

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	
9 July 2020	

Dear Member

You are invited to attend the following meeting:

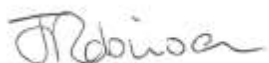
Special Integration Joint Board
Thursday 16 July 2020 at 3pm.
By Remote Link

Please note that because of the current COVID-19 (Coronavirus) pandemic, and as permitted by legislation, this meeting will not be open to members of the public.

This meeting will take place by remote means, by video and teleconference, for Voting and Non-Voting Members and advising officers only. Joining details will be sent separately to those attending.

Public reports are available on the Council's website. The actions and decisions taken at the meeting will be published on the Council's website as soon as possible thereafter. Apologies for absence should be notified to SIC Committee Services on 01595 744599.

Yours sincerely



Josephine Robinson
Interim Chief Officer

Chair: Emma Macdonald
Vice-Chair: Natasha Cornick

AGENDA

- A Welcome and Apologies
- B Motion to Suspend Standing Order 5.8 in relation to Public Attendance at Meetings.
- C 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.
- D Confirm minutes of meeting held on 28 May 2020 (enclosed).

ITEM

- 1. Unaudited Accounts 2019/20
F-030
- 2. Financial Monitoring Report to 31 March 2020
CC-19
- 3. Directions to Shetland Islands Council and NHS Shetland
CC-15
- 4. IJB Records Management Plan.
GL-16
- 5. IJB Meeting Dates, Business Programme and IJB Action Tracker
CC-18



MINUTES – PUBLIC

Meeting	Integration Joint Board (IJB)
Date, Time and Place	Thursday, 28 May 2020 at 10am Room 6, 8 North Ness, Lerwick
Present [Members]	<p><u>Voting Members</u> Emma Macdonald</p> <p><u>Non-voting Members</u> Jo Robinson, Interim Chief Officer/ Director of Community Health and Social Care</p>
Present via remote link [Members]	<p><u>Voting Members</u> Natasha Cornick Jane Haswell Stephen Leask R McGregor Shona Manson</p> <p><u>Non-voting Members</u> Susanne Gens, Staff Representative, SIC Jim Gyan, Carers Strategy Group Representative Wendy Hand, Third Sector Representative [Substitute for Catherine Hughson] Denise Morgan, Interim Chief Social Work Officer Edna Watson, Senior Clinician, Senior Nurse Karl Williamson, Chief Financial Officer Pauline Wilson, Senior Clinician: Local Acute Sector, NHS</p>
In attendance via remote link [Observers/Advisers]	<p>Michael Dickson, Chief Executive – NHS Shetland Jamie Manson, Executive Manager – Finance, SIC Jan Riise, Executive Manager – Governance and Law, SIC Anne Cogle, Team Leader, Administration, SIC Charlotte Jones, Solicitor, SIC Sheila Duncan, Management Accountant, SIC Carol Anderson, Senior Communications Officer, SIC Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i></p>
Apologies	<p><u>Voting Members</u> None</p> <p><u>Non-voting Members</u> Catherine Hughson, Voluntary Action Shetland</p>

Also in attendance	Susan Webb, Director of Public Health – NHS Grampian
Chairperson	<p>Emma Macdonald, Chair of the Integration Joint Board, presided.</p> <p>The Chair ruled that, under Standing Order 5.6, this meeting is being held by remote participation due to the current restrictions on public gatherings and its impact therefore on meetings of public bodies.</p> <p>“In relation to those restrictions, and as we have not yet put in place the technical requirements to make our meetings accessible to the public, I move that the IJB agree to suspend standing order 5.8.1 relating to the circumstances under which the IJB can resolve to exclude members of the public. I should add that whilst the public are excluded from this meeting, I have given consent for members of the local media to be present in another room within 8 North Ness to view the proceedings via remote link accompanied by the SIC Senior Communications Officer. This, I believe, maintains a level of public accountability and scrutiny to our proceedings. The formal decisions of the IJB, as is usual practice, will be available to the public after the meeting.” The IJB unanimously agreed.</p> <p>The Chair commented that this was her first meeting as Chair of the IJB and noted that Councillor Duncan, had now stepped down from his role on the IJB. On behalf of the IJB she thanked Mr Duncan for his dedication and commitment during his time on the IJB. The Chair also welcomed Councillor Stephen Leask to his new role as a voting member of the IJB.</p> <p>The Chair also took the opportunity to thank all of the staff across health and care for the hard work and commitment they have shown during the current pandemic. She said that it was clear that Shetland is a real example of how effective partnership working can really make positive differences for the community. Services have been adapted almost overnight and with a clear professional approach, it is vital we continue to support these innovative ways of working. She said that every single person working in health and care across Shetland has had a role to play in the response to this pandemic. The Chair also thanked the community for supporting the work that has been ongoing and for adapting to the changes that have been required. She said that she knew how difficult the last few months have been for many people.</p>
Declarations of Interest	None.
Minutes of Previous Meetings	The minutes of the meeting held on 5 March 2020 was unanimously confirmed with the exception of the following:

	<p><u>Min. Ref. 03/20 – tenth paragraph, first sentence:</u> change to read “Further questions were asked, and the IJB were informed on the performance of District Nursing, Non-doctor Island Nursing and the plans to form working groups in other areas to look at how best to meet the health needs of those local populations.”</p>
07/20	Council Voting Member Appointments and Complete Membership Update
Report No. GL-08-20-F	<p>The IJB considered a report by the Executive Manager – Governance and Law that provided an update on the Membership of the IJB following a number of recent changes.</p> <p>The Executive Manager – Governance and Law introduced the report.</p> <p>During discussion, the IJB were advised that Ms L Ward was no longer a Member of the NHS Board and therefore no longer a substitute on the IJB. The Executive Manager – Governance and Law said that this matter together with the outstanding vacancies would be brought to a future meeting of the Board.</p> <p>It was also noted that neither Community nor Hospital Pharmacy had a role on the IJB and given the frontline service provided to the public throughout the pandemic it was suggested that representatives be invited to participate at the IJB, not just when they have a report to present. Following advice from the Executive Manager – Governance and Law it was agreed by the IJB that consideration be given to including a Pharmacy Representation as a Non-Voting Member when the IJB’s Scheme of Administration is next presented to Ministers for approval.</p> <p>The IJB unanimously noted the recommendations contained in the report.</p>
Decision	<p>The IJB NOTED that:</p> <ul style="list-style-type: none"> • The term of office for the Council appointed Chair ended on 31 March 2023. • The Council made the following Voting Member appointments from 18 May 2020: <ul style="list-style-type: none"> • Mr Stephen Leask • Mrs Emma Macdonald (Chair/Vice Chair) • Mr Robbie McGregor • Mrs Macdonald assumed the role of Chair from 18 May 2020, until the date of the next Ordinary Election in May 2022, following which the Council will appoint Members to the IJB at its Statutory Meeting following that election. The Chair/Vice-Chair appointed at that meeting will assume the role of Chair until 31 March 2023.

	<ul style="list-style-type: none"> • From 18 May 2020, until the date of the next Ordinary Election, the Council made the following Voting Member substitute appointments: <ul style="list-style-type: none"> • Mr Stephen Flaws • Mrs Andrea Manson • That appointments to the IJB Audit Committee are affected by these changes and will be the subject of a separate report. • Two Non-Voting Member vacancies remain namely: GP Representative and Patient Representative.
08/20	Appointment of Chief Officer and Depute Chief Officer to the IJB
Report No. GL-13-20-F	<p>The IJB considered a report, by the Executive Manager – Governance and Law, SIC, that informed of recent changes in senior officer appointments in the SIC and NHS, and their impact on the Chief Officer role for the IJB.</p> <p>The Executive Manager – Governance and Law introduced the report. He advised that following the secondment of Mr Bokor-Ingram to another IJB for a 12 month period, the two Chief Executives of the NHS and SIC agreed that Jo Robinson take on the role of Interim Chief Officer until 13 July 2020. Thereafter, for the remaining period, Mr Chittick will take on the role. He said that given the current circumstances and the span of the department to manage, the Chief Executives had agreed that Jo Robinson would deputise as Director of Community Health and Social Care, on the respective management teams when required, and have taken the opportunity to put to the IJB the proposition that Jo Robinson also deputise for the Interim Chief Officer for the remaining period. The Executive Manager – Governance and Law explained that the Depute Chief Officer was not a formal role but would provide the Board with a pre-selected depute should Mr Chittick be unavailable to attend a meeting. He said that there would be no additional cost to the Board as the costs would be borne by the two partners in terms of salary for both Officers.</p> <p>Mr Dickson commented that the appointment of Chief Officer and Depute Chief Officer was for an interim period of time rather than a stop gap measure.</p> <p>There being no further discussion the IJB unanimously approved the recommendations contained in the report.</p>
Decision	The IJB noted the management arrangements and joint nominations by Chief Executives of the Shetland Islands Council and NHS Shetland as set out in Section 4, and:

	<ul style="list-style-type: none"> • APPOINTD Mr Brian Chittick, as Interim Chief Officer of the IJB; and • APPOINTED Ms Josephine Robinson, as Interim Deputy Chief Officer of the IJB, supporting the role of the Chief Officer, and formally deputising at meetings of the IJB, in the absence of the Interim Chief Officer.
09/20	Appointment to IJB Audit Committee
Report No. GL-09-20-F	<p>The IJB considered a report by the Executive Manager – Governance and Law, SIC, that sought the necessary appointments to the IJB Audit Committee in accordance with the Integration Scheme and the approved Scheme of Administration and Delegations.</p> <p>The Executive Manager – Governance and Law introduced the report and advised that the Chair/Vice-Chair role is a three yearly rotating appointment in May and it is now for the NHS to take on the role of Chair. He advised that with the recent Council appointments to the IJB there is a vacancy for the Vice-Chair position and he referred the IJB to the decisions required at Section 1.</p> <p>The Chair nominated Mr McGregor and Mr Leask as Members on the IJB Audit Committee. She said in recognising that Mr McGregor had more experience of the IJB she moved that he be appointed as Vice-Chair. Ms Manson seconded.</p> <p>Mr McGregor indicated acceptance of the role of Vice-Chair to the IJB Audit Committee.</p> <p>Mr Leask indicated acceptance of the role of Member to the IJB Audit Committee.</p>
Decision	<p>The IJB</p> <ul style="list-style-type: none"> • Noted that the rotation of Chair/Vice Chair takes place in May 2020 therefore the role of Chair falls to the NHS voting member previously appointed by the IJB as Chair/Vice-Chair until May 2023. • Appointed Mr McGregor, an appointed voting member as Chair/Vice-Chair of the IJB Audit Committee, to assume the role of Vice-Chair until May 2023; and • Appointed Stephen Leask, a Council appointed voting member, as a member of the IJB Audit Committee.
10/20	2020/21 Budget
Report No. CC-12-20-F	<p>The IJB considered a report by the Chief Financial Officer that provided the IJB Budget for 2020/21, which presented as a</p>

balanced position and included the proposed use of Scottish Government Additionality Funding.

The Chief Financial Officer introduced the main terms of the report and he commented that this was the first time that the IJB would have a fully funded budget from the start of the year. He said that this would ensure compliance with the new legislation around Directions. The Chief Financial Officer went on to say that neither the NHS nor the SIC were in a sustainable financial position and that there still had to be focus on redesign. He highlighted the savings challenge of 3% each year and made further comment on the risk around the use of locums and that redesign should look to reduce reliance on locums.

The Chair said that it was clear that this was the best budget setting process that had been undertaken for the IJB, but as set out in paragraph 2.6 of the report, it was very important for the IJB to drive redesign.

During discussions, delight was expressed in the fully funded budget position. Although concern was expressed in terms of the cost associated with the current pandemic, it was also noted that the Scottish Government and the UK Government were committed to fund costs directly associated with COVID-19.

The Interim Chief Officer was asked however when the IJB could expect proposals in regard to the implementation of redesign. The Interim Chief Officer advised that a lot of work had been carried out and some change plans had moved ahead and she anticipated that a Community Nursing Direction would be presented in June 2020 with Directions on both Mental Health and Pharmacy following in September 2020. She said that other areas continued to be worked on and these would be presented at the earliest opportunity to the IJB.

Concern was expressed that the June 2020 and September 2020 timescales for Directions would not take effect in this year's budget. The Chief Financial Officer agreed that it would take time to implement savings plans and that some of that work had been derailed by COVID-19, but said that the situation was as good as it can be at this stage. The Interim Chief Officer added that there would not be a full year effect on the budgets but she assured the IJB that other areas of savings had moved faster and where there had previously been blockages these had been removed. She said that given the situation with COVID-19 the full year effect could not be expected this year.

In responding to a comment and request for the Additionality funding to be seen earlier on the business programme for the IJB's consideration, the Chief Financial Officer agreed that it would be easier in future years to bring that business to the IJB sooner now that there is a balanced budget in place. The Chair questioned how far away some items, currently funded from the Additionality budget were from being included within the main

	<p>budget. The Chief Financial Officer said that with the fully funded budget it would now be possible to consider this during the budget setting process next year, but savings were needed for that to happen.</p> <p>Further questions were asked that the Chief Financial Officer confirmed, that in terms of the 3% recurring savings, the budget had been set on substantive costs that did not include locum costs. He said that redesign needed to ensure a sustainable service that has less reliance on locums. The Chief Financial Officer also clarified that the School Counselling Service, at paragraph 4.6, was outwith the IJB budget. At Appendix 2, the Chief Financial Officer also confirmed that the entry for self-directed support related to Option 1, direct payments.</p> <p>The Executive Manager – Governance and Law took the opportunity to explain the advantages of having a fully funded budget and that the Local Partnership Finance Team had recognised that the IJB would have the opportunity to consider what effect being able to invest would have on services as opposed to just looking for savings. He said that it was commendable to all those involved in moving the IJB forward in this positive fashion. The Executive Manager – Governance and Law also referred to the current situation and the holding of meetings remotely. He said that moving forward seminars would help the IJB in planning going forward.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
Decision	<p>The IJB:</p> <ul style="list-style-type: none"> • APPROVED the IJB budget for 2020/21 which is presented as a balanced position and includes the proposed use of Scottish Government Additionality funding as detailed in Appendix 2. • NOTED that this budget is approved subject to NHS Shetland Board approval of the delegated budget at its meeting on 18 August 2020. • NOTED the risk associated with Covid-19 and the impact this may have on 2020/21 budget and costs.
11/20	IJB Directions – Implementation of Statutory Guidance
Report No. GL-12-20-F	<p>The IJB considered a report by the Executive Manager – Governance and Law, SIC, that presented an overview of the Statutory Guidance on Directions and how the requirements within the Statutory Guidance on Directions should be implemented by the IJB.</p> <p>The Executive Manager – Governance and Law introduced the report, and advised that the current template had served its</p>

purpose but was no longer compliant with the new statutory guidance. He said that Directions provided a means for the IJB to explain its intention to officers and partners and to determine whether outcomes are met. He explained that the Chief Officer and her teams have started to work in line with the statutory guidance and the first of the new Directions would be presented in June 2020, provided approval is given for the use of the new template. The Executive Manager – Governance and Law advised that the checklist also provided, was not only to be used by the authors of Directions to ensure that all areas are covered but also for Members to use to ensure that the Directions align with their expectations. The Executive Manager – Governance and Law added that the report template would also be changed to include a section on Directions to be used as a prompt if a new Direction is required or to inform Members of whether a change has been made to an existing Direction.

During discussion the question was raised as to how the officers would be instructed to move to a Direction as that would need to be done before a seminar is arranged to develop it into a formal Direction for presentation. The Interim Chief Officer advised that there would be reports brought in June and September and consideration would be given to whether these would be presented as an option or whether formal direction come thereafter. It was suggested that the Scheme of Administration Review would be an opportunity to look at such issues and governance, if time allowed. The Interim Chief Officer acknowledged that she had not fully answered the question but the main aim of the new template was to also allow the IJB to monitor performance, and she said that more discussion was needed on the technicalities. There was also a request for the storing and logging of decisions to be made easy for Members to access and look at, at any time.

In responding to a concern on the time that the process of Directions could take, the Interim Chief Officer agreed that work was needed on speeding up the process.

The Chief Executive, NHS said that there is always a temptation to get involved in the detail however he said that there was much talent in the room who know the community and benefit can be achieved in that regard. He said that in terms of outcomes, it was for the IJB to make a Direction but how that is done is for the organisations to provide assurance that the Direction set are being achieved. The Chief Executive, NHS said that it was important to set challenging outcomes to meet the needs of the community. The Executive Manager – Governance and Law advised that work would be done on the means by which Officers engage with Members by devising Directions relative to the Strategic outcomes. He agreed with the Chief Executive, NHS that the IJB should always resist the temptation to interfere in the operational work but be assured that Officers are moving forward to achieve the objectives set.

	<p>The Chair commented on the good work of officers, and that the good discussion today would help shape the process going forward.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
Decision	<p>The IJB</p> <ul style="list-style-type: none"> • NOTED and CONSIDERED the Scottish Government's Statutory Guidance on "<i>Directions from Integration Authorities to Health Boards and Local Authorities</i>" (the "Statutory Guidance on Directions"). • APPROVED the areas of best practice set out in paragraphs 4.5 and 4.6 of the report which the IJB and its delivery partners should adopt to comply with the Statutory Guidance on Directions. • APPROVED the revised Directions Template and the Checklist for Drafting Directions.
12/20	Oversight of COVID 19 activity in Care Homes in Shetland
Report No. CC-14-20-F	<p>The IJB considered a report by the Director of Public Health that presented an oversight of the approach taken to ensure the safety and wellbeing of care home residents and staff.</p> <p>The Director of Public Health introduced the report and provided a summary of the steps taken to enhance the system put in place. She said that a lot of good work had been done in care homes in Shetland and the measures in place had been reviewed against Scottish and English health guidance. She advised that the guidance and policy changed regularly and they had been reviewed recently by the Executive Manager – Community Care Resources who had found no issues.</p> <p>The Director of Public health also commented on the supply of PPE to care homes and the training regime in place for staff, as well as the use of testing for infection control. She said that there was a Plan in place to move forward with new guidance on testing, and once a few elements were resolved the Plan would go live.</p> <p>The Director of Public Health reported that since the outbreak in a care home early on, staff continued to manage and there were no new issues of concern. She said that an outbreak can take time for residents to clear the virus but there were now enhanced monitoring in homes. She said that the RAG (Red, Amber, Green) statistics report is submitted to the Scottish Government weekly and there were 8 Green, and 1 Amber status on Shetland Care homes following the outbreak previously referred to.</p>

The Chief Social Work Officer advised that the decision had been made to bring the Chief Social Work Officer into the regular meetings being held to ensure the Social Work aspect was being covered. A lot of work had already been done through integrated systems in place. She said that the Chief Social Work Officer updates the GP and District Nurse and this had been working well during the pandemic. She said that extra measures were put in possible whilst keeping things as normal as possible for clients but staff had worked very hard. She said that she was assured that the partners were doing all that they can.

The Senior Clinician, Senior Nurse advised that staff were working towards ensuring that everything is in place to ensure standards of clinical care are maintained going forward. . She said that there was an opportunity to review how much staff do work together on the front line. She said that District nurses support the changes made with the District Nurse being based with the care staff as well as providing support to staff. She said that it is fortunate that all District Nurses have advanced clinical and prescribing which allows them to change the management of patients on a timely basis which is highly important. She said that going forward it was hoped that more enhanced input would be provided by District Nurses in surgeries providing good standards of close working with people. This was a unique position that had come from the people at the front line during a very stressful time.

The Chief Social Work Officer added that the Human Resources services in both the NHS and the SIC had been working hard to ensure redeployment, training and advertising of relief staff. She said that staff had been mobilised to ensure good staffing levels were in place. In addition the Human Resources services had provided extra Counsellors for staff who need additional support and to ensure that the Health and Social Care staff in the fore front are well looked after.

The Interim Chief Officer advised that in terms of wider support the Pharmacy services had provided significant support, while the integrated systems in place provided solutions to issues such as PPE provision, which resulted in a positive situation. She said that she was aware that some Chief Officers across Scotland continued to have issues with PPE, weeks after they were resolved here.

The Chair commented that this was a difficult time for care staff who were protecting the most vulnerable population. She said this highlighted the excellent partnership work in place in Shetland.

In responding to a question in regard to the timeline of events, the Director of Public Health was asked whether the response had been reactive rather than proactive. The Director of Public Health said that what had been done was in line with the guidance albeit that changed regularly, however the actions

taken to start infection visits locally were undertaken before guidance was in place. She said that clearly there were actions taken and things that are now done differently but it was important to learn and put the right measures in place. She said that initially the weekly meetings were between Health and Social Care and the Care Inspectorate but a gap was clear by the third meeting when the Chief Social Work Officer and District Nursing became involved. She added that the reason for presenting a positive picture today was because it was positive.

In responding to a questions about the support provided to staff, the Chief Social Work Officer confirmed that in addition to self-referrals, systems are in place to ensure that Line Managers identify and refer staff for support, with their permission. She said that Management would ensure that this remains a robust process.

The Senior Clinician: Local Acute Sector, NHS, provided an overview from the secondary care perspective. She said that the Gilbert Bain had faced the difficulty of transferring to intensive care, which had been a concern. However through collaboration and work behind the scenes this was very proactively managed. She said that people came together in challenging circumstances and with ever changing guidance. She commented that it had been good for clinicians to look at delivering services in a collaborative way. She advised that there was a lot to learn from the Community partnership and said that although there was a lot of focus on the NHS it was clear that community care had also managed critically unwell patients.

The Senior Clinician: Local Acute Sector, NHS added that this provided a good footing for redesign and the pace of change and direction of change was very positive. She extended her thanks to the community teams and the flexible working of the Senior Clinician, Senior Nurse who had enabled the District Nurses to support care homes and commented that it was clear that Shetland services do work well together. The Senior Clinician: Local Acute Sector, NHS went on to say that the challenge was not going away but that everyone was working with the challenge to better the services provided.

In response to the information shared, tribute was paid to the hard work and care provided by all staff and services involved.

During further questions the Director of Public Health advised that the wording “subject to consent” within the Action Plan regarding Scottish Policy on Testing, meant that everyone has to be able to give permission. She said that the test is not pleasant and that some patients with dementia cannot give consent. She said that there is no one who would be forcibly tested, but where there is concern around symptoms they would be isolated.

The IJB unanimously noted the report.

Decision	The IJB considered the enhanced system of assurance around the safety and wellbeing of care home residents and staff and endorsed the approach taken.
13/20	COVID-19 – Governance Update Report
Report No. GL-14-20-F	<p>The IJB considered a report by the Executive Manager – Governance and Law, SIC, that provided information in regard to the decision making arrangements undertaken by various parties to the Shetland Islands Health and Social Care Partnership during the period of the response to the COVID-19 outbreak.</p> <p>The Executive Manager – Governance and Law introduced the report. He advised it provided information on the conduct of meetings and the legislative change to convene meetings with the ruling to exclude the public but permit oversight of meeting by the media, providing for openness and transparency. The Executive Manager – Governance and Law advised on the role of the internal and external auditors in terms of risk management and ensuring that the Chief Officer continues to make important decisions. He said that future reports would allow the IJB to scrutinise but assured the IJB that weekly meetings are held and that staff wellbeing is taken into account. He emphasised that staff wellbeing was the direct responsibility of the employers who have a duty of care for their staff. The Executive Manager advised that delegated authority was sought to call meetings as and when required.</p> <p>In responding to a concern in regard to audit committees and how it would carry out its role the longer the pandemic continues, the Executive Manager – Governance and Law advised that the IJB Auditors in Glasgow continue to monitor and ensure that, where necessary, policy had to be relaxed to ensure quick action. He said that control continued to be done in the name of the IJB and the Auditors would seek to give the IJB relevant assurance through reporting to the Audit Committee.</p> <p>The Executive Manager – Governance and Law gave assurance that controls were in place and this report ensured that the Chief Officer had the ability to ensure agile decision making.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
Decision	<p>The IJB:</p> <ul style="list-style-type: none"> Noted the cancellation of all meetings of the Integration Joint Board and its audit committee from 23rd March 2020

	<p>(the date when the coronavirus lockdown and requirements were brought into effect) until the date of this meeting.</p> <ul style="list-style-type: none"> • Delegated authority to the Chief Officer, in consultation with the Executive Manager – Governance and Law (SIC), the Chief Executives of the partner organisations of the Shetland Islands Council and NHS Shetland, and the chair and vice chair of the Integration Joint Board, to approve the cancellation of any scheduled meetings or to call any special meetings as required during the period of response to the COVID-19 outbreak. • Noted that these temporary arrangements will be kept under review, taking cognisance of national guidance and direction, and may, by reporting to the Integration Joint Board be extended or revoked at the appropriate time.
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The meeting concluded at 11.35am.

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Chair



Shetland Islands Council

Agenda Item

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Meeting(s):	Integration Joint Board Audit Committee Integration Joint Board (IJB)	16 July 2020 16 July 2020
Report Title:	Unaudited Accounts 2019/20	
Reference Number:	F-030	
Author / Job Title:	Karl Williamson/IJB Chief Financial Officer	

1.0 Decisions / Action required:

- 1.1 That the IJB Audit Committee and Integration Joint Board:
 - a) CONSIDER the 2019/20 Unaudited Annual Accounts for the Shetland Integration Joint Board (Appendix 1) and;
 - b) CONSIDER the information at section 4.0 that highlights the key issues from the 2019/20 accounts.
- 1.2 That the IJB Audit Committee and Integration Joint Board approves the Annual Governance Statement 2019/20 that forms part of the accounts (Appendix 1).

2.0 High Level Summary:

- 2.1 The Local Authority Accounts (Scotland) Regulations 2014 require the IJB to prepare and publish a set of accounts, including an annual governance statement, by 30 June each year.
- 2.2 Due to the Coronavirus pandemic, and in line with Schedule 6, Paragraph 8(2) of the Coronavirus (Scotland) Act 2020, the IJB issued a public notice on 17 June 2020, postponing the publication of the unaudited annual accounts to 20 July 2020.
- 2.2 The Local Authority Accounts (Scotland) Regulations 2014 require the unaudited accounts to be formally considered by the IJB and IJB Audit Committee no later than 31 August 2020 each year. The Annual Governance Statement should also be formally approved at this time. The IJB would ordinarily meet to consider its unaudited accounts before the end of June, prior to submitting the unaudited accounts to the external auditor. As the publication of its unaudited accounts was deferred, today's meeting allows the IJB to meet that obligation.
- 2.3 The accounts are then subject to external audit by the IJB's appointed auditor, Deloitte LLP. The Local Authority Accounts (Scotland) Regulations 2014 require the IJB to consider the audited accounts and aim to approve those accounts for signature no later than 30 September. The audited accounts are due to be presented to the IJB Audit Committee and IJB on 24 September 2020, however due to the Coronavirus pandemic this may be delayed and is dependent on both the IJB and its external auditor adhering to the pre-agreed audit timetable. In line with guidance issued by the Scottish Government, Local Government Finance Circular 10/2020, the Scottish Ministers consider it reasonable that an IJB publishes its audited Annual Accounts no later than 30 November 2020. Members will be advised if the September deadline cannot be met should the audit process encounter any further delays.

3.0 Corporate Priorities and Joint Working:

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

4.0 Key Issues:

- 4.1 The unaudited accounts include the following primary financial statements:
- Comprehensive Income and Expenditure Statement – this shows the accounting cost in the year of providing services in accordance with generally accepted practices (GAAP).
 - Balance Sheet – this shows the value of all assets and liabilities recognised by the IJB. The net assets of the IJB stand at £0.978m as at 31 March 2020.
- 4.2 The Management Commentary provides an overview of the most significant matters in the Accounts. The key points are summarised for members' consideration below:
- The IJB made an accounting surplus of £0.073m in 2019/20, due to underspend in the year of Scottish Government Additionality Funding and other specific NHSS Funding which will be carried forward into 2020/21;
 - The IJB oversaw service strategic initiatives and activities, continuing to identify and implement redesign projects to shift the balance of care. The implementation of the "Caring for Bressay" Project demonstrated the value achieved through co-production with other agencies and the community itself, while a programme of Community Led Support was initiated with Scottish Government support to further the IJB objective to develop a single health and care system wrapped around the needs of communities.
 - The IJB had continued difficulty during the year with the recruitment and retention of staffing within both Health and Social Care, which led to the continued need to employ locum and agency staff to ensure the delivery of services.
 - Demographic pressures were seen in Adult Services, included the establishment of the Assertive Community Transition Service to support young adults with complex needs transitioning from children's to adult social care. Option 1 Self-directed Support packages also exceeded budgeted cost due to increased demand with no demonstrable reduction in requirement for traditional in-house services.
 - From May 2019 to January 2020, Simon Bokor-Ingram was seconded from his post of Director of Community Health and Social Care and Chief Officer of the IJB to Interim NHS Shetland Chief Executive. Jo Robinson, was appointed as Interim Director of Community Health and Social Care and Interim Chief Officer of the IJB during this period, taking on the full duties and responsibilities of these roles for this interim period. From April 2020, Simon Bokor-Ingram has been seconded for a year to the role of Interim Chief Officer of Moray Intergration Joint Board. Jo Robinson has covered the role of Chief Officer in the short-term, but the IJB has agreed from 13 July 2020 to the appointment of Brian Chittick as Interim Chief Officer for a minimum period of 10 months. He will assume the full duties and responsibilities of the role during this time. The IJB also agreed to the appointment of Jo Robinson as Interim Depute Chief Officer from 13 July 2020 to support the Chief Officer role and formally deputise at meetings if necessary.
 - The Covid-19 Pandemic response has led to rapid reorganisation of services from March 2020. Although this has had limited impact in financial terms on the Accounts for 2019/20 it is a significant risk for the IJB in future years.

5.0 Exempt and/or confidential information:	
5.1	None.
6.0 Implications :	
6.1 Service Users, Patients and Communities:	None
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	<p>Section 12 of the Local Government (Scotland) Act 2003 requires the Council to observe proper accounting practice, including compliance with the Code of Practice on Local Authority Accounting in the United Kingdom (the Code) issued by CIPFA / LASAAC. The Code is based on International Financing Reporting Standards (IFRSs).</p> <p>Schedule 6, paragraph 8(2) of the Coronavirus (Scotland) Act 2020 allows the IJB to postpone its publication of the unaudited annual accounts that are required to be published under The Local Authority Accounts (Scotland) Regulations 2014. If publication is postponed, a statement must be published to that effect on or before the date by which the report is due, or as soon as reasonably practicable after the date. The IJB published this statement on 17 June 2020.</p>
6.5 Finance:	The accounts form part of the annual performance cycle which aids members in establishing their view on whether the objectives of the Strategic Commissioning Plan have been achieved.
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None
6.9 Risk Management:	<p>The annual accounts are subject to external audit by 30 September 2020 in order to mitigate risk of material misstatement. The Local Authority Accounts (Scotland) Regulations 2014 require the IJB to consider and aim to approve the audited accounts for signature no later than 30 September 2020. Due to the Coronavirus pandemic, completion of the external audit process may be delayed. The Scottish Ministers consider it reasonable that a local authority publishes its audited Annual Accounts no later than 30 November 2020.</p>

6.10 Policy and Delegated Authority:	<p>The IJB Committee are to consider the IJB Annual Accounts before submission and approval by the IJB, as set out in Section 5.2 of its Terms of Reference.</p> <p>Approval of the annual accounts of the IJB is a matter reserved to the IJB, as set out in Section 6 of its Scheme of Administration.</p>	
6.11 Previously considered by:	N/A	

Contact Details:

Karl Williamson

Chief Financial Officer

karlwilliamson@nhs.net

7 July 2020

Appendices:

*Appendix 1: Shetland Integration Joint Board Draft Annual Report and Accounts 2019/20
(Including Annual Governance Statement)*

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

Unaudited Annual Accounts **2019/20**



Shetland Islands
Integration Joint Board

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Introduction

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

The Parties:

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

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

The Parties agreed the Integration Scheme of Shetland Islands Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board. The Integration Scheme was due to be formally reviewed prior to 31 March 2020, however this has been delayed due to the response to Covid-19 pandemic.

The Shetland Health and Social Care Partnership Members for 2019/20, and up to date of signing these accounts, were as follows:

Voting Members:

- Mr A Duncan (Vice Chairperson – SIC) – term ended 31 March 2020
- Ms N Cornick (Chairperson – NHSS) – term ended 31 March 2020
- Ms J Haswell (NHSS)
- Ms S Manson (NHSS)
- Mr R McGregor (SIC)
- Ms E Macdonald (SIC)

Non-Voting Members:

- Mr S Bokor-Ingram (Chief Officer) – In post 1 April 2019 to 12 May 2019 and 1 February 2020 to 31 March 2020
- Ms S Gens (Staff Representative)
- Mr J Guyan (Carers’ Representative)
- Mrs C Hughson (Third Sector Representative)
- Mrs M Nicolson (Chief Social Work Officer) – Resigned 17 July 2019
- Mrs D Morgan (Interim Chief Social Work Officer) – Appointed 9 October 2018
- Ms J Robinson (Interim Chief Officer) – Appointed 13 May 2019
- Mr I Sandilands (Staff Representative)
- Mrs E Watson (Lead Nurse for the Community)
- Mr K Williamson (Chief Financial Officer)
- Dr P Wilson (Senior Consultant: Local Acute Sector)
- Vacant (GP Representative)
- Vacant (Patient / Service User Representative)

Post Year End Changes to Voting Membership

- Mr A Duncan (Chairperson – SIC) – appointed 1 April 2020 and resigned 17 May 2020
- Ms N Cornick (Vice Chairperson) – appointed 1 April 2020
- Ms E MacDonald (Chairperson – SIC) – appointed 18 May 2020
- Mr S Leask (SIC) – appointed 18 May 2020

Management Commentary

The purpose of the Management Commentary is to inform all users of these Accounts and help them to understand the most significant aspects of Shetland Islands Health and Social Care Partnership's financial performance for the year to 31 March 2020 ("period", "year") and its financial position as at 31 March 2020.

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

Background

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

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

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

The IJB is responsible for the strategic planning of the functions delegated to it by SIC and NHSS and for the preparation of the Strategic Commissioning Plan. The SIC delegate responsibility for all adult social care services to the IJB. NHSS delegate responsibility for all community based health services plus an element of acute services including unscheduled care. The Strategic Commissioning Plan specifies the services to be delivered by the Parties and binding Directions issued by the IJB to SIC and NHSS act as the mechanism to action the Strategic Commissioning Plan. The IJB is also responsible for ensuring the delivery of its functions through the locally agreed operational arrangements set out within its Integration Scheme, which can be found at; http://www.shetland.gov.uk/Health_Social_Care_I

[nte gration/documents/SHSCPPartnershipIntegrationScheme15May2015_000.pdf](http://www.shetland.gov.uk/Health_Social_Care_Itegration/documents/SHSCPPartnershipIntegrationScheme15May2015_000.pdf)

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

Purpose and Objectives

Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long-term conditions and disabilities, many of whom are older people. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act; as follows:

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do

and are supported to continuously improve the information, support, care and treatment they provide.

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

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

Shetland's Partnership Plan

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

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

Extracts from Shetland's Partnership Plan 2018-2028:

Our shared vision

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

Our shared priorities



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

The focus for the IJB with regard to delivery of the LOIP outcomes will be ‘People’ and ‘Participation’ with specific focus on:

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

The IJB, SIC and NHSS have jointly developed the Performance Management Framework 2019-24 (PMF). The PMF was approved for implementation by the three bodies at meetings in June/July 2019. The intention of the PMF is to provide a consistent “Once for Shetland” approach and a clear focus on improving outcomes. This is in line with the principles of Shetland's Partnership Plan.

The implementation of the PMF will allow the IJB to monitor and report on improvement against the LOIP outcomes as part of its overall performance reporting.

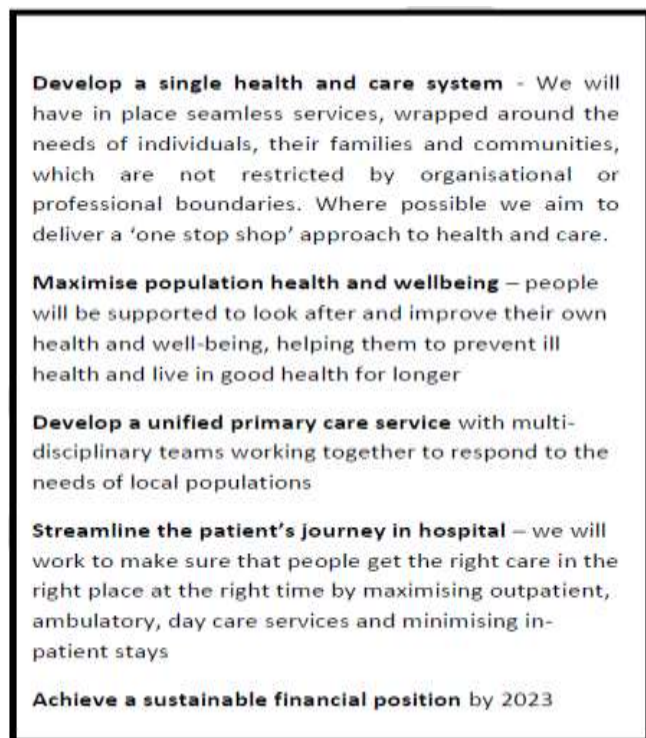
Strategic Commissioning Plan

The IJB approved its Strategic Commissioning Plan 2019-2022 on 13 March 2019 <http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23847>).

Our Vision is that by 2020 everyone in Shetland is able to live longer healthier lives, at home or in a homely setting. We will have an integrated health and care system focused on prevention, supported self management and reducing health inequalities. We will focus on supporting people to be at home or in their community with as much specialist care provided in Shetland and as close to home as possible. Care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.

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

The Plan sets out the IJB's priorities for the next 3 years taking into account all the national, regional and local drivers for change. The IJB intends to work to manage the various demand and issues it faces and continue to evolve its services models to:



Performance Overview

The IJB continued to monitor specific targets and objectives to make sure that health and social care service in Shetland provide the best possible outcomes for the community within available resources. The measures used align with those monitored by the Scottish Government to check the system is working as whole.

Shetland performs well against most of the national indicators. The IJB reviews its overall performance using a wide range of performance indicators on a quarterly basis. An example of this can be seen in the report presented on 5 March 2020 "Performance Overview, Quarter 3: October – December 2019 and Performance Directions".

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25075>

The IJB approved the Performance Management Framework (PMF) 2019-2024 on 27 June 2019. The PMF was jointly developed with NHSS and SIC and represents part of the commissioning cycle which seeks to provide good evidence to ensure that services are prioritised, designed and delivered to meet need. The overall purpose of recording and reporting on performance is to use that evidence to deliver good quality services, and improve how we do things. The PMF replaces the Commissioning and Procurement Framework 2016-2020.

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, NHSS 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 a self-evaluation template and indicative improvement activities, with a formal Development Plan being submitted to the Scottish Government on 23 August 2019.

The Development Plan set out 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; and
- Meaningful and sustained engagement.

It was hoped that the improvement actions could be met under three broad activities:

- The review of the Integration Scheme;
- The Refresh of the Joint Strategic (Commissioning) Plan; and
- The update to the Medium Term Financial Plan.

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires a review of the Integration Scheme within 5 years is undertaken by the Health Board and Local Authority. The

process for the review of the Integration Scheme was agreed by NHSS and SIC Policy and Resources Committee in August/September 2019 with the IJB noting the information presented and acknowledging they will be invited to participate in the review process. A wide range of stakeholders were detailed with whom engagement was required to ensure an open and collaborative process was followed and communicated broadly. Unfortunately, completion of the review has been halted by the Covid-19 pandemic response, but it is hoped that this work will be progressed as soon as possible and the outcome reported to the IJB.

The process of updating the Strategic Commissioning Plan was considered by the IJB during the year. The Strategic Planning Group had considered the required approach to the process and advised that planning and budgeting arrangements were deemed complimentary to one another and the needs assessment that underpinned the current plan had not significantly changed enough to warrant any major shift in strategic direction.

A separate engagement exercise on Community Led Support was agreed in May 2019 by the IJB and scheduled to take place over an 18 month period. The Programme is intended to provide a fundamental shift in the philosophy of how public sector services should be designed and delivered with, and for, communities. The objective being to engage with local communities to help to design the 'right services, delivered in the right place and at the right time'. Community Led Support will provide good evidence to inform and shape the Strategic Plan.

Following an inspection of Self Directed Support by the Care Inspectorate during 2018, which looked at six health and social care partnerships across Scotland, including Shetland, the 'Thematic review for self-directed support in Scotland' was published on 27 June 2019. In addition, the specific finding and recommendations of the individual partnerships were published.

The main purpose of the review was to improve understanding of the implementation of self-directed support to deliver the objectives of the Social Care (Self-directed Support) (Scotland) Act 2013. The findings were set out against seven themes:

- Key performance outcomes;

- Getting support at the right time;
- Impact on staff;
- Delivery of key processes;
- Policy development and plans to support improvement in services;
- Management and support of staff; and
- Leadership and direction that promotes partnership.

The inspection report for Shetland found that performance was 'Good' in one key theme, and 'Adequate' in six others, so was therefore positive and provides a baseline to build upon and address recommended improvements. The IJB approved its Self-directed Support Action Plan on 5 September 2019 and recommended that a strategy would help to underpin it.

The IJB agreed in November 2019 that no separate process would be undertaken to update its Strategic Commissioning Plan for 2020-23. Instead it was suggested that the evidence and knowledge gained from the review of the Integration Scheme, the Community Led Support Programme and other co-production projects be used to update and shape the Strategic Commissioning Plan for report back by spring 2020. The Joint Strategic Commission Plan 2020-23 is due to be presented to the IJB on 10 December 2020. This has been significantly delayed by Covid-19.

The IJB is obliged by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an annual performance report. The Annual Performance Report (APR) 2019-20 was due to be completed in June 2020, but work on the report has been delayed due to the Covid-19 pandemic response. In previous years, the report has been completed by the Head of Planning and Modernisation, NHS Shetland, Hazel Sutherland, who left this post during the year. The post has not been filled by NHSS but it was agreed the strategic planning function of the IJB would continue to be supported by the NHSS through Elizabeth Robinson, Public Health Principal.

In addition to providing an overview of the IJB's performance during the year, the APR also considers the view of service users and the staffing delivering services, and reflects on external feedback through audits and inspections. It can be difficult to demonstrate the impact of the Strategic Commissioning Plan purely through performance indicators. The IJB therefore needs this broad overview in

considering whether intended outcomes have been met, or are likely to be met in the future.

Operational Review

In 2019/20 the IJB set out to put in place arrangement to improve service through a range of initiatives, building on work from previous years.

Our achievements during 2019/20 include:

1. The completion of the “Caring For Bressay” Project which explored the health and care needs of residents on Bressay in order to create a sustainable, affordable and clinically appropriate service model which meets the health and care needs of islanders both now and for the future. The work recognised a number of drivers for change, and through partnership work with Bressay Community Council, other agencies and the Bressay community, developed the new service model. It is now hoped to roll out a similar approach to implementation of co-production methods with communities throughout Shetland, appropriate to the particular community context;
2. Delivery of a series for rights and risks roadshow events and also an online survey to explore rights and risks in the immensely complex landscape of adult social care;
3. Continued development and work to implement the Primary Care Improvement Plan embedding the ethos of ‘right person, right place, right time’;
4. Review and development of IJB Directions following the Statutory Guidance for IJB Directions being published in January 2020, acting on recommendations for improvement made by Internal Audit Glasgow in March 2020;
5. The Palliative and End of Life Care Strategy for Shetland 2019-2022 was developed and approved. The strategy focuses on what is important to people who are dying, their relatives and the carers/family who support them. It promotes respect, choice, dignity and safety for all regardless of age, ability and of diagnosis;
6. Work facilitated through the Self-directed Support Programme Board to take forward the recommendations of the Care Inspectorate’s Self-directed Support Thematic Review and deliver on the Self-directed Support Action Plan 2019/2020;
7. Delivery of a range of Community Led Support sessions with support from the National Development Team for Inclusion (NDTi) who have been commissioned by Health Improvement Scotland following the principles of the Community Led Support Programme;
8. Continuation of the review of Council funded Adult Services for adults with learning disability, autism and complex needs, to ensure equitable access to resource and service and sustainability of resource and service in an area of demographic increase;
9. Establishment of the Assertive Community Transitions (ACT) Service, created to support young adults with learning disabilities and complex needs. The service provides accommodation and staffing to allow intensive support to the individuals, providing better outcomes and avoiding the need to access expensive off-island placements; and
10. Development of Social Care ‘Test of Change’ Projects identified previously through a review of Sustainable Social Care Models. This includes the design and implementation of a scheduled overnight care service, to allow for the delivery of 24 hour support at home, and also planning for extended day care services at Edward Thomason House, to provide longer hours intended to improve outcomes for individuals accessing care and to support their unpaid carers.

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

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to report against the National Health and Wellbeing

Outcomes (detailed on page 2-3), which draw on a mix of qualitative and quantitative measures. The qualitative measures come from the annual Care Experience and Staff survey administered

by the Scottish Government. In terms of system measures, Shetland has performed well against the national benchmarks, as show below.

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

The above indicators relate to 2017/18. These statistics are made available on a biennial basis, so comparatives have not been provided.

The financial performance of the IJB is explained in detail below in the Financial Review section. During the year the Board had a Recovery Plan in place to monitor efficiency savings required.

Financial Performance Indicator	2019/20	2018/19
Percentage of Recovery Plan savings target achieved in year	61%	19%
Percentage of recurrent savings achieved against Recovery Plan savings target in year	4%	11%

Financial Statements

The Financial Statements detail the IJB's transactions for the year and its year-end position as at 31 March 2020. The Financial Statements are prepared in accordance with the International Accounting Standards Board (IASB) Framework for the Preparation and Presentation of Financial Statements (IASB Framework) as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom.

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

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

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

Financial Review

At its meeting on 13 March 2019 the IJB approved its 2019/20 budget of £45.648m (indicative budget 2018/19: £44.099m). Subsequently budget revisions have been made during the year for additional funding allocations and application of contingency and cost pressure budgets with the total budget delegated from the IJB to the Parties for 2019/20 being £49.558m (2018/19: £46.226m).

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

The Comprehensive Income and Expenditure Statement presents the full economic cost of providing the Board's service in 2019/20.

For the year-ended 31 March 2020, the IJB generated a surplus of £0.073m (2018/19: £0.541m), after adjustment has been made for additional contributions made by SIC and NHSS.

The surplus of £0.073m represents the underspend of Scottish Government Additionality Funding and other specific funding allocations during the year off-set by expenditure that the IJB agreed would be met from its Reserve. This surplus will be carried forward and the IJB can then make decisions on how best it can be utilised to further its objectives, in line with its Strategic Commissioning Plan.

The outturn position at 31 March 2020 for the IJB is an overall deficit against budget of £1.951m (2018/19: £3.116m), which represents an underspend in relation to services commissioned from SIC of £0.680m (2018/19: overspend £0.157m) and an overspend in relation to services commissioned from NHSS of £2.631m (2018/19: overspend £2.959m). The £1.951m deficit (which includes 'set aside budget') is detailed in Row 3 in the following table.

In order to achieve the final IJB surplus of the year of £0.073m, NHSS made a one-off additional contribution of £2.734m to the IJB. The SIC received a one-off additional contribution from the IJB of £0.710m.

Financial Transactions 2019/20

		2019/20			2018/19		
		SIC £000	NHSS £000	TOTAL £000	SIC £000	NHSS £000	TOTAL £000
1	Budgets delegated to the Parties from the IJB	23,698	25,860	49,558	22,396	23,830	46,226
2	Contribution from the Parties to the IJB (against delegated budgets)	(23,018)	(28,491)	(51,509)	(22,553)	(26,789)	(49,342)
3	Surplus/(Deficit)	680	(2,631)	(1,951)	(157)	(2,959)	(3,116)
4	Additional contributions from Parties to meet IJB Direct Costs	(17)	(16)	(33)	(15)	(14)	(29)
5	IJB Direct Costs (Audit fee, Insurance & Members Expenses)	17	16	33	15	14	29
6	Additional contributions (to)/from SIC and NHS to IJB	(710)	2,734	2,024	144	3,513	3,657
7	Final Surplus/(Deficit) of IJB	(30)	103	73	(13)	554	541

Significant Budget Variances

The table at page 13, provides the details of the significant budget variances for the year which led to the overall £1.951m overspend. There are a number of factors which contributed towards the year-end position.

Locum Costs

Difficulty was experienced in recruiting to specialist posts in the year, necessitating the use of locums to continue delivering services, notably in Mental Health, Primary Care and Unscheduled Care.

Mental Health

The main reason for the budget variance in Mental Health was the cost (including flights and accommodation) of a Consultant Mental Health locum (£0.453m) (2018/19: (£0.652m)). It was possible to partially offset this cost due to vacancies across NHSS mental health service, £0.185m, and an underspend in employee costs in the Community Mental Health Team, £0.126m, where 2 vacant posts were identified as no longer required following a review of the service. Further savings were achieved after removal of essential car users allowance and provision of pool cars for staff use.

Efforts continue regarding ways to reduce the requirement for expensive locums in Mental Health including the development of a 24/7 nursing model and the redesign of the consultant job description.

Primary Care

The underspend in Primary Care belies overspending on locum cover for General Practitioners during the year in Health Centres where it was not possible to fill vacant posts, with notable overspend against budgets at, Yell (£0.110m) (2018/19: (£0.127m)), Whalsay (£0.102m) (2018/19: (£0.080m)), Unst (£0.091m) (2018/19: (£0.093m)) and Brae (£0.127m) (2018/19: (£0.128m)). The introduction of GP Joy initiative has seen a reduction in overall locum costs during 2019/20.

The overspending above has been off-set by £0.377m of the £1.2m additional primary care, island harmonisation funding received from the Scottish Government in February 2020. The

remaining £0.823m was set against the 2019/20 efficiency target. This funding was also provided during 2018/19 and it is hoped this funding will be made recurrent as part of NHSS funding allocation.

Unscheduled Care

The majority of the budget variance in Unscheduled Care during the year was also due to locum costs. Locum cover and a bank consultant were required to cover two vacant medical consultant posts during the year (£0.789m) (2018/19: (£0.732m)).

Recruitment to consultant and junior doctor posts actively continues, working closely with the Deanery, Universities and NHS Education for Scotland to look at ways in which training can be developed to support remote and rural practice and encourage doctors to take up posts in Shetland. More flexible contract models for consultants in order to broaden the appeal of the generalist role will also be considered.

Agency Staffing Cost

Shetland has low unemployment and the population is ageing at a faster rate than the rest of Scotland. This has led to challenges for the IJB in recruiting local people to work in Community Health and Social Care roles.

Community Care Resources

Difficulty has been experienced in recent years in recruiting and retaining social care staff. Staff sickness, notably several cases of long-term sickness create extra pressure. In order to continue to safely deliver residential care services, it has therefore been necessary to use agency staff, leading to an overspend of (£0.773m) (2018/19: (£0.534m)) in Community Care Resources.

It was possible to offset some of the agency costs against underspend in employee cost in Community Care Resources budgets £0.403m (2018/19: (£0.069m)) due to vacant posts during the year. It has also been necessary to reduce residential bed capacity at Isleshavn to make best use of available staffing.

There was an underspend of £0.192m in employee costs at Support At Home Central, which is in part due to an identified 90 hours per

week vacant posts being repurposed as the service worked towards establishing scheduled overnight care. Further additional budget of £92k has been agreed for 2020/21 in respect of the scheduled overnight care service, which went live on 11 May 2020.

During 2019/20 negotiation has taken place with Agency staffing providers to arrange lower hourly rates and also to allow for agency staff who would like to join the workforce to be released without penalty payments.

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

The Covid-19 pandemic led to the suspension of day care and respite services in March 2020, with staff redeployed to support people in their own homes and care homes. The full economic impact of the pandemic is unknown, but with unemployment expected to increase, the Council will actively seek to recruit care staff where local people find themselves unemployed.

Another of the Test of Change Projects within Community Care Resources was to increase the provision of day care services at ET House to better support individuals and carers. Due to Covid-19, this is currently on hold, but budget of £51k is in place for 2020/21 to deliver when it is safe to do so. It is hoped this initiative will further support the move to shift the balance of care, whilst making best use of staffing resources.

Community Nursing

Agency staffing have been required in Unst for the full year to cover a band 6 vacancy. The 24/7 nature of this role has made recruitment difficult and led to a significant overspend (£0.149m) (2018/19: (£0.172)).

Vacant Posts

Oral Health

The Dental Director post has been vacant for most of the year as he has been seconded to the Interim Medical Director role, with a further Band

7 vacancy, which has led to an underspend of £0.162m in Oral Health.

The Dental Director has been appointed as Interim Chief Officer of the IJB from 13 July 2020 for 10 months, so a recruitment process is underway to backfill the role for this period with interviews taking place in early July 2020. The role of Dental Business Manager will be reviewed to ensure it is still required prior to recruitment.

Adult Social Work

There was an underspend in employee costs, within Adult Social Work of £0.116m (2018/19: £0.071m), due to vacant posts, some of which have proved difficult to recruit to. It was possible to engage agency staffing for a short period of time and the service had been successful in appointing a full-time permanent social worker who will take up post in July 2020 and also a temporary social worker/mental health officer for a 15-month period from the end of June 2020.

As a result of vacancies, it has been possible to increase the Senior Admin Assistant role from part-time to full-time. This post was filled in April 2020 and will facilitate a review of Adult Social Work's Admin's Team and support the development of Community Led Support within the service.

Increased Demand

Adult Services

The overspend in Adult Services is mainly due to the cost of establishing the ACT Service, (£0.103m) (2018/19: Nil) as detailed in the Operational Review at page 6, for which there was no budget. The full annual cost of operating the ACT Service (£0.427m) has been incorporated in the IJB budget in 2020/21.

There was also an overspend in employee costs at Newcraigielea (£0.055m) (2018/19: (£0.053m)) due to staffing above the budgeted level to support increased demand for respite services.

Adult Social Work

The budget for Off Island Placements was also overspent during the year (£0.107m) (2018/19: £0.044m)). These individual packages of specialist support are expensive, so changes to

the number of packages mean costs can vary significantly from year to year.

Self-Directed Support

The overspend in Adult Social Work is primarily due to overspend in the provision of Self Directed Support (SDS).

The Self Directed Support budget is utilised to deal with payments under SDS Options 1 and 2. Individuals with an assessed level of social care need can choose these options as an alternative to having their care provided directly by the local authority. Option 1 allows for direct payments to be made to individuals while Option 2 lets the individual choose a care organisation to provide their support and the local authority will arrange this for them.

Payments are predominantly under Option 1 due to limited availability of providers to deliver Option 2 in Shetland. Despite being able to utilise Scottish Government Additionality Funding to support the increased SDS payments there was an overspend in the year of, (£0.310m) (2018/19: (£0.035m)).

This was due to an increased number of packages, with a few packages now exceeding the annual cost of a permanent residential place where sleep in provision is included. The increased demand is due to demographic pressure on the system as there was no significant reduction in demand for traditional social care services.

It is hoped that the establishment of the scheduled overnight care service may provide an alternative to sleep-ins within SDS packages, with a robust review of rights and risks that support fuller independence to the individuals concerned.

Overachievement of Charging Income

There was an overachievement of Board and Accommodation income in the year, £0.901m (2018/19: £0.504m) within Community Care Resources. Charging income can vary significantly dependent on the financial circumstances of those receiving care and allowance was made in the year for the anticipated level of waived charges as a result of legislation, such as the Carers Act, expected in the year.

Scottish Government Additionality Funding

The IJB recognises an underspend in this funding of £0.080m, a small underspend in Reablement Programme in Care Homes, £0.014m, and underspend in employee costs due to vacant posts within the Intermediate Care Team during the year, £0.066m.

NHSS Specific Funding

At the year-end, NHSS identified a number of specific funding allocations it had not been possible to spend in full during the year. These amounted to £0.496m overall.

Until NHSS funding allocations are confirmed, they are held in General NHSS Contingency, so during the year were not reflected in IJB delegated budget. NHSS made an additional funding allocation to the IJB at the year-end of £2.734m (see table on page 9) which included the transfer of these specific funding allocations.

The IJB will carry-forward these sums in the IJB Reserve as an Earmarked element against the projects listed below:

- Additional Alcohol and Drugs Partnership Funding - £0.127m;
- Action 15 - £0.067m;
- Attend Anywhere - £0.025m;
- Child Healthy Weight - £0.032m;
- PCIF - £0.041m;
- Realistic Medicine - £0.003m;
- Rural Fund – Falseified Med (Dispensing) Yr1&2 - £0.049m;
- Rural Fund – Change Mgt - £0.039m;
- Rural Fund – PHEC - £0.008m;
- Rural Fund – Rediscover The Joy - £0.069m;
- Screening Inequalities Yrs 1&2 - £0.026m; and
- Trail Valued Based Healthcare - £0.010m.

Efficiency Target

An efficiency savings target of £2.331m was identified within the 2019/20 IJB Budget, necessitating a Recovery Plan to be implemented during the year. As at 31 March 2020, there was an underachievement of

Shetland Islands Integration Joint Board

(£0.904m) (2018/19: (£1.850m)) against the Recovery Plan.

Of the £1.427m savings achieved, £0.099m represented recurring savings and £1.328m were non-recurrent.

Significant Budget Variance Table

Service Heading	2019/20			2018/19		
	Revised Budget £000	Budget Variance £000	Budget Variance %	Revised Budget £000	Budget Variance £000	Budget Variance %
Mental Health	2,413	(282)	(11.7%)	2,071	(463)	(22.4%)
Substance Misuse	588	94	16.0%	543	47	8.7%
Oral Health	3,133	162	5.2%	3,084	13	0.4%
Primary Care	5,418	(624)	(11.5%)	5,676	139	2.4%
Community Nursing	2,994	(149)	(5.0%)	2,862	(172)	(6.0%)
Adult Services	5,803	(98)	(1.7%)	5,472	65	1.2%
Adult Social Work	3,090	(310)	(10.0%)	2,530	-	0.0%
Community Care Resources	11,984	752	6.3%	11,350	(398)	(3.5%)
Health Improvement	365	55	15.1%	259	48	18.5%
Unscheduled Care	3,233	(1,006)	(31.1%)	2,964	(823)	(27.8%)
Intermediate Care Team	672	80	11.9%	662	81	12.2%
Other Services	10,769	279	2.6%	10,603	197	1.9%
Efficiency Target	(904)	(904)	100.0%	(1,850)	(1,850)	100.0%
Total	49,558	(1,951)		46,226	(3,116)	

The Balance Sheet as at 31 March 2020

The IJB carried a General Reserve of £0.905m as at 1 April 2019. This reserve was created from previous years underspending in the Scottish Government Additionality Funding £0.432m and underspend in specific NHSS Funding in 2018/19 which were carried forward as an earmarked element of the Reserve £0.474m.

During the year there has been a draw on the IJB Reserve of £0.337m, £0.307m of earmarked reserve and spend against a number of projects which the IJB have agreed to fund from its Reserve, £0.030m as detailed below.

Project	Date Agreed	Agreed IJB Reserve Funding	Cost incurred to 31 Mar 2019	2019/20 Cost	Remaining committed Reserve
Falls Prevention	Mar-18	51,000	13,225	17,774	20,001
Stress Control	May-19	25,000	0	0	25,000
Alternative to residential care accommodation	May-19	12,172	0	4,971	7,201
MSK Physiotherapy	May-19	51,000	0	0	51,000
Community Nursing Continence Service	May-19	8,750	0	0	8,750
Community Led Support Programme	May-19	13,230	0	6,937	6,293
		£161,152	£13,225	£29,682	£118,245

As at 31 March 2020 the General Reserve has a balance of £0.978m, of which £0.496m is earmarked and a further £0.118m has been committed to specific projects.

2020/21 Budget and Medium Term Financial Outlook

The IJB Board approved the proposed budget for 2020/21 of £50.736m, on 28 May 2020, subject to NHSS Board approval of their delegated budget at its meeting on 18 August 2020. The IJB noted the risks associated with Covid-19 and the impact this may have on 2020/21 budgets and costs.

For the first time since the inception of the IJB, the proposed payments to the IJB from the Parties are equal to the cost of services. This means the IJB will begin the financial year with a balanced budget position.

General Reserve is also available to support the strategic objectives of the IJB, as detailed in Note 7 to the Accounts (page 29).

Since the inception of the Shetland IJB, like other health and social care partnerships, it has faced significant financial challenges and has anticipated that it will be required to operate within tight fiscal constraints into the future, due to the continuing difficult national economic outlook and increasing demand for services.

Additional funding for Health and Social Care Partnerships has been made available from the Scottish Government. Despite this additional funding, pressure continues on public sector expenditure at a UK and Scottish level with

further reductions in government funding predicted in future years.

The Covid-19 pandemic has meant that since March 2020 a huge amount of work has been done by Health and Social Care Partnerships to respond quickly to changing legislation and guidance to manage the virus. Services across the IJB have had to adapt rapidly and the value of partnership working has never been more evident. It is expected during 2020/21 that services will start to return to normal, but social distancing measures will remain and the longer reaching economic impact of the pandemic, while difficult to quantify, will undoubtedly lead to further fiscal pressures.

The IJB approved its MTFP 2019/20 to 2023/24 on 13 March 2019. The Plan identified a likely funding shortfall over the five year period of £7.7m if no action is taken to mitigate the impact of rising costs and reducing funding. A revised MTFP is due to be presented in September 2020 following the update of SIC & NHSS MTFPs. The role of the IJB in planning and directing services will be key to addressing the financial challenges it faces into the future.

Principal Risks and Uncertainties

The IJB maintains a Risk register and reports progress on a quarterly basis as part of its performance reporting. The latest report was presented on 5 March 2020 and can be found here:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25075>

Risks and Uncertainties	Actions to Mitigate
Continued staffing vacancies across IJB services, with difficulty in recruiting to both health and social care roles, resulting in significant expenditure on locum costs.	Explained above under "Significant Budget Variances" (page 10 & 11).
Failure to deliver recurring efficiency savings through service redesign proposals leaving a funding gap for the IJB.	For the first time since the inception of the IJB, the proposed payments to the IJB from the Parties for 2020/21 are equal to the cost of services. This means the IJB will start 2020/21 with a balance budget which fully aligns to its Strategic Commissioning Plan. There will still be a need for redesign and efficiencies within services which will be guided by the Medium Term Financial Plans of the IJB, SIC & NHSS.
In order to maintain financial balance significant changes in current practise or service models may be required. It is important that proposals are evidence based on current and emerging best practice and represent the optimum balance between cost, quality and safety.	Investments are assessed using building better business cases methodology to ensure they align to strategic planning and demonstrate best value. Clinical, Care and Professional Governance arrangements agreed by the IJB ensure sound clinical and care governance are embedded.
The age demographics of Shetland's population is changing. This is expected to put increasing demand on health and social care services.	The Strategic Commissioning Plan 2019-2022 has been developed taking into account the expected demographic changes in the future.
Limited digital connectivity due to remote location, restricting the potential for use of information technology in service delivery.	The Strategic Commissioning Plan 2019-2022 identifies as part of the overall approach of "Right Person, Right Place, Right Time" the need for Technology Enabled Care and Improved Access to Information. The Covid-19 pandemic has accelerated this need and led to some of the perceived barriers to digital connectivity being alleviated. Digital Connectivity in many areas of Shetland is however still inadequate and activity is ongoing to secure funding and prioritise digital requirements.
Impact of the COVID-19 pandemic.	Health and Social Care Services required rapid reorganisation to deal with the initial impact of the Covid 19 pandemic. Close partnership working within IJB has been crucial to the continued delivery of essential services and management of the pandemic in Shetland. As the situation evolves the IJB will continue to respond to policy changes and guidance provided by Scottish Government and look to safely and incrementally restore services in line with the Scottish Government's 'COVID-19 Framework for Decision Making: Scotland's route map through and out of the crisis'. The IJB continues to submit statistical data and detail of emerging financial cost pressures associated with Covid-19 to the Scottish Government through regular updates to its Mobilisation Plan.
Uncertainty around the impact of withdrawal of the United Kingdom from the European Union.	The IJB considers the UK's withdrawal from the European Union (EU) as a key risk. Despite several delays to the withdrawal process, there remains a continued lack of clarity on the practicalities of leaving the EU. The IJB continues to review the latest planning assumptions and assess the potential impact from a Shetland perspective as part of its risk monitoring.

Acknowledgement

We would like to acknowledge the significant effort of all the staff across the IJB who contributed to the preparation of the Annual Accounts and to the budget managers and

support staff who have ensured delivery of the outcomes of the Strategic Commissioning Plan within the adjusted financial resources available to the IJB for the year ended 31 March 2020.

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 Brian Chittick
 Interim Chief Officer
 16 July 2020

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 Emma Macdonald
 Chair
 16 July 2020

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 Karl Williamson
 Chief Financial Officer
 16 July 2020

Annual Governance Statement

Introduction

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

Scope of Responsibility

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

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

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

Purpose of Internal Control

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

The system of internal control has been in place at the IJB for the financial year ended 31 March 2020 and up to the date of the approval of the Annual Accounts.

The Governance Framework and Internal Control System

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

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

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Integration Scheme which sets out the key outcomes the IJB is committed to delivering through SIC and NHSS as set out in the IJB's Strategic Plan and Annual Accounts;
- Services are able to demonstrate how their own activities link to the IJB's vision and priorities through their Improvement Plans and Service Plans;
- Performance management, monitoring of service delivery and financial governance is provided through quarterly reports to the IJB as part of the Planning and Performance Management Framework. Quarterly reports include financial monitoring of the integrated budget and the "set aside" budget, the IJB Risk Registers, performance against national outcome measures, local outcome measures and service development projects. The IJB also receives regular reports from the joint Council, Health Board and IJB Clinical, Care and Professional Governance Committee and the IJB Audit Committee;
- The Participation and Engagement Strategy sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken collaboratively with SIC and NHSS and through existing

community planning networks. The IJB publishes information about its performance regularly as part of its public performance reporting;

- The IJB operates within an established procedural framework. The roles and responsibilities of Board Members and officers are defined within Standing Orders, Scheme of Administration and Financial Regulations; these are subject to regular review;
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, national inspection agencies and the appointed Internal Audit service to the IJB's Senior Management Team, to the IJB and the main Board and Audit Committee;
- The IJB follows the principles set out in COSLA's *Code of Guidance on Funding External Bodies and Following the Public Pound* for both resources delegated to the Partnership by NHSS and SIC and resources paid to its SIC and NHSS Partners;
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB;
- The IJB's approach to risk management is set out in the Integration Scheme and IJB Risk Management Strategy. Reports on risk management are considered regularly by the Health and Social Care Management Team with quarterly reporting on the IJB Risk Registers to the IJB Board and an annual report to the IJB Audit Committee;

- IJB Board Members observe and comply with the Nolan Seven Principles of Public Life. Comprehensive arrangements are in place to ensure IJB Board Members and officers are supported by appropriate training and development; and
- Staff of both NHSS and SIC are made aware of their obligations to protect client, patient and staff data. The NHS Scotland *Code of Practice on Protecting Patient Confidentiality* has been issued to all NHSS staff working in IJB directed services and all staff employed by SIC working in IJB directed services have been issued with the SSSC Codes of Practice.

Review of Adequacy and Effectiveness

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

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

Issue and Actions

There have been significant changes to the voting and non-voting membership of the IJB during the year ended 31 March 2020 and up to the date of approving the accounts. A new Vice Chair was appointed in April 2020 and a new Chair was appointed in May 2020. The Chief Officer moved to a secondment role in NHS Grampian in April 2020 and was replaced by an Interim Chief Officer. Details of these changes

were presented to the IJB on 25 May 2020 and are included below:

Voting Member Appointments and Complete Membership Update

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25269>

Appointment of Chief Officer and Depute Chief Officer to the IJB

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25270>

The change in membership is not considered a significant issue as thorough handovers and assurances have been received from the previous post holders. The new Chair has been a voting member of the IJB from May 2017 and the new Interim Chief Officer has worked for NHS Shetland from 2015 as Dental Director and more recently as Interim Medical Director and has extensive knowledge of the Health & Social Care system in Shetland.

There remains one significant internal control issue which continues to be highlighted by both Internal Audit and the wider scope work of External Audit. The key area of concern remains focused on the carried forward funding gap and ongoing Savings and Efficiency targets. Since the inception of the IJB in 2015 the Financial Recovery Plan has not succeeded in achieving the IJBs aspiration to “develop a Strategic Commissioning Plan which minimises, or ideally eliminates, the need for a Financial Recovery Plan”. This was again evident in 2019/20 where 93% of the £1.425m savings achieved was non-recurrent in nature.

There has, however, been significant progress as evidenced in the 2020/21 IJB Budget which, for the first time, presents a fully balanced position. NHSS has agreed to fund the IJB fully from the outset as opposed to providing one off top up payments at year end. This balanced budget is a welcome development for the IJB but does not negate the need for continued focus on service redesign.

The current Medium Term Financial Plan (MTFP) requires in the region of 3% savings to be achieved each year to establish a sustainable financial position for the IJB. The revision of the MTFP has been delayed due to the Covid-19 pandemic but will provide more details on the savings requirement when finalised in August 2020.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

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

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

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. During 2019/20 the strategic internal audit management continued to be provided by Audit Glasgow (part of Glasgow City Council's internal audit function).

The internal audit plan for 2019/20 included one specific IJB related review on the set aside budget arrangements. The fieldwork has been completed with no major issues to report. The Chief Internal Auditor has also conducted a review of all matters arising from NHSS Internal Audit reports issued in the financial year by Scott Moncrieff, and those for SIC, and confirmed there are no significant matters arising specific to the IJB.

The impact of Covid-19 in March 2020 was a significant event, impacting normal business operations and risk assessments. As a result of the changes to the working arrangements arising from the pandemic response, in March 2020 many of the expected systems and controls will have been subject to change. The opinion expressed in this report therefore applies only to the period before the emergency service delivery arrangements were put in

place.

On the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation up to the impact of Covid-19 in March 2020.

Compliance with Best Practice

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

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

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Brian Chittick
Interim Chief Officer
16 July 2020

Assurance

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

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Emma Macdonald
Chair
16 July 2020

Remuneration Report

Introduction

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

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

Remuneration: IJB Chair and Vice Chair

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

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board Members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The Chair and Vice Chair did not receive any taxable expenses paid by the IJB in 2019/20 or 2018/19.

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

Remuneration: Officers of the IJB

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

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief

Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

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

From 13 May 2020, the Chief Officer was seconded to the post of NHSS Interim Chief Executive. An Interim Chief Officer was appointed from 13 May 2020 and although the Chief Officer returned to post on 1 February 2020, the Interim Chief Officer continued in their role working alongside the Chief Officer, initially to allow for handover, but latterly to provide additional support in dealing with the Covid-19 pandemic.

The Interim Chief Officer is employed by SIC, but as with the Chief Officer role, this is a joint post with NHSS, with 50% of their cost being recharged to NHSS. The salary of senior employees of the SIC is set by reference to national arrangements and agreements. Performance appraisal and terms and conditions of service are in line with SIC policies and procedures. Formal line management is provided through the Chief Executive, SIC, but the Interim Director of Community Health and Social Care is accountable to both the Chief Executive of NHSS and the Chief Executive of SIC.

Other Officers

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

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

The IJB approved the appointment of the Chief Financial Officer at its meeting on 20 July 2015. The role of Chief Financial Officer for the IJB is carried out by the NHSS Head of Finance &

Procurement, Karl Williamson, with NHSS meeting his full cost.

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

Disclosure by Pay Bands

Remuneration

The Chief Officer and Interim Chief Officer received the following remuneration during 2019/20:

Senior Employees	Designation	2019/20	2018/19
		*Total Remuneration £	*Total Remuneration £
Simon Bokor-Ingram	Chief Officer	27,776	95,006
Jo Robinson	Interim Chief Officer	63,171	0

*consists of salary, fees and allowances, with no expenses/benefits in kind/other payments.

Total remuneration for 2019/20 has been apportioned based on the period each senior employee was in appointment.

Pension benefits

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

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

The Chief Officer participates in the National Health Service Superannuation Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are

members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations.

The Interim Chief Officer participates in the Local Government Pension Scheme (LGPS) which is a funded pension scheme that receives contribution payments from both Scheme members and participating employers. From 1 April 2015, the Pension Scheme moved to a career average related earnings scheme for all scheme members.

Pension entitlement for the Chief Officer and the Interim Chief Officer for the year to 31 March 2020 is shown in the table below, together with the contribution made to this pension by the employing body.

The pension entitlement of Simon Bokor-Ingram for 2019/20 is reported jointly for the post of Director of Community Health and Social Care and Interim Chief Executive NHSS.

The pension entitlement of Jo Robinson for 2019/20 is reported jointly for the post of Interim Director of Community Health and Social Care and her substantive post, Executive Manager – Allied Health Professionals.

Shetland Islands Integration Joint Board

Name of Senior Official	Designation	In-Year Employer Pension Contributions		Accrued Pension Benefits			
		2019/20 £	2018/19 £	As at 31 March 2020		Increase from 31 March 2019	
				Pension £	Lump Sum £	Pension £	Lump Sum £
Simon Bokor-Ingram	Chief Officer	19,836	13,889	34,477	74,985	2,498	1,339
Jo Robinson	Interim Chief Officer	16,091	0	25,460	33,486	7,889	10,435

.....
 Brian Chittick
 Interim Chief Officer
 16 July 2020

.....
 Emma Macdonald
 Chair
 16 July 2020

Statement of Responsibilities for the Annual Accounts

The Integration Joint Board's Responsibility

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board, the proper officer is the Chief Financial Officer;
- manage its affairs to secure economic, efficient and effective use of resources and to safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and, so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- approve the Annual Accounts for signature.

I can confirm that these Unaudited Annual Accounts were approved for signature by the Integration Joint Board on 16 July 2020.

Signed on behalf of Shetland Islands Integration Joint Board.

.....
Emma Macdonald
Chair
16 July 2020

The Chief Financial Officer's Responsibilities

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

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

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Accounting Code (in so far as it is compatible with legislation).
- kept adequate accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the Annual Accounts give a true and fair view of the financial position of the Integration Joint Board at the reporting date and the transactions of the Integration Joint Board for the year ended 31 March 2020.

.....
Karl Williamson
Chief Financial Officer
16 July 2020

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

Comprehensive Income and Expenditure Statement for year ended 31 March 2020

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

2018/19 Net Expenditure £000		Notes	2019/20 Gross Expenditure £000	2019/20 Gross Income £000	2019/20 Net Expenditure £000
26,789	Health Services		28,491	-	28,491
22,553	Social Care Services		23,018	-	23,018
29	Corporate Services		33	-	33
49,371	Cost of Services		51,542	0	51,542
(49,912)	Taxation and non-specific grant income	5	-	(51,615)	(51,615)
(541)	(Surplus) / Deficit on Provision of Services		51,542	(51,615)	(73)
(541)	Total Comprehensive Income and Expenditure				(73)

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

Movement in Reserves Statement

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

2019/20	General Fund Balance £000
Balance at 1 April 2019	(905)
Total Comprehensive Income	(73)
Increase in 2019/20	(73)
Balance at 31 March 2020	(978)

Comparative movements in 2018/19	General Fund Balance £000
Balance at 1 April 2018	(364)
Total Comprehensive Income and Expenditure	(541)
Increase in 2018/19	(541)
Balance at 31 March 2019	(905)

Balance Sheet as at 31 March 2020

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

As at 31 March 2019 £000		Notes	As at 31 March 2020 £000
905	Other Current Assets	6	978
905	Current Assets		978
905	Net Assets		978
	Represented by:		
905	Usable Reserves	7	978
905	Total Reserves		978

The unaudited financial statements were issued on 16 July 2020.

The Annual Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2020 and its income and expenditure for the year then ended.

.....
Karl Williamson
Chief Financial Officer
16 July 2020

Notes to the Primary Financial Statements

Note 1: Accounting Standards Issued and Adopted In Year

The following accounting standards were new or amended in the 2019/20 Code:

- Amendments to IAS40 Investment Property: Transfers of Investment Property;
- Annual improvements to IFRS Standards 2014-2016 Cycle. IFRS 12 Disclosure of Interests in Other Entities: Clarification of the Scope of the Standard. IAS 28 Investments in Associates and Joint Ventures: Measuring an Associate or Joint Venture at Fair Value;
- IFRIC 22 Foreign Currency Transactions and Advance Consideration;
- IFRIC 23 Uncertainty over Income Tax Treatments; and
- Amendments to IFRS 9 Financial Instruments: Prepayment features with negative compensation.

The Code required implementation in the financial statements from 1 April 2019. The amendments have not had any impact on the IJB's financial statements.

Note 2: Accounting Standards Issued and not Adopted In The Year

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued, but not yet adopted. This applies to the adoption of the following new or amended standards within the 2020/21 Code:

- Amendments to IAS28 Investments in Associates and Joint Ventures: Long-term Interests in Associates and Joint Ventures;
- Annual Improvements to IFRS Standards 2015-2017 Cycle; and
- Amendments to IAS 19 Employee Benefits: Plan Amendment, Curtailment or Settlement.

The Code requires implementation in the accounts from 1 April 2020 and there is therefore no impact on the 2019/20 financial statements. These amendments are however expected to have no impact on the IJB's financial statements when they are implemented.

Note 3: Critical Judgements and Estimation Uncertainty

There are no material critical judgements or sources of estimation uncertainty included in the Financial Statements.

Note 4: Events After the Reporting Period

The Unaudited Annual Accounts were authorised for issue by the Chief Financial Officer on 16 July 2020. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information. Events taking place after this date are not reflected in the financial statements or notes. The Covid-19 pandemic has had a substantial impact on IJB services and financial sustainability. Further details of this impact are detailed within the Management Commentary.

Note 5: Taxation and Non-Specific Grant Income

2018/19 £000		2019/20 £000
21,277	Funding contribution from Shetland Islands Council	21,728
26,751	Funding contribution from NHS Shetland	28,033
1,884	Other Non-ringfenced grants and contributions	1,854
49,912	Total	51,615

The funding contribution from NHSS shown above includes £5.689m in respect of 'set aside' resources. These are provided by NHSS which retains responsibility for managing the costs of providing the services. The IJB has responsibility for the consumption of, and level of demand placed on these resources.

Other non-ring fenced grants and contributions represents Scottish Government funding provided for the IJB. As the IJB does not have its own bank account, this funding was paid to NHSS as part of their annual funding settlement and transferred to the IJB by NHSS, together with their funding contribution.

Note 6: Other Current Assets

As at 31 March 2019 £000		As at 31 March 2020 £000
170	Shetland Islands Council	141
735	NHS Shetland	837
905	Total	978

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

The IJB does not have a bank account. Underspends recorded by SIC and NHSS that are carried forward are therefore held in their own bank accounts and reflected as Other Current Assets by the IJB.

Note 7: Usable Reserve: General Fund

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

- to earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- to provide a contingency fund to cushion the impact of unexpected events or emergencies.

2018/19 £000	General Fund	2019/20 £000
(364)	Balance at 1 April	(905)
(67)	Transfers in: Scottish Government Additionality Funding Underspend	(51)
(431)	Sub-total	(956)
(474)	Earmarked element of Reserve: NHSS Specific Funding Underspend	(22)
(905)	Balance at 31 March	(978)

Note 8: Related Party Transactions

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

The funding contributions made by the SIC and NHSS are detailed in Note 5. The debtor balances of the SIC and NHSS with the IJB as at 31 March 2020 are detailed in Note 6.

Full expenditure detailed in the CIES on Health Services and Social Care Services was provided by NHSS and SIC, respectively.

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

Note 9: Post Balance Sheet Event

Simon Bokor-Ingram was seconded to Moray Integration Joint Board as their Interim Chief Officer from 18 April 2020, so it was necessary to appoint an interim Director of Community Health and Social Care to cover the expected 12 month period he will be unable to cover his permanent post, which includes his role as Chief Officer of the IJB.

Jo Robinson has continued in the role of Interim Director of Community Health and Social Care and will do so until 12 July 2020. It was agreed from 13 July 2020, that Brian Chittick will be appointed Interim Joint Director of Community

Health and Social Care for a minimum period of 10 months, which includes the role as Chief Officer of the IJB.

Jo Robinson was appointed as Interim Depute Director of Community Health and Social Care from 13 July 2020, which will include the role as Depute Chief Officer. This new role will support the Interim Chief Officer and formally deputise at meetings in his absence.

Note 10: Summary of Significant Accounting Policies

A General Principles

The Annual Accounts summarise the IJB's transactions for the 2019/20 financial year and its position as at 31 March 2020.

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

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

B Accruals of income and expenditure

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

- supplies are recorded as expenditure when they are consumed, but where there is a gap between the date supplies are received and their consumption they are carried as inventories on the Balance Sheet;
- expenses in relation to services received (including services provided by employees) are recorded as expenditure when the services are received rather than when payments are made; and

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

C Funding

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

D Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March 2020 is represented as a debtor or creditor on the IJB's Balance Sheet.

E Employee Benefits

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

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

F Reserves

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

The IJB Reserve includes an earmarked element which is set aside for a specific purpose in line with the IJB's Reserves Policy.

G Indemnity Insurance

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

Unlike NHS Boards, the IJB does not have any “shared risk” exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

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

H Events after the Balance Sheet

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

Two types of events can be identified:

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

I VAT

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

Glossary

While the terminology used in the Annual Accounts is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (eg cash and stock). A noncurrent asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

CNORIS

The Clinical Negligence and Other Risks Indemnity Scheme.

COLSA

Convention of Scottish Local Authorities.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the

accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period, e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

LOIP

Local Outcomes Improvement Plan.

MTFP

Medium Term Financial Plan.

PMF

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

SSSC

Scottish Social Service Council

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.

Shetland Islands Health and Social Care Partnership

Agenda Item

2



Meeting(s):	Integration Joint Board	16 July 2020
Report Title:	Financial Monitoring Report to 31 March 2020	
Reference Number:	CC19-20-F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

- 1.1 The IJB is asked to Note the 2019/20 Management Accounts for the year ended 31 March 2020.

2.0 High Level Summary:

- 2.1 The outturn to the end of March 2020 for the services delegated to the IJB is an overall adverse variance of £1.951m which represents an underspend in the Shetland Islands Council's (SIC) arm of the budget of £0.680m and an overspend in NHS Shetland's (NHSS) arm of £2.631m.
- 2.2 NHSS will provide an additional one off payment to balance their arm of the operational budget and the fortuitous underspend on SIC delivered services will be returned to SIC. Following these adjustments the IJB will end the financial year 2019/20 with an underspend of £0.073m which will be retained in its General Reserve. The transactions, which are included in the IJB unaudited Annual Accounts, are shown below.

	SIC £000s	NHSS £000s	Total £000s
IJB Budget 2019/20 as at 31/03/20	23,698	25,860	49,558
Cost of IJB Services delivered by SIC/NHSS	(23,018)	(28,491)	(51,509)
Surplus / (Deficit)	680	(2,631)	(1,951)
Additional contributions to / (from) SIC and NHSS to IJB	(710)	2,734	2,024
Final position of IJB	(30)	103	73

- 2.3 The £0.073m underspend consists of the following:

General Reserve - Free [1]	£s
Underspend on SG Additionality Funding	80,032
General Reserve – Earmarked [2]	
Child Healthy Weight	32,000

Rural Fund - Rediscover the joy in GP	69,450
Screening Inequalities - Year 1 Funding	13,752
Primary Care Improvement Fund 2019/20	40,913
Realistic Medicine	2,873
Attend Anywhere	25,090
Action 15	27,562
Rural Fund – Dispensing	48,564
Rural Fund – Change Management	39,084
Rural Fund – PHEC	8,257
Screening Inequalities – Year 2 Funding	12,128
Trial Value Based Healthcare	9,910
Draw on IJB Reserve 2019/20 [3]	
Falls Prevention – Funded from Reserves	(17,774)
Alternative to Residential Care – Funded from Reserves	(4,971)
Community Led Support Prog. – Funded from Reserves	(6,973)
Draw on Earmarked Reserves for Specific Projects	(306,868)
Total	73,029

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

[2] Contained within the additional contribution from NHSS are 12 specific funding allocations, listed above, which were received by NHSS during the year. These allocations were held in NHSS's general contingency budget until year-end and then passed to the IJB to be added to the IJB Reserve as an Earmarked element. These allocations were not passed to IJB budgets during the year as plans for utilising the funds in line with Government expectations were still under development. Once plans are finalised the funding will be released from the IJB Reserve to fund the various improvement initiatives.

[3] During the year there has been a draw on the IJB Reserve of £0.337m, £0.307m of earmarked reserve and £0.030 spend against a number of projects which the IJB have agreed to fund from its Reserve.

2.4 The £0.073m will be added to the IJB General Reserve giving a total Reserve balance of £0.978m at the end of March 2020.

2.5 Further information on the financial position as at 31 March 2020 can be seen in the IJB unaudited annual accounts, which are presented as in a separate item on today's agenda.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB's vision, aims and strategic objectives are set out in the Integration Scheme and the Strategic Plan 2019-22.

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

4.0 Key Issues:

Background

- 4.1 The 2019/20 IJB budget of £45.648m was approved at the meeting of 13 March 2019 (Min. Ref. 09/19). Subsequently, budget revisions have been made during the year for additional funding allocations and application of contingency and cost pressure budget with the total delegated budget for 2019/20 increasing to £49.588m.
- 4.2 The Integration Scheme requires Management Accounts to be presented to the IJB at least quarterly.
- 4.3 This report represents the Management Accounts as at the end of the 2019/20 financial year.

Executive Summary

- 4.4 The Management Accounts for the year ended 31 March 2020 have been compiled following financial analysis and budget monitoring at SIC and NHSS.
- 4.5 Appendix 1 details the consolidated year-end outturn for the services delegated to the IJB. The outturn to the end of March 2020 is an adverse variance of £1.951m. It is important to note that the adverse variance relates to the services delegated to the IJB but the IJB itself will show an underspend of £0.073m in its annual accounts for 2019/20 as a result of the additional one-off transactions shown in paragraph 2.2.

Financial Commentary – Significant Variances > £0.050m

- 4.6 To avoid duplication the significant financial variance commentary can be viewed in the IJB unaudited annual accounts which are presented as a separate item on today's agenda. Please refer to the Management Commentary Section, Financial Statements.

Efficiency Target

- 4.7 An efficiency savings target of £2.331m was identified within the 2019/20 IJB Budget, necessitating a Recovery Plan to be implemented during the year. As at 31 March 2020, there was an underachievement of (£0.904m) against the Recovery Plan. Of the £1.427m savings achieved, £0.099m represented recurring savings and £1.328m were non-recurrent.

Project	Target (£m)	Achieved (£m)	Variance (£m)
Pharmacy & Prescribing	0.227	-	0.227
Primary Care	0.100	0.120	(0.020)
Community Nursing	0.179	0.049	0.130
Vacancy Factor	0.100	-	0.100
SG Additional Funding (Island Harmonisation)	1.200	0.823	0.377

Other	0.525	0.435	0.090
Total	2.331	1.427	0.904

- 4.8 Pharmacy & Prescribing - it has not been possible to achieve the planned savings in prescribing due to medicine shortages and the ability to recruit and retain the level of staff required to develop and implement the pharmacy aspect of the Primary Care Improvement Plan. A realistic savings plan for 2020/21 will be presented to the IJB in September 2021.
- 4.9 Primary Care made savings of £0.033m as a result of skill mix changes and £0.087 from specific funding allocations that were not required during 2019/20.
- 4.10 Community Nursing made savings of £0.049 from the successful Bressay project.
- 4.11 Island Harmonisation funding of £1.200m was again received in 2019/20. £0.823m was set against savings with the remaining £0.377m used to support underfunded primary care budgets.
- 4.12 Other savings of £0.435m were achieved through specific 'set aside' allocations not required and financial adjustments by NHSS during the year.
- 4.13 Of the £1.427m savings achieved during 2019/20, £0.099m represented recurring savings and £1.328m were non-recurrent. Focus must remain on identifying and delivering recurrent savings during 2020/21 and beyond as the current over reliance on non-recurrent measures is not sustainable.

General Reserve

- 4.14 In line with the IJB Reserve Policy, £0.905m was carried forward from 2018/19 in the General Reserve. These funds resulted from an underspend against the Scottish Government Additional Funding for Social Care and specific NHSS funding allocations.
- 4.15 An additional £0.073m, as detailed in paragraph 2.3 will be added to the IJB General Reserve at the end of the 2019/20 financial year.

	£M
Balance carried forward from 2018/19	0.905
2019/20 Increase	0.073
Total Balance at 31 March 2020	0.978

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

	£M
Free Reserve	0.364
Earmarked Reserve	0.496
Reserve committed to specific projects	0.118
Total	0.978

- 4.17 The free reserve will be used in line with the Strategic Commissioning Plan including (but not limited to) the following priorities:
- 4.18 To fund projects which will accelerate the shifting of the balance of care from hospital to community settings;
- 4.19 To fund in year cost pressures which arise during the delivery of the services.
- 4.20 The IJB can decide when and how to utilise this free reserve. It can be used during 2020/21 or it can be carried forward as long as necessary in the IJB's General Reserve.

Overall Year End Position

- 4.21 The outturn to the end of March 2020 for services delegated to the IJB is an overall adverse variance of £1.951m which represents an underspend in the SIC arm of £0.680m and an overspend in NHSS arm of £2.631m.
- 4.22 Despite the variances in the operational budgets of both SIC and NHSS the IJB has achieved a surplus of £0.073m for the financial year 2019/20 as a result of the additional transactions detailed in paragraph 2.2.
- 4.23 This surplus will be carried forward in the IJB General Reserve and can be used to help accelerate the redesign of services to achieve a sustainable health and social care system for Shetland.

5.0 Exempt and/or confidential information:

None

6.0

6.1 Service Users, Patients and Communities:	May be affected should services be redesigned. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.2 Human Resources and Organisational Development:	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group. Work is underway to pilot new recruitment packages in an effort to reduce the use of Agency Staff and subsequent costs.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and the Health Board to the IJB and the budget allocated to the IJB by each Party in order to deliver the delegated functions for that Party. These are set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance. The Council, the Health Board and the IJB must adhere to the terms of the Integration Scheme approved by the Scottish Government under the terms of the Public Bodies Act. This

	includes a section on Finance with details regarding the treatment of under/overspends.	
6.5 Finance:	<p>The outturn position for the IJB at 31 March 2020 is an overall adverse variance of £1.951m.</p> <p>NHSS has agreed to provide the IJB with a one-off additional payment of £2.734m to cover the year end overspend in their arm of the IJB budget. It is important to note that this arrangement is not sustainable and may not be available in future years.</p> <p>The IJB has achieved a surplus of £0.073m in 2019/20, which means the IJB Reserve balance as at 31 March 2020 increased to £0.978m.</p>	
6.6 Assets and Property:	None arising directly from this report. There may be implications for assets and property depending on the projects/ options considered to meet the NHSS budget overspend.	
6.7 ICT and new technologies:	None arising directly from this report. There may be implications for ICT depending on the projects/ options considered to meet the NHSS budget overspend.	
6.8 Environmental:	None arising directly from this report. There may be implications for the environment depending on the projects/ options considered to meet the NHSS budget overspend e.g. regarding carbon footprint.	
6.9 Risk Management:	<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> <p>The current Covid-19 pandemic is likely to dramatically change the economic outlook for the public sector and beyond. Future funding allocations and service costs may be impacted significantly over the next few years as the UK economy attempts to recover from these unprecedented events. The IJB budget is therefore likely to change during 2020/21 as more information and costs become available. Any changes to budgets during the year will be detailed in the quarterly financial monitoring reports.</p>	
6.10 Policy and Delegated Authority:	<p>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.</p>	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation.	

Contact Details:

Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
08 July 2020

Appendices:

1 – Year end forecast outturn position

Consolidated Financial Monitoring Report
Year end outturn position

Service	2019/20 Revised IJB Annual Budget	Outturn 2019/20	Variance (Adv) / Pos
Mental Health	2,413,317	2,695,092	(281,775)
Substance Misuse	587,416	493,606	93,810
Oral Health	3,133,097	2,970,758	162,339
Pharmacy & Prescribing	6,802,475	6,771,187	31,288
Primary Care	5,417,571	6,042,112	(624,541)
Community Nursing	2,993,975	3,142,899	(148,924)
Directorate	550,266	368,713	181,553
Pensioners	79,845	78,689	1,156
Sexual Health	45,917	42,182	3,735
Adult Services	5,802,706	5,901,839	(99,133)
Adult Social Work	3,089,950	3,400,039	(310,089)
Community Care Resources	11,983,975	11,231,802	752,173
Criminal Justice	47,048	46,019	1,029
Speech & Language Therapy	97,164	85,581	11,583
Dietetics	122,361	117,025	5,336
Podiatry	258,490	251,901	6,589
Orthotics	147,265	131,414	15,851
Physiotherapy	648,170	623,211	24,959
Occupational Therapy	1,706,812	1,699,823	6,989
Health Improvement	365,383	309,757	55,626
Unscheduled Care	3,233,381	4,238,622	(1,005,241)
Renal	263,977	275,056	(11,079)
Intermediate Care Team	671,823	591,791	80,032
Total	50,462,384	51,509,118	(1,046,734)
Efficiency Target	(904,332)	0	(904,332)
Grand Total	49,558,052	51,509,118	(1,951,066)

Shetland Islands Health and Social Care Partnership

Agenda Item

3



Meeting(s):	Integration Joint Board	16 July 2020
Report Title:	Directions to Shetland Islands Council and NHS Shetland	
Reference Number:	CC-15-20-F	
Author / Job Title:	Jo Robinson, Depute Director of Community Health and Social Care	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board APPROVES the Directions and related Improvement Plans to Shetland Islands Council and NHS Shetland set out in Appendix 1.

1.2 That the Integration Joint Board NOTES that the on-going impact of the current Covid-19 pandemic may change the requirements of services in order to respond to the crisis and this may impact on the delivery of particular Directions. The full implications of these impacts are not yet known. As further information becomes available, additional reports detailing these changes will be presented to the Integration Joint Board.

2.0 High Level Summary:

2.1 On 23 June 2017 (Min Ref: 29/17), the IJB approved a report by the Executive Manager, Governance and Law (Shetland Islands Council) in respect of the legislative requirements for Directions. That report set the mechanism and template to be used for the IJB to direct the operational bodies – NHS Shetland and Shetland Islands Council – to deliver the services as required.

2.2 In February 2019 the Ministerial Strategic Group for Health and Community Care published a report on the review of progress with integration. The report contained 25 proposals intended to increase the pace and effectiveness of integration. One of these proposals was that statutory guidance on Directions would be published to support improved practice in issuing and implementing Directions. This statutory guidance was published in January 2020, and its implications in terms of governance arrangements in place for the operation of the IJB was the subject of a separate report to the IJB on 28 May 2020. At this meeting a new Directions template was approved as was a checklist to be used when drafting Directions which sets out the main requirements for the content of Directions from the statutory guidance (Min ref. GL-12-IJB). The presentation of Directions for 2020/21 reflect this revised statutory guidance.

2.3 The IJB approved the Joint Strategic Commissioning Plan for 2019-2022, on 13 March 2019 (Min Ref: 10/19). The NHS Board did not require the IJB to rewrite the Strategic Plan when it met on 16 April 2019. Shetland Islands Council Policy and Resources Committee recommended the Strategic Plan to Shetland Islands Council on

13 May 2019 (Min Ref: 28/19) and Shetland Islands Council approved the Strategic Plan on 15 May 2019 (Min Ref: SIC 24/19)

3.0 Corporate Priorities and Joint Working:

3.1 The IJB Joint Strategic Commissioning Plan (The Strategic 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 IJB is required to issue Directions in writing to the Council and NHS Shetland to deliver services in accordance with the Joint Strategic Plan. Directions will impose obligations on Shetland Islands Council and NHS Shetland in respect of matters delegated by the Integration Scheme. Each delegated function, its improvement plan, and the associated net budget required to deliver the services are detailed in the written Directions.

4.0 Key Issues:

4.1 Directions set out clear descriptions of each specific service the IJB is commissioning from its delivery partners, NHS Shetland and Shetland Islands Council. There is then an expectation that NHS Shetland and Shetland Islands Council will deliver those services, within the resources allocated and achieve the performance targets and outcomes as determined. Directions for 2020/2021 now also include, where appropriate, improvement plans which set out the improvement activity individual service areas will undertake in 2020/2021. These improvements will be monitored by the IJB throughout the year, through its regular performance reporting, and its management accounts reporting.

4.2 Effective monitoring of performance is essential to ensuring the delivery of the Joint Strategic Plan. Primary responsibility for performance management in respect of delivery of delegated services rests with the Integration Joint Board. Shetland Islands Council and NHS Shetland will provide relevant performance information for services to allow the Board to monitor progress in the delivery of the Strategic Plan and compliance with the Directions.

4.3 Directions are required to set out how delegated functions are to be delivered, along with the associated budget and performance measures. Directions as presented in Appendix 1, Section 2; and take account of the new Statutory Guidance published in January 2020.

4.4 The following Directions are presented to the IJB for decision:

- Adult Services
- Adult Social Work
- Community Care Resources
- Criminal Justice
- Health Improvement
- Primary Care
- Oral Health

These are directions where there is little strategic change from previous directions. The remaining directions require further detailed reports to accompany them, in order that the IJB are sufficiently informed to enable decisions to be made. These are noted as "Under review" in the table below.

4.5 The Table below shows the alignment of services, budgets and Directions. These total £49,030,758. The remainder of the full IJB budget approved at the IJB meeting on

28 May 2020 of £50,735,817 is made up of costs not covered by these directions, including Directorate and Pensioners costs.

Ref	Service	Approved Budget 2020-21 £	Latest Direction	Status
2.1	Adult Social Work	£3,672,954	May 2019	Revised Direction for approval
2.2	Adult Services	£6,252,366	May 2019	Revised Direction for approval
2.3	Allied Health Professionals	£3,058,167	May 2019	Under review
2.4	Community Care Resources	£12,145,598	May 2019	Revised Direction for approval
2.5	Community Nursing	£3,326,989	May 2019	Under review
2.6	Criminal Justice	£68,175	May 2019	Revised Direction for approval
2.7	Health Improvement	£ 225,199	May 2019	Revised Direction for approval
2.8	Hospital Based Services	£3,295,184	May 2019	Under review
2.9	Mental Health	£ 2,344,687	May 2019	Under review
2.10	Pharmacy	£ 6,636,441	May 2019	Under review
2.11	Primary Care	£ 4,746,904	May 2019	Revised Direction for approval
2.12	Oral Health	£3,131,837	May 2019	Revised Direction for approval
2.13	Substance Misuse	£582,063	May 2019	Under review
2.14	Unpaid Carers	Budgets are spread across other service areas	May 2019	Under review

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications : Identify any issues or aspects of the report that have implications under the following headings

6.1 Service Users, Patients and Communities:	The Joint Strategic Plan sets out the way in which services will respond to the needs of service users, patients and communities. The Directions set out more detail of the service delivery arrangements, expected outcomes and performance measures for certain categories of service users.
6.2 Human Resources and Organisational Development:	Impacts on Human Resources and Organisational Development arising from the delivery of directions by either the Health Board or Council will be taken forward in line with relevant policies.
6.3 Equality, Diversity and Human Rights:	There are no specific issues to consider, however design and delivery of directions take account of the needs of individuals in respect of equality, diversity and human rights.
6.4 Legal:	<p>The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to issue Directions in writing. The Directions must set out how each function is to be exercised and the budget associated with that function.</p> <p>The proposals in this report are consistent with the Public Bodies (Joint Working) (Scotland) 2014 Act, the Integration Scheme for Shetland's IJB and the Scottish Government's Statutory Guidance on Directions issued January 2020.</p>
6.5 Finance:	<p>The IJB have a statutory responsibility for the delivery of services within the budget allocations.</p> <p>Per the legislative requirements, the Directions presented for approval set out the budget for each relevant function.</p>
6.6 Assets and Property:	There are no specific issues to consider.
6.7 ICT and new technologies:	There are no specific issues to consider. ICT and new technologies are taken account of in the design of service delivery.
6.8 Environmental:	There are no specific issues to consider.
6.9 Risk Management:	Formal written Directions between the IJB and the delivery partners assist with clarity of expectation and therefore minimise any potential for misunderstanding in terms of service delivery and performance. They provide the Chief Officer and Chief Financial Officer with clear instructions on what each partner organisation will deliver on behalf of the IJB.
6.10 Policy and Delegated Authority:	The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland. These delegated functions are detailed in the Integration Scheme and the IJB is required to issue Directions to the parties to ensure services are delivered within the allocated budgets.

6.11 Previously considered by:	None.	
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Contact Details:

Josephine Robinson, Depute Director Community Health and Social Care
Jo.robinson@shetland.gov.uk

Appendices:

Appendix 1 - Directions from Shetland Integration Joint Board to NHS Shetland and Shetland Islands Council



Directions from Shetland Integration Joint Board to NHS Shetland and Shetland Islands Council

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1 Introduction

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Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan 2019- 2022/ Integration Joint Board Key Priorities

Priorities for the next 3 years:

1. Develop a single health and care system - We will have in place seamless services, wrapped around the needs of individuals, their families and communities, which are not restricted by organisational or professional boundaries. Where possible we aim to deliver a 'one stop shop' approach to health and care.
2. Maximise population health and wellbeing – people will be supported to look after and improve their own health and well-being, helping them to prevent ill health and live in good health for longer
3. Develop a unified primary care service with multi-disciplinary teams working together to respond to the needs of local populations
4. Streamline the patient's journey in hospital – we will work to make sure that people get the right care in the right place at the right time by maximising outpatient, ambulatory, day care services and minimising in-patient stays
5. Achieve a sustainable financial position by 2023

National Health and Wellbeing Outcomes

The national health and wellbeing outcomes are high level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

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

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

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

Outcome 4: health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5: health and social care services contribute to reducing health inequalities

Outcome 6: people who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

Outcome 7: people using health and social care services are safe from harm

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

Outcome 9: resources are used effectively and efficiently in the provision of health and social care

Core suite of integration Indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*
11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*

14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

*Indicator under development

<https://www.gov.scot/publications/health-social-care-integration-core-suite-indicators/>

Integration Planning and Delivery Principles

The integration planning and delivery principles are the lens through which all integration activity should be focused to achieve the national health and wellbeing outcomes.

They set the ethos for delivering a radically reformed way of working and inform how services should be planned and delivered in the future.

The principles also set a clear tone for both the national guidance and local implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

The main purpose of the integration planning and delivery principles is to improve the wellbeing of service-users and to ensure that those services are provided in a way which:

1. Are integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respects the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protects and improves the safety of service-users
9. Improves the quality of the service
10. Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipates needs and prevents them arising
12. Makes the best use of the available facilities, people and other resources

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Adult Social Work		Direction to: Shetland Islands Council		Overall Budget allocated by IJB for Direction: SIC £3,672,954	
Reference Number: DIR002.1/16.07.20/CC-15-20/01		Relevant Function(s): Adult Social Work		Review Date: July 2021	
IJB Report(s) Reference Number: CC-15-20-F					
Date Direction issued/authorised by IJB: 16 July 2020		Date Direction takes effect: 16 July 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes DIR002/22.06.18/CC-61-17/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1, 2, 4, 5	IJB Key Priorities: 1-5, 7-16, 18 - 22	National Health and Wellbeing Outcomes: 1, 2, 3, 4, 5, 6, 7, 8, 9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

To deliver an Adult Social Work service to the Shetland public including the assessment of social need, care management, Mental Health assessment, support and intervention, Adult Support and Protection and an Out of Hours Social Work Service

Overarching Directions to Function(s)

- Screening of Referral to establish whether or not a social work response is required
- Provision of assessment of social need and care management as a result of assessment

<ul style="list-style-type: none"> • Provision of Mental Health assessment, support and intervention • Provision of Adult Support and Protection • Provision of an Out of Hours Social Work Service 	
Directions:	Performance / Objective(s):
To deliver an 'asset based' approach to needs assessment, whereby the assessment of need starts from the premise of what a person is able to do for themselves, then works outwards to statutory provision.	<p>Quantitative measures</p> <ul style="list-style-type: none"> • Numbers of older people and those with disabilities or long term conditions able to remain at home or in a homely setting in their community • Numbers able to maintain or increase levels of independence and inclusion • Reduction in unplanned, emergency and inappropriate admission to hospital • To facilitate discharge from hospital appropriately • To protect adults from abuse • Number of Carer Support Plans
To deliver/provide information on the 4 Options within Self-directed Support, which allows people to choose how their support is provided, and gives them as much control as they want of their individual budget.	<p>Current Information system does not support gathering of robust data, as does not enable reporting on all 4 Options.</p> <p>Self-directed Support Action Plan reviewed at Programme Board on 25 June – members have agreed to meet every second month, to renew focus.</p>
Provide support for unpaid carers through the implementation of the Carers Act (Scotland) 2016.	<p>Carer's Strategy to be reviewed over 2020/2021.</p> <p>Monitor number of Carer Support Plans</p> <p>3rd Sector contracts</p>
Progress the roll out of the Community Led Support approach, with launch of the innovation site in Brae and initial Living Well Hub.	By engaging in trusted partnerships with local communities and having good conversations with people, Community Led Support will enable positive outcomes for all people in Shetland.

Through the Living Well Hub continue to explore how best to focus support on improving people's quality of life, with an emphasis on early intervention and preventative services and tackling inequality.	
Maintaining the strong partnership arrangements around winter planning specifically and business continuity planning in general to manage unusual peaks in demand.	On-going – via multi-disciplinary Winter Planning Group
To provide Support for financial wellbeing, fuel poverty and social isolation / loneliness to individuals identified as being in need.	To prevent individuals suffering avoidable harm due to financial situation, fuel poverty or social isolation/ loneliness
To Work with partners to explore community transport arrangements to support people being able to be connected within and between communities.	To support and enable people to be better connected within and between communities

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
People in all communities know about and can access quickly the right person to talk to in order to maintain independence and identify the right supports for their needs	<p>To obtain feedback from people about experience of CLS approach:</p> <p>To ensure hubs are easy to access (right person, right place, right time), with staff applying</p>	<p>*Living Well Hub had been due to launch at Brae High School on 24 April, however this was postponed due to COVID-19</p> <p>*Lessons Learned from COVID-19 – including,</p>	Adult Social Work; Community Health & Social Care; Rights and Risks framework roll out; 3 rd Sector agencies	<p><u>Risks:</u> Recruitment and retention challenges to maintain pace in relation to 'scaling up' the redesign</p> <p><u>Mitigations:</u> Continued developing range of</p>		Funding secured from IJB reserves for 9 month Community Led Support programme, whilst roll out supported within existing resources across CH&SC, and	Review September 2020

	<p>'Good Conversations'</p> <p>To ensure staff are provided with autonomy and delegated decision making</p> <p>To supporting shift away from crisis intervention to planned and preventative supports</p>	<p>development of COVID-19 Support Hub; Community Support & Resilience partnerships; community/citizen response and mobilisation; streamlined assessment processes; etc</p>		<p>partnerships, maintaining and enhancing skills of multi-disciplinary team and flexible working.</p> <p>Continued working with 3rd sector and voluntary agencies Continue to develop strengths based approach, and community assets to increase opportunity for inclusive citizenship for all</p>		<p>other partners, further funding of approx.. £30K to be sought to complete programme</p>	
<p>People have improved quality of life, confidence and social networks within communities</p>	<p>To seek evidence of positive outcomes for individuals from CLS approach e.g. what's changed for whom, how?</p>	<p>*Lessons Learned from COVID-19 – including, development of COVID-19 Support Hub; Community Support & Resilience partnerships;</p>	<p>Adult Social Work; Community Health & Social Care; Community Planning & Development; Integrated Children's Services; 3rd Sector agencies Rights and Risks framework roll out</p>	<p><u>Risks:</u> Financial challenges in relation to 'scaling up'</p> <p><u>Mitigations:</u> Continued developing range of partnerships,</p>		<p>Funded through existing services across CH&SC</p>	<p>Review September 2020</p>

		community/citizen response and mobilisation; streamlined assessment processes; etc. People say they feel valued and can contribute and be connected to their community		maintaining and enhancing skills of multi-disciplinary team and flexible working. Continued working with 3 rd sector and voluntary agencies Continue to develop strengths based approach, and asset based community development approaches to increase opportunity for active citizenship for all.			
Service redesign is informed by communities, through inclusive community participation	To seek evidence of communities/ community reps feeling involved in the Partnership Evidence of co-design, coproduction as part of CLS	Work to date on CLS informed by range of people involved in workshops H&SC staff report improved job satisfaction, confidence and	Adult Social Work; Community Health & Social Care; Community Planning & Development; Integrated Children's Services; 3rd Sector agencies	<u>Risks:</u> Financial challenges in relation to 'scaling up' <u>Mitigations:</u> Continued developing range of partnerships,		Funding secured from IJB reserves for 18 month Community Led Support programme, whilst roll out supported within existing staffing	Series of workshops held, culminating in 'Visions & Outcomes' of CLS, December 2019

		skills because of CLS approach		maintaining coproduction at heart of service redesign.		resources across CH&SC, and other partners	Review September 2020
Improved job satisfaction for staff – staff feel trusted and empowered to be engage in good conversations with people and find creative solutions		*Review impact of COVID-19	Adult Social Work; Community Health & Social Care	<u>Risks:</u> Recruitment and retention challenges <u>Mitigations:</u> Continued agile working, maintaining and enhancing skills of multi-disciplinary team and flexible working.		Funded through existing services across CH&SC	Review September 2020
Commissioning of services will reflect CLS principles to provide more flexible supports	Shift in balance of care/support – more use of community assets/ resources –reduced demand on H&SC system - More flexible supports for service users and carers	*Living Well Hub had been due to launch at Brae High School on 24 April, however this was postponed due to COVID-19 *Consider Lessons Learned from COVID-19	Adult Social Work; Community Health & Social Care; NHSS; Community Planning & Development; Integrated Children's Services; 3 rd Sector agencies	<u>Risks:</u> Financial challenges <u>Mitigations:</u> Work to begin over 2020/21 with NDTi and 'Northern collaborative' to explore micro-enterprise and commissioning, utilising self-directed support		Funded through existing services across CH&SC	Review September 2020

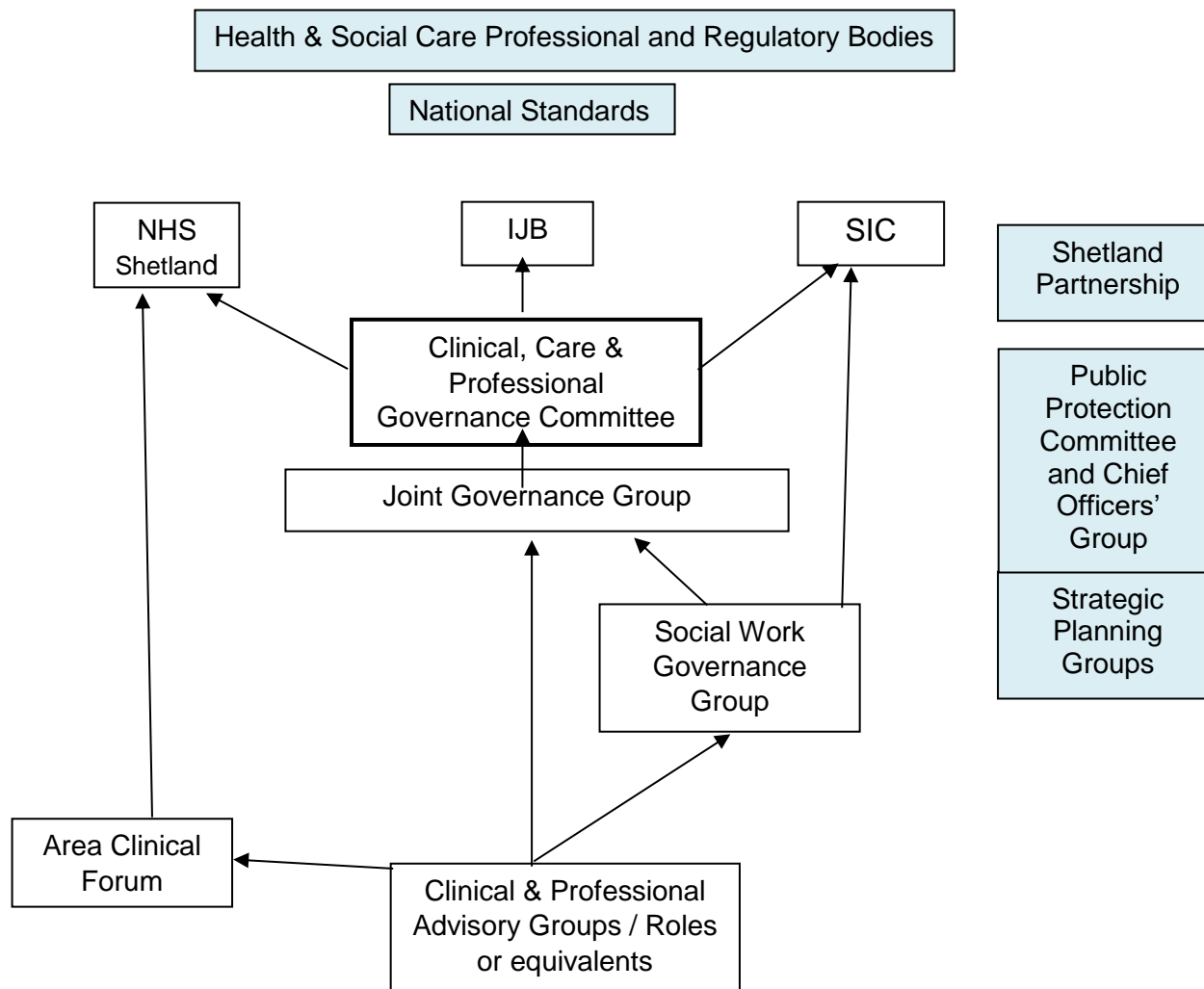
				Continued developing range of partnerships, maintaining and enhancing skills of multi-disciplinary team and flexible working Continued working with 3rd sector and voluntary agencies Work collaboratively towards external funding, eg Big Lottery, Charitable Trust			
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Accountability and Governance

See Appendix 1, Social Work & Social Care Professional Governance Flowchart below: Adult Social Work feeds in to the Social Work Governance Group

Appendix 1

Clinical, Care and Professional Governance Framework



DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Adult Services (Learning Disability and Autism)		Direction to: SIC and NHS Shetland		Overall Budget allocated by IJB for Direction: Total Budget £ 6,252,366 NHSS £ 69,440 SIC £ 6,182,926	
Reference Number: DIR002.2/16.07.20/CC-15-20/01		Relevant Function(s): Provision of support and care for adults with Learning Disability and Autism		Review Date: July 2021	
IJB Report(s) Reference Number: CC-15-20-F					
Date Direction issued/authorised by IJB: 16/7/2020		Date Direction takes effect: 16/07/2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: YES CC-22-19 1.6; DIR001/22.06.18/CC-61-17/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1, 2, 3, 5.	IJB Key Priorities: 1 - 5, 7 - 10, 17, 18.	National Health and Wellbeing Outcomes: 1, 2, 3, 4, 5, 6, 7, 8, 9	National Planning and Delivery Principles: 1 - 12	

Purpose of Direction
<p>The IJB Commissions Adult Services (Learning Disability and Autism) to provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need, and those of any unpaid carer, in line with the National Health and Wellbeing Priorities and Outcomes.</p>

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need.</p> <ul style="list-style-type: none"> • Supported Living and Outreach Service 	<p>KPI: Number of hours provided and number of individuals provided to.</p> <p>KPI: Transfer of provision of social support from statutory services to community/ asset-based provision to enable sustainable service provision</p> <p>Objective: The service aims to enable people with learning disability and autism to live as independently as possible within the community. To support people with learning disability and autism achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship:
<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need.</p> <ul style="list-style-type: none"> • Supported Vocational Activity Service 	<p>KPI: Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills (reported annually)</p> <p>Objective; To support people with learning disability and autism achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship:

<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need.</p> <ul style="list-style-type: none"> • Supported Employment and Training 	<p>KPI: Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills (reported annually).</p> <p>Objective; To support people with learning disability and autism achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship:
<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need. And unpaid carers</p> <ul style="list-style-type: none"> • Short Break and Respite Services • Day care • Support for unpaid carers. 	<p>KPI: Number of hours provided</p> <p>KPI: Number of individuals and unpaid carers supported by services</p> <p>KPI: Number of incidents of emergency (unscheduled) respite provided for adults with Learning Disability/Autistic Spectrum Disorder</p> <p>KPI: Number of future care plans in place to avoid crisis</p> <p>Objectives: To support people with learning disability and autism and their unpaid carers achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship:
<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need.</p> <ul style="list-style-type: none"> • Assertive Community Transition (ACT) Service (intensive support) 	<p>Objectives: To provide intensive, flexible support for people with learning disabilities, autism and complex needs where significant difficulty is being experienced and there is critical risk of breakdown of current arrangements.</p> <p>To support people with learning disability and autism achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship:

	KPI: reduction in level of risk
<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need.</p> <ul style="list-style-type: none"> • Community Learning Disability Nurse (LD & ASD) • Specialist Clinical Adult LD Service 	<p>Objective: to provide high quality specialist nursing care to children and adults with a learning disability, to enhance health quality of life in the community and to provide care and support to their families and carers.</p> <p>Objectives: To support people with learning disability and autism achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship: <p>KPI's under development</p>

	Improvement Plan						
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
<p>Strategic Plan Actions and Outcomes: 1, 2, 5.</p> <p>IJB Key Priorities:</p>	Explore and implement alternative safe and effective models of flexible and responsive service to meet assessed	Required to meet the in year demographic rise in the number of people with LD & ASD eligible for support in adulthood To enable people with learning disability and autism achieve:	Adult Social Work; Shetland Partnership; 3 rd Sector agencies; Communications; Community Led Support; Rights and Risks - local framework roll out;	<u>Risks:</u> Rise in the number of people with eligible need exceeding available resources (budget and staffing).	TBC	Funded through existing Adult Service budget within control	<p>Quarterly review in line with performance and budget reporting</p> <p>Service review and budget</p>

<p>1 - 5, 7 - 10, 17, 18.</p> <p>National Health and Wellbeing Outcomes:</p> <p>1.2.3.4.5.6.7.8.9</p> <p>National Planning and Delivery Principles:</p> <p>1 - 12</p>	<p>eligible need in relation to adult LD & ASD</p>	<ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship: 		<p>Overspend in budget</p> <p><u>Mitigations:</u> Continued agile working, maintaining and enhancing skills of multi-disciplinary and flexible team/working.</p> <p>Continued working with 3rd sector and voluntary agencies to offer choice.</p> <p>Continue to develop community assets to increase opportunity for inclusive citizenship for all. Consider application to SIC Change Fund to explore</p>			<p>planning meetings August annually</p> <p>Deadline 2023</p>
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				different ways of working. Consider application to IJB Reserve Fund, Change Fund or any other external funding to explore different ways of working.			
<p>Strategic Plan Actions and Outcomes: 1, 2, 3, 5.</p> <p>IJB Key Priorities: 1 - 5, 7 - 10, 17, 18..</p> <p>National Health and Wellbeing Outcomes: 1.2.3.4. 6.7.9.</p> <p>National Planning and</p>	<p>Explore and implement alternative safe and effective models of flexible and responsive service in relation to Support@Home and supported living for people with LD/ASD living in the family home with aging carers and those with unsustainable living arrangements.</p>	<p>To ensure that support to live at home or in a homely environment enables independence, good health and wellbeing and active citizenship</p> <p>To reduce the risk of emergency care being required in the event of critical change in caring arrangements.</p>	<p>Community Care Social Work; Community Learning Disability Nurse & Specialist Learning Disability SVs; Allied Health Professions; SIC Housing Dept.; Hjaltland Housing Association; Training and Learning Providers</p>	<p><u>Risks:</u> Increasing number of aging adult carers continuing to provide care in the family home for adult children with LD and/or ASD.</p> <p>Supported living tenancies are fully occupied.</p> <p>Volume of assessed need exceeding resources.</p>	TBC	<p>Funded through existing Adult Service budget within control</p>	<p>Quarterly review in line with performance and budget reporting</p> <p>Service review and budget planning meetings August annually</p> <p>Deadline 2023</p>

<p>Delivery Principles:</p> <p>1 - 12</p>				<p>Risk as a result of unscheduled care need and/or people/families reaching crisis when there are insufficient resources available.</p> <p><u>Mitigations:</u> Continued agile working, maintaining and enhancing skills of multi-disciplinary and flexible team/working</p> <p>Workforce has appropriate skills, training and knowledge</p> <p>Consider application to SIC Change Fund to</p>			
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				<p>explore different ways of working.</p> <p>Consider application to IJB Reserve Fund to explore different ways of working</p>			
<p>Strategic Plan Actions and Outcomes: 1, 2, 3, 5.</p> <p>IJB Key Priorities: 1 - 10, 18.</p> <p>National Health and Wellbeing Outcomes: 1.2.3.4.5.6.7.8.9.</p> <p>National Planning and Delivery Principles: 1 - 12</p>	<p>Working collaboratively to ensure continual improvement of support for young people with additional needs making the transition to young adult life</p>	<p>Ensure seamless transitions between child and adulthood; ensuring an asset-based approach and minimising escalation to higher level of need; ensuring people with long term conditions receive seamless support</p>	<p>Adult Social Work; Children's Resources & Education, Community LD Nurse & Specialist LD SVs; AHPs; NHS S (CAMHS, Child Health); relevant National groups e.g. ARC, Scottish Transitions Forum</p>	<p><u>Risks:</u> Legislation is different in relation to children and adults.</p> <p>Transfer between services at a critical time.</p> <p>Escalated need/crisis intervention</p> <p>Demand exceeding resource</p> <p><u>Mitigations</u> Strengthen work of the Transition Group.</p>	<p>TBC</p>	<p>Funded through existing Adult Service budget within control.</p> <p>May require exploration with budget holders in Children Services.</p>	<p>Quarterly review in line with performance and budget reporting</p> <p>Service review and budget planning meetings August annually</p> <p>Deadline 2023</p>

				<p>Continued working towards involvement and intervention at the earliest opportunity.</p> <p>Continue to engage at a local and Scottish national level - Leading the Change: Solving the Transitions Puzzle.</p>			
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Accountability and Governance

Reporting to IJB; Monthly budget monitoring processes and quarterly budget reporting to IJB and Council; Care Inspectorate monitoring including Annual Returns, Announced and Unannounced Inspections.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Community Care Resources		Direction to: Shetland Islands Council		Overall Budget allocated by IJB for Direction: £12,145,598	
Reference Number: DIR002.4/16.07.20/CC-15-20/01		Relevant Function(s): Community Care Resources (residential care, care at home, day care)		Review Date: July 2021	
IJB Report(s) Reference Number: CC-15-20-F					
Date Direction issued/authorised by IJB: 16 July 2020		Date Direction takes effect: 16 July 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes DIR003/22.06.18/CC-61-17/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1,2,3	IJB Key Priorities: 2,3,4,5,7,9,10,15,17,18.	National Health and Wellbeing Outcomes: 1, 2, 3, 4, 6, 7,9	National Planning and Delivery Principles: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.	

Purpose of Direction

The provision of:

- Residential Care for long term and short breaks (respite)
- Day Services
- Care at Home
- Domestic
- Meals on Wheels

Continue to look for opportunities to shift the balance of care and promote individual choice. Apply principles of Self-Directed Support for all elements of care.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>Provision of:-</p> <p>Residential Care Services</p> <p>Day Care Services</p> <p>Care at Home</p> <p>Domestic</p> <p>Meals on Wheels</p> <p>Maintain high quality services which meet the needs and outcomes of service users</p>	<p>The assessment of need for Community Care Services takes an increasingly 'assets based' approach. It starts from a consideration of what an individual is able to do for themselves and works outwards towards statutory provision promoting choice and control through Self Directed Support. The service supports staff to be mobile, flexible and working to their maximum skill set across the service working closely with GP's and Community Nurses to ensure that needs are met in line with the wishes and aspirations of service users. An emphasis is maintained on how best to improve people's wellbeing with a focus on early intervention and preventative services; utilising emerging technology to support people to live independently at home.</p> <p>Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020; Shetland's Corporate Plan; The Joint Strategic Commissioning Plan; and the National Health and Wellbeing Outcomes.</p> <p>Performance Reporting/KPI's</p> <ol style="list-style-type: none"> 1) Assessments completed by target date, 2) Outcomes being met on With You For You assessments, 3) Reviews completed within time limits, 4) Intensive home care provided as an alternative to residential 5) Percentage of last 6 months of life spent at home or in a homely setting 6) Care Inspectorate Grades

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Reduction in admission to care homes for mainland Shetland residents	Introduction of scheduled overnight care at home across mainland Shetland	2% reduction in admission to care homes for mainland Shetland Residents.	Funding- salary underspend and savings in relation to mileage claims following introduction of CCR fleet vehicles. Linked to future planning in relation to unscheduled overnight care to reduce unnecessary admission to hospital.	Recruitment challenges. Financial challenges in relation to 'scaling up' from savings achieved elsewhere	2020/1	Met from within budget allocation	Quarterly reviews
Reduced risk of frailty due to undernutrition.	Enhanced Nutritional Support to reduce the impact of frailty (Direct contact with social care staff funded within	5% reduction in meal preparation visits in Lerwick, Scalloway, Burra, Tingwall and South Mainland.	Saving source- Care at Home Central, Overtonlea and Wastview	Challenges with recruitment. Mitigate through Modern Apprentice programme, careers advice, and	2020/2	Met from within budget allocation	Quarterly reviews

	existing resources			recruitment with relocation measures. Adopting an 'across the board' approach to promoting jobs in health and social care			
Enhanced support for carers	Extended Day Care at ET and Taing House to include extended hours and 'drop in' facility	5% reduction in care at home visits for clients attending extended day care service	Saving source – Care at Home Central and residential respite	Recruitment challenges as above	2020/3	Met from within budget allocation	Quarterly reviews

Accountability and Governance

Quality Grades from Care Inspectorate are reported to Joint Governance Group and SIC Audit Committee

Improvement plan activity and impact reported to IJB with any related issues in relation to Best Value, Capital and Revenue expenditure and service plans and charges for Council services.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Criminal Justice Social Work		Direction to: Shetland Islands Council		Overall Budget allocated by IJB for Direction: £68,175	
Reference Number: DIR002.6/16.07.20/CC-15-20/01		Relevant Function(s): Criminal Justice Social Work		Review Date: July 2021	
IJB Report(s) Reference Number: CC-15-20-F					
Date Direction issued/authorised by IJB: 16 July 2020		Date Direction takes effect: 16 July 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes, May 2019 - DIR004/22.06.18/CC-61-17/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 2	IJB Key Priorities: 10,11	National Health and Wellbeing Outcomes: 1,3,4,5,7,8,9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

Provision of criminal justice social work services for individuals awaiting sentencing; subject to community based sentences; custodial sentences and reintegration into the community. Including;

- Diversion from prosecution services.
- Providing bail information and supervision.
- Drafting and providing Criminal Justice Social Work Reports.
- Supervision and management of individuals subject to Community Payback Orders.
- Provision of Unpaid Work Scheme.

- Provision of Prison Throughcare
- Statutory and Voluntary Throughcare.
- Public Protection – MAPPA

Overarching Directions to Function(s)

Directions:	Performance / Objective(s):
Undertake statutory duties and core social work functions as per relevant legislation and guidance.	Service meeting national timelines for delivery of functions -quarterly statistics to IJB, 6 monthly report to Community Justice Partnership. Annual statistics to Scottish Government. Annual Community Payback Report
Work with partners in relation to public protection matters.	Attendance at core group and case conferences Risk assessments and risk management plans completed within 21 days.
Work with the Shetland Community Justice Partnership in developing services and delivering the strategic plan for 2020-22:	Be a lead participant in the Shetland Community Justice Partnership. Performance will be reported through the Partnership.
Continue to deliver on improvement actions to ensure an ethos of continuous improvement and learning.	Deliver on the improvement actions.

Improvement Plan

Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding,	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of	Milestones; deadlines; and/or review dates

			workforce, partners)			funding / savings	
Effective Interventions are delivered to prevent and reduce the risk of further offending.	Revise Bail and Information Scheme.	Reduction in individuals being placed on remand.	Links to Fiscal Service, Defence Solicitors and Sheriff.	Scheme not used by the Court. New processes will be promoted.		Within existing resources	Sept 2020
Communities improve their understanding and participation in community justice.	Review process for promoting work and how we consult with communities for work requests.	Raise awareness of community payback scheme within the local community.	Links with number of Orders being made by court and ability to undertake work in communities. Community participation.	Increase in demand for services. Focused communication to control participation.		Within existing resources	January 2021
Partners plan and deliver services in a more strategic and collaborative way.	Address identification and reporting of soft outcomes.	Better quality data to evidence performance	In house services	Risk to the Service and Directorate in relation to poor reporting to IJB and Government. Mitigate by ensuring processes are robust and addressing gaps in data gathering.		Within existing resources	March 2021

Accountability and Governance
Governance arrangements are in place as detailed in the social work and social care governance framework. Reporting to Social Work Governance Group, Joint Governance Group, Clinical, Care and Professional Governance Committee. Criminal Justice performance report and governance issues are also reported to the Shetland Community Justice Partnership.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Health Improvement		Direction to: NHS Shetland		Overall Budget allocated by IJB for Direction: £225,199	
Reference Number: DIR002.7/16.07.20/CC-15-20/01		Relevant Function(s): Health Improvement		Review Date: July 2021	
IJB Report(s) Reference Number: CC-15-20-F					
Date Direction issued/authorised by IJB: 16 July 2020		Date Direction takes effect: 16 July 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes DIR007/22.06.18/CC-61-17/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1, 2, 3, 5	IJB Key Priorities: 1, 6, 10, 11, 16	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

This direction represents a way of working and shift in thinking that is fundamental to the IJB’s commitment to improving the wellbeing of people who use health and social care services. This shift is essential if we are to move away from a ‘fix and treat’ approach to our health and care to one based upon anticipation, prevention and self-management, as described in the Health and Social Care Delivery Plan, and make progress against the Public Health Priorities for Scotland in a Shetland context.

Achieving this requires changes in ways of working across the organisations, and support and leverage from leaders to encourage these changes is essential. Health behaviours are significantly influenced by societal and economic factors; change doesn’t happen simply by knowing better or by being encouraged or instructed; hence a focus on creating health promoting environments which facilitate health behaviour change.

The Public Health and Health Improvement team provide an essential role in supporting and facilitating long term change in services and staff approaches and attitudes. These services include, but are not limited to, others provided under the IJB. We will also document the core services in the areas of prevention that we deliver.

- **Consultation and advice in the development of strategies, policies and planning** – putting prevention, inequalities and health in all policies, and on all agendas through leading, or active involvement in local strategic and operational partnership groups, e.g. Integrated Children and Young People Forum, Active Shetland Strategic group and sub groups, Mental Health Partnership and Forum.
- **Coordination of health improvement and prevention activity** – including building alliances for health, campaigns and projects, and contribution to a systems approach which will see more effective and efficient use of resources.
- **Capacity building of others** – to ensure health improvement and prevention is “on the agenda” below strategic level, and is improving quality and effectiveness of care and treatment of those accessing services; this includes training, and support in developing services to be health improving and inequalities sensitive.
- **Delivery of Evidence Based Health Improvement Interventions** and programmes, including (but not limited to) one-to-one interventions for smoking and weight management, and workplace health, and capacity building within other services to deliver similar to an appropriate level.
- **Provision of information and resources, and local coordination of national campaigns** - provision of and sign-posting to health improvement resources and information, improving local engagement with national health improvement campaigns.
- **Representation of Shetland at national level** through active involvement in national forums and groups e.g. National Child and Adult Healthy Weight Leads group, National Child Poverty Group.
- **Health Improving Service development and Systems Improvement** – work on shorter term projects (typically 3-5 years) evaluating and facilitating change by developing the practical aspects of systems work, e.g. Type 2 Diabetes Prevention, Falls prevention, Learning Disabilities/Autism Cancer Screening Project – these are often funded through external pots, IJB reserves, Scottish Government, which inevitably draws on resources and is an inefficient use of time devoted to recruitment processes.

Overarching Directions to Function(s)

Directions:	Performance / Objective(s):
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	Increase in healthy life expectancy

contribute to society in a positive way through the Shetland Partnership Plan, and Scotland's Public Health Priorities	
Work with partners to reduce the overall smoking rate in Shetland from 14.6% in 2019 to 5% by 2022.	Reduction in incidence of smoking related disease (such as COPD) and death in Shetland Improved healthy life expectancy
Support Primary Care, A and E, AHPs, Dental services 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.	Reduction in numbers of people drinking at harmful and hazardous levels in Shetland Reduction in alcohol related disease, alcohol related admissions to hospital, and alcohol related deaths. Reduction in levels of crime and domestic abuse Increase in healthy life expectancy
Support Community Planning Partners to take action to tackle the obesogenic environment.	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. Reduce the proportion of children with their Body Mass Index outwith a healthy range (≥ 85 th centile) (to 15% of Primary 1 children) Increase in healthy life expectancy
Support partners in working towards achievement of fewer than 20% of adults reporting low/very low physical activity – helping the least active to become more active.	Increase in positive mental health and reduction in numbers reporting poor mental health. 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. Reduce the proportion of children with their Body Mass Index outwith a healthy range (≥ 85 th centile) (to 15% of Primary 1 children) Increase in healthy life expectancy

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones ; deadlines; and/or review dates
Stable workforce which gives capacity for growth and development.	Building capacity across NHS and IJB for prevention by: Reviewing skill mix of staff to potentially create a tiered model of staff who are qualified to deliver health behaviour change Continue to implement programme of succession planning within team; this includes recognition of need for ongoing maternity covers given staff demographics.	Increase in prevention capacity, succession planning in place	Reliance on short term funding and fixed term posts creates inefficiencies in terms of time spent on recruitment, settling in periods, consistency of approach etc	Explore potential for staff to be made permanent, with a commitment to redesign as posts become vacant.		Currently short term funding sources leading to inefficiencies – funding sources to be reviewed	September 2020
Fewer people develop Type II Diabetes in Shetland	Implement Type II Diabetes Prevention Framework: Detailed implementation plan and milestones attached.	Decrease in people with Type II Diabetes	Reliance on all stakeholders detailed within Framework being fully engaged.	Risk: ending or reduction in funding from government Mitigation: mainstreaming implementation of Diabetes Prevention Framework into		£102,275 from Scottish Government to end March 2021 Long-term savings to health and	31 st March 2021

				whole systems approach to Obesity (Shetland Partnership Priority)		social care from Type II Diabetes complications – £300,000 over 3 years	
Improve success rate of pharmacy quits to 30%, support meeting of board smoking target	<p>Complete training of pharmacy counter staff as smoking cessation advisors</p> <p>Roll out tiered approach to smoking cessation practitioner training to other organisations e.g. Housing support workers, Third sector</p>	Improved success rate of pharmacy quits	Relies on partners being willing to engage and understanding impact of smoking on long term conditions.	<p>Risk: as our smoking rate reduces, the numbers accessing services may reduce; people continuing to smoke are often more complex.</p> <p>Mitigation</p>		<p>Within £225,199 IJB funding</p> <p>Long-term savings to health and social care from smoking related cancers and other smoking related LTCs</p>	31 st March 2021
Reduce reliance on alcohol	<p>Training of front line staff to understand importance of Alcohol Brief Interventions and commitment to deliver positive/motivational conversations.</p> <p>Delivery of extended brief interventions by HI practitioners in Primary Care (in line</p>	Increased number of alcohol screenings and subsequent alcohol brief interventions.		Lack of uptake of and commitment to training		<p>£ from SADP</p> <p>Long-term savings to health and social care from alcohol related cancers and other conditions.</p>	December 2020

	with psychological interventions matrix)						
Early identification of modifiable social and financial factors and referral into appropriate services. Establishment of person centred model	Establish Health Check programme for Criminal Justice clients, extend to offer to other vulnerable groups Use health check tool as opening conversation, targeted at groups affected by inequalities who typically have poorer outcomes.	Reduction in numbers of people financially and socially excluded.	Primary care, Citizens Advice Bureau, accessibility of service, range of support services	Staff on short term contracts means constant change, lack of continuity and difficulty in programming services		Within £225,199 IJB funding Longer term savings to health, social care and social work.	September 2020
Decrease demand on mental health service and psychological therapies, capacity approx 200 patients per year	Provide facilitated self-help service for mild-moderate depression service to allow direct access to	Reduction in numbers of people waiting for Psychological Therapies	Liaison with Primary Care and CMHT	Staff on short term contracts means constant change, lack of continuity and difficulty in programming services		Funding source not identified funding for 10 days of Band 5 practitioner time to allow 1 day per week per health centre	December 2020
Individual outcomes for attendees and contribute to community resilience and wellbeing	Deliver Stress Control sessions across communities (6 weekly lecture style, large capacity evidence based).	Decrease in demand on mental health services, and GP presentations for stress and related	Funding through talking therapies for training, delivered within existing HI resource	Staff capacity		Within £225,199 IJB funding Longer term savings to health, social care and social work.	December 2020

		conditions (inc chronic pain and MSK conditions)					
Decrease demand on clinic time, e.g. Orthopaedic clinic, and demand on GP/ANP time	Establish Health Improving/preventing on focussed training programme and more coordinated engagement of HCSW workforce across Primary and Secondary care		Train existing workforce to maximise existing contacts, improve effectiveness of existing management routes. Training delivered within HI resource.	Time allowed for training and willingness to manage within existing services – have begun building network/relationships with relevant services, will seek to offer consultative support but for services with HCSWs to be self-sufficient		Within £225,199 IJB funding	
Contribute to Type II diabetes prevention framework	Broadening Tier 2 weight management access Continue to embed weight management programme jointly delivered with SRT	20% increase in clients seen 15% increase in clients meeting 5-10% weight loss	Maintain relationship with Shetland Recreational Trust Impact will be seen across system rather than in health improvement service	Delayed until SRT re-opens, but currently running on-line groups/home exercising programmes. Need to build sustainability through regularly monitoring/training updates		Within £225,199 IJB funding	March 2020
Continued reduction in falls among elderly	Continue to deliver and work towards mainstreaming of Otago Falls prevention programme			Risk that older, vulnerable people continue to be required to shield		IJB funding Savings realised across wider	March 2021

vulnerable population				and are unable to access facilities. On-line service being developed, but connectivity may be a constraint.		system rather than within Health Improvement .	
Reduced levels of sickness absence and presenteeism. Workplaces consistently promote and protect staff health.	Deliver Workplace Health Promotion service with particular emphasis on non-office based workplaces Continue to support NHS/SIC Health & Wellbeing Group	Increase in health promoting policies and practices in workplaces.	Maintain relationship with employers and employer representative organisations eg fishing, crofting, Living Lerwick	Risk of reduced engagement given economic climate		£18750 from SCHWL Within £225,199 IJB funding	March 2021
All contacts with patients, clients and public are used opportunistically to promote health	Deliver Health Promoting Health Service targets, including Healthy Shetland communications strategy	Increase in referrals to weight management , smoking cessation, financial advice services	Reliant on staff teams being willing to be trained in Making Every Opportunity Count approaches	Risk that services don't prioritise prevention. Strong engagement from leaders required.		Within £225,199 IJB funding	March 2021

Accountability and Governance

Health Improvement Team report through the Public Health Principal to the Director of Public Health for NHS Shetland and Grampian. The Public Health Principal sits as a member of the CH&SC Management Team.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Primary Care		Direction to: NHS Shetland		Overall Budget allocated by IJB for Direction: £4,746,904	
Reference Number: DIR002.11/16.07.20/CC-15-20/01		Relevant Function(s): Primary Care – GP Practices and Optometry Functions		Review Date: July 2021	
IJB Report(s) Reference Number: CC-15-20-F					
Date Direction issued/authorised by IJB: 16 July 2020		Date Direction takes effect: 16 July 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes, supersedes Direction May 2019 - DIR015/22.06.18/CC-61-17/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1-5	IJB Key Priorities: 1-16	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: Aligns with Scottish GP Contract and 1-12 of planning and delivery principles	

Purpose of Direction

Provision of the Primary Care Service which currently comprises the following:

10 Health Centres in Shetland providing GP services together with 5 non-doctor islands which are staffed by community nurses and receive GP services from a local health centre.

Of the 10 GP practices 8 are currently salaried to NHS Shetland (all staff are employed by NHS Shetland). The other two are independent practices which means they contract with NHS Shetland to provide core GP services funded through a national contract.

In addition, Primary care provides Ophthalmic Services with three providers of ophthalmic services based in Lerwick.

To ensure support training and governance in medicine use and administration in community care settings.

To support a multidisciplinary approach within GP Practices providing pharmaceutical input.

Overarching Directions to Function(s)

Directions:

Plan, develop and implement Year 3 of the Primary Care Improvement Plan, in line with Scottish Government Directions. This is an overarching plan which covers six key areas, as outlined in the 2018 Scottish GP Contract.

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. This is an ongoing project, based in Shetland, which has already seen reduction in locum usage within Primary Care.

Actively pursue Schemes such as Remote and Rural Fellows Scheme. Shetland has noted interest in the 2020/21 - NB owing to Covid19 these schemes are currently suspended.

Performance / Objective(s):

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.

Improved continuity of Care to Shetland residents, through reduction of short term locums. Reduction in locum usage has positive financial implications for the IJB.

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. Improved recruitment to vacant posts.

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.	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. The expansion of the overall Primary Care Team enables more choice for patients, enhanced access to Allied Health Professional functions and links to the Primary Care Improvement Plan.
Develop service models for Shetland to suit the local context, to include different staffing models, within the funding received.	As above
In partnership with IT, implement Primary Care Digital Transformation Plan, to ensure all practices have suitable web presence, ability for patients to order prescriptions, book appointments on line etc.	Enables patients to access services through digital platforms. Standardised websites will be in place across Scotland, to ensure all patients can have a similar high level of information available regarding local services. There is a Primary Care Digital Transformation Plan, with Project Initiation Document, which details timelines.

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Reduction in locum costs, increased continuity of care.	Increase usage of GP Joy Project to cover	Reduction in locum costs, increased continuity of care.	Linked to ongoing GP Joy project.	Recruitment challenges; requires GPs willing to work in Shetland.		Funding- GP Joy clinicians are paid a salary within NHS funding scale, so	31/03/21

	vacancies and/or leave.					reduces locum costs.	
2% reduction in admission to care homes for mainland Shetland Residents; 24/7 Community Nursing Support.	Introduction of scheduled overnight care at home across mainland Shetland – in conjunction with Community Nursing and Community Care Resources.	2% reduction in admission to care homes for mainland Shetland Residents; 24/7 Community Nursing Support.	Linked to future planning in relation to unscheduled overnight care to reduce unnecessary admission to hospital.	Recruitment challenges. Financial challenges in relation to 'scaling up' from savings achieved elsewhere.		Proposed £50k saving from existing GP Out of Hours Model – note that some redistribution of funding will be required to support new service.	31/03/21
Improved patient access to Lerwick Health Centre (LHC)	Complete "AskmyGP" pathfinder project to advise action plan to improve access.	Improved access to LHC, potential to reduce/share backroom staffing.	Linked to recruitment and performance	New way of working which will require communication to patients and wider staff groups – risk of dissatisfaction or unhappiness with new process.		Pathfinder project funded in February 2020.	30/09/20
Improved patient access	Roll out "AskmyGP" to other practices	Improved patient access, potential to	Linked to recruitment and performance	New way of working which will require		Costs to be determined; minimum	31/03/21

	(dependent on satisfactory outcome for LHC).	reduce/share backroom staffing, sharing of workload across practices.		communication to patients and wider staff groups – risk of dissatisfaction or unhappiness with new process.		£2500 per practice to undertake pathfinder route, additional costs to fully implement based on £1.95 per patient	
Improved patient access to services in line with Primary Care Improvement Plan	Establish Community Treatment Access Centre (CTAC), as per Primary Care Improvement Plan	Improved patient access, potentially reduce patient travel time and time away from work, sharing of workload across practices	Linked to Community Nursing recruitment	New way of working which will require communication to patients and wider staff groups – risk of dissatisfaction or unhappiness with new process.		Funding agreed from PCIP monies	31/03/21

Accountability and Governance

NHS Shetland is accountable for the delivery of the primary care services commissioned by the IJB

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Oral Health		Direction to: NHS Shetland		Overall Budget allocated by IJB for Direction: £3,131,837
Reference Number: DIR002.12/16.07.20/CC-15-20/01		Relevant Function(s): Dental, Dental Public Health and Oral Health Improvement, Emergency Dental Care		Review Date: July 2021
IJB Report(s) Reference Number: CC-15-20-F				
Date Direction issued/authorised by IJB: 16 July 2020		Date Direction takes effect: 16 July 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes/Oral Health dated May 2019 DIR010/22.06.18/CC-61-17/01
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1,2,3,5	IJB Key Priorities: 1,2,5	National Health and Wellbeing Outcomes: 1,2,3,4,5,6,7,8,9	National Planning and Delivery Principles: 1,2,3,4,5,6,7,8,9,10,11,12

Purpose of Direction

This direction outlines the core service provision expected from the Dental Service in NHS Shetland in order to contribute to the overall health and well-being of the Shetland population. It outlines the expected operational capability and associated performance monitoring as well as outlining future improvement work.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>Provision of a Public Dental Service (PDS)</p> <p>Routine core PDS oral health provision for patients with additional care needs, including special care patients, vulnerable patients and children.</p> <p>Secondary care oral health for the whole population – for orthodontics and oral and maxilla-facial surgery in particular.</p> <p>Develop patient access within the local independent NHS dental sector.</p> <p>Primary Dental Care will be provided predominantly through independent NHS practices. PDS will cover: special needs; remote and rural; public health; oral health promotion; and specialist services.</p>	<p>Performance Indicators:</p> <p>The ratio of the WTE of primary care dentists providing NHS oral health care to the total resident population of Shetland at the end of the year.</p> <p>The percentage of the adult and child populations who are registered with Shetland dentists for NHS dental care.</p> <p>Level of unmet capacity: Numbers of people on waiting lists to register for NHS dentistry.</p> <p>Percentage of Shetland population registered with Independent NHS Practices.</p> <p>Percentage of care homes who have had a dentist visit.</p> <p>Percentage of designated non-Dentist islands having had a dental visit.</p>
<p>Dental Public Health /Oral Health Improvement</p> <p>Promotion of oral health and Prevention of negative oral outcomes for the whole Shetland population through Childsmile, the National Dental Inspection Programme, Oral Health Education and Promotion and Caring for smiles.</p>	<p>Performance Indicators:</p> <p>The percentage of newborn children in Shetland enrolled into the Childsmile Programme.</p> <p>The percentage of P1 children who have consented to participation in the Fluoride Varnish Application programme.</p> <p>The percentage of P1 validated and consented children receiving at least one Fluoride Varnish Application per annum.</p>

	<p>The percentage of schools in Shetland providing access to the National Dental Inspection Programme for P1 and P7 pupils.</p> <p>Percentage of P1 Children in Shetland with no obvious decay.</p> <p>Percentage of P7 Children in Shetland with no obvious decay.</p> <p>Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of children aged 5-6 years in P1 attending SIC primary schools.</p> <p>Decay experience of children in P7.</p> <p>The mean dmft (decayed, missing or filled teeth per child) of children aged 10-11 years in P7 attending primary school in Shetland.</p> <p>Those children deemed to be at higher risk as assessed by being on the PDS Dental Risk Register are recalled in accordance with current SDCEP Guidance.</p> <p>Percentage of care homes who have at least one individual who has completed foundation training with the Caring for Smiles Team.</p> <p>Percentage of care homes with a Caring for Smiles / Oral Health Champion.</p>
Emergency clinical primary dental care for people registered with the PDS	<p>Performance Indicators:</p> <p>The percentage number of days when out of hours dental cover is not available to the Shetland population.</p> <p>The percentage of emergency patients not dealt with in accordance with SDCEP timeline guidance.</p>
Improvement Plan	

Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Improve Access to Oral Health services	Encourage / facilitate at least one other new independent NHS dental practice to open in Shetland.	Will improve dentist: patient ratio.	Links and balances between PDS and GDS provision will facilitate a shift in the balance of care into the independent sector.	Challenges to businesses external to Shetland especially following the Covid Pandemic. Could be mitigated by involvement of Corporate Dental businesses.		Externally fund outside core budget via the Scottish Dental Access Initiative.	By end of Q4
Improve participation rates to oral health services	To review access to PDS services including the use of Remote consultations and “care in the Community” for health promotion programmes like Childsmile and targeted	Will improve participation rates	Links with Health Promotion Team for targeted health promotion interventions (eg diabetes). Also better links to services in Aberdeen and mainland Scotland	Management of patient expectation of new ways of working. Mitigated by the increased use of remote access healthcare following Covid-19.		Within core funding	By end of Q4

	patient support programmes.						
Improve Outcomes for Older Population	To sustain annual training for all care home staff and older persons carers in alignment with the Caring for Smiles Programme (C4S) and to develop Caring for Smiles 'Champions' in the care community.	Improve delivery of the Caring for Smiles programme and oral healthcare in the older population	Links with Social Care to support clients and carers with the provision of oral healthcare. Facilitates the identification of and referral in for dental problems.	Trained staff turnover in care homes. Inability to encourage individuals to undertake higher level C4S training. Mitigated by strong relationships between C4S team and Care Homes and inclusion of C4S team into CH&SC Directorate Team Meetings		Within core funding	By end of Q3
Good Governance of oral health services	To review and update the Oral Health Strategy and Clinical Governance framework to provide clearer direction of travel for dental services with	Ensure local strategy is linked with national drivers To improve the quality of service provided and to ensure it is fit	Links with national programme of transition and improvement.	Risk of Covid-19 crisis management delaying focus on long term strategy setting both locally and nationally.		Within core funding	By end of Q4

	linkages to the National Oral Health Improvement Plan implementation.	for purpose and safe.					
Improve Access to orthodontic services in order to realise better patient outcomes	To oversee the delivery plan for the long term provision of a sustainable Orthodontic Service for Shetland by the training of a PDS dentist to provide future care.	Improve access to orthodontic service and decrease in length of time in treatment for patients undergoing care.	Links with visiting orthodontic and secondary care partners. Links with Independent dental sector	Orthodontic training pathways delayed due to Covid-19 Inability of secondary care partners to support visiting clinics in Shetland		Within Dental core funding and Directorate training plan budget	Sept 20- Training commences Jun 22- Training completes

Accountability and Governance

The Dental Director is Accountable to the NHS and IJB for the provision of a safe and effective service.

The provision of safe and quality dental services is via:

- The Dental Services Clinical Governance Framework.
- The Dental Senior Management Team
- The Dental Quality Improvement Group
- Engagement with internal governance fora (eg Joint Governance Group)
- Engagement with external agencies (eg Health Improvement Scotland)

Shetland Islands Health and Social Care Partnership

Agenda Item

4



Meeting(s):	Integration Joint Board	16 July 2020
Report Title:	IJB Records Management Plan	
Reference Number:	GL-16-IJB-F	
Author / Job Title:	Anne Cogle Team Leader - Administration (SIC)	

1.0 Decisions / Action required:

That the Integration Joint Board:

- 1.1 Consider and comment on the draft IJB Records Management Plan (RMP), and the Interim Report from the Keeper of the National Records of Scotland;
- 1.2 AGREE to the position statement in relation to the current information management and governance arrangements, and that the responsible officers in both organisations work towards producing, for agreement by the IJB before the end of March 2021, the information governance documentation required, as referred to in section 4.6; and
- 1.3 Delegates authority to the Team Leader – Administration (SIC), to prepare supporting comments, amendments or updates to the RMP as required by the IJB and the Interim Report, in consultation and agreement with the NHS Records Manager, the IJB Interim Chief Officer and the IJB Chair, and to submit these with the final RMP, as amended, to the Keeper by 31 August 2020.

2.0 High Level Summary:

- 2.1 The purpose of this report is to present the draft IJB Records Management Plan, prepared in accordance with the Public Records (Scotland) Act 2011, and to advise on the Keeper's initial assessment.
- 2.2 The report goes on to provide a position statement as to the current position and future plans for IJB information management and governance, and to seek approval to update the RMP for final submission to the Keeper by 31 August 2020.

3.0 Corporate Priorities and Joint Working:

- 3.1 The terms of this report meet the requirements of the national health and wellbeing outcomes which apply to integrated health and social care – 9. Resources are used effectively and efficiently in the provision of health and social care services.

4.0 Key Issues:

Background

- 4.1 Under the requirements laid down in Part 1 of the Public Records (Scotland) Act 2011, Shetland Islands Integration Joint Board is one of the public authorities required to prepare a records management plan (RMP) setting out arrangements for the management of the authority's records, and to submit the plan to the Keeper of the National Records of Scotland for agreement
- 4.2 In December 2018, notification was received from the Keeper of the Records of Scotland to submit a Records Management Plan for the Integration Joint Board. Whilst submission was required by 30 April 2019, an agreement was reached with the Keeper to extend the submission date to 30 June 2019. However, due to resource constraints, it was not possible for the RMP to be finalised during 2019, and further extensions were granted by the Keeper to 31 March 2020.
- 4.3 The IJB's Draft Records Management Plan was prepared and based on the Keeper's published Model Records Management Plan. The draft RMP, with the agreement of the Chief Officer, was submitted to the Keeper on 31 March 2020 [Appendix 1]. The Keeper provided an Interim Report, giving an initial assessment of the draft RMP on 28 May 2020 [Appendix 2], requiring a response by 30 June 2020. The Keeper was advised that the IJB was meeting on 16 July 2020, and so a further extension was granted to allow the IJB to formally approve its RMP, for submission by 31 August 2020.

Interim Report

- 4.4 The Interim Report demonstrates that the Keeper is satisfied with the majority of the arrangements in place for the management of information relating to the integrated functions of the IJB, demonstrated by the approved RMPs of both the Shetland Islands Council and NHS Shetland, and its improvement plans.
- 4.5 The Keeper has also provided a number of general comments and suggestions as to how the RMP may be strengthened or where further explanation is required in order for the RMP to be approved or demonstrate further evidence of compliance. The assessment also requests statements from the IJB as to how it currently liaises with the SIC and NHSS to ensure that various arrangements, such as retention, archiving and destruction, as applied to their public records, are appropriate to business needs of the IJB. The Keeper has also sought further information from the IJB as to its formal arrangements for review of the RMP.

Position Statement

- 4.6 The IJB is asked to endorse the following position statement, subject to any further amendments required, to be included in a response to the Keeper:
- 4.6.1 The IJB is satisfied that information relating to the business of the IJB is effectively managed by both organisations in terms of its responsibilities for information management, and to this end has agreed the terms of the draft RMP as it currently stands.

	<p>4.6.2 The IJB is also satisfied that regular discussion, advice and direction is carried out by Information Asset Owners, Records Managers and support staff in relation to areas where information is related to integrated functions, and is further satisfied that the outcome of such collaboration is effective.</p> <p>4.6.3 However, the IJB recognises that it requires to improve on its governance arrangements, particularly those relating to the integration of information management and to ensure that those arrangements are appropriate for its business needs.</p> <p>4.6.4 To formalise the current approach, the IJB has agreed that the responsible officers in both organisations will work towards producing, amongst other information governance policy and procedures, an IJB Business Classification Scheme, which will include an approved Retention and Destruction Schedule, for all health and social care records, and joint archiving procedures in collaboration with Shetland Archives. These policies and procedures will be underpinned by a Memorandum of Understanding which will set out the arrangements for the management of the IJB's records and the relationship with the respective RMPs of the SIC and NHSS.</p> <p>4.6.5 The IJB would intend for this work to ensure that the agreed information governance arrangements will include reference to the principles and guidance provided by the Scottish Government Records Management Code of Practice for Health and Social Care (Scotland) 2019, and the Scottish Council on Archives Record Retention Schedules (SCARRS).</p> <p>4.6.6 In relation to governance and Scheme reviews, the IJB agreed, in September 2019, to the review of the Integration Scheme, and to a review of governance and accountability arrangements, and these form part of an agreed Development Plan. Links to these documents and decisions are included as evidence, and illustrates the process and timescales for this work. This Plan will address the issues highlighted by external audit and self-evaluation reports, and those highlighted by the Keeper, in a co-ordinated way. Further, the IJB intends, along with the adoption of information policy and procedures, to adopt the Keeper's voluntary annual Progress Update Review assessment process, which will require the IJB to regularly address progress and consider further development and improvement work which will bring the RMP into full compliance. Regular updates will be added to the IJB Business Programme for future meetings.</p> <p>4.7 The decisions required in this report to adopt the RMP, to agree the above position statement, to agree the collaboration process for amending, updating and final submission of the RMP, and the development of plans for ongoing work and review, is commended to the IJB for approval.</p>
5.0	Exempt and/or confidential information:
5.1	None
6.0	Implications:
6.1 Service Users, Patients and	There are no direct implications for service users, patients and communities in relation to the decisions required of this report.

Communities:	
6.2 Human Resources and Organisational Development:	There are no direct implications for staff conditions of service or the organisational structures in either organisation in relation to the decisions required of this report.
6.3 Equality, Diversity and Human Rights:	This report has no direct implications on equalities and human rights, and an Equalities Impact Assessment is not required.
6.4 Legal:	Under the terms of the Public Records (Scotland) Act 2011, the IJB is required to prepare and submit a Records Management Plan to the Keeper of the Records of Scotland when requested.
6.5 Finance:	There are no direct financial implications in relation to the decisions required of this report.
6.6 Assets and Property:	There are no direct implications for major assets and properties i.e. buildings and equipment arising directly from this report.
6.7 ICT and new technologies:	There are no direct implications for ICT and ICT systems arising from this report.
6.8 Environmental:	There are no implications for the local environment, climate change or carbon management arising from the terms of this report.
6.9 Risk Management:	As the IJB has submitted a draft RMP to the Keeper, there are no risks associated with legal compliance. However, failure to address the matters raised by the Interim Report, and approval of the final submission, would likely result in the IJB having its RMP rejected or criticised by the Keeper in his final decision, leading to subsequent reputational and organisational impacts for the IJB and its parties.
6.10 Policy and Delegated Authority and Directions:	<p>No delegated authority exists for this matter to be addressed other than by the Integration Joint Board itself. Delegated authority is sought to respond on behalf of the IJB to the issues raised in the Interim Report, and submission of the final version to the Keeper for approval.</p> <p>As this terms of this report relate to the internal governance of the IJB, there are no formal Directions required to either organisation at this stage.</p>
6.11 Previously considered by:	The matters addressed in this report have not been presented to any other committee or organisation.

Contact Details:

Anne Cogle, Team Leader – Administration (SIC)

Anne.cogle@shetland.gov.uk 01595 744554

8 July 2020

Appendices:

Appendix 1 – IJB Records Management Plan V1.0

Appendix 2 – NRS Interim Report

Background Documents:

1. Shetland Islands Council and NHS Shetland Record Management Plans
2. Scottish Government Records Management Code of Practice for Health and Social Care (Scotland) 2019
3. Scottish Council on Archives Record Retention Schedules (SCARRS)
4. Integration Self Evaluation Development Plan
<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24335>
5. Review of Shetland Islands Health and Social Care Partnership Integration Scheme –
<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24334>

END

Shetland Integration Joint Board Records Management Plan

Document Information			
Document Name/Description		Shetland Integration Joint Board	
Version Number <i>e.g.</i> V1.1		1.0	
Author		Anne Cogle, Team Leader – Administration (SIC)	
Lead Officer/Manager		Simon Bokor-Ingram, Chief Officer – Shetland IJB	
Final Approval Date		tbc	
Approved by – Council/Committee/Group/Manager		tbc	
Review Frequency		Annually	
Date of next planned review start		tbc	
Summary of changes to document			
Date	Version updated	New version number	Brief description of changes
31 March 2020	-	1.0	First Draft to NRS for review

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Foreword

This is the Records Management Plan for the Shetland Integration Joint Board (IJB). It has been prepared in compliance with the requirements of the Public Records (Scotland) Act 2011.

The IJB takes its responsibilities for records management very seriously, and expects the RMP to provide a firm foundation from which we can make better use of our information assets.

The RMP will provide the IJB with a framework in which it can manage its information assets, ensuring that the IJB has data, information and knowledge which is useable, accessible and reliable. It will help make sure:

- That our IJB and partner organisations' officers and members have the right information to hand to support their activities and decisions;
- That information will be in the right place, organised appropriately, open wherever possible, protected where required;
- The Board and the public will have the information it needs when required, or only available to those who need it if that information is personal or sensitive;
- That information is accurate, reliable and up to date, and that appropriate business continuity arrangements are in place to protect it; and
- That we do not waste valuable resources storing information which is no longer required, is superseded, or is duplicated elsewhere.

Whilst the RMP describes current practice, the RMP also recognises that we are on a journey. Many of the elements within the Plan describe the future developments which will improve our records management policies and procedures, in partnership with our colleagues in Shetland Islands Council and NHS Shetland.

I commend this Plan to the Keeper of the Records of Scotland.

Simon Bokor-Ingram
Chief Officer – Shetland Integration Joint Board

Introduction

About Shetland Integration Joint Board

Shetland Integration Joint Board (hereinafter referred to as “the IJB”) was established under the Public Bodies (Joint Working) (Scotland) Act 2014. The Shetland Integration Board was formally established on 27 June 2015.

From 27 June 2015 the IJB became responsible for the planning and oversight of delivery of health and social care functions, delegated to it by NHS Shetland (“NHSS”) and Shetland Islands Council (“the Council” or “SIC”). These include Adult Social Care Services, Adult Community Health and Social Care Services, Criminal Justice Services, Adult Health, Community and some hospital services. The area covered by the IJB is coterminous with the Shetland Islands Council Local Authority.

The IJB operates as a separate legal entity from NHSS and the SIC, acting independently from both. It consists of six voting members appointed in equal number by NHSS and the SIC, with a number of representative members drawn from other sectors, including the independent and third sectors, and to represent other stakeholders including staff, carers, service users and some professions. The IJB is advised by a number of professionals including the Chief Officer, Clinical Director, Nurse Director, Chief Social Work Officer and Chief Finance Officer.

The key IJB functions are to:

- Prepare a Strategic Commissioning Plan for integrated functions that is in accordance with national and local outcomes and integration principles;
- Allocate the integrated budget in accordance with the this Plan; and
- Oversee the delivery of services that are within the scope of the Partnership

The IJB recognises the importance information and recordkeeping plays in underpinning its over-arching strategic objectives and helping it to meet national and local outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

The Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (hereafter referred to as 'the Act') came into force in January 2013. The Act obliges the Board and other public authorities to prepare and implement a Records Management Plan (RMP). The IJB is fully committed to compliance with the requirements of the Act, and the RMP sets out the arrangements that have been put in place, including those of its parent body organisations [SIC and NHSS], for the management of IJB records.

The IJB's Records Management Plan is based on the Keeper's published Model Records Plan. The model plan has 15 Elements:

- Element 1: Senior Management Responsibility
- Element 2: Records Manager Responsibility
- Element 3: Records Management Statement
- Element 4: Business Classification Scheme
- Element 5: Retention Schedule
- Element 6: Destruction Arrangements
- Element 7: Archiving and Transfer Arrangements
- Element 8: Information Security
- Element 9: Data Protection
- Element 10: Business Continuity and Vital Records
- Element 11: Audit Trail
- Element 12: Competency Framework for Records Management Staff
- Element 13: Assessment and Review
- Element 14: Shared Information
- Element 15: Public Records Created or Held by Third Parties

Records Management

This RMP relates to the IJB and its committees (IJB, IJB Audit Committee, Strategic Planning Group and the Clinical Care and Professional Governance Committee) and to plans and policies such as the Annual Performance Report, the Strategic Commissioning Plan and the Integration Scheme. All of this information is already in the public domain via the health and social care integration web page hosted by the Shetland Islands Council.

http://www.shetland.gov.uk/Health_Social_Care_Integration/IntegratedJointBoard.asp
<http://www.shetland.gov.uk/coins/committee.asp?bodyid=441&bodytitle=Integration+Joint+Board>

This RMP relates to records throughout their lifecycle, from creation and acquisition to archive and destruction. It encompasses all records held across the IJB, whether electronic or physical. The IJB recognises and acknowledges that its records are held on either the Council's systems and on NHSS systems, and the IJB's Plan therefore

reflects in many ways the Council's Records Management Plan (SIC Records Management Plan) and the NHS Shetland Records Management Plan (NHSS Records Management Plan) which were both approved by the Keeper on an Improvement Model basis.

The context of this RMP is that most records including employment, service user and internal policies and procedures will continue to be managed within the parent body organisations, i.e. NHS Shetland and Shetland Islands Council. Records produced as part of a delegated function will also be covered by the respective RMP of NHS Shetland and Shetland Islands Council.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

The following Plan demonstrates the intent of the IJB to be committed to improving the way in which we manage and use our records. This Plan will be regularly and formally reviewed, in order to report to the Keeper on the adoption of each element of the Plan. The review and assessment arrangements are referred to under Element 13.

The Plan also recognises that we are on a journey. Many of the elements within the plan refer to future reviews and developments which will improve our records management policies and procedures

March 2020

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence of Compliance	Future Development
<p>Element 1: Senior management responsibility</p> <p>An individual senior staff member is identified as holding corporate responsibility for records management. Element 1 is compulsory and covers Senior Management Responsibility. Section 1(2) (a) (i) of the Act requires the Council's RMP to identify the person at senior level who has overall strategic responsibility for records management. The RMP must name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p>	<p>The Senior Accountable Officer for records management for the IJB is Simon Bokor-Ingram, Chief Officer - Integration Joint Board.</p> <p>The Chief Officer reports directly to both the Chief Executive of the SIC and the Chief Executive of NHSS and is a full member of the senior management teams of both partner bodies.</p> <p>The Senior Accountable Officer with strategic responsibility for records management for the Shetland Islands Council is Christine Ferguson, Director of Corporate Services.</p> <p>The Senior Manager responsible for records management for NHS Shetland is Michael Dickson, Chief Executive.</p>	<p>1-1 Statement from IJB Chief Officer</p> <p>1-2 NHSS RMP Statement of Compliance</p> <p>1-3 SIC RMP Statement of Compliance</p>	<p>There are no planned future developments in respect of Element 1.</p> <p>Any further changes going forward will be reflected in policies and procedures and/or changes in structure or personnel.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 2: Records manager responsibility:</p> <p>An individual staff member is identified as holding operational responsibility for records management and has appropriate corporate responsibility, access to resources and skills.</p> <p>Section 1(2)(a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP <u>must</u> name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues.</p>	<p>Operational responsibility for records management is shared between the Shetland Islands Council and NHS Shetland Islands Council, as follows:</p> <ul style="list-style-type: none"> Anne Cogle, Team Leader Administration (IJB and SIC corporate records); David Morgan, Information Governance Manager/DPO (IJB and NHSS corporate records); and Peter Gaines, Health Records & Clinical Coding Manager (NHSS health records). 	<p>1-1 Statement from IJB Chief Officer</p> <p>2-1 NHSS RMP Statement of Compliance</p> <p>2-2 SIC RMP Statement of Compliance</p>	<p>There are no planned future developments in respect of Element 2.</p> <p>Any further changes going forward will be reflected in policies and procedures and/or changes in structure or personnel.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 3: Records management policy statement: The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats. The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper. The other elements</p>	<p>Shetland Islands Council and NHS Shetland work in partnership, governed by the Shetland Integration Joint Board (IJB).</p> <p>The IJB is responsible for the strategic planning of health and care services for the population of Shetland.</p> <p>The context of this Plan is that the IJB relies on the SIC and NHSS to ensure compliance with legislative, regulatory and best practice relating to information and records management. The IJB recognises that most records, including employment, service user, strategic and operational policies and procedures will continue to be managed by the SIC and NHSS, and as such will be covered by their respective Record Management Plans.</p> <p>The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2011, and will therefore follow procedures that aim to ensure that all of its officers, employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this Plan's arrangements.</p>	<p>1-1 Statement from IJB Chief Officer</p> <p>3-1 SIC RMP Statement of Compliance</p> <p>3-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the IJB's information and records management policy framework requirements, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 4: Business classification</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p>	<p>The volume and type of records specific to the IJB is constantly evolving. The IJB is planning to undertake a governance and Scheme review with anticipated completion in 2020.</p> <p>Once IJB Governance arrangements are made clear, further action will be required to develop and implement a business classification for IJB functions. In the meantime, the IJB relies on the SIC and NHSS to ensure compliance with legislative, regulatory and best practice relating to the management of its information in accordance with the corporate Business Classification Scheme (BCS) currently adopted by both the SIC and NHSS, and under development as part of their respective improvement programme actions. Their arrangements and improvement actions are detailed in their respective RMPs.</p>	<p>4-1 SIC RMP Statement of Compliance</p> <p>4-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

<p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p>			
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RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 5: Retention schedules</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p>	<p>The volume and type of records specific to the IJB is constantly evolving. The IJB is planning to undertake a governance and Scheme review with anticipated completion in 2020.</p> <p>Once IJB Governance arrangements are made clear, further action will be required to develop and implement a business classification for IJB functions which will form the framework for the establishment of an R&D Schedule for the IJB.</p> <p>In the meantime, the IJB relies on the SIC and NHSS to ensure compliance with legislative, regulatory and best practice relating to the management of its information in accordance with the R&D Schedules currently adopted by both the SIC and NHSS, and under development as part of their respective improvement programme actions. Their arrangements and improvement actions are detailed in their respective RMPs.</p>	<p>5-1 SIC RMP Statement of Compliance</p> <p>5-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 6: Destruction arrangements</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place. A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p>	<p>The IJB relies on the SIC and NHSS to ensure compliance with legislative, regulatory and best practice relating to the destruction of its information in accordance with the procedures currently adopted by both organisations.</p> <p>The SIC and NHSS have arrangements in place to destroy records that have been identified for destruction. Their arrangements are detailed in their respective RMPs.</p> <p>It is recognised that there are gaps in those procedures, and these will be reviewed as part of their respective improvement programme actions.</p> <p>Once IJB Governance arrangements are made clear, further action will be required to adopt and implement destruction arrangements for IJB information.</p>	<p>6-1 SIC RMP Statement of Compliance</p> <p>6-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 7: Archiving and transfer arrangements</p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p>	<p>The IJB relies on the SIC and NHSS to ensure compliance with legislative, regulatory and best practice relating to archiving of its information in accordance with the procedures currently adopted by both organisations.</p> <p>SIC and NHSS deposit archival records in Shetland Museum and Archives in accordance with a formal Minute of Agreement. Their arrangements are detailed in their respective RMPs.</p> <p>Once IJB Governance arrangements are made clear, further action will be required to adopt and implement archiving arrangements which are specific to IJB information.</p>	<p>7-1 SIC RMP Statement of Compliance</p> <p>7-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 8: Information Security</p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the proper level of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures <u>must</u> put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p>	<p>The IJB does not have its own ICT infrastructure. The IJB relies on both the SIC and the NHSS ICT systems, and will therefore align itself to each organisation's respective policies and procedures for ICT security and information governance.</p> <p>Their arrangements and improvement actions are detailed in their respective RMPs.</p>	<p>8-1 SIC RMP Statement of Compliance</p> <p>8-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 9: Data protection</p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p>	<p>SIC and NHSS have established systems to maintain the confidentiality, security and integrity of personal data collected, have updated privacy statements in compliance with the Data Protection Act 2018, have appointed Data Protection Officers, and are registered with the ICO. The IJB therefore aligns itself to each organisation's respective policies and procedures for Data Protection. Their arrangements and improvement actions are detailed in their respective RMPs.</p> <p>The IJB is not currently a registered data controller, as the view was taken that it does not, as a body, process personal information. However, this position will be re-considered as part of the wider Governance review, including whether there is a need to confirm the existing DPOs as Joint Data Controllers in relation to delegated functions.</p> <p>The IJB is registered as a public body which is subject to Freedom of Information, and has adopted a complaints procedure in line with SPSO requirements. All requests and/or complaints will be addressed directly by the appropriate parent body with responsibility for operation of the function or staff.</p>	<p>9-1 SIC RMP Statement of Compliance</p> <p>9-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 10: Business continuity and vital records</p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p>	<p>The IJB's records are subject to the policies and procedures of the partner bodies in relation to business continuity for all services which are provided or commissioned directly by the SIC or NHSS.</p> <p>Both SIC and NHSS have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility. Their arrangements and improvement actions are detailed in their respective RMPs.</p> <p>As such, there is no current requirement for the IJB to have its own arrangements for business continuity of vital records. However, once IJB Governance arrangements are made clear, this element will be revisited to ensure there are no further specific actions required in relation to IJB information.</p>	<p>10-1 SIC RMP Statement of Compliance</p> <p>10-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 11: Audit trail</p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p>	<p>SIC and NHSS manage records relating to the IJB, both paper and electronic, using a variety of systems. At present, only some of these systems are capable of maintaining a full, unalterable audit trail of all changes that occur in a record. Their arrangements and improvement actions are detailed in their respective RMPs.</p> <p>Once IJB Governance arrangements are made clear, further action will be required to adopt and implement audit trail arrangements which are specific to IJB information.</p>	<p>11-1 SIC RMP Statement of Compliance</p> <p>11-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 12: Competency framework for records management staff</p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p>	<p>The IJB relies upon the Records Manager of the partner bodies for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing bodies SIC and NHSS.</p> <p>Their arrangements and improvement actions are detailed in their respective RMPs.</p>	<p>12-1 SIC RMP Statement of Compliance</p> <p>12-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 13: Assessment and review</p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p>	<p>The IJB relies on the SIC and NHSS to ensure that the systems, policies and procedures that govern IJB records are being regularly assessed. Their arrangements and improvement actions are detailed in their respective RMPs.</p> <p>The IJB will review the RMP annually, or more often if required, to ensure that it remains fit for purpose. The format for assessing and reviewing the Plan will be determined by the IJB as part of its governance and Scheme reviews.</p>	<p>13-1 SIC RMP Statement of Compliance</p> <p>13-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 14: Shared Information</p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p>	<p>The need to share data within and between organisations has long been recognised in Shetland. The Shetland Data Sharing Policy (the Policy) has been developed to provide an agreed framework for the legitimate, secure and confidential sharing of personal data within and between community planning partner organisations in Shetland. This policy was developed to provide an agreed framework for the legitimate, secure and confidential sharing of personal data within and between Shetland's community planning Partner Organisations (NHS Shetland, Shetland Islands Council, Police Scotland and Voluntary Action Shetland). The policy is also applied where there is a need to share data with non-Partner Organisations. The Policy provides a template for producing Individual Sharing Procedures, and a number of such procedures are in place.</p> <p>Both SIC and NHSS are signatories to the Shetland Data Sharing Policy, and their arrangements and improvement actions in relation to data sharing are detailed in their respective RMPs.</p>	<p>14-1 SIC RMP Statement of Compliance</p> <p>14-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews, taking cognisance of the SIC and NHSS's planned RMP improvement actions.</p>

	<p>Although the IJB is not yet a signatory to the Shetland Data Sharing Policy, procedures relating to the sharing of Health and Social Care information, and the development of procedures and practice, has been assisted through the Shetland Data Sharing Partnership, whose membership consists of representation from all community planning partnerships, and adherence to the Policy by the IJB partner organisations.</p> <p>The IJB Chief Officer is also a member of the Shetland Data Sharing Partnership.</p>		
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RMP Element Description	Shetland Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 15: Third Parties</p> <p>Adequate arrangements must be in place for the management of records created and held by third parties who carry out any functions of the authority.</p> <p>Section 3 of the Act describes the meaning of ‘public records’ for the purposes of the Act. It says that public records in relation to a named authority means records created by or on behalf of the authority in carrying out its functions. This is extended to records created by or on behalf of a contractor carrying out the authority’s functions and includes records that have come into the possession of the authority or contractor in carrying out the authority’s functions. Records created or held by a third party contractor that are not done so in relation to that contractor carrying out the function of the public authority are not public records under the Act. An authority’s plan must include reference as to what public records are being created and held by a third party carrying out a function of the authority and how these are being managed to the satisfaction of the authority. This does not mean the authority must impose its own arrangements on the third party.</p> <p>Authorities should take a risk-based approach to the arrangements it puts in place with third parties to ensure that these are relevant and proportionate to the public records that fall within the scope of each contract type. Records management requirements, and evidence of assurance that prospective contractors will be able to meet these, should be included in the procurement exercise.</p> <p>An authority will wish to ensure the scope of its proposed arrangements include sub-contractors. It will further wish to</p>	<p>Formal procurement arrangements, contracts and Service Level Agreements with third parties, relating to the discharge of delegated functions of the IJB, are entered into by either the SIC or NHSS using the appropriate Standing Orders and Financial Regulations. These arrangements may relate to other organisations, such as service delivery partners, as well as third party contractors or sub-contractors. SIC and NHSS compliance statements and improvement actions are detailed in their respective RMPs.</p> <p>Current service level agreements and contract documents for both partner organisations refer to the requirements of the Data Protection Act and the Freedom of Information (Scotland) Act 2002, ensuring that the IJB, SIC or NHSS obligations are understood by service providers. However, it is recognised that these statements are not consistent across the partner bodies, and will be re-considered as part of the wider Governance review in relation the commissioning and procurement of services for IJB delegated functions.</p>	<p>15-1 SIC RMP Statement of Compliance</p> <p>15-2 NHSS RMP Statement of Compliance</p>	<p>We will conduct a review of the information and records management functions and policy framework, as part of the IJB’s planned governance and Scheme reviews, taking cognisance of the SIC and NHSS’s planned RMP improvement actions.</p>

ensure that arrangements are in place to allow it to meet statutory obligations under other information legislation, for example, to FOI(S)A and data protection legislation (see Element 9). There may be other regulatory obligations that an authority will wish to consider in relation to the function being carried out by the third party.			
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END

Interim Report on the submitted records management plan for Shetland Islands Integration Joint Board

This document is not the formal Keeper's Report on your plan.

This document has not been forwarded to the senior officer named in the plan.

This interim report gives us the opportunity to let you know what our current thinking on your submitted plan is. It also gives you the opportunity to correct any misunderstandings on our part and to query any statements that we may have made that misrepresent the actual position in your authority.

It may be that, in the general comments at the end, we have made suggestions how your plan might be strengthened, where further evidence might be submitted for example. Please consider these suggestions and let us know your views.

If, in light of our comments, you decide to add new evidence, submit updated versions of documents or make changes to the text of your RMP, please highlight these changes to us, either by adding comments to this report and returning it to us, or by providing us with a separate list.

If we have not heard from you by **30th June 2020** we will assume you are content and will go ahead with our proposed recommendation to the Keeper.

G	The Keeper agrees this element of an authority's plan.		A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may
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				that he is updated as work on this element progresses.			choose to return the RMP on this basis.
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Shetland Integration Joint Board

(For simplicity this authority will be referred to as 'The IJB' in the assessment below)

Explanation: Shetland Integration Joint Board consider their public records will be covered by the respective RMP of NHS Shetland and Shetland Islands Council.

This is confirmed in a *Covering Letter* from the Chief Officer – Shetland Integration Joint Board (see element 1): “The context of this Plan is that the IJB relies on the SIC and NHSS to ensure compliance with legislative, regulatory and best practice relating to information and records management. The RMP provides assurance as to the records management responsibilities within the IJB parent organisations...”

The Records Management Plans of Shetland Islands Council and of NHS Shetland have been agreed by the Keeper.

For details of this agreement and of subsequent updates see:

Shetland Islands Council agreement report (June 2017): <https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-shetland-islands-council-shetland-islands-area-licensing-board-and-zettrans.pdf>

Shetland Islands Council's latest progress review (February 2019): <https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/nrs-progress-update-review-final-report-shetlands-islands-council-licensing-board-and-zettrans.pdf>

NHS Shetland agreement report (March 2018): <https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-nhs-shetland.pdf>

NHS Shetland latest progress review (October 2019):

Element Checklist

Element	Present	Evidence	Notes
1. Senior Officer Compulsory Element	G	G	<p>The Public Records (Scotland) Act 2011 (the Act) requires that an individual senior staff member is identified as holding corporate responsibility for records management in a public authority.</p> <p>Shetland Integration Joint Board (the IJB) have identified Simon Bokor-Ingram, Chief Officer to this role.</p> <p>This is confirmed in a <i>Covering Letter</i> from Mr Bokor-Ingram submitted with the Board's <i>Records Management Plan</i> (the RMP). He has also signed the foreword to the RMP (page 3).</p> <p>Mr Bokor-Ingram is a full member of the senior management teams of both partner bodies and a member of the Shetland Data Sharing Partnership.</p> <p>The Keeper agrees that, as Chief Officer, Mr Bokor-Ingram is an appropriate individual to be identified as having corporate responsibility for records management.</p>
2. Records Manager Compulsory Element	A	A	<p>The Act requires that each authority identifies an individual staff member as holding operational responsibility for records management and has appropriate corporate responsibility, access to resources and skills.</p> <p>The IJB has identified Anne Cogle, Team Leader Administration for Shetland Islands Council</p>

		<p>and David Morgan, Information Governance Manager/DPO of NHS Shetland to this role.</p> <p>The Act directs an authority to identify a single individual. However, the Keeper has previously agreed that, due to the partnership nature of the work of an IJB, two officers can be identified to this role.</p> <p>The Keeper has already agreed that Ms. Cogle and Mr Morgan are appropriate individuals to be identified as having day-to-day responsibility for records management in their respective organisations.</p> <p>The public records of Shetland Islands Integration Joint Board are managed either by Shetland Islands Council or by NHS Shetland it is entirely appropriate that one officer from each is identified under this element.</p> <p>However the IJB have also identified Peter Gaines, Health Records & Clinical Coding Manager (NHSS health records) to this role.</p> <p>The Keeper has concerns over extending the number of individuals with day-to-day responsibility under the plan beyond two individuals as an absolute maximum.</p> <p>Can we please agree that the identified individuals under element 2 of the IJB Plan are Anne and David (1 council and 1 health board). If David then chooses to share that responsibility with Peter that can remain a matter for the NHS Shetland RMP (which has, of course, already been agreed). Several public authorities name one individual when records are in fact managed locally by a team of people, so this is less about the practical operation of records management in the authority and more to do with complying with the specific requirements of the Act.</p> <p>If this is acceptable to you all, there will be no need to rewrite the Plan. The Keeper can accept a positive response to this Interim Report as part of the submission and our</p>
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			<p>report will indicate that Shetland IJB have identified two individuals under element 2.</p> <p>Alternatively, the IJB may wish to identify Peter rather than David as the health board records manager under the plan. This would be acceptable as the Keeper has already agreed that Peter is an appropriate individual to take this role in the NHS Shetland plan.</p> <p>If the IJB can agree to limit the number of individuals identified to two then the Keeper should be able to agree that Shetland Islands Integration Joint Board have identified suitable individuals to this role as required by the Act.</p>
3. Policy Compulsory Element	G	G	<p>The Act requires an authority to have an appropriate policy statement on records management.</p> <p>The public records of the IJB are managed in the systems of NHS Shetland and Shetland Islands Council. They are therefore managed under the Records Management Policies of these partner authorities. All staff creating or otherwise managing IJB records are employees of either the council or the health board and are subject to the policies and procedures of the relevant organisation.</p> <p>The RMP confirms this: "The IJB recognises and acknowledges that its records are held on either the Council's systems and on NHSS systems, and the IJB's Plan therefore reflects in many ways the Council's Records Management Plan (SIC Records Management Plan) and the NHS Shetland Records Management Plan (NHSS Records Management Plan) which were both approved by the Keeper on an Improvement Model basis." (RMP introduction)</p> <p>The Keeper has already agreed that the Records Management Policies of NHS Shetland and Shetland Islands Council are appropriate. See under <u>Explanation</u> above for details of these agreements.</p>

			<p>It should be noted that in their original agreement Shetland Islands Council had this element agreed under an 'improvement model' awaiting the finalisation of a policy review (June 2017). However, the Keeper acknowledges that the authority has subsequently provided an updated policy (2019).</p> <p>Therefore the Keeper can agree that Shetland Islands Integration Joint Board have access to appropriate records management policy statements as required by the Act.</p>
4. Business Classification	A	G	<p>The Keeper of the Records of Scotland (the Keeper) expects that the public records of an authority are known and are identified within a structure.</p> <p>The RMP recognises this. In a foreword by the Chief Officer (see element 1) the IJB states that the RMP will provide the IJB with a framework that ensures "that information will be in the right place, organised appropriately" (RMP page 3).</p> <p>For the moment the IJB relies on the business classification structure of NHS Shetland and of Shetland Islands Council to achieve this.</p> <p>The Keeper notes that the authority explains that, once the governance arrangements of the IJB are stable, they will consider creating their own scheme. The Keeper will be very interested to be updated on this in the future. The RMP states "We will conduct a review of the information and records management functions and policy framework, as part of the IJB's planned governance and Scheme reviews" (RMP page 11). The Chief Officer (see element 1) concurs that the IJB are 'on a journey' with future developments in the information governance area to be finalised (page 3).</p> <p>However, that is for subsequent updates. As the situation in the IJB currently stands, the public records of the authority are managed through the arrangements implemented by the partner authorities. These have been agreed by the Keeper (see <u>Explanation</u> above for details of these agreements). However, both NHS Shetland and Shetland Islands Council</p>

			<p>have had this element agreed under improvement model terms. This is noted in the IJB Plan which refers to “the SIC and NHSS’s planned RMP improvement actions” (RMP page 11)</p> <p>Therefore, the Keeper agrees this element of the Shetland Integration Joint Board’s Records Management Plan under the same improvement model terms. It means that the Keeper is convinced that both partner authorities are working towards making this element compliant and that when complete that work will allow the Keeper to fully agree this element for the Council, Health Board and any other authorities who have adopted the Council and Health Board arrangements. The IJB will fall into this category. The IJB RMP recognises this situation. On page 6 the RMP refers to the partner plans being “approved by the Keeper on an Improvement Model basis”. This situation applies to several other elements below.</p>
5. Retention schedule	A	A	<p>The Keeper expects an authority to have allocated retention periods to its public records and for those records to be retained and disposed of in accordance with the a Retention Schedule.</p> <p>The RMP recognises this. In a foreword by the Chief Officer (see element 1) the IJB states that the RMP will provide the IJB with a framework that ensures “that we do not waste valuable resources storing information which is no longer required, is superseded, or is duplicated elsewhere.” (RMP page 3).</p> <p>For the moment the IJB relies on the business classification structure of NHS Shetland and of Shetland Islands Council to achieve this.</p> <p>It is important that the IJB has input into the retention decisions imposed on their public records. To this end, the Keeper requires a statement explaining how the IJB liaises with its partner organisations to ensure that the retention periods allocated to their public records are appropriate to their business needs.</p>

			<p>The Keeper notes that the authority explains that, once the governance arrangements of the IJB are stable, they will consider creating their own scheme. The Keeper will be very interested to be updated on this in the future. The RMP states “Once IJB Governance arrangements are made clear, further action will be required to develop and implement a business classification for IJB functions which will form the framework for the establishment of an R&D Schedule for the IJB.” (RMP page 13).</p> <p>However, as the situation in the IJB currently stands, the public records of the authority are managed through the arrangements implemented by the partner authorities. These have been agreed by the Keeper (see <u>Explanation</u> above for details of these agreements). However, both NHS Shetland and Shetland Islands Council have had this element agreed under improvement model terms. This is noted in the IJB Plan which refers to “the SIC and NHSS’s planned RMP improvement actions” (RMP page 13)</p> <p>Therefore, provided he receives a statement regarding the liaison between the IJB and its partners regarding retention decisions, the Keeper should be able to agree this element of the Shetland Integration Joint Board’s Records Management Plan under the same improvement model terms. It means that the Keeper is convinced that both partner authorities are working towards making this element compliant and that when complete that work will allow the Keeper to fully agree this element for the Council, Health Board and any other authorities who have adopted the Council and Health Board arrangements. The IJB will fall into this category.</p>
6. Destruction Arrangements Compulsory Element	A	G	<p>The Act requires that public records are destroyed in a timely, controlled and secure manner.</p> <p>As with elements 4 and 5 above, the RMP indicates that the IJB may, in the future, develop their own solution to this aspect of their records management provision. The RMP states “Once IJB Governance arrangements are made clear, further action will be required to adopt and implement destruction arrangements for IJB information.” (RMP page 14) The Keeper will be very interested to be updated on this in the future.</p>

			<p>However, as the situation in the IJB currently stands, the public records of the authority are managed through the arrangements implemented by the partner authorities. These have been agreed by the Keeper (see <u>Explanation</u> above for details of these agreements). However, both NHS Shetland and Shetland Islands Council have had this element agreed under improvement model terms. This is noted in the IJB Plan which states “It is recognised that there are gaps in those procedures, and these will be reviewed as part of their respective improvement programme actions.”</p> <p>Therefore, the Keeper agrees this element of the Shetland Integration Joint Board’s Records Management Plan under the same improvement model terms. It means that the Keeper is convinced that both partner authorities are working towards making this element compliant and that when complete that work will allow the Keeper to fully agree this element for the Council, Health Board and any other authorities who have adopted the Council and Health Board arrangements. The IJB will fall into this category.</p>
7. Archiving and Transfer Compulsory Element	G	A	<p>The Act requires that all Scottish public authorities identify a suitable repository for the permanent preservation of any records considered suitable for archiving. A formal arrangement for transfer to that repository must be in place.</p> <p>The IJB states that "Well managed records will help...the preservation of vital and historical records." (RMP page 6).</p> <p>Both NHS Shetland and Shetland Islands Council have identified Shetland Museum and Archive Service: https://www.shetlandmuseumandarchives.org.uk/ as a suitable repository for the permanent preservation of those records selected for archiving. The Keeper has already agreed that Shetland Museum and Archive Service is a suitable repository for this. He has also agreed that the health board and the council have appropriate formal arrangements in place to allow this transfer.</p>

			<p>However, as with element 5, it is important that the IJB has input into the retention decisions imposed on their public records including public records selected for permanent preservation. To this end, the Keeper requires a statement explaining how the IJB liaises with its partner organisations to ensure that the archival selection processes are appropriate to their historical record. This is particularly important where the IJB permanent record may be transferred to the archive from two different systems.</p> <p>It is also important that the formal agreements that currently allow transfer of records from the Council and the NHS Board to Shetland Archives is expanded to specifically include records of the IJB. These agreement documents will need to be revisited with the archivist to ensure the IJB records are accounted for with their agreement. The Keeper requires a statement indicating that the IJB plans to pursue a review of the formal transfer arrangements with this in mind.</p> <p>If the IJB can provide a statement regarding the liaison between the IJB and its partners regarding archiving decisions and between the partners and the archive regarding formally accepting transfer of IJB material, the Keeper should be able to agree that Shetland Integration Joint Board has proper arrangements in place for the archiving of its records as required by the Act.</p>
8. Information Security Compulsory Element	A	G	<p>The Act requires that public records are held in accordance with information security compliance requirements.</p> <p>The RMP recognises this. In a foreword by the Chief Officer (see element 1) the IJB states that the RMP will “provide the IJB with a framework that ensures will help make sure that information will be protected where required” (RMP page 3).</p> <p>As the public records of the IJB are managed on the systems provided by the partners, NHS</p>

			<p>Shetland and Shetland Islands Council, they are protected under the arrangements of those partners.</p> <p>The RMP confirms this. It states on page 16 “The IJB does not have its own ICT infrastructure. The IJB relies on both the SIC and the NHSS ICT systems, and will therefore align itself to each organisation’s respective policies and procedures for ICT security and information governance.”</p> <p>The Keeper has agreed that the information security provision in NHS Shetland is appropriate (see <u>Explanation</u> above for details of this agreement).</p> <p>However, Shetland Islands Council original agreement was Amber for this element (2017). The Keeper requested the Council update him on progress and in 2019 they reported that “work is underway with a view to putting in place a Corporate Information Classification Scheme, which would identify and clarify the type of security required for different levels and types of information, in all formats.” The Keeper expects the Council to have pursued this further since this update, but for the moment the Council plan remains at Amber.</p> <p>Therefore, the Keeper agrees this element of the Shetland Integration Joint Board’s Records Management Plan under the same improvement model terms.</p>
9. Data Protection	G	G	<p>The Keeper expects a Scottish public authority to manage records involving personal data in compliance with data protection law.</p> <p>Shetland Integration Joint Board is not currently listed as a data controller with the Information Commissioner.</p> <p>The public records of the IJB are managed by NHS Shetland and by Shetland Islands Council. The Keeper accepts that, currently, these two authorities are acting as data</p>

			<p>controller for IJB records.</p> <p>Staff working on IJB records will personally be subject to the data protection regime of their employing organisation.</p> <p>The data protection provision in Shetland Islands Council is explained at: https://www.shetland.gov.uk/information-rights/DataProtection.asp</p> <p>The data protection provision in NHS Shetland is explained at: https://www.shb.scot.nhs.uk/board/staffprivacy.asp</p> <p>The Keeper agreed that the data protection arrangements in Shetland Islands Council and in NHS Shetland were fully compliant under the 2018 data protection legislation in the Progress Update Reviews of the authorities (February 2019 and October 2019 respectively).</p> <p>The Keeper agrees that Shetland Integration Joint Board have appropriate arrangements in place to comply with current data protection legislation.</p>
10. Business Continuity and Vital Records	G	G	<p>The Keeper expects that record recovery, prioritising vital records, is an integral part of the authority's business continuity planning.</p> <p>The RMP recognises this. In a foreword by the Chief Officer (see element 1) the IJB states that the RMP will "that appropriate business continuity arrangements are in place" (RMP page 3).</p> <p>As the public records of the IJB are managed on the systems provided by the partners, NHS Shetland and Shetland Islands Council, they are protected under the arrangements of those partners.</p> <p>The RMP confirms this. It states on page 18 "The IJB's records are subject to the policies and</p>

			<p>procedures of the partner bodies in relation to business continuity for all services which are provided or commissioned directly by the SIC or NHSS.”</p> <p>The Keeper has already agreed that the business continuity arrangements in Shetland Islands Council and in NHS Shetland are appropriate. See under <u>Explanation</u> above for details of those agreements.</p> <p>As with several other elements, the Keeper notes that, in the future the IJB may make its own arrangements and the Keeper requests that he is updated if these arrangements are implemented.</p> <p>The Keeper agrees that the Shetland Islands Integration Joint Board has arrangements in place to adequately recover records in an emergency.</p>
11. Audit trail	A	G	<p>The Keeper expects an authority to have process in place to track public records in such a way that their location is known and changes recorded.</p> <p>See also elements 4 and 5</p> <p>The public records of the IJB are managed on the systems provided by the partner organisations, NHS Shetland and Shetland Islands Council. They are therefore tracked and identified using those systems. This is confirmed by the RMP which states at page 19: “SIC and NHSS manage records relating to the IJB, both paper and electronic, using a variety of systems. At present, only some of these systems are capable of maintaining a full, unalterable audit trail of all changes that occur in a record. Their arrangements and improvement actions are detailed in their respective RMPs.”</p> <p>As noted by the IJB, although the Keeper has agreed the record tracking (audit) facilities of the health board and council, but has done so under ‘improvement model’ terms.</p>

			Therefore, the Keeper agrees this element of the Shetland Integration Joint Board's Records Management Plan under the same improvement model terms. It means that the Keeper is convinced that both partner authorities are working towards making this element compliant and that when complete that work will allow the Keeper to fully agree this element for the Council, Health Board and any other authorities who have adopted the Council and Health Board arrangements.
12. Competency Framework for records management staff	G	G	<p>The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported.</p> <p>Staff creating records for the IJB are employees of either the health board or the council and "Training for records management staff will remain the responsibility of the employing bodies SIC and NHSS." (RMP page 20).</p> <p>The Keeper has already agreed that both NHS Shetland and Shetland Islands Council have identified individuals for the day to day implementation of their <i>Records Management Plan</i> who have the requisite skills, responsibilities and training opportunities. Furthermore, he agrees that they have properly considered information governance training for other members of staff as appropriate.</p> <p>Therefore the Keeper agrees that Shetland Islands Integration Joint Board have appropriate training and support available through the provision of the partner bodies.</p>
13. Assessment and Review	G	A	<p>Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>The public records of the IJB are managed on the records management systems of Shetland Islands Council and of NHS Shetland. As such their management will be reviewed under the arrangements of these authorities. The RMP confirms this: "The IJB relies on the SIC and NHSS to ensure that the systems, policies and procedures that govern IJB records are being</p>

			<p>regularly assessed.” (RMP page 21).</p> <p>The Keeper has already agreed that the review arrangements of NHS Shetland and Shetland Islands Council are appropriate (see under <u>Explanation</u> above for details of these agreements). It should be noted that Shetland Islands Council originally (June 2017) was graded as amber for this element while the Keeper awaited confirmation of the use of internal audit facilities to review their plan. This was confirmed by the Council in February 2019.</p> <p>Furthermore, the IJB has committed to review the RMP annually as part of its governance and Scheme reviews. This is commendable. However, the Keeper requires more information about the methodology of these reviews and how the findings are reported to the Chief Officer.</p> <p>Separately from the review of the implementation of the of the RMP, the IJB is intending to review their governance structure. The RMP says in the compliance statement for element 4 “The IJB is planning to undertake a governance and Scheme review with anticipated completion in 2020..” (RMP page 11). Several other elements refer to changes that may be prompted by this review. The Keeper will be interested to know the results of this review as soon as is practicable.</p> <p>If the IJB can provide the Keeper with further information on the IJB ‘governance and Scheme reviews’, particularly how review results are brought to the attention of the Chief Officer, the Keeper should be able to agree that Shetland Islands Integration Joint Board have processes in place to ensure that their RMP is reviewed as required by the Act.</p>
14. Shared Information	G	G	<p>The Keeper expects a Scottish public authority to ensure that information sharing, both within the Authority and with other bodies or individuals, is necessary, lawful and controlled.</p> <p>As part of its function, Shetland Integration Joint Board shares information with other bodies</p>

			<p>when appropriate and does so under information sharing processes of Shetland Islands Council and NHS Shetland.</p> <p>The principle document to allow the control of information sharing, to which both the health board and the council have signed up, is the Shetland Data Sharing Policy (the Policy).</p> <p>The Keeper has already agreed that the data sharing arrangements in both the council and the health board are appropriate (see under <u>Explanation</u> above for details of these agreements).</p> <p>It is noted in the RMP that the IJB is not itself a signatory to the Data Sharing Policy and this is something that they might consider for the future. However, the Chief Officer (see element 1) is a member of the Shetland Data Sharing Partnership.</p> <p>Therefore the Keeper agrees that Shetland Integration Joint Board appropriately considers information governance when planning data sharing with third parties.</p>
15. Public records created or held by third parties	?	?	<p>The Keeper expects a public authority to ensure that adequate arrangements are in place for the management of records created and held by third parties who carry out any functions of the authority.</p> <p>This is because the Public Records (Scotland) Act 2011 (PRSA) makes it clear that records created by third parties when carrying out the functions of a scheduled authority should be considered 'public records' - PRSA Part 1 3 (1)(b).</p> <p>It is not for the Keeper to determine the 'functions' of a public authority. However, the IJB does this in the introduction to the plan (page 4): Preparing a Commissioning Plan, allocating budgets and overseeing delivery.</p> <p>If none of these functions are carried out by a third party under contact, then this element</p>

			<p>does not apply to Shetland Islands Integration Joint Board.</p> <p>However, the RMP states on page 24 that “Formal procurement arrangements, contracts and Service Level Agreements with third parties, <u>relating to the discharge of delegated functions of the IJB</u>, are entered into by either the SIC or NHSS using the appropriate Standing Orders and Financial Regulations.”</p> <p>This statement might be taken to introduce the possibility that the Board contracts out one or more of its functions to a third party. Our experience with other IJB plans would suggest that an IJB is unlikely to do this, but for completeness can the IJB please confirm that currently no third party carries out an IJB function on its behalf.</p>
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Shetland Integration Joint Board

(For simplicity this authority will be referred to as ‘The IJB’ in the assessment below)

General Notes on submission:

This assessment is on the *Records Management Plan (RMP)* of Shetland Integration Joint Board submitted for the agreement of the Keeper of the Records of Scotland (the Keeper) on 31st March 2020. It is version 1.0 created by Anne Cogle, Team Leader – Administration, Shetland Islands Council (see element 2).

The RMP has yet to be formally approved by the IJB and this approval will need to be in place before the Keeper can agree that it represents the formal statement of the authority.

The RMP is accompanied by a *Covering Letter* of endorsement from Simon Bokor-Ingram, the IJB Chief Officer (see element 1).

The RMP gives the following commitment:

“The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2011, and will therefore follow procedures that aim to ensure that all of its officers, employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this Plan’s arrangements.” (RMP page 9)

Furthermore, the Introduction to the RMP states that “Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

The Keeper entirely agrees with the statements above.

The RMP also appreciates records as a business ‘asset’ (RMP Chief Officer’s Foreword) and states that “Knowledge and information management is now formally recognised as a function of government” (RMP page 6). The Keeper commends this acknowledgement.

Recommendation: Return – RMP not formally approved by the Board.



Meeting(s):	Integration Joint Board	16 July 2020
Report Title:	IJB Business Programme 2020 and IJB Action Tracker	
Reference Number:	CC-18-20-F	
Author / Job Title:	Jo Robinson - Chief Officer IJB/Interim Director Community Health and Social Care	

1.0 Decisions / Action required:

- 1.1 That the Integration Joint Board RESOLVES to approve its business planned for the financial year to 31 March 2021 (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 2021, and discuss with Officers any changes or additions required to that programme.

3.0 Corporate Priorities and Joint Working:

- 3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.
- 3.2 In order to fulfil the statutory duties with regard to the functions delegated to the IJB by the Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board), and in order to meet public governance principles, the IJB must make sure its Business Programme supports its role in the planning and direction of services to meet the needs of some of the most vulnerable people in our community, and to set its business in accordance with local and national reporting frameworks.

4.0 Key Issues:

- 4.1 The IJB's governance documents contain the legislative requirements and matters of best practice and standards, and the Business Programme enhances these by publicising the plans for decision making and other public reporting requirements, in keeping with the principles of good governance.
- 4.2 There is a strong link between strategic planning and financial planning, to provide the best possible environment to ensure that the strategic direction, service models and resources to deliver services are aligned.

5.0 Exempt and/or confidential information:	
5.1	None.
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Business Programme provides the community and other stakeholders with important information, along with the Strategic Commission Plans, as to the planned business for the coming year.
6.2 Human Resources and Organisational Development:	There are no direct impacts on staffing or organisational development matters with regard to approval of the Business Programme. However approval of the Business Programme will give direction and assurances to staff with regard to the timing and requirements for decisions and public reporting that the IJB has agreed. Changes that have the potential to impact on the workforce will be reported to the Joint Staff Forum for consultation with staff representatives. Formal consultation with trade unions through the Council's Employees JCC and the NHS Area Partnership Forum may also be required in line with existing organisational policies.
6.3 Equality, Diversity and Human Rights:	There are no direct impacts on equality, diversity or human rights with regard to approval of the Business Programme, although individual items will have to have regard to those in terms of any outcomes and associated risks. The recommendation in this report does not require an Equalities Impact Assessment.
6.4 Legal:	<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>
6.5 Finance:	There are no direct financial implications by approving the Business Programme, but indirect costs may be avoided by optimising time spent by officers and members of the IJB at scheduled meetings. Regular financial and performance reporting will ensure that the IJB fulfils the terms of the Integration Scheme.

	Any costs associated with the development and maintenance of the IJB Business Programme will be met from within existing budgets of the Council and the Health Board.	
6.6 Assets and Property:	There are no implications for major assets and property. It is proposed that all meetings of the IJB will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board.	
6.7 ICT and new technologies:	There are no ICT and new technology issues arising from this report.	
6.8 Environmental:	There are no environmental issues arising from this report.	
6.9 Risk Management:	The risks associated with setting the Business Programme are around the challenges for officers meeting the timescales required, and any part of the Business Programme slipping and causing reputational damage to the IJB, the Council or the NHS. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the IJB's Business Programme with the objectives and actions contained in its Strategic Plans could mitigate against those risks.	
6.10 Policy and Delegated Authority:	As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf. Having in place a structured approach to considering key planning, policy and performance documents at the right time is a key element of good governance. Regular Business Planning reports are already prepared for each IJB meeting.	
6.11 Previously considered by:	NA	

Contact Details:

Jo Robinson - jo.robinson@shetland.gov.uk

Appendices:

Appendix 1 Business Programme 2020-21

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 2020/21
as at Thursday, 09 July 2020

Integration Joint Board 2020/21		
	Date of Meeting	Business
Quarter 1 - 1 April 2020 to 30 June 2021	Thursday 7 May 2020 10 a.m. Online	<ul style="list-style-type: none"> IJB Meeting Dates, Business Programme and IJB Action Tracker Statutory Guidance on Directions 2020/21 budget Strategic Commissioning Plan IJB Medium Term Financial Plan
	Thursday 16 July 2020 <i>Special Meeting A/Cs only</i> 3 p.m. Online	<ul style="list-style-type: none"> IJB Meeting Dates, Business Programme and IJB Action Tracker Unaudited IJB Accounts 2019/20 Financial Monitoring Report to 31 March 2020 IJB Directions – Community Care Resources, Criminal Justice, Health Improvement, Primary Care, Oral Health
Quarter 2 – 1 July 2020 to 30 September 2020	Thursday 10 September 2020 10 a.m. Council Chamber, Town Hall	<ul style="list-style-type: none"> IJB Meeting Dates, Business Programme and IJB Action Tracker Financial Monitoring Report to 30 June 2020 Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 4 – January - March 2020
	Thursday 24 September 2020 <i>Special Meeting A/Cs only</i> 3 p.m. Bressay Room, Montfield	<ul style="list-style-type: none"> IJB Meeting Dates, Business Programme and IJB Action Tracker IJB Performance Annual Performance Report Audited IJB Annual Accounts 2019/20 External Auditors Report Directions – Mental Health, Allied Health Professions, Community Nursing, Pharmacy, Substance Misuse, Carers
Quarter 3 - 1 October 2020 to 31 December 2020	Thursday 10 December November 2020 10 a.m. Bressay Room, Montfield	<ul style="list-style-type: none"> IJB Meeting Dates, Business Programme and IJB Action Tracker IJB Budget progress report Chief Social Work Officer report Financial Monitoring Report to 30 September 2020 IJB Performance Winter Plan



Shetland NHS
Board



Shetland Islands
Council

Shetland Health and Social Care Partnership
Integration Joint Board
Meeting Dates and Business Programme 2020/21
as at Thursday, 09 July 2020

Quarter 4 - 1 January 2021 to 31 March 2021	Thursday 18 February 2021 <i>Special Meeting A/Cs only</i> 3 p.m. Bressay Room, Montfield	<ul style="list-style-type: none"> • IJB Meeting Dates, Business Programme and IJB Action Tracker • Final IJB Budget • Financial Monitoring Report to 31 December 2020
	Thursday 25 March 2021 10 a.m. Bressay Room, Montfield	<ul style="list-style-type: none"> • IJB Meeting Dates, Business Programme and IJB Action Tracker

Planned business still to be scheduled - as at Thursday, 09 July 2020

- Code of Corporate Governance
- Right to Advocacy
- Joint Organisation and Workforce Development Protocol
- Community Justice Partnership Report

END OF BUSINESS PROGRAMME as at Thursday, 09 July 2020

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		Training Budget issues for GPs and other professionals to be raised as an issue for future budgeting Briefing to be provided on general practice nursing	Future reporting through performance reporting. Interim Chief Officer to provide update re training budget	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		For future reporting on the Risk Register more clarity in the wording used to be considered. Indicator E15 data to be provide differently on ongoing basis. Appendix 1A will be refreshed and updated for 2019/20 following the approval of the Joint Strategic Commissioning Plan.	IJB seminar being arranged to focus on the development of the risk register Seminar previously arranged for 19 th June. Seminar postponed and to be re-arranged due to presenter availability. Dates for seminars to be organised and entered into diaries as soon as possible	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	G

						Recovery plan to remain on tracker for ongoing monitoring and quarterly updates.	
4	Final Audited Accounts 2018/19	Chief Financial Officer/Community Care Executive Manager	26.09.19		Community Care spend to save changes – update to be provided in either November or February.	Directions will contain proposals on redesign and change, which will be taken to IJB.	C
5	2020/21 IJB Budget Progress Report	Director of Nursing and Acute Services	28.11.19		Briefing or Seminar to be prepared to share information around risk assessment regarding workforce, what is to be delivered and the financial costs involved.	Information to be shared by briefing updates.	G