



REPORT

To:

EJC
Services Committee
Shetland Islands Council

28 September 2010
7 October 2010
27 October 2010

From:

Chief Social Work Officer
Head of Service – Human Resources

**Report No: SC-17-10-F
Corporate Safeguarding Children Policy**

1. Introduction

- 1.1 This report seeks approval for a Corporate Safeguarding Children Policy, which is applicable to all areas of Council business.

2. Links to Corporate Priorities

- 2.1 Shetland Islands Council has given a commitment that “children should be encouraged and supported to enjoy being young”. Child Protection remains one of the Council’s principal priorities.

3. Risks

- 3.1 In some circumstances where the Council has not taken appropriate action to keep children safe, it may be open to legal action for a breach of their duty of care. The Council’s reputation as a caring organisation with a commitment to the rights of vulnerable people could also be at risk if it does not adopt and follow policies to protect children.

4. Background

- 4.1 The Council has endorsed, through the Single Outcome Agreement, the national priority outcome to “improve life chances for children, young people and their families”.

- 4.2 The Scottish Government's review of Child Protection was published in 2002 – "It's everyone's job to make sure I'm alright" – in which it is clearly stated that every adult in Scotland has a role in ensuring all our children live safely and can reach their full potential.
- 4.3 The Council has already approved a policy statement on child protection, which is included in Shetland Inter-Agency Child Protection Procedures, which is attached to the Safeguarding Policy document as Appendix A. (Minute Ref. 24/07 dated 21 June 2007, Report No: SC08-07-F)

These Procedures are aimed at those who may need to make or act on Child Protection referrals.

- 4.4 With a view to ensuring that all sections of the Council are involved in the Safeguarding function, there is a need to embed and expand a number of arrangements already in place.
- 4.5 Two significant areas relate to the recruitment of staff and the disbursement of the Council's funds either as grants or for commissioning services.

- 4.5.1 With regard to staffing, some matters are enshrined in law e.g. the need for Disclosure checks for Child Care positions. Others are a matter of good practice e.g. the Induction packs and wallet card for all staff members, detailing Child Protection contact details.

The Council has in place a policy on Disclosure checks, which complies with the current law. This meets the requirements of the Protection of Children (Scotland) Act 2003 (POCSA) and will be compliant with the Protection of Vulnerable Groups (Scotland) Act 2007 (PVG), when it comes into effect later this year.

- 4.5.2 All funds administered by the Education and Social Care Department are subject to standard conditions designed to enhance the safety of children. A standard grant condition was approved by Services Committee at its meeting on 27 March 2007 and standard Service Level Agreement conditions was approved by Services Committee on 1 May 2008. (Services Committee - 14 March 2007 - Supporting Community groups etc - 15/07 SIC - 28 March 2007 - Services Minutes - 29/07, and; Services Committee - 1 May 2008 - Standard Approach SLA etc - 37/08 SIC - 14 May - Services Minutes - 57/08)]
- 4.6 The Lead Officer for the Child Protection Committee has, with the permission of the respective Head of Service, had contact with the relevant Budget Responsible Officers throughout Shetland Islands Council who may disburse funds and/or agree relevant contracts. This was with the aim of consulting on including as standard, these same conditions when they may be relevant to the circumstances.

There was agreement that this was good practice and would be given effect to.

- 4.7 The Lead Officer for the Child Protection Committee with the assistance of the Council Grants Unit has worked with the Clerk to the Association of Community Councils to ensure that Community Council clerks have appropriate support, and a simple application form for use by the groups that apply to them for funding.

5. Proposals

- 5.1 In terms of consistency across the Council, where funding is available for disbursement that those conditions in relation to the safeguarding of children, which are standard for Education and Social Care Department, become the norm for all Services in appropriate circumstances.
- 5.2 Where funding is made available by the Council for disbursement by other Public Bodies e.g. Community Councils, it will be a condition that they make and enforce similar requirements on any organisation that they fund, using the monies thus supplied.
- 5.3 Through induction and staff training, the message is given that Child Protection is everyone's responsibility.

6. Financial Implications

- 6.1 There are no direct financial implications arising from this report.
- 6.2 Staff responsible for the disbursement of funds can, however, seek support from the Education and Social Care Department's Grants Unit and further support from the Lead Officer for the Child Protection Committee in determining whether organisations policies and procedures adequately cover Child Protection and welfare issues.

7. Policy and Delegate Authority – Shetland Islands

- 7.1 All Social Work matters stand deferred to the Services Committee. The Committee has delegated authority to make decisions on matters within its remit and for which overall objectives have been approved by the Council. In addition to appropriate budget provision, in accordance with Section 13 of the Council's Scheme of Delegation.
- 7.2 However, as the proposals set out within this policy refers to all Services within the Shetland Islands Council, a decision of the Council is required.

8. Conclusions

- 8.1 Now would seem an appropriate time to consolidate and build on the good progress made to date, so as to ensure that the principle that protecting children is everyone's job is enshrined in all aspects of the Council's activities.

- 8.2 It will give a clear message that the responsibility to safeguard the children in Shetland goes beyond those Services whose functions are explicitly set out in statute and guidance.

9. Recommendations

- 9.1 I recommend that the Services Committee recommends that Council:

9.1.1 approves the Corporate Safeguarding Children Policy as outlined in Appendix 1; and

9.1.2 recommends its implementation across the Council from 1 April 2011.

Date: 10 September 2010
Ref: AW'DB'SC17-10

Report No: SC-17-10-F

Shetland Islands Council Corporate Policy on Child Protection

1. Policy Statement

- 1.1 Shetland Islands Council ('the Council') wants to achieve the highest possible standards of policy and practice and is committed to the principle of keeping children safe from harm from others. This is set out in Protecting Children and Young People, the Charter: Scottish Executive 2004. Specifically this means keeping them safe from child abuse and neglect.
- 1.2 For the purpose of this policy the term 'child' applies to all babies, children and young people under the age of 18.
- 1.3 Under the United Nations Convention on the Rights of the Child, ratified by the UK Government in 1991, each child has a right to protection from all forms of abuse, neglect or exploitation. This applies to all children and young people whatever their age, culture, disability, gender, ethnic origin, religious belief and/or sexual identity.
- 1.4 SIC fully endorses the statement that 'Protecting children and young people is everyone's responsibility'; this is a message that SIC will promote within the wider community, and all SIC staff are expected within their working environment to take reasonable steps to ensure the safety and well being of children and young people.
- 1.5 This Policy will be brought to the attention of all Shetland Islands Council employees, volunteers, Elected Members and Contractors and the policy will also be reviewed from time to time.

2 Scope

- 2.1 This policy applies to all individuals who come into contact with children and their families in their every day work for the Council, including people who do not have a specific role in relation to child protection or children's and young people's services.
- 2.2 This policy applies to:-
 - All staff employed by the Council
 - Volunteers working with the Council
 - Elected Members carrying out duties on behalf of the Council
 - Agencies and Contractors undertaking work on behalf of the Council

For convenience, within this policy all these groups are encompassed in the term 'staff' unless the context otherwise requires.

3 Links to other strategies, policies and procedures

There are a number of other relevant strategies, policies and procedures which impact on keeping children safe. These documents include:

- Shetland inter-agency Child Protection Procedures
- Recruitment & Selection Policy
- Policy on the Disclosure of Criminal Record Information
- Disciplinary Procedures Policy
- Reporting Concerns at Work Policy
- Allocation Policy
- Guidelines For Using Outside Agencies and Visitors in Schools
- Volunteers – Supporting and Appointing

4 Responsibilities of staff

- 4.1 There are a number of Managers within the Council who have specific duties in protecting children and young people. Detailed information about those roles is included in the Shetland inter-agency Child Protection Procedures. As well as that however, there is a role for all Council staff. For those who may need to make or act on child protection referrals, the policy previously agreed by SIC and attached as Appendix A will continue to apply, in addition to this policy.
- 4.2 It is vital that every person who has contact with children and young people either caring for or working with them and/or their parents and carers should be able to recognise problems and know how to respond if they are concerned or aware that a child is, or may be, at risk of significant harm. Training is provided for those staff in the relevant Council policies and procedures.
- 4.3 Other staff may see or come into contact with children, with or without their parents and families, for example, at school, using sports or other recreational facilities, using transport services, or in other settings. Every member of staff is encouraged to take seriously their role in protecting children whilst at work.
- 4.4 Detailed information on formal roles, responsibilities and procedures are contained within the Shetland inter-agency Child Protection Procedures. These procedures are available on the Council website and hard copies are in many workplaces. All managers, not just those in services for children and young people, have a responsibility to ensure that all their staff, are aware to whom they should report any child protection concerns.

- 4.5 The minimum child protection action required of all staff is that, if anything occurs that causes or should reasonably cause them concern for the welfare of a child, they:

- 4.5.1 Listen to what is said
- 4.5.2 Observe what is happening
- 4.5.3 Write down exactly what they see and hear
- 4.5.4 Report exactly what they see and hear to their supervisor, line manager or a senior colleague.

This information along with contact details is provided to all Council employees in the form of a wallet card entitled 'Protecting Children: It's Everyone's Job.' A copy is attached as Appendix B.

- 4.6 It is not expected that all staff will act as child protection workers or that they will be trained to intervene in cases of suspected child abuse. However, staff should always act on any suspected or potential case of child abuse. In such instances it must be reported directly and without delay to the designated person for their service or if they are not aware who that is, directly to Duty social work.
- 4.7 Staff are entitled to feedback from managers on the appropriateness of the action taken and support with any issues that arise as a result of their involvement. Line managers should offer such support routinely, seeking assistance if required from more specialist staff, and staff should feel free to seek it.
- 4.8 The Council will support anyone who, in good faith, reports his or her suspicions or concerns that a child may be being abused or is at risk of abuse, even if those concerns prove to be unfounded.

5 Corporate Responsibilities

- 5.1 In developing new policies and procedures and reviewing existing ones, the Council will take into account the need to keep children safe. This should be considered in relation to all policies and procedures in all departments with particular reference to, but not limited to, those listed in section 3 above.
- 5.2 In particular, and in furtherance of its corporate commitment to safeguarding children and young people, the Council will:-
- 5.2.1 Exercise best practice in recruitment, induction, training and supervision of staff.
 - 5.2.2 Require all its staff to follow inter-agency CP Procedures agreed with partner agencies through Shetland Child Protection Committee (CPC).

5.2.3 Require the same of those to whom it gives grants or with whom it contracts for services, whenever the grant and/or contract may impinge on the welfare of children.

5.3 The Council takes its responsibility to protect children very seriously. Failure to comply with this policy could result in investigation and possible disciplinary measures.

6 Recruitment

6.1 The vast majority of paid staff and volunteers who work with children are committed to their wellbeing and care. However, high profile cases have shown that those not having direct contact with children in their daily working lives can still present a risk, as can those with 'frontline' responsibilities.

6.2 The Council's Human Resources (HR) service is responsible for ensuring safe recruitment practice for new staff throughout the Council in accordance with the Council's Recruitment and Selection Policy and Procedure. For all posts consideration will be given to the need for checks in accordance with the Protection of Children (Scotland) Act 2003, the Protection of Vulnerable Groups (Scotland) Act 2007, when introduced, and any similar legislation, and the Council's Policy on the Disclosure of Criminal Record Information will be applied.

7 Communication and training

7.1 Line managers are responsible for ensuring that all staff receive relevant training and information on child protection as part of their induction and their on going work. As a minimum, as part of their induction, managers must ensure that all new staff receive a CPC-approved Shetland Islands Council wallet card giving basic information about child protection, and are told who to contact if they are worried about a child. They must also be given the name of someone they can contact if such concerns relate to their line-manager or the person to whom they normally report child protection concerns. See Appendix C for Induction Checklist.

7.2 Training needs and uptake should be further and regularly considered and monitored through the normal staff development review and appraisal systems.

7.3 Individual departments and services are responsible for ensuring adequate and appropriate support and supervision for their staff. For those undertaking a role where child protection work is a regular part of their responsibility, regular supervision is essential. Managers must ensure that all staff has access to appropriate advice and guidance on child protection issues and that they receive particular support when

making a child protection referral or are otherwise involved in the child protection process.

8 Allegations against staff members

- 8.1 In the event of an allegation of child abuse being made against a member of staff or volunteer working with Shetland Islands Council, the Shetland inter-agency Child Protection Procedures will be followed.
- 8.2 Line managers in consultation with the HR service will ensure that staff are provided with access to sources of support independent of line management during the process of investigation.
- 8.3 The HR service is responsible for taking the appropriate reporting action required by the Protection of Children (Scotland) Act 2003, the Protection of Vulnerable Groups (Scotland) Act 2007 when introduced and any similar legislation.

9 Grants, service level agreements and similar contracts

- 9.1 Any department of the Council making a disbursement of public funding to any organisation must include a condition that the organisation has appropriate child protection and safeguarding policies and procedures in place wherever relevant. See Appendix D for guidance to Budget Responsible Officers. This provision applies to both grants to support an organisation's own activities, or when the Council is commissioning services. Specifically, this means that:
 - 9.1.1 All grants made by the Council of whatever nature must include as a minimum the following conditions:
*'That the grantee **has in place** policies and procedures for their organisation that meets the requirements of the Protection of Children (Scotland) Act 2003 and which adequately cover child protection and welfare issues'*
See Appendix E for example of Grant Offer Letter.
 - 9.1.2 Where services are provided by external organisations but funded or partly funded by the Council under the terms of service level agreements or contracts for the provision of services, such service level agreements or contracts must impose appropriate safeguarding and child protection requirements and clarify that failure to comply with these could result in the withdrawal of funding.
 - 9.1.3 See Appendix F for relevant standard Child Protection Clause for SLAs.
 - 9.1.4 When awarding contracts, the need for such policies and procedures must always be considered. Project Managers and

designers should consider any potential risks when planning projects. Each project should be considered individually.

- 9.2 Where an outside organisation makes use of the Council's premises or equipment (e.g. use of a minibus) and is an organisation in respect of which child protection grant conditions would be applied were it to apply for a grant from the Council (see below) then the organisation must be required to certify that it has in place the appropriate safeguarding and child protection.
- 9.3 In the above circumstances it is the organisation's responsibility to comply.

Shetland Inter-Agency Child Protection Procedures – section 2

2 Policy

- 2.1 All children have a right to protection from abuse and exploitation, and to adequate physical, emotional and social care; parents have the responsibility and the right to provide such care.
- 2.2 Children are best care for in their own families, except where consideration for their safety and welfare dictates otherwise.
- 2.3 The welfare of children must be the paramount consideration in all decisions concerning them; all decisions must be based on children's best interests.
- 2.4 Work will be carried out on the basis of partnership with families wherever possible, parents being consulted and involved in all decisions affecting their children, subject to paragraph 2.3 above.
- 2.5 The highest priority will be given to the protection of children from abuse, and all agencies and organisations will ensure that activities carried out in the name of child protection are child-centred and give paramountcy to the welfare and interests of children.
- 2.6 Children have the right to be listened to and taken seriously; interview and other procedures will focus on the child and will reflect his/her rights, wishes and needs.
- 2.7 All concerns that children may have been or are being abused will be investigated in accordance with inter-agency procedures.
- 2.8 All agencies are committed to working in an open and collaborative way, together and with parents, whilst recognising the potential for conflict in child protection situations.
- 2.9 All children will be provided with appropriate support in accordance with their particular needs.
- 2.10 All child protection interventions must be child centred and reflect anti-racist and anti-discriminative practice.
- 2.11 This policy has been approved by Shetland Islands Council. Shetland NHS Board, and the Northern Constabulary and adopted by all other organisations represented on Shetland CPC.

Contacts

Social Work

- Service Managers / Senior Social Workers:
Tel: (01595) 744400
- Duty Social Worker:
During Working Hours
Mon to Thurs (9am to 5pm)
Fri (9am to 5pm)
Tel: (01595) 744421
- Out of Hours Duty Social Worker:
Tel: (01595) 695611

Police

- Lerwick Police Station:
Tel: (01595) 692110

Scottish Children's Reporter Administration

- Tel: (01595) 692436



**A reminder to all
Shetland Islands
Council staff**

**Keep this card with
you for future
reference**

Everyone's Job

Children can come into contact with a range of council staff, not only those working in children's services.

You may see children with their families, at school, using sports facilities or in other settings.

Every member of staff, and the public, has a role to play in protecting children: it's not just social workers, teachers, youth workers, health staff and the police.

Cause for Concern

Children can be at risk through:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

You may see or hear things which make you worry about a child's care, welfare or safety.

If you have any such concerns -

**YOU MUST DO SOMETHING
ABOUT THEM.**

What to do

Specific guidance is in the Shetland inter-agency Child Protection Procedures.

A copy is in many work-places and is on the SIC intra-net and website.

As a minimum all staff should:

- Listen to what is said
- Observe what is happening
- Write down exactly what you see and hear
- Report exactly what you see and hear to your supervisor, line manager or a senior colleague.
- Further advice and support can be obtained from one of the contacts listed on the next page.

Shetland Child Protection Committee

Safeguarding Children and Young People in Shetland

Induction – Guidance for Managers

Background

All local authority areas in Scotland have a Child Protection Committee made up of representatives from the local council, the police, health services, procurator fiscal, reporter to the children's hearing and local voluntary agencies. Each child protection committee has to produce inter-agency child protection procedures that help everyone – professional or members of the public – to know what to do if they are concerned about a child being harmed or at risk in some way.

The Scottish Executive made it clear that protecting children and young people is everyone's job and this is endorsed by Shetland Child Protection Committee.

As a manager or supervisor with the responsibility for inducting new staff into post you will have a check list that covers health and safety, the job description of the post, working as part of your organisation or particular team. It is important that as part of the induction a wallet card designed to give people some basic information about child protection is handed out and staff are told who to contact if they are worried – if this is their line manager they should also be given the name of another manager as well.

What about staff who don't work with children?

All staff in all agencies in Shetland have a responsibility to have a basic awareness of child protection. Although your staff may not directly work with children, they may have contact with the public and may work in situations where children may place themselves at risk (e.g. on board ferries, on building sites).

What do I need to do?

- Ensure that child protection is on the induction programme.
- Ensure that staff have the wallet card.
- Explain to staff that they have a responsibility for the safety and well being of children and young people in Shetland.
- Advise staff who is the designated person in your organisation who takes responsibility for passing on any referrals to Duty Social Work.

APPENDIX 1 (C)

- You can access the Shetland Inter-Agency Child Protection Procedures on the Shetland Islands Council and NHS Shetland intranet sites or at:

<http://www.shetland.gov.uk/socialwork-health/services/documents/ChildProtectionProcedures.pdf>

Further information for Managers

- Remember that at any time you can discuss a concern about a child with the duty social worker or the senior child care social workers.
- In case of doubt it is always better to refer a child to Duty Social Work than not. Referrals can be made by telephone but should be followed in writing.

Do you or your staff need training in Child Protection?

Places on inter-agency 2½ day, and one day courses and regular refreshers, and assistance in delivering a three hour basic awareness course can be available. Please complete the appropriate application form and submit to Gail Bray, Training Manager, Social Work Services.

Child Protection procedures for Budget Responsible Officers when assessing funding applications

The following process briefly describes the **main** checks that should be carried out by Shetland Islands Council officers assessing grant applications from local organisations:

1. Assessing officer should check form to ensure that the applicant has fully completed the **Child Protection** section of the application form and determine if the project involves children and young people under 18 years of age;
2. If the applicant has indicated in the **Child Protection** section, that it organises activities for children and young people and/or arrange activities attended by children and young people (where applicant's staff or volunteers in a childcare position) then the assessing officer must at least satisfy themselves that the applicant:
 - Has child protection policies and procedures in place (and a copy has been submitted)
 - Ensures staff and/or volunteers in a "childcare" position undergo disclosure checks
 - Takes reasonable steps not to appoint anyone who is unsuitable to work with children and young people, or who is disqualified from working with children and young people
3. Applicants should be encouraged to use the template Child Protection policies and procedures from the **ChildSafe Shetland** website. However using template documents is not mandatory and therefore if the applicant submits another version of Child Protection documents this can be considered.
4. Alternative policies and procedures should be checked to ensure they are appropriate and meet with the requirements of the 2003 Act. However if assessing officer is unsure about content of the policies, the documents may be referred to Helen Watkins for consideration;
5. Applicants considered to be in a "childcare" position seeking funding from the Council that do not have adequate policies and procedures in place, and/or do not carry out disclosure checks **should not be awarded a grant** from Shetland Islands Council. The assessing officer(s) must be satisfied that the applicant is suitable to receive public funding prior to awarding and paying out funds.
6. If applicants do not have the required checks in place and need assistance to comply with the grant conditions, help can be found in a range of places including the Council's local Community Offices, Grants Unit c/o Hayfield House, on the Childsafe Shetland website and at Voluntary Action Shetland c/o Market House.

Appendix E

Chief Executive: Alistair Buchan
Executive Director: Hazel Sutherland

GROUP CONTACT
GROUP NAME
ADDRESS

Our Ref:
Your Ref:

Grants Unit
Education and Social Care Department
Hayfield House
Hayfield Lane
Lerwick
Shetland, ZE1 0QD

Telephone: 01595 744000
Fax: 01595 744010
grants.unit@shetland.gov.uk
www.shetland.gov.uk

If calling please ask for
XXX
Direct Dial: **XXX**

Date: **XXX**

Dear **XXX**

XXX Grant Aid Scheme

I am pleased to inform you that your application was considered by officers of the Education and Social Care Department under delegated authority for this scheme, and it has been agreed to award a grant of up to £**XXX**. This grant has been approved to assist with your project as detailed in the Project Schedule.

Please find enclosed the following information:

- Grant Conditions
- Grant Acceptance docquet
- Grant Schedule

This letter is sent to you in duplicate in order that you have the Grant Acceptance docquet signed by each of your office bearers. Once the form has been signed, one whole copy must be returned to this office prior to **XXX**, with the other being retained for your records.

Following receipt of the completed acceptance docquet, the total amount of grant due should be paid into your group's bank account.

Yours sincerely

Head of Service

Enc.

Grant Conditions

The following conditions pertain to this grant award:

- a] that the grant offer is accepted and returned within **six weeks** of the letter date. Failure to do so will result in the grant assistance being forfeited;
- b] that the grantee provides within three months of the end of its financial year, financial statements which have been checked and signed by a person independent of the organisation/group;
- c] the grant will be used for the purpose(s) specified in the grantee's application form. Any departure from that purpose(s) will only happen with the prior agreement of the Executive Director, Education and Social Care Department;
- d] that the grantee **has in place** policies and procedures for their organisation that meet the requirements of the Protection of Children (Scotland) Act 2003 and which adequately cover child protection and welfare issues;
- e] that no further applications for grant assistance under this scheme shall be considered until all previous awards for Support Grants have been fully vouched;
- f] all grant assistance shall be spent within one year of the date of this letter. Any unspent grant shall be repaid to Shetland Islands Council unless prior agreement is reached with the Executive Director, Education and Social Care Department;
- g] that the grantee will make available for inspection by Council officials any equipment, etc. pertinent to this grant;
- h] should at any time the grantee decide to sell any item of equipment, etc. purchased by means of this grant the grantee must inform the Executive Director, Education and Social Care Department who shall be entitled to seek reimbursement of a proportion of grant at his discretion;
- i] that the grantee shall, if and when required by Shetland Islands Council, allow any officer or agent of Shetland Islands Council, on reasonable notice, access to the premises to inspect the works for which the grant is being given, and that the grantee shall also supply such information as Shetland Islands Council may require in regard to such works;
- j] the Council shall be entitled to receive such information as it may require in regard to or in connection with any matter relating to the grant and the grantee shall, if requested, supply the Council with such information and in particular a copy of every Balance Sheet, Income and Expenditure Account and other accounts of or relating to the grantee;

Appendix E

- k] the grantee shall keep proper financial records and books of account to the satisfaction of the Council and all such records and books of account in respect of the grantee shall be at all reasonable times open to the inspection of the Council through such person or persons as the Council may from time to time appoint for such purpose;
- l] that in the event of any of the foregoing conditions being breached, the Shetland Islands Council grant may be repayable in full or in part at the sole discretion of the Executive Director, Education and Social Care Department;
- m] that the grantee shall join the on-line Shetland Community Directory website and ensure that its contact details are kept up to date.

Grant Acceptance docquet

We, the office bearers of **GROUP NAME** have read and understood the conditions specified above and agree to accept and be bound by those conditions.

Chairperson (sign) _____ Dated _____

Secretary (sign) _____ Dated _____

Treasurer (sign) _____ Dated _____

The grant should be paid into the following bank account:-

Bank name and branch _____

Bank Sort Code _____ Bank Account No _____

Grant Schedule

XXX

Service Level Agreement – relevant standard child protection clauses

OBLIGATIONS OF THE SERVICE PROVIDER

- 7.1.3 The Service Provider will maintain appropriate Child Protection policies and procedures in line with the Protection of Children (Scotland) Act 2003 and the Shetland inter-agency Child Protection Procedures which must be followed should any child protection issues arise. The Service Provider should seek guidance when necessary from the Council's Children's Services, within the Education and Social Care Department.

STAFFING

- 7.4.3 The Service Provider shall ensure that prior to appointment all staff and volunteers whose role may involve substantial contact or any unsupervised contact with children or vulnerable adults have been subject to a criminal record check via Disclosure Scotland. The Service Provider will comply with the requirements of the Protection of Children (Scotland) Act 2003 and Protection of Vulnerable Groups (Scotland) Act 2007. Where necessary, guidance as to compliance with the 2007 Act and relevance of the information received as part of a Disclosure Check will be sought from the Council's Education and Social Care Department.
- 7.4.4 The Service Provider shall ensure that all paid employees subject to provision 7.4.3 above undertake inter-agency Child Protection training at the level appropriate to their role in accordance with the Training Strategy approved by the Shetland Child Protection Committee. A copy of the Strategy and training courses available may be requested from the CPC Lead Officer, who can also be consulted on the appropriateness of courses for different roles.
- 7.4.5 Staff undertaking the role of Designated Person for the purpose of making referrals under the Shetland inter-agency Child Protection Procedures should have completed the CPC Foundation Training course prior to taking up such responsibilities, and if they have not attended that course or appropriate refresher training within the last 3 years should undertake an appropriate refresher course within 6 months of the commencement of this agreement and at a minimum of 3-yearly intervals thereafter.
- 7.4.6 Other employed staff should undertake the level of training appropriate to their role in accordance with the Training Strategy approved by the Shetland Child Protection Committee, as soon as reasonably practicable, and in any event within 6 months of the commencement of this agreement, unless they have already completed such training within the last three years.

Appendix F

- 7.4.7 The Service Provider shall ensure that all unpaid volunteers subject to provision 7.4.3 above undertake inter-agency training appropriate to their role or where this is not reasonably practical as a minimum the basic Child Protection Awareness course 'Keeping Children Safe', delivered by trainers approved for the purpose by the Shetland Child Protection Committee. Volunteers should undertake this training as soon as reasonably practicable, and in any event within 6 months of the commencement of this agreement, unless they have attended such training within the last 3 years, when they should undertake an appropriate refresher course within 6 months of the commencement of this agreement and at a minimum of 3-yearly intervals thereafter.
- 7.4.8 The Service Provider shall ensure that the induction of new members of staff and the welcome arrangements for new volunteers, whether or not subject to 7.4.3 above, includes appropriate guidance on their child protection responsibilities and consideration of any child protection training needs. As a minimum, staff and volunteers must be advised of the Service Provider's Child Protection policy and the Shetland inter-agency Child Protection Procedures, informed of the identity of any Designated Person in the organisation who takes responsibility for passing on any referrals to Duty social work, and whom to inform if their concerns relate to the behaviour or actions of that person. All staff must be provided with the contact numbers for passing on any child welfare concerns to the statutory agencies. Wallet cards containing these numbers can be obtained from the CPC Lead Officer.



REPORT

To: Services Committee

7 October 2010

From: Sport and Leisure Services Manager

HIGHLANDS AND ISLANDS REGIONAL SPORTING PARTNERSHIP

1. Introduction

- 1.1 The purpose of this report is to update Members on the progress being made to establish a Highlands and Islands Regional Sporting Partnership (The Partnership) and to seek approval to sign the Partnership Agreement which is attached as Appendix A to this report.
- 1.2 In order to provide further information on the work of The Partnership Mr Alan Clark, Regional Sporting Partnership Manager for the Highlands & Islands and Grampian, from **sportscotland**, will be in attendance at the meeting and will be giving a short presentation.

2. Links to the Corporate Plan

- 2.1 The recommendation in this report will assist the Council to meet its corporate priorities for Recreation by supporting a process of better co-ordination and communication between partners involved in the planning and delivery of sport on the Island and in the region. It will also assist the Council to support individuals and communities to reach their full potential.

3. Risk Management

- 3.1 No significant risks have been identified for the Council in agreeing to become a partner in the Highlands and Islands Regional Sporting Partnership. However, if the Council declines the invitation to become a partner there is a risk that it will become detached from regional and national issues and potentially lose out on significant financial and developmental opportunities that are of benefit to Shetland.

4. Background

- 4.1 "Reaching Higher", the national strategy for sport sets out a shared vision for the development of sport across Scotland, focussing on two key outcomes – **increasing participation and improving performance**. To deliver on these outcomes, **sportscotland**, the national agency for sport, has led the formation of six regional sporting partnerships across Scotland, which includes the Highlands and Islands Regional Sporting Partnership.

- 4.2 The regional partnerships aim to bring together the key partners within an area, with the membership comprising the local authorities, sports trusts, **sportscotland** and Scottish Governing Bodies of Sport. Their main purpose is to strengthen partnership working and to facilitate strategic sports planning in each region of Scotland.

5. Present Position

- 5.1 Over the last twelve months, officers have contributed to discussions towards the formation of the Highlands and Islands Regional Sporting Partnership that brings together representatives of the following organisations:

Comhairle nan Eilean Siar
Highland Council
Inverness Leisure
Orkney Islands Council
Pickaquoy Centre Trust
Shetland Islands Council
Shetland Recreational Trust
Scottish Gymnastics (as the representative of national governing bodies of sport)
sportscotland

- 5.2 As a result of these meetings a draft Partnership Agreement (Appendix A) has been prepared and all partner organisations are being asked to sign up to the agreement in order to commit to The Partnership and thus benefit from its actions. A draft action plan has also been prepared for The Partnership, which is attached as Appendix B to this report. Members will note that an investment of £85,000 has already been secured to support the actions identified in the plan.
- 5.3 In order to drive forward the work of The Partnership, **sportscotland** have created an integrated support team that consists of a Regional Partnership Manager, Mr Alan Clark (who will be attending the meeting today), a Partnership Manager who links directly with each local authority and a Coaching and Volunteering Manager to support coaching and volunteering initiatives across the region.
- 5.4 The Partnership will also operate as the management board of the Highland Institute of Sport, which has now been amalgamated into the structures of **sportscotland**. Therefore, the Area Institute staff, including the Area Institute Manager and support staff are also members of the Integrated support team.
- 5.5 **sportscotland** have also appointed a network of regional sports development staff working in six identified sports – athletics, football, golf, gymnastics, rugby, and swimming. These are specific posts covering the north of Scotland, including the Highlands and Islands and these staff are central to the development of these sports in the region. In the near future it is also planned that **sportscotland** will appoint a regional manager to promote Disability Sport across the region.

- 5.6 One of the principal benefits of The Partnership for Shetland is the collective approach taken in discussions with national agencies and with national governing bodies of sports. Shetland, Orkney, the Western Isles and Highland all experience similar rural and island transport issues in relation to sports development. The shared voice of The Partnership avoids duplication in separate discussions with organisations that are involved in the planning and delivery of sport across the region.
- 5.7 A further benefit is the access to and awareness of funding opportunities that become available. At present Shetland Islands Council receives £197,720 annually towards the “**Active Schools Programme**”, which employs 6 full time staff across Shetland. Sportscotland have confirmed that they will commit to this level of funding for the Active Schools Programme until 31st March 2015. In addition, funding has been offered for the “**Fit for Girls Programme**” and the “**Community Sports Hub Programme**” in Shetland. Therefore, it is anticipated that through active participation in The Partnership there will be other financial and development opportunities that will become available to support individuals and organisations in Shetland.

6. Proposals

- 6.1 It is proposed that Members note the contents of the Highlands and Islands Regional Sporting Partnership Agreement and Action Plan and approve delegated authority to the Executive Director – Education & Social Care, or her nominee, to sign the agreement on behalf of Shetland Islands Council.

7. Financial Implications

- 7.1 There are no significant financial implications arising from this report other than the cost of participating in partnership meetings, which can be met from existing resources.

8. Policy and Delegated Authority

- 8.1 In accordance with Section 13 of the Council’s Scheme of Delegations, the Services Committee has delegated authority to make decisions on the matters within approved policy and for which there is a budget.

9. Conclusion

- 9.1 The formation of the Highlands and Islands Regional Sporting Partnership presents an ideal opportunity for shared working that will provide significant sporting benefits for Shetland. At present, some of these benefits are already being seen in Shetland by the increase in visits by regional sporting staff to deliver coach education courses and other development opportunities on the Island.
- 9.2 It is also anticipated that by continued participation in The Partnership there will be further funding and development opportunities that can be accessed for the benefit of Shetland.

10. Recommendations

- 10.1 I recommend that the Services Committee note the contents of the Highlands and Islands Regional Sporting Partnership Agreement and Action Plan and;
- 10.2 approve delegated authority to the Executive Director, Education and Social Care, or her nominee, to sign the partnership agreement on behalf of Shetland Islands Council.

September 2010
Our Ref: NWW/BK

Report No: CD-0710-F

Appendix A Partnership Agreement

Highland and Islands Sporting Partnership

Comhairle nan Eilean Siar
Highland Council
Inverness Leisure
Orkney Island Council
Pickaquoy Centre Trust
Shetland Island Council
Shetland Recreational Trust
Scottish Gymnastics
sportscotland

collectively “the partners”

1 PURPOSE

The Highland and Islands Sporting Partnership will oversee the development and implementation of an annual regional development plan and sport specific plans, with coordinating support from the **sportscotland** regional sports development manager.

2 SCOPE

This document details the proposed partnership working arrangements between the partners in respect of the Highland and Islands Sporting Partnership.

This document is not legally binding on the Partners either collectively or individually and does not create a legal relationship either between the partners or between the partners and any other party.

3 GENERAL

- a) The partners agree to work together on specific agendas that will increase participation or improve performance in Scottish sport from April 2010 onwards.
- b) The admission of additional partners will be at the discretion of the existing partners based on the potential contribution a new partner could make to increasing participation and improving performance. Potential new partners can engage with the partnership by approaching the existing partners with a proposal which is designed to increase participation and/or improve performance.
- c) Athletes who qualify for **sportscotland** support within the region will do so through existing national criteria. Future athletes who receive **sportscotland** support will be identified and managed through local athlete support programmes through criteria agreed with SGB and the AIS.

- d) The partners will collectively contribute to the delivery of the national strategy for sport, Reaching Higher, which sets out a framework for the development of sport in Scotland. Reaching Higher provides two clear objectives:-
 - i) To increase participation
 - ii) To improve performance

By achieving these objectives, the potential of sport to contribute to the national outcomes set out in Scotland Performs, Government's national performance framework, will be maximised.

- e) The Highland and Islands Sporting Partnership aims to maximise shared contributions to the delivery of Reaching Higher and Scotland Performs and provide a link between national and local priorities. The partnership will facilitate strategic planning across the region, identifying and coordinating contributions of partners and, additional to partners individual roles and responsibilities, will help identify and deliver programmes and opportunities which will maximise shared contributions to Reaching Higher.
- f) The Highland and Islands Sporting Partnership is a vehicle to increase participation and improve performance founded on the premise that we will achieve more by working collectively, specifically on those things that each partner cannot do as well, or at all, by working individually. As well as the wide remit to explore partnership working and shared services across the region, the partnership has an operational remit to deliver sporting pathways. This umbrella type agreement will look to strengthen collaborative working whilst providing opportunity for sub-agreements to be created where required.
- g) The Highland and Island Sporting Partnership recognise that shared collective expertise and in-kind contributions from partners such as Area Institute athletes access to facilities from individual partners remain a key ingredient to realising collective ambitions.

4 OUTCOMES - SPECIFIC

This agreement will cover:

- a) The relevant strategic priorities of and major outcomes to be achieved by the Highland and Islands Sporting Partnership.
- b) The clarification of roles across the sporting sector
- c) Means to strengthen links between sporting governing bodies, local authorities and other partners by sharing industry intelligence, innovating and adding value to sport
- d) The clarification of specific partner contributions to national priorities, in particular identifying and delivering on sporting pathways in agreed sports (see functions below)
- e) The confirmation of relevant resources and in-kind commitment to be contributed by the partners to the delivery of the objectives set out above

5 STRATEGIC PRIORITIES

a) Providing the Pathway

- (i) Build and support the capacity of Scotland's sports clubs and community organisations, where possible, to deliver quality and accessible sport.
- (ii) Implement new and existing player development programmes for National and Regional athletes. Including sport specific programmes and support services where appropriate.

b) Well-trained People

- (i) Ensure that the right coaches and volunteers are in the right place at the right time to deliver effective sporting pathways.
- (ii) Support the training and development of National, Regional and Local SGB coaches that operate within the region.
- (iii) Provide day-to-day leadership for regional development staff ensuring we work as a team in a learning and knowledge sharing environment.

c) Strong Organisations

- (i) Integrate the planning, delivery, monitoring and evaluation of local and national organisations responsible for sport.
- (ii) Support regional development staff to lead the establishment, delivery and monitoring of sport specific plans, ensuring they reflect the priorities of the SGB's and the local region.
- (iii) Promote continuous improvement and support the development of our partner organisations where possible.

d) Quality Facilities

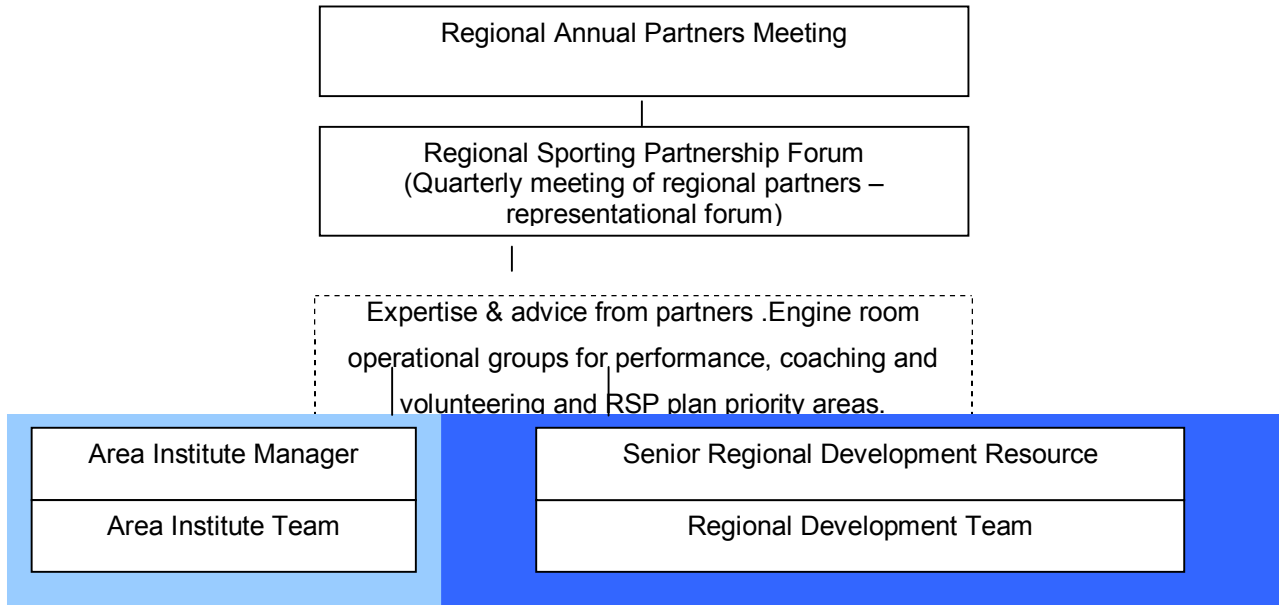
- (i) Ensure local and national facility planning is well informed and strategically coordinated to meet the needs of stakeholders, maximise impact on participation and performance.

6 PARTNER ROLES

The partnership will function at four levels (figure 1) :

- a) **Political:** Annually inform interested parties on the previous years successes and challenges and the forthcoming intentions.
- b) **Strategic:** Quarterly representational meetings of the partners to inform the strategic direction of the partnership
- c) **Tactical:** Expertise led meetings as required to help inform specific areas of work
- d) **Operational:** The delivery of sport services that increase participation and improve performance

Figure 1: Delivery Framework



7 STRATEGIC PLANNING

- a) The partnership will contribute to the development of and agree strategic priorities for the region; and
 - i) Provide an overview of sport in the region
 - ii) Identify key partnership priorities for improving sporting pathways
 - iii) Help to identify delivery mechanisms, solutions and resources to maximise shared contributions to specific priority areas.
- b) The Regional Development Manager will facilitate the strategic planning process with input from all partners
- c) The partnership will:
 - i) Audit sporting provision and priorities across the region
 - ii) Contribute to evaluation of practices
 - iii) Identify and work with others to continually improve practices and maximise the shared achievements on participation and performance
 - iv) Engage stakeholders internally and externally in order to increase participation and improve performance

8 DELIVERY AND MONITORING

The partnership will:

- a) Plan, deliver, monitor and communicate the implementation of the strategic priorities for the 'region'

- b) Commit relevant staffing expertise, and agreed resources where appropriate to developing and delivering the regional priorities.
- c) The Sporting Partnership will showcase the outcomes of the work and the future priorities for the region once a year to all interested parties.
- d) Develop Evidence and Profile - Profile the benefits of sport and the partnership achievements, develop and share good practice and evidence
- e) Share practices and experiences within the partnership and across partnerships
- f) Undertake and contribute to relevant evaluations of practice
- g) Profile the need to increase participation and increase performance and achievements both internally and externally to our industry.

9 MEETINGS

- a) **sportscotland** will facilitate the initiation of partnership meetings, subsequently the partnership will agree a chair and administration of the partnership.
- b) Quarterly meetings will be held initially, subsequent frequency and duration will be reviewed on a needs basis and determined by the partnership.
- c) The composition of core representatives is to be decided by the partnership where all partners will have the opportunity to present topics for discussion.

10 RESOURCES

- a) If service need is identified and it is recognised that shared delivery is the preferred option, **sportscotland** recommend that partners agree to invest collectively. Where shared services are invested in, a funding agreement should accompany the Partnership Agreement.

11 DISSOLUTION

If at any Regional Sporting Partnership forum meeting, a written request calling for the dissolution of the Partnership is received, the Partners shall at the earliest opportunity convene a Special Partners Meeting to be held not less than one month thereafter to discuss the request.

At that Special Partners Meeting, should the request have support by at least two-thirds of the members present at the meeting then the partnership shall be dissolved.

12 AGREEMENT

The foregoing provisions are agreed

<u>Partner</u>	<u>Name & Post</u>	Authorising Signature
Comhairle nan Eilean Siar		
Highland Council		
Inverness Leisure		
Orkney Island Council		
Pickaquoy Centre Trust		
Shetland Island Council		
Shetland Recreational Trust		
Scottish Gymnastics		
sportscotland		

Appendix B - Regional Sporting Partnership: Highlands & Islands Key Development Priorities 2010 – 2011

Regional priority	Outcomes	Outputs	Regional Actions	Lead/ Finance	Progress/ Timescales
Establish a Local Athlete Support Programme and implement a local coach and service provider programme.	<p>Improved athlete performance</p> <p>Improved quality and quantity of service providers and coaches</p> <p>Improved athlete support pathways and infrastructure.</p> <p>Sustainability and development of Institute network in Highland and Islands</p>	<p>30 athletes will have received local coaching and service Provision</p> <p>Establish process of needs based training and support programmes to 12 locally identified coaches and 18 locally identified service providers.</p> <p>Improved system for identifying athletes coaches and service providers.</p> <p>Consolidated and enhanced institute service provider workforce.</p>	<ul style="list-style-type: none"> Identify regional athletes just under Institute standard in selected sport through discussion with RDM of golf, rugby, swimming, athletics, football, gymnastics and disability sport . Identify and target developing coaches in a range of selected sports. Develop infrastructure to deliver improved athlete support services in each of the 4 LA areas in Highland and Islands Revisit and develop local athlete support paper in Highland and Islands to include service provider and performance coach development. Develop management, process, monitoring and reporting documentation. Identify budgets to support local athlete support services in each of the 4 LA areas of Highland and Islands Investment paper and agreements at RSP 	<p>CH/AC/SGB/LA/ Trusts</p> <p>£45,000</p>	<p>10.9.10</p> <p>Budget approved Paper presented to RSP and agreed Golf criteria agreed and athletes in progress of being identified Athletics and rugby in pipeline. Service provider discussions with health boards/LA started</p>
Develop consistent and clear pathways in sport within Highland and Islands	<p>Clearer understanding of pathways for participation and performance by sporting workforce</p> <p>Better communication of progression routes in participation and performance pathways</p> <p>Raising standards of performance in sport.</p> <p>Increasing participation and retention levels in sport.</p>	<p>Pathways audit by SGB.</p> <p>Schools to community pathways mapping model developed.</p> <p>Pathways paper for discussion at RSP.</p> <p>Paper on pathways options for interventions /targeted support to sportscotland board.</p>	<ul style="list-style-type: none"> Develop pathways audit model for H&I to clarify and understand what the sporting pathways currently are. Clarify the scope of pathways and how pathways can be better connected to increasing participation and performance standards. Develop pathways model to support SGB targeted interventions at the correct place within the pathway Clarify SGB pathways for participation, performance and coaching in a range of sports. Develop more and better sporting pathways in Highland and Islands. Establish PE and sport sub group to develop school to club pathways. 	<p>AC/CH/GR/SGB RDM.</p> <p>Pathways working group.</p>	<p>10.9.10</p> <p>SGB group developing and undertaking pathways audit from participation to performance. HC school to community pathways mapping circulated at RSP 14.9.10</p>

Establish a Regional Tutor Workforce for Coach Education	Coaches and volunteers can be trained in each area of Highland in a range of selected sports to meet local, regional and National priorities for sport.	Tutors trained and deployed in identified sports	<ul style="list-style-type: none"> Audit tutor need in each area of H&I and identify SGB's who can and will train local tutors. SGB will identify potential local tutors in partnership with schools, clubs, LA/trust sport development in each area Deliver locally based SGB programmes to develop tutors based on identified need. 	Coaching and volunteering working group.	No progress at present. C& V manager appointed and will start 11.10.10
Establish a programme of CPD for sports professionals within the region	Bettors trained and more knowledgeable sports professionals. Better joint working across sport sector	CPD programme for the H&I area.	<ul style="list-style-type: none"> Audit workforce development needs and identify available budgets to support co-ordinated CPD programmes for sports professionals. Co-ordinate and manage integrated programme of CPD across Highland and islands 	Coaching and volunteering working group. £10,000	

Regional Sporting Partnership: Highlands & Islands

Added Value Priorities 2010 – 2011

Regional Objective	Outcomes	Output	Regional Actions	Lead/ Timescale budget	Progress
Develop a Highland & Islands Regional Office	sportscotland and SGB sporting staff in H&I will have working base that will create an environment that will develop stronger working relationships and connections within sport in the area.	H&I regional office in operation by the end of 2010	<ul style="list-style-type: none"> Investigate possible sites in Inverness for a regional office. Identify sportscotland and RDM requirements for permanent desks and hot desks. Develop a plan and budget to deliver a regional office. Develop new ways of working to develop regional Office 	AC/GF 2010 £30,000	10.9.10 Ice Rink site and budget identified. 6 month planning /renovation timescale
Establish Community Sports Hubs within the Highland & Islands LA areas	Participation in sport, leadership and governance in clubs will increase and improve the quality and sustainability of sports clubs.	A minimum of 1 CSH will be developed in each LA area by 2012	<ul style="list-style-type: none"> Consult with LA partners in each of the 4 LA areas Consult with SGB/clubs and community groups in each of the area to raise awareness of possibilities of CSH Develop a plan in each LA area of CSH 	GR	10.9.10 Work progressing with each LA .Update at RSP.
Ensure integrated working across the Highlands & Island Partnership	Delivering sporting outcomes collectively that cannot be delivered individually through a planned approach Improved Performance and increased participation in sport in the H&I	Online directory of sport in place in 2010 Operational groups for performance, coaching and volunteering and SGB RDM in place by end of 2010.	<ul style="list-style-type: none"> Develop the picture of sport concept to include PE/active schools sportscotland , LA, trust and FE partners . Regional Sporting Partnership meetings of the forum held regularly to discuss strategic priorities. Engine room operational groups set up for performance, coaching and volunteering and short life working groups to progress RSP plan priorities. Integrate SGB Regional Development Managers workforce with LA, trusts and clubs in the area. 	Sportscotland/LA/ SGB Trust/ key partners	10.9.10 Building the picture progressing as planned moving to web based system. SGB operational group meeting quarterly.

	Clarification of sporting roles with strengthened links between SGB,LA trust and other key partners	SGB regional sport specific plans	<ul style="list-style-type: none"> • Development of sport specific regional plans for sport in the RSP area • SDS Disability post appointed for H&I • SGB regional plans for sport developed 		Sport specific regional plans complete for football, rugby and golf. Swimming in draft. Athletics /gymnastics under development. Disability post awaiting outcome of HC budget review(Nov 2010)
Continue to demonstrate integrated working to develop quality facilities within the Highland & Island and review access arrangements to the existing sporting estate.	Better planned facility development aligned to need of key partners with access ,pricing and maintenance issues considered at the outset of facility developments	Paper on facilities /access and maintenance prepared for RSP and sportscotland.	<ul style="list-style-type: none"> • Audit facility estate in Highland and Islands and identify priorities for H&I in line SGB priorities. • Audit access arrangements and bring good practices examples to RSP from across the area. • New build Regional facilities will be brought to RSP • UHI campus at Beechwood development will receive input from sportscotland and RSP. 	GF/AC/GR LA trusts	UHI Beechwood campus meetings progressing with HIE/UHI/HC/In verness college and sports with aspirations for facility development.



REPORT

To: Services Committee

7 October 2010

From: Head of Community Care

Procurement of Care and Support Services – Guidance Update

1. Introduction

- 1.1 The purpose of this report is to seek approval by Members to consider new guidelines from the Scottish Government in relation to the Council's procurement of care and support services.

2. Links to Corporate Plan

- 2.1 There is no specific link to the Corporate Plan but this report seeks to ensure that the Council complies with legislation and that it supports the Council's objective to organise its business in an efficient and effective manner.

3. Risk Assessment

- 3.1 Failure to follow procurement guidance and procedures could expose the Council to challenges from potential service providers, who were not afforded reasonable opportunity to be considered for services which are or may be outsourced.

4. Background

- 4.1 In recent years the Council's Education and Social Care Department has developed systems and procedures for commissioning a range of services from the local voluntary sector.
- 4.2 At a meeting of the Services Committee on 1 May 2008 a report entitled "A Standardised Approach to Service Level Agreements" was considered and approved (Min Ref: SC 37/08). This decision was subsequently ratified by the Council on 14 May 2008 (Min Ref: SIC 57/08). This report approved the creation of a template Service Level Agreement ensuring a consistent approach to commissioning services from the voluntary sector.

- 4.3 At a meeting of the Services Committee on 1 May 2008 a report entitled “System for Applying EU Procurement Regulations to the Purchase of Services from the Voluntary and Community Sector” was considered and approved (Min Ref: SC 39/08). This decision was subsequently ratified by the Council on 14 May 2008 (Min Ref: SIC 57/08). This report introduced systems and processes required to commission services from the voluntary sector.
- 4.4 At a meeting of the Services Committee on 5 February 2009 a report entitled “Community Health and care Partnership (CHCP) Commissioning Strategy” was considered and approved (Min Ref: SC 04/09). This decision was subsequently ratified by the Council on 18 February 2009 (Min Ref: SIC 08/09). This report further enhanced systems and processes required when commissioning services from the voluntary sector.
- 4.5 Annually a Service Performance report is presented to the Services Committee demonstrating the quantity and quality of services delivered by the Council’s voluntary sector partners through Service Level Agreements.

5. Present Position

- 5.1 The Scottish Government has recently published new guidelines about the procurement of care and support services.
- 5.2 Officers in the Council’s Education and Social Care Department and Legal Services Division are currently examining the Government’s procurement paper to determine if the existing Commissioning Strategy accords with the new guidelines.
- 5.3 The Education and Social Care Department currently has 15 Service Level Agreements in place worth a total of £2,795,557 in financial year 2010/11. The list of current Service Level Agreements is attached in Appendix A.

6. Proposals

- 6.1 Officers within the Education and Social Care Department and Legal Services to consider the Government’s guidelines and identify which areas require to be addressed. This should include consulting with the Scottish Government’s Joint Improvement Team to determine if the Council’s Current Commissioning Strategy and CHCP Agreement meets with the requirements of the latest guidelines.
- 6.2 The Council consults with representatives of the voluntary sector on potential changes to the commissioning of services in Shetland.
- 6.3 The Council consults with its Community Health and Care Partner NHS Shetland on potential changes to the joint commissioning of services in Shetland.

- 6.4 A further report is presented to Members, before the end of the current financial year, recommending if any changes are required to the Commissioning Strategy, existing policies and procedures.

7. Financial Implications

- 7.1 There are no direct financial implications arising from this report.

8. Policy and Delegated Authority

- 8.1 In accordance with Section 13 of the Council's Scheme of Delegations, the Services Committee has delegated authority to make decisions on the matters within approved policy and for which there is a budget.

9.0 Recommendation

I recommend that the Services Committee approve:

- 9.1 the proposals in section 6 above.

CF/MJD
7 October 2010

Report No: SC-19-10-F

Appendix A
Social Care services

Organisation Name	Service Description	Amount of funding (2010/11)	Term of Agreement
Advocacy Shetland	A range of independent advocacy services.	£63,502.00	1 April 2009 to 31 March 2013
Citizens Advice Bureau – Direct Payments	A Direct Payments Support Service for people who have opted for Direct Payments as an alternative to services arranged by Shetland Islands Council.	£5,100.00	1 April 2009 to 31 March 2013
Citizens Advice Bureau – Children's Rights Service	A Children's Rights Service to undertake a range of duties including informing children and young people of their rights and responsibilities and responding to children's rights issues as raised by children, young people and other stakeholders.	£41,772.00	1 October 2009 to 31 March 2013
Citizens Advice Bureau – Restorative Justice Service	A Restorative Justice service providing youth justice mediation in Shetland.	£10,404.00	1 March 2010 to 31 March 2011
C.O.P.E. Ltd – Support Worker Service	A Support Worker Service on a full time basis offering dedicated support to COPE participants with more complex needs in a supportive business environment.	£52,026.00	1 April 2009 to 31 March 2013
Community Alcohol & Drugs Services Shetland	A wide range of free and confidential support services for all those affected by drug and alcohol misuse. This will include services such as information and advice, specialist substance related education and training programmes, needle exchange scheme, shared care substitute prescribing programme, aftercare and resettlement, counselling, emotional and practical support and an activities programme.	£516,000.00	1 April 2010 to 31 March 2011
Crossreach – Walter & Joan Gray Home	Day care and residential care home services for adults in Shetland. Clients will be offered services based on an individual assessment of need completed in accordance with Shetland's Single Shared Assessment (SSA).	£726,801.00	1 April 2010 to 31 March 2011

Appendix A
Social Care services

Organisation Name	Service Description	Amount of funding (2010/11)	Term of Agreement
Crossroads Care Attendant Scheme (Shetland)	A respite service for carers in the cared for person's own home following an assessment of need in accordance with the Single Shared Assessment (SSA).	£46,266.00	1 April 2009 to 31 March 2013
Moving On Employment Project Limited	Employment opportunities for adults with physical, sensory or learning disabilities and/or mental health problems.	£60,937.00	1 April 2009 to 31 March 2013
Shetland Befriending Scheme – ASN Young Person's Service	Provide an Additional Support Needs Befriending service for children and young people between 7 – 15 years old to undertake a range of duties including building skills and abilities of young people, and helping them form and maintain positive relationships.	£17,202.00	1 August 2009 to 31 July 2011
Shetland Pre-school Play Ltd	The Service Provider delivers a Pre-school Childcare Support Service to voluntary groups undertaking a range of duties and support to local childcare providers.	£49,560.00	1 April 2009 to 31 March 2013
Shetland Women's Aid – Children and Young Peoples Support Worker	Provide a Children and Young People's Support Worker to undertake a range of duties including specific responsibility for intervention with children and young people affected by domestic abuse.	£20,204.00	1 April 2009 to 31 March 2013
WRVS – Emergency Support Service	An Emergency Service to undertake a range of duties including the provision of support and assistance to Shetland Islands Council and local Emergency Services in the event of an emergency situation in the Shetland area e.g. fire, flooding, landslides, discovery of unexploded bombs, building collapse, road/sea/air incidents, power cuts and any other unforeseen incident affecting the Shetland community.	£1,700.00	1 April 2009 to 31 March 2013

Appendix A
Other commissioned services

Organisation Name	Service Description	Amount of funding (2010/11)	Term of Agreement
Shetland Amenity Trust	To deliver a range of museum and archive services including the management of facilities, collections, exhibitions, lifelong learning and development of the heritage hub and links to community museums.	£1,141,683.00	1 October 2005 to 31 March 2030
Shetland Golf Club	Provide an 18 hole golf course and associated facilities and to develop the sport of golf in Shetland for both competitive and recreational golfers.	£42,400.00	1 October 2008 to 30 September 2011



REPORT

To: Services Committee

7 October 2010

From: Head of Schools

RE-OPEN PAPA STOUR PRIMARY SCHOOL

1. Introduction

- 1.1 The purpose of this report is to seek approval from the Council to re-open Papa Stour Primary School, which was “mothballed” in October 2005. It is proposed to re-open the school with effect from 26 October 2010.

2. Link to Council Priorities

- 2.1 The Council will ensure a model for education is developed that considers the educational and financial viability for schools and communities and its outputs are then implemented.
- 2.2 The Council will work to create and maintain a culture where individual learners can strive to realise their full potential.

3. Risks Identified

- 3.1 There is a legal risk for the Schools Service. If the Schools Service does not re-open the school then there is a risk that the statutory requirement of the Education (Scotland) Act 1980, for the Council to secure that there is made for their area adequate and efficient provision of school education, is not met.
- 3.2 There is a risk of not being able to appoint a teacher to this remote post, in which case consideration will be given to continuing with home education, or supply cover.
- 3.3 As the school building has been out of use for the last 5 years a premises inspection must be carried out by Safety and Risk staff, in partnership with the Maintenance Officer from Building Services, prior to the school opening. Further to this, alternative working methods and control measures may need to be put in place to manage any issues that cannot be rectified before occupation.

- 3.4 There are general risks inherent with any school and appropriate assistance will be sought from Safety and Risk Section with regard to completing comprehensive Risk Assessments, COSHH assessments, inventory and Risk Register.

4. Background

- 4.1 Papa Stour Primary School has been mothballed since 2005.

5. Current Position

- 5.1 A family moved to Papa Stour in September 2010 and have requested school education for their children.
- 5.2 Papa Stour Primary School remains part of the Council's schools establishment albeit that there is no one employed there at present. The request from the new parents is a placing request in terms of S.28A of the Education (Scotland) Act 1980.
- 5.3 It might be possible to argue that the Council need not accede to this placing request on the basis that they would have to employ an additional teacher or that it would give rise to exceptional expenditure (S.28A (3)). However, the Council does have a duty to secure adequate provision of school education for these children. The Schools Service believes that it is not acceptable to transport primary age children to the mainland from an island for the purposes of education. Subject to approval of the proposals in this report the placing request will be granted.
- 5.4 There will be one primary pupil and one nursery pupil on the roll for 2010/11 at Papa Stour Primary School.
- 5.5 For noting, a representative of the Education Institute for Scotland (EIS) union has been consulted on this report.

6. Proposals

It is proposed that:

- 6.1 The school at Papa Stour is re-opened in October 2010 with the following staffing arrangements in place:

6.1.1 Papa Stour Primary School enters a shared management arrangement with a local primary school, therefore providing:

- more effective School management and administration duties, avoiding duplication
- greater opportunity for the Head Teacher to support and monitor the quality of the teaching and learning processes within the schools
- more consistency of teaching and learning with a class-committed teacher
- shared resources and expertise
- increased opportunities for staff development between the staff of the schools in the shared management scheme
- the ease with which joint initiatives between schools can be developed
- less need for supply teachers
- increased pupil collaboration
- opportunity for Parent Council links between participating schools.

6.1.2 A temporary Principal Teacher be appointed to Papa Stour Primary School for the duration of this structure, to teach an early years class of two pupils – incorporating nursery and primary. If this post cannot be filled locally, that this temporary post can be advertised nationally, due to its remote location.

6.1.3 A relief teacher be identified to provide the equivalent of 2.5 hours per week to enable the Principal Teacher to get his/her non-contact time (this may have to be one day per three weeks).

6.1.4 A part-time clerical assistant be appointed in Papa Stour Primary School (ten hours per week, as when the school was previously open) or an existing clerical assistant be asked to undertake the work from an existing school.

7. Financial Implications

7.1 A budget of £56,786 for a full financial year which includes staffing and running costs will need to be set up to enable Papa Stour Primary School to operate in line with other remote island schools in Shetland.

7.2 The five months budget figures for the rest of this financial year, are as follows:

Principal Teacher - £19,964 (5 months)

Relief Teacher - £1,312 (5 months)

Clerical Assistant - £2,385 (5 months)

Total - £23,661 (5 months)

- 7.3 It will be necessary to draw back savings of £23,661, in this financial year, to fund these additional costs for statutory provision. This means that the contribution by the Schools Service to corporate savings will be reduced. Additional savings will require to be identified in the revenue estimates process for 2011/12, to fund the growth in future years.

8. Policy and Delegated Authority

- 8.1 In accordance with Section 13 of the Council's Scheme of Delegations, the Services Committee has delegated authority to make decisions relating to matters within its remit for which the overall objectives have been approved by Council, in addition to appropriate budget provision.
- 8.2 However, a decision to re-open the Papa Stour Primary School has not been delegated, and therefore remains a decision for the Council.

9. Recommendation

It is recommended that Services Committee recommend to Shetland Islands Council to agree to the proposals set out in section 6 of this report, noting that an option is provided in paragraph 6.1.4.

October 2010

Our Ref: HB/LR/sm

Report No: ED-14-F



REPORT

To: Services Committee

7 October 2010

**From: Head of Finance
Executive Services Department**

Report No: F-054-F

**Education & Social Care Revenue Management Accounts
General Ledger, Reserve Fund and Housing Revenue Account
For the Period 1 April 2010 to 31 August 2010**

1. Introduction

- 1.1 The purpose of this report is to provide Members with an overview of the financial position on the Education & Social Care Service (ESCD) General Ledger, Reserve Fund and Housing Revenue Account (HRA) revenue management accounts (RMA) for the first 5 months of 2010/11.
- 1.2 This report will also highlight the position with regard to savings identified and the predicted outturn variances.

2. Links to Corporate Priorities

- 2.1 This report links to the Council's corporate priorities, defined in its Corporate Plan, specifically in relation to reviewing financial performance relative to the Council's financial policies.

3. Risk Management

- 3.1 This is an information report so there are no risks associated with the recommendations.

4. Background

- 4.1 The revenue management accounts are presented to the Executive on a monthly basis to monitor the Council's overall financial position.
- 4.2 The financial data in this report includes employee costs; operating costs (property, supplies & services, administration, transport and agency payments); transfer payments (grants); and income (fees and charges, grant funding and rents).

- 4.3 All appendices show the annual budget, year to date (YTD) budget, YTD actual, YTD variance, savings to be achieved budget and the amended YTD variance excluding savings to be achieved. It is the YTD variances, which are referred to within this report. The YTD budget is derived from setting a budget profile, which estimates when spending will occur or income will be received. The YTD variance shows how actual activity has varied from the planned YTD budget.

5. Financial Position on the General Ledger (inc Support/Recharged)

- 5.1 Appendix 1 shows the position by Service area (objective) and type of spend (subjective). There is a positive variance (under-spend) of £1,270k (3.7%) against budget to the end of period 5. In addition to this under-spend, the service has identified £1,216k in savings to date.

- 5.2 Appendix 2 sets out the position by cost centre and service area.

- 5.3 The main under-spends are on Staffing Costs (£902k) which have occurred due to vacancies, and delays in recruitment, as follows:

- ILP Project Manager - £86k
- Annsbrae/Mental Health - £86k
- Newcraigielea - £93k
- Montfield - £59K
- North Haven - £48k
- Short Break Services - £45k
- Residential Child Care - £106k

- 5.4 The remaining positive variances include:

- Across ESCD, Electricity - £120k
- Across ESCD, All Training Costs - £107k

- 5.5 The main adverse variances are as follows:

- Community Care Income - £135K adverse variance due to a reduction in the number of self funding clients, and some minor profiling issues
- Community Care Off Island Placements - £63k overspend
- Child Off Island Accommodation - £37k overspend
- Across ESCD, Non-Domestic Rates - £280k overspend as a result of the revaluations for 2010/11

- 5.6 To date a total savings contribution of £1,216k has been identified by the Education and Social Care Service, to match off against the budgeted savings required to be found in this area, as follows:

Service	Savings Target	Achieved	Balance
Community Care	1,165,194	853,113	312,081
Schools Service	80,861	209,385	-128,524
Children's Services	126,000	153,903	-27,903
TOTAL	1,372,055	1,216,401	155,564

- 5.7 Both the Schools Service and Children's Services have met their savings targets, and are now contributing to the corporate savings target.
- 5.8 During the recent revenue monitoring process, a further, £135k from Community Care, £40k from the Schools Service and £250k from Children's Services was identified and will be transferred to savings.

6. Financial Position on the Reserve Fund

- 6.1 Appendix 3 shows the position for the Reserve Fund by service area and type of spend, and Appendix 4 shows the same information by cost centre. There is an under-spend of £10k (4%) against budget to the end of period 5.
- 6.2 The main variance is on Housing Tenant Participation (£19k), and is due to grants not being paid out as anticipated.
- 6.3 No significant variances have been identified to suggest that the outturn position will not be in line with the budgets set.

7. Financial Position on the Housing Revenue Account (HRA)

- 7.1 Appendix 5 shows the position on the HRA by service area and type of spend, and Appendix 6 shows the same information by cost centre. There is a negative variance of £57K (2.7%) against budget to the end of period 5.
- 7.2 The main variance is on Housing Support Grant (HSG) income (£86k), and is due to a problem with the profiling of payments within the Scottish Government processing system. The Scottish Government have advised that the problem should be rectified shortly.

8. Financial Implications

- 8.1 The General Ledger is underspent by £1,270k, mainly on employee costs and operating costs as stated in 5.3 - 5.5 above.
- 8.2 The Reserve Fund is under-spent by £10k due to profiling.

- 8.3 The HRA is showing an adverse variance of £57k, which is mainly due to a delay in receipt of HSG from the Scottish Government. This problem will be rectified.
- 8.4 As reported in the Head of Finance's Estimates Report in February 2010 (SIC 15/10), in order to meet the financial policy target of a draw on Reserves of £2m on the General Fund revenue budget there is an overall budget saving requirement of £9.9m across the Council for 2010/11.
- 8.5 To date a total savings contribution of £1,216k has been identified by the Education and Social Care Service.

9. Conclusion

- 9.1 The General Ledger, Reserve Fund and Housing Revenue Account (HRA) revenue management accounts show that Education and Social Care Services overall are generally on target against budget as at period 5 (April - August) including real savings of £1,216k to date.
- 9.2 No significant variances have been identified to suggest that the outturn position will not be in line with budgets set, however BROs will work hard to identify further savings as a contribution to the corporate savings target.

10. Policy & Delegated Authority

- 10.1 The Services Committee has delegated authority to act on all matters within its remit for which the Council has approved the overall objectives and budget, in accordance with Section 13 of the Council's Scheme of Delegations.

11. Recommendation

- 11.1 I recommend that the Services Committee note this report.

Report No: F-054-F
Ref: Accountancy/JT

Date: 24 September 2010

EDUCATION & SOCIAL CARE MANAGEMENT INFORMATION 2010/11 - PERIOD 5	1st April 2010 to 31st August 2010
---	------------------------------------

<u>Revenue Expenditure by Service</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance Including Savings (Adverse)/Favourable	Savings To be Achieved	Year to Date Variance Excluding Savings (Adv)/Fav
	£	£	£	£	£	£
Education & Social Care Services (total)	77,119,718	34,324,615	33,054,355	1,270,260	(1,372,055)	2,642,315
Executive Director (inc Museums)	1,480,355	721,410	722,254	(844)		(844)
Housing	2,327,788	994,914	781,302	213,612		213,612
Community Care	23,356,416	11,115,690	10,833,902	281,788	-1165194	1,446,982
Children's Services	6,522,305	2,741,054	2,383,369	357,685	-126000	483,685
Criminal Justice Unit	22,824	9,256	3,789	5,467		5,467
Community Work	366,127	151,182	148,666	2,516		2,516
Resources	1,281,049	556,955	512,598	44,357		44,357
Schools	39,370,864	17,048,928	16,781,441	267,487	-80861	348,348
Sports & Leisure	1,786,114	752,765	678,117	74,648		74,648
Train Shetland (inc Adult Learning)	605,876	232,461	208,915	23,546		23,546

<u>Revenue Expenditure by Subjective</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance Including Savings (Adverse)/Favourable	Savings To be Achieved	Year to Date Variance Excluding Savings (Adv)/Fav
	£	£	£	£	£	£
Employee Costs (sub total)	67,635,787	27,704,659	26,802,911	901,748	(1,372,055)	2,273,803
Basic Pay	50,256,325	20,687,703	20,054,579	633,124		633,124
Overtime	250,669	103,233	211,790	(108,557)		(108,557)
Other Employee Costs	17,128,793	6,913,723	6,536,542	377,181	-1,372,055	1,749,236
Operating Costs (sub total)	14,636,063	6,983,693	6,376,287	607,406	0	607,406
Travel & Subsistence	2,439,421	934,385	828,595	105,790		105,790
Property Costs	5,845,310	3,338,981	3,074,284	264,697		264,697
Other Operating Costs	6,351,332	2,710,327	2,473,408	236,919		236,919
Transfer Payments (sub total)	8,057,091	3,234,612	3,202,666	31,946		31,946
Income (sub total)	-13,209,223	-3,598,349	-3,327,509	(270,840)		(270,840)

TOTAL	77,119,718	34,324,615	33,054,355	1,270,260	(1,372,055)	2,642,315
--------------	-------------------	-------------------	-------------------	------------------	--------------------	------------------

EDUCATION & SOCIAL CARE RMA 2010/11 - COST CENTRE DETAIL - PERIOD 5	1st April 2010 to 31st August 2010
--	---

<u>Description</u>		Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable	Savings To be Achieved
		£	£	£	£	£
Directorate & Svs		1,480,355	721,410	722,254	(844)	0
SRJ0000	Exec Dir Educ & Social Care	245,624	103,134	80,061	23,073	
GRJ1002	Data Sharing Project	42,651	18,117	33,010	(14,893)	
GRL4210	Museums & Archives Prop Costs	50,397	29,317	38,341	(9,024)	
GRL4217	New Museum & Arts Centre	1,141,683	570,842	570,842	0	
Resources		1,281,049	556,955	512,598	44,357	0
SRJ2000	Resources Manager	106,418	50,085	39,944	10,141	
SRJ2100	Information	139,606	73,341	69,716	3,625	
SRJ2200	Staff Management	330,130	137,225	134,539	2,686	
SRJ2201	Recruitment Expenses	225,000	93,750	84,683	9,067	
SRJ2300	Administration	410,095	173,537	155,784	17,753	
SRJ2500	Grant Administration	69,800	29,017	27,932	1,085	
Sports & Leisure Assistance & Support		1,786,114	752,765	678,117	74,648	0
SRJ3000	Sports & Leisure Svs Mgt	60,724	24,718	26,534	(1,816)	
GRJ3102	Bridge-End Outdoor Centre	5,000	5,000	5,000	0	
GRJ3103	Unst Youth Centre	5,000	0	0	0	
GRJ3120	Sports Development	58,653	24,316	23,546	770	
GRJ3122	Outdoor Educ and Activities	74,144	40,649	26,899	13,750	
GRJ3125	Active Schools	97,221	25,697	3,043	22,654	
GRJ3126	Active Futures	24,341	10,129	5,638	4,491	
GRJ3127	Dance Mats	0	70	(1,918)	1,988	
GRJ3129	Cash back for Communities	(136)	(2,865)	(2,565)	(300)	
GRJ3201	Grants to Vol Orgs General	75,085	24,350	24,350	0	
GRJ3202	Development Grant Aid Scheme	76,980	32,075	36,147	(4,072)	
GRJ3203	Support Grant Aid Scheme	111,509	19,207	19,207	0	
GRJ3204	Pitches Other	29,131	7,283	12,693	(5,410)	
GRJ3205	Maintain Community Facilities	10,000	0	3,024	(3,024)	
GRJ3100	Islesburgh Cafeteria	21,581	7,283	4,320	2,963	
GRJ3101	Islesburgh	699,596	333,228	305,603	27,625	
GRJ3104	Fetlar Camp Site	5,640	2,759	2,615	144	
GRJ3105	2 St Sunniva Street	12,157	6,225	4,214	2,011	
GRJ3107	Parks General	271,688	129,612	126,775	2,837	
GRJ3108	Play Areas General	104,712	38,558	34,792	3,766	
GRJ3109	Multicourts General	13,000	5,417	740	4,677	
GRJ3130	Comm use of Sandwick Came Hall	14,792	8,058	6,711	1,347	
GRJ3131	Comm Use of Scalwy Games Hall	15,296	10,996	10,750	246	
Community Work		366,127	151,182	148,666	2,516	0
SRJ3300	Comm Learning & Dev Mgt	56,486	23,676	22,310	1,366	
GRJ3301	Area Community Work	292,790	120,819	119,991	828	
GRJ3302	Community Work Initiatives	0	0	1,529	(1,529)	
GRJ3303	Community Transport	16,851	6,687	4,844	1,843	
GRJ3307	SLSDG (Vision)	0	0	(8)	8	
Community Care		23,356,416	11,115,690	10,833,902	281,788	(1,165,194)
SRA0000	Head of Community Care	341,025	141,506	130,494	11,012	
SRA1000	Community Care Service Managrs	118,036	48,967	53,958	(4,991)	
GRA0010	Direct Payments	335,000	139,583	123,397	16,186	
GRA0014	Community Care Income	(5,978,728)	(1,022,751)	(567,992)	(454,759)	-1165194
GRA0016	W & J Daycare Grant	183,733	91,867	91,866	1	
GRA0017	Independant Sector Placements	801,080	267,035	234,891	32,144	
GRA0500	Carers Information Strategy	(18,000)	(7,500)	0	(7,500)	
GRA0601	BLG Fabric	5,000	4,167	0	4,167	
GRA0019	Commissioned Services	379,500	207,414	243,636	(36,222)	
GRA0020	Drugs & Alcohol Services	409,425	134,000	134,000	0	
GRA4100	Community Care Social Work	530,184	216,041	202,765	13,277	
GRA4200	Preventative Services	2,625	1,093	2,596	(1,503)	
GRA4500	Top Up Substance Misuse	54,500	18,458	29,747	(11,289)	
SRA4000	Service Manager Social Work	96,936	40,171	40,749	(578)	
SRA4101	Training Community Care	170,215	70,682	42,885	27,797	
SRA4102	Training Vocational	51,071	21,174	18,838	2,336	
SRA4103	Training Child Protection	19,712	8,125	3,082	5,043	
SRA4104	Training Child Residential	31,406	12,917	5,025	7,892	
SRA4105	Training Adoption	5,000	2,083	(1,510)	3,593	

SRA4106	Training Child Services	0	0	0	0
SRA4107	Training SVQ	474,690	180,855	141,215	39,640
SRA4108	Social Work Degree	58,528	24,245	(5,779)	30,024
SRA4109	Training Food Hygiene	16,145	6,633	5,285	1,348
SRA4111	Training Manual handling	42,150	17,422	11,007	6,415
SRA4112	Training	124,335	51,637	48,123	3,514
SRA4113	Trng Adult Sup Protection	19,929	9,636	4,480	5,156
GRA4110	Health Service Social Worker	40,625	16,764	16,553	211
GRA4120	Mental Health Officers	100,074	35,931	18,700	17,231
GRA4130	Dementia Care Manager	50,223	22,333	22,514	(181)
GRA4160	Adult Support & Protection	4,913	30,606	30,717	(111)
GRA4161	Substance Misuse	0	(3,517)	4,638	(8,155)
GRA4600	Crossroads Packages	110,364	49,841	38,285	11,556
SRA5000	Adult Services Manager	65,234	27,011	21,021	5,990
GRA5100	Eric Gray Resource Centre	985,757	404,067	397,167	6,900
GRA5200	ILP - Project Manager	647,335	269,015	182,309	86,706
GRA5210	ILP - Central	1,560,638	648,110	620,490	27,620
GRA5215	ILP - Rudda Park	7,303	3,292	3,052	240
GRA5216	ILP-Transition Flat	4,038	1,154	27	1,127
GRA5218	ILP-Arheim	4,728	2,471	1,802	669
GRA5220	Stocketgaet	239,207	160,100	149,194	10,906
GRA5240	Local Area Co-Ordinator	6,734	2,806	1,615	1,191
GRA5250	Annsbrae/Mental Health Comm	702,602	298,712	225,296	73,416
GRA5251	Off-Island Placements	247,555	111,816	174,650	(62,834)
GRA5600	Banksbroo	376,326	208,466	199,696	8,770
GRA5620	Newcraigielea	911,363	378,405	268,820	109,585
GRA5621	Sea View	479,530	201,701	163,043	38,658
GRA5622	Intensive Sup Services	444,795	185,209	166,532	18,677
GRA5623	Outreach Project	120,000	30,000	0	30,000
GRA5400	Occupational Therapy	527,803	240,687	240,871	(184)
GRA5401	Telecare	23,001	61,668	45,393	16,275
SRA6000	Older People Manager	117,074	48,589	51,667	(3,078)
SRA6001	Traineeship Scheme	309,803	127,625	117,757	9,868
SRA8000	Service Manager Rural Care	63,021	26,097	24,492	1,605
GRA6100	Taing House	1,867,528	779,080	763,641	15,439
GRA6110	Viewforth	1,937,848	806,639	813,107	(6,468)
GRA6120	Edward Thomason House	2,790,276	1,136,295	1,092,983	43,312
GRA6130	Handypersons	0	0	33,602	(33,602)
GRA6141	Care @ Home-Central	184,163	73,588	93,053	(19,465)
GRA6143	Kantersted Kitchen	171,522	71,308	63,085	8,223
GRA6170	Montfield	1,249,137	358,278	289,016	69,262
GRA6300	Freefield	94,536	23,671	24,723	(1,052)
GRA6400	Miscellaneous Properties	5,326	3,867	3,006	861
GRA6420	Interments	800	333	0	333
GRA6900	White/Grey Goods	5,000	2,083	0	2,083
GRA8050	Care@ Home Mgt & Admin	118,962	49,389	55,312	(5,923)
GRA8100	North Haven	1,762,234	737,673	686,733	50,940
GRA8110	Overtonlea	1,921,570	788,609	789,462	(853)
GRA8120	Wastview	1,510,850	635,483	600,251	35,232
GRA8130	Fernlea	1,018,477	415,473	400,023	15,450
GRA8140	Isleshavn	1,093,843	456,352	447,748	8,604
GRA8150	Nordalea	981,927	411,950	456,194	(44,244)
GRA8154	Brucehall	218,874	91,200	42,909	48,291

Children's Services		6,522,305	2,741,054	2,383,369	357,685	(126,000)
SRG0000	Head of Children's Svs	147,135	61,208	63,493	(2,285)	
GRG2014	Children's Serv Improv Officer	104,124	43,337	42,876	461	
SRG3000	Child Protection Co-ordinator	52,930	22,007	23,947	(1,940)	
SRG6000	Family Support Manager	60,209	24,996	25,564	(568)	
GRG3001	Family Support	649,544	268,665	214,808	53,857	-19000
GRG5001	Child Rights Services	42,419	29,858	20,886	8,972	
GRG6006	Preventative Services	43,284	18,036	13,590	4,446	
SRG2000	Children's Res Svs Manager	61,461	25,520	25,125	395	
GRG1002	Quarff Additional Supp Needs	8,867	2,863	1,433	1,430	
GRG1004	Blydehaven Nursery	59,805	5,592	13,482	(7,890)	
GRG2001	Short Break Service	1,314,850	548,325	505,190	43,135	
GRG2002	Residential Child Care	1,062,584	450,910	345,720	105,190	
GRG2005	Child Off Island Accom	536,885	223,702	260,805	(37,103)	
GRG2006	Adoption	62,179	25,909	44,768	(18,859)	
GRG2007	Professional Foster Care	42,452	17,688	19,492	(1,804)	
GRG2008	Section 29	12,960	5,400	1,390	4,010	
GRG2009	Fostering	554,201	230,502	203,569	26,933	
GRG2010	Shared Care	10,927	4,553	4,214	339	
GRG2015	Looked After Child-Savings	31,140	31,140	49	31,091	-87000
GRG5002	Old School Centre Firth	0	0	224	(224)	
GRG5004	Youth Workers	0	0	2,014	(2,014)	

GRG5007	Getting itRight for EveryChild	118,158	49,145	28,676	20,469	
GRG6002	Child Care Strategy	206,795	86,046	68,974	17,072	
GRG6004	Family Centre Services	462,139	195,862	162,120	33,742	
GRG6005	Changing Childrens Services	69,202	34,727	16,182	18,545	
GRG6008	Out of School Care	170,469	70,867	49,879	20,988	
GRG7001	Youth Crime	35,999	14,948	13,129	1,819	
GRG4001	Psychological Services	347,383	143,629	111,490	32,139	-20000
GRG4002	Sensory Impairment	254,204	105,619	100,279	5,340	
Housing		2,327,788	994,914	781,302	213,612	0
SRH0000	Head of Housing	84,708	35,218	35,728	(510)	
SRH1000	Operational Services	455,799	189,395	150,190	39,205	
SRH3300	Housing DLO Management	131,479	54,490	72,177	(17,687)	
SRH2000	Business Support Services	410,512	164,002	140,332	23,670	
SRH3200	Asset Management	405,958	167,058	132,646	34,412	
GRH0050	Grass Cutting Service	53,060	35,373	24,683	10,690	
GRH1086	NASSO	17,375	7,240	158	7,082	
GRH2074	Economic Rents	(20,785)	(8,167)	(12,576)	4,409	
GRH2094	Supporting People	42,580	22,137	22,137	0	
GRH2098	Outreach Service	362,641	150,952	142,326	8,626	
GRH4274	Rent Rebates	(35,130)	(11,429)	(104,188)	92,759	
GRH4275	Rent Allowances	(35,130)	(11,429)	25,837	(37,266)	
GRH1078	Chalet/Sites	(27,079)	(11,283)	(9,505)	(1,778)	
GRH1082	Staff Housing	(21,875)	(9,019)	(1,884)	(7,135)	
GRH1084	Education Houses Hsg	(48,479)	(19,864)	(16,907)	(2,957)	
GRH1100	Stocketgaet/Gremmasgaet	0	(11,717)	(10,530)	(1,187)	
GRH1170	Homeless Persons	21,912	22,540	(2,481)	25,021	
GRH1175	12 A/B North Road	(7,457)	(3,107)	(4,411)	1,304	
GRH1270	Sheltered Housing	537,699	235,066	199,619	35,447	
GRH1271	Banksbro	0	(2,542)	(2,051)	(491)	
Criminal Justice		22,824	9,256	3,789	5,467	0
GRI0001	Offender Services	22,824	9,256	3,789	5,467	
Adult Learning & Train Shetland		605,876	232,461	208,915	23,546	0
GRL4121	Evening Classes	100,164	53,003	39,398	13,605	
GRL4123	Adult Learning	156,601	64,840	61,249	3,591	
GRL4125	Adult Literacy Strategic Plan	183,481	56,353	45,797	10,556	
SRL6006	Short Course Management	103,552	43,154	42,832	322	
GRL6002	Vocational Service	234,096	97,022	97,116	(94)	
GRL6003	Vocational Training	(130,148)	(66,822)	(71,120)	4,298	
GRL6006	Short Courses	(41,545)	(18,069)	(2,909)	(15,160)	
GRL6007	Business Gateway Contract	(500)	1,021	(2,274)	3,295	
GRL6008	Construction Skills Contract	175	1,959	(1,172)	3,131	
Schools Service		39,370,864	17,048,928	16,781,441	267,487	(80,861)
SRE0001	Head of Schools	89,562	36,917	38,997	(2,080)	
SRE6900	Quality Assurance	610,070	251,386	252,231	(845)	
SRE6901	Administration Educ	110,620	45,994	60,056	(14,062)	
SRE9301	DSMO - Aith Cluster	32,717	13,595	13,063	532	
SRE9303	DSMO - North Isles Cluster	32,887	13,639	13,487	152	
SRE9305	DSMO - Brae Cluster	35,903	14,921	14,578	343	
SRE9328	DSMO - Sandwick Cluster	36,769	15,288	14,984	304	
SRE9329	DSMO - Scalloway Cluster	36,473	15,160	14,812	348	
SRE9332	DSMO-Sound	35,439	14,729	14,583	146	
SRE9334	DSMO - Whalsay Cluster	38,198	15,882	17,351	(1,469)	
GRE0006	Director, Central Support	895,177	453,083	291,862	161,221	-55861
GRE0102	Bursaries	190,000	36,000	29,288	6,712	
GRE0103	Clothing Grants	20,900	8,708	14,585	(5,877)	
GRE0104	School Boards Administration	32,046	13,353	8,204	5,149	
GRE0107	School Milk	8,530	7,166	1,666	5,500	
GRE0108	Educ Maint Allowance (EMA)	0	0	20,061	(20,061)	
GRE1407	Probationer Teachers	7,840	4,428	2,138	2,290	
GRE1412	Staff Development	74,482	30,964	24,204	6,760	
GRE1417	Field Studies	41,578	17,293	17,476	(183)	
GRE1419	SVQ'S	36,000	15,001	23,373	(8,372)	
GRE1422	Skills for Work	30,095	6,418	3,657	2,761	
GRE1433	Support for Glow	0	0	125	(125)	
GRE1436	Youth Music Initiative	36,709	15,463	41,087	(25,624)	
GRE1441	Enterprise & Education	2,450	52,955	46,751	6,204	
GRE1444	International Education	113,881	47,357	42,134	5,223	
GRE1457	Support for Teachers	22,990	8,705	29,280	(20,575)	
GRE1460	Ness Out of School Club	27,700	11,543	15,906	(4,363)	
GRE1500	Improvement Plans	15,000	4,917	733	4,184	
GRE1501	MIS Support	84,301	47,334	42,310	5,024	
GRE1506	In - Service	9,000	0	340	(340)	

GRE1508	P.G.D.E	0	(1,069)	(1,534)	465
GRE1510	Science & Technology Fair	5,000	(5,000)	(9,742)	4,742
GRE1513	NPAF Curriculum for Excellence	81,600	15,519	9,308	6,211
GRE1518	Olnafirth Art	8,405	3,502	8,633	(5,131)
GRE1520	Cultural Co-ordinator	83,592	34,785	7,466	27,319
GRE1522	Blueprint Consultation	100,099	41,708	56,271	(14,563)
GRE1523	Dialect Co-Ordinator	5,000	2,858	6,365	(3,507)
GRE3500	Link Courses	2,000	500	273	227
GRE1101	Schools, Aith Nursery	40,290	17,508	16,476	1,032
GRE1103	Schools, Baltasound NS	46,282	19,897	16,282	3,615
GRE1104	Schools, Bells Brae NS	133,447	58,491	60,548	(2,057)
GRE1105	Schools, Brae Nursery	78,580	34,052	33,483	569
GRE1106	Schools, Bressay Nursery	41,665	17,383	14,294	3,089
GRE1109	Schools, Cunningsb'h NS	48,625	20,170	23,748	(3,578)
GRE1110	Schools, Dunrossness NS	78,686	34,183	33,314	869
GRE1111	Schools, Fair Isle Nursery	9,658	4,045	4,399	(354)
GRE1112	Schools, Fetlar Nursery	555	250	2,263	(2,013)
GRE1113	Schools, Foula Nursery	12,160	5,113	5,446	(333)
GRE1117	Schools, Happyhansel NS	42,878	18,780	21,239	(2,459)
GRE1119	Lunnasting Nursery	30,156	12,565	12,358	207
GRE1120	Schools, Mid Yell Nursery	86,436	36,854	28,901	7,953
GRE1121	Schools, Mossbank NS	154,101	64,540	59,515	5,025
GRE1128	Schools, Sandwick NS	80,679	34,656	37,321	(2,665)
GRE1129	Schools, Scalloway NS	80,526	33,952	34,018	(66)
GRE1130	Schools, Skeld Nursery	38,786	16,799	15,566	1,233
GRE1131	Schools, Skerries Nursery	14,968	6,231	5,357	874
GRE1132	Schools, Sound Nursery	103,943	45,030	42,252	2,778
GRE1134	Schools, Whalsay NS	75,758	32,425	32,596	(171)
GRE1135	Schools, Urafirth Nursery	37,515	16,194	16,419	(225)
GRE1137	Schools,Whiteness Nursery	62,925	27,414	26,292	1,122
GRE1150	Schools, Nursery - General	72,511	30,065	25,973	4,092
GRE1151	School Services, Nursery Suppl	20,020	8,298	3,689	4,609
GRE1160	Div Man, Commissioned Places	253,320	64,330	48,160	16,170
GRE1201	Schools, Aith Primary	266,554	117,485	124,099	(6,614)
GRE1203	Schools, Baltasound PS	187,644	86,345	89,434	(3,089)
GRE1204	Schools, Bells Brae PS	1,279,896	570,419	582,650	(12,231)
GRE1205	Schools, Brae Primary	422,456	194,123	198,048	(3,925)
GRE1206	Schools, Bressay Primary	114,059	45,830	38,712	7,118
GRE1207	Schools, Burravoe Primary	97,519	40,412	38,173	2,239
GRE1208	Schools, Cullivoe Primary	140,888	59,060	53,645	5,415
GRE1209	Schools, Cunningsb'h PS	300,204	126,057	120,207	5,851
GRE1210	Schools, Dunrossness PS	563,714	248,992	251,049	(2,057)
GRE1211	Schools, Fair Isle Primary	109,467	43,969	41,352	2,617
GRE1212	Schools, Fetlar Primary	35,446	14,633	27,614	(12,981)
GRE1213	Schools, Foula Primary	111,182	44,746	47,445	(2,699)
GRE1214	Schools, Tingwall Primary	229,518	100,011	100,976	(965)
GRE1216	Schools, Hamnavoe PS	214,928	95,902	97,968	(2,066)
GRE1217	Schools, Happyhansel PS	249,039	119,290	111,774	7,516
GRE1219	Schools, Lunnasting PS	152,404	68,167	69,743	(1,576)
GRE1220	Schools, Mid Yell Primary	219,837	94,830	103,739	(8,909)
GRE1221	Schools, Mossbank PS	344,443	149,080	140,704	8,376
GRE1222	Schools, North Roe PS	84,152	34,222	35,821	(1,599)
GRE1223	Schools, Ollaberry Primary	109,605	51,071	52,431	(1,360)
GRE1224	Schools, Olnafirth Primary	136,108	58,023	57,428	595
GRE1225	Schools, Papa Stour PS	2,435	991	2,712	(1,721)
GRE1227	Schools, Sandness Primary	83,549	35,150	29,358	5,792
GRE1228	Schools, Sandwick Primary	306,917	137,004	140,401	(3,397)
GRE1229	Schools, Scalloway PS	342,876	156,140	136,668	19,472
GRE1230	Schools, Skeld Primary	157,524	68,720	65,568	3,152
GRE1231	Schools, Skerries Primary	86,584	35,980	38,516	(2,536)
GRE1232	Schools, Sound Primary	1,154,172	516,575	504,047	12,528
GRE1233	Schools, Nesting PS	153,547	70,963	72,917	(1,954)
GRE1234	Schools, Whalsay PS	463,446	215,347	223,949	(8,602)
GRE1235	Schools, Urafirth Primary	100,873	46,291	48,833	(2,542)
GRE1236	Schools, Uyeasound PS	100,790	42,097	42,096	1
GRE1237	Schools, Whiteness PS	346,125	154,483	159,832	(5,349)
GRE1251	School Services, Primary Suppl	198,670	68,238	62,664	5,574
GRE1301	Schools, Aith Secondary	789,407	342,295	331,972	10,323
GRE1302	Schools, Anderson HS	4,624,531	2,083,522	2,111,811	(28,289)
GRE1303	Schools, Baltasound SS	600,396	261,632	270,276	(8,644)
GRE1305	Schools, Brae Secondary	1,969,552	851,951	861,685	(9,734)
GRE1320	Schools, Mid Yell SS	665,968	283,539	287,877	(4,338)
GRE1328	Schools, Sandwick SS	1,279,627	569,793	582,105	(12,312)
GRE1329	Schools, Scalloway SS	1,179,967	509,935	523,943	(14,008)
GRE1331	Schools, Skerries SS	84,145	35,126	35,397	(271)
GRE1334	Schools, Whalsay SS	742,335	317,619	315,720	1,899
GRE1340	Work Experience	32,640	13,576	12,729	847

GRE1351	School Service, Sec Supply	100,527	39,728	39,706	22	
GRE1360	School Service, Halls of Resid	605,633	245,322	254,706	(9,384)	
GRE1401	Visiting Music Specialists	220,753	85,157	59,166	25,991	
GRE1402	Visiting Art Specialists	225,014	92,406	88,759	3,647	
GRE1403	Visiting PE Specialists	735,571	526,411	556,363	(29,952)	
GRE1404	Knitting Instructors	128,365	53,369	69,077	(15,708)	
GRE1405	Other Visiting Staff	81,710	33,965	36,289	(2,324)	
GRE1410	Science Technicians	211,360	90,361	88,723	1,638	
GRE1418	Music Instructors	551,757	236,583	231,552	5,031	
SRE1600	Youth Service Manager	56,456	23,473	13,827	9,646	
GRE1601	Playschemes	10,100	4,830	3,979	851	
GRE1602	Youth Workers	507,082	196,215	191,159	5,056	-25000
GRE1603	Duke of Edinburgh	2,815	1,195	88	1,107	
GRE1604	Islesburgh Youth Club	3,740	1,558	(1,149)	2,707	
GRE1605	Youth Development	24,037	10,004	7,266	2,738	
GRE1606	Bridges Project	192,772	78,919	89,916	(10,997)	
GRE1607	Wider Roles	0	0	3,810	(3,810)	
GRE1608	Sadat-Youth Work	0	0	(12,000)	12,000	
GRE3450	Special Education - General	626,769	190,215	190,215	0	
GRE3451	Special Supply Cover	58,031	24,060	11,612	12,448	
GRE3462	Additional Support Base	291,137	112,190	109,776	2,414	
GRE3463	Club XL	140	140	138	2	
GRE3470	Support for Learning	2,434,415	983,079	959,802	23,277	
GRE3471	AHS ASN	908,817	377,297	374,208	3,089	
GRE3473	Bells Brae ASN	904,263	378,587	378,484	103	
GRE4410	Library	1,054,225	466,332	486,136	(19,804)	
SRE6902	Catering Support	282,263	117,452	83,643	33,809	
VRE4001	Aith School Catering	95,317	39,650	35,589	4,062	
VRE4002	AHS Catering	368,743	153,499	134,523	18,976	
VRE4003	Baltasound School Catering	57,322	23,832	21,187	2,645	
VRE4004	Bells Brae School Catering	161,099	67,035	65,139	1,896	
VRE4005	Brae School Catering	196,201	81,642	81,162	480	
VRE4006	Bressay School Catering	19,499	8,105	8,198	(93)	
VRE4007	Burravoe School Catering	15,230	6,329	5,684	645	
VRE4008	Cullivoe School Catering	9,380	3,895	3,244	651	
VRE4009	Cunningsburgh School Catering	45,655	18,984	21,822	(2,838)	
VRE4010	Dunrossness School Catering	83,059	34,547	33,174	1,373	
VRE4011	Fair Isle School Catering	12,838	5,333	4,635	698	
VRE4012	Fetlar School Catering	3,366	1,390	3,322	(1,932)	
VRE4014	Tingwall School Catering	45,792	19,047	17,623	1,424	
VRE4016	Hamnavoe School Catering	38,956	16,199	15,593	606	
VRE4017	Happyhansel School Catering	41,504	17,262	15,979	1,283	
VRE4019	Lunnasting School Catering	19,702	8,189	7,260	929	
VRE4020	Mid Yell School Catering	83,260	34,646	30,370	4,276	
VRE4021	Mossbank School Catering	44,198	18,378	17,869	509	
VRE4022	North Roe School Catering	12,250	5,088	3,096	1,992	
VRE4023	Ollaberry School Catering	19,289	8,017	8,158	(141)	
VRE4024	Olnafirth School Catering	26,851	11,167	9,267	1,900	
VRE4027	Sandness School Catering	8,099	3,363	2,856	507	
VRE4028	Sandwick School Catering	156,227	65,009	60,882	4,127	
VRE4029	Scalloway School Catering	123,339	51,314	47,041	4,273	
VRE4030	Skeld School Catering	18,137	7,540	6,463	1,077	
VRE4031	Skerries School Catering	15,477	6,433	5,242	1,191	
VRE4032	Sound School Catering	153,824	64,015	61,404	2,611	
VRE4033	Nesting School Catering	20,499	8,522	7,435	1,087	
VRE4034	Whalsay School Catering	104,007	43,272	40,278	2,994	
VRE4035	Urafirth School Catering	15,693	6,518	5,148	1,370	
VRE4036	Uyeasound School Catering	3,052	1,272	649	623	
VRE4037	Whiteness School Catering	57,612	23,966	22,414	1,552	
SRE6903	Cleaning Support	43,607	17,939	13,667	4,272	
VRE5001	Aith Sch Cleaning	52,363	21,763	17,152	4,611	
VRE5002	AHS Cleaning	252,307	104,918	95,664	9,254	
VRE5003	Baltasound School Cleaning	42,088	17,464	15,440	2,024	
VRE5004	Bells Brae School Cleaning	63,618	26,449	23,643	2,806	
VRE5005	Brae School Cleaning	108,017	44,904	45,025	(121)	
VRE5006	Bressay School Cleaning	16,245	6,749	5,938	811	
VRE5007	Burravoe School Cleaning	5,971	2,475	2,143	332	
VRE5008	Cullivoe School Cleaning	6,079	2,520	2,106	414	
VRE5009	Cunningsburgh School Cleaning	21,405	8,893	8,979	(86)	
VRE5010	Dunrossness School Cleaning	28,269	11,744	13,910	(2,166)	
VRE5011	Fair Isle Cleaning	5,832	2,418	2,290	128	
VRE5012	Fetlar School Cleaning	1,741	714	1,266	(552)	
VRE5013	Foula School Cleaning	5,524	2,302	1,448	854	
VRE5014	Tingwall School Cleaning	12,338	5,113	5,019	94	
VRE5016	Hamnavoe School Cleaning	32,126	13,357	10,527	2,830	
VRE5017	Happyhansel School Cleaning	33,216	13,840	12,810	1,030	

VRE5019	Lunnasting School Cleaning	11,309	4,698	4,159	539
VRE5020	Mid Yell School Cleaning	29,094	12,090	11,730	360
VRE5021	Mossbank School Cleaning	25,291	10,480	10,179	301
VRE5022	North Roe School Cleaning	10,121	4,203	3,648	555
VRE5023	Ollaberry School Cleaning	13,641	5,661	5,232	429
VRE5024	Olnafirth Cleaning	11,068	4,596	4,505	91
VRE5027	Sandness School Cleaning	7,756	3,218	2,776	442
VRE5028	Sandwick School Cleaning	92,394	38,411	33,109	5,302
VRE5029	Scalloway School Cleaning	84,695	35,212	33,000	2,212
VRE5030	Skeld School Cleaning	12,195	5,067	5,116	(49)
VRE5031	Skerries School Cleaning	6,497	2,694	2,777	(83)
VRE5032	Sound School Cleaning	38,087	15,826	16,864	(1,038)
VRE5033	Nesting School Cleaning	9,068	3,760	3,356	404
VRE5034	Whalsay School Cleaning	47,317	19,663	18,854	809
VRE5035	Urafirth School Cleaning	7,794	3,234	3,113	121
VRE5036	Uyeasound School Cleaning	8,336	3,459	3,046	413
VRE5037	Whiteness School Cleaning	20,750	8,617	8,164	453
VRE6001	Office Cleaning	334,139	138,771	126,067	12,704
VRE6002	Public Conveniences	104,715	43,539	40,403	3,136
TOTAL EDUCATION & SOCIAL CARE		77,119,718	34,324,615	33,054,355	1,270,260 (1,372,055)

Year to Date
Variance
Excluding Savings
(Adv)/Fav
£
(844)
23,073
(14,893)
(9,024)
0
44,357
10,141
3,625
2,686
9,067
17,753
1,085
74,648
(1,816)
0
0
770
13,750
22,654
4,491
1,988
(300)
0
(4,072)
0
(5,410)
(3,024)
2,963
27,625
144
2,011
2,837
3,766
4,677
1,347
246
2,516
1,366
828
(1,529)
1,843
8
1,446,982
11,012
(4,991)
16,186
710,435
1
32,144
(7,500)
4,167
(36,222)
0
13,277
(1,503)
(11,289)
(578)
27,797
2,336
5,043
7,892
3,593

0
39,640
30,024
1,348
6,415
3,514
5,156
211
17,231
(181)
(111)
(8,155)
11,556
5,990
6,900
86,706
27,620
240
1,127
669
10,906
1,191
73,416
(62,834)
8,770
109,585
38,658
18,677
30,000
(184)
16,275
(3,078)
9,868
1,605
15,439
(6,468)
43,312
(33,602)
(19,465)
8,223
69,262
(1,052)
861
333
2,083
(5,923)
50,940
(853)
35,232
15,450
8,604
(44,244)
48,291

483,685

(2,285)
461
(1,940)
(568)
72,857
8,972
4,446
395
1,430
(7,890)
43,135
105,190
(37,103)
(18,859)
(1,804)
4,010
26,933
339
118,091
(224)
(2,014)

20,469
17,072
33,742
18,545
20,988
1,819
52,139
5,340

213,612
(510)
39,205
(17,687)
23,670
34,412
10,690
7,082
4,409
0
8,626
92,759
(37,266)
(1,778)
(7,135)
(2,957)
(1,187)
25,021
1,304
35,447
(491)

5,467
5,467

23,546
13,605
3,591
10,556
322
(94)
4,298
(15,160)
3,295
3,131

348,348
(2,080)
(845)
(14,062)
532
152
343
304
348
146
(1,469)
217,082
6,712
(5,877)
5,149
5,500
(20,061)
2,290
6,760
(183)
(8,372)
2,761
(125)
(25,624)
6,204
5,223
(20,575)
(4,363)
4,184
5,024
(340)

465
4,742
6,211
(5,131)
27,319
(14,563)
(3,507)
227
1,032
3,615
(2,057)
569
3,089
(3,578)
869
(354)
(2,013)
(333)
(2,459)
207
7,953
5,025
(2,665)
(66)
1,233
874
2,778
(171)
(225)
1,122
4,092
4,609
16,170
(6,614)
(3,089)
(12,231)
(3,925)
7,118
2,239
5,415
5,851
(2,057)
2,617
(12,981)
(2,699)
(965)
(2,066)
7,516
(1,576)
(8,909)
8,376
(1,599)
(1,360)
595
(1,721)
5,792
(3,397)
19,472
3,152
(2,536)
12,528
(1,954)
(8,602)
(2,542)
1
(5,349)
5,574
10,323
(28,289)
(8,644)
(9,734)
(4,338)
(12,312)
(14,008)
(271)
1,899
847

22
(9,384)
25,991
3,647
(29,952)
(15,708)
(2,324)
1,638
5,031
9,646
851
30,056
1,107
2,707
2,738
(10,997)
(3,810)
12,000
0
12,448
2,414
2
23,277
3,089
103
(19,804)
33,809
4,062
18,976
2,645
1,896
480
(93)
645
651
(2,838)
1,373
698
(1,932)
1,424
606
1,283
929
4,276
509
1,992
(141)
1,900
507
4,127
4,273
1,077
1,191
2,611
1,087
2,994
1,370
623
1,552
4,272
4,611
9,254
2,024
2,806
(121)
811
332
414
(86)
(2,166)
128
(552)
854
94
2,830
1,030

539
360
301
555
429
91
442
5,302
2,212
(49)
(83)
(1,038)
404
809
121
413
453
12,704
3,136

2,642,315

EDUCATION & SOCIAL CARE MANAGEMENT INFORMATION 2010/11 - PERIOD 5	1st April 2010 to 31st August 2010
---	------------------------------------

<u>Revenue Expenditure by Service</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable
	£	£	£	£
Education & Social Care Services (total)	555,430	247,201	237,164	10,037
Adult Learning & Train Shetland	396,932	165,388	174,117	(8,729)
Housing	156,712	81,813	63,047	18,766
Sports & Leisure	1,786	0	0	0

<u>Revenue Expenditure by Subjective</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable
	£	£	£	£

Employee Costs (sub total)	396,932	165,388	171,535	(6,147)
Basic Pay	287,794	119,914	126,355	(6,441)
Overtime	0	0	80	(80)
Other Employee Costs	109,138	45,474	45,100	374

Operating Costs (sub total)	13,500	2,500	3,667	(1,167)
Travel & Subsistence	0	0	2,582	(2,582)
Property Costs	0	0	0	0
Other Operating Costs	13,500	2,500	1,085	1,415

Transfer Payments (sub total)	144,998	79,313	61,962	17,351
--------------------------------------	----------------	---------------	---------------	---------------

Income (sub total)	0	0	0	0
---------------------------	----------	----------	----------	----------

TOTAL	555,430	247,201	237,164	10,037
--------------	----------------	----------------	----------------	---------------

EDUCATION & SOCIAL CARE RMA 2010/11 - COST CENTRE DETAIL - PERIOD 5

1st April 2010 to 31st August 2010

<u>Description</u>		Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable
		£	£	£	£
Housing		156,712	81,813	63,047	18,766
RRH2800	Housing Initiatives	59,816	25,658	22,026	3,632
RRH2801	Tenant Participation	15,414	15,414	280	15,134
RRH2803	Shetland Women's Aid	81,482	40,741	40,741	0
Adult Learning & Train Shetland		396,932	165,388	174,117	(8,729)
RRL6050	Modern Apprenticeships	396,932	165,388	174,117	(8,729)
Sports & Leisure		1,786	0	0	0
RRJ3007	Cunningsburgh Marina provision	1,786	0	0	0
TOTAL EDUCATION & SOCIAL CARE SERVICES		555,430	247,201	237,164	10,037

<u>Revenue Expenditure by Service</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable
	£	£	£	£
Housing Revenue Account Services (total)	(3,917,593)	(2,079,982)	(2,022,694)	(57,288)
Head of Housing	(1,200,000)	(500,000)	(413,815)	(86,185)
Operational Services	1,312,513	291,225	281,824	9,401
Business Support	(4,030,106)	(1,871,207)	(1,890,703)	19,496

<u>Revenue Expenditure by Subjective</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable
	£	£	£	£
Employee Costs (sub total)	2,681	1,117	1,117	(0)
Basic Pay	0	0	0	0
Overtime	0	0	0	0
Other Employee Costs	2,681	1,117	1,117	(0)

Operating Costs (sub total)	2,370,098	533,133	518,814	14,319
Travel & Subsistence	0	0	0	0
Property Costs	2,335,276	512,082	504,454	7,628
Other Operating Costs	34,822	21,051	14,360	6,691

Transfer Payments (sub total)	28,981	25,289	1,500	23,789
--------------------------------------	---------------	---------------	--------------	---------------

Income (sub total)	(6,319,353)	(2,639,521)	(2,544,125)	(95,396)
---------------------------	--------------------	--------------------	--------------------	-----------------

TOTAL	(3,917,593)	(2,079,982)	(2,022,694)	(57,288)
--------------	--------------------	--------------------	--------------------	-----------------

EDUCATION & SOCIAL CARE RMA 2010/11 - COST CENTRE DETAIL - PERIOD 5	1st April 2010 to 31st August 2010
---	------------------------------------

<u>Description</u>	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance (Adverse)/Favourable
	£	£	£	£
Housing Revenue Account				
HRH0350 Housing Support Grant	(1,200,000)	(500,000)	(413,815)	(86,185)
HRH1300 Ladies Drive Hostel	(40,748)	(17,108)	(18,516)	1,408
HRH3100 Customer Services	49,253	20,830	6,739	14,091
HRH3150 Garages, HRA	19,200	8,000	-3,710	11,710
HRH3151 South Team Area 2	250,000	86,816	86,816	0
HRH3152 South Team Area 1	250,000	59,159	59,159	0
HRH3153 North Team Area 2	250,000	82,230	83,079	(849)
HRH3154 North Team Area 1	250,000	51,506	51,506	0
HRH3300 Other	285,308	0	14,970	(14,970)
HRH3350 Grazing Lets	-500	-208	-580	372
HRH4258 Cost of Refurbishment	0	0	2,362	(2,362)
HRH2047 Rents General Needs	(4,529,288)	(1,794,658)	(1,795,892)	1,234
HRH2048 Rents Sheltered Housing	(576,162)	(253,846)	(251,557)	(2,289)
HRH2355 Supervision & Management	22,870	20,619	4,282	16,337
HRH3200 Planned Services HRA	1,052,474	156,678	152,464	4,214
TOTAL HOUSING REVENUE ACCOUNT	(3,917,593)	(2,079,982)	(2,022,694)	(57,288)



REPORT

To: Services Committee

7 October 2010

From: Head of Housing

Report No: HS-18-10

Provision Of Affordable Housing – Progress On Housing Initiatives

1. Introduction

- 1.1 This report seeks to provide Services Committee with an update on progress of all housing initiatives intended to generate additional units of housing.

2. Links to Corporate Priorities and Risks

- 2.1 Sustainable Organisation - Help us to make sure that we are making best use of our resources and delivering services as effectively as possible. The Council has, through its Local Housing Strategy (LHS), a stated aspiration for more affordable housing.
- 2.2 The 2009/10 Housing Service plan identifies that Shetland Islands Council Housing Service will, *“Work in partnership with others to enable everyone in Shetland to have access to a choice of affordable housing options, across **all tenures** that are warm and safe, energy efficient and in keeping with the Shetland environment, of good quality and in good repair, able to meet demand and the particular needs of households in inclusive and vibrant communities”*.
- 2.3 The 2009/10 Housing Service action plan requires the Head of Housing to, *“Continue to investigate options for increasing housing supply in Shetland”*.
- 2.4 The Sustaining Shetland document endorsed by the Community Planning Board states that, *“We will increase the population of Shetland to 25,000 by 2025. We will increase the supply of housing to 12,000 by 2025”*.
- 2.5 The Shetland Targets & Priorities document states that, *“We will place more effort on stimulating demand for living in the remote areas of Shetland by ensuring that the ratio of jobs to people and housing is the same”*.

- 2.6 In terms of risk, there is no direct financial risk associated with this report. However, there are political, economic, social, educational and health risks associated with high levels of unmet housing need. The consequences of this unmet housing need will have financial implications for those Council services supporting housing, social, education and health.
- 2.7 Further, the lack of affordable housing acts as a disincentive to economic growth and will prevent Shetland competing economically at a micro and macroeconomic level.
- 2.8 The lack of sufficient numbers of affordable housing units will impinge on the Council's ability to meet the statutory 2012 targets for homeless persons.

3. Background

- 3.1 In June 2010 the Council agreed to fund the construction of 76 houses in Lerwick, 10 in Brae & 4 in Virkie. The Council also agreed to progress design work on sites at Sandwick, Bressay & Burra (SIC 107/10). This decision was taken in the context of doubt remaining about the continuation of Housing Support Grant (HSG). This is because the halting of HSG will seriously affect funding options for the Council as a whole. Members should note that the houses in Lerwick do not represent 76 additional units as some of these are to replace existing chalets.
- 3.2 Progress on approved Council house provision is as follows:
 - 3.2.1 Lerwick (Hoofields) – Work has started on site to construct the road and complete ground works. Tenders for the houses are due back in December 2010, with the work on superstructures to commence early 2011;
 - 3.2.2 Brae – Planning permission and building warrants are in place. The contract for the ground works is out to tender and tenders for the houses is soon to follow. Work cannot progress until all aspects relating to removal of the land from crofting tenure are complete. However, subject to suitable tenders being returned and a contractor appointed, work could be ready to commence immediately after completion of the removal from crofting tenure.
 - 3.2.3 Virkie – This is a pilot scheme to encourage private sector development underwritten by the Council in several ways to reduce development risk. Legal Services are currently preparing a development agreement. The Housing Service is seeking to make a planning application in October 2010. It is anticipated that a report will be presented to Services Committee seeking authority to proceed in November 2010. Assuming authorisation is forthcoming it is anticipated that work may commence on site in early 2011;

- 3.2.4 Staff from the Capital Programme Service are progressing design works, with a view to making planning applications for new houses in Burra, Sandwick & Bressay. The doubts over future funding make any start dates for these projects difficult to predict at this stage:
- 3.3 At the same time there are other initiatives relating to the provision of additional housing generally. These initiatives are as follows:
 - 3.3.1 Support funding for Hjaltland Housing Association to allow development to progress;
 - 3.3.2 An outline of a shared equity scheme approved by Services Committee (SC 72/10);
 - 3.3.3 An advertisement due to be placed in October 2010, seeking expressions of interest in shared equity, purchase of houses and / or purchase of house sites;
 - 3.3.4 A working group led by the Executive Director of Education and Social care seeking to stimulate development in the private sector:
- 3.4 All of the above is supplemented by the working groups of the Housing Strategy Steering Group (HSSG) and associated sub groups.
- 3.5 A further report with details of the Strategic Housing Investment Plan (SHIP) is planned for Services Committee later in the year. This SHIP will set out all development proposals for consideration and approval of the Council.

4 Analysis of Affordable Housing Supply

- 4.1 The first important point to make is that amounts of money and numbers of properties discussed in this report does not represent the total requirement for housing in Shetland.

- 4.2 Currently, a total of 298 social housing units are collectively planned across Shetland by Hjaltsland Housing Association (HHA) and the Council. A summary table indicating what is already planned by HHA and the Council up to 2015 is set out below as Table 1.

Table 1

Locality	HHA units	Additional SIC units	Total planned units
North Mainland	2	10	12
South Mainland	10	6	16
West Mainland	10	0	10
Central Mainland	156	2	158
Lerwick & Bressay	46	50 (see 3.1)	96
North Isles, Whalsay & Skerries	6	0	6
TOTAL			298

- 4.3 The table below shows projected household distribution based on the GRO(S) household projections. Through the evidence of the Housing Need and Demand Assessment (HNDA), the Local Housing Strategy process identify housing supply targets taking this data and other relevant context information into account to will inform future housing supply.

Table 2

Locality	Projected Future Household Distribution (to 2031 using GRO(S) Household Projection Figures). %
North Mainland	14
South Mainland	17
West Mainland	10
Central Mainland	14
Lerwick & Bressay	32
North Isles, Whalsay & Skerries	13
Total	100

5 Conclusions

- 5.1 While the availability of resources is always a problem, progress is being made to increase the supply of housing. Furthermore the Council is exploring a whole range of initiatives in recognition that Council housing on its own is unlikely to be the final solution.

6 Financial Implications

- 6.1 There are no direct financial implications from this report, as progress is dependant on the availability of future funding and this is to be presented by the Head of Finance in future reports to the Council.

7. Policy and Delegated Authority

- 7.1 All matters relating to Housing stand referred to the Services Committee In accordance with Section 13 of the Council's Scheme of Delegations. The Committee has delegated authority to make decision on matters within its remit for which the overall objectives have been approved by the Council, in addition to appropriate budget provision.

8. Recommendations

- 8.1 I recommend that Services Committee note the contents of this report.

Date: 7 October 2010
Our Ref: CM/LJ

Report No: HS-18-10



REPORT

To: Services Committee

7 October 2010

From: Community Work Manager

SHETLAND SOUTH VISION

1. Introduction

- 1.1 The purpose of this report is to inform Members of the work carried out by the South Local Service Delivery Group and the findings of the Shetland South Vision 2009 consultation.

2. Links to the Corporate Plan

- 2.1 This report links to the Corporate Plan by seeking to improve the Council's business and to make sure that the priorities outlined in the plan can be delivered in an efficient and sustainable way.

3. Risk Management

- 3.1 There are no major risks associated with the recommendations in this report for the Council.

4. Background

- 4.1 Local Service Delivery Groups (LSDGs) were established in principal in 2004 and are made up from representatives from within a community coming together with the people who deliver services, to find the best solutions to local issues, using local resources. A partnership approach is used across the agencies to provide ongoing support, be creative with ideas and help meet the needs and aspirations of the communities. LSDGs help with planning, highlighting priorities and identifying resources. They are able to act on behalf of agencies to help ensure effective implementation of any projects.
- 4.2 The South Local Service Delivery Group recognised that recent increased housing levels in the area were having an impact on services. Several service providers including the local Health Centre and Youth Centre were finding it difficult to meet the needs of their users. It became clear that a more "joined up" approach in delivering services and planning was needed in the south. It was agreed that a "visioning" exercise for the South Mainland would help to address and improve planning and service delivery around a wide range of services.
- 4.3 Four main outcomes were identified for the Vision:
- a) To get a shared understanding of community needs and aspirations
 - b) To inform policy makers and service providers of the needs

- c) To get a sense of priority
- d) To become recognised as an example of good practice in service user involvement

4.4 The vision process consisted of a series of events from 'Setting the Scene' on 25 April 2009 to 'The Way Forward' on 28 November 2009. In total over 500 individual contacts were made through 11 workshops, 1 focus group, attendance at local community events such as Sunday Teas, Craft Fairs and local shows, a display at Sumburgh Airport, and the distribution of questionnaire postcards throughout the south. There were also phone calls and emails received, and visits to the community office to discuss directly.

5. The Vision report - Findings

5.1 The full report on the Vision has been widely circulated within the community and to all partners including all service managers and elected Members of Shetland Islands Council. The findings and actions are summarised below.

5.2 Arts, Heritage & Culture

- Develop trails
- Undertake better marketing and promotion
- Set up a Shetland South Development Group
- Maintain and improve facilities
- Identify gaps in provision

5.3 Health & Care

- Upgrade Fair Isle Surgery
- Develop lifestyle and wellbeing opportunities
- Develop training opportunities
- Improve information
- Improve dental provision

5.4 Roads, Transport & Communications

- Take a more joined up thinking approach to timetabling
- Maintain and improve current provision
- Address Fair Isle transport issues e.g. New Ferry, Improve Flight Schedules
- Improve broadband provision
- Reduce transport costs

5.5 Emergency Services

- Improve ambulance cover
- Upgrade and replace fire stations in Sandwick and Fair Isle

5.6 Economic Development & Agriculture

- Support and encourage small business development
- Support and maintain local shops
- Undertake better marketing
- Increase local produce/allotments etc.
- Encourage young people into crofting

5.7 Learning

- Develop Wellbeing Course
- Family & Intergenerational Learning
- Improve access to IT
- Improve links with schools
- Provide better information about what's available

5.8 Community

- Audit, maintain and promote local public assets e.g. Public Buildings
- Attract, maintain and support volunteering
- Set up a Shetland South Development Group
- Establish a One Stop Community Shop
- Improve information to the Community

5.9 Environment

- Change attitudes about waste
- Encourage more community based micro power schemes
- Preserve and protect land and marine environment
- Promote organic e.g. compost making
- Address pollution issues e.g. light pollution

5.10 Housing & Planning

- Build more affordable housing
- Improve communication about planning issues e.g. where housing goes, infrastructure etc.
- Provide more information on grants

5.11 Youth

- Change bus timetables to take young people's travel needs into consideration
- Improve facilities/activities e.g. gigs, youth Clubs
- Improve access to IT facilities

6. **Current Position – Taking Issues Forward**

6.1 Strategic Contributions: Findings from the Shetland South Vision have already contributed to the Blueprint for Education, the new Shetland Development Plan, and the Outer Isles STAG consultation. Contributions will also be made to the Shetland Health Board, new Clinical Strategy for Shetland; The Scottish Ferry Review; The North Isles Ferry Review and the Options for Short Term Savings Review.

6.2 Continuing Operational & Community Involvement:

Since the completion of the report, four task groups have been identified to take actions forward. Two have already met and made progress, a further two are still to meet, but will do so by the end of the year. Regular articles and updates on the progress of these groups will be promoted in the newsletter. The Shetland South LSDG website is regularly updated with copies of the Vision Report, newsletters, approved minutes and dates for future meetings.

6.2.1 Shetland South Learning Partnership (Subgroup)

This group covers Health, Learning and Youth and Community. This group have already developed a '*Help Yourself to Health*' course which will begin to tackle some of the more sensitive issues arising from the Vision such as the perceived high suicide rates in Shetland South while also looking at how to keep fit and eat healthily. This will be promoted in Shetland South over the winter and delivered from the *Ness Learning Centre*. The group is also holding a joint meeting with *Sandwick School* to look at how to reintroduce the very popular '*Drop In*' sessions on Monday afternoons. The '*Drop Ins*' used to include Health sessions for pupils on tackling Smoking and Alcohol Abuse as well as opportunities to feedback on then current consultations such as the Transport Review and Youth Issues. These sessions were very valuable and this group would like to build on past experience and involve more agencies and community groups.

6.2.2 Environment, Tourism, Heritage and Culture (Subgroup)

This group has identified areas for actions. 1) Crafts development, 2) A World War 2 Heritage Trail 3) Shetland South to become a Plastic Free Zone 4) Supply coloured bags for recycling plastic bottles and newspapers.

6.2.3 Housing, Planning, Roads, Transport and Communications

A chair has been elected and a meeting is due in October

6.2.4 Economic Development and Agriculture

Due to meet in November.

7. **Future Plans**

7.1 A conference will be convened in 2012 to report progress

An evaluation of the Vision will be carried out within two years and reported on at a 2012 conference.

8. **Financial Implications**

8.1 There are no direct financial implications arising from this report

9. **Policy and Delegated Authority**

9.1 In accordance with Section 13 of the Council's Scheme of Delegations, the Services Committee has delegated authority to make decisions on the matters within approved policy and for which there is a budget.

10. **Recommendation**

10.1 I recommend that the Services Committee note the report.

REPORT

**To: Services Committee
CHP Committee**

**Date: 7 October 2010
28 October 2010**

From: Head of Community Care

Report No: SC-18-10-F

Report Title: Community Health & Care Partnership (CHCP) Update Report

1. Introduction

- 1.1 This report presents an update on progress made with CHCP development priorities for 2010/11. It includes the sections of the CHCP Agreement, which have been revised since April 2010.
- 1.2 Members of the Council's Services Committee and CHP Committee are asked to note the information presented and make any comments.

2. Links to Corporate Priorities and Risks

- 2.1 Community Care Services contribute to the corporate priorities of the Council and Shetland NHS Board in the following areas:-
 - improving health
 - promoting equal opportunities
 - promoting social justice
 - enabling active citizenship
 - community safety
 - achieving potential
 - strengthening rural communities.
- 2.2 The principal aim of community care is to enable people with assessed needs to live as normal a life as possible in their own homes or in a homely environment in their local community.

2.3 The Community Care Service will provide or purchase services to meet the assessed needs of vulnerable people in the Shetland community who cannot care for themselves through disability, age, illness or other circumstances, working with the most vulnerable to help them achieve their full potential and reducing social inequalities.

2.4 There are no specific risks arising directly from the proposals in this report.

3. **Background**

- 3.1 The Community Health and Care Partnership Agreement 2010 – 2013 was presented to CHP Committee in April and was approved by Shetland NHS Board and by Shetland Islands Council in May 2010 (SIC Min. Ref. SC 42/10).
- 3.2 Service development priorities for 2010/13 are identified in the Agreement and this report presents an update on progress made on these priorities as detailed in Appendix 1.
- 3.3 The CHCP Agreement is a 'live' document which means that it is updated as and when necessary throughout the year. There are several sections attached to this report, which either were not available in April or have been updated. These are listed below.
- Section 3 – Joint Resourcing (updated) – Appendix 2
 - Section 5 – sub section “Blood Borne Diseases” (not available in April) – Appendix 3
 - Section 5 – sub section “Carers” (updated) – Appendix 4
 - Section 5 – sub section “Head Injury” (not available in April) – Appendix 5
 - Section 7 – Joint Performance Management Framework (not available in April) – Appendix 6.

4. **Current Situation**

- 4.1 The priority targets set out in the Agreement continue to be:
- to maintain the position of zero discharges from hospital delayed by more than six weeks: and
 - to support increasing numbers of older people in their own homes in the community as far as possible.
- 4.2 Effort on these priorities has been persistent with work concentrated in several different areas and progressed mainly through the Interim Placement Services Review, which is the subject of a separate report to the CHP Committee.

- Shetland's redesigned single shared assessment process **With YOU, For YOU** has been implemented. This is the subject of a separate report to the CHP Committee and the Council's Audit and Scrutiny Committee.
- Montfield Support Services opened for customers on 17 August with an official opening by the Cabinet Minister for Health and Well Being, scheduled as part of the Annual Review of the NHS in October.
- Three pilot projects on Telecare are being developed through 2010, to provide support for people whether in their own homes or in a care setting.
- The Extra Care Housing pilot in Unst has been very well received in the local community and efforts are now concentrated in Scalloway to find suitable solutions for their area.
- The aims set out in the Long Term Conditions Action Plan are mostly complete. This is the subject of a separate report to the CHP Committee.

4.3 Currently:-

- There are no delayed hospital discharges with no-one delayed waiting for a residential care place (code 71X). Interim placements are either in the community or in care centre settings.
- The number of people waiting for a residential care place has fallen to 17, of these 7 are being supported in a care centre setting waiting for a transfer to their first choice care centre.
- There is no waiting list for an OT assessment.

4.4 Progress on developing better integration of the Children's Services into the organisation and work of the CHCP has been slow but it is hoped that proposals can be developed within the next six months.

4.5 The relationship between the CHP and Shetland's Public Partnership Forum has been strengthened through the Working Agreement and the development of the PPF meetings chaired and led by lay representatives.

4.6 The governance arrangements of the CHP are to be reviewed, but this will be at the beginning of 2011 at the earliest and will take into account the Scottish Government Review published earlier this year and the Audit Scotland report, which is due to be published in February 2011.

4.7 The sections attached at Appendices 2 – 6 show the changes made to date on the CHCP Agreement.

5. Financial Implications

5.1 There are no financial implications arising directly from this report.

6. **Policy and Delegated Authority - SIC¹**

- 6.1 In accordance with Section 13 of the Council's Scheme of Delegations, the Services Committee has delegated authority to make decisions on the matters with approved policy and for which there is a budget.

7. **Conclusions**

- 7.1 The Council and NHS Shetland continue to work well together to deliver a range of high quality community health and care services.
- 7.2 The CHCP Agreement is the main reference document for the CHP and changes are made throughout the year to keep it up to date.
- 7.3 The priority targets for the CHCP are to maintain the position of zero discharges from hospital delayed over six weeks and to maintain increasing numbers of older people in their own homes. Good progress has been made in this area in recent months.
- 7.4 Work on integrating Children's Services into the organisation and work of the CHCP will hopefully be progressed within the next six months.
- 7.5 There will be a review on the governance arrangements for the CHP in 2011.

8. **Recommendations**

I recommend that Members of Shetland Islands Council Services Committee and the CHP Committee:-

- 8.1 note the information presented in this report and its appendices; and
- 8.2 comment if they so wish.

Date: 23 September 2010
Ref: CF'AN'SC-18-10

Report No: SC-18-10-D1

¹ For Shetland Islands Council Services Committee only

Action Plan on Main Priorities from Community Health & Care Partnership Agreement

SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
1. To maintain the reported position of zero discharges from hospital delayed by more than six weeks against national HEAT targets	DCS	<ul style="list-style-type: none"> To implement the actions in the Discharge Action Plan To continue to explore innovative solutions 	On-going	No one is inappropriately placed in hospital	Reported numbers of people delayed by more than six weeks have been maintained at zero
2. To reduce the number of people coded 71X to zero and maintain this position	DCS	<ul style="list-style-type: none"> To develop additional capacity in the community by implementing the Long Term Care Review recommendations 	120 additional places by 2020	No one is inappropriately placed in hospital	Montfield care home opened in August with 17 places. Work to create 40 additional places in Lerwick is at the detailed design stage. No-one is now coded 71X
3. To implement the actions arising from the Interim Placement Services review	H of CC	<ul style="list-style-type: none"> To monitor outcomes of the different workstreams To develop and implement an exit strategy for the review mainstreaming on-going commitment to target of zero delayed discharges To prepare a final review report on the need for Interim Placement Services locally 	Dec 2010	No interim placements in hospital. Reduction in use of interim placements in other formal care settings e.g. residential care	The IPU in Montfield Hospital has not been used since 17 May 2010. Numbers of people delayed in hospital have been reduced from 24 in May 2009 to zero in August 2010. There have been no interim placements in a hospital setting since May 2010.

TBA: To be advised

1
30/09/2010

Action Plan on Main Priorities from Community Health & Care Partnership Agreement

SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
------------	---------------------	-----------------	-----------	-----------------	----------

4. To support increasing numbers of older people to remain in their own homes or in homely environments in their local communities. The local target is for 46% of all older people receiving care services long term to be supported at home;	H of CC	<ul style="list-style-type: none"> •To continue to develop flexible, responsive care at home services across Shetland. •To promote self-care and self-managed care. <p>To develop anticipatory care programmes linked to the work of the Long Term Conditions Collaborative.</p>	On-going	Better outcomes for patients. Reduction in emergency admissions to hospital and inappropriate admissions to hospital and residential care.	<p>Responsive, flexible support at home is provided across Shetland using care centres as links.</p> <p>Direct access to services is supported by the With You For You process. WYFY is being used to develop anticipatory care plans to maintain people with long term conditions and complex needs at home.</p>
5. To maintain progress on the approved work programme for additional long term care places, meeting all target deadlines	H of CC	<ul style="list-style-type: none"> • To complete the detailed design for additional capacity in Lerwick • To complete the detailed design for a dedicated dementia resource to replace Viewforth 	Dec 2010	Improved choice of appropriate long term care settings. No delays in hospital.	Feasibility studies have been completed and funding approved for detailed design work for Lerwick projects.
6. To open the temporary based care home at Montfield	H of CC	<ul style="list-style-type: none"> • Completion of capital works •Commission the building •Recruit and train staff 	July 2010	No one delayed in hospital. Access to intermediate care programmes at Montfield to promote reablement.	<p>The building works were completed on schedule; staff have been recruited and completed their training. The building has been commissioned and the first customer was admitted on 17 August. Montfield Support Services is concentrating on reablement programmes and step-up step-down care.</p>

TBA: To be advised

2
30/09/2010

Action Plan on Main Priorities from Community Health & Care Partnership Agreement

SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
------------	---------------------	-----------------	-----------	-----------------	----------

7. To continue to promote Local Service Delivery Groups (LSDGs) and the Public Partnership Forum Network across Shetland with a view to having on-going dialogue with the community on health and care issues	H of CC	<ul style="list-style-type: none"> •To establish the reporting structures that link PPF & CHP governance arrangements. •To promote the work of the LSDGs •To re-invigorate LSDGs that have been less active 	On-going	To have on-going dialogue with communities on health and care issues. To develop a community led health model	A temporary Project Manager, funded from Scottish Government is working with the PFPI Steering Group, NHS100 and the Planning in Localities Steering Group (PILSG) to develop the PPF Core Group. PILSG continues to support LSDGs in a practical way. A draft Working Agreement for the PPF describing the relationship between the PPF and the CHP has been approved. A chairperson and vice chair person have been elected. The inaugural meeting of the PPF took place on 2 August 2010. Further meetings are planned. The PPF is being promoted through the media and at the local agricultural shows.
8. To promote public engagement on the national programme "Reshaping Care for Older People" through all service developments using existing consultation methods and the Public Partnership Forum	H of CC	•Include themes from the Reshaping Care for Older People in work on Clinical Strategy; report to Board and Committee and include in work with LSDGs and the PPF.	On-going	To develop a common understanding of the best practice model for the support of an ageing population.	The themes have been covered in the work in the Long Term Care Review and Dementia Redesign projects. Reports have been presented to Board and Committee and information has appeared in local media. Feedback from the community is informing future plans.

TBA: To be advised

3
30/09/2010

Action Plan on Main Priorities from Community Health & Care Partnership Agreement

SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
------------	---------------------	-----------------	-----------	-----------------	----------

9. To complete a review of services for younger adults with physical disabilities including supported accommodation and services provided at Montfield Hospital	DCS	This review will be taken forward through the Interim Placement Services Review, which will look at all long stay hospital provision	Dec 2010	Plans to increase community based support for people with physical disabilities	Work is linked with 3 above. Reports to the Council and NHS Board have noted that the 4 hospital beds designated for this care group have not been used for a number of years. There are no plans to use hospital beds for this care group.
10. To develop a Joint Respite Strategy	H of CC	Terms of Reference required. Project team to be established and project manager identified	TBA	Equitable framework for respite care. More flexible responsive respite care provision	Start delayed due to lack of capacity at management level to lead this review. Research into the background and policy drivers has started
11. To implement the With You For You quality assurance framework including the Customer Relations function	H of CC	<ul style="list-style-type: none"> Procedures established for routine gathering of data. Establish Customer Relations (CR) Officer role 	Sept 2010	Robust assessment processes that respond to customers' needs/demands	Agreement in place for CR function to be developed through CAB. CAB have appointed a Customer Relations Officer and this function will be publicised in Sept 2010. Quality Assurance framework approved and WYFY Partnership established to support and monitor the continuing development of the WYFY process.

TBA: To be advised

4
30/09/2010

Action Plan on Main Priorities from Community Health & Care Partnership Agreement
SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
------------	---------------------	-----------------	-----------	-----------------	----------

12. To continue the implementation of the Telecare work programme to support more people at home or in extra care housing, including a number of pilot projects to inform the rollout of Telehealthcare solutions	SM OT	<ul style="list-style-type: none"> •To develop detailed proposals covering processes and criteria for Telecare solutions. •To implement Telecare solutions linked to health and community care service models 	Dec 2010	More people supported at home through promoting independent, self-caring solutions, supported by flexible response. Efficiency savings.	JIT have provided £120K in 2010/11 to support Telecare in Shetland. Their work has been driven forward through the Interim Placement Services Review. A dedicated project manager has been appointed and took up post on 18 January 2010. 3 pilot projects will be developed during 2010 and then Telehealthcare solutions mainstreamed.
13. To complete all pilot projects recommended in the Sheltered Housing Review	Executive Director Education & Social Care	<ul style="list-style-type: none"> •To take forward the pilot projects identified and work on implementation of solutions across Shetland based on the findings 	2 nd pilot to be developed by Dec 2010	More people supported at home in their own homes	<p>Work on the pilots is in hand. Pilot regarding the provision of Extra Care Housing in Unst started on the 11 January 2010. 4 out of 5 properties are converted, the last property will be converted in the next few months. 3 houses are occupied and feedback from tenants and carers is very positive. There were open days held on 28/29 Nov 2009.</p> <p>The Scalloway Pilot is next and the working group have met to discuss the way forward.</p>

TBA: To be advised

5
30/09/2010

Action Plan on Main Priorities from Community Health & Care Partnership Agreement

SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
------------	---------------------	-----------------	-----------	-----------------	----------

14. To complete work on the Primary Care Strategy as an integral part of NHS Shetland's Clinical Strategy	DCS	<ul style="list-style-type: none"> • Collate information and statistics • Research best practice • Develop consultation materials 	Sept 2010	Comprehensive sustainable Primary Care model for future years.	Information has been collated and Service Manager Primary Care gave a presentation to GPs in June 2010. Information from the discussion will be used in the strategy.
15 To complete the work on the Long Term Conditions Action Plan ensuring all work strands are transferred to mainstream service delivery models e.g. anticipatory care and case management	DCS	<ul style="list-style-type: none"> • Complete outstanding development work. • Develop an exit strategy 	Dec 2010	Better systems in place to manage Long Term Conditions	Most of the LTC Action Plan is completed. Programme Manager is concentrating on outstanding issues for the last 6 months of the Long Term Conditions Collaborative supported by the Scottish Government.
16. To build on the liP Bronze Award achieved in March 2010; supporting the workforce and taking forward the recommendations of the liP Assessor's report	H of CC	<ul style="list-style-type: none"> • To discuss the liP report with staff • To develop an Action plan based on the review • To implement the recommendations 	March 2011	Healthy organisation. 3 of the ten indicators reviewed in 2010/2011	An Action Plan has been drafted
17. To develop proposals for better integration of Children's Services in the organisation and work of the Community Health & Care Partnership	Executive Director, Education & Social Care	<ul style="list-style-type: none"> • Look at different models for CHP & CHCP structures and governance regarding children's services. • Present proposals for agreement to the Board 	April 2010	Better Integration of Services and seamless transition from Children's to Adult Services	Start delayed due to lack of capacity at management level to undertake this review. Work is now scheduled for the six months from October through to March 2011.

TBA: To be advised

6
30/09/2010

Action Plan on Main Priorities from Community Health & Care Partnership Agreement

SC-18-10 Appendix 1

Objectives	Lead Responsibility	Action Required	Timescale	Desired Outcome	Progress
------------	---------------------	-----------------	-----------	-----------------	----------

		and SIC			
--	--	---------	--	--	--

18. To review the governance arrangements for the CHP in light of the Scottish Government's and Audit Scotland's Reviews of CHPs; both are due to be published in 2010	H of CC	<ul style="list-style-type: none"> • To contribute to the work of Audit Scotland in this area • To interpret the findings as appropriate to the local context • To involve all stakeholders in debate on issues as soon as the findings are available 	TBA	Streamlined governance arrangements for the CHP	<p>Scottish Government Review has been published (May 2010).</p> <p>Audit Scotland report is due to be published in February 2011.</p> <p>Video Conferencing with Audit Scotland representatives to discuss the data gathering phase took place in June 2010.</p> <p>Questionnaire has been completed</p>
--	---------	--	-----	---	--

TBA: To be advised

7
30/09/2010

Section 3:

Joint Resourcing

Financial Framework

1. Aligned Budgets

NHS Shetland and Shetland Islands Council are committed to aligning budgets for all services in the Community Health & Care Partnership (CHCP.) Details of CHCP budgets are included in this Local Partnership Agreement and monitored by the Local Partnership Finance Team (LPFT).

The Financial Regulations and Standing Orders of each partner agency will apply to the individual budgets. Copies of these documents are available separately.

2. Budget Setting

The partner agencies annual planning cycles are shown in the diagram attached at paragraph 12 below.

This process includes the preparation of medium and long term service projections. Budget estimates will be prepared as an integral part of the process by each partner agency and discussed by the LPFT who will report details to the CHCP Management Team (CHCPMT) with any recommendations.

CHCPMT will in turn advise the partner agencies and the Community Health Partnership Committee as appropriate.

3. Devolved Budgets

Budgets for all community care services are devolved to team/unit level. There are currently no ceilings on the value of individual care packages

Care at Home Services

Indicative budgets are set for each locality at the start of the year. Managers in the Community Care Services retain overall responsibility. They will work together to ensure equitable service provision across Shetland and advise the Head of Community Care on areas of

under/overspend. Any virements affecting locality budgets would be agreed with the relevant Budget Responsible Officers (BROs) and reported to the CHCPMT via the Local Partnership Finance Team.

Aids and Adaptations

Specialist equipment over £500 and adaptations to property require the countersignature of the Senior OT Community or a Service Manager.

4. Budget Monitoring

BROs in each partner agency will work with the members of the LPFT to ensure up to date financial information is available on all CHCP services.

Budget monitoring reports will be prepared quarterly by the LPFT for the CHCPMT. The reports will include background information where there are any material budgetary variances, over or underspends and details of any corrective action taken or recommended.

5. Changes to CHCP Budgets

Once budgets have been set, any changes proposed to CHCP budgets will be discussed and agreed by CHCPMT before being actioned by either partner agency in accordance with the appropriate Financial Regulations and Standing Orders. The LPFT will provide support for BROs and CHCPMT in this process.

Any over/underspend will be addressed initially by the partner agency whose budget is directly affected.

Virements will be processed in accordance with each agency's Financial Regulations as appropriate and CHCPMT notified via the LPFT.

6. Specific Funding

The LPFT will share information regarding specific and / or additional allocations of funding, for example from the Scottish Government and provide information to CHCPMT and to BROs in the partner agencies as appropriate.

The CHCPMT has delegated authority from the partner agencies to agree the detailed allocation of specific funding for the implementation of CHCP services locally.

7. Capital Expenditure

Details of each partner agency's capital programme will be made available to the LPFT and CHCPMT in so far as this relates to the CHCP.

8. Joint Commissioning Arrangements

The commissioning and procurement arrangements for the CHCP are set out in the CHCP Commissioning Strategy, which forms part of this agreement. Details of all services outsourced are included below.

Any formal procurement arrangements are progressed by either agency following that agency's standing orders and financial regulations and underpinned by a specific financial agreement that effectively pools the aligned budgets.

For example, independent advocacy services have been commissioned through a formal tender process led by the Council's Community Care Service. The detailed financial arrangements between the Council and NHS were agreed prior to the contract being let. Under this arrangement, the contract has been formally agreed between the Council and the successful contractor and the NHS funding is paid across to the Council to support the commissioning arrangement from a pooled budget. The contract terms include financial monitoring arrangements reported via LPFT.

Similarly, NHS capital funding for the joint development of specific capital projects has been paid to the Council and the projects have been taken forward as part of the Council's capital programme, e.g. the additional support needs base linked to Anderson High School in Lerwick and the respite care facility for adults with learning disabilities which opened in January 2007.

9. Local Partnership Finance Team (LPFT)

The Terms of Reference for the LPFT is included below.

10. Community Health Partnership (CHP) Risk Register

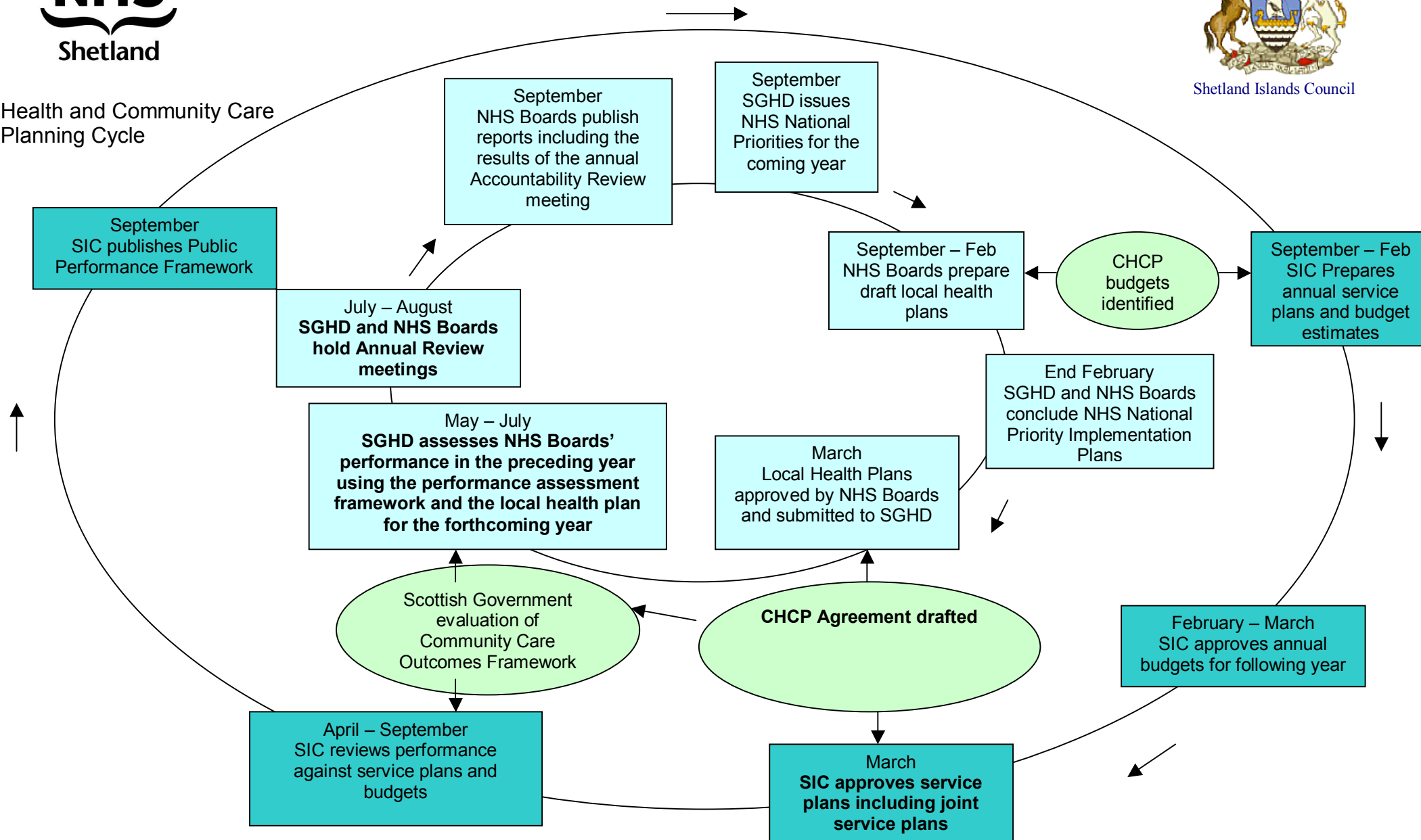
The Risk Register is reviewed and updated regularly by CHCPMT and includes financial risks. The Framework is included in Section 6 of this Agreement.

11. **Dispute Resolution**

Any failure to agree by LPFT will be reported to the CHCPMT in the first instance.

12. **Planning Cycle Diagram**

Health and Community Care
Planning Cycle





Shetland Islands Council

13. Capital Projects

Residential Care and Extra Care Housing

The provisional work programme to take forward the recommendations from the Long Term Care Review and Dementia Redesign was approved by the Council on 18 February 2009, Minute Reference SIC 08/09.

It is estimated that the cost of the feasibility studies for each project in the work programme would range from £25,000 to £45,000 depending on the size of the project. The total cost of the feasibility studies required to support the work programme is estimated at £430K.

The estimated capital and revenue costs are summarised in the table below. The revenue costs shown are estimated full year costs at 2010/11 prices based on current staffing ratios, fixed costs and operating costs of current Community Care establishments. This gives an average figure of £47,320 per annum for each care place with a minimum of ten places in each setting.

The costs of increasing numbers of care packages in the community over the next 15 years assuming 45% of all those requiring long term care are supported at home would be an additional **£4,840K per annum** by 2020.

Progress with the work programme in 2009/10 and 2010/11 has been steady.

- 3 extra care housing places have been provided at Uyeasound in Unst linked to Nordalea.
- The temporary care home at Montfield opened on 17 August 2010.
- The feasibility study for Isleshavn has been completed and the preferred option of converting the old Mid Yell school has been approved by the Council. It is anticipated that contractors should be on site by April 2011.
- The feasibility study on Taing and Edward Thomason House, Viewforth and extra care housing options for Lerwick was presented to the Council in May/June 2010. Work on the detailed design will start in October 2010.
- A proposal from a private developer means that early progress may be possible with the new care home for the central area.

	Location	Additional Capacity	Capital £'000,000s	Revenue per annum £'000s
2009/10	Nordalea sheltered housing pilot	3	0.1	140
2010/11	Montfield care home	17	2.6	800
2012/13	ET House & Taing House developments	14	3.5	660
2012/13	Isleshavn	11	4.5	520
2012/13	Overtonlea	5	1.5	235
2014/15	Viewforth	15	4.5	710
2014/15	Lerwick extra care housing	18	4.4	540
2017/18	Fernlea	3	1	140
2017/18	Wastview	5	1.5	235
2017/18	North Haven	5	1.5	235
2019/20	New central care home	20	4.5	945
2019/20	Wastview	5	1.5	235
2019/20	Fernlea	3	1	140
2019/20	Nordalea	2	0.5	95
2019/20	Overtonlea	5	1.5	235
2019/20	North Haven	5	1.5	235
Totals		136 places	£35.6 Capital	£6,100 Revenue



Shetland Islands Council

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
Lerwick	<u>Residential Care</u>			1. <u>Taing & ET House</u>		
	• Taing House 20			– <i>Feasibility Study</i>	£45K	2009/10
	• Edward Thomason House 16			• Looking at combining these 2 sites and increasing overall capacity to 50 places		Completed April 2010
	• Viewforth House 20			• Modular concept to retain homely, small scale model and atmosphere		
	<u>Extra Care Housing</u>			• Dementia friendly throughout		
	• King Erik House 16			• Combined domestic, office and other backroom facilities		
	Total 72	110	135	• Outsource most laundry needs. Retain domestic style machines and capacity for residents' personal items and clothing		

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<ul style="list-style-type: none"> Findings of the feasibility study are that outsourcing laundry is not recommended <i>Capital works</i> 	£3.5M capital £660K/year revenue	2012
				2. <u>Montfield Care Home</u> – Refurbishment of ground floor of Montfield hospital to create 15 rooms including 2 rooms for couples giving 17 places	£2.6M capital £800K / year revenue	April 2010 Completed July 2010. Opened 17 August 2010

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				3. <u>Viewforth</u> – Feasibility Study – Dedicated dementia unit • Secure care setting • 20 residential care places • 15 extra care housing linked to the residential facility if possible • laundry off site combined with ET/Taing House needs this may not be recommended depending on the preferred site	£45K	2009/10
				– Capital Works	£4.5M capital £710K/year revenue	2015

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				4. <u>Additional Extra Care Housing</u> – <i>Feasibility Study</i> 8 units co-located with ET/Taing House . No space available. Preferred site from the feasibility study is on King Harald Street. Other sites to be examined following presentation of the feasibility study to Services Committee in June 2010	£45K	2015

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<ul style="list-style-type: none"> <i>Feasibility Study</i> 4 Units co-located with King Erik House Clements Hall . St Feasibility Study findings are that this would be a difficult conversion, and is not recommended <i>Capital Works</i> 	£25K £1M capital £190K/year revenue	2012 2014
				<ul style="list-style-type: none"> Preferred option for extra care housing in Lerwick is 18 units on King Harald Street 	£4.4M capital £540K/year revenue	2015

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
Central	Walter & Joan Gray Home in Scalloway with 16 residential care places	Included above		5. <u>New Care Home</u> – <i>Feasibility Study</i> 20 places Spec as at 1. above with possibility of some extra care housing Note: A proposal from a private developer is being considered which may mean this project can move ahead more quickly	£45K	2018
				– <i>Capital Works</i>	£4.5M capital £945K/year revenue	2020

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
Yell	Isleshavn 10 residential care places	20	25	6. <u>New Isleshavn</u> – <i>Feasibility Study</i> completed. Detailed design phase underway 21 places combining residential and extra care on same site – <i>Capital Works</i>	£45K £4.5M capital £520K / year revenue	April 2009 2012
South Mainland	Overtonlea 15 places	20	25	7. <u>Extension and/or extra care housing</u> – <i>Feasibility study</i> : Initially 5 additional places with scope for a further 5 at a later date – <i>Capital Works</i> <ul style="list-style-type: none"> Phase 1 Phase 2 	£45K £1.5M capital £235K / year revenue £1.5M capital £235K/year revenue	April 2010 2012 2020

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
Whalsay	Fernlea 10 places	13	16	8. <u>Extension and / or Extra Care Housing</u> – <i>Feasibility Study</i> 3 + 3 additional places – <i>Capital Works</i> <ul style="list-style-type: none"> Phase 1 Phase 2 	£45K £1M capital £140K / year revenue £1M capital £140K/year revenue	2013 2015 2020
Unst	Nordalea 7 places	10	12	9. <u>Sheltered Housing / Extra Care</u> – 3 or 4 places – pilot – <i>Feasibility Study</i> for conversion of Nordalea to create 2 additional places – <i>Capital Works</i>	£50K capital £180K / year revenue £25K £500K capital £95K / year revenue	April 2009 2018 2020

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
North Mainland	North Haven 15 places	20	25	10. <u>Extension and / or Extra Care Housing</u>		
				– <i>Feasibility Study</i> looking initially at 5 additional places with scope for a further 5 at a later date	£45K	2015
				– <i>Capital Works</i>		
				• Phase 1	£1.5M capital £235K / year revenue	2018
				• Phase 2	£1.5M capital £235K / year revenue	2020
West Mainland	Wastview 15 places	20	25	11. <u>Extension and / or Extra Care Housing</u>		
				– <i>Feasibility Study</i> looking initially at additional 5 places with scope for a further 5 at a later date	£45K	2015
				– <i>Capital Works</i>		
				• Phase 1	£1.5M capital £235K / year	2018

Provisional Work Programme 2009-2024 - April 2010 update

Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<ul style="list-style-type: none"> Phase 2 	revenue £1.5M capital £235K / year revenue	2020

OT Resource Centre

This project suffered a setback in 2009/10 when it became apparent that the preferred site next to Brevik house on South Road, Lerwick, was not suitable. A new site at Gremista has been identified and the feasibility study has been completed.

OT Resource Centre	2010/11 £1M	2011/12 £1.5M
--------------------	----------------	------------------

Eric Gray Resource Centre Redesign

The feasibility study for the complex needs service has been approved by the Council. Further work is needed to complete the design work for other strands identified in the redesign.

Learning Disabilities day care for complex needs	2010/11 £200K	2011/12 £1.5M	2012/13 £2M
--	------------------	------------------	----------------

NHS Capital Programme

Details of the NHS Shetland capital programme are available separately. In recent years, NHS Shetland has provided funding in the form of a capital grant towards the cost of SIC projects, where there is a clear demonstrable health gain. This is expected to continue in 2010/11.

Local Partnership Finance Team (LPFT)

Terms of Reference

1. Purpose

To support the work of Shetland's Community Health and Care Partnership (CHCP) by providing an Integrated Financial Resource Framework.

2. Background

2.1 The LPFT was established in April 2004 to advise the Joint Future Implementation Group (JFIG) on all matters relating to the financial resources and financial management arrangements for Joint Future Services in Shetland.

2.2 The LPFT has developed the systems and financial governance arrangements set out in the CHCP Agreement regarding community health and care budgets and continues to evolve to support Shetland's CHCP.

2. Remit

3.1 The LPFT is responsible for providing information and advice on all financial aspects of the business of Shetland's CHCP.

3.2 Specific tasks include:-

- i. preparation of a Integrated Financial Resource Framework including protocols for:-
 - strategic financial planning,
 - risk assessment and management,
 - operational budget setting, control and management,
 - agreement on treatment of over/underspends,
 - virement, and
 - dispute resolution;
- ii. preparation of budget estimates and costings for CHCP projects;
- iii. sharing information regarding specific funding from the Scottish Government for CHCP projects and service developments;
- iv. preparing reports for CHCP Management Team and CHP Committee as required comprising financial management

information: reports include a quarterly budget monitoring report of CHCP expenditure.

4. Membership

- 4.1 Head of Community Care, SIC/NHS Shetland (Chair);
Director of Finance, NHS Shetland;
Management Accountant, NHS Shetland;
Head of Finance, SIC;
Management Accountant SIC with responsibility for Community Care Service budgets;
Financial Planning Officer, Social Care, SIC.
- 4.2 Other members of staff from NHS Shetland or the Council may attend as required, depending on the current agenda.
- 4.3 The Chair and Vice Chair of the Council's Services Committee and the Community Care Spokesperson are invited to attend
- 4.4 Representatives of other agencies involved in the provision of health and social care services in Shetland may also be invited to attend as appropriate.

5. Quorum

- 5.1 The quorum for a meeting will be one staff representative of each partner agency and the chairperson or their nominee.

6. Frequency of Meetings

- 6.1 The LPFT will meet quarterly.
- 6.2 Additional meetings will be arranged as required.

7. Dispute Resolution

- 7.1 Any failure to agree will be reported to the CHCP Management Team.

CHCP budgets are set out in the tables in this section. Funding streams are identified for each of the main Community Care Client Groups in alphabetical order. Primary Care, Generic Advocacy and a range of services in the voluntary sector are included separately as they cover all client groups.

Funding Streams by Care Group	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000's
All Client Groups				
Adult Support and Protection				
· Adult Protection Co-ordinator including Admin support	0	59	0	59
Advocacy				
· Generic Independent Advocacy	0	12	8	20
<i>Other strands of Advocacy appear under specific client/service headings</i>				
Citizens Advice Bureau	132	0	0	132
· Welfare Rights				
· Benefit Health Checks				
· Employment Tribunals				
· Debt Advice				
· Mediation				
· "With You For You" - First Point of Contact	0	39	0	39
· Direct Payments	0	5	0	5
Couple Counselling	12	0	0	12
Homelessness	0	657	0	657
· Advocacy and Homelessness	0	12	0	12
Local Charitable Organisations (small grants)	14	0	0	14
Sexual Abuse Survivors	0	4	0	4
Voluntary Action Shetland	144	0	0	144
Totals	302	788	8	1,098

Funding Streams by Care Group	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000s
Carers				
· Respite Care at Home	0	110	0	110
· Advocacy	0	14	0	14
· Citizens Advice Bureau - Carers Information	0	2	0	2
· Voluntary Action Shetland - Carers Information	0	5	0	5
· Carer Information Strategy	0	0	30	30
· Training Grants for Carers	0	3	0	3
Totals	0	134	30	164
Learning Disabilities				
· Residential Short Breaks (Respite)	0	957	0	957
· Supported Accommodation (3)	0	3,077	146	3,223
· Learning Disabilities Nurse	0	0	35	35
· Outreach	0	120	0	120
· Day Care	0	1,017	0	1,017
· Local Area Co-ordinator	0	36	0	36
· Workstep (Employment of Disabled)	8	0	0	8
· COPE Supported Employment	155	52	0	207
Totals	163	5,259	181	5,603
Mental Health				
· Community Mental Health Nursing	0	0	250	250
· Mental Health Officer Services	0	127	0	127
· Community Mental Health Support Service	0	957	52	1,009
· Primary Care Counselling Service	0	0	216	216
· Psychology Services	0	0	128	128
Mental Health Services Management	0	56	0	56
Specialist Advocacy for People with Mental Health Issues	0	12	10	22
Shetland Link Up				
· Core Funding (SCT)	48	0	0	48
· Lifeline Crisis Support Service	0	under review	0	0
Moving On - Supported Employment	0	61	0	61
Totals	48	1,213	656	1,917

Funding Streams by Care Group	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000s
Older People including Dementia (4)				
Care Services at Home:				
· Personal Care Service	0	4,756	0	4,756
· Domestic Tasks	0	1,368	0	1,368
· Brucehall	0	220	0	220
Community Nursing	0	0	2,427	2,427
Residential Care:				
· Local Placements ^	2,550	7,214	941	10,705
· Mainland Placements	0	258	0	258
Day Care	0	2,311	44	2,355
Interim Placement Unit (IPU) (5)	0	0	0	0
Long Stay Hospital	0	0	671	671
Senior Citizens' Clubs	23	0	0	23
WRVS	48	0	0	48
· Lunch & Social Clubs				
· Good Neighbours Scheme				
· Blether Together				
· Reminiscence Scheme				
· Accessible Transport				
Totals	2,621	16,127	4,083	22,831

Funding Streams by Care Group	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000's
Physical Disabilities				
Occupational Therapy				
· Specialist Aids	0	408	0	408
· Adaptations	0	446	0	446
· Housing Adaptations	0	131	0	131
· Community Alarm	0	38	0	38
· OT Staffing including Management & Admin	0	623	179	802
Orthotics	0	0	75	75
Supported Accommodation: (6)				
· Care Services	0	376	125	501
· Outreach	0	539	0	539
Disability Shetland Access Panel	0	21	0	21
Telecare Development funding (one off funding from Scottish Government)	0	133	0	133
Totals	0	2,715	379	3,094
Primary Care Services				
· GP Practices	0	0	4,031	4,031
· Out of Hours	0	0	234	234
· Sexual Health	0	0	40	40
· Chiropody	0	0	229	229
· Dentistry	0	0	697	697
· Central Management & Admin Support	0	0	243	243
· Physiotherapy	0	0	509	509
· Dietics	0	0	20	20
· Prescribing	0	0	3,088	3,088
· Chemists	0	0	755	755
· Ophthalmic	0	0	343	343
· Dental	0	0	2,659	2,659
Totals	0	0	12,848	12,848

Funding Streams by Care Group	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000s
Sensory Impairment				
· Audiology Service	0	0	90	90
· Specialist Equipment	0	10	0	10
· Speech and Language Therapy	0	0	40	40
· Mobility And Rehabilitation Officer	0	37	0	37
Totals	0	47	130	177
Children & Young People with Disabilities				
· Short Break Services	0	1,379	0	1,379
· Shared Care	0	11	0	11
· Speech and Language Therapy	0	100	20	120
Totals	0	1,490	20	1,510
Substance Misuse				
· Rehabilitation Placements	0	55	0	55
· Specialist Social Worker	0	42	0	42
· Family Support Worker	0	32	0	32
· Community Alcohol & Drugs Services Shetland (CADSS)	0	268	85	353
· Other Grants	0	80	315	395
· Health Service Provision	0	0	124	124
Totals	0	477	524	1,001
GRAND TOTALS	3,134	28,250	18,859	50,243

Services Purchased from the Third Sector	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000's
Citizens Advice Bureau	132	0	0	132
· Welfare Rights				
· Benefit Health Checks				
· Employment Tribunals				
· Debt Advice				
· Mediation				
· Carers Information	0	2	0	2
· "With You For You" - First Point of Contact	0	39	0	39
· Direct Payments	0	5	0	5
Totals	132	46	0	178
Couple Counselling	12	0	0	12
Crossroads - Respite Care at Home	0	110	0	110
Crossreach				
· Residential (7)	0	543	0	543
· Day Care	0	184	0	184
Totals	0	727	0	727
Off-Island Residential Care (7)	0	258	0	258
Senior Citizens' Clubs	23	0	0	23
Shetland Link Up Mental Health Services	48	0	0	48
· Drop In				
· Women of Worth				
· Home Visits				
· Lifeline / Crisis Support	0	under review	0	0
Totals	48	0	0	48
Off-Island Mental Health Care (7)	0	258	0	258
Voluntary Action Shetland	144	0	0	144
· Carers Information	0	5	0	5
Totals	144	5	0	149
WRVS	48	0	0	48
· Lunch & Social Clubs				
· Good Neighbours Scheme				
· Blether Together				
· Reminiscence Scheme				
· Accessible Transport				
· Emergency Support Services	0	2	0	2
Totals	48	2	0	50

Services Purchased from the Third Sector	2010/11 Budget £'000s			Total 2010/11
	SCT	SIC (1)	NHS (2) Shetland	Budget £'000's
Local Charitable Organisations (small grants)	14	0	0	14
Independent Advocacy	0	50	18	68
COPE Ltd	155	52	0	207
Workstep (Employment of Disabled)	8	0	0	8
Disability Shetland - Access panel	0	21	0	21
Sexual Abuse Survivors	0	4	0	4
Community Alcohol & Drugs Services Shetland (CADSS)	0	268	85	353
Off-Island Rehabilitation Placements (7)	0	55	0	55
Other Substance Misuse Grants	0	80	315	395
Moving On	0	61	0	61
Totals	584	1,997	418	2,999

Notes:

- (1) A savings line of £1,165,194 has been built into Community Care budgets for 2010/11 which will need to be sourced during the year from the SIC budgets listed above
- (2) Provisional figures for all NHS budgets have been included and will be confirmed as soon as final figures are made available
- (3) NHS budgets for Learning Disabilities include £145,819 Resource Transfer payable to SIC
- (4) NHS budgets for older people include £984,674 Resource Transfer payable to SIC.
- (5) The SIC have agreed to provide 100% of the budget for 2010/11 for the Interim Placement Unit at Montfield Hospital, if this is required to support the Interim Placement Services review programme.
- (6) NHS budgets for Physical Disabilities include £125,171 Resource Transfer payable to SIC.
- (7) These figures are net not gross.



Shetland Islands Council

Community Health & Care Partnership

A Commissioning Strategy 2009 - 2015

For Shetland Islands Council and Shetland NHS Board

Ref: CF/AN
1 April 2008

Contents

	Page No.
Executive Summary	3
1. Introduction	4
2. Background	5
3. Commissioning Process	7
4. Outsourcing	9
5. Development Priorities and Action Plan	11

Executive Summary

The Commissioning Strategy is informed by the detailed strategies and service plans for health and care services in Shetland. These contain full details of current services, budgets, service developments, gaps and future plans.

Commissioned services must demonstrate:-

- Value for money
- Resilience
- Customer satisfaction.

A decision to outsource community health and care services will be based on the following criteria:-

- *Better*: outsourcing would achieve a better outcome for service users
- *Cheaper*: outsourcing would achieve cash releasing efficiency savings (CRES) for no loss of service functionality or quality
- *Something the statutory agencies cannot do*: for example, independent advocacy services.

The majority of community health and care service provision locally is delivered directly by the in-house providers. Recent changes in provider have resulted in services being transferred to the local authority to achieve efficiency savings.

Services commissioned from local voluntary and not-for-profit organisations are subject, where appropriate, to the terms of a Service Level Agreement (SLA.) The format of the template for these SLAs will be reviewed periodically to ensure that it incorporates any changes in legislation, policy and guidance appropriately.

All contractual arrangements will be reviewed regularly against the criteria set out in this strategy.

Service reviews and redesign projects will consider outsourcing service provision, when evaluating options for change.

1. Introduction

1.1 Purpose of the Strategy

The strategy provides a practical framework for commissioning community health and care services for the Shetland population.

It complements and relies on the detailed information in the plans and strategies listed below and supports the targets set out in Shetland's Single Outcome Agreement (SOA).

- Advocacy Development Plan
- Carers' Strategy, Carer Information Strategy and Young Carers' Strategy
- Children and Young People's Services Plan
- Community Health and Care Partnership (CHCP) Agreement
- Community Health Partnership (CHP) Scheme of Establishment
- Disability Strategy
- Health Strategy for Older People
- Mental Health Strategy
- NHS Shetland Local Delivery Plan
- Partnership in Practice Agreement for People with Learning Disabilities (PiP)
- 2020 Vision

1.2 Definitions

For the purposes of this document a *Commissioning Strategy* is defined as:-

"A framework for specifying, securing and monitoring services to meet the community health and care needs of the Shetland population. It applies to services provided and purchased by Shetland's Community Health and Care Partnership."

The terms *outsourcing* and *external providers/provision* are used in this context to refer to, voluntary or not for profit sector provision i.e. "third sector provision" and the private sector.

1.3 Scope

The Strategy applies to all local health and care services covered by Shetland's Community Health and Care Partnership arrangements.

It does not cover NHS secondary or tertiary care services or any contractual agreements agreed at a national level.

Decisions may also be taken on a case by case basis to commission services outwith the Strategy where the service required is of a specialised nature and no market of suitable potential providers exists or in cases of extreme urgency.

1.4 Principles and Values

Commissioned services must demonstrate:-

- value for money
- resilience
- customer satisfaction.

A decision to outsource community health and care services will be based on the following criteria.

- *Better*: outsourcing would achieve a better outcome for service users
- *Cheaper*: outsourcing would achieve cash releasing efficiency savings (CRES), or attract external funding for no loss of service functionality or quality
- *Something the statutory agencies cannot do*: for example, independent advocacy services.

1.5 Legislation

All commissioning activities will comply with current legislation including national policy and guidelines on health and care service provision and EU procurement regulations and related Scottish Government guidance..

1.6 Local Policy Context

Shetland Islands Council and Shetland NHS Board governance arrangements support aligned rather than pooled budgets and aligned financial governance. Any commissioning arrangements will reflect the existing local policy context in this regard.

2. **Background**

- 2.1 Shetland Islands Council works in partnership with NHS Shetland. Joint working is well established and all health and care strategic plans are joint.
- 2.2 In recent years, the Council and NHS Shetland have worked closely with voluntary and not-for-profit organisations locally, to provide a range of services within the Shetland Community that complement those provided by the statutory agencies.
- 2.3 A number of successful voluntary organisations have been set up by the Council for a specific purpose to meet a gap in service provision and continue to be supported by Council funding or funding from Shetland Charitable Trust on the recommendation of the service co-ordinator who is usually an employee of the Council.

- 2.4 Where services are commissioned by the Council from independent sector organisations, generally, three year funding has been established subject to the finalisation of the arrangement under the terms of a Service Level Agreement (SLA.), where this is deemed appropriate. This provides a degree of stability for these organisations and continuity for service users.
- 2.5 The template for the SLAs has been developed over a number of years and the latest revision was completed in May 2008.
- 2.6 The standard period of time applying under an SLA will in future be four years unless otherwise stipulated in line with EU procurement regulations and related guidelines.¹

Employment

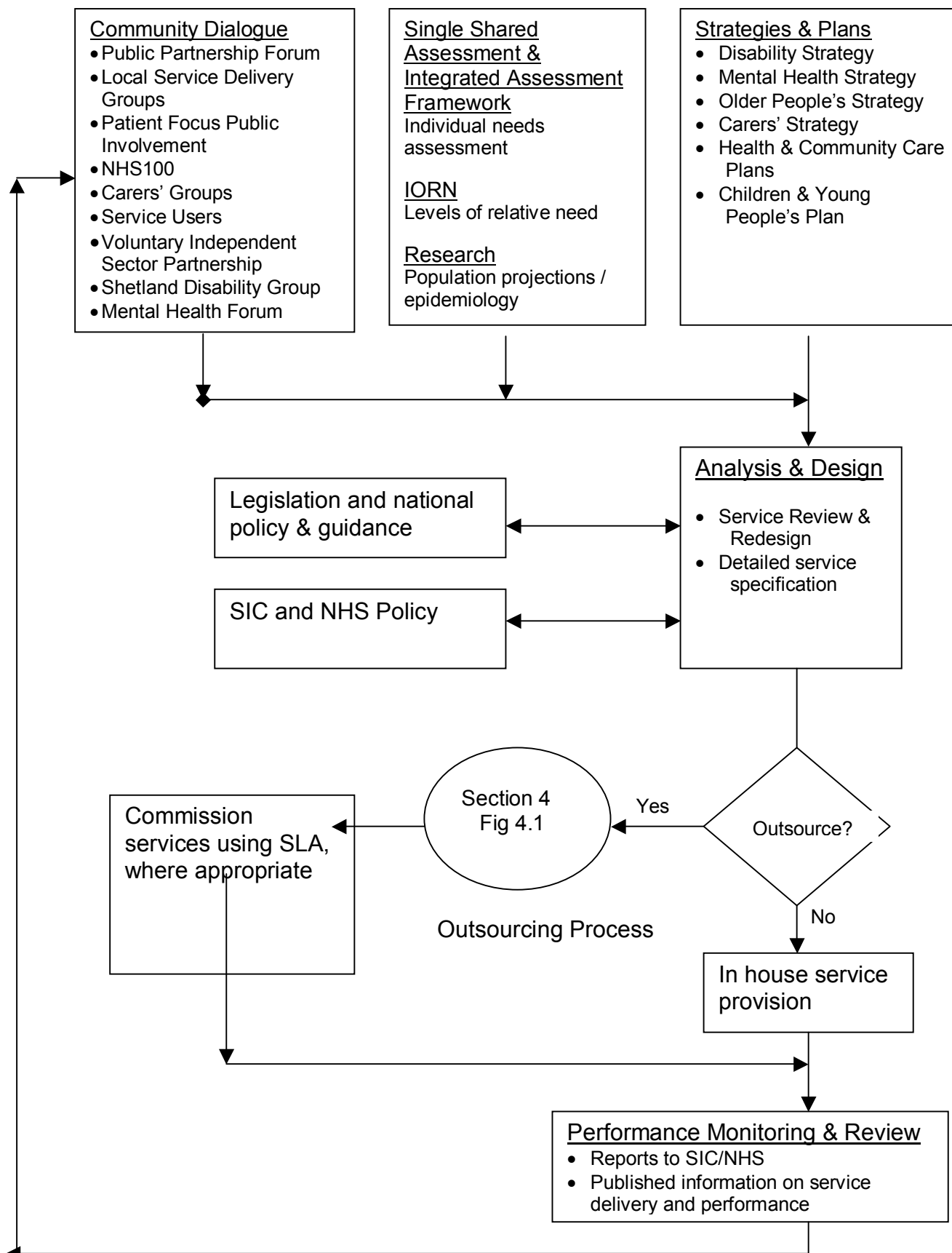
- 2.7 Levels of employment in Shetland are high. The terms and conditions of health and care staff are good and these conditions locally have inhibited the growth of alternative providers. Open tender exercises in recent years for care service provision have attracted very little interest beyond in-house providers and local voluntary organisations.
- 2.8 This has encouraged a more collaborative approach to service development and the extension/re-negotiation of existing contracts as part of a partnership approach to working with the independent sector.
- 2.9 In 2004 Shetland Charitable Trust undertook a review of all Council created trusts looking at Best Value considerations.²
- 2.10 Following the review, a number of services were transferred back to the Council. These services continue to be provided in-house with significant efficiency savings in terms of management and administration being realised in the first two years following the transfer.
- 2.11 Consequently the current provision of health and care services locally is dominated by the Council and NHS Shetland.
- 2.12 The local population is ageing, putting increasing pressure on services. Capacity issues for older people's services are set out in the CHCP Agreement.
- 2.13 The issues of recruitment and retention within an ageing population in a remote islands context are fundamental to the success of the commissioning strategy. The needs in this area are addressed in the Council and NHS Shetland Workforce Development Plans which are available separately.

¹ Public Contract (Scotland) Regulations 2006 and related Scottish Government guidance

² Council Created Organisations Working Group

3. Commissioning Process

The following diagram summarises the commissioning process.



3.1 Stakeholder & Service User Consultation

The Scheme of Establishment of the Community Health and Care Partnership (CHCP) sets out the mechanisms, which exist to capture the views of stakeholders and service users on community health and care services. The aim is to encourage on-going dialogue in localities through the Public Partnership Forum (PPF) and link this to Shetland-wide representative groups both formally through NHS 100 and Patient Focus Public Involvement (PFPI)³ and informally through other interest groups such as Shetland Disability and Voluntary Independent Sector Partnership (VISP.)

3.2 Needs Assessment

Health and Care needs for adults aged 16 and over are identified at an individual level through the Single Shared Assessment (SSA) Process. The needs of children and young people are assessed using the Integrated Assessment Framework (IAF). Service plans are informed by aggregated data, population projections and trends; legislation, national guidance and local policy.

3.3 With the demise of Compulsory Competitive Tendering (CCT,) local authorities are no longer obliged to subject any service provision currently carried out in-house to open competition. However, the need to ensure Best Value means that performance monitoring and review mechanisms must consider whether or not the in-house provider can deliver Best Value in terms of quality and price.

3.4 Locally, the decision to outsource services will depend on whether there are alternatives to the in-house provision, which could deliver services better; cheaper or something the statutory agencies cannot provide e.g. independent advocacy services. At an individual case level, clients may choose to opt for Self Directed Support funding (Direct Payments) in lieu of service provision.

3.5 Service strategies and plans include full details of all current service provision. Service providers interested in any of these service areas should contact the CHCP via the Council's Community Care Service, in order to be included in any future procurement exercise.

3.6 Performance monitoring reports presented regularly to the Council, the CHP Committee and Shetland NHS Board include information relating to the targets set out in service plans and strategies. This information is available to the public.

3.7 The annual performance reports from third sector organisations operating under the terms of an SLA with the Council or Shetland Charitable Trust are reported to the funding agency and are available to the public.

³ Community Health Partnership + A Model for Shetland, Scheme of Establishment, December 2004

3.8 Self Directed Support and Direct Payments

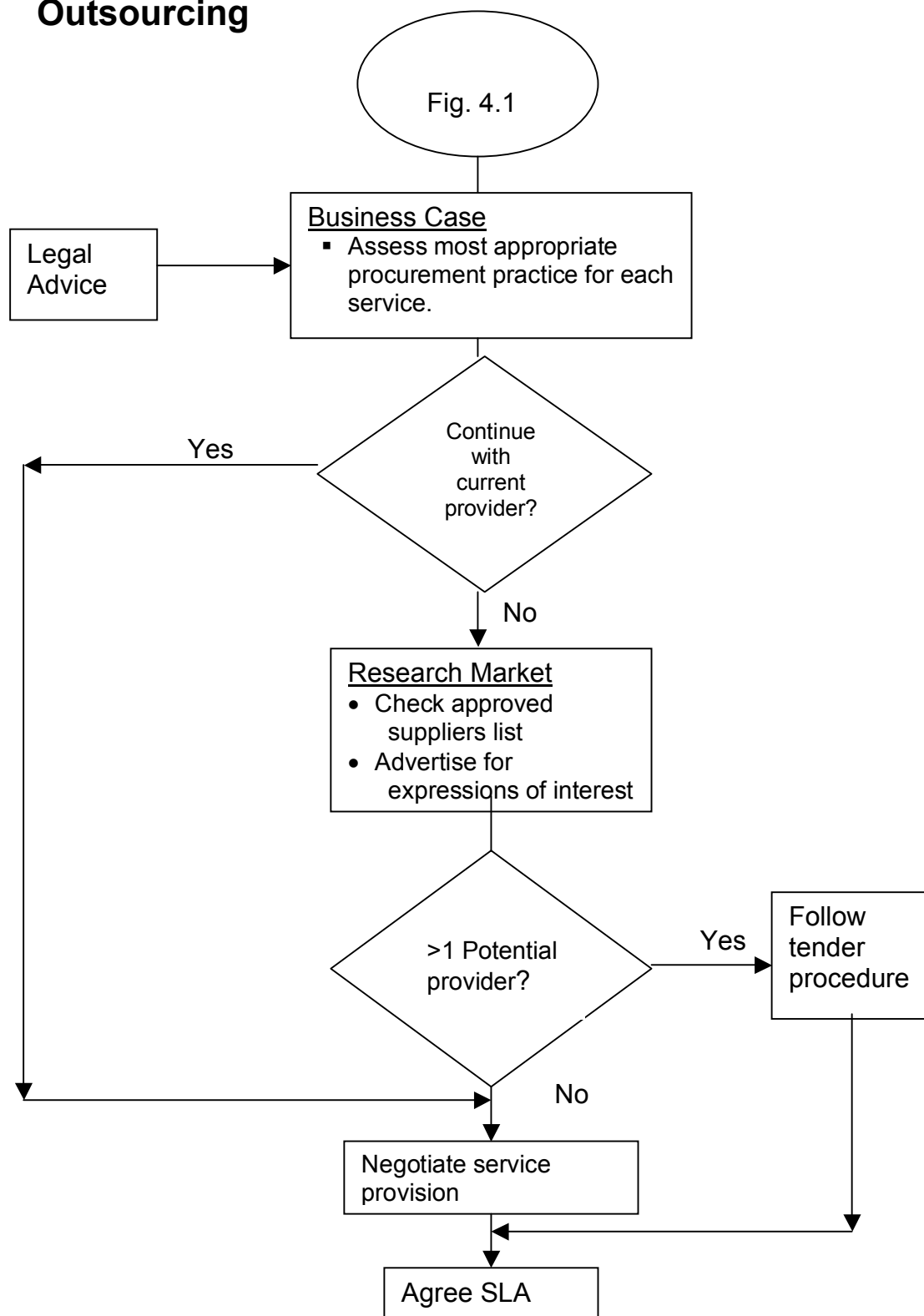
The aim of self directed services is to put the individual service user at the heart of their own commissioning process. Service users can receive funding in lieu of services provided or purchased by the local authority and use this money to arrange their own care or support services in line with their individual assessed needs (Direct Payments.)

Direct Payments are promoted locally through the Single Shared Assessment process and Shetland Citizen's Advice Bureau provides an independent support service to help people through information, advice and support with recruitment and employment issues.

Self Directed Support will continue to be promoted in Shetland alongside other services provided or purchased by the statutory agencies.

There are currently no plans to de-commission services in favour of the introduction of Self Directed Support on a large scale.

4. Outsourcing



4.1 The first stage in the process where a service is to be procured from external provider is to assess the most appropriate practice to follow in line with EU Procurement Regulations and Scottish Government guidance on social care service procurement.

- 4.2 An assessment will be carried out usually once every 4 years in line with most Service Level Agreements or when the existing arrangement is due to come to an end. The assessment will be prepared in consultation with Legal Services. The assessment criteria will include:
- specialist nature of service;
 - quality of service;
 - service continuity and the impact on service users and their carers and family;
 - estimated value;
 - market conditions;
 - geographic location of service delivery;
 - costs of procurement.
- 4.3 A project team will be established to manage the work for each potential commission. A Project Initiation Document will be agreed by the CHCP Management Team who will oversee the development of the Business Case acting as the Project Board with representation at a senior level from the relevant service area when required.
- 4.4 Shetland's Community Care partners have worked hard to establish relationships with local providers in the voluntary and not-for-profit sectors in order to develop a partnership approach to service provision. Increasingly these arrangements have been formalised through Service Level Agreements (SLAs.) Services are well established and the current position and the likely impact on the continuity of the service will be a critical factor in the Business Case.
- 4.5 The list of services, the current service provider, the value of the service and the dates of the current contractual/funding arrangements will be published on the Council and NHS Shetland websites on an on-going basis.
- 4.6 Service providers can apply to be included on the CHCP list of approved providers at any time. Each organisation must provide:
- Constitution or statement of purpose of the organisation;
 - Details of governance arrangements;
 - History of service provision;
 - Any inspection reports;
 - Quality assurance/service standards used;
 - Business plans;
 - Financial information including: future strategies, anticipated turnover in future years and bank references, where applicable.

They should apply to the Community Care Service who will arrange for the information to be checked before being presented to the CHCP Management Team for a decision to include them on the list.

The Chief Social Work Officer will ensure that approved providers can demonstrate that they are competent to deliver any commissioned social care service and meet national standards and guidance, including the Scottish Social Services Council Codes of Practice and national inspection standards.

- 4.7 All contracts/SLAs are for four years unless otherwise indicated in the service specification.
- 4.8 Contracts/SLAs would be re-negotiated with current providers where there are no other expressions of interest and the current provider is performing to an acceptable standard in terms of the existing contract / SLA.
- 4.9 If, at the time prior to an arrangement coming to an end, there is more than one potential service provider on the approved list and the most appropriate commissioning practice is considered to be through a tendering process, then that will be followed in accordance with the Council's Standing Orders Relating to Tenders and Contracts or Shetland NHS Board Standing Financial Instructions as appropriate. Where appropriate and necessary a report will be prepared for Services Committee and / or CHP Committee to set out the method by which the service will be continued. Adequate lead in times will be built in to ensure that the current service provider can prepare for the tendering process, whilst maintaining current service standards. The Chief Social Work Officer will ensure that all prospective contractors are equipped to deliver against the contract.
- 4.10 The CHCP Management Team will ensure that organisations providing health and care services under the terms of a Service Level Agreement have access to a nominated member of staff representing the CHP who will be their first point of contact for any queries and that staff are available to provide support to the organisation if required, for example by attending Board meetings.
- 4.11 The Chief Social Work Officer will ensure that a quality assurance framework is in place to monitor the quality of any commissioned social care services on an on-going basis. Information on the performance of service providers in this respect will be presented to the Council's Services Committee as part of the Chief Social Work Officer's Annual Report.
- 4.12 Where there are concerns about the performance of an organisation under the terms of the SLA, the CHCP Management Team will set up a multi-agency team, where appropriate, to work with the organisation to rectify any problems taking advice from the Chief Social Work Officer on all social work issues and from the CHP Lead Clinician on any clinical issues as appropriate.

5. Development Priorities

The detailed plans for community health and care services are set out in the documents listed in the introduction to this report and are not replicated here.

Priorities for reviewing commissioning arrangements are as follows:

- Meals on Wheels delivery
The current arrangements are for the most part the legacy of Compulsory Competitive Tendering arrangements introduced in the 1990s, which resulted in an increase in cost at the time and costs are still high.
- 80% increase in long term care for older people by 2025
Development of extra care housing and Telecare services as alternatives to residential care. Implementing the findings of the Dementia Redesign Project and Long Term Care review.
- Promoting 3rd sector provision of non-health and care support activities
Refocus health and care service provision to meet health and care needs. Purchase a range of social activities and community support in local communities from voluntary and not-for-profit organisations.
- Stimulate private sector provision of domestic support services
Provide information and advice to local enterprises regarding the demand for assistance with domestic tasks.
- Implement Standard SLA
Implement a standard SLA format, which supports a negotiated approach when commissioning services from voluntary and not-for-profit organisations. The SLA template will be reviewed periodically to ensure any changes in legislation, policy and guidance are incorporated as appropriate.

CHCP Commissioning Strategy 2009 – 2015
Action Plan 2009 – 2010 Updated April 2010

Task	Lead Responsibility	Resource Implications	Timescales	Comments
1. Review Meals on Wheels delivery contracts	TBA	Current Cost £150k per annum	By April 2009	A number of voluntary sector organisations have been approached with a view to securing better VFM with no success. In house provision to be investigated as an alternative. On-going
2. Standard SLA	SIC Executive Director Education and Social Care	WER	Introduction of new format during 2008/09	A revised format for SLAs with independent sector organisations has been approved and is being implemented. Completed
3. Publish details of all contracted services	CHCP through Head of Community Care	WER	Annually	Publish summary details of all contracts/SLAs for Community Health and Care Services. Assess appropriate procurement process for each before renewal dates. Process implemented
4. Establish CHCP list of approved service providers	Head of Community Care	WER	By April 2009	Publish information on how to become an approved service provider for community health and care services. Process implemented
5. Domestic Tasks	Head of Community Care	Current cost SIC in house service £1M per annum. Estimate of the savings to be made from within this budget to be calculated by April 2010	Revised timescale Dec 2010	Shift balance of provision towards third sector providers. Provide reduced levels of funding for start up costs and to meet statutory duties under Free Personal Care regulations and guidance. Further work required in this area

CHCP Commissioning Strategy 2009 – 2015
Action Plan 2009 – 2010 Updated April 2010

Task	Lead Responsibility	Resource Implications	Timescales	Comments
6. Non-health and care support/activities	Executive Director Education & Social Care	WER	On-going. Targets for increasing levels of activity to be included in Local Service Improvement Targets by April 2010	Provide grant assistance towards core costs of voluntary organisations providing complementary services e.g. lunch clubs, befriending, peer support groups.
7. GMS/PMS contracts	Service Manager Primary Care	WER	TBA	Services are in place. Need to be underpinned by formal agreements all practice areas in line with national NHS guidance and circulars.
8. Long Term Care facilities	Head of Community Care	£2M per annum revenue £35M capital	2008 - 2025	Long term plans are to increase the number of places for older people in a mixed provision of extra care housing and residential care by 120 over the next 15 years in line with local population projections, and continue to maintain approximately 40% of all people requiring long term care in their own homes in the community. Revised target for people supported at home is 46%

CHCP Commissioning Strategy 2009 – 2015
Action Plan 2009 – 2010 Updated April 2010

9. Develop quality assurance frameworks for all social work aspects	Chief Social Work Officer	WER	June 2009	The CSWO has responsibility for the quality of all social work services whether provided directly by the Council or purchased from independent organisations. This framework will complement the performance monitoring arrangements already in place regarding service levels and finance. Framework implemented Sept 2009
---	---------------------------	-----	-----------	--

Organisation Name	Service Description	Amount of funding (2010/11)	Term of Agreement	Current Position and Proposed Action
Advocacy Shetland	A range of independent advocacy services.	£63,502	1 April 2009 to 31 March 2013	A new joint SLA funded by NHS Shetland and Shetland Islands Council's Community Care & Housing Services has been put in place to 31 March 2013. Advocacy Development Plan (2008 – 2011) to be reviewed and extended during current year. No action proposed.
Citizens Advice Bureau – Direct Payments	A Direct Payments Support Service for people who have opted for Direct Payments as an alternative to services arranged by Shetland Islands Council.	£5,100	1 April 2009 to 31 March 2013	CAB reviewed the level of service and the value of the contract was reduced accordingly. The SLA has been extended to 31 March 2013 at the revised lower value. No action proposed.
Citizens Advice Bureau – Children's Rights Service	A Children's Rights Service to undertake a range of duties including informing children and young people of their rights and responsibilities and responding to children's rights issues as raised by children, young people and other stakeholders.	£41,772	1 October 2009 to 31 March 2013	Children's Rights Service put out to tender during 2009/10 and CAB appointed to deliver service. SLA put in place until 31 March 2013. No action proposed.
Citizens Advice Bureau – Restorative Justice Service	A Restorative Justice service providing youth justice mediation in Shetland.	£10,404	1 March 2007 to 31 March 2010	SLA to be extended and negotiations underway with CAB. Propose that this is not advertised due to small value of the contract.

Organisation Name	Service Description	Amount of funding (2010/11)	Term of Agreement	Current Position and Proposed Action
Community Alcohol & Drugs Services Shetland	A wide range of free and confidential support services for all those affected by drug and alcohol misuse. This will include services such as information and advice, specialist substance related education and training programmes, needle exchange scheme, shared care substitute prescribing programme, aftercare and resettlement, counselling, emotional and practical support and an activities programme.	£516,000	1 April 2010 to 31 March 2011	New joint SLA funded by NHS Shetland and Shetland Islands Council put in place for 2010/11. Propose to negotiate a further one year extension to allow a review of the service performance through SADP (Shetland Alcohol and Drugs Partnership).
COPE Ltd – Support Worker Service	A Support Worker Service on a full time basis offering dedicated support to COPE participants with more complex needs in a supportive business environment.	£52,026	1 April 2009 to 31 March 2013	New 4 year SLA put in place. No action required.
Crossreach – Walter & Joan Gray Home	Day care and residential care home services for adults in Shetland. Clients will be offered services based on an individual assessment of need completed in accordance with Shetland's Single Shared Assessment (SSA) procedures.	£726,801	1 April 2009 to 31 March 2010	Business Case Assessment submitted to Legal Services for consideration. Propose to produce a new 4 year SLA with Crossreach.
Crossroads Care Attendant Scheme (Shetland)	A respite service for carers in the cared for person's own home following an assessment of need in accordance with the Single Shared Assessment (SSA).	£46,266	1 April 2009 to 31 March 2013	New 4 year SLA put in place. No action required.
Moving On Employment Project	Employment opportunities for adults with physical, sensory or learning disabilities and/or mental health problems.	£60,937	1 April 2009 to 31 March 2013	New 4 year SLA put in place. No action required.

Organisation Name	Service Description	Amount of funding (2010/11)	Term of Agreement	Current Position and Proposed Action
Shetland Befriending Scheme – ASN Young Person's Service	Provide a Additional Support Needs Befriending service for children and young people between 7 – 15 years old to undertake a range of duties including building skills and abilities of young people, and helping them form and maintain positive relationships.	£17,202	1 August 2009 to 31 July 2011	Service performance to be reviewed. Preferred procurement process to be determined using Business Case in line with Scottish Procurement Guidelines.
Shetland Pre-school Play Ltd	The Service Provider delivers a Pre-school Childcare Support Service to voluntary groups undertaking a range of duties and support to local childcare providers.	£49,560	1 April 2009 to 31 March 2013	New 4 year SLA put in place. No action required.
Shetland Women's Aid – Children and Young Peoples Support Worker	Provide a Children and Young People's Support Worker to undertake a range of duties including specific responsibility for intervention with children and young people affected by domestic abuse.	£20,204	1 April 2009 to 31 March 2013	New 4 year SLA put in place. No action required.
WRVS – Emergency Support Service	An Emergency Service to undertake a range of duties including the provision of support and assistance to Shetland Islands Council and local Emergency Services in the event of an emergency situation in the Shetland area e.g. fire, flooding, landslides, discovery of unexploded bombs, building collapse, road/sea/air incidents, power cuts and any other unforeseen incident affecting the Shetland community.	£1,700	1 April 2009 to 31 March 2013	New 4 year SLA put in place. No action required.



Appendix 2 (d)



Shetland Islands Council

Blood Borne Viruses

The treatment and care of people with blood borne viruses (BBVs), including Human Immunodeficiency Virus (HIV) hepatitis B virus (HBV) and hepatitis C virus (HCV), pose particular issues for agencies involved in caring for people in the community.

In Shetland, the numbers of people with illness relating to these infections are small, and there may be concerns about confidentiality when people access services. However, services are provided on an individual basis, tailored to people's particular needs.

Work such as the local Hepatitis C Strategy and local implementation of *National HIV Action Plan in Scotland 2009-2014* is helping to raise awareness of these conditions. Early diagnosis is important if people are to receive effective treatment, and prevention is particularly important.

With advances in treatment, there are now increasing numbers of people who live with HIV and other BBVs for many years. They should be considered as long term conditions; individuals affected by these infections have a range of care needs similar to anyone else with a long term condition.

Aims

- To reduce the spread of HIV, HBV and HCV infection through prevention strategies and health promotion;
- To offer treatment and care as appropriate for people affected by HIV / AIDS; hepatitis B and hepatitis C

- To ensure people with HIV; HBV and HCV related illnesses are fully supported in maintaining an independent lifestyle for as long as possible;
- To support families and carers of affected individuals.

Assessment of Need

The numbers of people in Shetland with diagnosed HIV, HBV and HCV are small. Most recent figures show that there are fewer than ten individuals known to be affected by HIV/AIDS in Shetland, and this number has remained constant over the past several years. There are about 40 people with a diagnosis of hepatitis C. However, there are an unknown number of people who have an undiagnosed blood borne virus.

One element of the Hepatitis C Strategy is to raise awareness amongst the public and healthcare professionals of which groups of people may have been at risk in the past of contracting HCV and should therefore be offered testing. An increase in testing for HCV may lead to an increasing number of people being diagnosed.

The local strategies and action plans all include an emphasis on reducing health inequalities, by providing services that reach the most disadvantaged and vulnerable communities and individuals in Shetland.

Services available

There are a range of services in Shetland that can provide help and advice to individuals on prevention and minimising the risk of contracting a BBV, including provision of free condoms to reduce risk through sexual contact. Primary care services and the

drop-in Sexual Health and Wellbeing Clinic can also provide testing for BBVs and vaccination against hepatitis B for those at increased risk. (There is no vaccine for HIV or HCV). Local alcohol and drug services also do preventative work, including testing for BBVs and hepatitis b vaccination through the local prescribing clinic; and a needle exchange scheme provided by the Community Alcohol and Drugs Service (CADSS). The counsellors at CADSS can also provide advice on safer practice and pre and post test counselling.

Occupational Health Services for NHS Shetland and the SIC also provide hepatitis B vaccination, testing for BBVs and training on reducing risk for staff who may be exposed to BBVs through their work.

Routine antenatal screening for HIV and hepatitis B is offered to all pregnant women in Shetland, as in the rest of the UK, along with testing for syphilis and rubella as an integral part of antenatal care. There is good evidence that the risk of vertical transmission (i.e. from a known infected mother to her baby) can be significantly reduced with appropriate interventions for each of these four infections. Transmission of HIV from a mother to her baby can usually be prevented through appropriate obstetric care, which may include antiretroviral treatment of mother and child, elective caesarean section and the avoidance of breast-feeding.

For individuals who are diagnosed with a BBV, all the main specialist services for both treatment and care are provided by mainland services, usually co-ordinated through an individual's GP. This includes a range of drug therapy regimes. There are a number of national organisations and charities that can provide information, support

and advice for people affected by BBVs. The can generally be accessed through the internet and by phone.

Population wide awareness raising and preventative activities are co-ordinated through NHS Shetland's Public Health and Health Improvement Department along with the primary care teams and partner agencies. These include provision of information and advice; distribution of free condoms; awareness raising through events such as World Aids Day and national campaigns (currently Hepatitis C, and HIV in the coming year) as well as education and training opportunities for staff both in the NHS and partner organisations. Work on awareness raising and prevention is integrated with other sexual health work through the multi-agency Sexual Health Strategy Group.

Funding

2009 /10 Health expenditure:

£'000s

Recurring annual allocation for Blood Bourne Virus (BBV) prevention	55
Annual allocation for Hepatitis C Action Plan for 2009/10	32
Total	87

In addition to the above, there are separate funding streams for alcohol and drug services, including CADSS and the needle exchange, and for the Sexual Health and Wellbeing Clinic. The hepatitis C allocation is for the implementation of the Hepatitis C Strategy which covers prevention, testing, care and support locally. Expenditure relating to inpatient bed days and the cost of therapies/drugs specific to BBVs is not given because these costs are not separated out from general budgets. Where mainland services are used, care is provided within a mainstream service contract.

Unmet Needs

All patients who require treatment are referred to the specialist services in Aberdeen. No unmet treatment needs as such have been identified. Continued work is necessary to improve awareness of the issues of BBVs throughout the community, including extending the provision of advice and educational support to staff in schools, further/higher education, workplaces and other venues.

Most of this work is currently progressed through the implementation of the local Sexual Health Strategy and the Hepatitis C Strategy; and is being further developed locally in line with the *National HIV Action Plan in Scotland* which was published in December 2009.

A local research project is currently underway to look specifically at ethical issues around hepatitis C and the effect which knowledge of their own hepatitis C status has on intravenous drug users in Shetland. It is hoped that the findings will offer an insight into the specific issues faced by individuals locally; towards informing better planning and service provision; and identification of potential needs, which may be currently unmet.

Service Reviews

The Hepatitis C Strategy involves a review of the service provision for people with hepatitis c, including development and implementation of care pathways.

The Sexual Health and Wellbeing Clinic, which has a key role to play in prevention of BBVs, was re-launched in 2009 following review of the

previous clinic that ran for a six month period during 2006-7.

There has recently been a redesign of drug and alcohol services, which incorporate work with injecting drug users to reduce transmission of BBVs, including needle exchange.

A local overarching Blood Borne Virus Strategy is to be produced, incorporating the Hepatitis C Strategy; the local response to the national HIV Prevention Action Plan; elements of the Sexual Health Strategy and also covering hepatitis B.

Further Reading

NHS Shetland. *A Strategy for Hepatitis C in Shetland*. NHS Shetland, 2006.
- Currently being updated

Scottish Government. *HIV Action Plan in Scotland. Dec 2009 – March 2014*. Scottish Government, 2009.
www.scotland.gov.uk/Resource/Doc/293178/0090440.pdf

Scottish Executive. *Respect and Responsibility. Strategy and Action Plan for Improving Sexual Health*. Scottish Executive. 2005
www.scotland.gov.uk/Resource/Doc/35596/0012575.pdf

Terrence Higgins Trust is the leading and largest HIV and sexual health charity in the UK. It provides information, advice and support, particularly for people living with HIV.
www.tht.org.uk

The British Liver Trust is the national charity working to reduce the impact of liver disease (including hepatitis B and hepatitis C) in the UK through support, information and research
www.britishlivertrust.org.uk

ACTION	EXPECTED OUTCOME	TIMING	COST	AGENCIES INVOLVED
Monitor incidence and epidemiology of hepatitis B, hepatitis C and HIV infection	Improved understanding of local picture and targeting of interventions to reduce transmission	Ongoing	WER	NHS Shetland (Public Health)
Training and awareness raising for staff. - Including a one day Sexual Health / BBV training event for NHS and partner organisation staff by October 2010	Increased awareness of BBV & sexual health issues and staff better trained	Ongoing By October 2010	WER (recurring BBV allocation)	NHS Shetland (Health Promotion) Primary care & community nursing Sexual Health & Wellbeing Clinic CADSS Education, Youth Services & Social Care Voluntary Sector Partners
Local Implementation of <i>National HIV in Scotland Action Plan 2009-14</i> (published December 2009) [to be incorporated into a local BBV strategy]	Decrease in number of people becoming infected with HIV	2009-2014	WER – no information yet on any additional allocations	NHS Shetland (Health Improvement) Primary care Education, Youth Services & Social Care Voluntary Sector Partners
Implementation of Hepatitis C Strategy for Shetland [to be incorporated into a local BBV strategy]	Improved seamless service	Ongoing	Specific Hepatitis C allocation (to be advised)	NHS Shetland (Public Health), Primary care & Community Nursing CADSS Education, Youth Services & Social Care Voluntary Sector Partners

<p>Continue Implementation of local Sexual Health Strategy</p> <ul style="list-style-type: none"> - Implement Sexual Health Strategy Action Plan for 2010-11 <p>[to be incorporated into a local BBV strategy]</p>	<p>Improved sexual health for whole Shetland population; including reduced sexual transmission of BBVs</p>	<p>Ongoing</p>	<p>WER (including specific allocation for sexual health clinic)</p>	<p>Sexual Health Strategy Group NHS Shetland Health Improvement; Community nursing; Primary Care; Sexual Health Clinic; Education, Youth Services & Social Care; Voluntary Sector Partners (SYIS)</p>
---	--	----------------	---	--

Carers

“A carer is generally defined as a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live without the carer’s help due to frailty, illness, disability or addiction.

The support a carer provides may include moving and handling (assisting) help with feeding, personal hygiene and administering medication as well as providing emotional support, acting as an advocate or guardian for the cared-for person and enabling the person with support needs to access leisure and recreation.”¹

There are approximately 660,000 unpaid carers in Scotland.²

Local research shows that by 2020 we can expect to see a 3-fold increase in the number of people with disabilities who will need health and social care services. Population projections for the next 15 years predict an increase in the numbers of older people of approximately 40% and simultaneously a 15% decrease in the adult working population.

Consequently the need for unpaid and family carers is going to grow for the foreseeable future. Carers are key partners in care provision alongside the statutory agencies and organisations in the voluntary and independent sector.

Carers’ Rights include:

- the right to a carer’s assessment and equal rights for young carers (carers aged under 16)

¹ Introduction of NHS Carer Information Strategies Draft Guidance – August 2004

² 2001 Census

- the right for carers to be informed by local authorities and the NHS of their entitlement to an assessment
- the right for carers to have their views and their contribution to the care provided taken into account in decisions made about the services to be provided for the cared-for person³.

Aims

- To support carers so that they can continue to perform their caring role for as much and as long as they are willing and able to do so.
- To meet the specific needs of young carers (aged under 16); of older carers and of carers from black and minority ethnic groups in ways appropriate to their circumstances.
- To identify carers at an early stage and provide them with the information and advice they need.
- To promote independence and self-managed care programmes.

Carers’ Assessment

The Community Care & Health (Scotland) Act 2002 stipulates that a carer who provides a substantial amount of care on a regular basis is entitled to an assessment in their own right, even if the cared for person has refused an assessment.

Assessments for carers are an integral part of Shetland’s Single Shared Assessment (SSA) process.

Shetland’s SSA process has been redesigned and the new process “With You For You”⁴ went live on 5 April 2010. A commitment of the new

³ Carers: Community Care & Health (Scotland) Act 2002 Guidance on Sections 8-12: Scottish Executive Circular CCD2/2003

⁴ <http://www.shetland.gov.uk/socialwork-health/4u.asp>

process is that all carers in Shetland will be offered an assessment of their needs. Consideration is given to each carer's individual circumstances including their age; the carer's own health and well-being; the potential impact on other family members; the caring tasks and amount of time and effort required; the carer's other responsibilities and any employment. A key consideration is the importance of the care they provide in the context of the agreed care plan.

GIRFEC and Young Carers

Using "Getting it Right for Every Child" (GIRFEC) concepts and tools, practitioners will have an holistic approach that will enable the needs of children and young people to be identified. This will include the recognition of children and young people as "Young Carers". Using this approach should result in better meeting the needs of the parents/carers of the young people. Equally it is a pathway for Young Carers to access any services that will assist them.

The assessment will establish the carer's ability to provide or continue to provide care for another person.

Eligibility Criteria

A support package/access to resources will be offered where: -

- the caring role is unsustainable without additional support/resources;
- the carer is unwilling or unable to provide care at the level required to meet the cared-for person's needs;
- the current pattern of caring is having an adverse effect on the social, leisure and educational opportunities of a young carer; or
- the cared-for person or their carer is at risk of harm, abuse or neglect.

Services Available

Services specifically designed to meet the needs of carers include:-

- advice and information including a range of materials from the Stirling Dementia Centre
- training opportunities
- independent advocacy
- peer support
 - A carers group is facilitated by staff at Annsbrae House to support carers of people with mental health problems.
 - Voluntary Action Shetland have developed and facilitate the Central Carers Support Group in Lerwick. North of Shetland group are supported through outreach from the Central Carers Group. Primary Care nursing staff have developed a carers' support group in the West of Shetland. The Westside Carers Group won NHS Shetland Quality Award in 2009 and was highly commended in the Principle into Practice (mental health) award in Glasgow. This year representatives of the Carers group have been asked to attend the Dementia Conference in October – Carer Support in a remote and rural area.
- short breaks
 - residential short breaks for older people (20 places)
 - residential short breaks for older people with dementia (4 places)
 - day care for older people (76 places)
 - day care for older people with dementia (10 places)
 - day care for adults with learning disabilities (35 places)

- ❑ residential short breaks for adults with learning disabilities (9 places)
- ❑ residential / day care for children and young people with learning disabilities (6 places)
- ❑ residential short breaks for adults with mental health problems (1 place)
- ❑ hospital based respite care
- ❑ short breaks at home – Crossroads Care Attendant Scheme
- ❑ short breaks in the community for children with disabilities
- ❑ supported employment opportunities through COPE and also Moving On Employment Project.

The Scottish Government has set national targets for increasing the amount of short breaks available. In Shetland the level of short breaks is high and increasing year on year. Other services provided for vulnerable people in the community also help their carers by providing relief from caring tasks or by increasing the independence of the person for whom they provide care. These include:-

- care services delivered at home – personal care, community nursing, help with domestic tasks, meals on wheels;
- occupational therapy;
- physiotherapy;
- speech and language therapy;
- counselling;
- specialist equipment;
- adaptations to property;
- community alarm & Telecare.

The investment in Telecare services is planned to increase in 2010 – 2011 using dedicated funding from the Scottish Government. This will promote independence and provide reassurance to carers by enabling flexible response to problems and

reducing the need for someone to be with the cared for person 24/7.

Funding

Funding for 2010/11

£'000s

Residential respite for older people	1,181
Day care for older people	2,355
Residential respite for people with learning disabilities	957
Day services for people with learning disabilities	1,017
Residential / day care for children with disabilities	584
Residential respite for people with mental health problems	79
Short breaks at home e.g. Crossroads Care Attendant Scheme	110
Supported employment opportunities	215
Training for carers (Grants to Carers)	3
Local Area Co-ordinator	36
Advocacy Scheme for Carers	14
Carers Helpline	1
Carers Groups	4
Information services	4
Young Carers Strategy	2
Health Improvement and Well-being for Carers	19
Total	6,581

There is no specific amount set aside for Carer Awareness Training for frontline staff but elements of general training e.g. 'With You for You' and 'Care Management' includes carer awareness training.

Unmet Needs / Issues

- There is very little known about young carers, plus carers from black and ethnic minority groups in Shetland and their needs.

- There is currently no dedicated support service for Young Carers in Shetland. However, research undertaken for the Young Carers' Strategy estimates that there could be as many as 1,320 young carers in Shetland. It is hoped that as a follow on to discussions held between Children's Services and with carers at the recent Voluntary Action Shetland (VAS) Carers' Information Sharing Event a pilot scheme offering a young carers' support group will be established in partnership with VAS and The Bruce Family Centre.
- There is increasing demand for all existing service provision and this trend is expected to continue for the foreseeable future.
- Lack of affordable transport, particularly in the more remote parts of Shetland limits access to some services.
- The Carers' Link Group, a multi agency group established with the aim of promoting services for carers, will be submitting funding applications to employ a carers' co-ordinator and to initiate further carers' services and to help with transport costs.
- Home-based care in an emergency is generally not available e.g. where the main carer at home becomes ill and cannot provide essential care. Residential short breaks are usually offered in this type of situation.
- There are limited training opportunities for unpaid carers.
- Volunteer services to support vulnerable people to go shopping or undertake other activities in the community would provide respite for carers and improve the quality of life for the cared-for person.

Further Reading

- ❑ Carers' Strategy 1 April 2005
- ❑ Carer Information Strategy July 2007
- ❑ Shetland's Young Carers' Strategy
- ❑ NHS Shetland 2020 Vision of Shetland's Healthcare

To support carers so that they can continue to perform their caring role for as much and as long as they are willing and able to do so.

Action	Timing	Cost	Responsibility/Progress
Review public information with carers in mind	On-going	WER	PFPI Steering Group; Planning and Information Team for Social Care
Develop a Carers' Helpline	2010/11	£1,200	Citizen's Advice Bureau is providing this function. This will be developed further as the new SSA is embedded across services.
Increase amount of information available on websites	On-going	WER	Voluntary Action Shetland maintain a local website for carers, which is well used. Further work is needed to develop better information for carers on the Council and NHS websites.
Increase number of carer assessments undertaken.	On-going	WER	New process implemented April 2010
Develop more flexible, responsive home-based respite options	2009-10	WER	Service Manager Community Care Resources. The intensive Support Service has been able to fulfil this role in a small number of cases.
Develop wider range of day care options	2009-10	WER	Service Manager Community Care Resources. New developments being piloted in South Mainland
Increase employment opportunities for people with disabilities and with mental health issues	On-going	WER	Moving On and COPE continue to provide additional supported employment opportunities
Develop a Respite Care Strategy	2011	WER	Head of Community Care

To meet the specific needs of young carers (aged under 16); of older carers and of carers from black and minority ethnic groups in ways appropriate to their circumstances

Action	Timing	Cost	Responsibility/Progress
Ensure that issues of inclusion and diversity are covered in carer awareness training for all frontline staff	On-going	WER	NHS and SIC Training Managers
Develop training programmes appropriate to the needs and circumstances of all carers e.g. young carers and carers from black and ethnic minority groups.	Reviewed Annually	WER	NHS and SIC Training Managers
Publicise training plans for carers and include training for staff on carers issues in Joint OD and Training Plans	On-going	WER	NHS and SIC Training Managers
Investigate options for specialist independent advocacy services for children and young people	TBA	TBA	Integrated Children's Services Planning Group (ICSPG)
Establish a young carers' project and support group at the Bruce Family Centre	TBA	WER	Children's Services, Voluntary Action Shetland
Ensure SSA and care management processes are responsive to the needs of black and minority ethnic groups	On-going	WER	Service Manager Community Care Social Work

To identify carers at an early stage and provide them with the information and advice they need.

Action	Timing	Cost	Responsibility / Progress
Develop carer friendly employment policies	On-going	WER	NHS and SIC Human Resource Managers
Provide carer awareness training for all frontline staff working in partner agencies	On-going	WER	NHS Staff Development, SIC Human Resources, Voluntary Action Shetland
Raise carer awareness in wider community e.g. in Carers' Week June 2010 and Carers Rights Day in Dec 2010 Voluntary Action Shetland is running a carers cruise in the end of June in partnership with NHS and the Council	On-going	WER	Service Manager Primary Care
Promote carers issues via GP surgeries and Primary Care staff <ul style="list-style-type: none"> ❑ Include carers issues in training for all staff including receptionists ❑ Provide literature for patients and their carers e.g. leaflets, fact sheets ❑ Develop health promotion libraries at health centres for patients and their carers ❑ Publicise contact details for carers services, information and advice ❑ Produce and maintain a register of carers. ❑ Liaise with partner agencies locally. ❑ Develop the role of community and GP practice nurses in identifying and supporting carers 	On-going	WER	Service Manager Primary Care
Promote carers issues via community pharmacists <ul style="list-style-type: none"> ❑ Ensure community pharmacists have a range of up-to-date information available for carers e.g. sign posting ❑ Develop community pharmacists role in identifying and supporting carers 	On-going	WER	Service Manager Primary Care
Health Improvement and Well-being for carers: time limited post to establish health promotion and well-being programmes for carers through Primary Care	2010/2011	£19,000	Service Manager Primary Care

To promote independence and self-managed care programmes

Action	Timing	Cost	Responsibility
Develop training programmes for carers and include in Joint Training Plans e.g. moving & handling (assisting), benefits advice, stress management, administering medication, challenging behaviour	Review Annually	TBA	NHS and SIC Training Managers
Promote carer support groups;	On-going	WER	Service Manager Primary Care; Voluntary Action Shetland
Support Direct Payments Scheme	On-going	£5K	Head of Community Care and Shetland Citizen's Advice Bureau
Promote self-assessments	On-going	WER	With You For You Partnership

Head Injury

A head injury can occur at any time and the resultant consequences may be life-long. People with a serious head injury can have multiple problems: physical, mental, emotional, behavioural, social and economic. This has implications for both service provision and the planning of appropriate resources.

It is estimated (using national rates) that there are 35 – 50 people with lasting effects following a head injury in Shetland.

It is difficult to predict the future for numbers of people suffering from the effects of head injury. Accident prevention work and legislation should reduce the number of head injuries that occur: for example in road traffic accidents and through injuries at work. Modern intensive care services may mean more people survive severe injuries, albeit with disabilities.

Aims

The key objectives for people with a head injury are:

- to assess each individual's needs for services in partnership with the individual and their family and / or carers;
- to ensure each individual has access to the full range of services required for their assessed health and social needs;
- to work with employers in Shetland to enable people to continue in work;

- to provide services in an integrated way across health and social care, working with other agencies and community organisations as appropriate;
- to promote independence and self-managed care programmes.

Assessment of Need

Recuperation from traumatic brain injury can take a long time, it may take five years from injury before the social and medical consequences are fully known. However, there may also be , complete recovery.

The needs arising from head injury are wide ranging:

- physical disabilities may include walking difficulties, poor co-ordination, incontinence, speech and other sensory impairment;
- memory problems, or exceptionally more severe mental health related issues, may develop as a result of head injury;
- social isolation, unemployment and marital breakdown may occur;
- families of individuals with head injury may be subjected to particular strain, often due to a lack of support mechanisms and of information on prognosis.

In the past ten years, there have been few patients requiring long-term NHS support as a result of a head injury, although this can change at any time. Individual packages of care are developed where necessary for individuals with more severe injury.

Services Available

There are no specific services dedicated to head injury in Shetland. Dedicated intensive acute care, rehabilitation and specialist long stay care for those affected by head injury are located outwith Shetland.

In 2007 a CT scanning service was established which will allow some patients who sustain a head injury to be initially investigated in Shetland rather than having to travel to Aberdeen for a CT scan. However, this will depend on the nature and severity of the head injury and the availability of trained staff to do the scan.

The medical ward in the Gilbert Bain Hospital provides short to medium rehabilitative care for some individuals under the supervision of the local consultants, including active therapy services and specialist nursing care, but is not a specialist head injuries unit.

Links with specialist services outwith Shetland ensure that individuals with head injury receive appropriate support as required. For example, the local medical consultants work collaboratively with the neurologists in Aberdeen to manage patients with neurological problems.

Support from primary care staff (GPs and district nurses) and allied health professions (e.g. speech & language therapists, physiotherapy and occupational therapy staff) is available in accordance with assessed need.

Patients, their families and carers can access further information and

support through national organisations and charities such as 'Headway', the brain injury association

There are a range of general services in Shetland aimed at people with disabilities which might be used by people with head injury and their families including:

- ❑ Disability Shetland: a voluntary organisation that aims to provide a variety of services and support for people with disabilities;
- ❑ Moving On Project: a voluntary organisation offering a confidential service to anyone with a disability who wants to find work, or take part in work experience;
- ❑ Condition Management Programme: a service provided through the NHS and Job Centre Plus to enable persons on incapacity benefit to return to work or training.
- ❑ A development officer for people with disabilities within the Community Development service
- ❑ Support for carers through a number of initiatives described in Shetland's Carers' Strategy.

Funding

Services are provided in response to specific needs on an individual basis, and there is therefore no specific budgetary allocation within Social Care or Shetland NHS Board for people with head injury.

Any expenditure incurred varies from one individual to another and is dependent on the nature of the head injury, the short- and long-

term effects and assessed health and social care needs.

It is difficult to calculate the cost to the individual and society of a head injury. It is not possible, and indeed may not be helpful, to try to identify specific health and social care expenditure in relation to the care of individuals with head injury.

Unmet Needs / Issues

Unmet needs, identified as part of the local Joint Disability Strategy, that are particularly relevant to head injury services are:

- ❑ Overall coordination of services for people with a head injury & access to specialised services including long term care if necessary;
- ❑ access to general services –
 - which is being tackled through work on diversity and equality;
- ❑ wheelchair services – the need for a responsive, reliable, locally delivered service
 - the visiting contract for wheelchairs has been reviewed and is being monitored;
- ❑ lack of awareness of the needs of people suffering from the effects of head injury
 - being met through training of a range of staff within the different services on disability awareness;
 - and implementing Protecting Vulnerable Adults guidance and procedures.

Service Reviews

A number of pieces of work currently underway or planned, will have a bearing on the development of services for people suffering from the effects of head injury, including:

- New Adult Support and Protection Procedures have been produced and were updated in 2009 in line with new national guidance and staff training is now underway.
- The provision of long term care in Shetland including that provided at home, in residential or supported care settings and hospital has been reviewed and future models of care are currently being developed.
- The development of a local head injury protocol (on the immediate treatment of head injuries) to ensure services are delivered in line with national guidance.

Further Reading

SNAP. *Huntington's Disease, acquired brain injury and early onset dementia*. Office for Public Health in Scotland, Glasgow. 2000

NHS Shetland. *2020 Vision of Shetland's Healthcare*. NHS Shetland, 2005

Headway website:
www.headway.org.uk/



Section 7:

Joint Performance Management Framework

Each person in the community who needs community health or care services is entitled to:-

- information about services available;
- easy access to staff;
- a courteous, helpful and swift response to enquiries;
- equality of opportunity;
- help to protect them from risk but still enable them to live as full a life as possible;
- the right to see written records kept about them, subject to legislation;
- confidentiality at all times, subject to legislation;
- a say in what they think about the services provided;
- be made aware of the performance standards required of each service and make representation about standards of service;
- access to complaints procedures;
- a needs assessment in their own right;
- full participation in planning what help is offered;
- personalised high quality care;
- be represented or accompanied by someone of their own choice when discussing health and care services;
- access to an independent advocacy service.

National Outcomes Performance Framework for Community Care

The performance-monitoring framework for community care is changing to focus more on outcomes rather than process. A National Outcomes Project commissioned by the Scottish Government has developed a framework for all community care client groups comprising national outcome targets based on the visions in Delivering for Health, Changing Lives (the report of the 21st Century Social Work Review) and Joint Future.

There are four national outcomes:

- improved health;
- improved well-being;
- improved social inclusion; and
- improved independence and responsibility.

These are supported by 6 themes and 16 performance measures. These are listed below:

Extract from Final Definitions – Community Care Outcomes Framework¹

Outcome Framework for Community Care 2009/10

National Outcomes

Improved health

Improved well-being

Improved social inclusion

Improved independence and responsibility

Performance measures and targets

Themes	Code	Measure	Type	Data Source / Status	E/ N
Satisfaction	S1	% of community care service users feeling safe	Outcome	Data drawn from NMIS	N
	S2	% of users and carers satisfied with their involvement in the design of care package.	Outcome	Data drawn from NMIS	N
	S3	% of users satisfied with opportunities for social interaction.	Outcome	Data drawn from NMIS	N
Faster access	A1	No. of patients waiting in short stay settings, or for more than 6 weeks elsewhere for discharge to appropriate setting.	Output	HEAT Standard	E
	A2	No. of people waiting longer than target for assessment, per 000 population	Output	Pending Implementation of Lord Sutherland's Review of Free Personal Care	
	A3	No. of people waiting longer than target time for service, per 000 population	Output	Pending Implementation of Lord Sutherland's Review of Free Personal Care	
Support for carers	C1	% of carers who feel supported and capable to continue in their role as a carer	Outcome	Data drawn from NMIS	N
Quality of assessment and care planning	Q1	% of user assessments completed to national standard	Process	Data drawn from NMIS and local systems	N
	Q2	% of carers' assessments completed to national standard	Process	Data drawn from NMIS and local systems	N

¹ Community Care Outcomes Framework – Final Definitions 2008,' Scottish Government, 11 December 2008



	Q3	% of care plans reviewed within agreed timescale	Output	Data drawn from NMIS	N
Identifying those at risk	R1	No. of emergency bed days in acute specialties for people 65+, per 100,000 pop	Outcome	HEAT target (T12)	E
	R2	No. of people 65+ admitted as an emergency twice or more to acute specialties, per 100,000 pop	Outcome	National indicator reported in Scotland Performs	E
	R3	Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	Output	Measure administered through ISD	E
Moving services closer to users patients	BC1	Shift in balance of care from institutional to 'home based' care	Input	No overarching measure	
	BC2	% of people 65+ with intensive needs receiving care at home	Input/ Outcome	Measure administered through ASD	E& N
	BC3	% of people 65+ receiving personal care at home	Output (Proxy)	Measure administered through ASD	E

Measures: 6 (7) Outcomes 7 output 2 process 2 (1) input

- NMIS is National Minimum standards for assessment, shared care and support plans and review (July 2008)
- HEAT is the NHS Scotland suite of mandatory measures and targets on which NHS Boards base their annual Local Delivery Plans
- ISD is the information Services Division of NHS Scotland
- ASD is the Analytical Services Division of Scottish Government
- E – Existing measure
- N – Measure defined in this document

Local partnerships are expected to retain Local Improvement Targets (LITs) to support the national outcomes framework. These are included below under the heading 'Community Health & Care Partnership – Performance Targets.'

Performance against these targets will be reported on as required to the Council and Shetland NHS Board.

Scottish Health Council

The Scottish Health Council's role is to ensure that people's views are valued and have influence both in their personal relationship with the NHS and as members of communities affected by changes to local health services. The Scottish Health Council will ensure that each Community Health Partnership operates its Public Partnership Forum (PPF) effectively and in accordance with standards developed by the Scottish Health Council.



The Scottish Health Council has a local office and a local officer to support this work. Further information on the Scottish Health Council can be found at: www.scottishhealthcouncil.org

Inspections

The inspection regimes of the Care Commission, QIS, the Social Work Inspection Agency and Audit Scotland also contribute to the performance management framework for CHCP services and recommendations from these agencies are reflected in the action plans as appropriate.

Community Health & Care Partnership – Performance Targets 2009/10

Theme	Target Description	Baseline 31 March 04	Current Position	Reporting Mechanism
<i>Updated – 10 May 2010</i>				
Care at Home	<ul style="list-style-type: none"> Intensive home care – increasing the number of people over 65 receiving homecare of over 10 hours per week <p>National target – 30% of all people receiving long-term care</p> <p>Local target – 35%</p> <p>SOA Target 08/09 – 39%</p>	<p>32% (Amended Outcome – Baseline at 31 March 2006)</p> <p>74 over 65's receiving Intensive Home Care of 220 receiving long-term care.</p> <p><i>Future changes to indicator to identify against those with IoRN scores of F or higher.</i></p>	<p>114 clients over age 65 receive Intensive Home Care. A further 111 (residential) + 31 (hospital and waiting list) = 144 receiving long-term care,</p> <p>114/258 = 44%</p> <p>National target met</p> <p>Local target met</p> <p>SOA target met</p>	<p>SIC Performance Management Report</p> <p>Single Outcome Agreement NI26</p> <p>Community Care Outcomes Measure 15</p>
	<ul style="list-style-type: none"> The number of people age 65+ receiving home care. 	<p>455</p> <p>2,448 hours</p> <p>778.6 per 1,000 population</p>	<p>420</p> <p>3,049 hours</p> <p>842.25 per 1,000 population</p> <p>Increase of 8%</p>	<p>SG H1-Home Care</p> <p>KPI 9 – Home Care</p>
	<ul style="list-style-type: none"> Shift in balance of care from institutional to 'home based' care 	N/A	Reporting required from April 2009	Community Care Outcomes Measure 14
	<ul style="list-style-type: none"> % of people 65+ receiving personal care at home 	200	<p>230</p> <p>Increase of 15%</p>	Community Care Outcomes Measure 16

Community Health & Care Partnership – Performance Targets 2009/10

Theme	Target Description	Baseline 31 March 04	Current Position	Reporting Mechanism
Occupational Therapy	<ul style="list-style-type: none"> Equipment and adaptation services – reduction of number on waiting lists <i>Local target - reduce by 50%</i> <p>Target needs to change to identify waiting time for referral to be processed.</p>	116 clients on waiting list, reduce to 58.	55 Decrease of 52% Target met	<i>SIC Performance Management Report</i> Single Outcome Agreement LI7
Hospital admissions/ discharges	<ul style="list-style-type: none"> Reducing inappropriate emergency admissions of over 65+ to hospital <i>Local target - to reduce total number by 5%</i> 	Total number of people over 65 with 3 or more emergency admissions (1/4/03-31/3/04)= 43	xx in 2008/09 Target not met NHS	Single Outcome Agreement NI20 ISD Scotland HEAT targets
	<ul style="list-style-type: none"> Reducing delayed discharges over 6 weeks. <i>Please note that this is a national target agreed with the Scottish Executive</i> <p><i>Local target- to maintain current position</i></p>	0	0 Target met	<i>SIC Performance Management Report</i> Single Outcome Agreement LI32 Community Care Outcomes Measure 4
	<ul style="list-style-type: none"> No of emergency bed days in acute specialties for people 65+, per 1,000 pop. <i>Reduce emergency in-patient days by 10%</i> 	1970.5 days per 1,000 population (2007/08).	6,623 bed days 3,514 over 65's = 1,884.7 days per 1,000 population of over 65s Target not met NHS	Community Care Outcomes Measure 11 ISD Scotland HEAT targets

Community Health & Care Partnership – Performance Targets 2009/10

Theme	Target Description	Baseline 31 March 04	Current Position	Reporting Mechanism
	<ul style="list-style-type: none"> No. of people 65+ admitted as an emergency twice or more to acute specialties, per 1,000 pop. <i>Reduce by 20% from 2004/05.</i> 	39.7 people per 1,000 population of over 65s (2007/08)	158 people, 3,514 over 65s = 45.0 people per 1,000 population of over 65s. Target not met NHS	Community Care Outcomes Measure 12 ISD Scotland HEAT targets Single Outcome Agreement NI20
	<ul style="list-style-type: none"> No of people 65+ admitted twice or more as an emergency who have not had an assessment in the current year (per 100, 000 population) 	78% of patients with no SSA (2008/09) *criteria changed since previous year	xx of xx people = xx% of patients with no SSA NHS	Community Care Outcomes Measure 13 ISD Scotland HEAT targets

Community Health & Care Partnership – Performance Targets 2009/10

Theme	Target Description	Baseline 31 March 04	Current Position	Reporting Mechanism
Community Care: Assessments	<ul style="list-style-type: none"> Improvements in time taken for assessments to be completed <i>Local target – 65%</i> 	Time taken between referral and completion of assessment (2003/04), 461 out of 934 = 49%	226 of 538, 42% Decrease of 7% Target not met	Single Outcome Agreement LI9
	<ul style="list-style-type: none"> No. of people waiting longer than target for assessment, per 000 population 		Reporting required from April 2010	Community Care Outcomes Measure 5
	<ul style="list-style-type: none"> No of people waiting longer than target time for service, per 000 population 		Reporting required from April 2010	Community Care Outcomes Measure 6
	<ul style="list-style-type: none"> Increasing number of carers' assessments <i>Local target – increase by 10%</i> 	<i>Baseline revised (Sept 07)</i> Number of carers' assessments recorded per year = 40	16 assessments in 9/10, decrease of 60% Target not met	SIC Performance Management Report Single Outcome Agreement LI8
	<ul style="list-style-type: none"> Increase nos of SSA undertaken by community nurses and other health professionals Local target – increase proportion of all SSAs to 10% Increase the % of SSA's done within target, by 10%. <i>Local target – 65%</i> 	49%	2 of 166 completed Decrease to 1.2% Target not met 94 of 133 in 09/10 71% Target met	Local Improvement Targets SIC Performance Management Report

Community Health & Care Partnership – Performance Targets 2009/10

Theme	Target Description	Baseline 31 March 04	Current Position	Reporting Mechanism
User / Carer Satisfaction	•% of user assessments completed to national standard.		Reporting required from April 2010	Community Care Outcomes Measure 8
	•% of carers' assessments completed to national standard.		Reporting required from April 2010	Community Care Outcomes Measure 9
	•% of care plans reviewed within agreed timescale		Reporting required from April 2010	Community Care Outcomes Measure 10
	•User/carer satisfaction with Single Shared Assessment Local target – 25% response to Q'aire & 95% satisfaction	User consultation response rate – 32 % Satisfaction rate – 85.9 % (January 2008)	Service user consultation – response rate 29% Target Met Satisfaction rate: 93.2% Target not met	Single Outcome Agreement LI10 SIC Performance Management Report
	•Percentage of community care users feeling safe		Reporting required from April 2010	Community Care Outcomes Measure 1
	•% of users and carers satisfied with their involvement in the design of care package.		Reporting required from April 2010	Community Care Outcomes Measure 2
	•% of users satisfied with opportunities for social interaction.		Reporting required from April 2010	Community Care Outcomes Measure 3
	•% of carers who feel able to continue their role		Reporting required from April 2010	Community Care Outcomes Measure 7

Community Health & Care Partnership – Performance Targets 2009/10

Theme	Target Description	Baseline 31 March 04	Current Position	Reporting Mechanism
Respite Care	<ul style="list-style-type: none"> Increase in people receiving short breaks <p>National target – increase number of weeks respite by 10,000 weeks</p> <p>Local target – increase all respite care by: 8.8 weeks by 2008/09 26.4 weeks by 2009/10 44.0 weeks by 2010/11</p>	<p>Baseline 2007/08</p> <p><u>Over 65s</u> 6,652 respite nights 7,207 respite hours = 1087.6 weeks</p> <p><u>18 – 64s</u> 1,491 respite nights 1,605 respite hours = 243.6 weeks</p> <p><u>Under 18s</u> 662 respite nights 8,908 respite hours = 258.6 weeks</p> <p>TOTAL 2007/08 = 1589.8 weeks</p>	<p>Year 2009/10</p> <p><u>Over 65s</u> 6,568 respite nights 7,530 respite hours = 1,082 weeks</p> <p><u>18 – 64s</u> 1,885 respite nights 4,774 respite hours = 360 weeks</p> <p><u>Under 18s</u> 1,022 respite nights 16,350 respite hours = 457 weeks</p> <p>TOTAL 2009/10 = 1,899 weeks Increase of 309 weeks* Target Met *44 weeks of this figure previously unreported</p>	<p>Scottish Government: Respite Care Return</p> <p>Concordat Commitment COSLA – Monitoring additional respite care.</p>

SIC Performance Management Reports are submitted 6 and 12-monthly, all other returns are done on a yearly basis.

**Targets included in Shetland's Single Shared Assessment process
"With You For You".**

- Day 1:* Emergency provision
First Contact with Customer
- Day 3:* (working days) Review of emergency provision.
- Day 20:* Understanding You completed including any specialist assessment(s)
Customer agreement of needs and support plan.
- Day 21:* Implementation of the support plan With You for You
Unmet needs recorded
- Day 22:* Customer feedback recorded

Hospital Discharges

- 6 weeks from date patient is declared fit for discharge

Targets for Reviews

- 4 weeks following discharge from hospital
- 6 weeks following admission to residential care
- 6 months from completion of the assessment

Performance against these targets is published monthly.

COMPLAINTS

A complaint is 'an expression of dissatisfaction requiring a response.' Complaints about CHCP services are currently co-ordinated and resolved by the lead agency about whom the complaint is made. However a service user may initiate a complaint via either agency and the Council and NHS Shetland will work closely together to resolve any complaint where a joint response is appropriate.

The following key principles are adhered to during the resolution of complaints:-

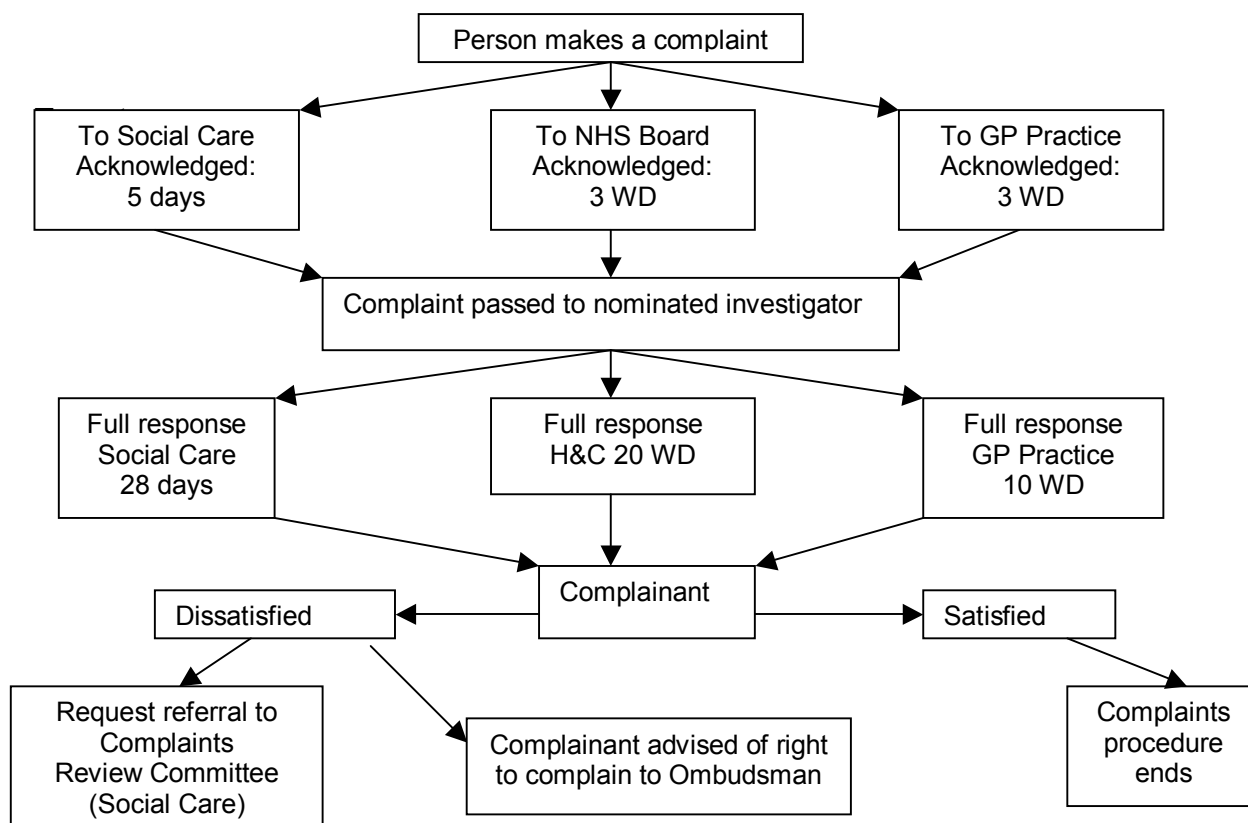
- there should be ease of access for anyone wishing to make a complaint and information available about all stages of the procedure.
- complaints should be given full and fair consideration.
- complaints should be:
 - investigated thoroughly
 - responded to honestly and objectively
 - resolved as quickly as possible
 - resolved as close to the point of delivery as possible
 - scrupulously fair to both the complainant and staff
- a complaint response should:
 - address the concerns expressed by the complainant and show that each element has been fully and fairly investigated
 - include an apology where things have gone wrong
 - report the action taken to prevent a recurrence
- a person will not be discriminated against if they choose to make a formal complaint

The timescales and a flow chart outlining the process are included below.

TIMESCALES

		NHS	
		<u>Primary Care</u>	Hospital and Community Services
Time limits for initiating complaint		6 months from event, or 6 months from becoming aware of a cause for complaint, but no longer than 12 months from event	
Acknowledgement of formal complaint	5 days	3 working days	
Full response	28 days	10 working days	20 working days
Complainant requests referral to Complaints Review Committee (Social Care)	28 days		
Complainant can refer complaint to Ombudsman			

COMPLAINTS PROCEDURE





REPORT

To: Services Committee

From: Head of Children's Services

YOUNG CARERS PROGRESS REPORT

1. Introduction

- 1.1 This Report is the first progress report since Services Committee on 2 September 2010, when it was decided include Young Carers as a standing item on the agenda. The report informs Members on progress to date.

2. Links to Corporate Policy

- 2.1 By identifying and appropriately supporting young carers, the Council and its partners will enhance young carers' opportunities to become successful learners, confident individuals, effective contributors and responsible citizens.

2.2 *Risks*

This report is for noting only so there are no direct risks. It should be noted however that providing appropriate resources to this group of children and young people carries significant risks across a range of factors such as political, social, legal and community.

3. Background

- 3.1 The report Young Carers CS-03-10-F was considered at Services Committee on 2 September 2010, and it was decided that Young Carers should be a standing agenda time for Committee.
- 3.2 The above report stated that the identification of young carers is a problem both locally and nationally, as without appropriate identification it is very difficult to assess and meet the needs of young carers.
- 3.3 The report also highlighted a number of local issues which need to be progressed and progress on these is stated below.

4. Progress to Date

- 4.1 There have been no new young carers identified since 2 September. NHS Shetland have confirmed that they have identified no young carers but added that they will inform the Head of Children's Services when they do.

- 4.2 It was previously reported that Schools had made little progress is systematically identifying young carers. The Schools Service has since included a specific question in its “Managing Inclusion Guidelines” to help identify young carers.
- 4.3 The research into identifying and seeking views of young carers is progressing and will be completed by the end of the calendar year. The Assistant Psychologist has met with key stakeholders to scope the research and has developed a questionnaire for schools as attached at Appendix 1.
- 4.4 VAS and the Family Centre have met to plan for the young carers support group.
- 4.5 VAS have spent a lot of time preparing a funding bid to the Big Lottery for a Young Carers Co-ordinator.
- 4.6 There has been no progress reported by the Scottish Government in relation to the report: “Getting it Right For Young Carers”.

5. Financial Implications

- 5.1 There are no direct financial implications arising from this report. Any funding required can be met from within existing budgets.

6. Policy and Delegated Authority

- 6.1 All social work matters stand referred to the Services Committee. The Committee has delegated authority to make decisions on matters within its remit and for which the overall objectives have been approved by the Council, in addition to appropriate budget provision, in accordance with Section 13 of the Council's Scheme of Delegations.

7. Recommendations

- 7.1 I recommend that Services Committee note the content of this report.

Our Ref: SM/eal Report No: CS-04-10-F1

Young Carers in Shetland's schools

1. Which school do you currently work in?

2. What is your job title?

3. Are you aware of the difficulties which young carers may face in education?

☐ Yes

☐ No

If yes, explain what some of these difficulties could be

4. Does your school have any mechanisms for identifying the number of young carers within the school?

☐ Yes

☐ No

5. If there is a mechanism in place for identifying the number of young carers in your school, could you use it to identify how many there are?

☐ 1-5

☐ 6-10

☐ 11-15

☐ 16-20

☐ 20+

☐ There is no mechanism for identifying the number of young carers in my school

If there is a mechanism for identifying the number of young carers, could you explain what this is?

6. If there is no mechanism for identifying the number of young carers within your school, could you estimate the number? (this may involve consultation with other school staff in order to achieve the most accurate reflection)

☐ 1-5

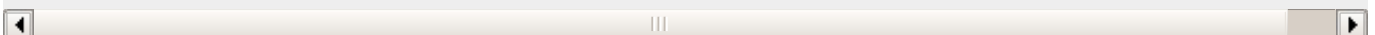
☐ 6-10

☐ 11-15

☐ 16-20

☐ 20+

☐ There is a mechanism for identifying the exact number of young carers in my school



7. Are you aware of any formal procedures for identifying young carers within your school?

☐ Yes

☐ No

If yes, please outline what these are

8.

Are you aware of any informal procedures which might be used to identify young carers in your school?

☐ **Yes**

☐ **No**

If so, how might staff recognise young carers?

9.

Do you think that mechanisms for identifying young carers in your school could be improved?

☐ **Yes**

☐ **No**

If yes, do you have any ideas how this could be done?

10. Are there any support mechanisms in place for young carers in your school?

☐ **Yes**

☐ **No**

If yes, what support is available?

11. Do you think that young carers could be better supported within your school?

☐ Yes

☐ No

If yes, describe some of the ways that this could be done?

12. Have you ever played a direct role in the support of a young carer?

☐ Yes

☐ No

If yes, what was this role?

13. Please feel free to leave any additional comment you may have



MINUTE

B

**Shetland College/Train Shetland Board of Management
Room 4, Train Shetland, Gremista, Lerwick
Wednesday 23 June 2010 at 3.15 p.m.**

Present:

A J Hughson
L F Baisley
A Carter
J L B Smith

Apologies:

L Angus
W H Manson
R C Nickerson
G Robinson

In attendance (Officers):

G Smith, Director
I Peterson, Depute Director
M Simpson, Vocational Training Manager
F Stirling, Short Course Manager
L Murray, Management Accountant
R Macleod, Committee Officer

Also:

Mr J Fraser, UHI Principal
Mr J Watson, UHI Board Member

Chairperson

Mr A J Hughson, Chair of the Board, presided.

Circular

The circular calling the meeting was held as read.

Declarations of Interest

There were no declarations of interest.

Minute

The minute of the meeting held on 21 April 2010 was confirmed.

Following the presentation by James Fraser, UHI Principal, earlier this afternoon, the Director wished to clarify discussion stemming from a recent staff roadshow. The Director queried the implications for Shetland College of the introduction of the Coherent Curriculum for the 21st Century (CC21C). Providing more background to his query, the Director commented that the projected efficiencies could result in false efficiencies for a remote location, such as Shetland. The Director raised concern that the CC21C model could

have severe consequences for core subjects, such as business, which would be unlikely to attract students from outwith the islands. The possible reduction in these core subjects could result in a cutback in staff numbers.

The Director also drew the Board's attention to the partnership working that is expected from the CC21C. The Director commented that small colleges are often at the mercy of larger colleges with regard to course viability.

(The Depute Director attended the meeting.)

Mr Fraser responded by saying that the CC21C project had been designed to replace competing courses. However, this is a complex exercise and a comprehensive understanding must be gained before practices can be rolled out.

The general principle of the CC21C is to maximise campus provision throughout the Highlands and Islands with any degree course being available at any campus site. However the Board were informed that a open university framework could not be sought.

Mr Fraser agreed that the Director was right to raise concerns regarding the CC21C and its impact on small colleges. Mr Fraser commented on the importance for each college within the UHI partnership to develop a niche area of learning. The Board noted that the textile course offered by Shetland College would be regarded in this respect.

(Ms L F Baisley left the meeting.)

During discussion further queries were raised regarding the impact of the CC21C on Shetland College. Mr Fraser sought to reassure Members and Officers that the exercise is still in the early stages with continuing investigation into the mechanisms to be put in place to facilitate roll out.

Mr Fraser commented on the networking opportunities that would result from the CC21C. However, a financial penalty system may be put in place to encourage enhanced networking. The Board acknowledged the importance of the commitment from large colleges to the networking aspect of this venture.

In summary, Mr Fraser acknowledged that he had not been able to allay all of the Director's concerns, but once CC21C moduling commences more information will be available. The Director recognised the need to develop this proposal further but highlighted that high quality staff should continue to be fully utilised.

Mr J L B Smith questioned how a balance could be developed between academic learning and vocational experience. Mr Fraser responded by commenting that an aim of the CC21C is to produce graduates equipped for the work environment as it evolves today. The Board were advised that UHI aims to produce graduates who are valuable to employers and who possess IT and presentation skills along with a number of other subject areas.

In response to a question from Mr A Carter, Mr J Fraser stated that the UHI attracts a low share of the school leavers market. The Board noted that the absence of university title is a barrier to attracting more school leavers. There is also a history/culture of going away to study.

Mr Fraser went on to say that it may be viable to introduce HE learning in the school context. The UHI has the capacity and technology to deliver this opportunity but would be mindful of the supply-led nature of the learning.

The Board thanked Mr Fraser and Mr Watson for their attendance and for the continued financial support received from the UHI. Mr Fraser stated that he hoped to make an annual visit to Shetland College.

(Mr Fraser and Mr Watson left the meeting.)

21/10 **Train Shetland Vocational – End of Year Performance Management Report 2009/10**

The Board noted a report by the Director, Shetland College, attached as Appendix 1. A handout showing the figures in the form of graphs and charts was tabled at the meeting.

The Vocational Training Manager provided Members with a summary of the information contained within the report and Members noted the following points:-

- A budget overspend of £11,161.37 had been incurred.
- A small percentage (8%) of available funding remains unclaimed for 2009. However, a portion of this may still be eligible to be claimed within this academic year.
- There continues to be a high level of demand for apprenticeships.

In response to a question from the Chairperson, the Vocational Training Manager confirmed that no apprenticeships had been affected long-term by recent job cuts within the construction industry.

Referring to the achievement rate for MA and SKLS courses, Mr A Carter enquired as to how these figures compare with the national averages. The Vocational Training Manager estimated that the national averages would be lower than that achieved by students at Shetland College.

In response to a question, the Vocational Training Manager advised that winter leavers bring an added financial cost to the Vocational Training budgets because this is not covered by the Schools Service budget.

The Board noted that Shell had withdrawn funding for the STEP programme in December 2009. The Vocational Training Manager advised that although the programme will continue for 2010/11, its future was still uncertain.

22/10 **Train Shetland (Short Courses) – End of Year Performance Management Report 2009/10**

The Board noted a report by the Director, Shetland College, attached as Appendix 2.

The Short Course Manager summarised the main terms of the report, highlighting budget underspend of £25,270. The Board were advised that, although the target for the number of courses cancelled had been exceeded, this was due in part to the bad weather in the early months of 2010.

23/10 **Director's Update**

The Board noted a report by the Director, Shetland College, attached as Appendix 3.

(The Vocational Training Manager and the Short Course Training Manager left the meeting.)

HMIE

The HMIE report has still not been received but is currently at the editing stages. It is hoped that the report can be presented to the September meeting of the Board.

Phase 3

Highlighting the information contained within the report, the Director advised that the detailed design specifications should be available by December 2010. Prior to this, mechanical, electrical and structural engineering appointments will be made through external advertising. However, the architect and quantity surveyor appointments will be filled from internal Council resources.

The Board noted the need to manage the huge disruption that would result from these works.

In regard to the car park alterations, it is hoped that an additional 39 spaces can be incorporated to compensate for those lost through construction.

Music Courses

Referring to the report, the Director provided more detail regarding the reasons for recommending that the NC in Music be delayed until the academic year 2011/12. The main reasons being that no proactive marketing had been carried out to raise awareness of the availability of the course and it would be better to launch the course in Mareel which would provide all the required facilities under one roof.

The Chairperson advised that Councillor Nickerson had asked that his approval of the decision to delay be noted.

Student of the Year

The Director advised that 9 nominations in total had been received for the FE and HE Student of the Year Awards.

Members were informed that Louise Duffy who is studying for a HND in Accounting has been awarded the HE Student of the Year Award and Frank Leonard, NC in Business, was awarded the FE Student of the Year Award.

The Board noted the high standard of students produced by Shetland College and commended the work of the teaching staff.

Some discussion took place regarding the development of creative industries. The Board were informed that 4Consulting had been tasked with providing information and strategic direction for this area.

24/10 **Shetland College Student Enrolments - May 2010**

Following a summary of the main terms, the Board noted a report by the Director, Shetland College, attached as Appendix 4.

25/10 **Shetland College Budget Estimates 2010/11**

The Board considered a report by the Director, Shetland College, attached as Appendix 5.

The Director drew attention to the following points:-

- As detailed in the report, the College receives income from SFC for FE with four main strands – WSUMS, remoteness element, entry cost element and fee waiver funding.
- The funding from the UHI has been decreased by 5% on the previous year. However, this is a relatively small drop in comparison to some of the other partners.
- There is uncertainty as to the financial impact that the delivery of an additional 92 WSUMS, in respect of the additional funding received by rural colleges to acknowledge the effects of the economic downturn, will have on the College's projected operating surplus of £10,706.
- It is likely that Knowledge Transfer, Employer Engagement and ESOL will experience funding reductions in future years.

Given the substantial financial pressures facing Shetland College, the Board were assured that a proactive stance would be taken. As well as maintaining ties with the Council, it is important to continue dialogue with the SFC.

Mr J L B Smith moved that the Board approve the recommendations contained within the report. Mr A Carter seconded.

26/10 **Shetland College Operational Plan 2010/11**

The Board considered a report by the Director, Shetland College, attached as Appendix 6.

The Depute Director guided Members through the contents of the Operational Plan and highlighted the following information:

- Governance arrangements will be reviewed during the 2010 summer break.
- Overall, access to both FE and HE courses has been widened with a notable increase in student numbers.
- The College will continue to endeavour to increase and enhance the opportunity for e-learning.
- Through UHI collaboration, the College aims to increase its online presence and use of video conferencing facilities.
- In order to meet the needs of learners, Shetland College plans to further increase access by offering courses through both mainstream learning and online.

The Board noted the ambitious nature of the plan and the Director expressed his appreciation for the work that had been carried out in order to compile it.

Mr J L B Smith moved that the Board approve the recommendation contained within the report. Mr A Carter seconded.

27/10 **Amendment to Members & Officials Travel and Subsistence Rates – Overseas Travel**

The Board considered, and Mr J L B Smith moved the approval of the recommendations contained within the report by the Head of Finance, attached as Appendix 7. Mr A Carter seconded.

In order to avoid the disclosure of exempt information, Mr A Hughson moved, and Mr J L B Smith seconded, to exclude the public in terms of the relevant legislation during consideration of the following items of business.

28/10 **Senior Lecturer: Business, Hospitality and Tourism**

The Board considered and on the motion of Mr J L B Smith approved the recommendations contained within the report by the Director, Shetland College. Mr A Carter seconded.

The meeting concluded at 4.50pm.

.....
A J Hughson
CHAIRPERSON



MINUTE

**Shetland College/Train Shetland Board of Management
Room 4, Train Shetland, Gremista, Lerwick
Wednesday 22 September 2010 at 2 p.m.**

Present:

A J Hughson
L Angus
A Carter
W H Manson
R C Nickerson
G Robinson

Apologies:

L F Baisley
J L B Smith
G Robinson (for lateness)

In attendance (Officers):

G Smith, Director
A Cogle, Service Manager - Administration
R Macleod, Committee Officer

Chairperson

Mr A J Hughson, Chair of the Board, presided.

Circular

The circular calling the meeting was held as read.

Declarations of Interest

There were no declarations of interest.

Minute

The minute of the meeting held on 23 June 2010 was confirmed. The Director advised of a change to item 21/10 whereby the last sentence of the third to last paragraph should read "The Vocational Training Manager estimated that the national averages would be lower than that achieved by Train Shetland trainees."

In response to a question from Mr R Nickerson, the Director advised that funding for the Shell STEP Programme had been secured for the current year. However, future funding was still being sourced for a Highlands and Islands version of the programme.

Advising that the NHS representation position on the Board is still vacant, the Chairperson asked the Service Manager – Administration to address this, through written correspondence with NHS Shetland.

The Board noted a report by the Director, Shetland College, attached as Appendix 1.

Modern Apprentices and Skill Seekers

Providing additional information, the Director advised that future discussions with Skills Development Scotland (SDS) would focus on the ability to build flexibility into the Service Level Agreement. The Board were informed of plans to profile Modern Apprenticeship demand at the start of the academic year which could lead to virements between courses. SDS have agreed that this would be appropriate. The Director also reported that a reduction in monthly claim paperwork has been initiated.

In response to a query from Mr A Carter, the Director explained that 9 additional places would be afforded to Shetland College, provided in addition to the initial 45 places. Currently, 39 places have been filled.

Mr L Angus questioned whether it was proving difficult to find employers for particular subjects, such as construction. The Director advised that construction was not affected but business admin was experiencing difficulties. In response to a query from Mr R Nickerson regarding publicity of the need for employers to undertake these roles, the Director stated that a number of agencies were involved in this task, including Highland and Islands Enterprise (HIE), the Council's Economic Development Unit and SDS. The Board were reminded of the current restrictions on capacity.

Mr Nickerson commented that during the economic downturn, training budgets can become an easy target for cuts. However, he added that this should be avoided and the Chief Executive made aware of the situation. The Director acknowledged the need to continue to support Modern Apprenticeships.

In response to comments, Mr A Carter advised that SDS have taken on the training element from HIE. This has resulted in nationally led publicity, which in turn inhibits local involvement. Mr Carter went on to say that there are a range of incentives aimed at employers such as Adopt an Apprentice. Mr Carter also highlighted the need for every pupil to progress to a positive destination.

Mr L Angus highlighted the Curriculum for Excellence and its impending roll-out across all schools in Scotland. The Board also noted that Vocational Pathways would not be viable without further education and a close relationship between the two is vital. Mr W H Manson commented that working with employers to produce students who are valuable is also important.

Phase 3

The Board were informed that a planning permission application is likely to be submitted in the first week of October.

Student Numbers

Acknowledging the lack of space and resulting disruption, the Director commented that student numbers were healthy.

In response to a question from Mr R Nickerson, the Director confirmed that the Learning Centres were not at full capacity due to the wide range of the courses that are on offer. Although final enrolments are yet to be obtained, an update will be provided at the next meeting.

The Board were advised that several points of business had arisen since the finalisation of this report. The Director proceeded to update Members on various matters.

The Director advised that Angela Irvine, UHI Student of the Year 2009, has been named as the north regional winner of the Enterprising Student Awards 2010. Mrs Irvine who completed a BA in Contemporary Textiles, will compete in the national final against the west and east regional winners at the end of the month.

Referring to the bid by UHI to gain university title and the ongoing consultation on the subject, the Board agreed that the Director would draft a consultation response to be approved at the next meeting. The Board noted that the deadline for response is 22 November 2010.

In relation to a presentation by Mark Batho on Future Funding for Scottish Colleges to take place on 30 September, the Board agreed that in the absence of the Chairperson, the Vice-Chairperson would be approached to attend.

(Mr G Robinson attended the meeting.)

Following sight of logo options for corporate UHI material, the Board agreed to delegate authority to the Director on the final design.

30/10 **Student Enrolments – 2 September 2010**

The Board noted a report by the Director, Shetland College, attached as Appendix 2.

The Director advised that the preliminary enrolment figures shown in the report could now be updated and provided the following information:-

	Full Time	Part Time
FE	63	621
HE	74	95

In response to a comment from Mr L Angus, the Director agreed that there was a trend towards students being in work which had led to an increase in enrolment numbers for part time courses. Mr Angus went on to enquire about the level of learning that takes place in the wider community. The Board were informed that community learning

centres had been set up outwith Lerwick and these focus on a wide range of part time courses.

31/10 **HMIE Annual Engagement Report**

The Board noted a report by the Director, Shetland College, attached as Appendix 3.

The Director summarised the main terms of the report and highlighted the difficulties in improving learner engagement levels. This could be attributed to the high number of part time students who attend the college. A graduate placement position has been filled and the post-holder will explore methods to improve learner engagement.

The Board agreed that the report was positive on the whole.

32/10 **Shetland College Financial Update, July 2010**

The Board noted a report by the Director, Shetland College, attached as Appendix 4.

The Board were informed that the accounts attached as an appendix to the report give an early indication of the expected outturn. Adjustments will be made but it is hoped that a small surplus can be maintained. Following auditing in December 2010, the accounts will be presented again to the January meeting of the Board.

33/10 **Change to Salary Settlement Date**

The Board considered a report by the Director, Shetland College, attached as Appendix 5.

Following a brief introduction by the Director, Mr L Angus moved that the Board approve the recommendations contained within the report. Mr G Robinson seconded.

34/10 **Shetland College Staff Development Plan 2010/11**

The Board considered a report by the Director, Shetland College, attached as Appendix 6.

As a requirement, staff development is based on a range of activities set by legislation and national procedures. Teaching staff attend specific development days throughout the year. As part of the HMIE review that was recently carried out, staff development featured heavily, focusing on equality and diversity. Staff are encouraged to evaluate their teaching styles and materials.

The Director drew the Board's attention to an EIS sponsored presentation by Roddy Henry (HMIE) and others due to be held on 26 October. There will be an opportunity for college and school staff to participate in a question and answer session.

In response to comments from Mr L Angus, the Director agreed that costs can be kept down by using in-house staff to deliver training, as well as video conferencing facilities. The Board were informed that the training budget for 2010/11 had been set at £55,000. Referring to

the training budget, Mr G Robinson remarked that there had been a £9,000 increase. In response to a further query, the Director confirmed that an average of £500 is spent per staff member on training.

Mr R Nickerson questioned the method of self-evaluation of training needs by Board members. The Director advised that as Board members are familiar with corporate governance issues, training needs will differ from other counterpart Boards across Scotland. However, the Director asked the Board to identify where training is required.

The Service Manager – Administration advised that Members could complete a self-evaluation training needs analysis which would identify areas where training is required.

The Board agreed that it would be helpful for the Director to arrange for Scotland's Colleges training programme to be provided for Members. The Director confirmed that he would email Members with details.

Mr G Robinson moved that the Board approve the recommendation contained within the report. Mr L Angus seconded.

35/10 **Shetland College Operational Plan 2009/10 – Action Plan Update**

The Board considered a report by the Director, Shetland College, attached as Appendix 7.

The Director provided a comprehensive summary of the Operational Plan, highlighting where progress had been made with regard to the Strategic Priorities.

In response to a suggestion from Mr A Carter, the Director advised that it would not currently be possible for lecturers to visit schools in outlying areas to conduct classes. However, the possibility of this could be explored. The Board were reminded that as part of vocational pathways, staff visit schools in the north isles, for example.

(Mr L Angus left the meeting.)

Mr R Nickerson enquired as to where the funding for the Chair of the Creative Industries would be found. The Director confirmed that the first draft of a report would be available at the end of September and this would detail cost levels. An estimate of £250,000 per year had been given.

The Director referred to the Centre for Nordic Studies and Board members agreed that Donna Heddle should be invited to the next meeting of the Board to present information on the work carried out at the Centre for Nordic Studies. The Director agreed to make these arrangements.

Following comments regarding resistance to staff peer reviews, Mr A Carter suggested that colleagues from Orkney College could be used to deliver this type of appraisal within Shetland. However the Board acknowledged that this would be expensive but may be beneficial to trial.

Mr W H Manson moved that the Board approve the recommendation contained within the report. Mr R C Nickerson seconded.

The meeting concluded at 3.30 pm.

.....
A J Hughson
CHAIRPERSON