

# Shetland Islands Health and Social Care Partnership



Shetland NHS Board



Shetland Islands Council

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

27 August 2019

Dear Member

You are invited to attend the following meeting:

**Integration Joint Board**  
**Thursday 5 September 2019 at 2p.m.**  
**Council Chamber, Town Hall, 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.
- C Confirm minutes of meeting held on i) 14 May 2019 and ii) 27 June 2019 (enclosed).

### **ITEM**

- 1 Financial Monitoring Report to 30 June 2019 (Including progress against 2019/20 Recovery Plan)  
CC31
- 2 Performance Overview, Quarter 1: 1 April 2019 – 30 June 2019 and Performance Directions  
CC-32
- 3 *Review of Shetland Islands Health and Social Care Partnership Integration Scheme*  
CC-36
- 4 Integration Self Evaluation Development Plan  
CC-34
- 5 Self-Directed Support – Thematic Review – Action Plan  
CC-33
- 6 IJB Business Programme 2019 and IJB Action Tracker  
CC-35



## MINUTES – PUBLIC

<b>Meeting</b>	<b>Integration Joint Board (IJB)</b>
<b>Date, Time and Place</b>	<b>Tuesday 14 May 2019 at 10.00am Council Chamber, Town Hall, Lerwick, Shetland</b>
<b>Present [Members]</b>	<p><b><u>Voting Members</u></b>            Natasha Cornick            Allison Duncan            Jane Haswell            Stephen Leask [substitute for Robbie McGregor]            Shona Manson</p> <p><b><u>Non-voting Members</u></b>            Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care            Josephine Robinson, Interim Chief Officer/Interim Director of Community Health and Social Care            Susanne Gens, Staff Representative, SIC            Maggie Gemmill, Patient/Service User Representative            Yvonne Graham, Management Accountant / Patient Travel Manager, NHS [Substitute for Karl Williamson]            Jim Guyan, Carers Strategy Group Representative            Catherine Hughson, Third Sector Representative            Denise Morgan, Acting Chief Social Work Officer [Substitute for Martha Nicolson]            Edna Watson, Senior Clinician – Chief Nurse – Community, NHS            Pauline Wilson, Senior Clinician: Local Acute Sector, NHS</p>
<b>In attendance [Observers/Advisers]</b>	Keith Adam, Solicitor, Governance and Law, SIC Lincoln Carroll, Non-Executive Board Member, NHS Sheila Duncan, Management Accountant, SIC Christine Ferguson, Director of Corporate Services, SIC Jamie Manson, Executive Manager – Finance Services, SIC Peter McDonnell, Executive Manager - Adult Social Work, SIC Chris Nicolson, Director of Pharmacy, NHS Elizabeth Robinson, Public Health Principal, NHS Gary Robinson, Chairman of the NHS Board Clare Scott, Executive Manager – Adult Services, SIC Hazel Sutherland, Head of Planning and Modernisation, NHS

	<p>Lisa Watt, Service Manager Primary Care, NHS  Bob Kerr, Communications Officer, SIC  Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i></p>
<b>Apologies</b>	<p><b><u>Voting Members</u></b>  Emma Macdonald  Robbie McGregor  Andrea Manson [Substitute]</p> <p><b><u>Non-voting Members</u></b>  Martha Nicolson, Chief Social Work Officer  Ian Sandilands, Staff Representative  Karl Williamson, Chief Financial Officer</p> <p><b><u>Observers/Advisers</u></b>  None</p>
<b>Chairperson</b>	Natasha Cornick, Chair of the Integration Joint Board, presided.
<b>Declarations of Interest</b>	None.
<b>Minutes of Previous Meetings</b>	The minutes of the meetings held on 13 March 2019 were confirmed on the motion of Ms Manson, seconded by Mr Duncan.
<b>13/19</b>	<b>Appointments to IJB</b>
<b>Report No. GL-05-19-F</b>	<p>The IJB considered a report by the Executive Manager – Governance and Law that detailed NHS appointments made following the retirement of Marjorie Williamson, Chair of the IJB. The report also sought approval to appoint Josephine Robinson, Interim Joint Director of Community Health and Social Care as Interim Chief Officer.</p> <p>The Solicitor introduced the report and the Chair advised that she had been part of the interview process and recommended Ms Robinson's appointment.</p> <p>Mr Duncan moved that the IJB approve the recommendations contained in the report, seconded by Mr Leask.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• NOTED that following the retirement of Marjorie Williamson, Chair of the IJB, the following NHS appointments have been made: <ul style="list-style-type: none"> <li>○ Chair: Natasha Cornick</li> <li>○ Voting Member: Jane Haswell</li> <li>○ Substitute: Gary Robinson</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• APPOINTED Josephine Robinson, Interim Joint Director of Community Health and Social Care, as Interim Chief Officer, jointly nominated by the Chief Executives of Shetland Islands Council and NHS Shetland.</li> </ul>
	<p><i>The Chair thanked Mr Bokor-Ingram for his service as Chief Officer to the IJB and looked forward to welcoming him back in the future. Mr Bokor-Ingram withdrew from the table and Ms Robinson took her place at the table.</i></p>
<b>14/19</b>	<b>Appointment to IJB Audit Committee</b>
<b>Report No. GL-08-19-F</b>	<p>The IJB considered a report by the Executive Manager – Governance and Law to appoint an NHS Non-Executive Voting Member of the IJB as a member of the IJB Audit Committee.</p> <p>The Executive Manager – Governance and Law introduced the report and on the motion of Ms Manson, seconded by Mr Duncan, Jane Haswell was appointed to the IJB Audit Committee. Ms Haswell accepted.</p>
<b>Decision</b>	The IJB APPOINTED Ms Jane Haswell, NHS Non-Executive Voting Member of the IJB as a member of the IJB Audit Committee.
<b>15/19</b>	<b>Primary Care Improvement Plan</b>
<b>Report No. CC-19-19-F</b>	<p>The IJB considered a report by the Service Manager Primary Care that sought agreement of the Primary Care Improvement Plan for 2019/20.</p> <p>The Service Manager Primary Care introduced the main terms of the report. In referring to page 42 of the appendix she explained that the budget was not balanced as the figures included aspirations. She advised that throughout the year there would be additional allocations of money provided and by identifying where that money could be used before it becomes available there would be no need to return for a decision of the IJB each time. The Service Manager Primary Care added that she expected that the Scottish Government would seek the updated plan by October 2019 as was the case last year.</p> <p>In responding to questions, the Service Manager Primary Care reported that the advice provided on Finance had been provided under two linked models from Health Improvement Staff in health centres by the Citizen's Advice Bureau (CAB) in Lerwick; and through outreach. The Public Health Principal added that the model for Care Link Workers is to give financial advice and move to social support. She advised that generic practitioners are used with the rest of their time spent in the communities. The Public Health Principal advised that staff are trained by CAB in terms of financial</p>

concerns and direct referrals are made to CAB. In addition she advised that Link Workers will also be trained in mental health and the service is embarking on community health needs assessments. She added that there is a focus on GP practices more than identified localities.

In terms of the recruitment challenges referred to at Section 6.9, the Service Manager Primary Care advised that an initiative called “Discover the Joy” looked into what attracts people to remote areas. She said that NHS Shetland was working with Orkney, the Western Isles and Highland and this work was specific to GPs. She advised that traditionally it is hoped that to live and work in Shetland but where families are settled in school and work that is not always possible. The Service Manager Primary Care explained that there are 29 GPs interested in 4 health board areas but on a 12 or 18 week contract where they can return home. She said that it is hoped that they would come back for periods of time. She acknowledged that this would be a different way of working but once in place then it could see a GP returning 4 or 5 times a year, which would be a better arrangement than locum GPs.

The IJB acknowledged that a lot of work had gone into recruitment and what had become evident was that people return to where they lived. It was reported that there had been a successful GP training scheme and that was what was required to attract people home. The IJB heard that NHS Directors understood the vision of the GP programme and it was reported that two local female GPs had just finished their training with another two starting the rural track that are looking to stay at home, which was very encouraging.

Upon request the Director of Pharmacy provided an update on the Brexit implications to accessing medical and vaccine medicines. The Director of Pharmacy explained that by the nature of vaccines that are made in short batches, it was difficult to get supplies at certain times but those are temporary shortages not affected by Brexit. It was noted that travel vaccines are difficult to get but that is no different than previous years. In terms of increased prices it was acknowledged that this does happen at times of shortages but whether that is through necessity or commercial advantage it was difficult to tell. The Director of Pharmacy assured the IJB that supplies were not affected at this stage any more than usual.

In responding to a further question, the Director of Pharmacy advised that generic pharmacy products are used to mitigate costs however sometimes the generic products can be as expensive particularly with vaccines that come from specialised manufacturers. He added however that specialised product prices tend to be static.

Mr Duncan moved that the IJB approve the recommendations contained in the report. Ms Manson seconded.

<b>Decision</b>	The IJB AGREED the Primary Care Improvement Plan for 2019/20.
<b>16/19</b>	<b>Directions to Shetland Islands Council and NHS Shetland</b>
<b>Report No. CC-22-19-F</b>	<p>The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland, that sought approval of the Directions to Shetland Islands Council and NHS Shetland as set out in Appendices 1.1 – 1.12.</p> <p>The Head of Planning and Modernisation introduced the report and commented on the reporting structure for the Directions attached. She explained that the Directions become the foundation for the performance framework to ensure that the outcomes are being delivered and implemented. The Head of Planning and Modernisation said that any significant changes to be made to any Direction would be brought back to the IJB for consideration of the revision.</p> <p>During questions and in terms of the zero target set for emergency respite, the Executive Manager – Adult Services explained the reason for this target and advised on the requirements if an emergency admission was required. She confirmed that all emergency admissions continue to be counted but the target remained zero. In quarter one of 2018/19 the IJB were informed that there had been one emergency admission but in quarters two, three and four there were none which mean the target was achieved.</p> <p>In response to a question the Executive Manager – Adult Services advised that the Project Search initiative was a three year pilot with the Council's Human Resources Service and the Shetland College. She explained that the programme was highly intensive, tailored to young people and provided additional support offering 9 months experience in preparation for employment. The Executive Manager – Adult Services explained how the method was being run by 9 Local Authorities and that this was a tried and tested framework with critical factors which the initiative is audited. She said that the outcome was different to previous initiatives and that placements are found to allow intensive support in class and in the workplace in prior to employment. She said that it was a nationally recognised model that aimed to achieve sustainable employment for those involved. The Executive Manager – Adult Services advised that of the four participants, two have secured employment and two are expected to achieve employment.</p> <p>Reference was made to specific directions and the following actions were agreed:-</p> <ul style="list-style-type: none"> <li>Executive Manager – Adult Services CC-22-19 1.6 - Adult Service (Learning Disabilities and Autism) Service Model table: future figures for the number of Carers versus the Number of Adults registered should include figures</li> </ul>

	<p>that detail the difference ie declined assessments/ couples double counted.</p> <ul style="list-style-type: none"> <li>• Senior Clinician, Chief Nurse Community CC-22-19 1.5 - Community Nursing Services – Page 2 third para and page 11 third last para, Intermediate Care Team, to be amended to include “unpaid carers” after “family carers”. Delete “their relative” and insert “the cared for person”.</li> <li>• Executive Manager – Community Care Resources/Chief Officer Provide Susanne Gens with more detail on the South Mainland staffing model.</li> </ul> <p>Attention was drawn to the achievements listed on page 7 of the Community Care Resources Direction CC-22-19 1.8, and comment was made that of the three reports Shetland had placed second for two of them and first in the other. This achievement was Scotland wide and that the efforts of staff should be recognised. The IJB’s congratulations were expressed to all those involved.</p> <p>Mr Duncan moved that the IJB approve the recommendations contained in the report, Mr Leask seconded.</p>
<b>Decision</b>	The IJB APPROVED the Directions to Shetland Islands Council and NHS Shetland as set out in Appendices 1.1 – 1.12.
<b>17/19</b>	<b>2019/20 Recovery Plan projects and Invest to Save Proposals</b>
<b>Report No. CC-20-19-F</b>	<p>The IJB considered a report by the Director Community Health and Social Care that set out the detail of plans to deliver efficiencies in 2019/20 and sought approval for the proposals to be funded from the IJB reserve.</p> <p>The Interim Chief Executive, NHS Shetland introduced the main terms of the report commenting on each of the favourable movements identified in section 4 of the report.</p> <p>The Vice-Chair referred to the high cost of patient travel and gave an account of his own medical experience whereby he had refused to attend consulting appointments in Aberdeen that would incur travel costs. He said that his decisions were accepted and he estimated that the saving would be around £700 on travel and accommodation. He said that staff were working hard to save money but more was needed in that area to make further savings. The Vice-Chair stated that video conference calls was the future and needed to be more available. The Interim Chief Executive, NHS agreed and thanked the Vice-Chair for his personal account. The Interim Chief Executive, NHS, advised that there were absolutely more efficiencies to be made and in some cases safety was a factor to consider in positively promoting video conferencing. He confirmed that Shetland was driving hard on this issue and video conferencing had recently been trialled for the eye clinic. The</p>



intention would be to use video conferencing more regularly as it would bring significant savings going forward. The Interim Chief Executive advised on a meeting in June between Grampian, Orkney and Shetland to discuss opportunities to do more remote working. Ideally as broadband allowed patients would have their outpatient appointment in their own home if that was appropriate. The IJB were assured that this continued to be looked at.

Officers were congratulated for their work in preparing the spend to save bids at appendices 4 to 7 and the Interim Chief Executive, NHS added that these particular proposals were a good demonstration of progress so far.

Reference was made to Non-Doctor Island Nursing and the Senior Clinician – Chief Nurse - Community advised that the service model remained the same for the 5 Islands since July 2017, and that there was ongoing project work in this regard. It was acknowledged that there would be quarterly updates provided on the recovery plan with more detail on Primary Care.

The Chair called for a short break at 11.15am  
The Chair called the meeting to order at 11.25am

The Interim Chief Officer introduced each of the spend to save bids and during discussions responded to questions as follows:

Stress Control Bid – The Interim Chief Officer confirmed that this service would be run across Shetland and that it would take 4 months to get started.

Alternative to residential care accommodation bid – The Interim Chief Officer advised that there are instances where a care home setting is not appropriate, particularly for younger adults who look for a home environment when requiring palliative care or where an individual may have Mental Health problems that require residential care but where a care home setting would not be appropriate due to their age or support needs. The accommodation would provide a homely environment for many younger residents. It was acknowledged that different people may require the accommodation for different durations and this would have to be managed carefully in order to make the best use of the facility. The IJB noted that if this proved successful it could be a suitable arrangement in other areas of Shetland. The IJB heard that a similar facility was used in the Western Isles which was used in mental health, drug and alcohol cases.

#### MSK Physiotherapy bid

The Service Manager Primary Care explained that the demand is already there and a trial is proposed to ask individuals specific questions that may result in a direct referral to physio therapy rather than a GP. It was emphasised however that physio therapy staff are already experienced and would be occasions that they would refer

	<p>the patient back to their GP. The Service Manager Primary Care said that this was a positive step as the patients are seeing the right person sooner. Concern was expressed in regard to the Independent Practices and whether they would miss out on this initiative. The Service Manager Primary Care reassured the IJB that all GP practices would be treated equally. The IJB were advised that an update would be provided in the future.</p> <p><u>Community Nursing Continence Service Bid</u></p> <p>The Senior Clinician – Chief Nurse - Community advised on the importance of this issue throughout an individual's life and not just the impact on the individual but the physical harms as a result of incontinence. In addition she commented on the support to care homes to ensure the dignity, quality and safety issues for patients. The Senior Clinician – Chief Nurse - Community explained that by targeting care homes would enable Officers to ensure everyone has an appropriate care plan in place with a range of options available. The IJB heard that the savings expected to be made was possible whilst enhancing people's lives.</p> <p>In responding to a comment about the possibility of extending the role of the Community Nursing Continence Service beyond a year, the Interim Chief Executive, NHS, explained that the point of the bid was to spend to save and therefore any thoughts of making the arrangement permanent would need permanent resourcing and funding and this would be the wrong thing to do as the financial requirement is for one off investment , and year on year savings. The Senior Clinician – Chief Nurse - Community added that the focus at this time is on care homes so subsequent funding would be in relation to care at home in the future. She said that there were some staff working across both services but the focus was on residential patients as a starting port. The IJB were informed that the aim of this service is to support individuals to stay at home and incontinence can be a barrier for some individuals who want to go home.</p> <p>Ms Haswell moved that the IJB approve the recommendations contained in the report, Mr Duncan seconded.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• NOTED the detail in the plans to deliver efficiencies in 2019/20; and</li> <li>• APPROVED the proposals to be funded from the IJB reserve.</li> </ul>

18/19	Community Led Support Programme
<p><b>Report No. CC-21-19-F</b></p>	<p>The IJB considered a report by the Executive Manager - Adult Social Work, SIC, that sought approval for funding of £13,230 from IJB Reserves for the National Development Team for Inclusion (NDTi).</p> <p>The Executive Manager - Adult Social Work, introduced the main terms of the report and said that Shetland was a good base for this programme with community link workers. In terms of pace the programme provides a framework to push forward on and the paper attached to the report covers some do's and don'ts for the process. The Executive Manager - Adult Social Work said that a thematic review had highlighted issues around data collected, timely support and delegated authority to respond in a technical way. He added that this work would be done in a stepped manner and a lot of this work would link with the Executive Manager – Community Resources' paper on the South Mainland and Yell models.</p> <p>In responding to questions the Executive Manager - Adult Social Work advised that this programme had a broad range in terms of Community Health and Social Care and it was hoped that it would extend to Children's Services as well. He referred to the Working Transitions Group and said that health and education look at a young person's transition into adulthood. He added that families do not access support early but at points of crisis and there is a stigma attached to approaching Social Work. It was noted however that this could see people approach Social Work in a non-stigmatised way and get help more timely.</p> <p>The Executive Manager - Adult Social Work confirmed that this programme was a licensed approach that had recently been adopted by Orkney and the Western Isles.</p> <p>Reference was made to the diagram at para 4.12 and the Executive Manager – Adult Social Work was asked how differently this would be undertaken locally. He explained that there was some additionality and explained the challenges and the need to move forward at a quicker pace. He advised that the programme builds on the good work already in place but will bring that together work happening in isolation, which could bring further efficiencies.</p> <p>In terms of self-directed support and how clients spend their allowance, the Executive Manager - Adult Social Work advised that there is a culture of trust and employment which is key and has unpaid carers at its centre. He explained that a thematic review indicated that more work is required around self-directed support to ensure people have a good understanding of what the funds can be put towards.</p>

	<p>The Executive Manager - Adult Social Work was asked how the total cost over 18 months compared to the three Island areas in Scotland. The Executive Manager - Adult Social Work explained that this was a standard figure and confirmed that it was the same off the shelf package being used in Orkney and the Western Isles.</p> <p>As a point of clarity the Executive Manager - Adult Social Work stated that the costs as set out in the paper are the cost to the IJB and that the Scottish Government had commissioned the National Development Team for Inclusion to work directly with local authorities therefore there was no match funding for this programme.</p> <p>Mr Duncan moved that the IJB approve the recommendations contained in the report. Mr Leask seconded.</p>
<b>Decision</b>	The IJB APPROVED funding of £13,230 from IJB Reserves for the National Development Team for Inclusion (NDTi) to deliver the Community Led Support programme as a framework towards meeting objectives within the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2019-2022; the Community Care Social Work service plan; and the Self-directed Support Action Plan.
<b>19/19</b>	<b>Integration: Self Evaluation and Development Plan</b>
<b>Report No. CC-23-19-F</b>	<p>The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland that sought agreement of the Draft Integration Self Evaluation and Development Plan, set out at Appendix 1, for submission to the Scottish Government Ministerial Strategic Group.</p> <p>The Head of Planning and Modernisation, NHS Shetland introduced the report and presented the Plan for approval.</p> <p>Ms Manson moved that the IJB approve the recommendations contained in the report. Mr Duncan seconded.</p>
<b>Decision</b>	The IJB AGREED the Draft Integration Self Evaluation and Development Plan, set out at Appendix 1, for submission to the Scottish Government Ministerial Strategic Group.
<b>20/19</b>	<b>IJB Business Programme 2019 and IJB Action Tracker</b>
<b>Report No. CC-18-19-F</b>	<p>The IJB considered and approved a report by the IJB Chief Officer that presented the business planned for the financial year to 31 March 2020 and which sought a review of the IJB Action Tracker.</p> <p><i>(Mrs Hughson left the meeting)</i></p> <p>The IJB Chief Officer introduced the report and the following updates were agreed:</p>

	<p><u>Business Programme</u> Remove “effectiveness of the board” from planned business as this will form part of a seminar.</p> <p><u>Tracker –</u></p> <ol style="list-style-type: none"> <li>1. Insurance issue to remain on tracker as ongoing issue.</li> <li>4. Dates to be arranged.</li> <li>5. Chief Officer to progress.</li> <li>7. Matters moving forward between Chief Financial Officer and SIC Finance Service.</li> <li>8. In hand.</li> <li>9. Recovery plan to remain on tracker for ongoing monitoring and quarterly updates.</li> <li>11. It was confirmed that special meetings would be held if required.</li> </ol> <p>During discussion the matter of insurance issues at item 1 on the tracker, was highlighted and the Interim Chief Executive – NHS confirmed that this remained a national issue and would remain as an action. He confirmed that Members of Scottish Parliament would be aware of this issue but lobbying MSPs was a matter for local politicians to take forward.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• RESOLVED to consider and approve its business planned for the financial year to 31 March 2020 (Appendix 1; and</li> <li>• REVIEWED the IJB Action Tracker (Appendix 2).</li> </ul>

The meeting concluded at 12.20pm.

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Chair





## MINUTES – PUBLIC

<b>Meeting</b>	<b>Integration Joint Board (IJB)</b>
<b>Date, Time and Place</b>	<b>Thursday 27 June 2019 at 3pm Bressay Room, NHS HQ, Burgh Road, Lerwick, Shetland</b>
<b>Present [Members]</b>	<p><b><u>Voting Members</u></b>            Natasha Cornick            Allison Duncan            Jane Haswell            Lorraine Hall (Substitute for Shona Manson)            Emma Macdonald            Robbie McGregor</p> <p><b><u>Non-voting Members</u></b>            Josephine Robinson, Interim Chief Officer/Interim Director of Community Health and Social Care            Susanne Gens, Staff Representative, SIC            Jim Guyan, Carers Strategy Group Representative            Catherine Hughson, Third Sector Representative            Denise Morgan, Acting Chief Social Work Officer [Substitute for Martha Nicolson]            Ian Sandilands, Staff Representative            Edna Watson, Senior Clinician – Chief Nurse – Community, NHS            Karl Williamson, Chief Financial Officer            Pauline Wilson, Senior Clinician: Local Acute Sector, NHS</p>
<b>In attendance [Observers/Advisers]</b>	<p>Lorraine Hall, Director of Human Resources and Support Services, NHS            Christine Ferguson, Director of Corporate Services, SIC            Jamie Manson, Executive Manager – Finance Services, SIC            Jan Riise, Executive Manager – Governance and Law, SIC            Hazel Sutherland, Head of Planning and Modernisation, NHS            Sheila Duncan, Management Accountant, SIC            Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i></p>
<b>Apologies</b>	<p><b><u>Voting Members</u></b>            Shona Manson            Lisa Ward (Substitute)</p>

	<p>Gary Robinson (Substitute)</p> <p><b><u>Non-voting Members</u></b> Maggie Gemmill – Patient/Service Users representative.</p> <p><b><u>Observers/Advisers</u></b> None</p>
<b>Chairperson</b>	<p>Natasha Cornick, Chair of the Integration Joint Board, presided.</p> <p>The Chair commented on a number of items of interest as follows:</p> <ul style="list-style-type: none"> <li>• The opening of the new Eric Gray @ Seafield Centre - The Chair had attended the opening and commented on the opportunity to look around the fit for purpose building designed around the needs of the service users. Credit was paid to those involved in the open day including service users and staff.</li> <li>• The Allied Health Professions Drop In event – The Chair commented on the informative event that showcased a variety of innovative projects undertaken by the AHPs transforming the way they work with patients to ensure better outcomes in a sustainable way. Particular mention was made of Mr Beswick, AHP Practice Education Lead, who organised the event.</li> <li>• The Sturrock Report – About cultural issues related to allegations of bullying and harassment in NHS Highland. The Chair said that it was good practice to be mindful of our own responsibilities in working together in a respectful and appropriate manner. She wished to ensure that the IJB meeting space is a safe space for everyone to feel valued and able to contribute without being interrupted. She also asked everyone to kindly ensure that phones and devices were on silent and used for the purpose of this meeting only.</li> </ul>
<b>Declarations of Interest</b>	None.
<b>21/19</b>	<b>Unaudited Accounts 2018/19</b>
<b>Report No. CC-26-19-F</b>	<p>The IJB considered a report by the Chief Financial Officer, that presented the Unaudited Accounts 2018/19 and sought approval of the Annual Governance Statement 2018/19.</p> <p>The Chief Financial Officer introduced the report, and advised that the report had previously been considered by the IJB Audit Committee where there were no concerns raised. He said that the Final Audited Accounts would be</p>



	<p>presented to the meeting in September before being published by 31 October 2019. The Chief Financial Officer provided an overview of the financial information detailed within the appendix and emphasised how in the longer term, to achieve financial sustainability the budget must be aligned to the Joint Strategic Commissioning Plan and the Medium Term Financial Plan. The Chief Financial Officer advised of a late change to the Annual Governance Statement (Annex A) which had been circulated earlier to IJB Members and Officers, by email. (Copies were also provided during the meeting upon request).</p> <p>The Chair of the IJB Audit Committee advised that the Audit Committee had been satisfied, in that although the report highlighted budget variances these were understood. The Audit Committee had noted the report and approved the amended Governance Statement.</p> <p>Mr Duncan moved that the IJB approve the recommendations contained in the report, and Mr McGregor seconded.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• CONSIDERED the 2018/19 Unaudited Annual Accounts for the Shetland Integration Joint Board (Appendix 1);</li> <li>• CONSIDERED the information at section 4.0 that highlights the key issues from the 2018/19 accounts; and</li> <li>• APPROVED the Annual Governance Statement 2018/19 that forms part of the accounts (Appendix 1, pages 12-15).</li> </ul>
<b>22/19</b>	<b>Interim External Audit Report</b>
<b>Report No. CC-25-19-F</b>	<p>The IJB noted a report by the Chief Financial Officer that presented Deloitte's Interim Audit Report for consideration.</p> <p>The Chief Financial Officer introduced the report and advised that Karlyn Watt, Deloitte LLP, had presented the report to the IJB Audit Committee and there had been no issues raised. He advised that the Action Plan highlights the main audit recommendations and explained that there are work streams underway to address these matters. Work streams include the Governance Review and the update of the Medium Term Financial Plan.</p>
<b>Decision</b>	The IJB NOTED Deloitte's Interim Audit Report to the IJB on the audit for year ended 31 March 2019 (Appendix 1).
<b>23/19</b>	<b>Financial Monitoring Report to 31 March 2019</b>

**Report No.  
CC-27-19-F**

The IJB considered a report by the Chief Financial Officer that presented the 2018/19 Management Accounts for the year ended 31 March 2019.

The Chief Financial Officer presented the report which explained the main budget variances and the savings achieved during 2018/19. The report also reiterated Deloitte's comments regarding the financial sustainability of the IJB and the requirement to accelerate its redesign projects. On a positive note, the Chief Financial Officer noted that the balance of reserves had increased during the year and that these funds may be allocated to allow pump priming of projects in line with the Strategic Plan.

In responding to a question, the Chief Officer advised that some projects had been identified and reported on at the IJB meeting in May 2019 that were approved as ready for moving forward when funding becomes available. In addition she said that consideration would be given to other projects as part of the redesign programme.

In responding to continued concerns over locum costs the Director of Human Resources and Support Services advised on the recruitment campaign undertaken to attract GP's and the expressions of interest received. She said that the same recruitment philosophy will be applied to other areas including mental health where she confirmed there is a shortage of consultant psychiatrists across the country, which this report highlights. The Director of Human Resources and Support Services confirmed that an international recruitment campaign sponsored by the Government and led through NHS Greater Glasgow and Clyde saw a number of overseas expressions of interest but when interviewed it was clear that not all applicants were of the calibre or had the right skills set to take through to appoint. She went on to advise that there were not enough skilled individuals in the UK to deal with the vacancies available and therefore having highly trained, proficient locums that worked as part of a team were part of the short term solution whilst we progress other areas of recruitment and attraction.

Comment was made that this was an ongoing situation that causes big problems for everyone involved. Dr Wilson said that an added problem was that employees are generalists when working in remote areas and the working streams are not in place to train generalists. She said that in the UK there is a visible downturn in the number of doctors at consultant level and although the ideal would be to move reliance away from locums there is a realisation that this is the world we function in and that there will be reliance on locums at some point. Dr Wilson said it was important to maintain services but temper what is said about locums as

	<p>Shetland is not the only location reliant on locums. She acknowledged the frustration but it was necessary to learn to live and work in a different way. Dr Wilson said that it was encouraging that the GP training scheme had successfully trained staff locally and NHS Shetland was reaping that reward massively. She said however that it was not possible to replicate that training programme into psychiatry or surgery.</p> <p><i>(Dr Wilson left the meeting)</i></p> <p>During further discussion it was agreed that Denise Morgan would ask the Transition Group to consider whether a budget is required for the transition from child to adult.</p> <p>In responding to a question regarding the use and cost of agency workers the Chief Officer agreed to provide, by email, costs in regard to the recruitment of six care workers with relocation, against the cost of using agency staff.</p> <p>The Chief Financial Officer agreed to review the budget setting process, in regards to long term locum requirements, along with the NHS Finance team to determine whether the current process can be improved.</p>
<b>Decision</b>	The IJB NOTED the 2018/19 Management Accounts for the year ended 31 March 2019.
<b>24/19</b>	<b>Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 4: Jan – March 2019</b>
<b>Report No. CC-28-19-F</b>	<p>The IJB considered a report by the Chief Officer and Head of Planning and Modernisation, NHS Shetland, that presented the Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 4: Jan-March 2019.</p> <p>In introducing the report, the Head of Planning and Modernisation advised that there were no particular issues to draw to the IJB's attention but noted that there was a new style of directions performance attached to the report. She explained that each Service Manager was asked to comment on the activity and performance in a generic way. The Head of Planning and Modernisation drew attention to paragraph 2.6, where Officers have identified issues or risk that they wish to highlight to the IJB and some of the directions include case studies. She asked the IJB to provide feedback on the style of recording as effort had been made to summarise the activities to a meaningful and informative level.</p>

During discussions the Head of Planning and Modernisation was advised that the style was very good and informative but there were requests for more information and it was agreed that an email would be provided, following the meeting, in response to the following items:

- Substance misuse – can anything be done in terms of early intervention for young people before they need the service.
- Clare Scott to be asked how many emergency plans are in place for unpaid carers.
- Provide a figure on the number of beds used for respite to provide a clear picture of how beds are being used.
- Within future quarterly performance reports include what the target is and how much has been achieved in percentage terms to date.
- Provide more detail on domestic abuse rather than just stating it is on target.

In addition the Senior Clinician – Chief Nurse provided an update on the current position for each of the non-Doctor Islands. She advised that work was in progress and that a detailed report would be presented to a future meeting of the IJB.

The Director of Human Resources and Support Services commented on the difficulty in holding Joint Staff Forum meetings and in the setting of agendas. She suggested that for the next meeting there should be a review of sickness absence and what initiatives there are around that area and also an update on Workforce Planning. She acknowledged that there was work to be done around mental health services as part of the primary care work, and that psychological services required work in regard to transformational change.

In responding to a concern around sickness statistics, the Chief Officer said that Managers were working hard to look after staff and the Director of Human Resources and Support Services explained that the NHS currently had the best attendance at work figures for a territorial board the last four years and this was due to initiatives undertaken. She said that a Health Profile was currently being worked on by the Wellbeing Group a sub set of the NHS Board's Health and Safety Committee and once all the data was in place it was intended that this would be shared across services. The Director of Human Resources and Support Services commented that HR teams from both the NHS and the

	<p>Council were working together on a workforce and wellbeing agenda.</p> <p>In regard to unpaid carer's key risks identified, the Third Sector Representative said that she hoped new data collection would identify carers better. It was noted that Crossroads had shared a database but it was acknowledged that there are a number of individuals who do not identify themselves as carers. The Third Sector Representative advised that Voluntary Action Shetland had worked for 10 years with unpaid carers and the support was now more streamlined. She offered the support of two staff who would be willing to speak with the Head of Planning and Modernisation should she require any input on data.</p> <p>In responding to a question on how data is presented and the need to separate short, medium and long-term absences to provide a clearer understanding of the data, the Director of Human Resources and Support Services said that the NHS do provide short, medium and long term absence costs but she would take this forward. The Chief Officer said that the Council's Policies also support this level of detail.</p> <p>The Chair commented on the style of the report and said that although it would mean more papers it was important to provide the IJB with information so that they are in a position to ask more valuable questions. She also commented on the Freedom of Information targets and noted that response times had reduced to 69%. The Chief Officer explained that there had been staff changes in this area that caused significant disruption but this matter was now back on track.</p> <p>In regard to the performance of Community Payback Orders, it was noted that the performance figures had been impacted by two offenders who did not turn up which in turn demonstrates poor service. The Chief Social Work Officer explained that the Service does not have control of the target but it keeps Officers focussed on how they engage people to attend.</p>
<b>Decision</b>	The IJB commented, reviewed and directed on issues which they saw as significant to sustaining and progressing service delivery in order to meet the objectives of the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2019-2022.
<b>25/19</b>	<b>Shetland Islands Health and Social Care Partnership Annual Performance Report 2018-19</b>
<b>Report No. CC-29-19-F</b>	The IJB considered a report by the Head of Planning and Modernisation that presented the Shetland Islands Health and Social Care Partnership's Annual Performance for 2018-19 for publication.

	<p>The Head of Planning and Modernisation introduced the report and explained that the IJB are required to prepare an Annual Report by the end of July 2019. She said that the format was different from last year with less detail and providing more of an overview.</p> <p>In responding to questions, the Head of Planning and Modernisation was asked how this good work of services would be made public. She said that the report would be published on the website with a summary of key achievements. She advised that Council staff were supporting her with the production of infographics and a 4 page infographic could be used to celebrate the work in the last year. She said that this would also be shared on the twitter page. The Chief Officer added that the IJB also has a page on the Council's website where this will be advertised, but its audience depends on the public actually looking at it. A suggestion was made that everyone around the table has a responsibility to tell of the good work within Shetland's Health and Social Care Partnership in a positive way.</p> <p>The Director of Human Resources and Support Services added that making this information available to the public was also important from a recruitment point of view. She said that potential candidates want to know and get a feel for what it is like to live in Shetland. It is important to use the good news from this report as part of the recruitment process to show what is done as a community and to use the data in a different way to showcase what Shetland is about. The Head of Planning and Modernisation said it may also be possible to use videos of key people speaking about the report.</p> <p>Mr McGregor moved that the IJB approve the recommendation contained in the report. Mrs Macdonald seconded.</p>
<b>Decision</b>	The Integration Joint Board APPROVED the Shetland Islands Health and Social Care Partnership's Annual Performance Report for 2018-19 for publication.

<b>26/19</b>	<b>Performance Management Framework 2019-2024</b>
<b>Report No. CC-24-19-F</b>	The IJB considered a report by the Head of Planning and Modernisation - NHS, Chief Executive – NHS, Director of Corporate Services – SIC, Chief Officer – IJB, that presented the Performance Management Framework 2019-24 for approval.

	<p>The Head of Planning and Modernisation introduced the main terms of the report, and advised that implementation would take time but there would be a double run through so as not to lose any good systems until the Framework is established. She advised that the Framework was each agency's accountability to users and stakeholders and oversight of performance will be open and available to all stakeholders. The Head of Planning and Modernisation added that this Framework cannot be implemented without good engagement of staff, and therefore, for it to be positive for staff, it was important to focus on the Framework in a positive way.</p> <p>During questions the Head of Planning and Modernisation was asked if there was sufficient resources in the current data collection side for staff to do this work. The Head of Planning and Modernisation assured the IJB that there was a multi-agency team approach between the NHS and the Council and implementation would be driven in bite sized chunks. The Chief Officer added that in some areas the Allied Health Professions Service is not electronic but there are developments to ensure that data is more automated, with improvements being made to make things easier going forward. The Head of Planning and Modernisation added that by avoiding double entry or over analysis then resources would be freed up in terms of staff time.</p> <p>The Chief Social Work Officer added that the Social Work Governance Group were working on how data is recorded and to close the loop and provide feedback, and this Framework will be taken into consideration as the Social Work Governance Group continues. She said that processes have been revised so that information is being recorded in the right place to be accessed when required.</p> <p>Ms Hall moved that the IJB approve the recommendations contained in the report, seconded by Ms Haswell.</p>
<b>Decision</b>	The Integration Joint Board APPROVED the Performance Management Framework 2019-2024, at Appendix 1, for implementation.
<b>27/19</b>	<b>IJB Business Programme 2019 and IJB Action Tracker</b>
<b>Report No. CC-30-19-F</b>	<p>The IJB considered and approved a report by the IJB Chief Officer that presented the business planned for the financial year to 31 March 2020 and which sought a review of the IJB Action Tracker.</p> <p>During discussions, the following items were added to the Business Programme:</p> <p>August 2019: Recovery Plan Update.</p> <p>September 2019: Caring for Bressay</p>

	<p>The IJB made the following observations in regard to the Action tracker.</p> <ol style="list-style-type: none"> <li>1. remove</li> <li>2. Interim Chief Officer to provide an update re training budget</li> <li>4. Dates for seminars to be organised and entered into diaries as soon as possible.</li> <li>5. remove</li> <li>6. remove</li> <li>9. remove</li> <li>10. remove</li> <li>11. partially complete, look at what is still to be done.</li> </ol> <p>The Committee Officer advised that at the March IJB Audit Committee it had been agreed that, with the exception of the budget reporting dates in June and September, the IJB and IJB Audit Committee would not be held on the same day. This would allow the Chief Officer to report on any matters raised at IJB Audit Committee to the IJB. The Committee Officer advised therefore that as this freed up time in the diary, the IJB meetings would therefore be held an hour earlier on 29 August at 2pm, 28 November at 2pm and 25 February at 10am. She confirmed that electronic diary invites would be issued shortly.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• RESOLVED to consider and approve its business planned, as amended, for the financial year to 31 March 2020 (Appendix 1); and</li> <li>• REVIEWED the IJB Action Tracker (Appendix 2).</li> </ul>

The meeting concluded at 4.20pm.

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Chair





<b>Meeting(s):</b>	Integration Joint Board	5 September 2019
<b>Report Title:</b>	Financial Monitoring Report to 30 June 2019 (Including progress against 2019/20 Recovery Plan)	
<b>Reference Number:</b>	CC-31-19-F	
<b>Author / Job Title:</b>	Karl Williamson / Chief Financial Officer	

## 1.0 Decisions / Action required:

That the IJB:

- 1.1 NOTES the 2019/20 Management Accounts for the period to 30 June 2019 and the progress to date against the 2019/20 Recovery Plan.
- 1.2 INSTRUCT the Service Managers, through the Chief Officer, to accelerate the Recovery Plan projects, where necessary, and present clear timelines to the IJB in November.

And/or;

- INSTRUCT the Service Managers, through the Chief Officer, to develop additional savings proposals to support the existing Recovery Plan. These plans, including clear timelines, should be presented to the IJB in November.

And/or;

- INSTRUCT the Chief Officer and Chief Financial Officer to begin preparing business cases to SIC and NHSS to request additional funding to cover the projected year-end financial variance.

## 2.0 High Level Summary:

- 2.1 The current projected outturn to the end of March 2020 for the functions delegated to the IJB is an overall adverse variance of £2.768m which represents an over spend in the Shetland Island Council's (SIC) arm of the budget of £0.238m and an over spend in NHS Shetland's (NHSS) arm of £2.530m.
- 2.2 The projected outturn consists of an over spend of £2.140m against delegated functions plus an underachievement against the Recovery Plan of £0.628m.
- 2.3 The current projections do not include the provision of contingency budgets held by SIC (£0.386m) and NHSS (£0.800m) which were set aside in respect of cost pressures which were less certain when their respective 2019/20 budgets were

	<p>set. Contingency budgets will be applied should these cost pressures manifest during the year and either, or both Parties, be unable to fund the cost from within their delegated budgets.</p> <p>2.4 The current financial projection is not sustainable and is outwith the parameters of the Medium Term Financial Plan. Recovery Plan projects must be accelerated or alternative plans put in place to address the current projected over spend of £2.768m.</p> <p>2.5 Should the SIC delivered services require further funding in addition to the core budget and contingency budget available, the Chief Officer and Chief Financial Officer will have to prepare a Business Case, as per the IJB Financial Regulations, requesting further funds from the SIC. This request will have to be considered by SIC Policy and Resources Committee.</p> <p>2.6 Should NHSS fail to address the Recovery Plan and deliver services within the budget the Chief Officer and Chief Financial Officer will have to prepare a Business Case, as per the IJB Financial Regulations, requesting further funds from NHSS. This request will have to be considered by the NHSS Board.</p>
<b>3.0</b>	<b>Corporate Priorities and Joint Working:</b>
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 and Medium Term Financial Plan.
<b>4.0</b>	<b>Key Issues:</b>
	<b>Background</b>
4.1	The 2019/20 Integration Joint Board (IJB) budget was approved at the meeting of 13 March 2019 (Min. Ref. 09/19).
4.2	The 2019/20 IJB budget was then amended at the meeting of 14 May 2019 (Min. Ref. 17/19). The amendment was in relation to the Recovery Plan which was reduced following the NHS Board meeting of 16 April 2019.
4.3	This report represents the Management Accounts as at the end of the first quarter of the 2019/20 financial year.
	<b>Financial Position</b>
4.4	The Management Accounts for the period ended 30 June 2019 have been compiled following financial analysis and budget monitoring at SIC and NHSS.
4.5	Appendix 1 details the consolidated year-end outturn forecast for the services delegated to the IJB. Current projected outturn to the end of March 2020 is an adverse variance of £2.768m.
4.6	Although there is a significant overspend projected at this stage the final outturn position of the IJB, as a separate legal entity, is still expected to be breakeven based on anticipated additional one off payments from its funding partners and the

acceleration of the Recovery Plan.

Significant variances, greater than £0.050m, explained below.

**Mental Health – projected outturn overspend of (£0.157m), (8%)**

- 4.7 Consultant Mental Health Locum commitment plus flights and accommodation to the end of December 2019 (£0.256m), offset with vacancies across the service £0.069m.

**Primary Care – projected outturn overspend of (£0.969m) (22%)**

- 4.8 Yell, (£0.072m) due to continued locum requirement to December 2019. Whalsay (£0.109m) due to cost of current SLA and locum cover. Unst, (£0.110m) due to continued locum requirement. Brae, (£0.082m) due to continued locum requirement for the remainder of the year. Scalloway, (£0.236m) due to (£0.198m) funding gap for TUPE. Bixter, (£0.107m) due to (£0.075m) funding gap on TUPE staff plus (£0.032m) on locums. Walls, (£0.162m) due to (£0.067m) funding gap plus (£0.087m) on locums. These forecasts may reduce as the 'GP Joy' initiative becomes fully embedded later in the year. GPs working through this route may replace expensive locums and therefore improve our financial projections. Recruitment is also ongoing across the substantive vacancies and there are currently two preferred candidates as at August 2019.

**Community Nursing – projected outturn overspend of (£0.055m), (2%)**

- 4.9 Staffing changes in Unst will result in agency cover being engaged for a period of time, possibly for up to 212 days.

**Adult Social Work – projected outturn overspend of (£0.467m), (15%)**

- 4.10 The projected overspend is mainly due to an increase in the value and number of Self-Directed Support packages in the year.

**Community Care Resources – projected outturn under spend £0.165m, 1%**

- 4.11 The projected under spend is mainly due to estimated overachievement of charging income for board and accommodation, £0.323m. Income can vary significantly depending on the financial circumstances of those receiving care. There is also anticipated under spend in employee costs due to vacant posts across the service, £0.199m, as a result of difficulties in recruitment and retention and reduced bed capacity at Isleshavn. This is off-set by projected overspend on agency staff of £0.352m, required due to vacant posts and long-term sickness in areas of the services.

**Unscheduled Care – projected outturn overspend (£750k), (26%)**

- 4.12 Two vacant medical consultant posts continue to be covered by agency and bank staff (£0.534m). Both Ward 3 (£0.130m) and A&E (£0.086m) are using bank staff to cover maternity leave and other long-term absences.

**General Reserve**

- 4.13 The IJB currently has a General Reserve balance of £0.905m, made up as follows:

	£m
Earmarked Reserve	0.474
Committed Reserve	0.148
Free Reserve	0.283
<b>Total</b>	<b>0.905</b>

- 4.14 The earmarked reserve relates to specific funding allocations which were passed to the IJB from NHSS at the end of the 2018/19 financial year. These funds must be used in line with Scottish Government intentions.
- 4.15 The committed reserves represent funding already agreed by the IJB in September 2017 (Min. Ref. 40/17) and May 2019 (Min. Ref. 17/19).
- 4.16 The free reserve can be used in line with the Strategic Commissioning Plan and IJB Reserves Policy.

#### **Progress against the 2019/20 Recovery Plan**

- 4.17 The initial 2019/20 IJB budget and associated Recovery Plan was approved by the IJB on 13 March 2019 (Min. Ref. 09/19).
- 4.18 Following the NHSS Board meeting on 16 April 2019 the Recovery Plan was amended and presented to the IJB on 14 May 2019 (Min. Ref. 17/19). The amended Recovery Plan is included below.

<b>Proposal</b>	<b>£m</b>	<b>Recurrent (R) / Non-Recurrent (NR)</b>
Pharmacy & Prescribing	0.227	R
Primary Care Review	0.100	R
Community Nursing	0.179	R
Vacancy Factor	0.100	NR
Assumption of SG Additional Funding (Island Harmonisation)	1.200	To be confirmed
<b>Total</b>	<b>1.806</b>	

- 4.19 Recovery Projects were included in the report presented on 14 May 2019 and at this early stage of the year service managers in Primary Care and Community Nursing are confident their agreed savings targets can be achieved by 31 March 2020. The unpredictability of medicine costs as a result of shortages and a possible no deal Brexit makes it difficult to predict what level of savings will be achieved in Pharmacy & Prescribing. We have assumed £0.100m will be achieved but this is subject to change as more information becomes available throughout the year. The £1.200m additional primary care funding for island harmonisation is expected later in the year but this has yet to be confirmed by the Scottish Government.
- 4.20 Even if the Recovery Plan is fully achieved in 2019/20, £0.525m savings still has to be found from additional non-recurrent measures to close the funding shortfall.

	<b>£m</b>
Opening Funding Shortfall	2.331
Savings Proposals (4.16)	1.806
<b>Gap Remaining</b>	<b>0.525</b>

- 4.21 The projected savings expected to be achieved by 31 March 2020 is summarised below:

<b>Proposal</b>	<b>Target £m</b>	<b>Year end Forecast £m</b>	<b>Variance £m</b>
Pharmacy & Prescribing	0.227	0.100	(0.127)
Primary Care Review	0.100	0.100	0
Community Nursing	0.179	0.179	0
Vacancy Factor	0.100	0.100	0
Assumption of SG Additional Funding (Island Harmonisation)	1.200	1.200	0
Other in-year savings identified	0.525	0.024	(0.501)
<b>Total</b>	<b>2.331</b>	<b>1.224</b>	<b>(0.628)</b>

## Conclusion

- 4.22 Various over spends and projected savings at this stage of the year does not suggest financial balance will be achieved by March 2020. It is therefore recommended that the IJB considers the decisions required at Section 1 of this report. Please note these actions are not mutually exclusive.
- 4.23 The IJB has a responsibility to plan services in order to deliver the outcomes of the Strategic Commissioning Plan within the financial resources available to it. The IJB should strive in budget setting for 2020/21 to eliminate efficiency savings and work towards a sustainable financial position to avoid the need for a Recovery Plan.

## 5.0 Exempt and/or confidential information:

None

## 6.0

<b>6.1 Service Users, Patients and Communities:</b>	May be affected should services be redesigned. However, there will be appropriate engagement with communities throughout service planning/redesign and relevant consultation procedures will be followed should any proposed changes have a likely impact on this group.
<b>6.2 Human Resources and Organisational Development:</b>	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group. Work continues to pilot new recruitment packages in an effort to reduce the use of Agency Staff and subsequent costs.
<b>6.3 Equality, Diversity and Human Rights:</b>	None
<b>6.4 Legal:</b>	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.	
<b>6.5 Finance:</b>	<p>The current projections included in this report are outwith the parameters of the IJB Medium Term Financial Plan and are therefore not sustainable.</p> <p>The current projections do not include the provision of contingency budgets held by SIC (£0.386m) and NHSS (£0.800m) which would reduce the forecast deficit by £1.186m if applied. The budgets were set-aside by each Party in respect of specific cost pressures, the values of which were uncertain when their 2019/20 were being set. Should these cost pressures manifest during the year and either, or both Parties, be unable to fund the cost from within their delegated budgets, a request will be made to apply these budgets.</p> <p>Should the IJB require funding in addition to the contingency budgets, the Chief Officer and Chief Financial Officer will have to prepare a business case requesting further funding from SIC and NHSS. This additional funding may balance the IJB financial position in 2019/20 but will not improve the IJBs long-term financial sustainability.</p>	
<b>6.6 Assets and Property:</b>	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.	
<b>6.7 ICT and new technologies:</b>	None arising directly from this report. There may be implications for ICT depending on the projects/ options considered to meet the NHSS budget overspend.	
<b>6.8 Environmental:</b>	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.	
<b>6.9 Risk Management:</b>	<p>There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.</p> <p>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.</p>	
<b>6.10 Policy and Delegated Authority:</b>	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.	
<b>6.11 Previously considered by:</b>	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](mailto:karlwilliamson@nhs.net)  
19<sup>th</sup> August 2018

**Appendices:**

1 – Year end forecast outturn position

**Background Documents**

IJB 2019/20 Budget Report – 13 March 2019

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23846>

2019/20 Recovery Plan projects and Invest to Save Proposals

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24047>

## Consolidated Financial Monitoring Report

### Forecast year-end outturn position

Service	2019/20 Approved IJB Annual Budget	2019/20 Revised IJB Annual Budget	Projected Outturn at Quarter 1	Variance (Adv) / Pos
	£	£	£	£
Mental Health	2,031,247	2,052,929	2,210,236	-157,307
Substance Misuse	581,863	587,099	587,099	0
Oral Health	3,124,523	3,124,523	3,083,756	40,767
Pharmacy & Prescribing	6,645,510	6,449,510	6,449,510	0
Primary Care	4,430,563	4,430,563	5,399,922	-969,359
Community Nursing	2,721,212	2,721,212	2,776,041	-54,829
Directorate	1,050,072	946,080	945,765	315
Pensioners	79,845	79,845	79,845	0
Sexual Health	44,813	44,813	44,813	0
Adult Services	5,521,982	5,561,963	5,563,969	-2,006
Adult Social Work	2,992,639	3,025,719	3,492,613	-466,894
Community Care Resources	11,542,901	11,503,306	11,337,951	165,355
Criminal Justice	38,842	39,550	39,915	-365
Speech & Language Therapy	89,116	89,116	80,616	8,500
Dietetics	116,280	116,280	105,280	11,000
Podiatry	235,962	235,962	234,962	1,000
Orthotics	138,329	138,329	138,329	0
Physiotherapy	593,382	593,382	589,882	3,500
Occupational Therapy	1,621,469	1,680,903	1,650,378	30,525
Health Improvement	224,174	224,174	224,174	0
Unscheduled Care	2,864,454	2,864,454	3,614,454	-750,000
Renal	201,524	201,524	201,524	0
Intermediate Care Team	452,182	452,182	452,182	0
Reserve	645,895	640,317	640,317	0
SG Additionality	166,000	166,000	166,000	0
IJB Running Costs	26,762	26,762	26,762	0
<b>Total</b>	<b>48,181,541</b>	<b>47,996,497</b>	<b>50,136,295</b>	<b>-2,139,798</b>
Efficiency Target	-2,532,980	-2,331,402	-1,702,926	-628,476
<b>Grand Total</b>	<b>45,648,561</b>	<b>45,665,095</b>	<b>48,433,369</b>	<b>-2,768,274</b>





Meeting(s):	Integration Joint Board (IJB)	5 September 2019
Report Title:	Performance Overview, Quarter 1: April - June 2019 and Performance Directions	
Reference Number:	CC-32-19-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:

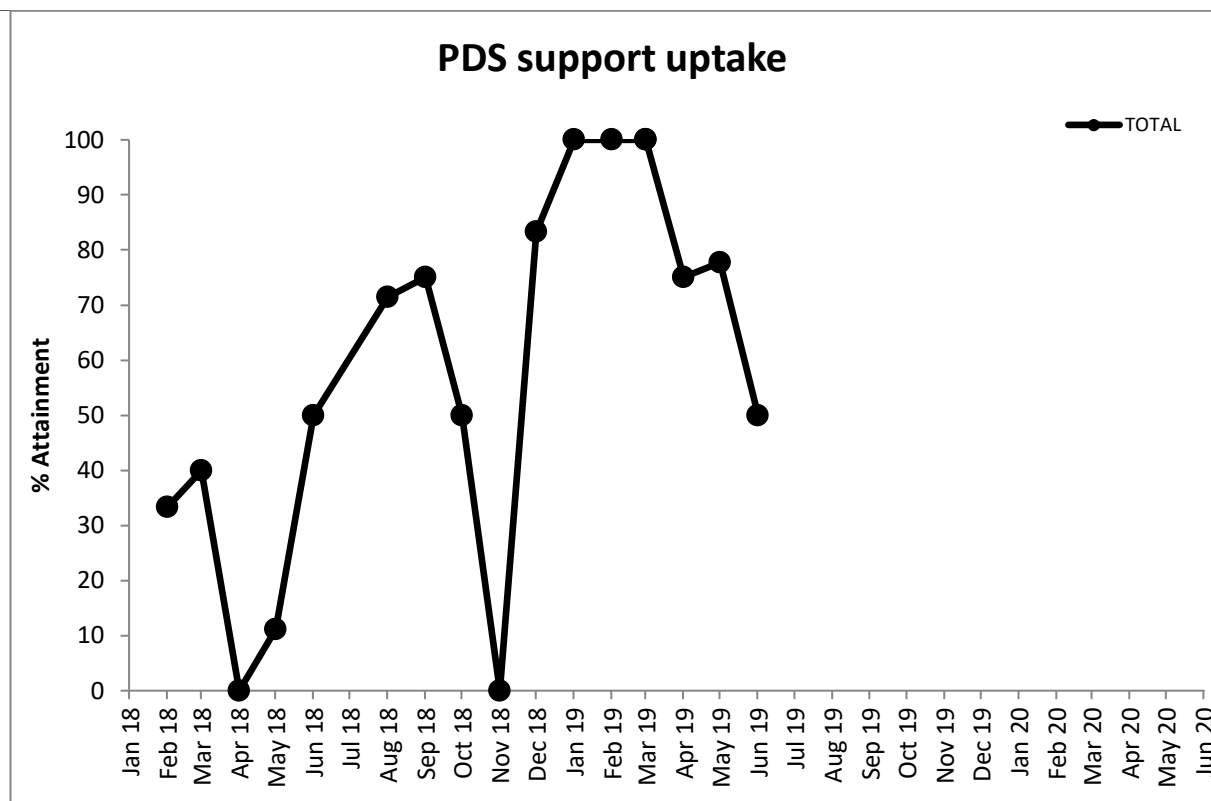
- maintaining and developing flexible and responsive services to meet patients / service users needs, with a focus on meeting health and wellbeing outcomes
- delivery of the strategic change programmes and projects, in a timely manner
- identifying and managing risks
- effective use of resources – money,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

### 2.2 This Report 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)- Actions and Projects
- Appendix 1 (B) – Council Wide Indicators
- Appendix 1 (C) – Annual Operational Plan
- Appendix 1 (D) – By Health and Wellbeing Outcomes
- Appendix 1 (E) – National Integration Indicators
- Appendix 2 – Directions Performance
- Appendix 3 – Complaints
- Appendix 4 - Risks

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	<b>Service Performance</b>
4.1.1	The detailed quarterly performance report for Quarter 1, April - June 2019, is included at Appendix 1. Where performance is reported on an annual basis, only recently published indicators not previously reported have been included.
4.1.2	Since May 2018 Post Diagnostic Support (PDS) for people newly diagnosed with Dementia has been coordinated through the Occupational Therapy Team with a single PDS practitioner holding a caseload of clients receiving PDS. The previous model involved multiple practitioners leading to a lack of continuity and consistency. This change has led to an improvement in the rate take up of PDS as seen in the graph (100% in the first 3 months of 2019). The rate dropped to 50% in June as there were only 2 people diagnosed that month and only one accepted PDS. As at March 2019, 84% of clients had an outcome focussed care plan, 53% of clients had a completed Anticipatory Care Plan and 44% were working on them. Although these statistics are an improvement to the previous model there is a risk in the single handed practitioner service delivery model and this is under review by the project team.



## 4.2 Directions Performance

4.2.1 The Directions Performance reports are included at Appendix 2, for those services which have been updated since the Report in June 2019. 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.

## 4.3 Complaints

4.3.1 A Report on Complaints is included at Appendix 3

## 4.4 Risks

4.4.1 Appendix 4 shows the Risk Register and the status of each of the strategic risks.

4.4.2 The operational risk of exiting the European Union with no deal remains very high and partner organisations continue to monitor plans in response to various scenarios to mitigate as far as possible any impact on service delivery. Many arrangements are determined at national level so there is limited opportunity to influence planning activities beyond providing good information and maintaining clear lines of communication with staff and through established procurement routes.

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:	<p>There are no Human Resources or Organisational Development implications.</p> <p>Sickness absence for the Directorate continues to show improvement.</p>
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:	<p>The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services.</p> <p>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.</p>
6.5 Finance:	<p>The IJB has a statutory responsibility for the delivery of services within the financial resources made available to it. The IJB approved Directions to the SIC and NHSS in May 2019 setting out the services to be commissioned from each Party to deliver the outcomes of the Strategic Commissioning Plan 2019-2022. The Parties are expected to deliver services within the resources allocated and achieve the performance targets and outcomes as determined.</p> <p>Regular and effective monitoring of service delivery allows the IJB to ensure services are being delivered in line with the Directions issued and make strategic commissioning decisions on service delivery in accordance with the financial allocations made available by the funding partners.</p>
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	

#### **Contact Details:**

Jo Robinson, Interim Chief Officer, IJB

[Jo.robinson@shetland.gov.uk](mailto:Jo.robinson@shetland.gov.uk)

01595 74 3087

Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland

[hazelsutherland1@nhs.net](mailto:hazelsutherland1@nhs.net)

01595 74 3072

6 August 2019

#### **Appendices**

Appendix 1 Performance Report (A-E)

Appendix 2 Directions Performance

Appendix 3 Complaints

Appendix 4 Risks

## Appendix A - Projects and Actions - IJB

### Report Type: Actions Report

Generated on: 05 August 2019



Shetland Islands Council

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement
SRP15 Learning Disability services	The purpose of the project is to review the Council funded Adult Services for adults with learning disability (LD), autism (ASD), complex needs and unpaid carers, and redesign where necessary to;	Reviewed Adult Services (Learning Disability and Autism) arrangements that meet eligible need; reduce inequality; support people to maintain and improve their own health and wellbeing and quality of life; meet base value objectives.	Planned Start	14-Feb-2018		The Adult Learning Disability Short Breaks and Respite Project Board comprising unpaid carer representatives and colleagues from 3rd sector, Children Services and CH&SC partnership, have met regularly to consider the needs and aspirations of people eligible for this support and to develop a shared plan for the future. Next steps will require tests of change and we are working closely with adult social work colleagues to progress this.
			Actual Start	14-Feb-2018		
			Original Due Date	31-Mar-2022	Expected Success	
			Due Date	31-Mar-2022		
Lead						
Community Health & Social Care Directorate	<ul style="list-style-type: none"> <li>• ensure fair and equitable access to resource and service where eligible need has been assessed;</li> <li>• ensure sustainable resource and services delivery in an area of demographic rise;</li> <li>• consider support for adults with assessed need not related to LD or ASD e.g. acquired brain injury (ABI)</li> </ul>		Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement
SRP17 Community Care Resources	A business case is being progressed seeking £500-£600k Spend To Save	Sustainable services across Shetland supporting people to be independent and able to live at home in the community.	Planned Start	14-Feb-2018		While there is a strong belief that these projects will accelerate progress in terms of shifting the balance of care from hospital to community and to delivery within people's own homes there is a scarcity of data to develop projected savings. Additional information, largely research bases, has been appended to the spend to save funding applications and finance are currently developing costings based on existing service costs to provide projected savings. In the meantime action plans have been developed for each project and additional resources identified to ensure project plans are well developed prior to recruitment.
			Actual Start	14-Feb-2018		
			Original Due Date	31-Mar-2022	Expected Success	
Lead	Funding from the SIC to support the early intervention and preventative services, to further develop the objective of enabling people to live independently in their own home for as long as it is safe to do so.		Due Date	31-Mar-2022		
Community Care - Resources			Completed Date		Likely to meet target	

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

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	Previous Years		Quarters			
Code & Short Name	2017/18	2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2234	2251	2245	2251	2259	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	526	522	517	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	711.19	695.55	695.55	N/A	N/A	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sickness Percentage - Whole Council	4.0%	4.1%	4.2%	4.6%	3.7%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.3%	5.9%	6.0%	7.0%	4.8%	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	21,371	16,176	17,177	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	952	735	554	Continues to be actively monitored
OPI-4G Employee Miles Claimed - Whole Council	1,244,630	1,092,394	286,275	216,416	170,850	
OPI-4G-E Employee Miles Claimed - Community Health & Social Care Directorate	640,990	552,076	144,827	107,792	71,736	Expected reduction in mileage claims following purchase of vehicles.
E01 FOISA responded to within 20 day limit - Health & Social Care Services	94%	69.25%	69%	30%	91%	Continue to strive to meet target



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

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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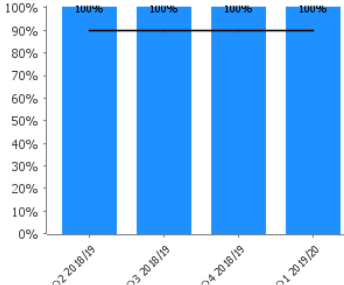

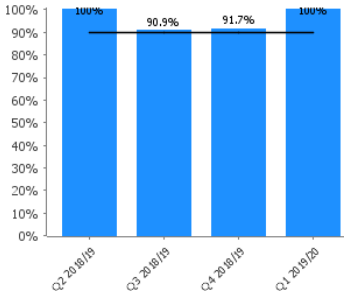
Code & Short Name	Previous Years				Last year	This year	(past) Performance & (future) Improvement Statements
	2015/16	2016/17	2017/18	2018/19	Q1 2018/19	Q1 2019/20	
	Value	Value	Value	Value	Value	Value	
OPI-4C Sickness Percentage - Whole Council	3.7%	3.1%	4.0%	4.1%	3.9%	3.7%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	5.6%	5.2%	6.3%	5.9%	5.0%	4.8%	Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.


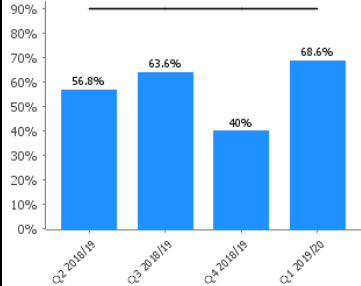

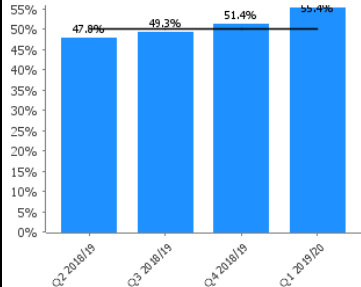

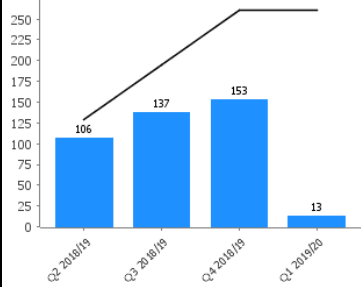
## Appendix C - Directorate Performance Report - Annual Operational Plan: Quarterly Measures



Shetland Islands Council

Generated on: 05 August 2019

	Years				Quarters		Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	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%	91.7%	100%	90%			

	Years				Quarters		Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	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%	40%	68.6%	90%			31-Jul-2019 Demand continues to rise. Fixed term therapist post being recruited to assist with backlog. Improvement plan in place to achieve target by Dec 2020. Recruitment / retention continues to be a risk. Monthly performance meetings with Scottish Government now in place.
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%	51.4%	55.4%	50%			
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	153	13	261			05-Aug-2019 TABIs are one of the most effective and evidence based ways of identifying people who drink at harmful levels and supporting them to reflect on and potentially reduce their drinking. We know that 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 consistent recording issues since ABIs were first introduced and it is therefore difficult to know

	Years				Quarters		Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Target	Status		
										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.

## Appendix D - Directorate Performance Report - Outcomes 1-9: Quarterly Measures


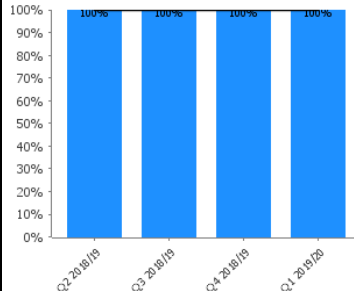


Shetland Islands Council


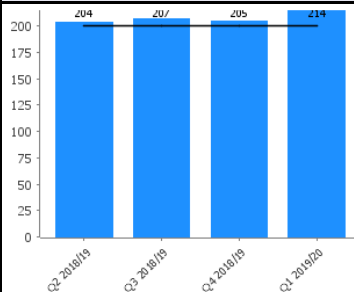
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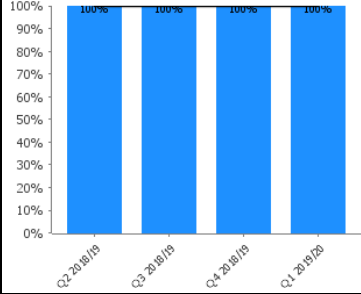
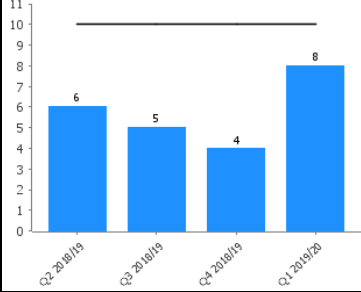
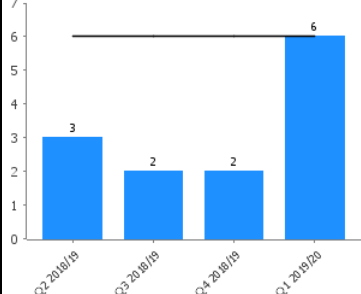
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

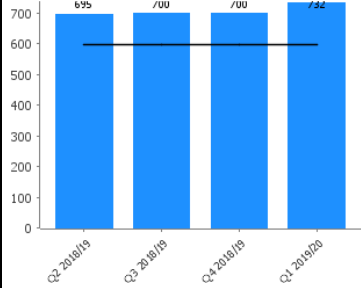
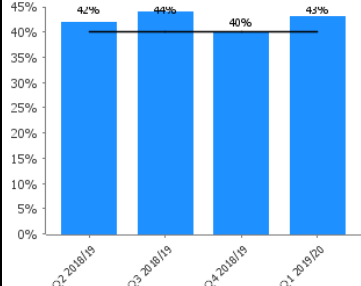
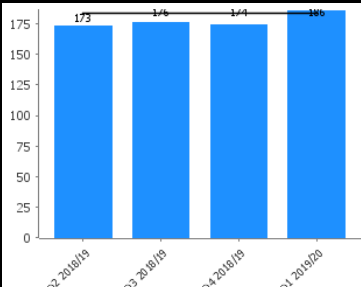
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
ASW003 Percentage of outcomes for individuals are met	N/A	N/A	94%	80%	93%	94%	94%	80%			30-Jul-2019 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%			01-Aug-2019 Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day.

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	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%			01-Aug-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


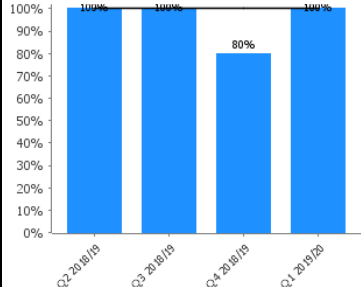

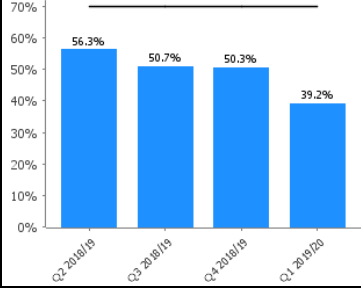

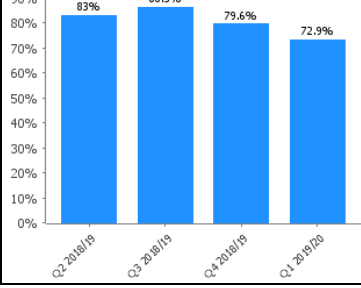
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CCR007 Number of 65 and over receiving Personal Care at Home.	196	200	205	200	207	205	214	200			30-Jul-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.

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	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%	✓		11-Jul-2019 12 patients in quarter 1. 3 Early supported discharge from care home. 3 Early Supported Discharge from Hospital. 6 Prevent Admission.
CCR009 Number of people waiting for a permanent residential placement.	8	10	4	10	5	4	8	10	✓		30-Jul-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	2	2	6	6	✓		

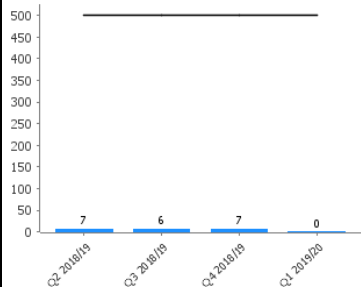
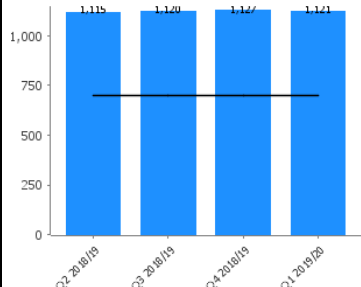
	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)	683	599	700	599	700	700	732	599	✓		30-Jul-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%	44%	40%	43%	40%	✓		30-Jul-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	176	174	186	184	✓		




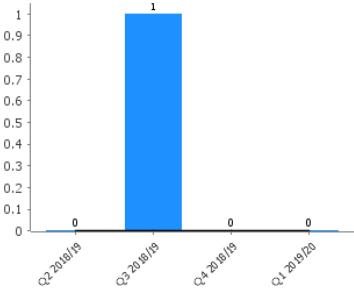
### Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	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%	80%	100%	100%			
ASW001 Percentage of assessments completed on time	79.5%	100%	50.3%	100%	50.7%	50.3%	39.2%	70%			30-Jul-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%	86.3%	79.6%	72.9%	90%			30-Jul-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. Completion target reset to more realistic 90%.


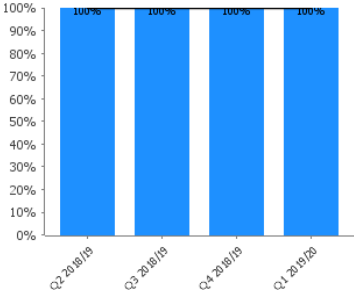
Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users


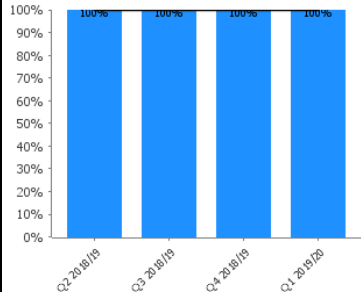

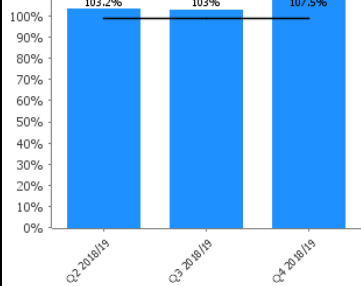

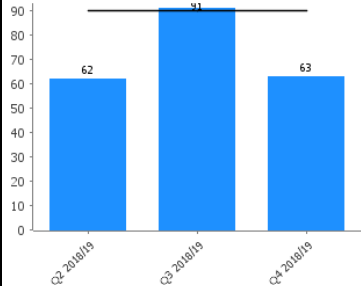
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing care	10	500	7	500	6	7	0	500	✓		
CN001 Number of Anticipatory Care Plans in Place	1,119	700	1,127	700	1,120	1,127	1,121	700	✓		

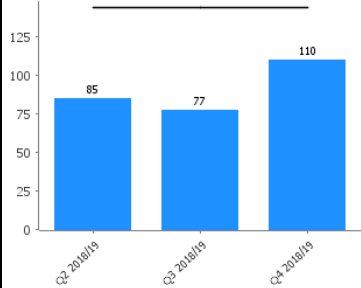
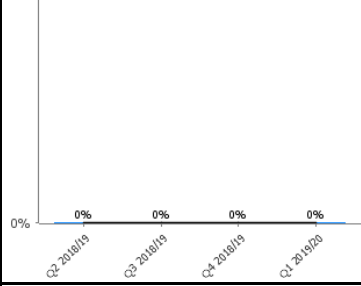
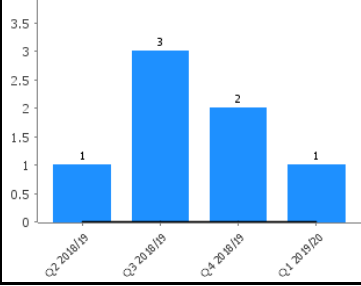
## Outcome 6 - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	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	1	0	0	0			



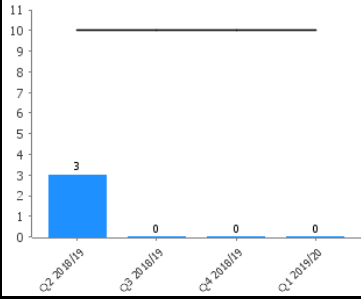
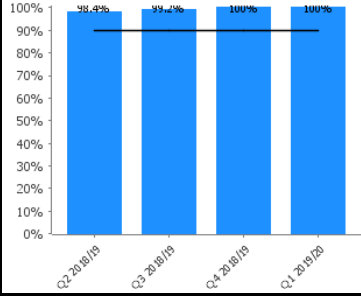
## Outcome 7 - People who use health and social care services are safe from harm


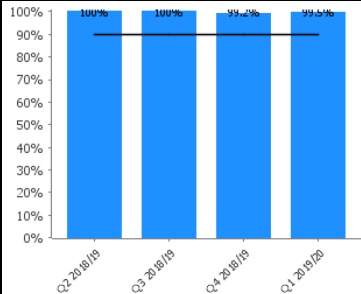

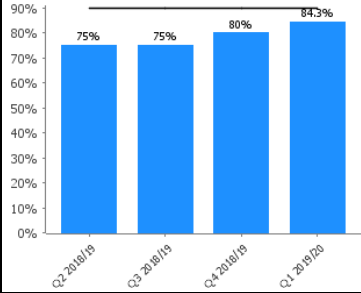

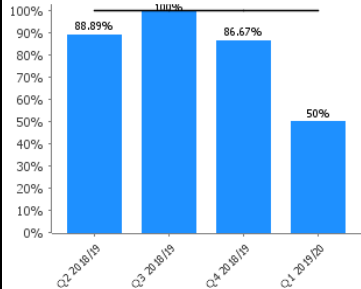
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ001 Percentage of Criminal Justice Social Work Reports submitted to Courts on time	100%	100%	100%	100%	100%	100%	100%	100%			

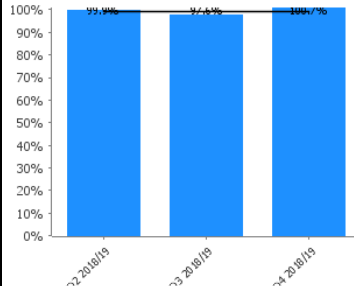
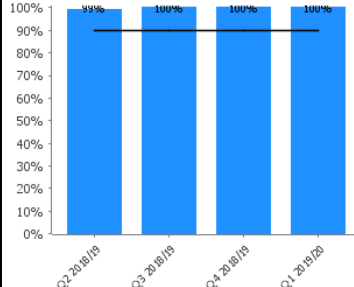
	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ004 Risk and need assessment completed and case management plans in place within 20 days	94.3%	100%	92%	100%	100%	100%	100%	100%			
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average	99.8%	99%	103%	99%	103%	107.5%	N/A	99%			12-Aug-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: Q1 data not available at time of reporting. Will be included in next report.
PPS003 Number of polypharmacy reviews completed	298	360	198	360	91	63	N/A	90			12-Aug-2019 Pharmacists have recently been required to cover general practice work and hospital pharmacy work, which is redirecting resource from this. We should see an improvement later in 2019-20. Note: Q1 data not available at time of reporting. Will be included in next report.

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	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	77	110	N/A	144	✓		12-Aug-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: Q1 data not available at time of reporting. Will be included in next report.
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter	0%	0%	0%	0%	0%	0%	0%	0%	✓		
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	3	2	1	0	✓		

## 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		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20		
	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	1,897	1,924	1,670			01-Aug-2019 Change due to one dentist slightly reducing their working hours.
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	0	10	0	10	0	0	0	10			05-Aug-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.
AHP002 Percentage Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	100%	90%	99%	90%	99.2%	100%	100%	90%			

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP004 Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	100%	90%	99.2%	90%	100%	99.2%	99.5%	90%			
CCR005 Occupancy of care homes	82.9%	90%	76.25%	90%	75%	80%	84.3%	90%			05-Aug-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.
CJ003 Unpaid Work commenced within 7 working days	71.1%	100%	78.1%	100%	100%	86.7%	50%	100%			05-Aug-2019 2 of the 4 clients did not turn up for their first UPW date.

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average	94.7%	99%	97.6%	99%	97.6%	100.7%	N/A	99%	✓		12-Aug-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: Q1 data not available at time of reporting. Will be included in next 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%	100%	100%	100%	90%	✓		


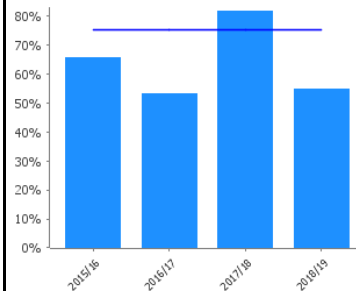


## Appendix D (cont) - Directorate Performance Report - Outcomes 1-9: Annual Measures



Shetland Islands Council

Generated on: 05 August 2019


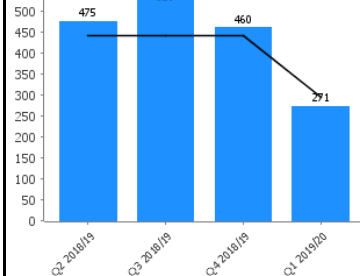

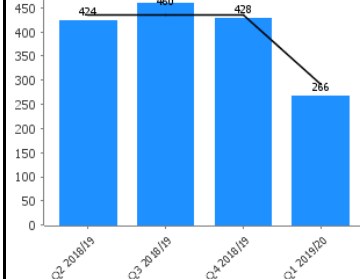
	Previous Years						Current Target	RAG Status																	
Indicator	2016/17		2017/18		2018/19		2018/19	2018/19	Graphs	Note															
	Value	Target	Value	Target	Value	Target	Target	Status																	
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order	52.9%	75%	81.5%	75%	54.6%	75%	75%		 <table><caption>Percentage of individuals showing a decrease in assessed risk and need at end of order</caption><thead><tr><th>Year</th><th>Value</th><th>Target</th></tr></thead><tbody><tr><td>2015/16</td><td>52.9%</td><td>75%</td></tr><tr><td>2016/17</td><td>81.5%</td><td>75%</td></tr><tr><td>2017/18</td><td>54.6%</td><td>75%</td></tr><tr><td>2018/19</td><td>54.6%</td><td>75%</td></tr></tbody></table>	Year	Value	Target	2015/16	52.9%	75%	2016/17	81.5%	75%	2017/18	54.6%	75%	2018/19	54.6%	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.
Year	Value	Target																							
2015/16	52.9%	75%																							
2016/17	81.5%	75%																							
2017/18	54.6%	75%																							
2018/19	54.6%	75%																							

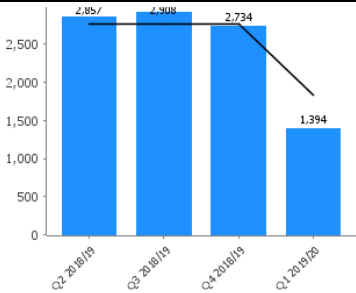
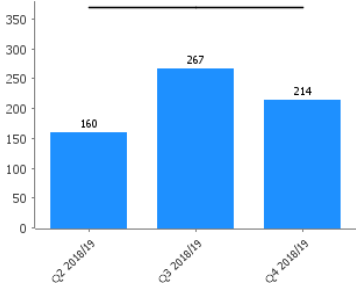
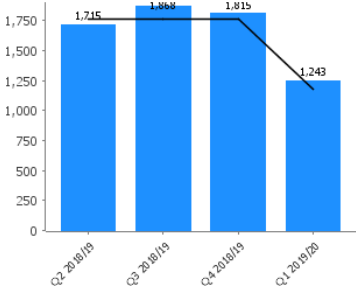
## Appendix E - National Integration Performance Indicators: Quarterly Measures

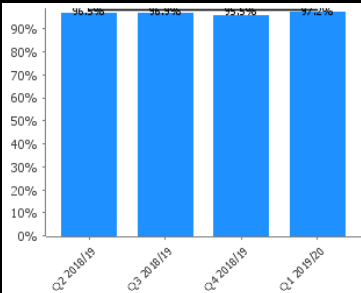
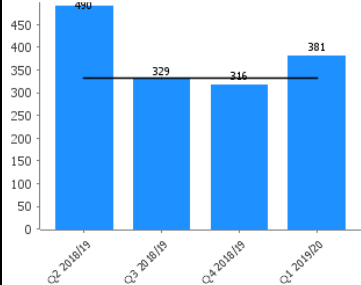


Shetland Islands Council

Generated on: 05 August 2019

	Years				Quarters		Current Target	RAG Status												
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note										
	Value	Target	Value	Target	Value	Value	Target	Status												
NIPI01a Number of emergency admissions	2,016	1,764	1,974	1,764	460	271	294		 <table><caption>NIPI01a Quarterly Data</caption><thead><tr><th>Quarter</th><th>Value</th></tr></thead><tbody><tr><td>Q2 2018/19</td><td>475</td></tr><tr><td>Q3 2018/19</td><td>529</td></tr><tr><td>Q4 2018/19</td><td>460</td></tr><tr><td>Q1 2019/20</td><td>291</td></tr></tbody></table>	Quarter	Value	Q2 2018/19	475	Q3 2018/19	529	Q4 2018/19	460	Q1 2019/20	291	02-Aug-2019 Objective - maintain current position within Peer Group. (Monthly average was 147 over 12 months Jan to Dec 2017). Note: these figures are provisional and are likely to increase as data completeness is improved for more recent months.
Quarter	Value																			
Q2 2018/19	475																			
Q3 2018/19	529																			
Q4 2018/19	460																			
Q1 2019/20	291																			
NIPI01b Number of admissions from A&E	1,774	1,740	1,733	1,740	428	266	290		 <table><caption>NIPI01b Quarterly Data</caption><thead><tr><th>Quarter</th><th>Value</th></tr></thead><tbody><tr><td>Q2 2018/19</td><td>424</td></tr><tr><td>Q3 2018/19</td><td>460</td></tr><tr><td>Q4 2018/19</td><td>428</td></tr><tr><td>Q1 2019/20</td><td>266</td></tr></tbody></table>	Quarter	Value	Q2 2018/19	424	Q3 2018/19	460	Q4 2018/19	428	Q1 2019/20	266	
Quarter	Value																			
Q2 2018/19	424																			
Q3 2018/19	460																			
Q4 2018/19	428																			
Q1 2019/20	266																			

	Years				Quarters		Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Target	Status		
NIP102a Number of unscheduled hospital bed days; acute specialties	11,119	2,760	11,483	11,040	2,734	1,394	1,840	✓		02-Aug-2019 Objective - maintain current position within Peer Group. (Monthly average was 920 over 12 months Jan to Dec 2017). Note: these figures are provisional and are likely to increase as data completeness is improved for more recent months.
NIP102b Number of unscheduled hospital bed days; long stay specialties (mental health)	1,258	1,476	769	1,476	214	N/A	369	✓		31-Jul-2019 Objective - maintain current position within Peer Group. (Quarterly average was 369 over 12 months Jan - Dec 17)
NIP103a A&E attendances	7,110	7,044	7,272	7,044	1,815	1,243	1,174	✓		

	Years				Quarters		Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q1 2019/20	Q1 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIP103b)	96.5%	98%	96.2%	98%	95.5%	97.2%	98%	🟢		
E19 Number of days people spend in hospital when they are ready to be discharged (NIP104)	1,499	333	1,375	1,332	316	381	333	🟡		

## Appendices

2.1	Adult Mental Health
2.2	Substance Misuse
2.3	Oral Health x
2.4	Pharmacy & Prescribing
2.5	Primary Care
2.6	Community Nursing (including Intermediate Care Team)
2.7	Adult Services
2.8	Adult Social Work x
2.9	Community Care Resources
2.10	Criminal Justice x
2.11	Allied Health Professionals
2.12	Health Improvement
2.13	Hospital Based Services
2.14	Unpaid Carers
2.15	Domestic Abuse and Sexual Violence

## Appendix 2.1

### Adult Mental Health Services

Lead Officer: Karen Smith

Link to Approved Direction:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046>

#### Service Delivery

<b>Service</b>	<b>Numbers Patients / Service Users</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
Off-island placements	Average 12 per annum (multiple-visits)	Yes, in line with direction and no significant issues to report	Above target; 12 admissions since March 19. Audits being undertaken to ascertain if earlier intervention could have prevented admission
Local Acute Bed Days	Average 10 per month	Yes, in line with direction and no significant issues to report	Above target – see above
Psychiatry Service	Approximately 200 Case Load	Yes, in line with direction and no significant issues to report	Slightly below target – 173. Backlog of cases now seen and discharged where appropriate
Psychiatric Nursing Service	Approximately 520 Case Load	Yes, in line with direction and no significant issues to report	Below target – 459. Backlog of cases now seen and discharged/signposted where appropriate
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	Above target – 254. 96 drugs, 158 alcohol. Recruitment and staff sickness issues within team. Meeting waiting time target

Dementia Diagnostics Service	186 Live Cases with approximately 15 new referrals a month	Yes, in line with direction and no significant issues to report	Service under review after recent staff retirement.
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

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> 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 September 2019
Service Improvements	Referrals	Referral Protocol	√		Complete
	Pathways	Grampian Royal Cornhill Hospital	√		Complete
		Gilbert Bain Hospital where primary need is Mental Health	√		On target, meeting to be held re MAPA incidents and implementation of Physical Intervention Policy
		Social Care and Health	√		On target, joint working underway
		Third and Private Sector	√		On target, joint working underway
		Out of Hours	√		New model being discussed
		Crisis Intervention	√		New model being discussed
		Employability		√	Regular meetings held with Employability Pathway staff
	Post Diagnostic Support			√	
	Psychiatric Emergency Plan		√		First version completed
	No Health without Public Mental Health and See Me			√	
Staffing / Training	Recruit to vacant posts		√		Below target – recruitment issues with all vacant posts. 2 <sup>nd</sup> round of advertising

	Training Plan		√		3 CPNs applied for CBT training
Ways of Working	Service User / Carers		√		Ongoing
	Multi-Disciplinary Teams		√		Below target – staff absences mean day to day coverage is priority for clinical workload.
	Systems / Data Sharing		√		Meetings with IT and Care Partner ongoing
	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 health anxiety was referred into the service urgently after a suicide attempt. An intensive piece of work was undertaken with Psychiatrist and CPN focussing on distraction and coping skills, using a CBT approach. Discharged after 2 months with new coping skills and ongoing self help interventions.



## Appendix 2.2

### 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>

#### Service Delivery

<b>Tier</b>	<b>Service</b>	<b>No of service users / activity</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
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)	254 currently in service (96 drugs, 158 alcohol).  36 referrals April-June 2019 (Alcohol – 24, 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 delivered by VAS	Shetland Alcohol and 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.

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

### Action / Improvement Plans

<b>Activity</b>	<b>Progress as at September 2019</b>
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.

## **Appendix 2. 4 - Pharmacy & Prescribing**

### **Pharmacy and Prescribing**

Lead Officer: Chris Nicolson

Link to Approved Direction:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046>

#### **Service Delivery**

<b>Service</b>	<b>No of service users / activity</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
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 continues to 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

<b>Service</b>	<b>No of service users / activity</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
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) we do not have ongoing funding to provide the level of pharmacotherapy anticipated.

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

#### Action / Improvement Plan

<b>Activity</b>	<b>Progress as at September 2019</b>
<p>Within the action plan the current priority projects are:</p> <ul style="list-style-type: none"> <li>– Safe transfer of medicines on admission and discharge</li> <li>– Pharmacists led interventions through pharmacotherapy.</li> <li>– Development of the pharmacy technician role</li> <li>– Diabetes prescribing</li> <li>– Respiratory Prescribing</li> <li>– Cardiovascular Prescribing</li> <li>– Polypharmacy and reduction in waste.</li> </ul>	<p>Areas of clinical work and role development are progressing, the availability of technician and pharmacist hours being the main rate limiting step.</p>
<p>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.</p>	<p>Progressing this will highlight the areas where redesign or investment are needed.</p>

Activity	Progress as at September 2019
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.	National funding is now available HEPMA should have functionality and be accessible by March 31st The speed of roll out will depend on the continuing availability of resources both in terms of staff and finance.
Better systems for the management of repeat prescribing and pharmacotherapy within GP practices	Progressing, as databases in GP practices merge the opportunities for improvement increase.
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. Pharmacy have adopted a standardised document control process.
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.
<p>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.</p> <p>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.</p> <p>Over the period, pharmacists and pharmacy technicians will take on responsibility for:</p> <ul style="list-style-type: none"> <li>a) Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines, medication review, compliance review, medicines management</li> <li>b) Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics</li> </ul>	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.

## 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.

## Appendix 2.5

### Primary Care

Lead Officer: Lisa Watt

Link to Approved Direction:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046>

#### Service Delivery

<b>Service</b>	<b>No of service users / activity</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
10 Health Centres in Shetland providing GP services	22,957	Yes, in line with direction and no significant issues to report	All practice lists are “open” e.g. no restrictions on registering new patients
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	GPs visit the islands on either an “as required” basis e.g. for palliative patients, or on scheduled visits every 4-6 weeks (weather depending)
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	No issues to report, the practices are all due an Ophthalmic Adviser visit this year, which will be done in conjunction with NHS Grampian (visits take place every three years)
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	Pharmacy input into GP Practices and Care Homes continues
To support a multidisciplinary approach within GP Practices providing pharmaceutical input.		Yes, in line with direction and no significant issues to report	As above

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

#### Action / Improvement Plan

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



<b>Activity</b>	<b>Progress as at September 2019</b>
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.	GPs have been recruited and placements have commenced
Actively pursue Schemes such as Remote and Rural Fellows Scheme	Applications take place yearly; there was low uptake amongst trainees this year and Shetland was unsuccessful in attracting a Fellow.
Increase the number of training practices in Shetland	Target is for two training practices and GP Trainers are undergoing the necessary training to be allocated GP trainee.
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.	The Primary Care Improvement Plan for 2019/20 has been agreed and submitted to Government. Discussions will commence shortly to consider the 2020/21 Plan.
Develop service models for Shetland to suit the local context, to include different staffing models, within the funding received.	Work is underway to implement a single system of working across the salaried practices, to reduce duplication of work and streamline processes

### 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.

## Appendix 2.6

### 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

No of service users / activity: 22,957

Service	Is the Service operating in line with the Direction?	How are the services performing?
<b>District Nursing</b> - 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.	Yes, in line with direction and no significant issues to report	Services provided to meet clinical needs
<b>Practice Nursing</b> – at all 8 Board provided general practices.	Yes, in line with direction and no significant issues to report	Some reduced capacity in services currently due to vacancies but recruitment in progress
<b>Advanced Nurse Practitioners</b> – Advanced Nurse Practitioner posts based in Primary Care	Yes, in line with direction and no significant issues to report	On target, ongoing training programme
<b>Specialist Nurse - Continence Nurse Advisor</b> – 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
<b>Non-Doctor Island Nursing</b> – 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 reporting to IJB in Sept. Potential future service model in development
<b>Intermediate Care Team</b> – 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 – performance as per quarterly updates

## Action / Improvement Plan

<b>Activity</b>	<b>Progress as at August 2019</b>
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 – awaiting outcome of AHP pilot and then move forward in Community Nursing.
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	Continuous progress, increase in figures month on month
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. Discussions in other communities
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 / SFRS
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.	Project continues to roll out

<p>Vaccine Transformation Programme</p> <ul style="list-style-type: none"> <li>- ensure comprehensive approach to immunisation delivery to all people across Shetland;</li> <li>-Establish formal “VTP” team, for immunisation delivery across Shetland;</li> <li>-Discuss delivery, by VTP team, of Vaccine services for Independent Practices to be added to delivery model – by 2021</li> </ul>	<p>In hand, in line with the Primary Care Improvement Plan. Dedicated Travel service in place from June 2019</p>
<p>Community Treatment &amp; Care Services (CT&amp;CS)</p> <ul style="list-style-type: none"> <li>- Skill mix Practice Nursing team to support delivery of Community Treatment Room services;</li> <li>- Scope feasibility of centralised service to provide “open access” to care and treatment in Lerwick (support access to healthcare for working age population).</li> </ul>	<p>In hand, in line with the Primary Care Improvement Plan. Support of GPs for CT&amp;CS approach to be developed</p>
<p>Urgent Care (Advanced Practitioners)</p> <p>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.</p>	<p>Training in hand. No further recruitment planned currently</p>
<p>Set strategic direction for nursing in community settings by developing Nursing in Community Strategy</p>	<p>In progress</p>
<p>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.</p>	<p>Measures not yet agreed nationally</p>
<p>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.</p>	<p>In hand, links to e-frailty tool.</p>

### 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.

## Appendix 2.7

### Adult Services (Learning Disability (LD) and Autism (ASD))

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? <sup>1</sup>	How are the services performing? <sup>2</sup>						
Supported Living and Outreach Service (SL&O)	<table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>42</td></tr><tr><td>August</td><td>44</td></tr></table>	2019		June	42	August	44	Delivery in line with Directions.	<ul style="list-style-type: none"><li>• Full occupancy and no vacancies in Supported Living tenancies.</li><li>• A small amount of Outreach Service is provided within existing resources</li><li>• There continues to be some turnover of staff.</li><li>• Recruitment is underway for the Team Leader Supported Living and Outreach is post.,</li><li>• There are a small number of young people with very complex needs transitioning from Children Services and eligible for support as adults. Intensive work has commenced and will require service development to meet need</li></ul>
2019									
June	42								
August	44								
Supported Vocational Activity Service (EG@S): a. Accessing	<p>a.</p> <table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>62</td></tr><tr><td>August</td><td>64</td></tr></table> <p>b. 32 (Year to Aug. 2018)</p>	2019		June	62	August	64	a. In line with Direction  .	Service delivery to: <ul style="list-style-type: none"><li>• maintain and improve the quality of life of supported people</li></ul>
2019									
June	62								
August	64								

Service b. KPI AS002: Number of adults with LD/ASD obtaining a recognise d qualificatio n in lifelong learning; personal developm ent; maintainin g skills		b. Annual target 30	<ul style="list-style-type: none"><li>Contribute to reducing health inequalities</li></ul>																						
Supported Employment and Training: a. COPE  b. Project SEARCH	<table><tr><td colspan="2">a.</td></tr><tr><td>2019</td><td>Participant numbers</td></tr><tr><td>June</td><td>20</td></tr><tr><td>August</td><td>20</td></tr></table> <table><tr><td>b. Academic year</td><td>Project SEARCH student intake</td></tr><tr><td>2018/19</td><td>4</td></tr><tr><td>2019/20</td><td>6</td></tr></table>	a.		2019	Participant numbers	June	20	August	20	b. Academic year	Project SEARCH student intake	2018/19	4	2019/20	6	In line with Directions.	<table><tr><td colspan="2">a. COPE: Supported training and volunteering. Number of people supported into paid employment: 0</td></tr><tr><td>b. Academic year</td><td>Project SEARCH into paid employment</td></tr><tr><td>2018/19</td><td>3</td></tr><tr><td>2019/20</td><td></td></tr></table>	a. COPE: Supported training and volunteering. Number of people supported into paid employment: 0		b. Academic year	Project SEARCH into paid employment	2018/19	3	2019/20	
a.																									
2019	Participant numbers																								
June	20																								
August	20																								
b. Academic year	Project SEARCH student intake																								
2018/19	4																								
2019/20	6																								
a. COPE: Supported training and volunteering. Number of people supported into paid employment: 0																									
b. Academic year	Project SEARCH into paid employment																								
2018/19	3																								
2019/20																									
Short Break and Respite Services (NCL)	<table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>31</td></tr><tr><td>August</td><td>31</td></tr></table>	2019		June	31	August	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.																
2019																									
June	31																								
August	31																								
Day care for adults with learning disabilities and autism spectrum disorder (NCL)	<table><tr><td>2019</td><td></td></tr><tr><td>June</td><td></td></tr><tr><td>August</td><td></td></tr></table>	2019		June		August		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.																
2019																									
June																									
August																									

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: <ul style="list-style-type: none"> <li>• the number of unpaid carers known to the Local Authority</li> <li>• the number of unpaid carers assessments in place (including for a single unpaid carer and couple unpaid carers)</li> <li>• The number of carers who have been identified and declined assessment</li> <li>• Unpaid carers without carers assessment offered.</li> <li>• Reconciliation of numbers</li> </ul>

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> 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 August 2019
Short Break and Respite Project	<p>A Short Break and Respite Project commenced in January 2019 to consider the level of eligible need for short break and respite (SB&amp;R) support and to develop a sustainable plan to meet current and future eligible needs. At the time of commissioning, focus was particularly on the service based at Newcraigielea. It was felt that whilst the service is highly valued by those who use it, there was room for deepening impact in terms of ensuring that all care and support provided by the Partnership contributes to people's quality of life and enables people to achieve personal outcomes and far more than simply providing a building based service.</p> <p>Phase 1 of the project has engaged with the people who use and deliver the SB&amp;R service, along with those who commission it, families and local communities to explore, in the spirit of Self-Directed Support (SDS), potential new ways of</p>

	<p>working which would not only improve quality and efficiency but also create a sustainable model moving forward, tailored to maximising the assets and strengths of individuals supported and those available in the community.</p> <p>Significant progress has been made in this first 6 months however to achieve and embed sustainable change further work is required and consideration of how this can be resourced is underway.</p> <p>Work in the next phase/s includes; further develop work practice; roll out of learning to other areas; trial new ways of working through small tests of change; develop risk enablement approach and associated awareness sessions/training; collect evidence of change; communicate and share learning.</p> <p>There will be benefit to this project from the Community Led Support work and implementation of actions following the Care Inspectorate SDS thematic Review..</p>								
Supported Vocational Activity service	As above (main table)								
Employment	<p>Project SEARCH is a one year transition to work programme, supporting young people with additional needs to gain skills and experience into sustainable employment.</p> <p>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.</p>								
Supported Living and Outreach	As above (main table)								
Community Learning Disabilities and Autism Nurse	As above (main table)								
Young people in transition into adulthood	As above (main table)								
Support for unpaid carers of adults with learning disabilities and autism spectrum disorder.	<p>Carer Census 2019; All Carers</p> <table border="1"> <tr> <th>Carer age group</th><th>All Carers</th></tr> <tr> <td>Under 18</td><td>0</td></tr> <tr> <td>18 - 64</td><td>119</td></tr> <tr> <td>65 and over</td><td>170</td></tr> </table> <p>Further work required to establish detailed information in relation to unpaid carers of adults with learning disabilities and autism spectrum disorder</p>	Carer age group	All Carers	Under 18	0	18 - 64	119	65 and over	170
Carer age group	All Carers								
Under 18	0								
18 - 64	119								
65 and over	170								



## **Key Risks and Issues**

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

### **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.

## Appendix 2.9

### 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? <sup>1</sup>	How are the services performing? <sup>2</sup>
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 (MOW)	371	Yes, in line with Direction	

**Additional Information:** All MOW deliveries will be carried out by SIC staff from 30 September 2019. This will result in an approximate annual saving of £70,000. In addition, it will ensure an enhanced service provision for those requiring nutritional support and those with frailty as a preventative measure.

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

#### Action / Improvement Plan

Activity	Progress as at September 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. Identification of student requiring research proposal has been unsuccessful.

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.
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	This is a significant piece of work not only in respect of identifying investment required but identifying the most appropriate mechanism for planned spending and maintenance etc. The current system of utilising revenue budgets are not sustainable.
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	This project is progressing and there is overlap with Community Led Support Project. In the meantime the alternative venue for reablement, palliative care and respite on Yell has welcomed its first service user.

### 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

## Case Studies

'Social Care Workers routinely demonstrate that the Council's values of working well together, taking personal responsibility and excellent service are evident in the imaginative and personalised solutions for service users which are frequently observed. Social Care no longer offers a 'menu' of services but proactively seeks opportunities for individual service users and their carers to achieve their goals and aspirations and focus on what matters most to them. Staff are empowered to initiate small scale improvement activity and the service is currently tracking these initiatives through PDSA cycles to speed up the process of change. Staff need to feel confident to share their successes. It must also be acknowledged that many social care staff are very modest about their achievements on behalf of service users seeing it as 'just what we do'. However, without their dedication and commitment much of the innovative care planning and support activity that makes such a difference to individuals would simply not occur. Recording these interventions and the exceptional impact for individuals does need to improve.

### Case study:-

A hospital inpatient sadly experienced a bereavement. Notwithstanding his ongoing treatment requirements the multi disciplinary team organised a respite placement in a residential setting for him on the same day to enable him to spend time at home and with immediate family members. Staff were able to offer emotional support and practical assistance to ensure this gentleman was able to attend to his dog and plants before returning to hospital after the weekend.

## Residential Establishments: Occupancy

	Permanent				Respite				Overall Occupancy %
	Permanent Beds	Max Nights Occup.	Actual Nights Occup.	Permanent Occupancy %	Respite Beds	Max Nights Respite Occup.	Actual Nights Respite Occup.	Respite Occupancy %	
E.T. & Taing House	41	1271	1044	82%	3	93	240	258%	94%
Montfield	0	-	-	-	16	496	376	76%	76%
Fernlea	8	248	186	75%	2	62	60	97%	79%
Isleshavn	9	279	54	19%	1	31	124	400%	57%
Nordalea	6	186	124	67%	1	31	64	206%	87%
North Haven	10	310	141	45%	5	155	261	168%	86%
Overtonlea	12	372	341	92%	3	93	76	82%	85%
Wastview	13	403	348	86%	2	62	48	77%	86%
W&J Gray (Church of Scot.)	15	465	310	67%	1	31	116	374%	86%
<b>Overall</b>	<b>114</b>	<b>3534</b>	<b>2548</b>	<b>72%</b>	<b>34</b>	<b>1054</b>	<b>1365</b>	<b>130%</b>	<b>85%</b>

	Day Care		Respite Nights		
	Clients	Hours	Assessed nights req'd	Nights accessed	% Uptake of entitlement
Newcraigielea	20	494	142	110	88%

## Waiting List for Residential Care

In Own Home / Extra Care	1
Intermediate Care (Interim Care / Respite)	7
In Hospital	-
Waiting for 1 <sup>st</sup> Choice	-
Awaiting Final 6 Week Review	5
<b>Total</b>	<b>13</b>

## Appendix 2.11

### 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? <sup>1</sup>	How are the services performing? <sup>2</sup>
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.  We are reviewing data to better understand the impact on resources of increased numbers of referrals, and the increasing complexity of the needs of our patients and clients. We have completed a pilot of Home Based Memory Rehab (for people with dementia) and will now offer this as part of Occupational Therapy services in the community
Orthotics	Approx 2500 active users with some 1100 appointments per year. All patients are MSK.	Yes	Meeting 4 week target in Shetland except around holiday times.
Triage	Conservative treatments where possible. Orthopaedic	No	Holiday times may miss some referral triage

	triage to reduce consultant appointments.20 /week			
Physiotherapy	2090 referrals received in 2018		yes	<p>July 2019: Service meeting all waiting times and access targets for non-MSK. Achievement of MSK target dropped in June and July due to staff leave: 78% of patients seen in 4 weeks. Anticipate it will take 3 months to return to previous performance level</p>
Speech and Language Therapy	<b>Current Activity April 2019</b>	<b>Numbers Service Users</b>	yes	<p>Waiting Times</p> <p>118 patients were seen within 8 weeks and 3 between 9 and 12 weeks,</p> <p>One 0.5 whole time equivalent SLT currently on maternity leave, pressures on staff to meet demand.</p>
	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		
	New referrals Jan to July 2019			
	Adults	40		
	Children	71		
	Total new referrals	111		
	Total caseload July 2019	368		

<b><u>Podiatry</u></b>				
Core Podiatry.	600+ annually.	Yes	Patients seen usually within assessed timescale.	
MSK.	300+ annually.	Yes	Pressure on MSK service due to single specialist clinician. Meeting 4 weeks RTT target.	
Diabetes screening + assessment.	Potentially 1300 + persons with diabetes.	Yes	Performing well in comparison with Scottish figures.	
Vascular assessment neurological assessment.	All new patients plus "at risk".	Yes	Appointed and assessed within 12 RTT 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. Negates need to travel south for assessment  Excellent patient feedback.	
Surgical intervention.	60 + annually.	Yes	Cost effective interventions.	
In shoe device prescription.	Demand led.	Yes	Well, empowering and enabling service users.	
Education, training and advice.	Available to all patients, carers, family and friends.  Weekly average 6 patients	Yes	Well, rapid access, multidisciplinary working.  Well received.	



High risk foot clinics.	per clinic.	Yes	
Falls prevention and education.	All relevant “at risk of falls” patients, plus Otago programme.	Yes	Rapid access to service.  Pressure on availability of clinical facilities.
Wound care.	Demand led.	Yes	
Services provided Shetland wide in health centres, hospital, care centres, domiciliary settings.	Demand led.	Yes	Increasing number and complexity of referrals. Seen within 12 weeks RTT target.  Well.
Service access.	Average of 40 + new patient referrals received per month.	Yes	
Brief Advice interventions.	Delivered to appropriate services users and signposting to relevant services.	Yes	

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

## **Action / Improvement Plan**

<b>Description</b>	<b>Lead Officer</b>	<b>Start ate/target</b>	<b>Progress Report as at August 2019</b>
Collaborate with colleagues in education on Emerging Literacy programme	Clare Burke	April 2019, ongoing	Ongoing, Network meetings planned to look at next steps in August 2019
Developing the Universal and Targeted levels of the SLT service through joint working with other services.	Clare Burke	ongoing	Ongoing Training opportunities offered to partners, SLT attendance at Playday in August
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 SLT now using Attend Anywhere. SLT clinic on Shetland Intranet
Implement actions relating to Augmentative and Alternative Communication	Clare Burke	ongoing	Ongoing NHS Shetland SLT representative on national short life working group (SLWG) representing remote and rural, looking at AAC learning
Contribute to developments with autism spectrum disorder (ASD) and neurodevelopmental (ND) pathways	Clare Burke	April 2019 -2020	Ongoing Attended National Autism Implementation Team meeting , and foetal alcohol spectrum disorder (FASD) training
Installation of 3D scanning to reduce the number of visits required by patients.	Laurence Hughes	October 2019	December2019 May be delayed until Jan 2020. Some equipment has been purchased in advance which is portable.
Reduce DNA rate to 5% by implementing Patient Focus Booking	Laurence Hughes	August 2019	December 2019 Achieved.
Ensure Brief Interventions are embedded in practice	Laurence Hughes	April 2019 ongoing	April 2019 ongoing.  Can be monitored at next file audit.
Undertake a service review and implement any resulting recommendations.	Laurence Hughes	April 2020	This will be moved to late 2019
Maximise support to people with dementia and their families, partners and carers to live	Lorna Willis	April 2019 ongoing	On target HBMR pilot successfully completed and ready to

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			move to wider implementation
Develop a mental health OT service underpinned by the Scottish Government's priorities and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness. To focus initially on intervention via Primary Care.	Lorna Willis	April 2019 ongoing, subject to identified funding	On target
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	Equipment funding approved for 2019/20 Awaiting planning approval. Possibly Jan 2020 for a move to the Independent Living Centre.
Implement recommendations from Podiatry 5 year training plan	Chris Hamer	Dec 2018 complete by 2023	3 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	Services continue to develop and mature..
Develop the orthopaedic triage VC clinic	Chris Hamer	Oct 2018 Ongoing	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 continual development.
Devise and implement Tier 3 weight management pathways	Stefanie Leask	Complete by December 2019	Still ongoing
Complete review of NHS Shetland/ SIC Nutrition Policy	Stefanie Leask	Complete by August 2020	Still ongoing
Implement an Oral Nutritional Supplement Pathway	Stefanie Leask	Complete by August 2020	Still ongoing
Explore reasons for high DNA rate in MSK service	Fiona Smith	Currently under review (May 2019)	July 2019: Review of workforce plan will be complete by 31 August 2019
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 work as identified within MSK and long-term conditions teams.			

Development and training as per physiotherapy training plan	Fiona Smith	March 2020	July 2019: Underway as per approved plan (funding for high priority only).
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### 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

## Appendix 2.12

### Health Improvement

Lead Officer: Elizabeth Robinson

Link to Approved Direction:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046>

#### Service Delivery

<b>Service</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
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.	In line with direction	Resource Officer post now filled; work continuing to update website,
Delivery of range of training programmes: <ul style="list-style-type: none"><li>• Mental Health First Aid (adults and childrens' versions)</li><li>• Mentally Healthy workplaces</li><li>• Self-harm awareness,</li><li>• Raising the issue,</li><li>• Health Behaviour Change.</li></ul>	In line with direction	3 x MHFA courses delivered, 3 x Mentally Healthy Workplace, Raising the issue and Health Behaviour change continue to be delivered.
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	Diabetes risk assessments under development, Health Walks continue to be delivered, 5 more walk leaders trained.
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.

<b>Service</b>	<b>Is the Service operating in line with the Direction?<sup>1</sup></b>	<b>How are the services performing?<sup>2</sup></b>
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	Health Impact Assessment planned on Local Development Plan options, community/locality health needs assessments under way.
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	Leading on or actively engaged in Active Shetland Strategic Partnership, Community Learning Partnership, Community Justice Partnership, Integrated Children and Young People's Partnership, among several others.
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	Active engagement in national forums and groups means that we are maintaining up to date knowledge of new approaches and involved in developing strategy and policy at a national level.

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

## Action / Improvement Plan

<b>Activity</b>	<b>Progress as at September 2019</b>
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 – programme of CPD now being delivered.
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.	Local Workplan in place which describes contribution to local priorities. Public Health Priorities event planned for September 2019 to engage partners in priorities and encourage better coordination.
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, but improvement plan in place.
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. Planning has started on a whole systems approach to tackling obesity, under the umbrella of the Partnership Plan.
Reduce the proportion of children with their Body Mass Index outwith a healthy range ( $\geq 85$ th 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.



## Appendix 2.13

### 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? <sup>1</sup>	How are the services performing? <sup>2</sup>
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 and help create resilience.
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 on access to emergency care, including readmission rates is shown in the case study section.

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

## Action / Improvement Plan

<b>Activity</b>	<b>Progress as at September 2019</b>
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 identify and work on tests of change from Q3 onwards. Dates for workshops for the rest of 2019 have been agreed.
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.	A review took place in 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 early supported discharge from hospital (e.g. in conjunction with the intermediate care team in the community) and co-ordination of the discharge planning process to reduce patient flow pressures.	The development of a discharge lounge and using a daily discharge plan at ward level are part of our current unscheduled care plan for 2019-20.
6. 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.

## 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 with 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.
- 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

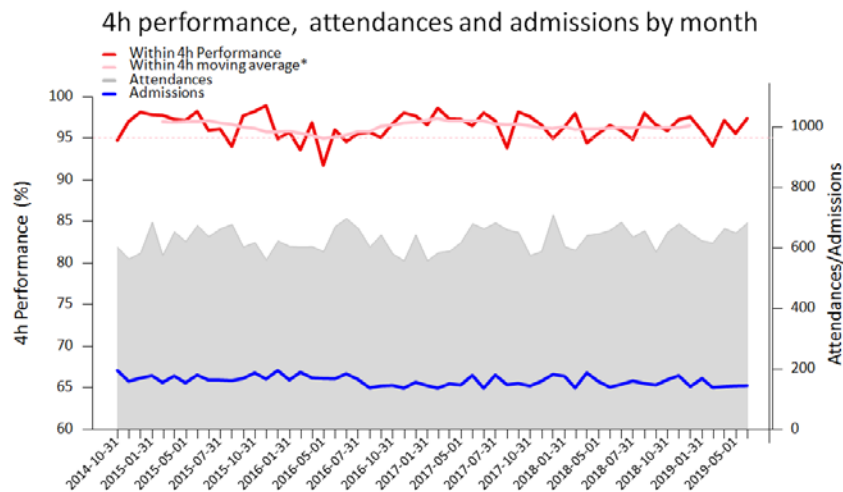
The current activity and performance against the 4 hour A&E target is shown in the attached document (published in July 2019).



Emergency care data  
Jan-April 2019.doc

- Attached document information:

## Gilbert Bain Hospital



### ED 4hr Trend Last 6 months

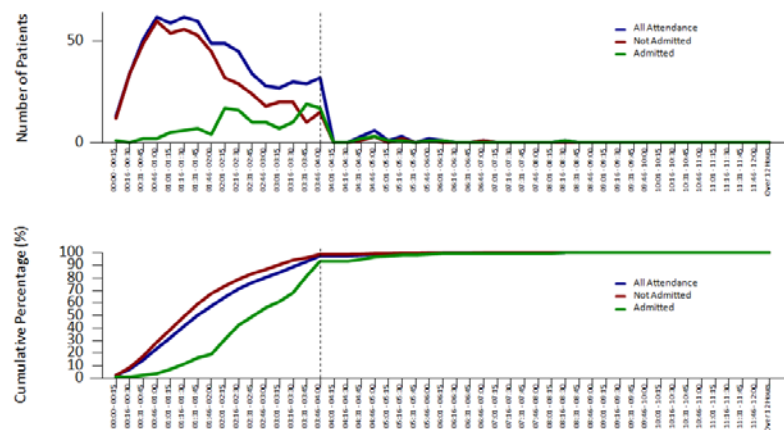
Performance range: 94% to 97.5%.

2019-07-02

Business Intelligence Division

22

## Gilbert Bain Hospital May-2019



- The data shows 8 non-admitted patients spent more than 4 hours in A&E. 95% non-admitted patients spent less than 3hr 45min in A&E.
- The data shows 10 admitted patients spent more than 4 hours in A&E. 95% admitted patients spent less than 5hr 0min in A&E.

2019-07-02

Business Intelligence Division

23



## NSS Discovery Level 1 Overview

Health Board of Treatment analysis

Select Time Period  
Financial Year: 2019/20

Specialties  
All Specialties



Indicator Groupings  
All Treatment Indicators

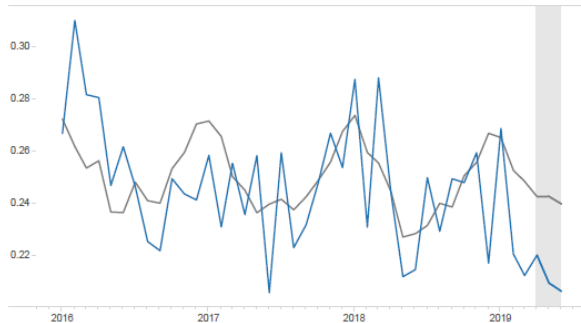
Health Board Selector  
NHS Shetland

This dashboard shows indicator performance aggregated over the chosen time period. Please note that the Specialties dropdown includes all recorded specialties, regardless of whether there is activity for any given specialty in the selected time period / indicator grouping. To switch between overview for all indicators and single indicator view click on an indicator name.

Scotland Selected

24.2% 21.2% AAE - % Admitted

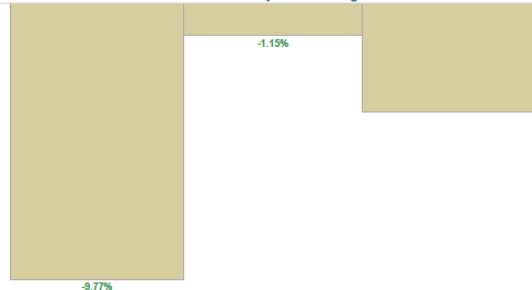
Time Series against comparator value for all available data.



Location comparison

NHS Ayrshire & Arran	29.8%
NHS Lanarkshire	29.4%
NHS Borders	28.2%
NHS Greater Glasgow & Clyde	24.3%
NHS Lothian	24.1%
NHS Orkney	23.9%
NHS Dumfries & Galloway	22.6%
NHS Fife	21.6%
NHS Grampian	21.3%
NHS Shetland	21.2%
NHS Western Isles	21.1%
NHS Highland	20.9%
NHS Forth Valley	20.2%
NHS Tayside	18.4%

Year on Year percent change



## NSS Discovery Level 1 Overview

Health Board of Residence analysis

Select Time Period  
Calendar Year: 2019

Specialties  
All Specialties



Indicator Groupings  
All Residence Indicators

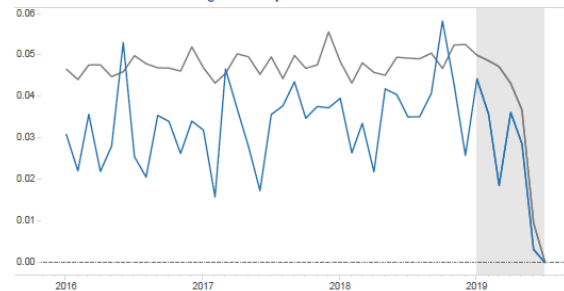
Health Board Selector  
NHS Shetland

This dashboard shows indicator performance aggregated over the chosen time period. Please note that the Specialties dropdown includes all recorded specialties, regardless of whether there is activity for any given specialty in the selected time period / indicator grouping. To switch between overview for all indicators and single indicator view click on an indicator name.

Scotland Selected

4.4% 3.0% Emergency Re-Admissions within 7...

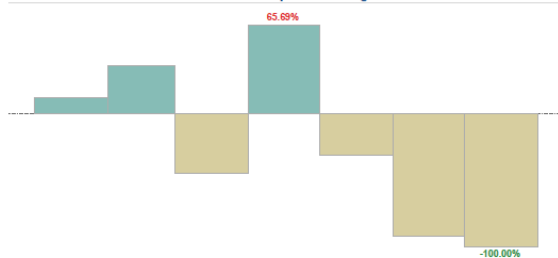
Time Series against comparator value for all available data.



Location comparison

NHS Lothian	5.1%
NHS Fife	5.1%
NHS Highland	4.9%
NHS Ayrshire & Arran	4.7%
NHS Borders	4.6%
NHS Grampian	4.4%
NHS Tayside	4.3%
NHS Western Isles	4.2%
NHS Lanarkshire	4.2%
NHS Dumfries & Galloway	4.1%
NHS Greater Glasgow & Clyde	3.4%
NHS Forth Valley	3.4%
NHS Orkney	3.3%
NHS Shetland	3.0%

Year on Year percent change



## Appendix 2.14

### Unpaid Carers

Lead Officer: Claire Derwin

Link to Approved Direction:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23848>

#### Service Delivery

Service	Is the Service operating in line with the Direction? <sup>1</sup>	How are the services performing? <sup>2</sup>
<p>The services will include, but not be limited to:</p> <ul style="list-style-type: none"><li>- New Craigielea</li><li>- Care Centres (Respite)</li><li>- Non Residential Respite</li><li>- Carers Lead Training</li><li>- Waiving Charges</li><li>- Carers Attendance Scheme</li><li>- Information and Advice</li></ul>	<p>Services are performing in line with the direction.</p>	<p>Unpaid Carers are well supported locally through a range of Health and Social Care interventions.</p> <p>Areas of development are underway to ensure we identify new carers and also try new ways to support carers through Self-directed Support. This will include some 'test of change' support packages that will be funded through Voluntary Action Shetland (VAS) (who were recently awarded £10,000 Carers Act Transformation Support Funding for this) working alongside the short breaks project with New Craigielea.</p> <p>Carers Attendance Scheme are now delivering the first Self Directed Support (SDS) package direct to a family – further discussions on this being available to others are planned.</p> <p>Information and Advice Services are delivered through the Citizens Advice Bureau (CAB) and VAS in line with current service level agreements (SLA). Carers week was a success this year with 165 contacts made with individuals and with 11 new carers identified. VAS are currently supporting 153 Carers.</p> <p>The Section 28 project has started and progress on identifying carers, offering support and ensuring that carers are involved in discharge planning is underway. Unfortunately, the Carers Hospital Liaison Worker has left the post and the Adult Social Work Team are now looking at recruitment issues. As this is a short –term project this might be difficult. The Hospital staff member remains in post with their main role to identify Carers on the ward and educate other ward staff on their responsibilities</p>

		<p>under the Carers (Scotland) Act.</p> <p>Work is underway to ensure we capture meaningful data about what difference we make to Carers lives; through gathering personal outcomes information. The Community Led Support programme may well change the way we capture outcomes information.</p>
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### **Action / Improvement Plan**

<b>Activity</b>	<b>Progress as at September 2019</b>
Identify Carers	<p>21 new carers identified between April 2019 – June 2019. (SIC)</p> <p>(13 between the age of 18-64, 8 over 65. 16 females and 5 males)</p>
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, although there appears to be an increase in this last period of new carers identified. The focus on the cared for person and service led models of support, which whilst 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 implementation of the 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.



## Appendix 2.15

### 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? <sup>1</sup>	How are the services performing? <sup>2</sup>
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

<sup>1</sup> This is delivery of the service model – access to services, level of service, etc.

<sup>2</sup> This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

#### Action / Improvement Plan

Activity	Progress as at September 2019
Secure funding for the continuation of MARAC for 2018-19 and beyond.	Subject to continuing funding from CHCP for co-ordination element and national Violence Against Women (VAWG) funding for advocacy post.
Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.	FMEs and nurse chaperones have been trained to provide appropriate care and support to victims of sexual assault or rape as per the HIS standards, however local FMEs access is limited and the service is fragile. In order to mitigate these risks NHS Shetland is working on the development of an intra-Board service model with NHS Grampian that will mean there is appropriate, on island support for victims. An outline business case has been developed setting out the indicative cost of the service and we are waiting for confirmation from SG on the allocation that will be pledged to support the development of this model of care. The current service is a cost pressure and unfunded.
Develop and implement a communications plan to raise awareness amongst public and professionals, utilising social media and	Women's Aid have organised successful events relating to coercive control in particular and have secured funding for a visiting drama production. We are currently working on plans

other platforms, in the context of the Safer Shetland Communications Strategy.	to tie in with national campaigns including 16 Days of Activism later this year. Also further online training resources on domestic abuse for NHS staff now available and multi-agency human trafficking training is being organised.
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.	Initial stage of mapping work completed – requires further analysis.
Develop and adopt a gender based violence policy for the Shetland Islands Council.	SIC currently undertaking Equally Safe at Work Pilot which aims to promote an inclusive workplace culture which prevents violence against women and involves a number of activities including policy development.
Review the NHS Shetland gender based violence policy, including evaluation of its use to date.	Currently reviewing policy - will link with the SIC work as above.
Provide support and guidance (e.g. simple checklists) for organisations not yet ready to adopt a policy.	No further progress as yet

#### Key Risks and Issues

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

## Appendix 3 - Complaints

### Appendix E - Complaints - Community Health & Social Care



Shetland Islands Council

**This shows all complaints that were open during the Quarter.**  
**Frontline complaints should be closed within 5 working days**  
**Investigations should be closed within 20 working days**

**Generated on:** 31 July 2019

#### Standard of service received

ID	Stage Title	Received Date	Status	Closed Date	Service /Directorate	Days Elapsed	Complaint Upheld?
COM-18/19-928	Frontline	29-Apr-2019	Closed	09-May-2019	Community Health & Social Care Directorate	8	Partially Upheld

## Appendix 4 - Risks

Risk & Details	Likelihood	Impact	Risk Profile	Current and Planned Control Measures	Probability	Impact	Risk Profile
<b>Category</b>	<b>Corporate</b>						
<i>Corporate Plan</i>	<i>Integration Joint Board Strategic Plan</i>						
<p>Failure of Governance Arrangements. The complexity of the governance arrangements may detract from rather than support a journey towards 'single system' working across health and care services.</p> <p>Trigger : Policy framework misunderstood. Policy framework ignored. Conflict of interest between professional, organisational and IJB roles. Decisions are taken outwith the IJB arrangements.</p> <p>Consequences : Strategic Plan not implemented. NHS Shetland and Shetland Islands Council interests take priority to IJB: IJB unable to fulfil its remit.</p> <p>Risk type : Partnership working failure</p> <p>Reference - IJB20001</p>	Almost Certain	Major	Very High	<p>• Integration Scheme, Scheme of Administration and Delegations, Standing Orders and Financial Regulations IJB Committees and supporting groups / forums established and predominantly working effectively. Liaison Group of senior representatives from each organisation meeting regularly to resolve issues. Corporate Services Support Group established and working effectively. Formal Induction Programme. Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Budget and Financial Plan approved by each of the partners. Formal agenda mangement arrangements including Report Templates</p>	Unlikely	Minor	Low

<p>Failure of Governance Arrangements. The individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered.</p> <p>Trigger : Policy framework misunderstood. Policy framework ignored. Conflict of Interest between professional, organisational and IJB roles. Decisions are taken outwith the IJB arrangements.</p> <p>Consequences : Strategic Plan not implemented. NHS Shetland and Shetland Islands Council interests take priority to IJB: IJB unable to fulfil its remit.</p> <p>Risk type : Partnership working failure</p> <p>Reference - IJB20002</p>	Almost Certain	Major	Very High	<ul style="list-style-type: none"> <li>Integration Scheme, Scheme of Administration and Delegations, Standing Orders and Financial Regulations.IJB Committees and supporting groups / forums established and predominantly working effectively. Liaison Group of senior representatives from each organisation meeting regularly to resolve issues. Corporate Services Support Group established and working effectively. Formal Induction Programme. Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Budget and Financial Plan approved by each of the partners. Formal agenda mangement arrangements including Report Templates.</li> </ul>	Unlikely	Minor	Low
<p>Failure of Governance Arrangements. Failure to implement the Strategic Programmes.</p> <p>Trigger : Lack of strategic direction. Lack of resources to deliver the change programmes and projects.</p> <p>Consequences : National and local priorities not achieved. Failure to redesign services to secure equitable, sustainable and affordable services. Not achieve financial balance in 2017-18. Diminished reputation from failure to deliver.</p> <p>Risk type : Strategic priorities wrong</p> <p>Reference - IJB20003</p>	Likely	Major	High	<ul style="list-style-type: none"> <li>Timetable for Delivery was agreed as part of the Strategic Plan.Transformational Change Board established within NHS Shetland and Service Redesign programme established within SIC to support delivery of the Strategic Programmes.</li> </ul>	Possible	Minor	Medium

<p>Lack of leadership. The Strategic Commissioning Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland (NOTE this includes making sure that the plan addresses need) Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcome to meet service needs. Scale and scope of options for change not sufficiently challenging. Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver. Risk type : Strategic priorities wrong Reference - IJB20004</p>	Possible	Major	High	<ul style="list-style-type: none"> <li>Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes, and Service Redesign programme in SIC.</li> </ul>	Unlikely	Minor	Low
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<p>Lack of leadership. The need for transformational change not being effectively understood or communicated to all stakeholders with resulting lack of support for change.</p> <p>Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcomes to meet service needs. Scale and scope of options for change not sufficiently challenging.</p> <p>Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver.</p> <p>Risk type : Strategic priorities wrong</p> <p>Reference - IJB20005</p>	Almost Certain	Major	Very High	<ul style="list-style-type: none"> <li>Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland and Service Redesign programme with SIC, to support delivery of the Strategic Programmes.</li> </ul>	Likely	Significant	High
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<p>Lack of leadership. Failure to investigate, explore, invest in and implement new and sustainable service models.</p> <p>Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcomes to meet service needs. Scale and scope of options for change not sufficiently challenging.</p> <p>Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver.</p> <p>Risk type : Partnership working failure</p> <p>Reference - IJB20006</p>	Almost Certain	Major	Very High	<ul style="list-style-type: none"> <li>Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes, and Service redesign programme established within SIC.</li> </ul>	Unlikely	Significant	Medium
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<p>Lack of leadership. Lack of leadership in the transformational change agenda, including insufficient clarity of purpose. Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcomes to meet service needs. Scale and scope of options for change not sufficiently challenging. Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver. Risk type : Strategic priorities wrong Reference - IJB20007</p>	Almost Certain	Major	Very High	<ul style="list-style-type: none"> <li>Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes.</li> </ul>	Unlikely	Significant	Medium
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<p>Insufficient Finance, or funding not being applied to strategic plan objectives. When the fixed costs of maintaining the current model of service is factored into the financial planning process, the savings may have to fall disproportionately on community health and social care and health improvement services, which is contrary to the Government guidance on where investment should be targeted to achieve the best outcomes for individuals.</p> <p>Trigger : Contained reliance on non-recurring (one-off) savings to balance financial plan. Financial Plan remains out of balance; potential need for Recovery Plan. Inability of partners to agree on Financial Plan and Savings Plans.</p> <p>Consequences : Strategic Plan and Financial Plan not aligned; inability to meet strategic objectives. Existing service needs not met. Emerging and new service needs not met. Inability to meet Government targets on investment in primary care. Ability to function as a 'going concern'.</p> <p>Risk type : Govt. Funding issues</p> <p>Reference - IJB20008</p>	Likely	Major	High	<ul style="list-style-type: none"> <li>• SIC funded services, aligned to Strategic Commissioning Plan and allocation of funding meets identified service needs.NHS funded services, aligned to Strategic Commissioning Plan and allocation of funding meets 90% of current service models.</li> </ul> <p>Pace of redesign will need to increase so that funding can match delivery requirements.</p>	Unlikely	Significant	Medium
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<p>Failure to Direct service delivery. Failure to adequately direct service delivery to meet the outcomes required.</p> <p>Trigger : Strategic Plan, Financial Plan and Service Plans are not aligned. Formal Directions are insufficient.</p> <p>Consequences : Service needs (existing, unmet and future demand) not met. Strategic direction from IJB not implemented by delivery partners (NHS Shetland and Shetland Islands Council).</p> <p>Risk type : Strategic priorities wrong</p> <p>Reference - IJB20009</p>	Likely	Significant	High	<ul style="list-style-type: none"> <li>Quarterly reporting arrangements in place for performance, risk and finance.Strategic Plan includes detailed Service Plan, performance framework, financial plan and strategic change programmes upon which to base detailed 'Directions' from the IJB to the Health Board and Council to deliver the services as required.</li> </ul> <p>The IJB is an active member of the Shetland Partnership, and the Strategic Plan supports the work to make Shetland the best place to live and work.</p>	Possible		Minor	Medium
<p>The underpinning requirement for resilient and complete broadband coverage to take advantage of technological solutions might not be secured within the timescale of this Plan.</p> <p>Trigger : Technology solutions that rely on broadband not robust or unable to take advantage of full functionality.</p> <p>Consequences : Service needs (existing, unmet and future demand) not met.</p> <p>Risk type : Missed opportunities</p> <p>Reference - IJB20010</p>	Almost Certain	Significant	High	<ul style="list-style-type: none"> <li>Strategic objective of the Shetland Partnership's Local Outcome Improvement Plan.Activity ongoing to secure funding and prioritisation of Shetland's requirements.</li> </ul>	Likely		Significant	High
<b>Category</b>	<b>Strategic</b>							
<i>Corporate Plan</i>	<i>Integration Joint Board Strategic Plan</i>							

<p>A No Deal Brexit has the potential to severely disrupt the operational delivery for the NHS and SIC which will adversely impact on the ability of the IJB to deliver its strategic aims and objectives.</p> <p>Trigger : Disruption to the supply of goods and services which support the operational delivery of the NHS and SIC.</p> <p>Consequences : Inability to deliver outcomes for individuals and communities. Supply chain issues. Recruitment challenges.</p> <p>Risk type : Govt policy - failure to meet</p> <p>Reference - IJB20011</p>	Almost Certain	Major	Very High	<ul style="list-style-type: none"> <li>Active planning by Council and NHS Risk identification and plans to mitigate where possible with both organisations working in partnership, to ensure service continuity.</li> </ul>	Unlikely		Minor	Low
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 <p><b>Shetland NHS Board</b></p>	 <p><b>Shetland Islands Council</b></p>
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<b>Meeting(s):</b>	NHS Board SIC Policy and Resources Committee Integration Joint Board (IJB)	27 August 2019 9 September 2019 5 September 2019
<b>Report Title:</b>	Review of Shetland Islands Health and Social Care Partnership Integration Scheme	
<b>Reference Number:</b>	CC-36-19-F	
<b>Author / Job Title:</b>	Christine Ferguson, Director of Corporate Services, Shetland Islands Council, Jo Robinson, Interim Chief Officer IJB and Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

## 1.0 Decisions / Action required:

### 1.1. That the NHS Board and SIC Policy and Resources Committee:

- 1.1.1 CONSIDER the information in this report and the appendices attached with regard to the statutory process of reviewing the Shetland Islands Health and Social Care Partnership Integration Scheme, as set out in Appendix 1; and
- 1.1.2 APPROVE the process at Appendix 1, and
- 1.1.3 AGREE that in the event of the NHS or Council seeking to take a different approach, to delegate to the Interim Chief Executive of the Health Board and the Chief Executive of the Council authority to work with the Liaison Group to agree a common approach.

### 1.2. That the IJB NOTES the information in this report and appendices, and that IJB members, individually or through their nominated organisations, will be invited to participate in the review process.

## 2.0 High Level Summary:

- 2.1 Shetland's Integration Joint Board (IJB) was formally constituted under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 on 27 June 2015. This means that the Health Board and Local Authority has delegated the responsibility for planning and resourcing service provision for adult health and social care services to the IJB; a separate legal entity.
- 2.2 There are in place a range of groups to support the IJB. One such group is the Liaison Group, which provides an opportunity for the most senior representatives of each of the partners to come together to resolve issues and create a culture of

working together to improve outcomes. At a recent meeting of the Liaison Group on 25 June 2019 it was agreed, “to begin preparations for the formal review of the Integration Scheme, which will include stakeholder and public consultation”. This approach is endorsed and sponsored by the Chief Executive of Shetland Islands Council and the Interim Chief Executive of NHS Shetland.

- 2.3 The overall purpose of the legislation and supporting arrangements is to improve the health and wellbeing outcomes for the people of Shetland by working in an integrated way across the spectrum of health and care services. 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. We aim to 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.
- 2.4 The IJB assumed responsibility for the functions delegated to it by Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board) as set out in the Integration Scheme for Shetland’s Health and Social Care Partnership on 20 November 2015, when it approved and adopted the joint Strategic (Commissioning) Plan for 2015/16.
- 2.5 The underpinning document for the operation of the IJB is the Integration Scheme. On 11 and 18 February 2015, NHS Shetland and Shetland Islands Council (Minute Reference 07/15) respectively approved the Shetland Islands Health and Social Care Partnership Integration Scheme 2015 [‘The Integration Scheme’].
- 2.6 Section 44 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires the local authority and the Health Board to carry out a review of the scheme within a 5 year period for the purpose of identifying whether any changes to the scheme are necessary or desirable.
- 2.7 The Integration Scheme came into effect on 27 June 2015, the date on which the Parliamentary Order formally established the Integration Joint Board. The aim is to report back to the Parties to the Integration Scheme (the Council and the Health Board) and also to the IJB by the end of June 2020. The process of review will involve engagement with a range of stakeholders so it is considered appropriate to start the process now to allow time for input and debate. The review will also look at experiences of other IJBs and compare Shetland’s Integration Scheme with the arrangements in place for other health and social care partnerships.
- 2.8 When considering the options for implementing the Public Bodies (Joint Working) (Scotland) Act 2014, the Health Board and the Council considered the following options:
- The Body Corporate model; and
  - Delegation between partners, a ‘lead agency’ approach, which could take the form of:
    - o Delegation of functions by the local authority to the Health Board;
    - o Delegation of functions by the Health Board to the local authority;
    - o Delegation of function between authorities – the mixed model.
- 2.9 A formal Options Appraisal was undertaken to support the recommendation to progress with the Body Corporate Model. The assessment was done using the

following criteria: effectiveness; efficiency; economy; staffing implications; clinical and professional governance; and decision making. The conclusions reached in 2014 were as follows:

1. "Any of the three models could work for Shetland and deliver against the required outcomes of the Act.
2. The expectation is that in a lead agency integration model, staff would transfer to the lead agency. There are issues with the transfer of staff including with regard to recruitment and retention given the very strong allegiance of many staff to the NHS as their employer or to local government and also with regard to continuity of employment.
3. There are potentially higher implementation costs with the lead agency model and higher recurring costs due to the contractual nature of the relationship between the two agencies. There may be additional costs if NHS were to be the lead agency eg with regards to the treatment of VAT although this is being looked at by Scottish Government.
4. Currently there is no consensus among stakeholders as to the best model however it appears unlikely that we could reach an agreement on a lead agency model at this time.
5. It would be better to agree a model as soon as possible so that the detailed work on the Integration Scheme can begin. If there is no agreement, then a body corporate model would be imposed, however that is unlikely to happen until much later in the year.
6. All partnerships who have decided on a model with the exception of Highland have opted for the body corporate. Given that the vast majority of partnerships will be working on a body corporate model, this would appear to be the least risk as there would be opportunities to share experiences and knowledge going forward.
7. It would be easier to move to a body corporate from our current position as a Community Health and Social Care Partnership. We could move to a different model at a later date if the situation suggested this would offer greater advantages."

2.10 The Public Bodies (Joint Working) (Scotland) Act 2014 set out the services which 'must be' included in any integration scheme and each area could then consider which other services they may wish to include in the Integration Scheme. The services which were considered for inclusion in the Integration Scheme but subsequently were not included were:

- Children's Healthcare services;
- Public health and specialist health improvement
- Children's social care services
- Housing
- Sport and Leisure

2.11 Whilst 'unscheduled care' must be included in the Integration Scheme, the extent to which emergency (unplanned) and elective (planned) services could be effectively delineated within the overall operation of the Gilbert Bain Hospital was considered.

2.12 In a small health and care economy in Shetland, it was considered appropriate that the IJB be responsible for strategic planning across the whole of the Health Board operations and all of adult social care.

2.13 In summary the current arrangements can be described as follows:

- NHS Shetland has delegated all of their planning functions to the IJB;
- NHS Shetland retains overall responsibility for most of Hospital and Acute Services, Child Health and some of the Public Health functions;
- NHS Shetland has delegated all of the Community Health functions to the IJB for commissioning decisions;
- NHS Shetland has delegated part of Hospital and Acute Services (unscheduled care) and part of Health Improvement to the IJB for commissioning decisions;
- Shetland Islands Council has delegated all of its adult social care functions to the IJB for commissioning decisions;
- Each organisation has a significant number of supporting committees, sub groups, forums and partnerships to support their particular role and remit.

2.14 Over the past year, following a period of operation, the IJB, Health Board and Council have reflected on the current arrangements to make sure that they are operating effectively. This has taken the form of:

- an internal self evaluation exercise;
- a response to the Scottish Government's Self Evaluation and Development Plan; and
- a response to the Interim External Audit Report.

2.15 The key aspects where it was considered that the current arrangements could be improved included: governance and accountability; roles and responsibilities; strategic priorities; resource allocation; and participation and engagement. The complexity of the arrangements are recognised at a national level and Shetland is not the only area where there are issues around the practical application of the Public Bodies (Scotland) (Joint Working) Act 2014.

2.16 Recently, in November 2018, Audit Scotland published their latest progress report on Health and Social Care Integration. The key messages from the Report are set out below.

*"Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.*

*Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.*



*Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.*

*Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland”.*

*There are several recommendations for improvement for organisations to take forward around:*

- *Commitment to collaborative leadership and building relationships*
- *Effective strategic planning for improvement*
- *Integrated finances and financial planning*
- *Agreed governance and accountability arrangements*
- *Ability and willingness to share information*
- *Meaningful and sustained engagement”*

2.17 The recommendations from the Audit Scotland Report formed the basis of the recent Self Evaluation exercise. The Scottish Government has requested that a Development Plan be prepared in response to that Self Evaluation exercise by 23 August 2019 and that is the subject of a separate Report. The Self Evaluation exercise and Development Plan will inform the review of the Integration Scheme.

2.18 The review process will provide an opportunity to explore where the current arrangements might be enhanced to further support integrated working, always with a view to improving people’s health and care outcomes in the most efficient and effective manner and addressing the underlying inequality issues which may be preventing people from doing so. The proposed consultation process is set out in Appendix 1.

### **3.0 Corporate Priorities and Joint Working:**

3.1 The two key documents which support the implementation of the Public Bodies (Joint Working) Act 2014 are the Shetland Islands Health and Social Care Partnership’s Joint Strategic Commissioning Plan and the Integration Scheme.

3.2 The Parties to the IJB are the Shetland Islands Council [the Council], and NHS Shetland [the Health Board]. The Parties agreed the Integration Scheme for the Shetland Islands Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board. This Integration Scheme came into effect on 27 June 2015, the date on which the Parliamentary Order formally established the Integration Joint Board.

3.3 The Integration Scheme sets out the detail as to how Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board) will integrate services. It is a comprehensive document that covers all aspects of the Community Health and Social Care Partnership's ways of working, including the detailed governance arrangements for the IJB.

#### **4.0 Key Issues:**

4.1 Joint working between the Council and Shetland NHS Board is well established, with the first joint appointment being made in community care in 2002. The Shetland Islands Health and Care Partnership is able to secure good performance, across a range of key performance measures. On a day to day basis, staff are able to work together to provide effective care for people with health and care needs. There are, however, some systemic operational issues which exist which make 'seamless' joint working challenging, such as: lack of shared data systems and documentation; inability to effectively pool budgets; and joint posts having to operate to two sets of policies and procedures. Whilst some of these are operational in nature, having strong shared governance and leadership arrangements can support managers to implement a shared approach.

4.2 There is a legislative requirement for the Health Board and Local Authority to review the Integration Scheme within 5 years of the Scheme being approved. It makes sense, given the shared nature of the arrangements, for the review to be undertaken by all three partners. The IJB Liaison Group is supportive of an open and inclusive approach to reviewing the Integration Scheme, both in terms of the scope of services included in the Integrated Scheme and in relation to governance and accountability. The Liaison Group has acknowledged that the current arrangements are complex, as is the case in other areas, and are perhaps not conducive to enabling all available resources to be best applied across the spectrum of health and care in the spirit in which the legislative permits us to operate, in what is a small health and care economy.

4.3 The separation of the strategic planning function from operational delivery will warrant consideration. The case was made when the Integration Scheme was designed for the strategic planning of all health and care services to be delegated to the IJB. This is different to the actual budgets delegated to the IJB for commissioning services and can cause confusion with regard to where decisions get made. Some services are 'in' for planning purposes and 'out' for commissioning purposes. This is outlined in the diagram in Appendix 2, where the outline for services which fall within the Strategic Plan are highlighted and compared to those which are only included for budgeting / commissioning decisions.

4.4 As mentioned in the Audit Scotland report, there is still work to do to address financial planning and budgeting across the whole of health and care, to make the best possible use of all resources (staff, buildings, equipment, systems, etc).

4.5 The legislation did not explicitly address issues of accountability. This relates specifically to NHS Shetland where the Chair, Chief Executive and Director of Finance remain directly accountable to the Scottish Government Ministers for the delivery of Health Board services within the financial envelope provided, regardless of the integration arrangements in place. It is therefore understandable that caution is applied when considering where accountability ultimately lies and how the arrangements within the Public Bodies (Joint Working) (Scotland) Act 2014 can

be aligned with NHS governance arrangements, which remain unchanged. This is a national issue.	
4.6	Appendix 1 sets out an open and inclusive consultation and engagement process to find out what those directly and indirectly affected by the application of the Integration Scheme, who wish to have a say, think about the arrangements. It is difficult to extract the Integration Scheme from the Joint Strategic Commissioning Plan so the idea is to run a concurrent engagement exercise, which will inform the review of both the key documents – the Strategic Plan and the Integration Scheme. A separate and related Report will be prepared to outline the approach for the refresh of the Strategic Plan.
4.7	The process will be aligned with the IJB's Participation and Engagement Strategy and will take account of the Scottish Government's Chief Executive's Letter to each Health Board CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services.
4.8	The timescale for undertaking the work will run to February 2020, with the objective of having a refreshed Strategic Plan and Integration Scheme for consideration by the June 2020 agenda cycle.
4.9	A Project Team will be established for the review reporting to the Health and Social Care Partnership Liaison Group, which will act as a sounding board. The Senior Responsible Officer responsibilities will sit with the Chief Executives of the Parties i.e. the Council and the Health Board.
<b>5.0 Exempt and/or confidential information:</b>	
5.1	None.
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	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.
<b>6.2 Human Resources and Organisational Development:</b>	Staff consultation and engagement on the refresh of the Strategic Plan and the Integration Scheme will be facilitated through the Joint Staff Forum.
<b>6.3 Equality, Diversity and Human Rights:</b>	None.
<b>6.4 Legal:</b>	<p>The Integration Joint Board [the IJB] is a body corporate, established by Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>Section 44 Review of Integration Scheme requires, "The Local</p>

	Authority and the Health Board must carry out a review of the scheme before the expiry of the relevant period [5 years] for the purpose of identifying whether any changes to the scheme are necessary or desirable".	
<b>6.5 Finance:</b>	The costs of undertaking the consultation and engagement exercises are predominantly staff time and will be accommodated within the existing approved budget for 2019-20.	
<b>6.6 Assets and Property:</b>	None.	
<b>6.7 ICT and new technologies:</b>	None.	
<b>6.8 Environmental:</b>	None.	
<b>6.9 Risk Management:</b>	There is a legal obligation to review the Integration Scheme so the risk of not proceeding with the review will be concerned with non-compliance with legislation.	
<b>6.10 Policy and Delegated Authority:</b>	<p>The legislation requires the Health Board and the Local Authority to review the Integration Scheme.</p> <p><u>NHS Shetland Board</u> The NHS Board holds the responsibility for reviewing strategic documents and there is no Committee within which this remit would fall. The Report is therefore presented directly to the NHS Board for consideration.</p> <p><u>SIC</u> Strategic overview of functions relating to developing the Council as an organisation, its processes, procedures and staff, policy development and the planning and performance management framework is delegated to the Policy and Resources Committee. The Committee is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. Therefore, as this report concerns a review process, the matter is reserved to the Policy and Resources Committee. Any subsequent recommended changes to the Scheme itself as a result of the review will also require approval of the Council.</p> <p><u>IJB</u> It is the given responsibility of the IJB to implement and adhere to the Integration Scheme. The IJB and any Groups and Sub Committees which support the IJB will be consulted through the engagement process.</p>	
<b>6.11 Previously considered by:</b>	Strategic Planning Group	21 August 2019

**Contact Details:**

Jo Robinson, Interim Chief Officer, IJB

[Jo.robinson@shetland.gov.uk](mailto:Jo.robinson@shetland.gov.uk)

01595 74 3087

Christine Ferguson, Director of Corporate Services, Shetland Islands Council

[Christine.ferguson@shetland.gov.uk](mailto:Christine.ferguson@shetland.gov.uk)

01595 74 3819

Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland

[hazelsutherland1@nhs.net](mailto:hazelsutherland1@nhs.net)

01595 74 3072

14 August 2019

**Appendices:**

Appendix 1: Consultation and Engagement Proposal

Appendix 2: Diagram of Current Arrangements

**Background Documents:**

Shetland Islands Community Health and Social Care Partnership's Integration Scheme

[http://www.shetland.gov.uk/Health\\_Social\\_Care\\_Integration/documents/SHSCPartnershipIntegrationScheme15May2015\\_000.pdf](http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/SHSCPartnershipIntegrationScheme15May2015_000.pdf)

Services which are prescribed to be included in the Integration Scheme by Local Authorities

<http://www.legislation.gov.uk/ssi/2014/345/contents/made>

Services which are prescribed to be included in the Integration Scheme by Health Boards

<http://www.legislation.gov.uk/ssi/2014/344/contents/made>

Integration Self Evaluation and Development Plan

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24049>

Response to the Interim External Audit Report

<http://www.shetland.gov.uk/coins/agenda.asp?meetingid=6321>

Integration Joint Board Participation and Engagement Strategy

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18315>

CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

[https://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)



## Appendix 1, Consultation and Engagement Framework

### Purpose

To determine if the current Integration Scheme and Joint Strategic Commissioning Plan are 'fit for purpose' and identify ideas for what changes could be made to the scope and concept to better improve the outcomes for people who need health and care services, particularly where their needs are complex, by engaging with a wide range of people who are directly and indirectly affected by health and care integration.

### Stakeholders

The purpose of this document is to identify the main stakeholders and agree how to engage with them to review the Integration Scheme and Refresh the Strategic Plan and find ways to talk to them about what we do so that 'every voice is heard', where people want to make a contribution.

### Stage 1: Stakeholder analysis – identify the key people (some potentially overlap)

<p><b>HIGH</b></p> <p>↑</p> <p><b>STAKEHOLDER INFLUENCE</b></p> <p>↓</p> <p><b>LOW</b></p>		
	<b>INVOLVE</b>	<b>INFORM, CONSULT AND COLLABORATE</b>
	<p><b>Stakeholders we want to engage with:</b></p> <ul style="list-style-type: none"> <li>- Councillors / Non Executive Directors NHS/ IJB Members</li> <li>- IJB Groups and Committees</li> <li>- Relevant Partnerships involved in health and social care</li> <li>- Management Teams</li> <li>- Staff directly involved in Health and Care</li> <li>- Staff Representatives</li> <li>- Scottish Government Directorates</li> <li>- Community Councils</li> <li>- Health and Care Groups / Locality Groups</li> <li>- Children and Young People</li> </ul>	<p><b>Partners to collaborate with:</b></p> <ul style="list-style-type: none"> <li>- Shetland Partnership Board</li> <li>-</li> </ul>
	<b>INFORM</b>	<b>COMMUNICATE AND CONSULT</b>
	<p><b>Stakeholders who will receive information without an expectation of two-way dialogue:</b></p> <ul style="list-style-type: none"> <li>- General public</li> <li>- Staff not directly concerned with Health and Care (SIC)</li> <li>- Local media</li> </ul>	<p><b>Stakeholders we consult with who provide feedback that is incorporated into our work:</b></p> <ul style="list-style-type: none"> <li>- General public who wish to get more involved</li> <li>-</li> </ul>
	<p><b>LOW</b> <b>STAKEHOLDER</b> <b>HIGH</b></p> <p>← —————→</p>	

## Stage 2: Planning stakeholder engagement– the tools we will use to build support

It is not necessary or practical to engage with all stakeholders to the same degree and at the same time. Using the same grid, we have set out our proposed tools to engage with our identified stakeholder groups.

INVOLVE	INFORM, CONSULT AND COLLABORATE
<p><b>Proposed engagement tools:</b></p> <ul style="list-style-type: none"> <li>- Formal Reports</li> <li>- Regular discussions</li> <li>- Briefings</li> <li>- Frequently Asked Questions</li> <li>- Internal communication methods</li> <li>- Face-to-face meetings to get parties on board</li> <li>- Forums, workshops or open meetings</li> <li>- Meetings</li> <li>- Co-production tools and techniques (eg Children and Young People Framework)</li> <li>-</li> </ul>	<p><b>Proposed engagement tools:</b></p> <ul style="list-style-type: none"> <li>- Briefings / discussions</li> </ul>
INFORM	COMMUNICATE AND CONSULT
<p><b>Proposed engagement tools:</b></p> <ul style="list-style-type: none"> <li>- Website pages (update and re-launch)</li> <li>- YouTube channel for video clips</li> <li>- Staff magazines</li> <li>- Press releases</li> <li>-</li> </ul>	<p><b>Proposed engagement tools:</b></p> <ul style="list-style-type: none"> <li>- Surveys as required</li> <li>- Online feedback forms to gather/vote on ideas</li> <li>- Open meetings, as required, publicised appropriately</li> <li>-</li> </ul>



## Appendix 2, Diagram of Current Arrangements

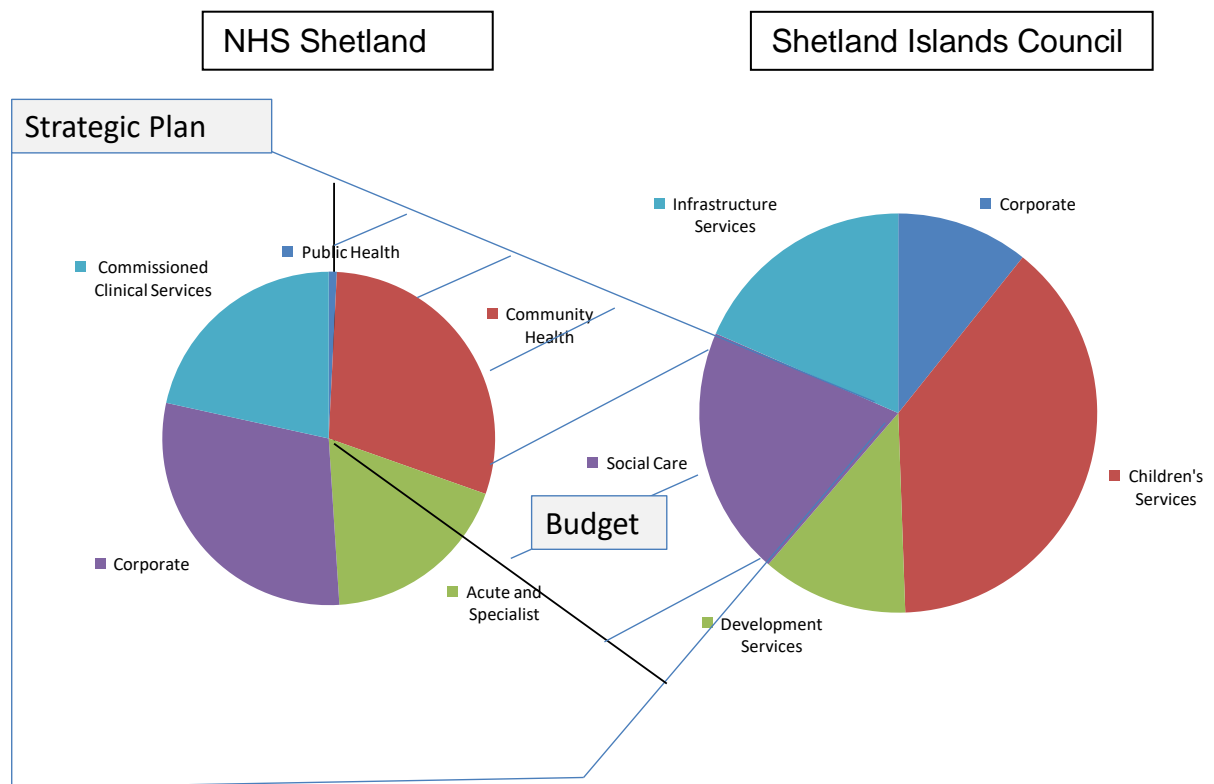


Diagram based on 2019-20 NHS Shetland Board and SIC General Fund Budgets.





Meeting(s):	NHS Board Integration Joint Board (IJB) SIC Policy and Resources Committee	27 August 2019 5 September 2019 9 September 2019
Report Title:	Integration Self Evaluation Development Plan	
Reference Number:	CC-34-19-F	
Author / Job Title:	Christine Ferguson, Director of Corporate Services, Shetland Islands Council, Jo Robinson, Interim Chief Officer IJB and Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

## 1.0 Decisions / Action required:

- 1.1 That the NHS Board, SIC Policy and Resources Committee and the IJB, consider and AGREE the Development Plan in response to the Self Evaluation on Integration, as set out in Appendix 1.

## 2.0 High Level Summary:

- 2.1 On 6 March 2019, The Director General Health And Social Care Directorates, Scottish Government, and the Chief Executive, COSLA wrote to Integration Authority Chief Officers, NHS Board Chief Executives and Local Authority Chief Executives seeking feedback on progress towards health and care integration. The work is in response to the Audit Scotland Report "Health and Social Care Integration - Update on progress" (November 2018). On 14 May 2019, the IJB considered and agreed the self evaluation template and indicative improvement activities. The Scottish Government has now requested that a formal Development Plan be submitted by 23 August 2019.
- 2.2 On 13 March 2019, the IJB Audit Committee considered the Audit Scotland Report and agreed a local response (Min. Ref. 2/19).
- 2.3 On 27 June 2019, the IJB considered the Interim External Audit Report and put forward an indicative set of management responses to the actions identified.
- 2.4 The approach taken with the Draft Development Plan at Appendix 1 is to amalgamate all the initiatives and ideas from all sources into one combined Development Plan. The issues highlighted in the external audit and the self evaluation are similar so it makes sense to address them in a co-ordinated way.

2.5 The Table below shows the scoring for each dimension, at a summary level.

Not Yet Established	Partially Established	Established	Exemplary	Total
0	16	6	0	22

2.6 In most cases, the Development Plan sets out to move the assessment from 'Partially Established' to 'Established' over a 16 month period. Except in one case, the proposal is to maintain our assessment of having an 'Established' approach. In one case, regarding the leadership and position of the Chief Officer, the proposal is to move to an 'Exemplary' grading.

2.7 Appendix 1 sets out the Draft Development Plan, under the six Key Features of the Self Evaluation process:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

2.8 The improvement actions have been collated under three broad activities:

- the review of the Integration Scheme (the subject of a separate report on this agenda);
- the refresh of the Joint Strategic (Commissioning) Plan (which will be subject to a separate Report in September 2019); and
- the update of the Medium Term Financial Plan.

2.9 The Key Features and Improvement actions are primarily addressed as set out below.

Key Feature Number	Key Feature Category	Primarily Addressed Through:
1	Collaborative leadership and building relationships	Review of the Integration Scheme
2	Integrated finances and financial planning	Update of the Medium Term Financial Plan
3	Effective strategic planning for improvement	Refresh of the Joint Strategic (Commissioning) Plan
4	Governance and accountability arrangements	Review of the Integration Scheme
5	Ability and willingness to share information	
6	Meaningful and sustained engagement	

2.10 Some of the detailed actions which form part of the three key activities (as above) will include:

- undertaking the Governance Review
- creating and implementing the Organisational Development Plan

- Implementing fully the Performance Management Framework, the Partnership and Engagement Strategy and the Market Facilitation Strategy
- Reviewing the arrangements for Clinical, Care and Professional Governance (the CCPGC)
- Updating the Medium Term Financial Plan
- Review of the budget process
- Review the approach to 'set-aside' services
- Develop Sustainable Service Model options as part of the update of the Strategic Plan
- Further develop the Commissioning for Outcomes approach (started through the new Directions templates and performance reports)
- Refreshing the approach to locality arrangements

2.11 The Development Plan has a 'responsible officer' named for each particular section or activity to be undertaken. However, the ownership of implementing the Plan needs to involve everyone in the Health and Social Care Partnership in the IJB, the Council and the Health Board. There is also a shared responsibility for Board Members, Non-Executive Directors and Councillors to develop the culture and behaviours to enable the ideas within the Development Plan to flourish, such as creating the space for building relationships, collaborative working, sharing problems, developing solutions and building consensus.

### 3.0 Corporate Priorities and Joint Working:

3.3 Achieving the full potential of integration, through the Public Bodies (Joint Working) (Scotland) Act 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), third sector providers and community assets. Shetland has a long tradition of positive partnership work and collaboration on health and care services, through the Shetland Health and Social Care Partnership.

### 4.0 Key Issues:

4.1 Following submission of the Self Evaluation exercise, the Scottish Government has now requested that a formal Development Plan be submitted by 23 August 2019, as below:

".... the leadership group has considered a more in depth analysis of the self-evaluations and has had a useful discussion on how it may support learning from exemplary practice. We are working in particular with a number of partnerships to provide improvement support. Between them, these partnerships demonstrate a range of progress and reflect complexity and differences in local arrangements. The intention is that over time all 31 Integration Authorities will be provided with improvement support.... We also continue to work with the national improvement bodies regarding their role in helping to make a success of integration".

4.2 Integration in Shetland is supported by a Liaison Group, with senior representatives from each of the partners. The draft Development Plan has been shared with the Liaison Group.

4.3 Shetland has a long history of successful partnership working, borne out by good

performance, an expectation of working in partnership and well established relationships between the partners. The Development Plan puts in place a structure to further support the partners to continue to work together through the complexities of the health and care integration agenda to deliver the best possible outcomes for the community.

- 4.4 This is an ambitious and challenging programme of work, but it is based on the sound foundation which was put in place when the IJB was established and the recent work to develop separate financial planning arrangements for the IJB. It is intended that the work is a continuous progression towards more collaborative working, in the spirit in which the Health and Social Care Partnership operates.

#### 5.0 Exempt and/or confidential information:

5.1 None.

#### 6.0 Implications :

6.1 Service Users, Patients and Communities:	The underlying philosophy of the integration agenda is to help people to live longer, healthier lives and have the best possible experience of health and care services by taking an integrated and person centred approach.
6.2 Human Resources and Organisational Development:	There are no direct implications for staff.  There is an intention to develop a formal Organisational Development Plan, especially around collaborative leadership.
6.3 Equality, Diversity and Human Rights:	None.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 established the legislative framework for the integration of health and social care services. Progress towards achieving the duties in the act is monitored regularly at a national and local level.
6.5 Finance:	There are no specific financial implications associated with this Report. Implementation of the Development Plan will primarily require staff time, which can be accommodated within existing budgets.
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	None.
6.8 Environmental:	None.
6.9 Risk Management:	The risks of not proceeding with a Development Plan will be: <ul style="list-style-type: none"> <li>- that the IJB does not fully maximise the potential for improvement to services made possible through the Public</li> </ul>

	<p>Bodies (Joint Working) (Scotland) Act 2014; and</p> <ul style="list-style-type: none"> <li>- that effective decision making is not supported.</li> </ul>	
6.10 Policy and Delegated Authority:	<p><u>NHS Shetland Board</u>  The NHS Board holds the responsibility for reviewing strategic documents and there is no Committee within which this remit would fall. The Report is therefore presented directly to the NHS Board for consideration.</p> <p><u>SIC Policy and Resources Committee</u>  The Policy and Resources Committee is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. Therefore, as this report concerns a development and improvement plan, the matter is reserved to the Policy and Resources Committee. However, any improvement actions requiring a change in the Integration Scheme or IJB governance will require the approval of the Council.</p> <p>Consideration of strategic policies, including the Integration Scheme falls within this remit; however, approval of the Integration Scheme itself and any potential changes thereto is reserved to the Council.</p> <p><u>IJB</u>  The Development Plan addresses issues with regard to the three key documents which underpin the operation of the IJB – the Integration Scheme, the Strategic Plan and the Medium Term Financial Plan.</p> <p>The Development Plan has been put together from a partnership perspective and is therefore addressed to all three organisations for consideration, debate and approval.</p>	
6.11 Previously considered by:	Strategic Planning Group Liaison Group	21 August 2019 (by email)

#### Contact Details:

Name: Hazel Sutherland  
Title: Head of Planning and Modernisation, NHS Shetland  
E'mail: hazelsutherland1@nhs.net

14 August 2019

#### Appendices:

Appendix 1: DRAFT Integration Development Plan

## References

IJB Audit Committee, February 2019, Health and social care integration - Update on progress  
<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23730>

Health and Social Care Integration- Update on progress (November 2018).  
<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

13 March 2019, IJB Audit Committee, Audit Scotland Report and response.  
<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23730>

14 May 2019, IJB, Self Evaluation Report and Improvement Action Plan.  
<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24049>

27 June 2019, IJB, Interim External Audit Report for 2018-19 and Action Plan.  
<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24176>



**Ministerial Strategic Group for Health and Community Care**

**Integration Review Leadership Group**

**Development Plan**

For the Review of Progress with Integration of Health and Social Care

Shetland Islands Health and Social Care Partnership

### Version Control

DATE	VERSION	RECORD OF CHANGES MADE TO DOCUMENT	AUTHOR
25 July 2019	1.0	First Draft	Hazel Sutherland
26 July 2019	1.1	Amendments in respect of implementation of recommendations on the Third Sector and inclusion of specific reference to the Local Finance Partnership Team.	Hazel Sutherland

## Purpose

The purpose of this document is to set out a Development Plan to address the improvement activity identified through the Self Evaluation exercise on the Integration of Health and Social Care.

## Overview

On 6 March 2019, The Director General Health And Social Care Directorates, Scottish Government, and the Chief Executive, COSLA wrote to Integration Authority Chief Officers, NHS Board Chief Executives and Local Authority Chief Executives seeking feedback on progress towards health and care integration. The work is in response to the recently published Audit Scotland Report “Health and Social Care Integration- Update on progress” (November 2018).

On 14 May 2019, the IJB considered the self evaluation responses and a broad consensus was reached on the assessment, as set out below.

Not Yet Established	Partially Established	Established	Exemplary	Total
0	16	6	0	22

The Report also included proposed improvement actions.

On 13 March 2019, the IJB Audit Committee considered the Audit Scotland Report and agreed a local response.

On 27 June 2019, the IJB considered a response to the Interim External Audit Report for 2018-19, which included an Action Plan of management responses to address the issues raised.

The approach to pulling together a **Development Plan** takes all the actions – from whatever source (internal audit, external audit and the self evaluation exercise) – and collates the activity to focus on updates of the core documentation which supports the Integration of Health and Care, namely:

- the Integration Scheme;
- the Joint Strategic (Commissioning) Plan; and
- the Medium Term Financial Plan.

There are several ‘sub-tasks’ within these broad headings.

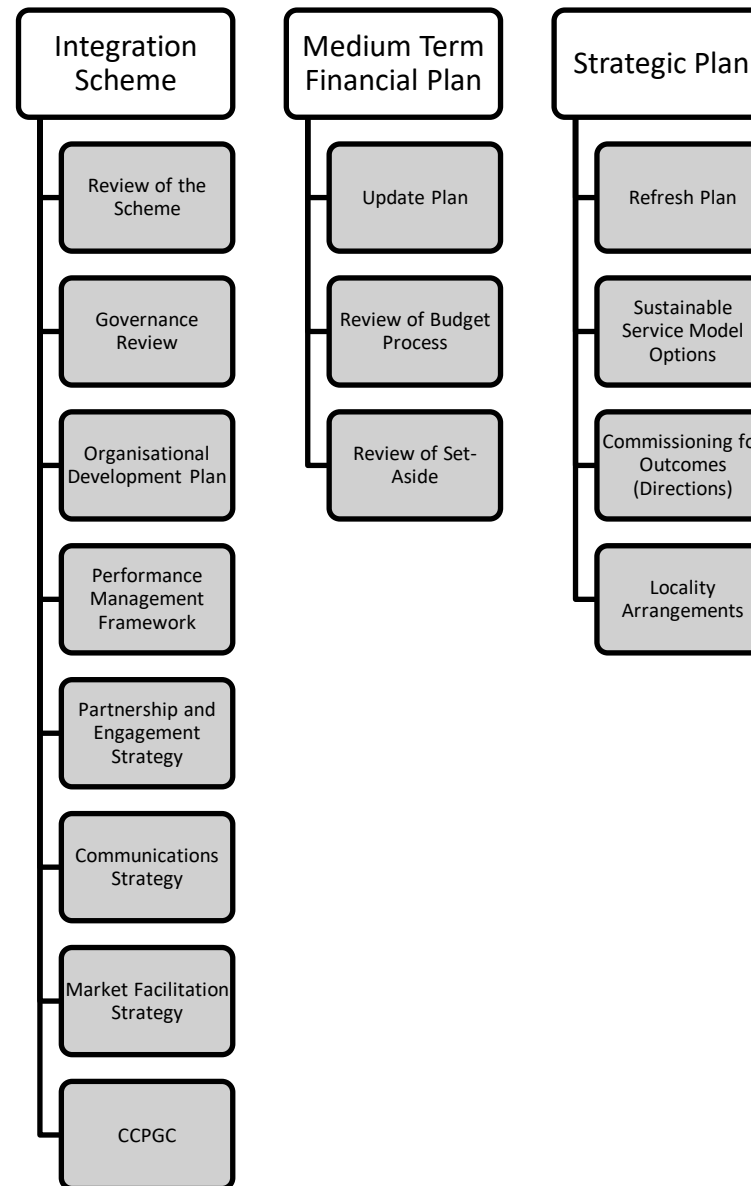
The diagram below shows the high level overview to link the Development Plan to the Key Features of the Self Evaluation Exercise. It is important to note that all the issues are inter-linked and it is not possible to fully describe a linear relationship between one activity and one output/ outcome. The ambition and challenge of integration is predicated on a collaborative approach, which is often ‘messy’ and not easy to describe.

Key Feature Number	Key Feature Category	Primarily Addressed Through:
1	Collaborative leadership and building relationships	Review of the Integration Scheme
2	Integrated finances and financial planning	Update of the Medium Term Financial Plan
3	Effective strategic planning for improvement	Refresh of the Joint Strategic (Commissioning) Plan
4	Governance and accountability arrangements	Review of the Integration Scheme
5	Ability and willingness to share information	Review of the Integration Scheme
6	Meaningful and sustained engagement	Review of the Integration Scheme

The high level Programme of Work is set out below (taken from the External Audit Action Plan):

Action	Responsibility	Timescale
Review of Integration Scheme	Director of Corporate Services, SIC	June 2020
Update of Medium Term Financial Plan	IJB Chief Financial Officer	31 March 2020
Refresh of the Joint Strategic (Commissioning) Plan	Chief Officer	31 March 2020

The Diagram below sets out the overall programme of work, with the specific ‘sub-tasks’ listed to address the Improvement Actions.



## **Development Plan (Detail)**

This next section sets out the detailed Development Plan, taken from the Improvement Actions agreed by the IJB in May 2019.

### **References:**

13 March 2019, IJB Audit Committee, Audit Scotland Report and response.

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23730>

14 May 2019, IJB, Self Evaluation Report and Improvement Action Plan.

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24049>

27 June 2019, IJB, Interim External Audit Report for 2018-19 and Action Plan.

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24176>

Prepared by:

Hazel Sutherland

Head of Planning and Modernisation, NHS Shetland

25 July 2019

Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Collaborative leadership and building relationships	All leadership development will be focused on shared and collaborative practice	Move to 'Established'	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Review of the Integration Scheme	Organisational Development Plan	<ul style="list-style-type: none"> <li>- Understanding of Roles</li> <li>- Better Communication</li> <li>- Leadership training</li> <li>- Team Building</li> <li>- IJB Board Effectiveness evaluation</li> <li>- Financial Skills</li> <li>- Partners in Policy Making</li> <li>- A Rights Based Approach</li> <li>- 'Ambassadorial' role</li> </ul>	Chief Officer	15 November 2020
	Relationships and collaborative working between partners must improve.	Move to 'Established'	Statutory partners and other partners have a clear understanding of each other's working practices and business practices – and are working more collaboratively together.		Communication Strategy / Plan			
	Relationships and partnership working with the third and independent sectors must improve	Move to 'Established'	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Refresh of the Strategic Plan	Market Facilitation Strategy  Sustainable Service Model Options  Commissioning for Outcomes (Directions)	Implement the approach in the Market Facilitation Strategy Locality Management / Delivery Community engagement / participation	Chief Officer	31 December 2019

Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Integrated finances and financial planning	All partners should have a joint understanding of their respective financial positions as they relate to integration.	Maintain 'Established'	Consolidated advice on the financial position on shared interests under integration is provided to the NHS / LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.		Finance Advice	All 3 financial officers meet regularly in the LPFT where information is shared and joint approaches agreed	Chief Financial Officer	Ongoing
	Delegated budgets for IJBs must be agreed timeously	Move to 'Established'	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Update of the Medium Term Financial Plan	Review of Budget Process	Enabling the IJB to participate as an equal partner	Chief Financial Officer	30 September 2019
	Delegated hospital budgets and set aside budget requirements must be fully implemented	Move to 'Established'	Set aside arrangements are in place with all partners implementing the delegated hospital budgets and set aside budget requirements.  The six steps for establishing hospital budgets, as set out in the statutory guidance, are fully implemented.		Review of Set Aside	Opportunity for IJB to participate in developing local solutions to Unscheduled Care.	Chief Officer	31 December 2019
	Each IJB must develop a transparent and prudent reserves policy	Maintain 'Established'	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered to.		Application of Reserves Policy	None	Chief Financial Officer	Ongoing



Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Integrated finances and financial planning	Statutory partners must ensure appropriate support is provided to S95 Officers	Maintain 'Established'	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.		Current arrangements	Local Partnership Finance Team provides support through regular meetings focussing on a collaborative approach to support the CFO	Chief Financial Officer	Ongoing
	IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.	Move to 'Established'	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority	Refresh of the Strategic Plan	Sustainable Service Model Options  Commissioning for Outcomes (Directions)	Options for further stepped/ structural changes to service models to align with resources available.	Chief Officer	31 March 2020

Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Effective strategic planning for improvement	Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.	Move to 'Exemplary'	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.		Line management arrangements through Chief Executives	Continuing Professional Development	Chief Executive NHS Shetland (Interim) and Chief Executive Shetland Islands Council	31 March 2020
	Improved strategic planning and commissioning arrangements must be put in place.	Move to 'Established'	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Refresh of the Joint Strategic (Commissioning) Plan	Sustainable Service Model Options  Commissioning for Outcomes (Directions)  Implementation of the Performance Management Framework	Options for further stepped/ structural changes to service models to align with resources available.	Chief Officer	31 March 2020

Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Effective strategic planning for improvement	Improved capacity for strategic commissioning of delegated hospital services must be in place	Move to 'Established'	<p>Delegated hospital budget and set aside arrangements are full in place and from part of routine strategic commissioning and financial planning arrangements.</p> <p>Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.</p>		Review of Set Aside	Opportunity for IJB to participate in developing local solutions to Unscheduled Care.	Chief Officer	31 December 2019

Area	Proposal	Target Improvement	Target Improvement by	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Governance and accountability arrangements	The understanding of accountabilities and responsibilities between statutory partners must improve.	Move to 'Established'	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Review of the Integration Scheme	Governance Review	Explore opportunities to streamline governance and reporting arrangements	Director of Corporate Services, SIC, on behalf of Chief Executives of SIC and NHS Shetland	15 November 2020
	Accountability processes across statutory partners will be streamlined	Move to 'Established'	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.			Review Internal Audit function		
	IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	Move to 'Established'	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.					

Area	Proposal	Target Improvement	Target Improvement by	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Governance and accountability arrangements	Clear Directions must be provided by IJB to Health Boards and Local Authorities	Move to 'Established'	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.		Sustainable Service Model Options  Commissioning for Outcomes (Directions)	Options for further stepped/ structural changes to service models to align with resources available.  Evidence based practice / decision making.	Chief Officer	31 March 2020
	Effective, coherent and joined up clinical and care governance arrangements must be in place.	Move to 'Established'	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.		Fully implement CCPGC arrangements set out in the Integration Scheme	Develop understanding of clinical governance between partners	Chief Officer	31 March 2020

Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Ability and willingness to share information	IJB Annual Performance Reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.	Maintain 'Established'	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Review of the Integration Scheme	Implementation of the Performance Management Framework	Locality based examples of good practice	Chief Officer	31 March 2020
	Identifying and implementing good practice will be systematically undertaken by all partnerships.	Maintain 'Established'	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.  Inspection findings are routinely used to identify and share good practice.			Benchmarking with peers, in line with the national guidance.  Maintain momentum on innovation and service redesign by seeking good practice from elsewhere.		

Area	Proposal	Target Improvement	Target Improvement	Delivered Through (High Level)	Delivered Through (Detail)	Improvement Action	Responsible Person	Target Date
Meaningful and sustained engagement	Effective approaches for community engagement and participation must be put in place for integration	Move to 'Established'	Engagement is always carried out when a service change, redesign or development is proposed.	Review of the Integration Scheme	Implement the Participation and Engagement Strategy	Community Led Support	Chief Officer	31 March 2020
	Improved Understanding of effective working relationships with carers, people using services and local communities is required.	Move to 'Established'	Meaningful and sustained engagement with service users, carers and communities is in place.  There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.			Asset Based Community Development  Self Directed Support  Coproduction opportunities  Support unpaid carers representatives to access networks		
	We will support carers and representatives of people using services better to enable their full involvement in integration.	Move to 'Established'	Carers and representatives on the IJB are supported by the partnerships, enabling engagement.  Information is shared to allow engagement with other carers, and service users in responding to issues raised.					







Meeting(s):	Integration Joint Board (IJB)	5 September 2019
Report Title:	Shetland local partnership report on the 'Thematic review of self-directed support in Scotland'	
Reference Number:	CC 33 19 F	
Author / Job Title:	Peter McDonnell, Executive Manager, Adult Social Work	

## 1.0 Decisions / Action required:

### 1.1 That the Integration Joint Board:

APPROVE the Action Plan, attached as Appendix A, accepting that the improvements described therein will address the issues raised by the Care Inspectorate review of Self Directed Support (SDS) in Shetland.

## 2.0 High Level Summary:

- 2.1 During 2018, the Care Inspectorate led a thematic review of self-directed support in Scotland, which was carried out jointly with Healthcare Improvement Scotland. Onsite inspection activity, consisting of file reading and Core Scrutiny Sessions, was carried out week of 24 September 2018 and week of 1 October 2018.
- 2.2 In this review, they considered the delivery of self-directed support in six partnerships across Scotland, including Shetland, to evaluate how well they have embedded the principles and values of self-directed support to deliver better outcomes for supported people.
- 2.3 In addition to the publication of specific findings and recommendations for the individual partnerships visited, the Care Inspectorate also published an overview report. This overview report provides a summary of what they found across the partnerships and what that tells us about self-directed support in Scotland in general.
- 2.4 The Shetland local partnership report on the 'Thematic review of self-directed support in Scotland' was published on 27 June 2019, following a feedback session on the draft report with the Care Inspectorate on 24 April 2019.

3.0	Corporate Priorities and Joint Working:
3.1	The IJB Joint Strategic Commissioning Plan is the key underpinning document for the Shetland Health and Social Care Partnership, which 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 Shetland's Partnership Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Operational 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.
3.4	It supports a fundamental shift in the philosophy of how public sector services should be designed and delivered with and for each community, based on natural geographical areas, or localities, and integrated around the needs of supported people, rather than being built around professional or organisational structures.
3.5	The Social Care (Self-directed Support) (Scotland) Act 2013 was established to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes (including where they receive social care support commissioned or delivered by the public sector); and respects the person's right to participate in society.
4.0	Key Issues:
4.1	Self-directed support is Scotland's approach to social care support. It applies across all ages and user groups, including unpaid carers. Exceptions are few and are in relation to crisis or re-ablement support (as these can precede assessment), or the assessed support is prescriptive (such as compulsory treatment or criminal justice orders).
4.2	The main purpose of the Thematic Review was to improve understanding of the implementation of self-directed support, to support improvement in the delivery of this important agenda in Scotland. The Care Inspectorate also explored whether the principles and values of self-directed support were being met and delivering positive personal outcomes.
4.3	During the inspection process the Care Inspectorate gathered the views of staff across social work, health and provider organisations, with an online survey completed by 50 staff and a supported person questionnaire, completed by seven people.
4.4	The files of 59 supported people who received a social work assessment and subsequent care and support services were scrutinised, alongside 20 files of people who had been signposted to other services at the point of enquiry. A number of Focus Groups were held, with various staff from a range of statutory and voluntary agencies who worked directly with supported people and unpaid carers, in addition to three supported people and eight unpaid carers, to listen to their views about their experiences of services.
4.5	The Thematic Review reports findings, evaluations and recommendations against the following 7 themes:

	<ul style="list-style-type: none"> <li>• Key performance outcomes</li> <li>• Getting support at the right time</li> <li>• Impact on staff</li> <li>• Delivery of key processes</li> <li>• Policy development and plans to support improvement in services</li> <li>• Management and support of staff</li> <li>• Leadership and direction that promotes partnership</li> </ul>
4.6	The inspection report for Shetland found that performance was 'Good' in one key theme, and 'Adequate' in the six others. The report is therefore a positive one, which provides a baseline from which to build upon the strengths and good practice identified to address the recommendations for improvement that have been made.
4.7	There was clear evidence within the report that the previous investment by Health & Social Care in staff development with the Thistle Foundation, who delivered the "Making it Personal" training, had supported the development around our assessment process was producing asset focused reports, based on 'good conversations'. Supported people were also being effectively signposted away from statutory services to community based options, and positive risk taking was evident in almost all case files reviewed.
4.8	One of the underpinning principles the Strategic Commissioning Plan is to use an 'asset based' approach to working with individuals, families and communities. This approach is one which builds on the assets that are found in the community and mobilises individuals, associations, and institutions to come together to realise and develop their strengths. The identified assets from an individual are matched with people or groups who have an interest in or need for those strengths by using what is already in place in each community. The thematic review therefore evidences the progress made within Adult Social Work in embedding this approach.
4.9	Whilst there was a detailed understanding and knowledge (and commitment) evident amongst social work frontline staff, four of the recommendations for improvement related to increasing the knowledge of a range of staff groups, particularly within health.
4.10	The need to develop robust data measures and increase the pace of service development and redesign were areas that both received two recommendations for improvement.
4.11	There is a further requirement for Community Health & Social Care to develop a "robust strategic plan for self-directed support underpinned by detailed action plans" outlining how we intend to fully implement self-directed support for all care groups across the partnership.
4.12	The Self-directed Support Programme Board was established in September 2018, as the body to take oversight of the delivery of the (then) Self-directed Support Work Plan. The Work Plan was aligned with the national Self-directed Support Implementation Plan, which is the Scottish Government's key strategic driver.
4.13	The Self-directed Support Programme Board is therefore the appropriate partnership forum to advise the IJB on strategic direction, and to take forward the recommendations from the thematic review, within the overarching Self-directed Support Action Plan 2019/2020 (see Appendix A), which replaces the previous Self-directed Support Work Plan.

4.14	Self-directed support forms a key part of the integrated landscape, therefore, further work will be undertaken to ensure that the Strategic Commissioning Plan reflects this and addresses the requirement to be more robust in our strategic planning around self-directed support.
5.0 Exempt and/or confidential information:	
5.1	None.
6.0 Implications :	
6.1 Service Users, Patients and Communities:	<p>The Strategic Commissioning Plan sets out how services might change over the next 3 years. Any significant changes to services will be of interest to supported people, unpaid carers and communities, particularly in respect of quality, equality, accessibility and availability. It is expected that the current models of delivery will continue to evolve and change to reflect the policy direction of shifting the balance of care from hospital to community settings and supporting people to live independently at home. The service focus will also be on finding ways to help people to help themselves and by increasing self-help and self-care to help people to live in good health for longer.</p> <p>The overall objective of the Strategic Plan is to continue to provide safe, high quality and effective services to meet the needs of the population. Self-directed support is a key mechanism to deliver this.</p> <p>The Community Led Support (CLS) programme is now underway, which is an approach that encourages those people who require a relatively low level of support to identify and manage their own support needs. This could be described as preventative work and is done through redirecting people to the most appropriate community service, which may be wholly or partly funded by the statutory services but run by community or non-statutory organisations. This builds upon the positive work identified within the thematic review, and thus supports our strategic intentions towards early intervention and prevention.</p>
6.2 Human Resources and Organisational Development:	<p>Given the focus on improvement related to increasing the knowledge of self-directed support of a range of staff groups, there will be a renewed focus on wider workforce development, to improve knowledge and understanding of self-directed support. This includes NHS staff, business support, corporate finance and commissioning staff, to ensure self-directed support is well understood, to both ensure people are given appropriate information at first point of contact and to further inform service redesign and new models of support.</p> <p>It is anticipate that the required training and support will be delivered by a combination of workshops lead by staff within the Self-directed Support Team and (free) e-learning modules. This is being taken forward (within the Action Plan) by a Workforce Development Sub Group, which includes both NHS Shetland and Shetland Islands Council workforce development staff.</p> <p>As we progress and develop the Self-directed Support Action plan over</p>

	2019/2020, this may lead to exploration of additional tasks and functions being undertaken by business support staff.
6.3 Equality, Diversity and Human Rights:	<p>Self-directed support forms a key part of the national and local integrated landscape, enabling people to have choice and control over their social care support:</p> <ul style="list-style-type: none"> <li>• People are fully involved in decisions about their support</li> <li>• People have access to good quality information, advice and practical assistance in understanding creative support options and how they might work</li> <li>• People have access to good quality advocacy, if they feel it is required</li> <li>• People know the budget and resources available to them and can direct them creatively and flexibly</li> <li>• People understand how and why decisions about budgets and support are made</li> </ul>
6.4 Legal:	<p>The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnership IJBs to produce a strategic commissioning plan and update it annually.</p> <p>The Thematic Review of Self-directed Support highlights good practice and makes recommendations for improvement that supports the strategic direction, as outlined within the Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, 2019-2022.</p>
6.5 Finance:	<p>As noted, in terms of workforce development the delivery of awareness training will be provided 'in-house', and thus will incur no costs. Where there are costs that may arise from potential development opportunities, this will need to be met within existing budgets.</p> <p>There is a significant current and forecast funding gap between the cost of services and available funding. Effort needs to be made to find sustainable models of service within the available funding levels.</p> <p>The current projected overspend for self-directed support over 2019/2020 is £461,000. This has been, in part, impacted by legal decision that led to an uplift 'sleep-in' costs from £35 per night to £106, as increasingly we are being successful in our ambition to support people to remain at home, rather than being admitted to residential care. We are also continuing to see an increase in self-directed support packages, and as we look towards developing timelier, early intervention through self-directed support and CLS, this may increase further, whilst we look to shift the balance of care from high cost, crisis interventions.</p>
6.6 Assets and Property:	There are no immediate implications for Assets and Property arising from this report.
6.7 ICT and new technologies:	The Strategic Plan outlines the need to continue to modernise our working practices – both internally and with local citizens – by maximising eHealth, Telehealthcare and Telecare opportunities.
6.8 Environmental:	There are no immediate implications for the local environment arising

	from this report.	
6.9 Risk Management:	Whilst the Self-Directed Support Action Plan is a working document, the risk of not updating this to take account of the thematic review recommendations might mean that we not as effective as it might be in meeting the personal outcomes of people within our community, and make best use of with the financial resources made available and availability of staff.	
6.10 Policy and Delegated Authority:	<p>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.</p> <p>The IJB has delegated authority to determine matters relating to those services for which it has responsibility and oversight for, as set out in the Integration Scheme and the IJB Scheme of Administration [2015]. In exercising its functions the IJB must take into account the requirement to meet statutory obligations placed on the NHS and SIC, including those that pertain to delegated IJB functions.</p> <p>The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body.</p>	
6.11 Previously considered by:	None	

### Contact Details:

Peter McDonnell  
Executive Manager, Adult Social Work

### Appendices

Appendix: Self-directed Support Action Plan

Link to: Thematic review of self-directed support in Scotland, and Shetland local partnership report:

<http://www.careinspectorate.com/index.php/publications-statistics/120-inspection-reports-local-authority/self-directed-support>

### Background Documents

Self-directed Implementation Plan 2019/2021:

<https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/>

# Shetland Islands Health and Social Care Partnership

## Self-directed Support Action Plan

### Version Control

DATE	VERSION	RECORD OF CHANGES MADE TO DOCUMENT	AUTHOR
31 July 2019	1.0	First Draft	Claire Derwin and Hazel Sutherland

Prepared by:

Claire Derwin  
Self-directed Support Implementation Officer, Shetland Islands Council

Hazel Sutherland  
Head of Planning and Modernisation, NHS Shetland

## Purpose

The purpose of this document is to set out an Action Plan to address the improvement activity identified through the Thematic Review of Self Directed Support published in June 2019.

<http://www.careinspectorate.com/index.php/publications-statistics/120-inspection-reports-local-authority/self-directed-support>

The thematic review explored the extent to which the Shetland Islands Health and Care Partnership had ensured that the following principles were established in practice:

- people were supported to identify and achieve personal outcomes
- people experienced choice and control
- people felt positive about their engagement with professionals and services
- staff were enabled and empowered to implement self-directed support
- the principles and values of self-directed support were embedded in practice
- there was information, choice and flexibility for people when accessing services

## Overview

The Social Care (Self-directed Support) (Scotland) Act 2013 was established to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes (including where they receive social care support commissioned or delivered by the public sector); and respects the person's right to participate in society. The work is underpinned by human rights values and principles enshrined in the legislation, as follows:

Values	Principles
Respect	Involvement
Fairness	Collaboration
Independence	Informed Choice
Freedom	Participation
Safety	Dignity

The Action Plan focuses on five key areas on improvement, namely:



- implementing the With You For You Quality Assurance framework;
- developing an outcomes focused approach to commissioning;
- developing and implementing a joint workforce development plan;
- creating a vision and strategy to underpin the work; and
- focusing the work of the Project Board to lead the implementation.

There are several 'sub-tasks' within these broad headings.

The Action Plan has been developed around the themes of:

- People
- Workforce
- Leaders and Systems

as set out in the diagrams below are from the Scottish Government's publication, "An investment in Scotland's people, society, and economy", Self-Directed Support Implementation Plan 2019 – 2021.

<https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/>

The four sections of this plan follow the structure of the change map:

## **Involvement**

*(a process outcome applicable to all others)*  
The views and experiences of people, workers and social care support providers must inform and underpin these changes

## **Workforce**

Workers enable and empower people to make informed decisions about their social care support  
Workers in all aspects of the delivery of social care support exercise the appropriate values, skills, knowledge and confidence

## **Leaders and systems**

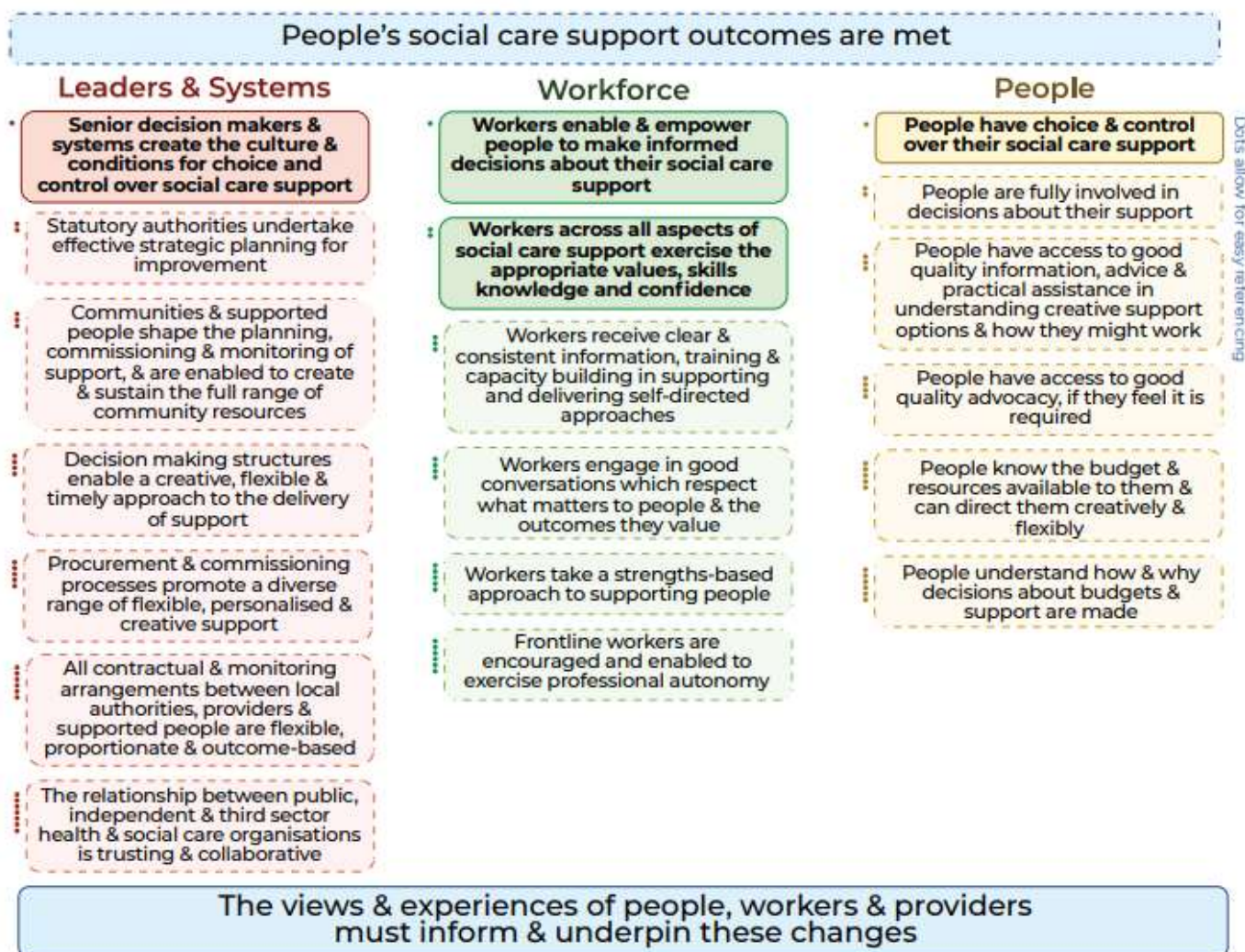
Senior decision makers and systems create the culture and conditions for people to have choice and control over their social care support

## **People**

People have choice and control over their social care support

# Social Care Support

Self-directed support implementation plan 2019-2021



Dots allow for easy referencing

**People** includes supported people, unpaid carers and families

**Workers** includes all professionals whose work impacts on social care: planning, provision, administration, advice, accountability

← 9 →

**People:** People have choice and control over their social care support

Outcomes	Thematic Review Recommendations	Delivered Through	Improvement Action (s)	Responsible Person	Target Date
<p>People are fully involved in decisions about their support</p> <p>People have access to good quality information, advice &amp; practical assistance in understanding creative support options &amp; how they might work</p>	<p>The partnership should develop a shared understanding across the whole system of care and support to ensure that self-directed support informed the partnerships approach to developing new models of support.</p> <p>The partnership should improve the shared understanding of self-directed support across all staff groups and, in particular, health care staff so that supported people can use support creatively and promptly.</p> <p>The Partnership should support staff to be more creative and innovative in their solutions to address risk and to increase the risk threshold to the benefit of supported people.</p>	<p>Joint Strategic Commissioning Plan</p>	<p>Vision</p> <p>Clarity of purpose</p> <p>Roles and Responsibilities and expectation of all partners / stakeholders.</p> <p>Established co-production mechanisms.</p> <p>Continue to build relationships with key partners, such as Shetland Community Connections.</p>	<p>Executive Manager, Adult Social Work</p>	<p>November 2019</p>

<b>Outcomes</b>	<b>Thematic Review Recommendations</b>	<b>Delivered Through</b>	<b>Improvement Action (s)</b>	<b>Responsible Person</b>	<b>Target Date</b>
People have access to good quality advocacy, if they feel it is required	Independent advocacy resources and referral processes should be reviewed to ensure that supported people can access advocacy when they need it to discuss options and increase choice and control	Advocacy Service Level Agreement	Implement the improvements set out in the Strategic Advocacy Plan.	Executive Manager, Adult Social Work	December 2019
People know the budget & resources available to them & can direct them creatively & flexibly  People understand how & why decisions about budgets & support are made	The partnership should ensure that budgetary allocation and decision-making processes are transparent, and that supported people are involved at all stages in key processes to enhance choice and control.	Review of the Resource Allocation System  (linked to overall approach to commissioning for personal outcomes).	Review current scheme  Learning from Tests of Change with Voluntary Sector  Clarity on delegated authority for spending decisions.  Implementation of New Scheme.	Executive Manager, Adult Social Work	From April 2020

## Workforce

Workers enable & empower people to make informed decisions about their social care support

Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence

Outcomes	Thematic Review Recommendations	Delivered Through	Improvement Action (s)	Responsible Person	Target Date
<p>Workers receive clear &amp; consistent information, training &amp; capacity building in supporting and delivering self-directed approaches.</p> <p>Workers engage in good conversations which respect what matters to people &amp; the outcomes they value.</p> <p>Workers take a strengths-based approach to supporting people.</p> <p>Frontline workers are encouraged and enabled to exercise professional autonomy.</p>	<p>The partnership should improve staff knowledge and confidence in delivering self-directed support across every sector of the partnership to support the delivery of self-directed support.</p>	<p>Develop and Implement the relevant training through a Joint Workforce Development Plan to include:</p> <ul style="list-style-type: none"> <li>- SDS Principles and values</li> <li>- Outcome focused Approaches</li> <li>- Person Centred Support Planning</li> <li>- Recording Outcomes</li> <li>- Building Resilience through social capital</li> <li>- Enablement approaches</li> </ul>	<p>Increased skills and confidence</p> <p>Consistency across the partnership</p> <p>Clarity for staff and personal assistance on delegated authority for spending decisions.</p> <p>Build the skills and knowledge of health and support staff (eg commissioning officers)</p> <p>Reduce reliance on Self Directed Support Implementation Officer.</p> <p>Improve referrals.</p> <p>Improve transition arrangements.</p>	<p>Self-directed Support Implementation Officer</p>	<p>From October 2019</p>

**Leadership and Systems** - Senior decision makers and systems create the culture and conditions for choice and control over social care support.

Outcomes	Thematic Review Recommendations	Delivered Through	Improvement(s)	Responsible Person	Target Date
Statutory authorities undertake effective strategic planning for improvement	<p>The partnership should take action to ensure that it is able to robustly record, measure and report on the personal outcomes being achieved as a result of self-directed support on an individual and aggregate basis.</p> <p>The partnership should develop relevant and robust data measures to more effectively aggregate, analyse and report self-directed support activity in order to drive improvement across services and enable self-directed support benchmarking with other Scottish authorities.</p>	<p>Implementation of the With You For You Quality Assurance Framework</p> <p>(Linked to the implementation of the Performance Management Framework action in the Integration Development Plan).</p>	<p>Systematic capture of key data, including personal outcomes and Case Studies.</p> <p>Data analysis for continuous improvement, innovation and learning.</p> <p>Appropriate response to risk.</p> <p>Governance and oversight by IJB.</p>	Executive Manager, Adult Social Work	By March 2020

Outcomes	Thematic Review Recommendations	Delivered Through	Improvement(s)	Responsible Person	Target Date
Statutory authorities undertake effective strategic planning for improvement	The partnership should ensure that the pace of service development and redesign is increased in order to better support flexible and innovative care/support across all parts of Shetland.	The Self-directed Support Programme Board delivering this Action Plan.	<p>Increased leadership / focus.</p> <p>Ownership across the Health and Care Partnership</p> <p>Increased pace of change</p> <p>Support for transformation – new or different models of care.</p> <p>Scale up successful ‘tests of change’.</p>	Executive Manager, Adult Social Work	Ongoing



Outcomes	Thematic Review Recommendations	Delivered Through	Improvement(s)	Responsible Person	Target Date
Statutory authorities undertake effective strategic planning for improvement	<p>The partnership should pick up the pace of delivering self-directed support by setting out its vision and facilitating a creative approach to delivering self-directed support across all health and social work staff groups.</p> <p>The partnership should develop a robust strategic plan for self-directed support underpinned by detailed action plans setting out how the partnership intends to fully implement self-directed support for all care groups across the partnership.</p>	Joint Strategic Commissioning Plan	<p>Vision</p> <p>Clarity of purpose</p> <p>Roles and Responsibilities and expectation of all partners / stakeholders.</p> <p>Appropriate strategic governance and oversight by IJB.</p> <p>Communication tool.</p> <p>Support for technology enabled solutions.</p>	Executive Manager Adult Social Work	November 2019

<b>Outcomes</b>	<b>Thematic Review Recommendations</b>	<b>Delivered Through</b>	<b>Improvement(s)</b>	<b>Responsible Person</b>	<b>Target Date</b>
Communities & supported people shape the planning, commissioning & monitoring of support, & are enabled to create & sustain the full range of community resources		Asset Based Community Development  Community Led Support  Shetland Community Connections  Partners in Policy Making  Personal Assistant Network  (Linked to the Commissioning arrangements).	Devolved power to communities / further develop community capacity.	Executive Manager, Adult Social Work	Programme in place 2019
Decision making structures enable a creative, flexible & timely approach to the delivery of support		Commissioning for Outcomes (Directions)  Scheme of Delegation to Chief Officer (and to the Executive Manager, Adult Social Work)	Clarity of decision making.  Speed of response.  Flexibility.  Clarity for staff and personal assistance on delegated authority for spending decisions.	Chief Officer IJB	Ongoing

Outcomes	Thematic Review Recommendations	Delivered Through	Improvement(s)	Responsible Person	Target Date
<p>Procurement &amp; commissioning processes promote a diverse range of flexible, personalised &amp; creative support</p> <p>All contractual &amp; monitoring arrangements between local authorities, providers &amp; supported people are flexible, proportionate &amp; outcome-based</p> <p>The relationship between public, independent &amp; third sector health &amp; social care organisations is trusting &amp; collaborative</p>	<p>The partnership should ensure that the pace of service development and redesign is increased in order to better support flexible and innovative support across all parts of Shetland.</p> <p>The Partnership should support staff to be more creative and innovative in their solutions to address risk and to increase the risk threshold to the benefit of supported people.</p>	<p>Commissioning for Outcomes (Direct service provision and commissioned services) (see also Integration Development Plan)</p> <p>Implement the Market Facilitation Strategy</p> <p>Update the Resource Allocation System to be underpinned by personal outcomes (moving towards allocation of funding being based on personal choice).</p> <p>Tests of Change to explore new models of service.</p>	<p>Outcomes based contracting / Service Level Agreements</p> <p>Commissioning new / different models of support / Increase capacity to support Option 2.</p> <p>Increased choice and control</p> <p>Financial aspects of assessments linked to people's desired personal outcomes.</p> <p>Risk appropriate responses.</p> <p>Contingency planning (for outcomes)</p> <p>Support for technology enabled solutions.</p>	Chief Officer IJB	31 December 2019





<b>Meeting(s):</b>	Integration Joint Board	05 Sept 2019
<b>Report Title:</b>	IJB Business Programme 2019 and IJB Action Tracker	
<b>Reference Number:</b>	CC-35-19-F	
<b>Author / Job Title:</b>	Jo Robinson, Interim Chief Officer IJB	

## 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.

<b>5.0 Exempt and/or confidential information:</b>	
5.1	None.
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	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.
<b>6.2 Human Resources and Organisational Development:</b>	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.
<b>6.3 Equality, Diversity and Human Rights:</b>	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.
<b>6.4 Legal:</b>	<p>The IJB is advised to establish a Business Programme, but there are no legal requirements to do so.</p> <p>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.</p>
<b>6.5 Finance:</b>	<p>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.</p> <p>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.</p>

<b>6.6 Assets and Property:</b>	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.	
<b>6.7 ICT and new technologies:</b>	There are no ICT and new technology issues arising from this report.	
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.	
<b>6.9 Risk Management:</b>	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.	
<b>6.10 Policy and Delegated Authority:</b>	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.	
<b>6.11 Previously considered by:</b>	NA	

#### **Contact Details:**

Jo Robinson  
Interim Chief Officer IJB  
[jo.robinson@shetland.gov.uk](mailto:jo.robinson@shetland.gov.uk)

#### **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 Monday, 26 August 2019

**Integration Joint Board 2019/20**

	<b>Date of Meeting</b>	<b>Business</b>
<b>Quarter 1 -</b> 1 April 2019 to 30 June 2019	Tuesday 14 May 2019 11 a.m.	<ul style="list-style-type: none"> <li>IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker</li> <li>2019/20 Primary Care Improvement Plan</li> <li>2019/20 Service Plans and Directions</li> <li>2019/20 Recovery Plan Update</li> <li>Community Led Support</li> </ul>
	Thursday 27 June 2019 <i>Special Meeting A/Cs only</i> 3 p.m.	<ul style="list-style-type: none"> <li>Draft 2018/19 Accounts</li> <li>Financial Monitoring Report to 31 March 2019</li> <li>Deloitte (Wider Scope) Audit Report</li> <li>IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker</li> <li>Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 4 – January - March 2019</li> <li>Annual Performance Report for 2018-19</li> <li>Performance Management Framework</li> </ul>
<b>Quarter 2 –</b> 1 July 2019 to 30 September 2019	Thursday 05 September 2019 2 p.m.	<ul style="list-style-type: none"> <li>IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker</li> <li>Financial Monitoring Report to 30<sup>th</sup> June including progress against Recovery Plan</li> <li>Performance Quarter 1, April – June 2019</li> <li>SDS Thematic Review</li> <li>Integration Self Evaluation Development Plan</li> <li>Review of Integration Scheme - Process</li> </ul>
	Thursday 26 September 2019 <i>Special Meeting A/Cs only</i> 3 p.m.	<ul style="list-style-type: none"> <li>Final 2018/19 Accounts</li> <li>Annual Audit Report 2018/19</li> <li>Caring for Bressay</li> <li>IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker</li> <li>Palliative and End of Life Care Strategy</li> <li>Joint Strategic Commissioning Plan – Process of Refresh</li> </ul>
<b>Quarter 3 -</b> 1 October 2019 to 31 December 2019	Thursday 28 November 2019 3 p.m.	<ul style="list-style-type: none"> <li>IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker</li> <li>2020/21 IJB Budget progress report</li> <li>Chief Social Work Officer report</li> </ul>



Shetland NHS  
Board



Shetland Islands  
Council

Shetland Health and Social Care Partnership  
**Integration Joint Board**  
**Meeting Dates and Business Programme 2019/20**  
as at Monday, 26 August 2019

		<ul style="list-style-type: none"> <li>• Community Justice Partnership Report</li> <li>• Joint Organisation and Workforce Development Protocol</li> <li>• Financial Monitoring Report to 30 September 2019</li> <li>• Performance Quarter 2, July – September 2019</li> </ul>
<b>Quarter 4 -</b> 1 January 2020 to 31 March 2020	Tuesday 25 February 2020 11 a.m.	<ul style="list-style-type: none"> <li>• IJB Meeting Dates, Business Programme 2018/19 and 2019/20, and IJB Action Tracker</li> <li>• Final 2020/21 IJB Budget</li> <li>• Financial Monitoring Report to 31 December 2019</li> <li>• Medium Term Financial Plan Update</li> <li>• Performance Quarter 3, October - December 2019</li> <li>• Review of Integration Scheme – Feedback on Engagement</li> <li>• Refresh of the Strategic Plan – Feedback on Engagement</li> <li>• Development Plan – Progress Report</li> </ul>

**Planned business still to be scheduled - as at Monday, 26 August 2019**

- Code of Corporate Governance
- Right to Advocacy

END OF BUSINESS PROGRAMME as at Monday, 26 August 2019

ACTIONS - IJB							
No	Agenda Item	Responsible Post Holder	IJB Meeting Date	Target Date	Action	Update	R/A/G Status C (Completed)
1	Primary Care Improvement Plan Update	Service Manager Primary Care/ Chief Nurse (Community)	14.05.19		<p>Training Budget issues for GPs and other professionals to be raised as an issue for future budgeting</p> <p>Briefing to be provided on general practice nursing</p> <p>More detail on how far along towards completion of actions to be included in Appendix 2</p>	<p>Future reporting through performance reporting.</p> <p>Interim Chief Officer to provide update re training budget.</p> <p>Information to be provided by briefing.</p>	G
2	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		<p>For future reporting on the Risk Register more clarity in the wording used to be considered.</p> <p>Indicator E15 data to be provide differently on ongoing basis.</p> <p>Appendix 1A will be refreshed and updated for 2019/20 following the approval of the Joint Strategic Commissioning Plan.</p>	<p>IJB seminar being arranged to focus on the development of the risk register</p> <p>Seminar previously arranged for 19<sup>th</sup> June. Seminar postponed due to presenter availability.</p> <p>Dates for seminars have now been organised and are in diaries. Awaiting confirmation of presenter availability.</p>	G

3	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  Recovery plan to remain on tracker for ongoing monitoring and quarterly updates.	G
4	Unaudited Accounts 2018/19	Chief Financial Officer/ Chief Social Work Officer  Interim Chief Officer	27.06.19		Denise Morgan to ask the Transition Group to consider whether a budget is require for the transition from child to adult.  Provide cost in regard to the recruitment of 6 care workers with relocation against the cost of using agency staff. Provide by email to all IJB Members.	Executive Manager – ASW & Executive Manager –Adult Services looking into transitions.  Further information to be provided by briefing.	G
5	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 4: Jan – March 2019	Interim Chief Officer and Head of Planning and Modernisation	27.06.19		The following is to be responded to in one email to all Members:  Substance misuse – can anything be done in terms of early intervention for young people before they need the services in one email to all Members.  Clare Scott to be asked how many emergency plans in place for unpaid carers.	Provided by Briefing 0919	G

					<p>Provide a figure on the number of beds used for respite to provide a clear picture of how beds are being used.</p> <p>Within future quarterly performance reports include what the target is and how much has been achieved in percentage terms so far.</p> <p>Provide more detail on domestic abuse rather than just stating it is on target.</p> <p>The following should be included within the Joint Staff Forum meetings:</p> <ul style="list-style-type: none"> <li>- Review sickness absence</li> <li>- Workforce planning</li> </ul>		
6	IJB Business Programme 2019 and IJB Action Tracker	Interim Chief Officer	27.06.19		<p>Add to the Business Programme:</p> <p>August: Recovery Plan Update.</p> <p>September: Caring for Bressay</p>	Amended programme.	C