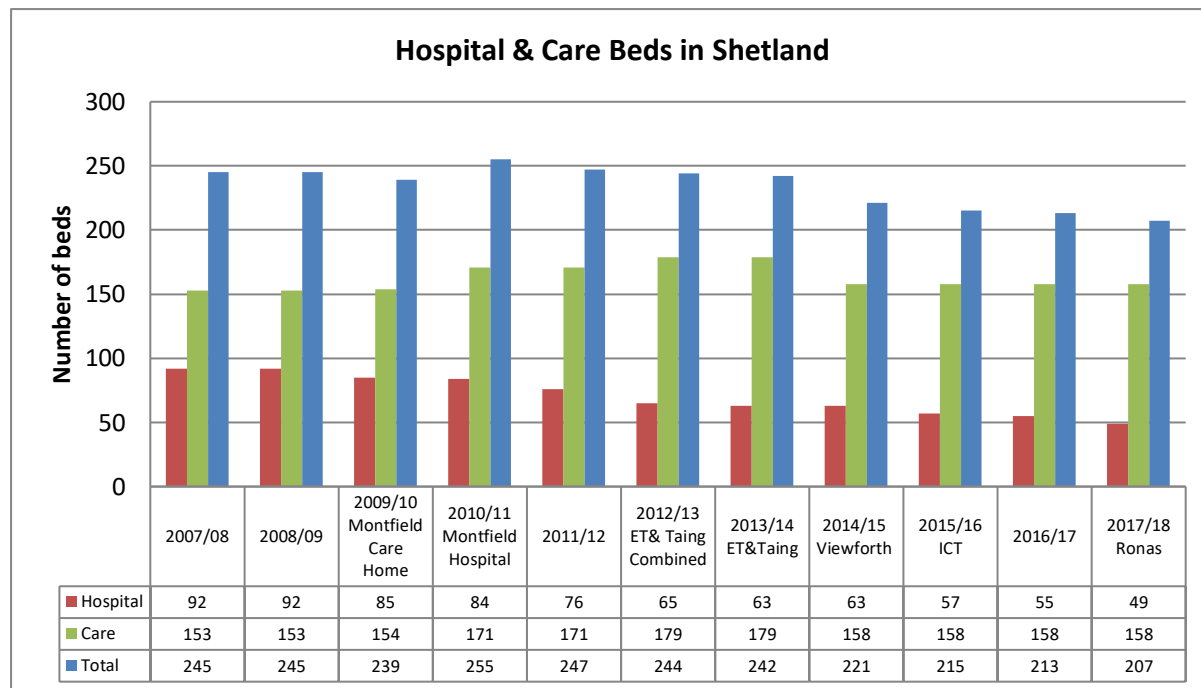
The actions to maintain and / or improve performance are set out below:

- robust and responsive community services
- hospital admissions only happen where appropriate.
- focus on reducing lengths of stay in hospital
- better liaison and integration between community based services and the hospital
- clear pathways for specialist assessment of conditions
- advanced practitioner model
- determine how best to deliver healthcare services 'Out of Hours' and overnight
- community based services where 24/7 care is required
- clear pathways of care where a person has escalating care needs
- falls prevention programme
- improving the capacity and responsiveness of care at home services

- early supported discharge from hospital
- better co-ordination of the discharge planning process
- anticipatory care planning
- improving the capacity and responsiveness of care at home services
- shared information systems, records and assessments
- explore how paramedic practitioners could enhance local services
- third sector organisations are active in reducing isolation and loneliness, and supporting vulnerable groups including those with dementia
- supporting more people at home with technology enabled care

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Case Study – Do we really need it?

All our elective hip and knee replacement surgery takes place at the Golden Jubilee Hospital in Glasgow. One of our Occupational Therapist Assistants went on a study tour to shadow their approach. It became apparent that NHS Shetland was over prescribing equipment for patients receiving knee replacements. Previously, NHS Shetland issued equipment to 67% of patients receiving knee surgery and after the study visit this reduced to 22% of patients. Our new approach is enabling patients to be as independent as possible and making sure there is enough equipment for everyone who needs it. No patients reported they were not managing at home, so providing us with confidence this new approach was workable. This has also had a positive impact on the budget - making a saving for the service.

Inspection of Services

Our care services undergo a regular inspection programme from the Care Commission. The tables below show the <u>latest available</u> care grades awarded. One of the Scottish Government's suite of National Indicators is the proportion of care services graded 'good' (4) or above in Care Inspection Grades. At March 2019, all but three elements of our care services were graded 3 or above (in 2017-18, two elements were graded as adequate and in 2016-17 we achieved 100%).

Care Homes

Service	Care and Support	Environment	Staffing	Management and Leadership
Nordalea	5- Very Good	5- Very Good	4- Good	5- Very Good
Isleshavn	5- Very Good	4- Good	4 – Good	4 – Good
North Haven	4- Good	4- Good	3 - Adequate	4-Good
Wastview	5- Very Good	4- Good	4- Good	4-Good
Fernlea	5- Very Good	5 – Very Good	4 – Good	4-Good
Walter and Joan Gray	3- Adequate	4- Good	3- Adequate	4- Good
Edward Thomason and Taing House	5 – Very Good	5 – Very Good	4 – Good	5 – Very Good
Overtonlea	4- Good	4 – Good	4 - Good	4- Good
Newcraigielea	5- Very Good	4- Good	5- Very Good	5- Very Good

Support Services

Service	Care and Support	Environment	Staffing	Management and Leadership
Nordalea	6 – Excellent	5 – Very Good	5 – Very Good	5 – Very Good
Isleshavn	4- Good	4 – Good	4 - Good	4- Good
North Haven	4- Good	4 – Good	4 - Good	4- Good
Wastview	5 – Very Good	5 – Very Good	5- Very Good	4 – Good
Fernlea	5 – Very Good	5 – Very Good	4 – Good	5 – Very Good
Walter and Joan Gray	4- Good	4- Good	4 – Good	4- Good
Edward Thomason and Taing House	5 – Very Good	4 – Good	4 – Good	4 – Good
Montfield	5 – Very Good	4 – Good	5- Very Good	5 – Very Good
Overtonlea	5 – Very Good	4- Good	4- Good	5 – Very Good
Newcraigielea	5 – Very Good	4 – Good	4 – Good	4 – Good

23

Other Services

Service	Care and Support	Environment	Staffing	Management and Leadership
Eric Gray Resource Centre	6 – Excellent	5 – Very Good	5 – Very Good	6 – Excellent
Mental Health Support Services	5 – Very Good	No grade available	5 – Very Good	5 – Very Good
Support at Home	5 – Very Good	No grade available	6- Very Good	5 – Very Good

24

Equalities and Human Rights

The public sector equality duty requires the IJB, in the exercise of its functions, to publish a set of equality outcomes. An equality outcome is the result which we want to achieve in order to eliminate discrimination, advance equality of opportunity and foster good relations. The public sector equality duty covers: age; disability; gender; gender reassignment; pregnancy and maternity; race; religion or belief; and sexual orientation.

We have sought to specifically involve people who share a relevant protected characteristic and their representatives in two projects.

- Our approach to Self Directed Support has involved engagement with service users, and their unpaid carers in a way which seeks to genuinely understand their needs and how we can best support them.   The creation of a new third sector entity - Shetland Community Connections – will further support this philosophy. Shetland Community Connections exists to provide a brokerage service for social care users in Shetland. This includes person centred planning to identify personal outcomes and help to plan and organise support. A targeted training event, with wide participation helped us to explore how we help people to live 'ordinary lives' rather than considering solutions from a service perspective.
- The project to redesign short breaks services for adults with learning disabilities and autism spectrum disorder has put service users, their unpaid carers and families at the centre of the redesign project. Through workshops and interviews, the team has explored taking an asset based approach to service delivery. Family members of service users are part of the core project team. Engagement with the service users, and their families, is seen as an essential element of achieving good outputs and ideas to take forward.
- The Shetland Partnership's Voices for Equity project is providing a means of learning directly from people in Shetland experiencing challenges as a result of Shetland's inequalities. It is providing a means for them to be more involved in planning and designing services by sharing their knowledge directly with decision makers within Shetland's public bodies. In contrast to consultations and anonymous feedback structures, the focus is on building relationships and bridging the gap between people living within Shetland. Representatives from the IJB have participated in this project.

The Strategic Plan has been assessed for equality impact and we will continue to assess each service redesign proposal for equality impact and make that an integral part of the options put forward for decisions.

25

CASE STUDY - VOICES FOR EQUITY: BRINGING LIVED EXPERIENCE INTO DECISION-MAKING

The project has recruited people, including parents of children and young people, who are paired in a learning relationship with people responsible for developing, approving and delivering Shetland's future. Together they meet monthly, in their one-to-one learning relationship, to discuss and share their personal stories and experiences on inequality issues in Shetland. Both participants contribute with their personal experiences, and are equally responsible for empowering and challenging each other; the aim is to broaden each other's horizons and understandings. Their personal learnings are nurtured by the exchange of these stories and experiences, and their feedback to each other. Confidentiality is ensured and sufficient facilitation is provided to support the relationships and their learning journeys.

The participant's learnings, both on the method of participation, as well as on experiences of inequalities in Shetland, is fed into the Shetland Partnership Improvement Projects and the wider learning of partner organisations.

Shetland Partnership, 2018

26

What resources did we use?

The effective and efficient use of resource in the delivery of services is a crucial indicator of success.

In accordance with the Integration Scheme – which determines the work of the IJB – the IJB is required to approve a balanced budget on the basis of funding delegated by NHS Shetland the Shetland Islands Council.   This was – and remains – a challenging process with both of the IJB's parent bodies experiencing significant financial pressures. NHS Shetland carried a funding gap at the beginning of 2018-19 of £3.455M (7%), while Shetland Islands Council experienced an overall cash reduction of £1.768M (2.2%) in core revenue funding.

Consequently, the IJB faced an opening budget gap of £2.276M, which was brought into balance through a series of savings and efficiencies schemes throughout the year and additional balancing payments from both NHS Shetland and Shetland Islands Council at year end.

The year end position for 2018-19 included:

- Underachievement of savings target of £1.850m
- Additional one off contributions from SIC and NHS of £3.657m to achieve financial balance
- Overspends on locums in acute hospital services, mental health and primary care
- Underspend in Primary Care as a result of £1.2m island harmonisation funding being received from the Scottish Government

Reserves

The IJB approved its Reserves Policy on 6 September 2017. The balance as at March 2019 was £0.905M. During the year, the IJB made one strategic investment from Reserves during the year in regards to Falls Prevention.

27

Where did the Money come from and how did we spend it?

The flow of money into and out of the IJB is shown in the Table below. The overall income to the IJB was £49.912m against expenditure of £49.371m, leaving a surplus for the year of £0.541m.

Financial Year 2018-19	SIC	NHSS	Total	2017-18	2016-17
	£000	£000	£000	£000	£000
Income					
Budget delegated to the Parties from the IJB	(22,396)	(23,830)	(46,226)	(44,222)	(43,450)
Additional Contributions from Parties to meet direct costs (Audit fee, Insurance & Members Expenses)	(15)	(14)	(29)	(28)	(25)
Fortuitous underspend repaid to SIC	0	0	0	310	367
Additional contribution from NHS and SIC to IJB to meet overspend	(144)	(3,513)	(3,657)	(2,941)	(1,431)
Sub Total Income	**(22,555)**	**(27,357)**	**(49,912)**	**(46,881)**	**(44,539)**
Expenditure					
Actual expenditure against delegated services	22,553	26,789	49,342	46,614	44,389
Direct Costs	15	14	29	28	25
Sub Total Expenditure	**22,568**	**26,803**	**49,371**	**46,642**	**44,414**
Final position of IJB	**13**	**(554)**	**(541)**	**(239)**	**(125)**

We spent £49.267m on the following services (which also compares the actual expenditure to the revised budget in the year).

28

Service (£000)	2018/19 Revised Annual Budget	Year End Outturn	Budget v Outturn Variance (Adv)/ Pos
Mental Health	2,071	2,534	(463)
Substance Misuse	543	496	47
Oral Health	3,084	3,071	13
Pharmacy & Prescribing	6,477	6,502	(25)
Primary Care	5,676	5,537	139
Community Nursing	2,862	3,034	(172)
Directorate / Pensioners	590	418	172
Sexual Health	45	43	2
Adult Services	5,472	5,407	65
Adult Social Work	2,530	2,530	0
Community Care Resources	11,350	11,748	(398)
Criminal Justice	58	27	31
Speech & Language Therapy	81	78	3
Dietetics	116	98	18
Podiatry	236	232	4
Orthotics	138	125	13
Physiotherapy	570	561	9
Occupational Therapy	1,664	1,635	29
Health Improvement	259	211	48
Unscheduled Care	2,964	3,787	(823)
Renal	202	261	(59)
SG Additionality Funding	592	512	80
Integrated Care Funding	496	495	1
Efficiency Target	(1,850)	0	(1,850)
Grand Total	**46,226**	**49,342**	**(3,116)**

29

The reason for the main variances (>£0.050m) is detailed in a separate document "The Annual Accounts[6]" and summarised in the Table below.

Service	2018/19 Revised Annual Budget	Year End Outturn	Budget v Outturn Variance (Adverse)/ Positive	Reason for Variance
	£000	£000	£000	
Mental Health	2,071	2,534	(463)	Cost plus flights and accommodation for a Consultant Mental Health locum, partially off-set by an under spend against NHS Grampian Mental Health SLA due to reduced activity.
Primary Care	5,676	5,537	139	Overspend on GP locums offset by £1.2m island harmonisation funding received from the Scottish Government.
Community Nursing	2,862	3,034	(172)	Nursing bank use plus the cover for an ANP being provided by a GP from May to July 2018.
Adult Services	5,472	5,407	65	Mainly due to vacant posts at both Eric Gray Resource Centre and across Supported Living and Outreach.
Community Care Resources	11,350	11,748	(398)	Agency staff requirements and the increased cost of off-island placements during the year.
Unscheduled Care	2,964	3,787	(823)	Due to the cost of two medical consultant posts being covered by locums during the year.
Efficiency Target	(1,850)	0	(1,850)	Savings of only £0.426m, against a target of £2.276m achieved during the year. (£0.247m recurrent)

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[6] TO BE COMPLETED

30

Year End Outturn   £000
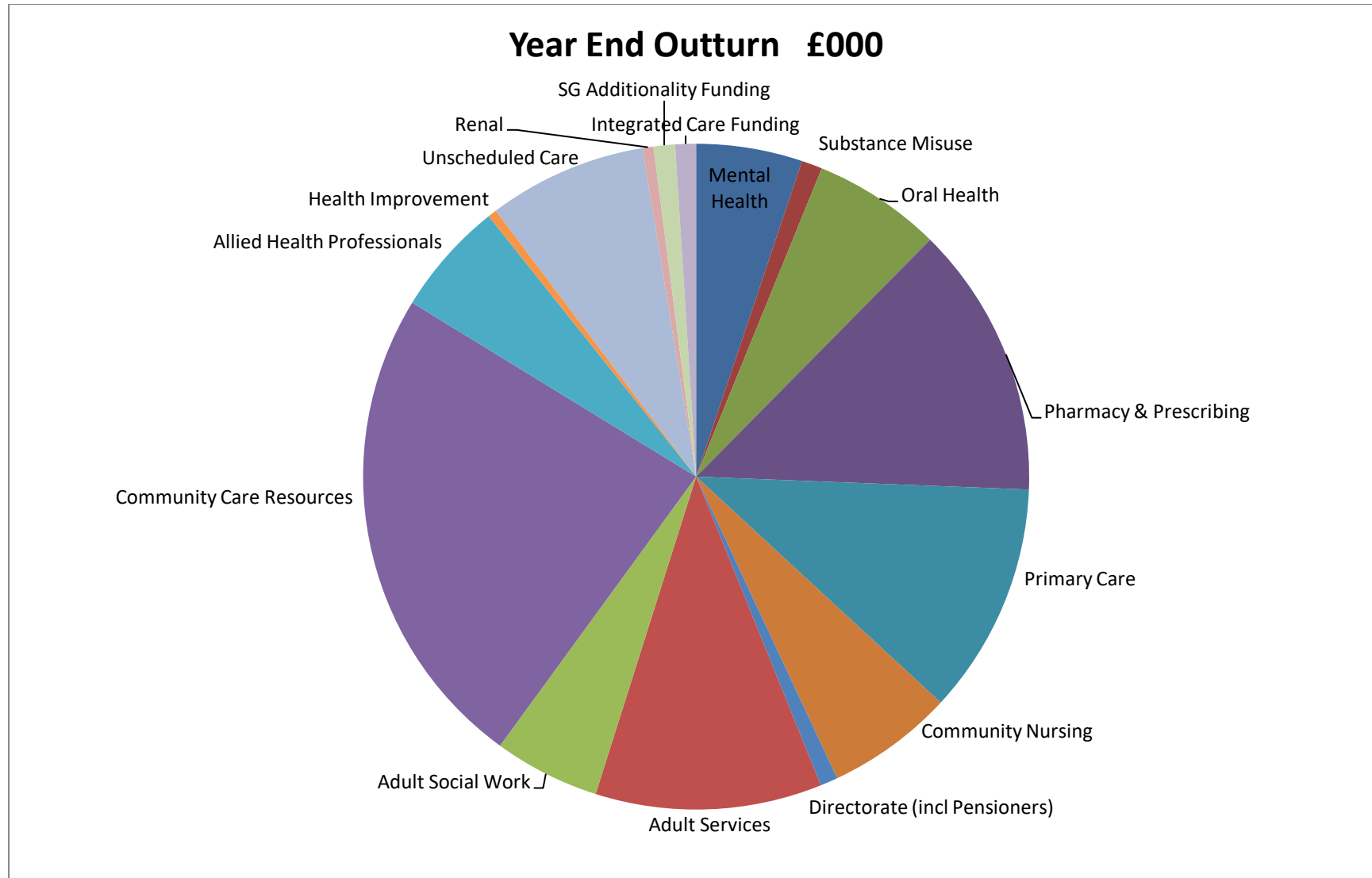
The Integrated Care Fund

Shetland Island's Health and Social Care Partnership received specific funding from the Scottish Government, called the Integrated Care Fund.   The Fund is intended to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen our approach to tackling inequalities for adults. The funding helps the partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.

The table below explains what we spent the money on.

Product	2018/19 Integrated Care Fund Expenditure £	2017/18 Integrated Care Fund Expenditure £
Proactive Care and Support		
Intermediate Care Service	401,444	304,171
Medical input and clinical expertise to support community initiatives including Intermediate Care and Anticipatory Care Planning.	30,000	30,000
	431,444	**334,171**
Supportive Enablers		
Third sector provided Independent Living Support at Home across seven localities to provide ongoing reablement and social engagement.	22,338	29,778
Post Diagnostic Dementia	42,176	0
TOTAL : Integrated Care Fund Spend	**495,958**	**363,949**

The benefits to our service users that we were able to secure from this money were as follows:

- we helped more people to live independently in their own home;
- more people were able to be discharged from hospital at the right time;
- more people were able to receive early rehabilitation and enablement services, helping them to regain their function;
- people were able to be seen earlier for some specialist interventions;

32

- we maintained a focus on enabling people to live within their own communities; and
- we were able to support the role of the unpaid carers in continuing care.

Financial Outlook

The financial outlook is very challenging. For the incoming financial year, the IJB will need to find savings of £2.533M on the current cost of NHS and SIC Funded services in order to balance the books. The future years are even more challenging. This is why the IJB has undertaken to look afresh at sustainable models of service delivery across the isles. The Medium Term Financial Plan sets out the gaps in funding for the current models of service delivery.

Table: Projected IJB Financial Position (Deficit) 2019-20 – 2023-24

	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
Projected Deficit	(2.5)	(3.8)	(5.1)	(6.4)	(7.7)

Projected Deficit

| | £m | £m | £m | £m | £m |
| | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 |

33
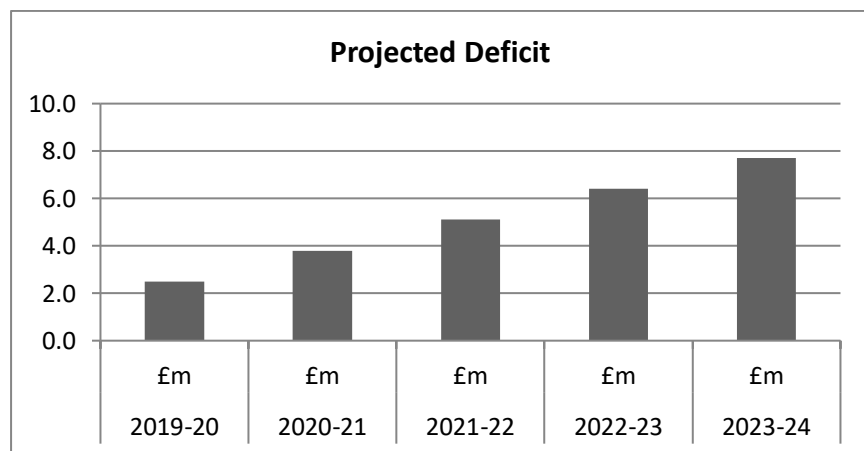
What risks did we deal with?

Managing risks in a positive, realistic and dynamic way will help the IJB to be pro-active in ensuring that the objectives of the Strategic Plan are met.   The IJB therefore maintains a Strategic Risk Register, which is a description of the things which could cause the strategic objectives to not be met (for example, outcomes not achieved or timescales not met).   During 2018-19, the IJB successfully managed some key strategic risks around:

- the operation and ongoing evolution of the new IJB Board; and
- the effectiveness of the strategic plan and the ability of services to meet the needs of service users and communities.

This might have resulted in, for example:

- decisions not being made in a timely manner;
- the strategic objectives not being met; or
- service users and/ or patients not getting the services they need.

In Shetland, like other places, partnership working for health and social care has been in operation since 2004. Strong relationships and connections have been made between staff and service providers in each community, as well as at political level.   The introduction of legislation to formalise the partnership arrangements, through the Public Bodies (Scotland) (Joint Working) Act 2014, continues to need effort to make sure the new arrangements are effective. The IJB have continued to pro-actively manage the key risks to make sure that decisions were made when needed, service delivery was maintained and good performance achieved.

What areas still need work?

We had an ambitious programme of work for 2018-19 and some areas will need continued and ongoing attention, sometimes over a longer period of time, to keep making a difference.

The Governance of the IJB and the partner bodies, NHS Shetland the Shetland Islands Council continue to evolve.   Based on a strong history of effective partnership working, the self evaluation supported by the Scottish Government has presented the IJB with an opportunity to take stock and see where focused improvements could be made. The area of work which would warrant attention include: governance and accountability; roles and responsibilities; strategic priorities; resource allocation; and participation and engagement.

Evidence has suggested that there is a persistent, and widening, inequality gap in Shetland. The Commission on Tackling Inequalities in Shetland heard evidence relating to socio-economic equalities and geography in Shetland and the foreword of their Report states that,

> *"Shetland doesn't exhibit the extreme disparities in wealth, health and other indicators that characterise some communities. Nevertheless, the evidence gathered by the Commission confirms that, in 2016, inequality is an inescapable feature of Shetland life. Some of our fellow citizens are struggling. Their circumstances differ, but lack of sufficient money to live a decent life is a common factor. The causes of their difficulties are not simple but it's clear that a variety of influences, including changes in welfare policies, are making their position steadily more precarious".*

Tackling these issues will require new and innovative approaches, rooted in community based solutions, working across all services areas, not just in health and care.

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year. Improving wellbeing, resilience and mental health is therefore a priority for Shetland Islands Health and Social Care Partnership.

There are some lifestyle choices and behaviours which persist within society that may impact negatively on people's ability to look after their own well-being and live in good health for longer. 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. This is an ongoing programme of behavioural and cultural change which needs to continue. This work will include, amongst other things, tackling issues around alcohol or substance misuse, obesity and physical activity.

Public sector reform over many years has focused on the need to move away from organisations working in isolation to service models being built up from the needs of individual and communities. This approach has recently been strengthened through the Community Empowerment (Scotland) Act 2015. The

35

overall purpose of Shetland Partnership's approach is to work towards improving the lives of everyone in Shetland. The key focus will be to reduce inequality of outcome by tackling issues that mean some people and groups have poorer quality of life than others.

Effective community planning focuses on where partner's collective efforts can add most value for their local communities, with particular emphasis on reducing inequalities.   Shetland's Partnership Plan therefore focuses on a small number of local priorities where we will make the most difference for our most vulnerable individuals, families and communities and by moderating future demand for crisis services.   Whilst all areas need to continue to deliver effective services for the Plan to work as a cohesive whole, the focus of activity for health and care will be 'People' and 'Participation'.

For the 'People' dimension, the focus will be on:

- Tackling alcohol misuse
- Healthy weight and physical activity and obesity
- Low income / poverty

For the 'Participation' part of the plan, activity will be centred on:

- Satisfaction with public services
- Community participation activity and impact
- People's ability to influence and be involved in decisions which affect them

The Health and Social Care partnership recognises its role in tackling health inequalities; that that there can often be invisible barriers to people being as healthy as they can be. On this basis, we work with partners to make services as accessible as possible to people; for example, providing space for Citizen's Advice Bureau and other financial management/debt services through our health centres throughout Shetland. We will build on this type of partnership working over the next year, increasing the level of social prescribing in order to help to prevent ill health, reduce further our rates of crisis management, and reducing the demands on public services.

36

What next – our plans for 2019-20

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."*

The Shetland Islands Health and Social Care Strategic Plan for 2019-2022 sets out the arrangements which we intend to put in place to reconsider the level and type of service that we can sustain. This reflects the funding available and recognises some specific issues around the recruitment and retention of staff to various specialist posts.   The overarching intent of our Strategic Plan is shown diagrammatically below.

37

The strategic change programme for 2019-20 is included below.

Whole Population Health	Integrated and Collaborative Working
• Mainstreaming self care / self management and early intervention and preventative services • Effective Prescribing	• Management of Long Term Conditions (eg Diabetes Pathway) • Unscheduled Care • Primary Care Improvement Plan
Enablers	
Leadership Workforce Development, Skills Mix and Recruitment and Retention Islands (Scotland) Act 2018 Technology Enabled Care Asset Based Approach / Realistic Medicine / Self Directed Support Stakeholder Engagement	

38

CASE STUDY - PODIATRY FOOTNOTES
By Chris Hamer— Podiatry Manager

"What's the point in asking for an appointment?
You'll have massive waiting lists like the rest of the NHS."
"There's no point in referring, you'll only have to wait ages to be seen."

The first comment came from a member of the public, while standing in the aisle of a supermarket. The second was from a healthcare professional regarding NHS Shetland Podiatry services.

They got the Podiatry service thinking:

- What is the public's and colleagues' perception of waiting times?
- What are the actual waiting times for NHS Podiatry Services in Shetland?
- What are the factors that affect our waiting times?
- What are we doing to assist our waiting times?
- What do our NHS colleagues know about Podiatry Services?

Podiatry like all other AHP services, contributes massively to the health and wellbeing of the Shetland population. The contributions made by podiatrists have been possible due to the hard work of the team, not only in isolation, but working together with and in multi-disciplinary teams. Continual service redesign, development, transformation, investment in workforce, disinvestment and redirection of resources and skills have enabled the podiatry service to increase their contributions. Not all service redesign has to be massive. Small incremental changes often bring about positive results for the Board, the service, colleagues and most of all service users. At every stage of change, podiatry has striven to explain to service users the benefits and reasons driving the change. Team members have taken on greater roles in the service and multidisciplinary teams. Skills have increased enabling seamless crossover with other services.

All Podiatrists can now directly refer to Medical Imaging (reducing GP/ANP referral and therefore freeing GP/ANP appointments). Podiatrists triage orthopaedic referrals to ensure only those patients needing orthopaedic intervention progress to orthopaedic clinics. Independent Prescribing by a team member reduces the patient journey and allows quicker pharmacological intervention.

39

Working with the Intermediate Care Team and the Falls MCN has had positive benefits. The instigation of the High Risk Foot Clinic in Outpatients at the GBH has allowed those most at risk to attend a speciality hub, where rapid access to podiatry and other relevant services and professionals is essential and available.

MSK Podiatry now regularly uses video technology while patients are in motion on the treadmill to assist in assessment, diagnosis and intervention. Podiatrists in Shetland continue to grow their contacts and working relationships with podiatry groups and individuals on the mainland.

In the recent past podiatry has transformed the way it works and how service provision is delivered.

Ongoing work at health centres, out with Lerwick, has shown that by providing treatments at the health centre in the morning and then visiting patients at home and in care centres in the afternoon, enables the service to be more responsive to treatment requirements. It also dovetails with NHS Shetland's drive to provide services at a local level. Redesigning and rationalising the minor surgery service within Podiatry has resulted in waiting times reducing by 30%. Further reduction in waiting times is forecast to continue into 2019.

Patients are able to self refer into the service. Self referral reduces the workload on GP, Practice Nurse and ANP services. All referrals to Podiatry are triaged by clinical staff. The Podiatry Assessment and Referral Matrix clearly indicates what the service does and doesn't provide to patients. This ensures that the referrals are relevant and sign-posted to the most appropriate clinician and/or clinic. New referrals and review MSK patients are contacted by letter to "opt in" to the service. Evidence indicates that this "opt in" method reduces DNA and CBP rates.

Podiatry administrative team members work tirelessly to match patients' appointments with patients' availability and maximise the clinician's time. Analysis indicates that the number and complexity of the service's caseload is within the range of other Scottish mainland NHS Podiatry services. Podiatry operates a robust but fair domiciliary policy, therefore reducing the number of time consuming home visits only to those truly in need of this service. Joint visits with community nursing teams, joint assessment with physiotherapists, case discussions with GPs, membership of the Falls MCN, Diabetes Advisory Group, Non Medical Prescribers Group, Tissue Viability Group and Otago programme input among others, allow Podiatry to increasingly provide a more holistic and multi-dimensional service.

Between November 1, 2017 and October 31, 2018 the podiatry service saw over 500 new patients. The Scottish Government's target is to have 95% of all AHP outpatient referrals seen within 18 weeks. The Scottish Government's target is to have 90% of new AHP MSK referrals seen within 4 weeks. The average waiting times for new NHS Shetland Podiatry patients from referral to treatment were:

- General outpatients – 3.4 weeks

40

- Podiatry MSK – 3.3 weeks
- High risk Foot Clinic – 3.4 days
- Podiatry DNA rates:
- New patients - 5.1 % (average Shetland NHS AHP rate – 6.5%)
- Return patients – 6.3% (average Shetland NHS AHP rate – 8.7%)

Podiatry continues to face challenges such as clinical facility availability, ageing population, increased expectation from the public, potential service fragility due to WTE staffing levels, accessing relevant training, government strategies and of course financial constraints.

Finally, a comment from a patient following their appointment:

"Following my diabetic foot screening by the Podiatrist, I now no longer feel afraid. I feel empowered, not only to look after my feet, but to make positive changes to my life style. The Podiatrist's knowledge and skill in describing how diabetes can affect my whole body was of great use. The Podiatrists do a lot more than I thought."

41

CASE STUDY - POST DIAGNOSTIC SUPPORT

By Clare Serginson

Audit of Post Diagnostic Support (PDS) Paperwork 2019: Results

As part of the PDS in Primary Care project, the provision of post diagnostic support (PDS) changed to a new model in Shetland in May 2018. The intervention is now co-ordinated through the Community Occupational Therapy service with a single PDS Practitioner working 35 hours per week and holding a caseload of clients receiving PDS.

The aim of this audit was to:

- Evaluate if this new model of PDS has improved the recording of the PDS intervention data.
- Evaluate if the current paperwork is appropriate to the task requirements.
- Evaluate the personal outcomes focus of the current system of PDS using the Essential 5 Bundle.

The main documents that make up the current paperwork for the service are:

1. Ongoing recording on the Swift electronic records system.

2. An outcome focussed care plan.

3. The national anticipatory care plan.

4. The Getting to Know Me document.

It was therefore within these four areas that the data was audited.

Audit numbers:

There were 32 client records included in the audit. These are all current clients on the PDS Practitioners caseload. Any clients closed since the new model started were not included. One client record was also excluded as they had declined to participate in the PDS process since referral. Of the 32 clients records, 8 of the outcome focussed care plans were chosen at random to complete the Essential 5 Bundle.

42

Results:

1.   Swift electronic records –

100% of all individuals had ongoing, relevant and up to date records of PDS visits, emails, phone calls and all other PDS interventions. This is a significant improvement as the previous audit demonstrated that only 21% of clients had fully completed notes.

 2.   Completion of Outcome focussed care plans:

A new document introduced as part of the new model has been an outcome focussed care plan. This document forms a record of the goals agreed in partnership between the PDS practitioner and the individual as they relate to the 5 pillars of dementia support. It also provides an opportunity for these goals to be updated and reviewed.

All individuals entering the service are offered an opportunity to create a care plan. Of the 32 clients, 4 have declined to create such a plan. However, 84% of clients now have an outcome focussed care plan and 3% of clients are working on one with the PDS practitioner.

 3.   Completion of Anticipatory Care Plan:

In the previous audit, only 31% of individuals had an ACP recorded.

At this current time 53% of clients have a completed ACP and 44% are working on their plan. When complete 97% of clients receiving PDS will have a ACP in place. The other 3% of clients have currently declined. However, this may be revisited during future PDS visits as for some clients, completing an ACP can be a difficult, emotional task that requires sensitivity in the timing and development.

 4.   Completion of Getting to Know Me –

Previously 26% of individuals had the Getting to Know Me document completed. At this audit this has only increased by 2 percent to 28%. It was also noted that most of the clients completing the Getting to Know Me had done so in the early months of the new model.

 5.   Essential 5 Bundle: When looking over the data in the last audit the use of the essential 5 bundle was swiftly abandoned as there did not appear to be enough rich quality personal outcome focussed data to use this tool successfully. Within this audit 8 outcome focussed plans were reviewed.

The bundle looks at 5 areas against which the plans are measured: the person at the centre of the plan; personal outcomes; if person has ownership of the plan; personal resilience; and that the plan is reviewed. There are 17 questions in the bundle.

Each of the 8 care plans reviewed scored 15 out of 17 demonstrating a high level of focus on developing the personal outcomes of each individual.   The format of the plans was developed with a consideration of the essential 5 bundle and this has been helpful in assisting the PDS Practitioner in facilitating outcome focussed conversations with the clients on their caseload. The paperwork therefore reflects the wishes, strengths and experiences of the individual named in the plan.

Areas for development:

- It is not always clear who has helped to develop the plan and when the creation of the plan started and ended.
- It is not explicitly stated who can amend the plan.
- None of the plans have yet been reviewed due to the youth of the service.
- The above areas will be reviewed with the PDS Practitioner.

Discussion:

-        Gaps in the data:

Unlike the previous audit no gaps were found in the data. All the information was saved securely on the network.

-        Accessibility of information:

Also unlike the previous audit, the PDS swift notes are accessible to other staff groups involved in the individual's care within social work. The creation of a referral process involving swift has increased the visibility of the PDS Practitioner to the wider social care team, increasing the scope of the role and the support that the practitioner can provide. In addition, with the consent of the individual or the power of attorney, the PDS Practitioner has been routinely sharing the ACP and care plan with the local primary care and social work teams. This ensures that this crucial information about the individual's long-term wishes is being utilised appropriately.

-        Different staff:

44

During the previous audit it was noted that having 21 different staff members completing the PDS role significantly impacted on the continuity and quality of the paperwork completed. It is clear from this audit that having an identified PDS Practitioner who is supported and supervised in this role significantly improves the quality and consistency of data produced. This would suggest a similar increase in the quality and consistency of the intervention provided.

-        Getting to know me:

This document has only been completed with 28% of clients. However, it is not clear that this needs to be considered an essential document as part of the PDS intervention. Having an open outcome focussed conversation allows the care plan and the anticipatory care plan to be completed as evidenced by their high levels of completion. The Getting to Know Me is useful to use with clients who are more reticent to speak and it gives the PDS practitioner another tool to use when needed. Its use will be monitored at the next annual audit.

-        Anticipatory Care Plan:

Before Christmas the PDS Practitioner asked for verbal feedback from clients and their families about their experience of filling in the new national ACP. The general consensus from clients and carers was that the form was quite a task to complete, repetitive and quite depressing to consider at an early stage of dementia. This had led several clients and families to refuse to complete it. It was therefore agreed to trial the use of the Key Information Sheet from the national ACP document. This gives enough information to be helpful for primary care practitioners and is sufficiently detailed but is not off putting. This has increased the uptake in completion of ACP's to its current level and will remain current practice.

Final Summary:

This audit provides clear evidence that the new model of PDS is providing significantly improved outcomes in recording, client support and outcome focussed care planning. 97% of clients have an ACP document completed or in progress. 100% of clients have contemporaneous records on swift.   The current paperwork appears to be providing sufficient guidance and direction to the outcome focused conversations that are key to the PDS intervention. Some small adjustments in the wording on the care plan form will improve this even further. It is therefore clear that employing an identified PDS Practitioner who is supported and fully trained provides better outcomes for clients, for the clinical governance of the service and is the most effective use of available resources.

CASE STUDY – COUNTERWEIGHT PLUS
By Stefanie Jarzemski — Deititian

The Scottish Health Survey 2012-2014 identified that 69% of the adult population in Shetland was overweight, above the national average.   The same survey identified that 33% of the adult population was obese. In 'Keep Well' checks carried out locally in 2015-16, 38% of those who had checks were overweight and 29% were obese. Average health care costs for people with a body mass index (BMI) of 40 (severe obesity) are estimated to be at least twice those for people with a BMI of 20 (within normal weight range).

The Counterweight Plus Programme combines a total diet replacement with a structured programme of food reintroduction and weight loss maintenance, behavioural therapy and anti-obesity medication. The programme is delivered by dieticians.

The Programme Objectives were set as:

- Two Counterweight plus programmes will be run.
- Ten (10) individuals will be targeted for starting the programmes; these will be selected in consultation with the Consultants at the Gilbert Bain Hospital.

Success will be measured in line with the published data as:

- 57% of patients continued to Weight Loss Maintenance (6 no.)
- Mean weight loss of 12.4kg
- Mean weight loss for those who continued to Weight Loss Maintenance of 14.7kg
- of all 10 patients who started 64% lost some weight (6 no.)
- 33% of all patients enrolled maintained a weight loss ≥ 15kg (3 no.)
- Plus reduction in demand for long term prescription costs, as well as community care costs.

The actual number of people participating was 8.   Of those 8, 1 person was unable to complete the programme and 7 were able to finish and all of them achieved positive outcomes.

The assessments to start the programme were appropriate and the reason for the drop out of one patient was unforeseen.

46

The Table below summarises the achievements of the programme as at November 2018.

Programme Objective	Target	Actual	Notes / Comments
No. Counterweight Plus Programmes	2	2	
No. Individuals starting programme	10	8	
No. Individuals completing programme	8	7	
No. Individuals who lost 'some' weight	6	8	
No. Individuals Achieved Weight Loss Maintenance	6	6	
Mean Weight Loss (Overall)	12.4 kg	21.1 kg	Based on 8 individuals starting
Mean Weight Loss (Weight Loss Maintenance Patients)	14.7 kg	25.6 kg	Based on 6 individuals completing the programme
No. Patients who maintained a weight loss of ≥ 15kg	3	5	
Reduction in prescribing costs	No target set	£5,865 pa[1]	For 4 patients
Potential savings from Bariatric Surgery	No specific target set	Estimated at potential future cost of £9,700 - £11,500	1 Patient - Surgery not booked so seen as avoiding future costs.
			2 Patients on list and going through assessment for Bariatric Surgery (not yet confirmed whether surgery will be required in future).

[1] SAVINGS:

1. £5,865 is for insulin reductions only in 4 patients, retrospectively calculating yearly insulin costs at the start (assuming same dose in preceding 12m), then prospectively calculating yearly insulin costs after intervention (assuming same dose for next 12m). This should only be seen in context of insulin and for the 4 patients it was calculated for.
   a. T2DM patients are already given relaxed criteria for entry as far as I'm aware (reduced BMI threshold >30, vs >35 for non T2DM).
   b. Would avoid using prescribing savings potential as criteria for inclusion, but that insulin dependent T2DM patients are likely to be higher risk and prioritised based on their morbidity burden.
2. Group savings are illustrated below (CHI linked prescription data), along with average saving per patient. If calculating change, compare Q1+2 2016 with Q1+2 2018 as there's some seasonality in prescribing costs. This is **calendar** year data, so Q1 is Jan-Mar.

47

COST PER PATIENT AVG (BARS) WITH GROUP COST OVERLAID (LINE)
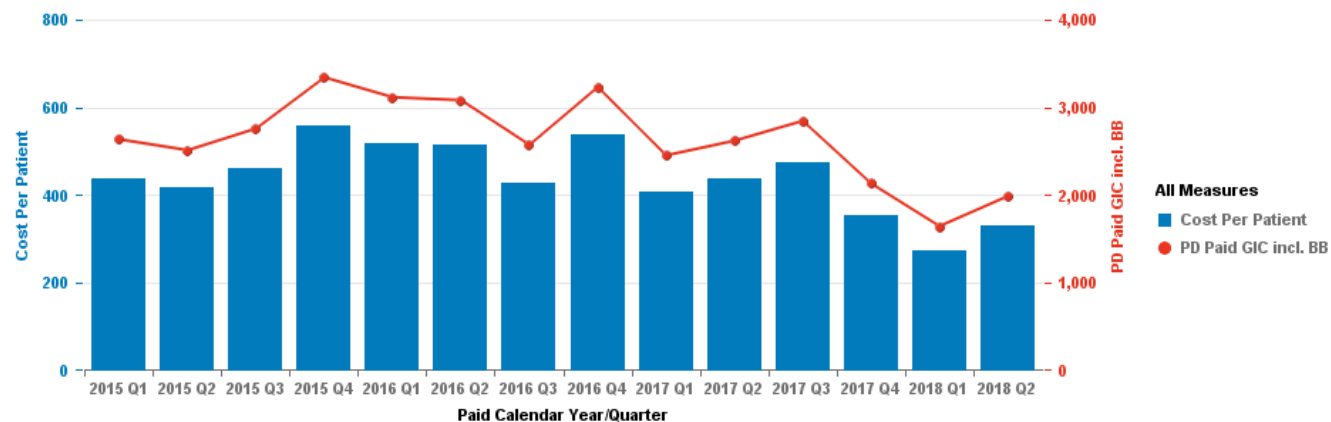
The progress which the patients have made can best be described by personal life / case studies.

Patient 1:

Before the programme started, the patient had a BMI of 55.2kg/m2 and intended to lose weight in order to be considered for surgery on his right knee due to the severity of pain. At this time, he has lost a total of 34.7kg and has a BMI of 39.8kg/m2 which is a significant reduction. He reports he no longer requires surgery for his knee at this time as the pain levels have significantly improved and he has also been discharged from physio. He also reports noticing a marked improvement in overall fitness levels including being able to cut the grass in one session within a couple of hours which would have previously taken two days of broken attempts to complete this in full.

Patient 2:

Before the programme started, the patient had a BMI of 48 kg/m2 and his weight was 153.7kg. Due to Counterweight Plus programme he was able to reduce his weight to 117kg and his BMI is now 36.5 kg/m2. His overall weight loss is 36.7kg. He is now able to do exercise and he could reduce blood

48

pressure, diabetes medication. His sleep apnoea has also improved.   His story was reported in the Shetland Times and is included at Appendix 3 for ease of reference.

One client was unable to continue with the programme after lack of compliance resulted in symptomatic malnutrition and it was deemed unsafe to continue with a very low calorie diet at this stage.

49

Case Study: Primary Care Pharmacy and Telehealth

By: Community Pharmacy

Introduction & Background

An 86 year old lady was referred to primary care pharmacy for medicines management assessment after arriving home having had a total knee replacement. Upon discharge, the lady was started on 7 new medicines. Most of the medicines were prescribed in an acute form to treat a short term issue, in this case:

- Dalteparin – Prevents DVT after being discharged
- Ferrous Fumarate – Iron to help increase haemoglobin after blood loss during her procedure
- Nefopam and Paracetamol – post –op pain management
- Laxido and Docusate – To help with constipation caused by the iron
- Ranitidine – Protect the stomach

Presenting Problems

1. **Compliance Issue**-According to her family, Mrs X has always been non compliant with her medicines, prior to her surgery she was only prescribed a once daily medicine for her blood pressure. She has also been referred to the dementia team to due memory problems.
2. **Lack of social care**- a referral was sent to the care at home team in that locality to provide medication visits to ensure this lady received her medicines , however this was quickly sent back by the service as an 'unmet need' due to limited resources.
3. **Pain** – pain was mainly from the wound and sight of operation, she was prescribed 2 medicines for pain but chose not take them.
4. **Anaemia**- as a result of the operation, this lady was anaemic and was feeling low and tired as well as in pain. She was prescribed iron which she chose not to take.
5. **Re-enablement**- due to her age, this lady was at risk of not improving after her procedure, she needed to be able to engage with OT once her pain was under control.

Aim:

We aimed to help enable Mrs X to be more compliant with her medicines in order for her to recover as quickly as possible after her operation. This was made difficult due to her memory problems, polypharmacy and general distrust that her medicines would improve her life.

50

Method:

An automated carousel Telehealth device was chosen. This is a locked device which the family fills with the prescribed medicines; it is programmed to alarm and pivot so the medicines for that dose only can be taken by the person independently.

Training and support was given to the patient's family member who was to take responsibility for filling and managing the device. This was done over a series of device fills with the Community Care Pharmacy Technician observing.

Results:

Six months later the Community Care Pharmacy Technician carried out a telehealth review with Mrs X and her family. By this point things had improved greatly; she was much brighter and happier than previously, she was mobile, driving her car, her pain was significantly improved and she was relatively independent with the support of her family.

As an added benefit to this case, we have managed to save £4,712.15 per year (less the cost of the device and sundries) in the originally proposed social care visits for this lady with the introduction of the telehealth device and support from the Primary Care Pharmacy Team.

51

Case Study: 'Caring for Bressay'

By: Community Nursing

The 'Caring for Bressay' Health and Care Project is jointly sponsored by Bressay Community Council and Shetland Health and Social Care Partnership. The project is looking at the health needs of its resident population and the provision of health and social care services on the island.

The Island of Bressay, which has a population of approx 320 people, is a non-doctor island that was previously served by a resident nurse who was the first point of contact for all healthcare needs on a 24/7 basis. Bressay, however, has experienced a recent turnover in resident nursing staff, with the most recent postholder resigning from the position in 2017, having ceased to provide a service on a residential basis to islanders from July 2017.

Additional issues and challenges have been identified with working in non-doctor island posts, such as professional isolation, changes in career structure and expectations, as well as living in remote communities and difficulties maintaining a work-life balance, on call and Working Time Directive challenges are all acknowledged as additional drivers for change. Over the same time period, in addition to the difficulty experienced in recruiting and retaining individual nurses in this post, the NHS Board also received various expressions of concern over the service provided. Due to recruitment challenges, and subsequently through the travel challenges posed by sending care staff from Lerwick, difficulties have also been experienced in the provision of social care services to residents on Bressay.

A Project Board was formally established in 2018 comprising of Bressay Community Council reps, Chief Nurse (Community), Service Manager (Primary Care), Practice Manager (Lerwick Health Centre, covering Bressay), Advanced Nurse Practitioner, Executive Manager Community Care Resources, voluntary/third sector rep, carers rep, Elected member (Shetland Islands Council), Community Planning and Development Officer, Scottish Health Council Local Officer (with guidance and support received from the Service Change Advisor as and when needed), SAS rep, Scottish Fire and Rescue Service rep, NHS 24 rep.

During 2018 regular Project Board meetings have taken place to look at the health and care provision for Bressay residents. In addition, discussions have focused on possible approaches to use to engage with the island residents.

The following activities have been undertaken:-

•   A service information leaflet was jointly produced by the Health and Social Care Partnership and Bressay Community Council and delivered to each household on the island of Bressay.

52

- A public survey was conducted by way of a questionnaire that was jointly developed by the members of Bressay Community Council and the Health and Social Care Partnership, with input from the Scottish Health Council. Seventy four responses were received which was a response rate of 41% of households. The questionnaire displayed both the logos of the Community Council and the HSCP to illustrate that this project is being carried out in partnership.

- An Open drop in session for the residents of Bressay was held in September, this was jointly planned and hosted by the Community Council and the HSCP staff. This was an opportunity to share information about the project to date including some of the feedback received so far from the survey. It also provided residents with an additional opportunity to have a say. A number of information stalls provided information to islanders about the many services available. The session also introduced Ketso and invited people to sign up to the Ketso session that was being held later that month. Fifty people attended the drop in session, feedback received was very positive.

- A follow up Ketso session took place , jointly hosted by the Health and Social Care Partnership and Bressay Community Council. The Scottish Health Council facilitated the Ketso session along with Health and Social Care Partnership staff. Seventeen participants attended, with Ketso being well received.

- Action Planning sessions are now in place.

The Project Board is continuing to meet to review the findings of all of the engagement activities that took place.

A new service model is currently being developed by the Project Board, which will be circulated to the wider Bressay community to seek their views. The final model will then be presented to the Integrated Joint Board for approval.

It is hoped that the engagement model that has been developed through undertaking the 'Caring for Bressay' project will be used elsewhere across Shetland. It is currently being considered by another outer island Community Council and an invitation has been sent for members to attend a 'Caring for Bressay' Project Board meeting to witness the joint approach this project has had from the start.

53

Appendix 1, Performance on Health and Wellbeing Outcomes

Indicator	Shetland Current	*Shetland* Previous	+/- Shetland	*Scotland* *Current*	+/- Scottish Rate
1. Percentage of adults able to look after their health very well or quite well. (2017-18)	94%	95%	-	*93%*	+
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. (2017-18)	78%	78%	=	*81%*	-
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. (2017-18)	75%	81%	-	*76%*	-
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. (2017-18)	72%	60%	+	*74%*	-
5. Percentage of adults receiving any care or support who rate it as excellent or good. (2017-18)	86%	85%	+	*80%*	+
6. Percentage of people with positive experience of care at their GP practice. (2017-18)	83%	89%	-	*83%*	=
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (2017-18)	83%	84%	-	*80%*	+
8. Percentage of carers who feel supported to continue in their caring role. (2017-18)	41%	54%	-	*37%*	+
9. Percentage of adults supported at home who agree they felt safe. (2017-18)	80%	79%	+	*83%*	_
11. Premature mortality rate (per 100,000 population) (2017)	323	289	-	425	+

54

Indicator	Shetland Current	Shetland Previous	+/- Shetland	Scotland Current	+/- Scottish Rate
12. Rate of emergency admissions for adults. (per 100,000 population) (2017-18)	10,350	10,011	-	12,183	+
13. Rate of emergency bed days for adults. (per 100,000 population) (2017-18)	65,137	72,509	+	123,035	+
14. Readmissions to hospital within 28 days of discharge. (per 1000 population) (2017-18)	69	69	=	102	+
15. Proportion of last 6 months of life spent at home or in community setting. (2018-19) (provisional)	94.2%	96%	-	89.2%	+
16. Falls rate per 1,000 population in over 65s. (2017-18)	18	21	+	22	+
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. (2017-18)	88%	94%	-	85%	+
18. Percentage of adults with intensive needs receiving care at home. (2016-17)	74%	73%	+	61%	+
19. Number of days people spend in hospital when they are ready to be discharged. (per 1,000 pop) (2017-18)	505	528	+	762	+
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. (2017-18)	14%	15%	+	25%	+

Note: using latest available data; some national surveys are only undertaken every 2 years.

55

Appendix 2, Infographic

INTEGRATION JOINT BOARD REVIEW OF THE YEAR 2018/19

OUR PERFORMANCE MATTERS

1,127 Anticipatory Care Plans in place

81.9% of P1 children free from dental decay

7 people waiting to register with Public Dental Service for ongoing care

1,375 nights people spent in hospital when they did not need to - **UP FROM 1,103 PREVIOUS YEAR**

59.3% of people waited 18 weeks or less from referral to treatment for **Psychological Therapies**

1,762 hours of personal care at home delivered to **254** people every week

211 hours of domestic care at home delivered to **154** people every week

100% of early supported discharges had no readmission in 30 days supported by the Intermediate Care Team

30 days

714 people have Technology Enabled Care in their home to help keep them safe

30.9% of adults with a learning disability are in some form of employment - **highest in Scotland**

32.3% of people with learning disabilities undertake some form of education - **highest in Scotland**

94.2% of last 6 months of life spent at home or in a community setting - **highest in Scotland**

58 people accessed **Self Directed Support**

153 **Alcohol Brief Interventions** delivered a decrease from previous year

	NHS Shetland	Shetland Islands Council
	Shetland NHS Board	**Shetland Islands Council**

Meeting(s):	NHS Board Integration Joint Board (IJB) Policy and Resources Committee Shetland Islands Council	21 June 2019 27 June 2019 2 July 2019 3 July 2019
Report Title:	Performance Management Framework 2019-2024	
Reference Number:	CC-24-19-F	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland on behalf of Simon Bokor-Ingram, Chief Executive NHS Shetland, Christine Ferguson, SIC Director of Corporate Services and Jo Robinson, Chief Officer of the IJB	

1.0 Decisions / Action required:

1.1 That the NHS Board and Integration Joint Board RESOLVE to APPROVE the Performance Management Framework 2019-2024, at Appendix 1, for implementation; and

1.2 That the SIC Policy and Resources Committee RECOMMENDS that the Council also APPROVES the Performance Management Framework 2019-2024 for implementation, and that it replaces the Commissioning and Procurement Framework 2016-2020 in the Council's Policy Framework contained in Part A of the Constitution, to be managed by the Policy and Resources Committee.

2.0 High Level Summary:

2.1 The Performance Management Framework has been developed jointly with the NHS Board, Shetland Islands Council and the IJB. It is part of the 'commissioning cycle' which seeks to provide good evidence to ensure that services are prioritised, designed and delivered to meet need. The overall purpose of recording and reporting on performance is to use that evidence to deliver good quality services, and to improve how we do things.

2.2 This work forms part of the Business Transformation Programme which aims, "to implement a range of measures that will revolutionise how we work with and for our community, responding to and anticipating a digital cultural paradigm". This policy is part of one of the workstreams, the objectives of which are to:

a) develop and implement a new Planning and Performance Management Framework (PPMF) for the Council in partnership with NHS Shetland (this Report);
b) review Public Performance Reporting (PPR) arrangements; developing a comprehensive system for publishing information making it accessible to everyone in our community;
c) review SIC complaints handling; making sure that the Council's system can work collaboratively with those of partner agencies, ensuring a seamless approach to any complaints involving more than one agency; and
d) develop a system for ensuring lessons learned are shared as part of a wider systematic approach to using all available data, information and practice based evidence to inform decision making and to support our strategic aims and our development as learning organisations in the wider Shetland Partnership.

2.3　To be able to describe in a clear, concise and cohesive way to all our stakeholders how services are performing is part of the 'contract' we have with our community - to describe the outcomes for public services from the investment in taxation at a local level.   It is an integral part of working a 'best value' management system.   The benefits from adopting the framework will include:

- improved outcomes for customers through better informed planning and decision making;
- continuous service improvement, learning from experience and from our mistakes so ensuring Best Value;
- open, transparent approach to our accountability to the public, building confidence in public services; and
- better, more timely production of information required for public scrutiny of performance.

2.4　Monitoring performance is much broader than checking a suite of performance indicators on a regular basis. In essence, it is part of the culture of any organisation where: employees feel empowered; there is widespread management by fact; our plans reflect our organisational capability; and continuous improvement is achieved (and able to be demonstrated).   This organisational wide approach to performance will rely on good information from a range of sources, such as: the views of our service users; the views of our staff; external audits and inspections; management accounts; action / improvement plan progress reports; case studies; peer group review and comparisons with 'best practice' leaders in each field of operation, as well as the normal suite of performance indicators on activity, achievement and outcomes.

2.5　By doing it on a 'Once for Shetland' basis, there is an opportunity to provide consistency in approach and provide a clear focus on improving outcomes, which is in line with the principles of the Shetland Partnership Plan. The approach helps to ensure that decisions are evidence based and it will support a culture of continuous improvement.

2.6　The draft framework is built on:

- a focus on reporting on delivering outcomes and strategic objectives;

- the large set of performance indicators being readily and openly available to all; and
- performance data encompassing a wide range of information, beyond performance indicators, in support of strategic objectives.

2.7　In line with the principles of the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, where possible the indicators will be made readily available for interrogation by anyone who wishes to use the data. Where possible, links will be provided directly from source to avoid duplication of input and analysis.

2.8　The Performance Management Framework builds on and will replace the Commissioning and Procurement Framework 2016-2020.

3.0	Corporate Priorities and Joint Working:

3.1　In November 2014, the Council and the Health Board agreed that:

"..the committees, sub-committees and governance groups that are needed for the Body Corporate should all be joint, looking at all the business of the Council and the (Health) Board unless there is a specific reason why this cannot be done e.g. legal impediment".

"......we should seek to learn from the practices across the organisations involved in the partnership with a view to developing models of best practice that wherever possible, would apply to all activities across the Council and the Health Board."

3.2　This policy framework has therefore been developed under the principles of 'Once for Shetland' and will support the delivery of the key strategic partnership documents, including the Shetland Partnership Plan.

3.2　The framework will help with taking an 'outcomes' based approach, focusing on key areas of improvement as well as providing a mechanism for assurance that ongoing service delivery is performing as expected.

4.0	Key Issues:

4.1　The Draft Performance Framework sets out an opportunity to move towards a more outcomes focused approach.   The current performance reporting arrangements are inconsistent in approach and can support discussions on inputs, rather than achievement.

4.2　By making all the performance indicators readily accessible, as they become available, any stakeholder can get that information whenever they require it.

4.3　From a governance perspective, it allows a degree of separation from those who oversee performance from those who are responsible for delivery.

4.4　Measuring outcomes and the performance indicators that support delivery are both important.   The Draft Framework describes a situation whereby, over time, the focus of formal reporting will move towards an outcomes based approach, as shown diagrammatically below.
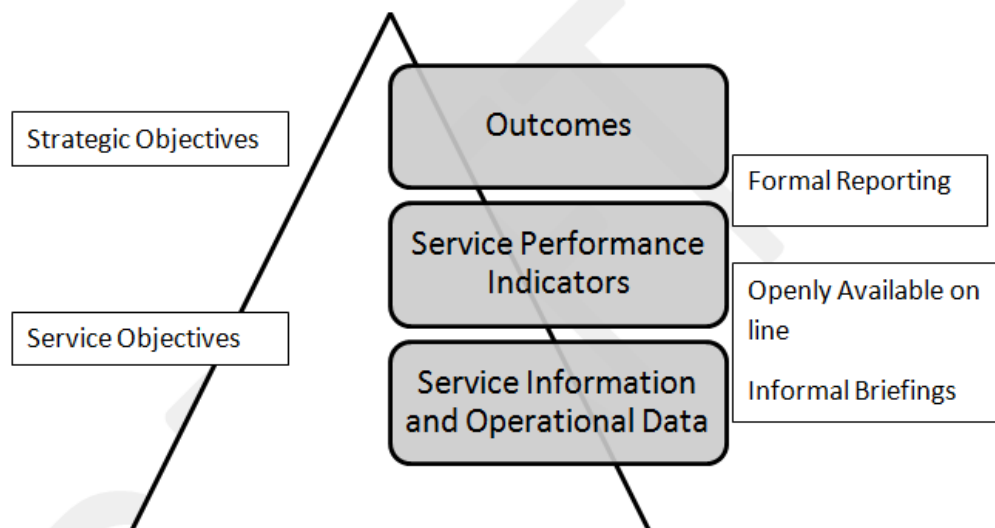
4.4   If the policy framework is approved, the next stage will be to move to the implementation stage, supported by the formal project management arrangements already in place through the Business Transformation Programme Board.

5.0	Exempt and/or confidential information:

5.1   None.

6.0	Implications :

6.1 Service Users, Patients and Communities:	The purpose of effective performance management is to deliver better quality services for the people of Shetland. This framework sets out how NHS Shetland, Shetland Islands Council and the IJB will demonstrate that they are achieving that.
6.2 Human Resources and Organisational Development:	Human behaviour and reaction to performance information is a key element of the successful implementation of the framework. It is considered that, 'good performance management motivates people' and the framework describe how this requires strong leadership to create the right environment for teams to excel and where success is celebrated and challenges are tackled in a positive way. If approved, the next stage of the work will be for the Project Team to work with individual services to explore how best to implement the framework.
6.3 Equality, Diversity and Human Rights:	None.
6.4 Legal:	Best Value provides a common framework for continuous improvement in public services in Scotland, and is a key foundation of the Scottish Government's Public Service Reform agenda. 'Accountable Officers' have a specific responsibility to

	ensure that arrangements have been made to secure Best Value. The duty of Best Value in Public Services is as follows: - to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance; and - to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.
6.5 Finance:	All Best Value Accountable Officers are required to comply with the duty of Best Value placed upon them and for promoting the efficient and effective use of staff and other resources. There is also a requirement to have a sound evidence base for decision making. The data on outcomes, outputs and performance supports an evidence based approach to service models and option appraisal, on an ongoing service delivery and project specific basis. There is an opportunity to save significant staff time from avoiding duplication of effort in inputting and analysing numerous indicators. Any time released can be utilised in support of developing an outcomes based approach and supporting specific projects. It may, in time, be possible to save the cost of maintaining a specific performance management system by moving towards common products (eg word and excel). This will be explored more fully in the implementation stage.
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	Shetland Islands Council operates the key system for performance monitoring and reporting, called Pentana. There is a shared contractual arrangement with NHS Shetland to use that common platform. There is scope for the new arrangements to be supported by using commonly available systems (eg word and excel) which may, in time, negate the need for a specific system to be maintained.
6.8 Environmental:	None.
6.9 Risk Management:	The risk of not progressing with the Performance Management Framework is mainly around not being able to continue to embed best value principles into public sector bodies' day to day business practices. The alignment of staff motivation and positive performance management is acknowledged and approval of this approach will support staff to focus on continuous improvement and to deliver a needs based approach to service delivery.

| 6.10 Policy and Delegated Authority: | The Integration Joint Board (IJB) assumed responsibility for the functions delegated to it by the Council and the Health Board and has an ongoing assurance remit around outcomes and improvement projects.

The NHS Board's remit includes ensuring performance against strategic objectives and to drive a culture of performance.

In accordance with Section 2.2 of the Council's Scheme of Administration and Delegations, the Policy and Resources Committee has reserved authority to ensure the effectiveness of the Council's planning and performance management framework. The Committee has referred authority for developing and recommending the overall framework of strategies contained in the Policy Framework. Therefore this report is presented to Policy and Resources Committee for approval. However, the Council has reserved authority for the adoption of any plan which is part of the Policy Framework. |
|---|---|
| 6.11 Previously considered by: | None |

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27 May 2019

Appendices:

Appendix A: Draft Performance Management Framework 2019-2024

Background Documents:

Shetland Islands Council Commissioning and Procurement Strategy
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19165

NHS Shetland Performance Management Strategy 2009-2014
https://www.shb.scot.nhs.uk/board/policies/PerformanceManagementStrategy.pdf

Shetland NHS Board	Shetland Islands Council

DRAFT Performance Management Framework

2019- 2024

Review Date: 2024

Document Control

Date	Version	Contents	Author
30/01/2019	1.0	Amended NHS Performance Management Policy (Draft) to be joint Performance Management Framework with Shetland Islands Council. Created as a higher level strategic framework, from which detail for each organisation can be added.	Hazel Sutherland
19/03/2019	1.1	Inclusion of new section on Stakeholders	Hazel Sutherland

1

Contents	Page

References:

Shetland's partners delivering for outcomes Commissioning and Procurement Framework, 2016 – 2020
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19165

National Performance Framework
https://nationalperformance.gov.scot/

Shetland Partnership Plan 2018- 2028
https://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf

Kings Fund: Measuring the performance of local health systems: A review for the Department of Health
https://www.kingsfund.org.uk/publications/measuring-performance-local-health-systems

Canterbury (New Zealand) Health System Outcomes Framework
http://ccn.health.nz/Resources/OutcomesFramework.aspx

2

Developing a Performance Management Framework

This Framework has been developed jointly by Shetland Islands Council and NHS Shetland, under the principle of developing policies on a 'Once for Shetland' basis.

Setting out clearly how services are performing is an integral part of our contract with the population that we serve.   We need to communicate clearly what we are aiming to achieve, and why.

This policy document builds on the "Shetland's partners delivering for outcomes Commissioning and Procurement Framework, 2016 – 2020"[1] which was approved in April 2016.

The Commissioning Cycle

The Performance Management Framework is part of the Procurement and Commissioning process.

An essential part of commissioning and procurement is the requirement to continually monitor results and assess local needs. This ensures that services are prioritised, designed and delivered to meet those most in need, and in line with local and national strategies.

The commissioning cycle ensures that services are needs based, address local priorities and that change is implemented as and when required. Outcomes must be closely monitored and evaluated, and information gained from service users, stakeholders and the local community on an ongoing basis.

The following diagram illustrates the commissioning cycle:

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[1] http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19165

3
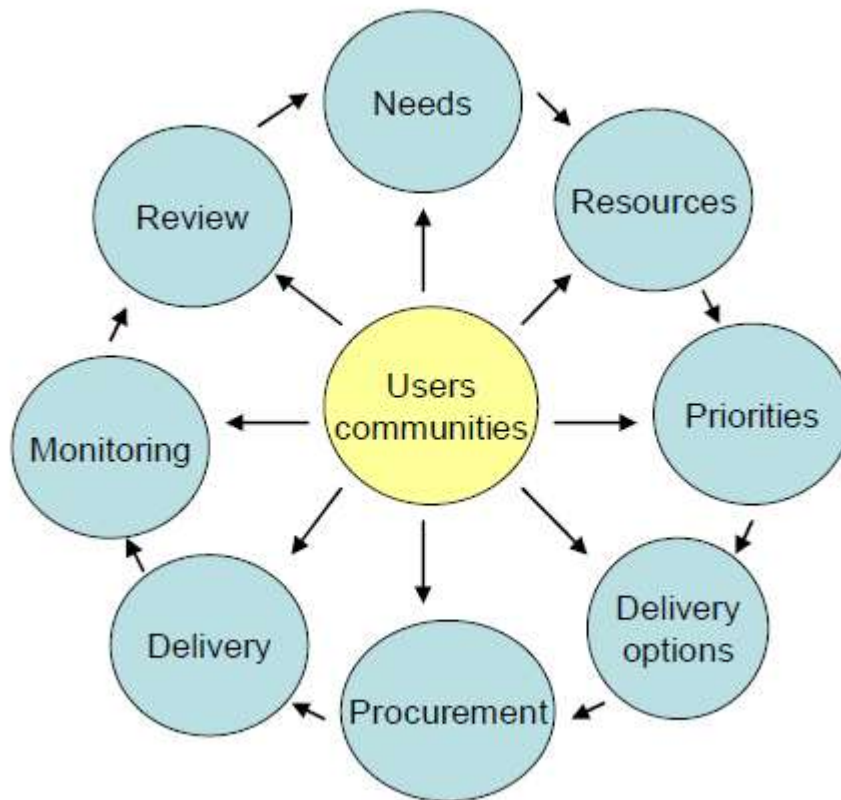
The commissioning process seeks to ensure that we use all the resources at our disposal (staff, assets, information, etc) to best meet people's outcomes.

The process has five key stages:

- assessing and forecasting needs
- linking investment to agreed outcomes
- considering options
- planning the nature, range and quality of future services
- working in partnership to put these in place

as shown in the diagram below.
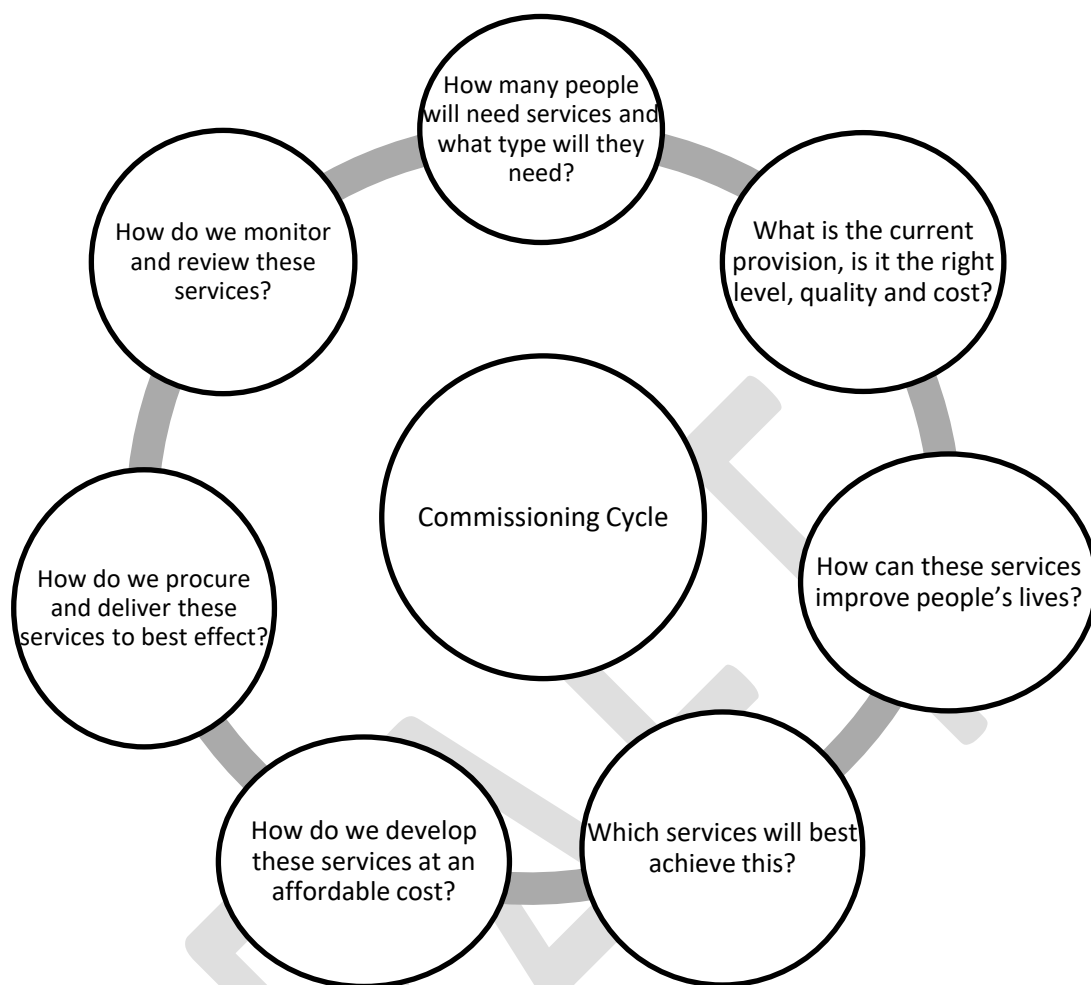
The Planning and Performance Framework puts in place the management information to answer the questions posed by the commissioning cycle. It helps decisions to be evidence based, and supports a culture of continuous improvement.

The overall objective is to commission services to meet outcomes so it is essential that performance data is available to demonstrate that those outcomes are being achieved.

A detailed diagram of the Commissioning Process for Health and Care Services is included at Appendix 1.

Purpose

The purpose of Performance Management is to deliver better quality services for the people of Shetland. The Performance Management Framework sets out how NHS Shetland and Shetland Islands Council will achieve that.

5

The performance management arrangements will demonstrate how each organisation is:

- meeting its corporate objectives;
- meeting, or working towards meeting, government targets;
- achieving planned outcomes;
- making sure services are performing as expected;
- able to identify areas for improvement;
- helping staff to see how they contribute to strategic objectives;
- managing corporate risks, within a controlled environment;
- listening to feedback from service users, stakeholders and partners; and
- achieving value for money.

The focus will be on two key dimensions:

- assurance and scrutiny; and
- identifying and managing continuous improvement.

Performance management is not restricted to only considering performance indicators but it will also include, for example, action plans, surveys, management accounts, internal audit recommendations and quality reports, all of which help to assess progress against a particular organisational objective.

In order to have effective performance management, each organisation will:

- prioritise and set clear objectives;
- communicate those objectives to staff and the wider community;
- track and communicate whether or not these objectives are being achieved; and
- take action to ensure that the objectives are being met.

Effective performance management requires good management processes and an organisational culture that integrates performance into the day to day work of front line staff and managers to support a culture of continuous service improvement.

Context

There are significant challenges ahead for public sector organisations as the drive for continual productivity and efficiency continues. Shetland's public sector has high aspirations for delivering sustainable, quality services. The Performance Management Framework will set out how we will go about achieving that, and the performance reporting structure will measure it.

Being held in high esteem as an organisation is motivating for staff, and highly motivated staff deliver excellent services. Strong organisations are able to make a difference within communities and to work positively with other statutory and

6

voluntary agencies. Strong organisations can focus on developing services rather than having to be defensive and reacting to internal deficiencies.

Terminology

In order to provide a common understanding of what is meant by the terms used, the following definitions are provided.

Objective	<u>What</u> we want to happen
Outcomes	<u>What tangible difference</u> will be made to people and the community
Baseline	<u>Where</u> we are starting from
Target	<u>By how much or how quickly</u> we expect to achieve the objective
Performance Measure / Indicator	A measure which tells us <u>whether we are improving and/or have reached the target</u>

Overview

The measurement of performance is an important part of the management of all public services.   Counting activity is relatively easy but measuring outcomes for the well being of society or for the quality of people's lives is more difficult. Nevertheless, there is a need to seek ways of demonstrating that public money has been put to good use and that services are improving.

Performance management is defined as taking action in response to actual performance to make outcomes for users and the public better than they would otherwise be.   Performance management is therefore an integral part of service delivery as it helps to plan, monitor and seek improvements.

Individual members of staff need to know what is expected of them, and what part they play in the overall success of the organisation they work for. Effective performance management is about being positive and helping individuals to really excel at what they do best.

There is a need to demonstrate that organisations are delivering services that meet needs. Performance management information give organisations a way of making decisions about where to focus resources to best meet need. Over time, performance management allows relative measurement to be made so that improvements can be evidenced. It can also identify areas where extra effort is needed to achieve agreed improvements.

Services are funded by tax payers so there is a need to show that every pound counts towards delivering services. Each organisation should operate as efficiently

7

and productively as possible and apply as much resource as possible to front line services.

At government and at local level, working in partnership is seen as a way of achieving better and more joined-up services. As partnership working develops, ways of measuring success across organisational boundaries becomes ever more important.

The community planning arrangements, through the Shetland Partnership, has in place a Plan to address issues which require a shared approach. All these arrangements require us to manage performance across organisational boundaries and we do that by focusing on outcomes, and how we are contributing to improving people's lives. There is a particular focus on tackling inequality and taking measures to ensure that everyone who lives here is able to have the same opportunity of access to services and facilities.

In summary, performance management is important because:

- If we do not measure results, we cannot tell success from failure.
- If we cannot see success, we cannot reward it.
- If we cannot reward success, we are probably rewarding failure.
- If we cannot see success, we cannot learn from it.
- If we cannot recognise failure, we cannot correct it.
- If we can demonstrate results, we can win public support.
- What gets measured gets done.

The Performance Management Framework is built on the following underpinning principles:

- Focus: on an organisation's aims and objectives.
- Outcome driven: that is what is important to the end user.
- Appropriate: to, and useful for, the stakeholders who are likely to use it.
- Balanced: giving a picture of the main areas of the organisation's work.
- Robust: in order to withstand organisational changes or individuals leaving.
- Integrated: into the organisation's business planning and management processes.
- Cost effective: balancing the benefits of the information against the costs.
- Evidence Based: based on good quality data and interpretation.
- Support a culture of continuous improvement: learning from good practice elsewhere.
- Transparent: objective and readily accessible to user and the public.
- Comprehensive: able to cover the whole organisation.
- Owned: everyone must accept a role in managing performance and take action to ensure improvement.
- Data Normalisation: a systematic approach minimise the steps in data handling to eliminate unnecessary steps and maintain data integrity.

8

The system needs robust performance indicators with the following general characteristics:

- Relevant: capturing success in one of the organisation's objectives.
- Avoids perverse incentives: discourages unwanted behaviour.
- Attributable: clear where accountability for the measure lies.
- Well-defined: unambiguously defined and easy to understand.
- Timely: data is produced quickly and regularly enough to be useful.
- Reliable: accurate enough for its intended use and responsive to change.
- Comparable: allows comparisons with others, and over time.
- Verifiable: the processes producing the data can be validated.

Strategic Framework

Organisations are required to report performance against national targets set by the Scottish Government and through local planning arrangements such as the Shetland Partnership Plan and service specific strategies.

The key plans against which performance will be measured are:

- the National Performance Framework
- the Shetland Partnership Plan
- Shetland Islands Council Corporate Plan
- Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan

The National Performance Framework[2] is based on 11 Outcomes and 81 Indicators, as shown in the 'daisy wheel' diagram below. These national outcomes describe a situation where people:

- grow up loved, safe and respected so that they realise their full potential
- live in communities that are inclusive, empowered, resilient and safe
- are creative and their vibrant and diverse cultures are expressed and enjoyed widely
- have a globally competitive, entrepreneurial, inclusive and sustainable economy
- are well educated, skilled and able to contribute to society
- value, enjoy, protect and enhance their environment
- have thriving and innovative businesses, with quality jobs and fair work for everyone
- are healthy and active
- respect, protect and fulfil human rights and live free from discrimination
- are open, connected and make a positive contribution internationally
- tackle poverty by sharing opportunities, wealth and power more equally

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[2] https://nationalperformance.gov.scot/

9

The Shetland Partnership Plan for 2018- 2028[3] has recently been approved.   The shared vision of the Shetland Partnership is,

> "Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges."

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[3] https://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf

10

The shared priorities are:

People   Individuals and families thrive and reach their full potential

Participation People participate and influence decisions on services and use of resources

Place   Shetland is an attractive place to live, work, study and invest

Money   All households can afford to have a good standard of living

The agreed outcomes are:

- The Shetland Partnership will be a successful partnership – between public agencies and with communities – helping to deliver improved outcomes for people across the Isles
- Communities will feel empowered and the majority of people in Shetland will feel more able to influence the decisions that affect them and have a strong understanding of how and why decisions are taken
- Staff from across the Shetland Partnership will be actively seeking to involve communities in decision making and service delivery, including identifying and involving those who do not often have their voices heard
- The number of disadvantaged people and households in Shetland will be considerably reduced as a result of people being enabled and empowered to address the issues they face and helping others to thrive in the same way
- The Shetland Partnership will be prioritising prevention and working with households and communities to provide innovative solutions to the issues they face
- Shetland will continue to be a safe and happy place, with more people feeling connected to their communities and benefitting from living in good places and keeping active
- People will be accessing employment, education, training and services in innovative ways designed to minimise the barriers to involvement for all
- Shetland will be attracting and retaining the people needed to sustain our economy, communities and services
- Communities will be actively involved in shaping their own future resilience, creating positive places that are economically, socially and environmentally sustainable
- Everyone will be able to access the support they need to maximise their income potential; including innovative, flexible and entrepreneurial employment opportunities throughout Shetland
- Everyone will be able to access the support they need to minimise their outgoings with low income households benefitting from reduced bills

11

- National governments will understand the additional costs for essential items for householders in Shetland reflecting this in welfare payments and other relevant schemes
- Communities will be empowered to provide innovative solutions and support to help people maximise their incomes and minimise their outgoings from the support available

A broad range of indicators have been developed to measure progress against these outcomes.

Stakeholders

Each stakeholder will have a different need in terms of the performance information they require.

A 'Best Value' approach supports public sector organisations to use performance data as a tool for staff to continuously improve the services they provide to users and communities. The system also supports organisations to use public performance reporting to ensure that its communities, citizens, customers and other stakeholder are aware of what services are in place, what standards can be expected and what plans there are for improvement.

The main principle behind freedom of information legislation is that people have a right to know about the activities of public authorities, unless there is a good reason for them not to. This is sometimes described as a presumption or assumption in favour of disclosure.

By holding performance information on web-sites, or other accessible mechanisms, in an open and transparent way, we will allow direct access to data from any stakeholder, without presumption of our need to understand why they are interested in the data. This approach may reduce the investment required in responding to routine Freedom of Information requests. However, we will ensure that other mechanisms are available in order not to discriminate those within our community who do not have access to, or use, digital technology.

Stakeholders who have a governance and assurance role will tend to assess performance data from an outcomes, risk, resources and timescale perspective. As decision makers, they will require robust evidence in option appraisals to support effective decision making and wise use of resources.

Stakeholders who have direct managerial responsibility to deliver projects or service improvement will need detailed information to make sure that they can oversee the actual delivery of the project or improved performance.

12

The wider community will be supported with access to a wide range of performance data to help to hold public services to account.

The Scottish Government and Audit Bodies will need to see that we are meeting the requirements of the Best Value legislation and reporting on national performance data.

Unless there is a reason to withhold, the data will be made publically available for access by all stakeholders. There will no presumption as to the level of detail which stakeholders will be interested in. The framework will build a 'hierarchy' of performance information, from summary data to links to detailed reports and other information on specific services or topics.   This will include links to formal decision making reports, if required.

A list of some of the stakeholders which the framework will support is included below.

- Councillors and Non-Executive Board Members;
- Chief Executives;
- Senior Managers / Directors;
- Communities, of place and of interest;
- Community groups
- Citizens, taxpayers
- Service Users, patients – actual and potential;
- Staff;
- Staff representative groups;
- Managers;
- Auditors;
- Inspectors;
- Scottish Government;
- Professional Advisory Bodies;
- National Agencies;
- Peer organisations;
- Etc.

Information which is of interest to our stakeholders will be made available on an ongoing basis and need not be restricted to decision making points.   Managers will work closely with communications teams to get messages well framed to be easily understood.   A variety of tools and techniques will be used, including briefings, video clips, info-graphics, presentations, frequently asked questions, etc.

Projects can be supported by detailed communications and engagement plans, with clear stakeholder analysis and methods identified.

13

Accountability and Roles and Responsibilities

Whilst it is everyone's job to manage performance, it is the role of each organisation to drive a culture of performance by providing a clear vision and corporate objectives, holding the responsible officers to account for delivery of priorities and objectives.

The broad remit and responsibility of the decision making entities - the Council, Board(s) and Committees - is set out below.   Holding staff to account through an outcomes based approach is a key element of the continuous cycle of improvement.

Entity	Responsibilities
Shetland Islands Council / NHS Board	- Agreement on Strategic Plan and objectives - Drive a culture of performance - Ensure performance against strategic objectives - Review performance; challenge and problem solve actions being proposed to address problems - Address cross-functional issues - Adjust resource inputs to meet priority targets / measures
Integration Joint Board and Service Committees	- Agreement on Strategic Plans and Objectives - Drive a culture of performance - Ensure performance against Strategic Objectives
Audit Committees	- Ensure that arrangements in place to provide assurance to the Accountable Officer in relation to Best Value (of which performance management arrangements are one component)

14

Staff are key to creating a performance culture and the responsibilities are set out below.

Staff	Responsibilities
Chief Executives	– Overall statutory responsibility for safety, governance and performance management – Lead the cultural approach to performance
Directors	– Responsibility for driving forward the development of and embedding performance management arrangements in their area of service. – Ensuring compliance with the Performance Management Framework – Reporting on performance and being held to account by respective Committees / Boards.
Relevant Support Services	– Responsibility for the maintenance of systems and collection and presentation of performance data.
Managers	Managers will: - provide clear support for continuous improvement - Provide clear direction for change management projects and expected outcomes - encourage a culture where staff feel comfortable in challenging current practice - encourage staff to share knowledge and learn from others - identify good practice, where the sharing of information is not left to chance but is proactively managed
All staff	– All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action.

Creating a Performance Management Culture

Each organisation will promote a performance management culture and will:

- actively support continuous improvement; and
- monitor and control its overall performance.

Where services:

- have a broad range of performance measures in place that covers all key services
- actively develop measures to support continuous improvement

15

- learns from others
- uses trend information to help assess how the services are changing
- make sure that staff have the time and opportunity to review their performance and take part in improvement activities
- uses evidence from performance measures to change resourcing decisions

Good performance management motivates people. This requires strong and inspirational leadership to create the right environment to allow innovation, for teams to excel and where success is celebrated and challenges are tackled in a positive way.

The diagram below shows how an organisation can develop its approach to a performance culture.

Diagram: Towards a Performance Culture

↑ Progress

Performance Culture
- all employees empowered
- widespread management by fact
- plans reflect organisational capability
- continuous improvement achieved

Performance Management
- ownership is devolved
- objectives better understood
- decisions are based on facts
- actions changed through use of information

Effective Performance Reporting
- a joined-up set of strategies, plans and objectives
- objectives understood throughout the organisation
- clear accountability is established

Systematic Performance Measurement
- single information database established
- key performance information collected efficiently
- efficient reporting of performance information

Disparate Un-coordinated Approach
- duplicated effort, difficult to consolidate
- time-consuming, irreconcilable, possibly mistrusted information

Time

16

A key step towards achieving a culture of performance management is to establish an integrated way of communicating and implementing agreed objectives. All of the plans must contain clear objectives, and the plans need to be joined up.

A shared understanding and ownership of the Vision, Values and Objectives by all staff and stakeholders is the key to making sure that what organisations say they will do – through our planning processes – actually gets delivered by staff.

What organisations think, what they say and what they do all need to be in alignment.

Performance management is important to ensure that organisations are delivering what they set out to achieve.

Creating a Range of Performance Indicators

There is in place a wide range of information, evidence and knowledge upon which the Board can make a judgement as to how it is performing. The information is grouped by category of 'stakeholder' below.

17
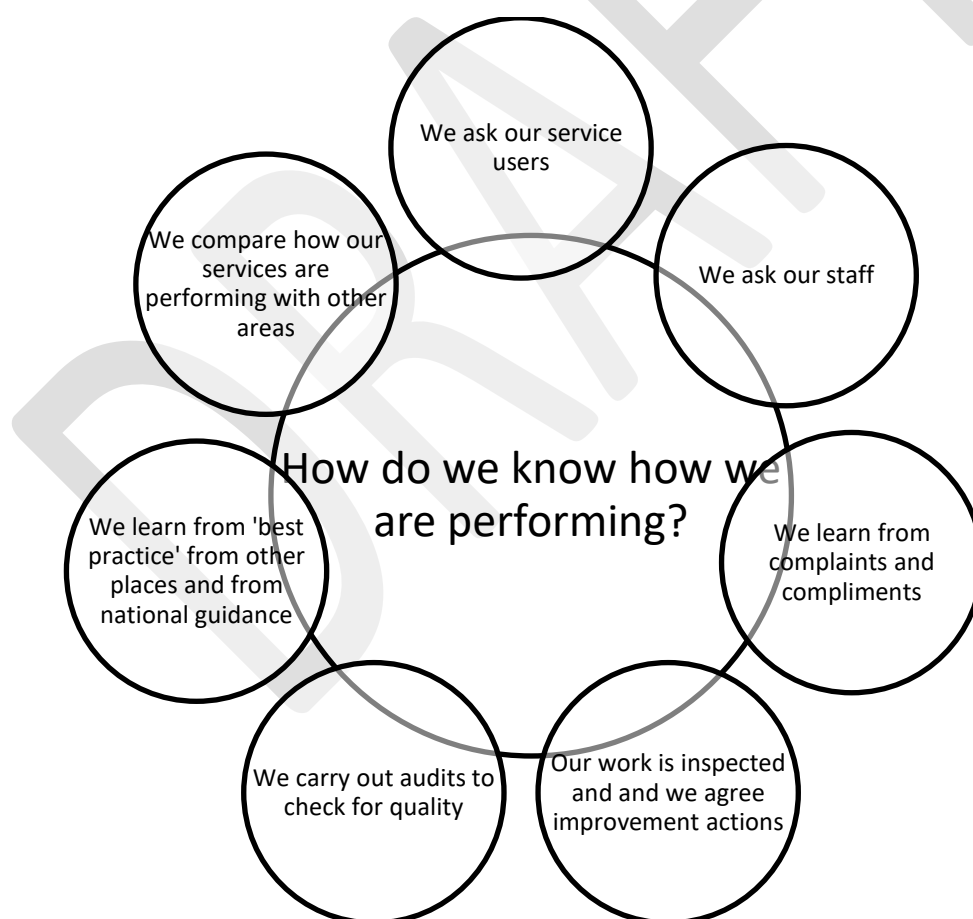
The following diagram describes the types of reports and data that make up the performance framework.

- •Engagement
- •Consultations
- •Complaints
- •Compliments
- •Surveys

Service Users

- • engagement
- • annual reviews
- • i-Matter / Viewpoint surveys

Staff

Service Delivery

- •Indicators
- •Management Accounts
- •Targets and Trends
- •Peer Groups
- •National Data

External Organisations

- • Audits
- • Inspections
- • Quality Assurance
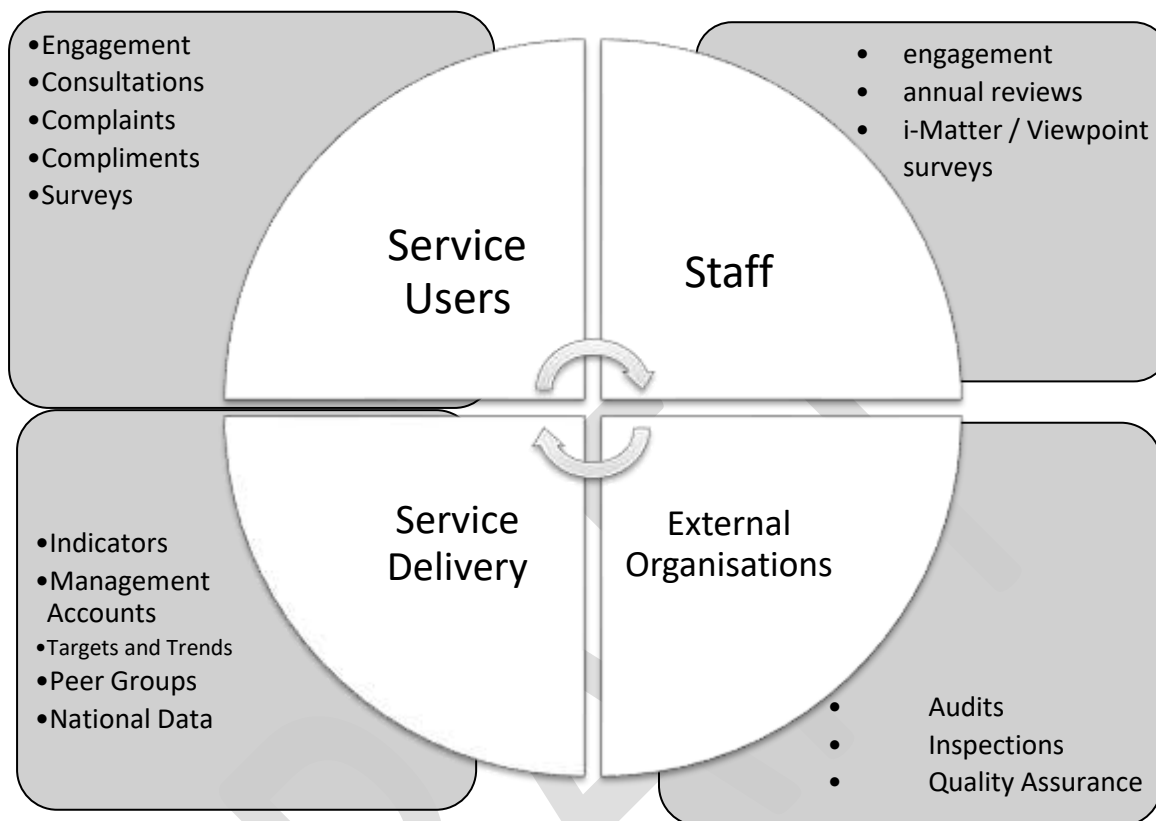
Delivering the Performance Management Framework

In June 2015, The King's Fund[4] was commissioned by the Department of Health (in England) to review how the performance of local health systems could be assessed. They recommended that there be:

- a radical simplification and alignment of existing NHS performance frameworks;
- consolidation into a single framework; and
- a small set of headline indicators ... to present key performance information to the public.

The Kings Fund, in that Report, also stated that, "a larger set of indicators should be available to enable patients and the public to drill down into population groups and

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[4] Measuring the performance of local health systems: A review for the Department of Health
https://www.kingsfund.org.uk/publications/measuring-performance-local-health-systems

18

medical conditions of particular interest to them and to support commissioners and providers in quality improvement."

Building on these principles, the Performance Management Framework is built around

- a focus on reporting on delivering outcomes and strategic objectives;
- the large set of performance indicators being readily and openly available to all; and
- performance data encompassing a wide range of information, beyond performance indicators, in support of strategic objectives.

Each Director is responsible for reporting on performance within their sphere of responsibility and being held to account for delivery.

The small number of high level outcomes will be built around the strategic objectives of each organisation.   This will include reporting on progress on key strategic projects – capital projects, or transformational change projects or significant service redesign projects. This will enable decision makers to fulfil their responsibilities within the Procurement and Commissioning Framework – to demonstrate that services are meeting needs and that agreed improvements are being progressed.

A template for reporting on outcomes, using health and care as an example, is included at Appendix 2. This is based on the Canterbury (New Zealand) Health System Outcomes Framework[5]. The example used is for services for people affected by Alcohol and Drug Misuse and is considered from a community planning perspective (ie, that only a joint inter-agency approach will address the issues).

A template for reporting on Strategic Projects is included at Appendix 3. This provides an overview of the key stages of the project and highlights any issues or barriers to delivery. The Knab Masterplan project is used as an example.

All relevant service performance data will be made available for interrogation directly from source, in order the stakeholders can access the data in a dynamic and timely way. This assists with openness and transparency, and avoids duplication of effort. The data will be made available through clear links on each organisations web-sites. Service Performance Indicators will only be formally reported where there is a clear link to delivery of the agreed strategic outcomes.

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[5] http://ccn.health.nz/Resources/OutcomesFramework.aspx

19

Some examples of web-links where data which is already openly available are included below:

> Scottish Government Statistics:
>
> https://www2.gov.scot/Topics/Statistics
>
> for example:
>
> Housing and Regeneration
>
> https://www2.gov.scot/Topics/Statistics/Browse/Housing-Regeneration?utm_source=website&utm_medium=navigation&utm_campaign=statistics-topics
>
> Health and Community Care
>
> https://www2.gov.scot/Topics/Statistics/Browse/Health?utm_source=website&utm_medium=navigation&utm_campaign=statistics-topics
>
> Information Services Division (part of NHS National Shared Services Scotland)
>
> https://www.isdscotland.org/

Service performance information is a broad term used to describe anything of interest that will help with reporting on how each service is performing. It might be to celebrate staff achievement, how a specific incident is being dealt with, the outcome of an inspection visit, etc. These are items which can be addressed in a dynamic and timely way through briefings, emails, or by other means, and need not form part of the formal performance reporting arrangements. They are however an important element in adding richness to the information relating to each service and it is worthwhile investing in effective communication systems within Directorates to maintain a good flow of information.

Operational performance indicators will also be made available on line. This will include, for example, data on overtime hours worked by staff. This allows decision makers to raise issues with Directors where there are matters of interest or concern.

Presentation of data is key to make sure that the performance data is clear and cannot be misinterpreted.

A range of tools and techniques should be used and reliance not placed wholly on written documents. Appropriate use of visual and oral mechanisms is encouraged. Use of trend data is often useful to understand trends and spikes in activity. Video

20

clips to explain a complex issue is useful to support any written presentations and information.

The approach can be described as a tiered system, as set out below.

Strategic Objectives

Outcomes

Formal Reporting

Service Performance Indicators

Openly Available on line

Service Objectives

Service Information and Operational Data

Informal Briefings

21
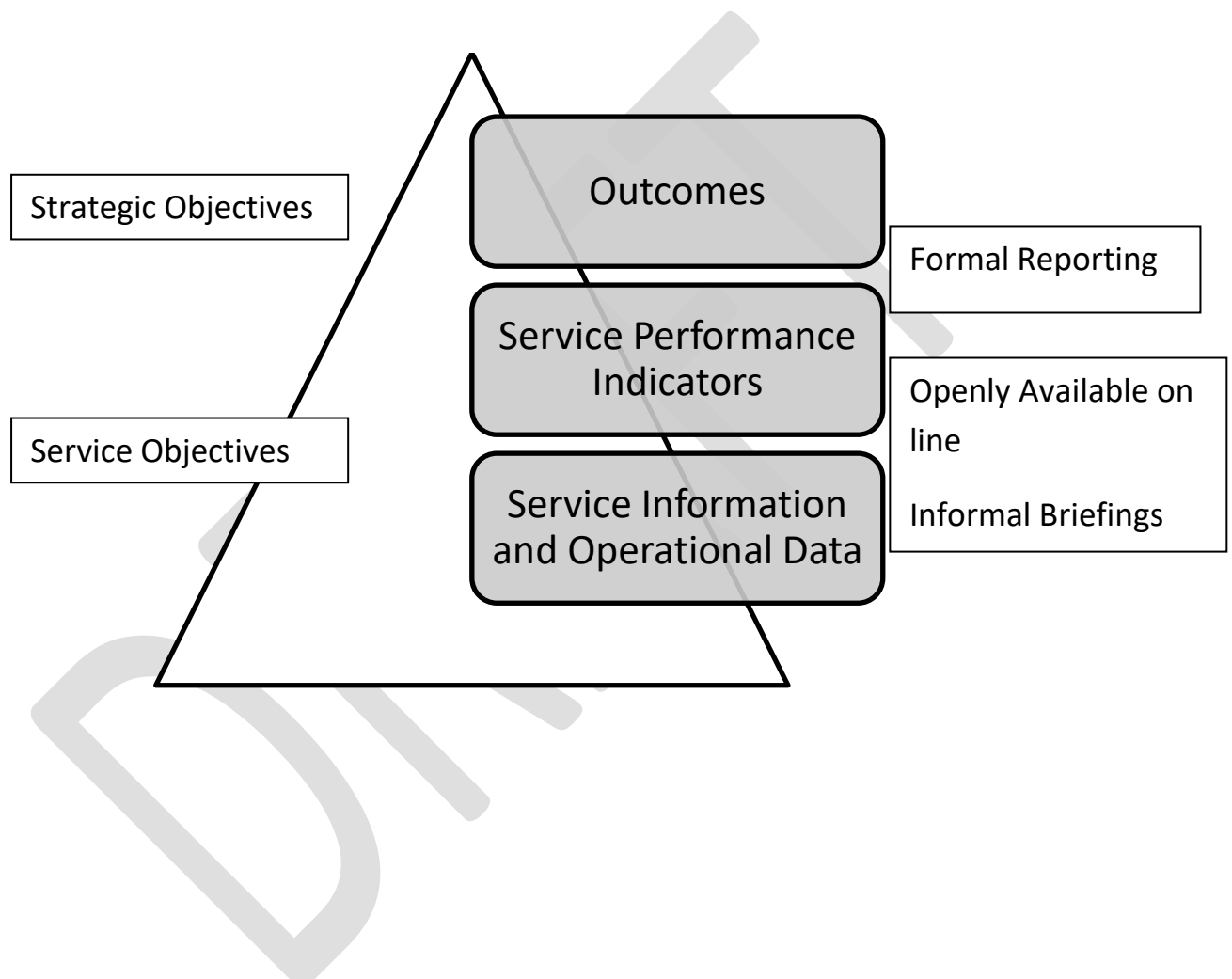
The Performance Management Framework is part of the annual planning and performance cycle, set out at Appendix 4, an overview of which is set out below.

Quarter 1 May – June	Quarter 2 August – September	Quarter 3 October – December	Quarter 4 February - March
Looking back on what's actually been done and learning from that.	Planning for the year ahead, what do we want to achieve and why.	Resourcing the plans through budgets, workforce plans, asset plans, etc.	Approval of the Plans and Resources for the year ahead.
Final Accounts (Draft) Annual Performance Report	Final Accounts		Approval of Budgets Approval of Strategic Plans
Quarterly Performance	Quarterly Performance	Quarterly Performance	Quarterly Performance
Quarterly Management Accounts	Quarterly Management Accounts	Quarterly Management Accounts	Quarterly Management Accounts

NHS Shetland's performance reporting arrangements are included at Appendix 5. This sets out the specific assurance roles and remits which require to be fulfilled.

An Impact Assessment has been done and is included at Appendix 6.

22

<div align="right">**Appendix 1**</div>

Extract from Shetland's partners delivering for outcomes Commissioning and Procurement Framework, 2016 – 2020

<div align="right">**Diagram to Describe the Commissioning Process**</div>

<div align="right">
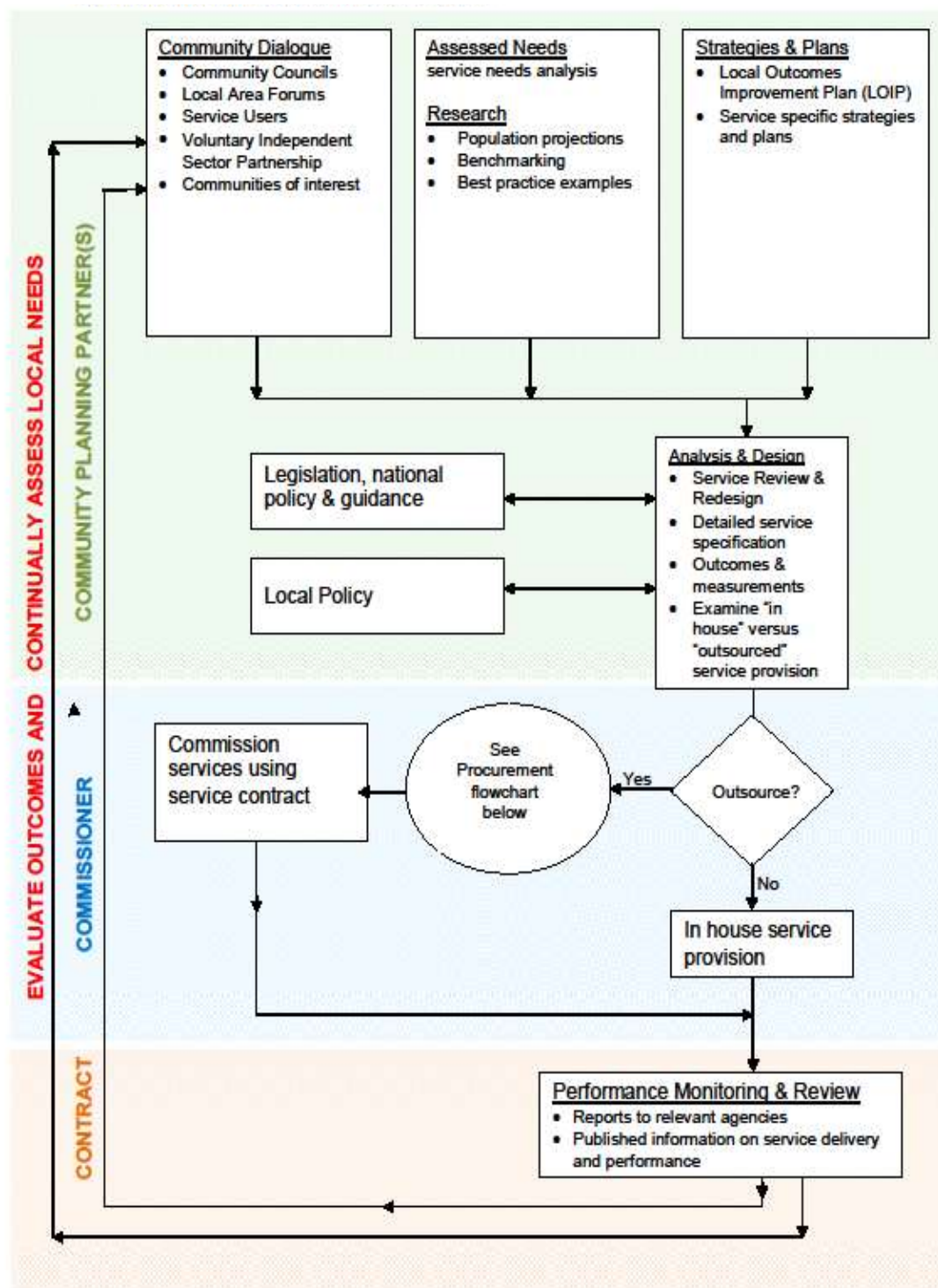
Appendix 2

Template for Reporting on Key Strategic Projects

(Capital, Transformational, Service Redesign, etc)

Example Only: Knab Masterplan

</div>

Directorate:	Development	
Project Title:	Knab Masterplan	
Strategic Links:	Shetland Partnership Plan	Part of 10 year plan to make Shetland attractive place to live work study and invest
	Corporate Plan	Links to all five theme areas of Corporate Plan
	Directorate Plan	Enable the delivery of the 10 year plan
	Other relevant strategic docs	Local Housing Strategy; Transport Strategy;Community Empowerment/Asset Transfer; Islands Deal
Key objectives:	To deliver a masterplan to shape the future development of the Knab (former Anderson High school site)	Consultants appointed - 7 N Architects to carry out the masterplan process. Overseen by multi-agency project team. Community consultation carried out.
Timescales:		Anticipate final report to March/April committee cycle
Deliverables:		Final approved masterplan document

24

Linked Projects:	Future projects to flow from masterplan, include provision of new affordable housing of mixed tenure, community and commercial use of existing buildings
Progress update:	There has been a delay to the original timescale. Additional round of community consultation was carried out.
Concerns:	Concern of impact of any further slippage in the timetable
Decisions required:	
Next update due:	Committee report Xx/XX/19 Future updates ??

25

Template for Reporting on Strategic Outcomes

Example Only: Services, Pathways and Approaches in Support of Alcohol and Drug Misuse

This diagram is based on the Canterbury, New Zealand Health System Outcomes Framework (http://ccn.health.nz/Resources/OutcomesFramework.aspx)

The concept diagram is included below (please use web-site link to see the actual text).

It builds outwards from an overall objective that, "people are well and healthy and in their own homes and communities". The concept builds outwards through a number of related outcomes to the outermost circles which show how the Performance Indicators can help demonstrate progress towards outcomes.
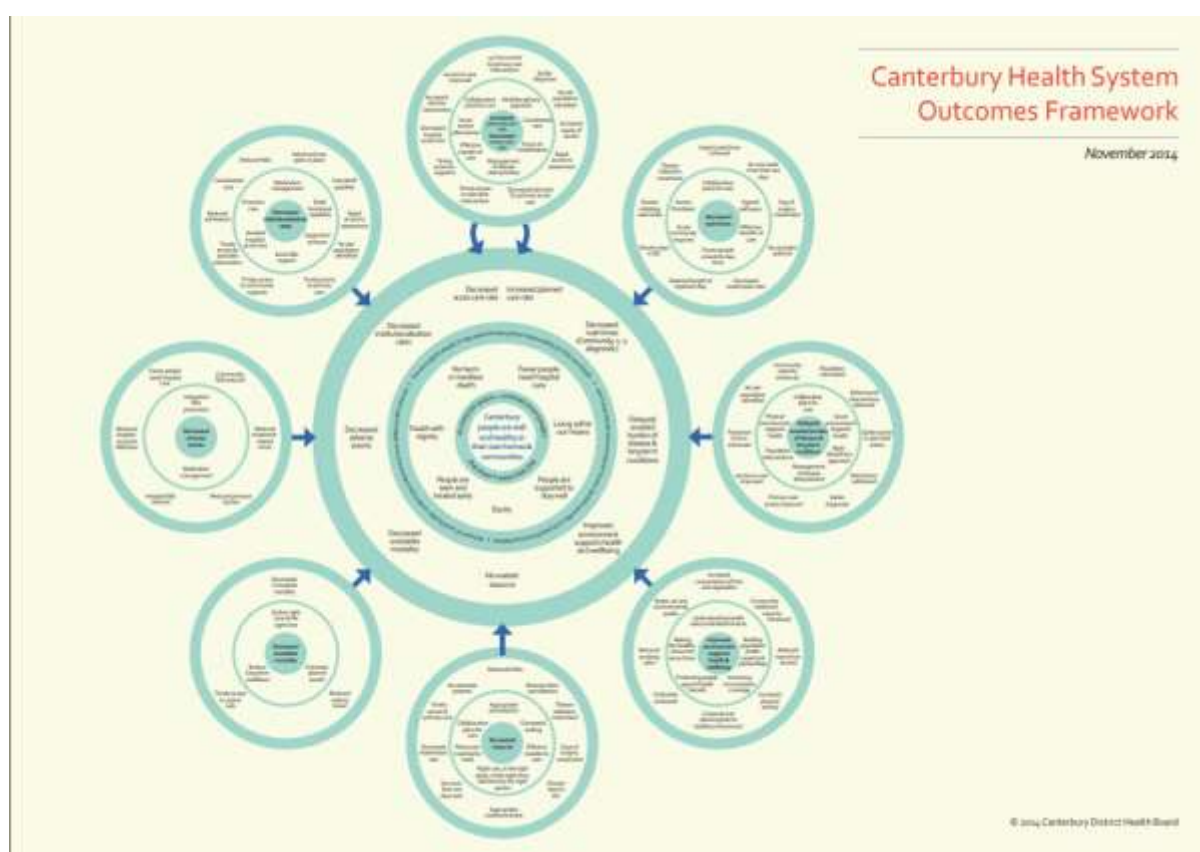
The diagram below uses the concept but the "central" objectives is built around the Scottish Government objective – that we live longer, healthier lives – together with the Shetland Partnership Plan's aim that "Individuals and Families can thrive and reach their full potential".

26

Decreased Wait Times

Co-ordinated care

Access to Services

Reduced Admissions

Hospital Presentations

Hospital length of stays

Inpatient stays

Decreased Readmissions

A&E Presentations

Access / Referrals

Assessments / Diagnostics

Collaboration

Multi-Disciplinary Teams

Referrals – New / Repeat

Discharges

Treatment Times

Recovery Programmes

Decreased Institutional Rates

No harm or needless death

Fewer People Need Hospital Care

Decrease Acute / Increase Planned Care

Deaths

Suicide Rates

Child Protection (Cases)

Medicines Management

Crime / Offending

Anti-Social Behaviour

Decreased Adverse Events

Death with dignity

We Live Longer Health Lives: *Individuals and families thrive and reach their full potential*

People are supported to live well

Delayed / Avoided Burden of Disease and Long Term Conditions

'At Risk'

Behavioural Interventions

Protective Factors

People are seen and treated early

Living within our resources

Equity

Misuse at Harmful Levels

Reduced Waiting Times

Timely Access to Urgent Care

Decreased Avoidable Mortality

No wasted resource

Match services to need

Access to Services

Avoidable Readmissions

Improved Environment supports Health and Wellbeing

Health Status Determinants

People feel part of community

Reduce Alcohol Consumption

Increase Physical Activity

Social Events

Stigma / Campaigns

Supported Employment

Aftercare Services

Annual Planning and Performance Cycle

Topic	Report	Frequency	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Strategic Planning	Strategic / Corporate Plans	3 Year, annual refresh											Approval	
	Operational / Service Plans	Annual											Approval	
Performance	Key Performance Indicators	Quarterly[1]			Jan-March Q4		April – June Q1				July-Sept Q2		Oct-Dec Q3	
	Progress Reports on Action Plans	Quarterly			Jan-March Q4		April – June Q1				July-Sept Q2		Oct-Dec Q3	
	Annual Reports	Annual					Review							

[1]The indicators which are available annually will be reported at the first opportunity following publication

28

NHS Shetland's Performance Management Arrangements

Background

NHS Shetland is proud of the services it delivers, and of the staff who work within those services. Whilst performance in most areas continues to be good, NHS Shetland aspires to providing the best services and being one of the top performing health boards in Scotland.

The Board seeks to develop an 'open, just and non punitive' culture where all staff feel able to report adverse incidents, near misses and hazards in the knowledge that incidents / errors are not normally investigated through the disciplinary procedure.

NHS Shetland's performance is measured against that of other health boards. This not only informs an elected government of how we are delivering services, but also demonstrates our success relative to others. This is important because where others may be doing better than we are in particular areas, we can learn from them to improve our performance.

NHS Shetland is required to report performance against national targets set by the Scottish Government and through local planning arrangements such as the Shetland Partnership Plan.

The key plans against which NHS Shetland needs to demonstrate performance are:

- the National Performance Framework
- the Local Delivery Plan (LDP) national targets and standards (which is evolving into an Operational Delivery Plan for 2018-19)
- the National Health and Wellbeing Outcomes and Integration Principles
- NHS Scotland's Quality Ambitions
- The Shetland Partnership Plan
- Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan's strategic objectives
- NHS Shetland locally determined performance indicators

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.   By working with individuals and local communities, NHS Shetland will support people to achieve the following outcomes:

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

Outcome 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

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

29

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

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

Outcome 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

Outcome 7. People using health and social care services are safe from harm

Outcome 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

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

NHS Scotland's Quality Ambitions are:

- Safe - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time

- Person-Centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making

- Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

Services will be delivered in line with Scotland's Care Inspectorate standards as the national regulator for care services in Scotland. Care Inspectorate inspect the social work (and social care) services provided by local authorities and carry out joint inspections with partner organisations.

The Care Inspectorate exists to:

- provide assurance and protection for people who use services, their families and carers and the wider public
- play a key part in improving services for adults and children across Scotland
- act as a catalyst for change and innovation
- promote good practice.

People have the right to expect the highest quality of care and their rights promoted and protected. It is the Care Inspectorate's job to drive up standards of care and social work services through regulation and inspection.

30

The Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan's strategic objectives are refreshed annually and currently include:

- people will be supported to look after and improve their own health and well-being, helping them to live in good health for longer
- older people and people who are living with long-term conditions will be getting the services they need to help them live as independently as possible
- increased use of technology is helping us provide care for the most vulnerable and elderly in our community
- healthcare is provided by multi-professional teams, with reliance on single handed practitioners kept to a minimum
- attendance at hospital for diagnostic tests and investigations, outpatient consultations and minor procedures is kept to a minimum
- patients are only sent outwith Shetland for healthcare if it cannot be provided safely and effectively locally
- care is only provided in a hospital setting if it cannot be provided safely and effectively in the community
- emergency care is maintained in Shetland, including medicine, surgery and maternity services

The strategic framework is shown diagrammatically below.

31

Performance Framework					
Values / Quality Ambitions **Triple Aim:** Person Centred Safe Effective Efficient Equitable Timely Sustainable Ambitious	**NHS Scotland 2020 Vision** 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 or re-admission. **Delivering Health and Wellbeing Outcomes, National and Local Targets (using the Integration Principles)**				**In partnership with** Patients Service Users Unpaid Carers Families Staff Professionals Partners Communities Public **Shetland Community Planning Partnership** Local Outcome Improvement Plan
Strategic Plan:	**Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan**				Delivered Through these plans: Service Plans Budgets Workforce Training Property and Asset Management E'Health
Measured By:	Performance Measures	Annual Reports	Internal and External Audits	Quality Reports	For: Assurance Reassurance Improvement

The Scottish Government have developed ten principles for Performance Management. These are listed below and this Policy has been developed to align with these principles.

32

NHSScotland's Performance Management Framework Supports delivery of the Scottish Government's outcomes and Health and Social Care Directorates strategic objectives. Local Delivery Plans [now Operational Plans] set out some of the key improvements NHS Boards will deliver to contribute towards the delivery of the Scottish Government's outcomes.
Performance measures demonstrate the progress towards delivering our strategy for improving the quality of patient care. Delivery of standards and performance measures give Ministers, staff and the public the confidence that we are making progress in implementing our key strategies for NHSScotland and improving the quality of patient care
Performance measures help deliver a wider system aim, and the impact on the whole system must be considered Performance measures are not an end in themselves but are a proxy measure for a wider system change.
Design the system, deliver the performance. The delivery of standards should be the consequence of well-designed systems of care which take account best evidence and local needs. Well-designed systems of care ensure that individual patients are not disadvantaged to ensure compliance with standards.
Clinical decision making in the interest of the patient is always more important than unequivocal delivery of performance measures. Patients are always diagnosed and treated according to their clinical need.
Local flexibility in delivery. Through the Local Delivery [now Operational] Planning process, Scottish Government and NHS Boards will consider local circumstances (such as Community Planning Partnership priorities, baseline performance, service models, workforce, risk, governance, the needs of local people) in defining performance measures, performance management, improvement support and delivery.
Performance measures should support diversity and reduce inequalities. The Scottish Government and NHS Boards in defining, performance managing, and delivering standards always ensure that performance measures do not result in inequity in the quality of service provided for any patient.
Staff should be engaged in performance measurement setting and delivery. Performance measures can help staff realise improvements in care and contribute to system wide priorities. Staff should be involved in local delivery planning and review of performance, including lessons learned and encouraged to actively identify and implement improvements.
Best practice in Performance Management and Delivery is shared. NHS Boards have their own individual performance management systems, building on national requirements. There is scope to share best practice in performance management and delivery and to share best practice in Board's contributions to Local Outcome Improvement Plans with their planning partners.
Data and measurement are key aspects of Performance Management. Performance measures are specific, measureable, achievable, realistic and timebound [SMART]. Performance measures are short to medium term outcomes, clearly identifying key contributions that NHS Boards make. We always work to recognise any data quality issues that may arise with performance measures and will ensure a wider understanding of the nature and uses of data and information within delivery.

33

Accountability and Roles and Responsibilities

Whilst it is everyone's job to manage performance, it is the Board's role to drive a culture of performance by providing a clear vision and corporate objectives, to determine what it is NHS Shetland is aiming to achieve, and by holding the Chief Executive and Directors to account for delivery of relevant national and local priorities and objectives. The remit and responsibility of the Board(s) and Committees is set out below.

Entity	Responsibilities
NHS Shetland Board	- Agreement on Strategic Plan and Objectives - Drive a culture of performance - Ensure performance against Strategic Objectives - Review performance; challenge and problem solve actions being proposed to address problems - Address cross-functional issues - Adjust resource inputs to meet priority targets / measures
Integration Joint Board	- Agreement on Strategic Plan and Objectives - Drive a culture of performance - Ensure performance against Strategic Objectives
Clinical, Care and Professional Governance Committee	- Ensure that systems are in place to monitor standards and provide safe, effective person centred services. - Review performance against Performance standards / targets and recommend corrective action, as required.
Staff Governance Committee	- Ensure systems are in place for effective staff engagement - Review performance against performance standards / targets relating specifically to staffing and recommend corrective action, as required.
Audit Committee	- Ensure that arrangements in place to provide assurance to the Accountable Officer in relation to Best Value (of which performance management arrangements are one component)
Remuneration Committee	- Ensure that Performance system for Executive Directors is managed appropriately
Area Partnership Forum	- Ensure that consistent good quality people management and employment practice is in place within Shetland NHS Board - Review performance against staffing based performance standards / targets and recommend corrective action, as required.
Operational Groups	- Eg Executive Management Team, Hospital Management Team, Operational Waiting Times Meetings, Senior Charge nurse Meetings, Infection Control Team, AHP Meetings, Health Care Scientists Meetings, etc - All of the communication and management structure above

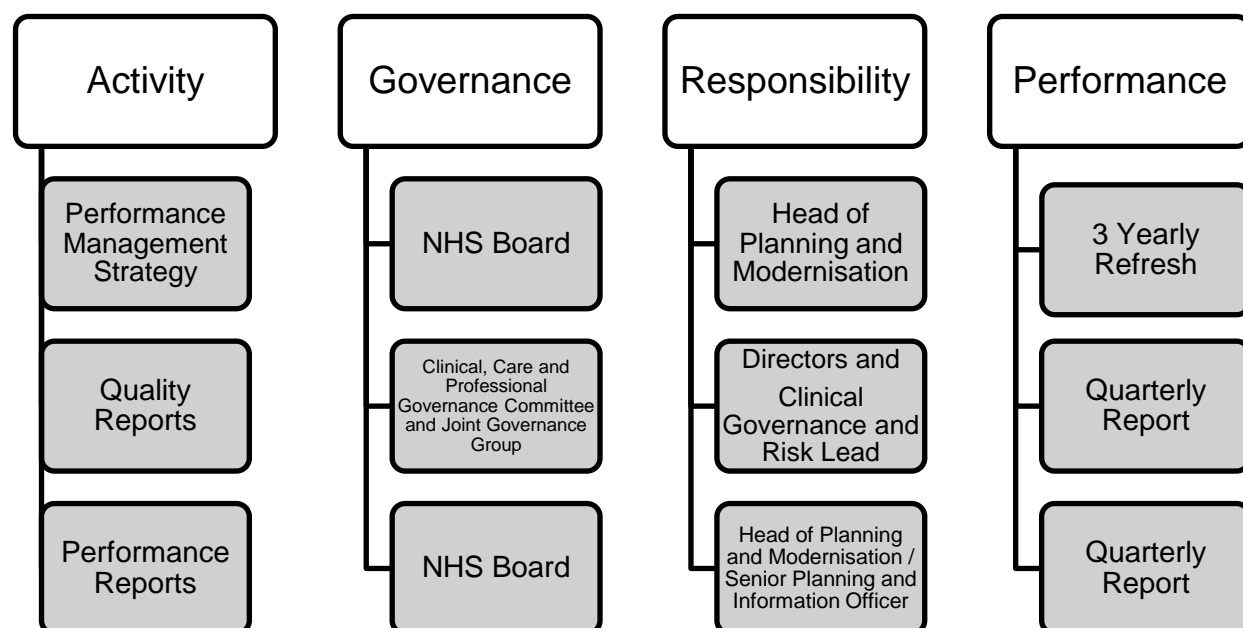|	will receive reports on performance, appropriate to the type of meeting/ structure in place. In many cases this will be a standard report (such as the risk register, quarterly summary of progress, corporate scorecard, or specific service improvement programme such as 18 week RTT, Scottish Patient Safety Programme, Long Term Conditions Collaborative, Mental Health Collaborative, Clinical Quality Indicators programme etc)

There is no specific performance review committee.   The reason is that NHS Shetland is a small organisation and good functional arrangements and management structures already exist. In addition, it is noted that in order to embed the principles of excellence and performance into all aspects of the organisation, this is best achieved by mainstreaming the monitoring of performance into existing structures. This means including the review of performance and outcomes in all clinical and management fora.

Effective performance management requires defined roles and responsibilities and clear ownership of measures. A summary of the roles and responsibilities is set out below.

Chief Executive	Overall statutory responsibility for patient safety, governance and performance management Accountable to the NHS Shetland Board Lead the cultural approach to performance
Directors (Executive Management Team)	Responsibility for driving forward the development of and embedding performance management arrangements in their area of service, ensuring compliance with the Performance Management Policy and regularly contributing to and scrutinising the performance reports.
Director of Nursing and Acute Services / Director of Community Health and Social Care and the Medical Director	The Medical Director and Directors of Nursing and Acute Services and Community Health and Social Care leads the development and implementation of the clinical, care and professional governance arrangements, which provides assurance over the national Quality Standards of person-centred, safe and effective services.
Director of Human Resources and Support Services	The Chief Executive has delegated responsibility for the maintenance and collection of performance systems and data to the Director of Human Resources and Support Services. This responsibility is discharged through the Head of Information Management and Technology, the Senior Planning and Information Officer and the Clinical Governance and Risk Lead. The activities include:

	- ensuring that robust systems are in place for the performance management of national and local targets and measures; - providing accurate and timing analysis and interpretation of performance data for performance review and reporting; and - preparing the core data for reporting to committees and Boards, highlighting trends and co-ordinating commentary on variances against expected performance. The Director of Human Resources and Support Services leads the development and implementation of the staff governance arrangements, which aligns the contribution made by individual staff and specific line managers to the Board's strategic objectives.
Head of Planning and Modernisation	The Chief Executive has delegated to the Head of Planning and Modernisation responsibility for ensuring that the Board has effective planning and performance systems and process that meet best practice guidance.
Managers	Managers will: - provide clear support for continuous improvement - Provide clear direction for change management projects and expected outcomes - encourage a culture where staff feel comfortable in challenging current practice - encourage staff to share knowledge and learn from others - identify good practice, where the sharing of information is not left to chance but is proactively managed
All staff	All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data of their activity, and understand how that translates to the corporate performance of NHS Shetland. All staff : • Are encouraged to raise issues relating to performance management arrangements and performance with their line manager and/or through existing management structures • Will be able to view minutes and reports on the Intranet (e.g. board performance scorecard, annual reports and action plans from service improvement programmes etc) • Receive information at formal updates such as team meetings, via Team Brief and mandatory refresher days in respect of changes/revisions to the performance management arrangements.

36

Bringing this analysis together provides a diagram of performance management arrangements.

Activity	Governance	Responsibility	Performance
Performance Management Strategy	NHS Board	Head of Planning and Modernisation	3 Yearly Refresh
Quality Reports	Clinical, Care and Professional Governance Committee and Joint Governance Group	Directors and Clinical Governance and Risk Lead	Quarterly Report
Performance Reports	NHS Board	Head of Planning and Modernisation / Senior Planning and Information Officer	Quarterly Report

Delivering the Performance Policy

There is a regular cycle of periodic performance management, based around a quarterly reporting cycle. We plan to report performance on a quarterly basis but will ensure that performance reports are presented at least 3 times a year.

The Board has a dedicated performance system, called Pentana.

Each of the Board's performance indicator and outcome data is loaded onto that system. Each indicator is assigned to specific responsibilities as follows:

> Data Owner - Administered By
>
> Accountable Officer - Managed By
>
> Data Administrator - Assigned To

Each indicator is assigned a 'target' and a timeline for achieving the objective.

Data is loaded onto the system by the Data Owners on a regular basis, in line with the reporting timescales. Ideally, arrangements should be developed to automate the transfer of data to avoid manual input and double-handling of data.

We will work towards having a single set of data, feeding performance and management information on a consistent and reliable basis.

37

Reporting timescales are determined by the availability of data.   Data for indicators is usually available either monthly, quarterly, annually or biennial (for some survey data).

The Performance Indicators are rated as Red, Amber or Green, to determine progress towards achieving the targets and overall objectives. The variation from target to create a Red, Amber or Green categorisation is determined by each Accountable Officer and will take account of the relative risk of non-performance as well as low number factors.

Historical trend data is available and included in the standard reports for comparative purposes.

The standard reports include a text box which allows each Accountable Officer to provide a commentary on performance, explain reasons for variation on performance and propose solutions to resolve any non-performance issues.

Each Accountable Officer has a 'dashboard' to see at a glance the performance across the range of indicators for which they are responsible.

Departmental dashboards are made available to individual departments on request, to allow them to track their performance more easily.

Formal performance reports are planned to be submitted quarterly to:

- The NHS Board
- The Integrated Joint Board
- The Clinical Care and Professional Governance Committee
- The Joint Governance Group
- The Area Partnership Forum

to enable those committees and groups to fulfil their remit. As a minimum, we will ensure that performance reports are presented for consideration at least 3 times a year.

Performance reports are provided regularly, usually monthly, to operational teams.

The Board recognises the importance of ensuring staff are fully appraised of current performance arrangements and outcomes.

We will work towards making the performance data:

- as user friendly and dynamic as possible, with appropriate use of visual and spoken and inter-active material; and
- available electronically and able to be interrogated at summary and detailed level.

An Equality and Diversity Impact Assessment

Which groups of the population do you think will be affected by this proposal? All staff and residents, and visitors to Shetland **Other groups:** • Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) • Women and men • People with mental health problems • People in religious/faith groups • Older people, children and young people • People of low income • Homeless people • Disabled people • People involved in criminal justice system • Staff • Lesbian, gay, bisexual and transgender people	
N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed	What positive and negative impacts do you think there may be? No specific impacts; it is important that all information, including performance data, is readily understood by all stakeholders so use of various methods will be used (written, visual, voice, etc)
	Which groups will be affected by these impacts? All stakeholders / partners / staff / community
What impact will the proposal have on lifestyles? For example, will the changes affect: • Diet and nutrition	This is a support services policy and will therefore have no direct impact on people's lifestyles.

39

• Exercise and physical activity • Substance use: tobacco, alcohol and drugs? • Risk taking behaviour? • Education and learning or skills?	
Will the proposal have any impact on the social environment? Things that might be affected include: • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income	This is a support services policy and will therefore have no direct impact on the social environment.
Will the proposal have any impact on the following? • Discrimination? • Equality of opportunity? • Relations between groups?	None expected.
Will the proposal have an impact on the physical environment? For example, will there be impacts on: • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease?	This is a support services policy and will therefore have no direct impact on the physical environment.
Will the proposal affect access to and experience of services? For example, • Health care • Transport • Social services • Housing services • Education	None expected.

40

Rapid Impact Checklist: Summary Sheet

- 297 -

Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)
None expected.	None expected.

Additional Information and Evidence Required

Recommendations

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

No expected impact for race or other equality groups therefore full EQIA is not proposed.

41

Shetland Islands Health and Social Care Partnership

Shetland NHS Board

Shetland Islands Council

Meeting(s):	Integration Joint Board	27 June 2019
Report Title:	IJB Business Programme 2019 and IJB Action Tracker	
Reference Number:	CC-30-19-F	
Author / Job Title:	Jo Robinson, IJB Chief Officer (Interim)	

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 2020 (Appendix 1).

1.2   To REVIEW the IJB Action Tracker (Appendix 2).

2.0   High Level Summary:

2.1   The purpose of this report is to allow the IJB to consider the planned business to be presented to the Board during the financial year to 31 March 2020, 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. Changes that have the potential to impact on the workforce will be reported to the Joint Staff Forum for consultation with staff representatives.
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:	NA

Contact Details:
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Appendices:
Appendix 1   Business Programme 2019-20
Appendix 2   IJB Action Tracker

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership
Integration Joint Board
Meeting Dates and Business Programme 2019/20
as at Friday, 21 June 2019

Integration Joint Board 2019/20		
	Date of Meeting	**Business**
Quarter 1 - 1 April 2019 to 30 June 2019	Tuesday 14 May 2019 11 a.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • 2019/20 Primary Care Improvement Plan • 2019/20 Service Plans and Directions • 2019/20 Recovery Plan Update • Community Led Support • IJB Self Assessment on Integration
	Thursday 27 June 2019 *Special Meeting A/Cs only* 3 p.m.	• Draft 2018/19 Accounts • Financial Monitoring Report to 31 March 2019 • Deloitte (Wider Scope) Audit Report • Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 4 – January - March 2019 • Annual Performance Report for 2018-19 • IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker
Quarter 2 – 1 July 2019 to 30 September 2019	Thursday 29 August 2019 3 p.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • Joint Organisation and Workforce Development Protocol • Financial Monitoring Report to 30 June 2019 • Palliative and End of Life Care Strategy
	Thursday 26 September 2019 *Special Meeting A/Cs only* 3 p.m.	• Final 2018/19 Accounts • Annual Audit Report 2018/19 • IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker
Quarter 3 - 1 October 2019 to 31 December 2019	Thursday 28 November 2019 3 p.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • 2020/21 IJB Budget progress report • Financial Monitoring Report to 30 September 2019 • Chief Social Work Officer report

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership
Integration Joint Board
Meeting Dates and Business Programme 2019/20
as at Friday, 21 June 2019

Quarter 4 - 1 January 2020 to 31 March 2020	Tuesday 25 February 2020 11 a.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • Final 2020/21 IJB Budget • Financial Monitoring Report to 31 December 2019 • Medium Term Financial Plan Update

Planned business still to be scheduled - as at Friday, 21 June 2019
- Code of Corporate Governance
- Right to Advocacy
- Joint Organisation and Workforce Development Protocol
- Effectiveness of the board

END OF BUSINESS PROGRAMME as at Friday, 21 June 2019

	ACTIONS - IJB						
No	Agenda Item	Responsible Post Holder	IJB Meeting Date	Target Date	Action	Update	R/A/G Status C (Completed)
1	Intermediate Care Team Update	Chief Nurse (Community)	11.11.18		Once resolved provide briefing by email about car insurance issue around the use of the NHS owned vehicle for SIC use/delivery Intermediate care team updates to be provided in quarterly performance reporting.	Ongoing issue which has been raised at a national level. 2 cars now in place so practical issue is resolved although underlying insurance issue remains unresolved. Exception reporting only.	A
2	Carers Information Strategy Update	Self-directed Support Officer / Carers Lead	11.11.18		Future report to include census data and information on types of care, age and demographic.	Update presented to IJB on 13th March 2019	Complete
3	Primary Care Improvement Plan Update	Service Manager Primary Care/Community Nursing Manager	11.11.18		Training Budget issues for GPs and other professionals to be raised as an issue for future budgeting Briefing to be provided on general practice nursing	Future reporting through performance reporting.	G

V1   Page | 1

					More detail on how far along towards completion of actions to be included in Appendix 2		
4	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 2: July - September 2018	Director of Community Health and Social Care/ IJB Chief Officer and Head of Planning and Modernisation	23.01.19		For future reporting on the Risk Register more clarity in the wording used to be considered. Indicator E15 data to be provide differently on ongoing basis. Appendix 1A will be refreshed and updated for 2019/20 following the approval of the Joint Strategic Commissioning Plan.	IJB seminar being arranged to focus on the development of the risk register	G
5	Mental Health Service Review: Findings and Directions	Director of Community Health and Social Care/K Smith, Mental Health Service	23.01.19		Provide an email to IJB members an update on progress in regard to multipurpose accommodation for use by the Mental Health Team.		A
6	IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker	Director of Community Health and Social Care	23.01.19		• Self assessment for IJB – consider how best that can be done. • Carer Eligibility Criteria – consider if this can be reported to the next meeting.	IJB self assessment on agenda of IJB meeting 14th May 2019	Complete

V1   Page | 2

					Number of action tracker points to be removed or updated		
7	Financial Monitoring Report to 31 December 2018	Chief Financial Officer	13.03.19		Find a way to provide detail on carers costs to show the true spend in this area and circulate to Jim Guyan and Natasha Cornick. Circulate to Members more detail on the areas of overspend covered by GP locums highlighted in section 4.	Information circulated	Complete
8	Shetland Islands Health and Social Care Partnership - Quarterly Performance Overview, Quarter 3: October - December 2018	Director of Community Health and Social Care and Head of Planning and Modernisation	13.03.19		Appendix 2 first indicated - data to start being recorded and presented in two performance reports time to allow time for the data to be gathered. Targets to be checked on page 39 People waiting for placements and page 47 occupancy of care homes and provide future data showing respite separately.		G
9	2019/20 Budget	Chief Financial Officer	13.03.19	May 2019	4 service areas listed 4.12 in budget report to be brought to May meeting with more detail.	Recovery plan update on IJB meeting agenda 14th May 2019	Complete

V1   Page | 3

10	Carers Eligibility Criteria and Directions	Self-directed Support (SDS) Implementation Officer/ Carers Lead	13.03.19		Page 32 of the appendix 3 Paragraph 5 under Assessing needs – Change "Shetland" to "Scotland". On the notes column of table 2 on page 33 insert the correct figure for under 16 in Shetland.	Paper updated.	Complete
11	IJB Business Programme 2019 and IJB Action Tracker	IJB Chief Officer	13.03.19		Recovery plan to be added to the agenda of each meeting. Items to be added to the business programme or included under business to be planned: • Code of Corporate Governance • Right to advocacy • development workforce protocol • effectiveness of the board • Service transformation • Primary care 4 service areas listed in budget report to be brought to May meeting. Ms Watson to provided written addendum to the primary care update on GP Practice Nursing		G

V1   Page | 4

				Risk register – training session to be arranged following change in membership.		