

## REPORT

To: **CHP Committee  
Services Committee  
Shetland NHS Board**

**28 April 2011  
5 May 2011  
10 May 2011**

From: **Head of Community Care**

**Report No: SC-10-11-F  
Advocacy Development Plan 2011-2014**

### **1 Introduction**

- 1.1 This report seeks approval of the three year Advocacy Development Plan 2011-2014 (see Appendix 1.)

### **2 Links to Corporate Priorities**

- 2.1 The provision of independent advocacy services contributes to the corporate priorities of the Council and Shetland NHS Board in the following areas:-
- Improving health;
  - Partnership working with patients, the public, staff and other stakeholders;
  - Decreasing social inequalities and
  - Equality and diversity.
- 2.2 The proposals are consistent with the Council and NHS Shetland's aims to provide high quality services in ways that are appropriate to the local context and sustainable for the future.

### **3. Risk Management**

- 3.1 There is no significant risk if a new Advocacy Development Plan is not put in place. However, failure to build on previous Development Plans may lead to less cohesion and less effective use of resources in the future. This may have a direct impact on the vulnerable people who use advocacy services.

#### **4. Background**

- 4.1 NHS boards are required to commission independent advocacy services working jointly with local authority partners.
- 4.2 Shetland NHS Board and Shetland Islands Council have produced Advocacy Development plans jointly since 1998. Work on the 3 year development plan for 2011-2014 has been undertaken in collaboration with Advocacy Shetland.
- 4.3 Advocacy Shetland is the main provider locally of independent advocacy. They provide a range of services under the terms of a Service Level Agreement (SLA) with the Council underpinned by a financial framework that pools funding from the Council and NHS Shetland. The first Service Level Agreement was awarded following an open tender exercise and was initially for 3 years from 1 April 2005 to 31 March 2008. This was extended recently for a further 12 months. In 2009, a 4-year Service Level Agreement was put in place from 1 April 2009 to 31 March 2013. Services include:-
- Generic advocacy for service users;
  - Generic advocacy for unpaid/family carers;
  - Specialist independent advocacy services for people with a mental disorder;
  - Housing and homelessness advocacy support services
  - Support for collective advocacy;
  - Support for citizen advocacy;
  - Training;
  - Promotion of independent advocacy; and
  - Raising public awareness of advocacy issues.
- 4.4 The Advocacy Development Plan for 2011-2014 has been developed by officers of the Council, NHS Shetland and Advocacy Shetland. The new Plan includes information from a service user and stakeholder survey completed in November 2010 that was conducted by Advocacy Shetland. Comments have been invited from Shetland's Public Partnership Forum and the Patient Focus Public Involvement steering group.
- 4.5 Advocacy Shetland undertook an independent organisational audit that was completed in August 2010.

## **5. Proposals**

### **5.1 Work in 2011/12 will include:**

- To continue to work closely with Advocacy Shetland to deliver services in line with the existing SLA, in particular regarding promotion and raising public awareness;
- To review the provision of advocacy services for children and young people;
- To establish formal arrangements for supporting clients on mainland Scotland;
- To explore and develop further the advocacy services available for people with sensory, hearing, sight or other communication difficulties.

### **5.2 It is proposed that an update report is presented to the CHP Committee before the end of the current financial year (2011/12).**

## **6. Financial Implications**

### **6.1 There are no financial implications arising directly from this report.**

### **6.2 Funding levels as detailed in Section 5 of the Advocacy Development Plan to enable commissioning of independent advocacy services by NHS Shetland and the Council is included in the approved 2011/12 budgets of both organisations.**

## **7. Policy and Delegated Authority - SIC<sup>1</sup>**

### **7.1 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 Delegation.**

## **8. Conclusions**

### **8.1 The Plan at Appendix 1 sets out the Council and Shetland NHS Board plans for commissioning and developing independent**

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<sup>1</sup> For Shetland Islands Council Services Committee only

advocacy services in line with corporate and national service objectives and guidelines.

- 8.2 The plans have been developed in collaboration with Advocacy Shetland who is the main provider of independent advocacy services for Shetland.
- 8.3 The plan has been informed by a consultation exercise carried out by Advocacy Shetland in 2010 and comments from a wide range of individuals and groups including Shetland's Public Partnership Forum and the Patient Focus Public Involvement Steering Group.
- 8.4 Independent advocacy services support some of the most vulnerable members of the Shetland community making sure that their voice is heard in situations that affect their health and well-being.

## **9. Recommendations**

I recommend that:

- 9.1 Members of Shetland Islands Council Services Committee and Shetland NHS Board consider and approve the Advocacy Development Plan 2011-2014 attached at Appendix 1; and
- 9.2 Members of Shetland Islands Council Services Committee, CHP Committee and Shetland NHS Board note that an update report will be presented to the CHP Committee before the end of financial year 2011/12.

Date: 27 April 2011  
Our Ref: CF'MD'SC10-11

Report No: SC-10-11-F

# **Advocacy Development Plan**

**2011-2014**

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1. Advocacy Development Plan 2008-2011  
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2. Advocacy Development Plan 2011-2014

## Advocacy Development Plan –2011-2014

### 1. Introduction

- 1.1 Shetland's first Advocacy Development plan was published in January 2002 and covered the 3 years from 2002 to 2005.
- 1.2 The plan was reviewed in 2004 and a new plan for 2004 – 2007 was published in September 2007.
- 1.3 The Advocacy Development Plan was reviewed again in 2008 and a new plan for 2008-2011 was published in June 2008.
- 1.4 This plan provides an update on the development of independent advocacy services in Shetland over the last 3 years and sets out the plans for the next 3 years.
- 1.5 The views of a wide range of stakeholders and of users of local advocacy services have been taken into account in preparing the plan.
- 1.6 Advocacy is about helping people to have a stronger voice and more control over their lives. It can be a group of people with a common cause getting together to have a stronger voice. It can be about one person needing the support of another person to have their voice heard.
- 1.7 The definitions used in Shetland's Advocacy Development Plan 2011-2014 are taken from national guidance.<sup>1</sup>
- 1.8 Advocacy has two main themes
  - Safeguarding individuals who are in situations where they are vulnerable; and
  - Speaking up for and with people who are not being heard, helping them to express their own views and make their own decisions.
- 1.9 **Independent Advocacy** is where projects and their advocates operate independently of service providers. This removes any conflict of interest so that the person who requires the support of an advocacy service can be confident that their views will be put forward without prejudice.

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<sup>1</sup> Independent Advocacy A Guide for Commissioners, Scottish Executive January 2001

- 1.10 **Individual Professional Advocacy** uses paid and unpaid (volunteer) advocates. Advocates working in these organisations usually support people in dealing with a specific issue or problem and work with them until that issue is resolved.
- 1.11 The objective of **Citizen Advocacy** is to encourage ordinary citizens to become more involved with the welfare of those who might need this in their communities. Citizen Advocacy organisations aim to develop communities whose members are more able, competent and willing to speak on behalf of another person and to protect their interests. Citizen Advocacy brings an individual together with an advocate on a long term, personal, one to one basis. The advocate stands with their partner to defend their rights and to support them to pursue their interests, and the organisation is structured in such a way as to ensure that their loyalty is to their advocacy partner and not to the organisation. Citizen advocates are usually partnered with only one person and they are unpaid.
- 1.12 **Collective (or Group) Advocacy** is where a group of people with similar experiences meet together to put forward shared views. It offers a shared voice rather than singling out individuals. It can however present a range of views. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern. Members of a collective advocacy group set their own agenda. Groups campaign for change and seek to lead and influence the change process. Collective advocacy groups organise around a distinct identity or issue but need effective links to wider networks.
- 1.13 **Non-Instructed Advocacy (Safeguarding)** can be provided for people with incapacity. The Code of Practice for the provision of Independent Advocacy under the terms of the Mental Health (Care & Treatment) (Scotland) Act 2003 states:-  
“Where a person has incapacity or communication difficulties, an independent advocate can still support them. The role of an advocate in such circumstances is to safeguard the basic human rights of the person for whom they advocate and ensure that their treatment meets the agreed standards of good practice.”
- 1.14 **Diversity**  
Any person has the right to access independent advocacy services regardless of age, disability, ethnic origin, culture, faith, religion, sexuality, social background or personal circumstances.

## **2. Background**

- 2.1 NHS Shetland and Shetland Islands Council (the Council) prepared a joint response to the Scottish Executive Guide for Commissioners, which was issued in July 2001.<sup>2</sup> This included the findings of an extensive assessment of current provision and future needs which informed Shetland's first three year plan.
- 2.2 Although a number of groups and voluntary sector agencies were identified in the plan in terms of their contribution to advocacy services, only Advocacy Shetland was recognised as a provider of independent advocacy.
- 2.3 The approach agreed in 2001/2002 was to work in partnership with Advocacy Shetland to develop a range of independent advocacy services.
- 2.4 In 2004, the Council and NHS Shetland established joint funding to commission independent advocacy services under the terms of a 3 year Service Level Agreement (SLA) running from 1 April 2005 to 31 March 2008.
- 2.5 Following a competitive tender exercise Advocacy Shetland were awarded the contract to deliver a range of independent advocacy services and to promote independent advocacy locally among professionals, other stakeholders and the public.
- 2.6 The services included the following:-
- generic advocacy service for all users of Council and NHS services locally;
  - independent advocacy services for carers i.e. unpaid/family carers; and
  - advocacy services to meet the requirements of the Mental Health (Care & Treatment) (Scotland) Act 2003, Adults with Incapacity Act (Scotland) Act 2000 and the Adult Support and Protection (Scotland) Act 2007.
- 2.7 Advocacy Shetland experienced a number of difficulties during 2004 – 2006. By 2006 there had been almost a complete change in personnel, both in staff and in committee members. However, in spite of these difficulties, the number of volunteers has grown and the level of service has increased. Further information on progress is included in Section 3 below.

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<sup>2</sup> "Independent Advocacy – A guide for Commissioners" Scottish Executive, January 2001

- 2.8 A separate SLA was agreed with the Housing Service for housing and homelessness services during the period up to 31 March 2009.
- 2.9 A new 4-year Service Level Agreement was put in place from April 2009 to March 2013, following the procedures of the approved CHCP Commissioning Strategy. The SLA also incorporated funding and service requirements from the Council's Housing Service that previously had been managed separately.

### 3. **Progress against 2008-2011 Advocacy Development Plan**

A copy of the 2008-2011 Advocacy Development Action Plan is attached at Appendix 1 showing a summary of progress against each task. The following paragraphs provide additional information.

#### 3.1 Service Provision – Advocacy Shetland

During the last 3 years, Advocacy Shetland has continued to provide independent advocacy services for people with a range of needs. They have established specialist advocacy for people with mental health issues and supported clients locally and on mainland Scotland at tribunals and when admitted to hospital.

Up to 2007 the number of people supported by Advocacy Shetland increased significantly. However in the past 3 years service levels have remained fairly steady. Advocacy Shetland's 2010/11 Annual Report shows the total number of clients assisted during the year were 116.

During the last 3 years, Advocacy Shetland have developed specialist housing and homelessness advocacy services to deliver the requirements of Housing (Scotland) Act 2003 in the provision of independent advocacy services being available to all homeless clients in Shetland. The new Service Level Agreement includes an allocation of funding for this service from the Council's Housing Service.

#### 3.2 Service Evaluation and Monitoring

Advocacy Shetland commissioned an independent organisational audit in June 2010 which was carried out by Robert Weetman. This audit was completed in August 2010.

In summary the overall findings of Advocacy Shetland's organisation audit were positive and main observations were:

- Advocacy Shetland staff work in an appropriate way;
- Advocacy Shetland are generally consistent with the principles and standards of other independent Advocacy organisations;
- Advocacy Shetland should strengthen its Board of Directors;
- Advocacy Shetland should develop its work with those most at risk;

### Client Survey

In November 2010, Advocacy Shetland carried out a survey of their clients' experiences of using independent advocacy services. 50 questionnaires were sent out and 23 returned, a response rate of 46%. The responses were consistent and show strong appreciation of the services provided by Advocacy Shetland. It is clear that all the respondents felt that the service had supported them appropriately by representing their views and that this had boosted their confidence. Some of the individual comments are included below.

- “
- *“I feel more confident dealing with this agency as they are most helpful in every way”*
- *“just feel there is an independent person helping out”*
- *Very good service. I got all the help that was possible”*
- *Although Advocacy Shetland could not change decisions made by Social Work the moral support I got was very helpful”*
- *“The service was extremely helpful and I have also recommended it to others who I know have used it”*
- *“It was good to have the feeling of someone by my side who was on my side”*
- *“Excellent support and professional service”*

### Stakeholder Questionnaire

Advocacy Shetland sent a separate survey out to 150 stakeholders representing statutory agencies, the voluntary and independent sector. A total of 26 responses were returned, a response rate of 17%. The responses demonstrated positive feedback from stakeholders who had used Advocacy Shetland and referred clients to them. Most stakeholders have a sound understanding of the range of services that Advocacy Shetland provides and support the valuable contribution that they make in the community.

However, the survey also illustrated that a significant number of stakeholders did not know what services Advocacy Shetland provides and do not have a clear understanding of the role they play locally. This feedback displays a clear need to increase and improve the promotion of Advocacy Shetland and the services it can provide.

A selection of comments are included below for information:

- “
- “Recent media coverage of one case was used appropriately – otherwise you’d hardly know the organisation exists”
- “Advocacy Shetland provides a necessary service to individuals who require support in getting their voice heard”
- “Good as an independent voice and choice for clients”
- “I really know very little about the service you provide”
- “Never made a referral but understand that Advocacy Shetland will provide an independent person to help somebody to speak up for themselves”

### 3.3 Access to Independent Advocacy Services

Information on advocacy services is widely available from staff of NHS Shetland and Shetland Islands Council and through promotion by Advocacy Shetland in local media. There is a joint SIC/NHS staff procedure promoting advocacy and advocacy is promoted in leaflets about the services available from the Council and NHS Shetland. All service users are informed of independent advocacy services as part of the Single Shared Assessment procedures for community care.

### 3.4 Training and Continuing Professional Development

The training programme is well established for Shetland’s Single Shared Assessment “With You For You” and includes the advocacy procedure. Advocacy Shetland are available to deliver training events and workshops to staff from the statutory agencies and the voluntary sector on request.

Advocacy Shetland staff, board members and volunteers have completed a number of appropriate training courses locally and also receive support and learning opportunities from other Advocacy Service Providers on the Scottish Mainland.



[Shetland Islands Council](#)

Following the recent independent organisational audit Advocacy Shetland are seeking to implement a more formal training structure for its staff, board members, and volunteers.

#### 4. Current Provision of Advocacy Services

4.1 The table below summarises the current provision of advocacy services in Shetland.

Organisation (alphabetical order)	User Groups	Type of Advocacy		
		Independent Advocacy	Professional Advocacy	Collective Advocacy
Advocacy Shetland	All client groups including separate service strands for service users, informal carers, people with mental health issues and people with housing and homelessness issues	√	√	√
Community Alcohol and Drugs Service Shetland	People with substance misuse issues and their carers		√	√
Arthritis Care	Older people (Primarily)		√	
Citizens Advice Bureau Children's Rights Service	Children & young people		√	
Citizens Advice Bureau	Any member of the public		√	
Crossroads (Shetland) Care Attendant Scheme	Carers		√	
Disability Shetland	People with disabilities or mental health issues and older people		√	√
Family Mediation Shetland	Children and families		√	

Organisation (alphabetical order)	User Groups	Type of Advocacy		
		Independent Advocacy	Professional Advocacy	Collective Advocacy
Shetland Youth Information Service	Children and young people		√	
Special Needs Action Group (SNAG)	Children and adults with disabilities or acquired brain injury; carers			√
Voluntary Action Shetland	All service users and carers		√	√
WRVS	Older people (primarily)			√

4.2 The majority of the groups identified see advocacy as an important element of the support they provide to vulnerable groups/individuals i.e. part of their role as a professional in their field.

4.3 Only Advocacy Shetland is recognised as providing a truly independent advocacy service. The following table shows the number of people supported by Advocacy Shetland in 2010/11.

Advocacy Shetland Current Clients - 1 April 2010 to March 2011							
Total No of Clients: 359 Ongoing clients: 270 New clients: 89			New Clients Male: 35		New Clients Female: 54		
Category:							
Benefits	Residential Care	Mental Health	Homelessness	Medical	Housing	Social Care	Other
10	10	28	0	4	28	14	16

Note: some clients present with multiple issues and therefore are included in more than one category

## 5. Future Plans

### 5.1 Action Plan 2011-2014

The detailed Action Plan is attached at Appendix 2 and is included in the Community Health and Care Partnership (CHCP) Agreement. It indicates funding proposals from both statutory agencies.

## 5.2 Priority Groups

The priority groups for the development of independent advocacy services during the lifetime of the plan are:

1. Adults with Learning Disabilities
2. Children and Young People

## 5.3 Adults with Learning Disabilities

The need for independent advocacy for people with learning disabilities is emphasised in the Scottish Executive's review "The same as you?"<sup>3</sup> The intention to develop self-advocacy for people with learning disabilities is a longstanding aspiration locally. The new respite care facility at Newcraigielea in Lerwick and the redesign of day care services provided at the Eric Gray Resource Centre are part of a range of services being developed for adults with learning disabilities. This reinforces the need for independent advocacy for this care group to ensure their views are being heard as new services are designed and implemented.

## 5.4 Children and Young People

The provision of advocacy to children and young people in Shetland is currently through the full time Children's Rights Officer based at Shetland Islands Citizens Advice Bureau. This provision is monitored and evaluated each year in order to ensure children and young people's needs are being appropriately met.

## 5.5 Planning Mechanism

A key task for the new Advocacy Development Plan is to establish a planning group for independent advocacy services. The Group will be supported by Shetland's Community Health and Care Partnership and will include representatives of local

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<sup>3</sup> "The same as you? – a review of services for people with learning disabilities" Scottish Executive, 2000

organisations with an interest in independent advocacy services and users of advocacy services.

## 5.6 Raising Awareness

The stakeholder survey carried out by Advocacy Shetland shows that some agencies are not aware of independent advocacy services locally both in terms of what independent advocacy is and what services are available. Plans for 2011-2014 include increasing awareness through a range of activities working collaboratively with local advocacy providers and Scottish Independent Advocacy Alliance.

## 5.7 Funding Streams

The following table identifies the allocation of funds by the two statutory agencies for 2011/12 to Advocacy Shetland. All amounts are expected to be annually recurring unless otherwise indicated.

£'000s	NHS	SIC
Individual Client Advocacy	£8480	£12,143
Advocacy for Carers	£0	£14,419
Mental Health	£9,562	£6,898
Housing and Homelessness	£0	£12,000
<b>Totals</b>	<b>£18,042</b>	<b>£45,460</b>

## Advocacy Development Plan 2008-2011

### Appendix 1

### Summary of Progress

Action	Lead Responsibility	Implementation Timetable	Funding £'000s	Comments
To build on the planning and commissioning arrangements currently in place and develop a robust procedure for future years	Head of Community Care	March 2009	WER	CHCP Commissioning Strategy was approved in February 2009. 4-year Service Level Agreement currently in place with Advocacy Shetland.
To monitor independent advocacy service provision	CHCP Management Team	On-going	WER	Advocacy Shetland currently submits quarterly service reports and management accounts to the Council and NHS Shetland. Advocacy Shetland also produces an Annual Report and Financial Statements. The Council and NHS Shetland continue to advise and support as appropriate.

WER: Within Existing Resources  
TBA: To be advised

CHCP Community Health & Care Partnership  
QIS Quality Improvement Scotland  
SHC Scottish Health Council

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## Advocacy Development Plan 2008-2011

### Appendix 1

Action	Lead Responsibility	Implementation Timetable	Funding £'000s	Comments
To establish self-advocacy for adults with learning disabilities	SM Adult Resources	December 2009	WER	No progress. Carried forward to 2011-14
To review provision of advocacy services for children and young people and develop new/expanded services to cover any gaps identified	Head of Children's Services	December 2009	WER	Children's Rights Services put out to competitive tender in 2009 after the previous service provider, Shetland Youth Information Service, indicated it would not be seeking to extend the service beyond March 2009. Shetland Islands Citizens Advice Bureau was awarded the contract and delivers the Children's Rights Service - including the provision of advocacy services to children and young people.
To raise awareness of independent advocacy services locally in terms of what independent advocacy has to offer and services currently available	Head of Community Care	On-going	WER	Advocacy Shetland continues to advertise its services in the local media and with leaflets in strategic outlets throughout Shetland. Advocacy Shetland also raise awareness of its service by attending a range of local events
To establish an Advocacy Steering Group locally linked to the CHCP	Head of Community Care	June 2008	WER	Advocacy Steering Group has not been set up. Proposed Action in the new Advocacy Development Plan.

WER: Within Existing Resources  
TBA: To be advised

CHCP Community Health & Care Partnership  
QIS Quality Improvement Scotland  
SHC Scottish Health Council

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## Advocacy Action Plan 2011 - 2014

### Appendix 1

Action	Lead Responsibility	Implementation Timetable	Funding £000s	Comments
To monitor independent advocacy service provision locally	CHCP Management Team	On-going	WER	Information regularly presented to the Council and NHS Shetland.
To further raise awareness of independent advocacy services locally in terms of what independent advocacy services has to offer and what services are currently available in Shetland	Head of Community Care Advocacy Shetland	On-going	WER	Recent service user and stakeholder survey identified that more work is needed to clarify what is meant by advocacy and the services available locally. Continue to target and participate at local events and other forms of awareness raising
To implement recommendations of recent independent organisational audit of Advocacy Shetland	Advocacy Shetland	On-going	WER	
To review provision of advocacy services for children and young people in Shetland which are delivered by CAB and develop services to cover any gaps identified	Head of Children's Services	March 2012	WER	Following an open tender procedure the Children's Rights Service is being delivered by the Citizens Advice Bureau on a 4 year SLA. Part of this SLA will provide a level of advocacy services and this will be

WER: Within Existing Resources

TBA: To be advised

SLA: Service Level Agreement

## Advocacy Action Plan 2011 - 2014

### Appendix 1

				reviewed annually
Action	Lead Responsibility	Implementation Timetable	Funding £000s	Comments
To establish an Advocacy Steering Group locally linked to the CHCP	Head of Community Care	TBA	WER	
To develop a formal training plan for staff, board members and volunteers of Advocacy Shetland	Advocacy Shetland	September 2011	WER	
To explore and develop provision for clients with sensory, hearing, sight and other communication difficulties	Advocacy Shetland	Ongoing	WER	
To continue to develop and promote the Homelessness Advocacy Service	Head of Housing Services Advocacy Shetland	March 2012	WER	

WER: Within Existing Resources  
TBA: To be advised  
SLA: Service Level Agreement

## **REPORT**

**To: CHP Committee  
Community Planning Delivery Group  
SIC Services Committee  
Shetland NHS Board**

**Date 28 April 2011  
2 May 2011  
5 May 2011  
10 May 2011**

**From: Head of Community Care**

**Report No: SC-11-11-F**

**Report Title: Reshaping Care for Older People – Change Fund**

### **1. Introduction**

- 1.1 This report presents information regarding progress made in Shetland to implement the Scottish Government Policy on Reshaping Care for Older People.
- 1.2 The report seeks approval for the detailed Change Plan proposals regarding the allocation of specific funding available from the Scottish Government to support work in this area in 2011/2012. The initial Draft Proposals were approved by CHP Committee on 27 January 2011 and by SIC Services Committee on 3 February 2011 (Min. Ref. SC 06/11).

### **2. Links to Corporate Priorities**

- 2.1 The proposals in this report support the objectives of Shetland's Community Health and Care Partnership (CHCP) as set out in the CHCP Agreement 2011 – 2014, specifically:
  - to enable more older people to remain at home;
  - to increase levels of independence, self-care and self managed care;
  - to reduce unplanned, emergency and inappropriate admissions to hospital; and
  - to facilitate early discharge from hospital.
- 2.2 The proposals contribute to the work being undertaken locally to meet Scottish Government policy objectives on Shifting the Balance of Care, Reshaping Care for Older People, the national Dementia Strategy and Carers' Strategy and NHS Shetland Quality Strategy.

- 2.3 Key performance measures are included in Shetland's Single Outcome Agreement.

### 3. **Risks**

- 3.1 A draft local change plan was agreed by the Council, NHS Shetland and Voluntary Action Shetland on behalf of Third Sector and Independent Sector partners and submitted to the Scottish Government by 28 February 2011, which was the deadline set in order for Shetland's partnership to be able to access the Change Fund allocation of £328,000 for 2011/2012.
- 3.2 Partnerships are now required to submit a final agreed Change Plan to the Scottish Government by June 2011 as part of the national monitoring framework for this initiative.
- 3.3 Failure to agree a plan and continue the work on CHCP objectives for older people could jeopardise the significant progress made in 2010/2011 in this area, leading to poorer outcomes for older people and higher costs caused by increasing numbers of older people being admitted to or delayed in hospital and/or residential care settings.

### 4. **Background**

- 4.1 The Scottish Government has recognised that current patterns of care for older people are not sustainable for a number of reasons including:-
- demographic pressures, in particular the projected growth in the proportion of older people;
  - the associated workforce issues;
  - the need to continually improve health and social care outcomes;
  - the increasing cost of institutional care; and
  - financial pressures.
- 4.2 The Scottish Government has also recognised that current patterns of care may at times act against the agreed policy objective of maximising independence for as long as possible.<sup>1</sup>
- 4.3 The Reshaping Care for Older People programme is a joint initiative whereby the Scottish Government, NHS Scotland and COSLA aim to engage all interests across Scotland to reshape care and support services in order to

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<sup>1</sup> "Reshaping Care for Older People – Emerging Proposals" MSG/DECEMBER 2009/PAPER 3, Mike Martin, Scottish Government PIOD Partnership Improvements & Outcomes Division

meet the national policy objectives in ways that are sustainable and fair. The programme is being taken forward through the Ministerial Strategic Group on Health and Community Care which is chaired by Shona Robison, Minister for Public Health and Sport.

- 4.4 The Change Fund for 2011/2012 has been set up by the Scottish Government to support the Reshaping Care agenda by providing bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings. Shetland's share of the £70 million set aside for 2011/2012 is £328,000.
- 4.5 The initial draft proposals for Shetland's Change Plan were approved by CHP Committee on 27 January 2011 and by SIC Services Committee on 3 February 2011 (Min. Ref. SC 06/11).
- 4.6 The Head of Community Care and the Director of Nursing, Midwifery and Allied Health Professions attended a national stakeholder event regarding the Reshaping Care Change Plans on 2 February 2011. A local stakeholder event was held on 7 February 2011 and the Reshaping Care initiative was discussed at a meeting of Shetland's Public Partnership Forum on 14 March 2011.
- 4.7 Information from these events have been incorporated in the final draft Change Plan for Shetland which is attached below at Appendix 1.
- 4.8 Much of the detail has been drawn from the local stakeholder event which was well attended. Attendees included senior managers from the statutory agencies, frontline managers and staff from other services including transport and planning; representatives from a number of local voluntary sector organisations; VAS and elected members of the Council.
- 4.9 The Change Plan focuses on the development work required to implement local policy objectives on Shifting the Balance of Care taken from the CHCP Agreement.
- 4.10 The total spend on services for older people is included in the Older People's section of the CHCP Agreement. The use of the Change Fund has been considered in that context.
- 4.11 The CHCP Agreement 2011 – 2014 includes the Reshaping Care Change Plan and allocation of the Change Fund budget in the section on Older People.
- 4.12 National Change Fund Guidance states at paragraph 2.2 that "Local Change Plans should be prepared and submitted through local Community Planning Partnerships processes, acknowledging that this may be taken forward

through delegated and devolved arrangements such as CHPs/CHCPs or other local health, housing and social care partnership frameworks.”<sup>2</sup>

- 4.13 Shetland’s Community Planning Delivery Group agreed at a meeting on 31 January 2011 that quarterly updates on the Change Plan reported to the CHP Committee should also be presented to the Community Planning Delivery Group meetings and that progress will be monitored against the Single Outcome Agreement.
- 4.14 The Draft Change Plan was submitted to the Scottish Government by the deadline of 28 February. Approval of the Change Plan was given by the Ministerial Steering Group on 16 March 2011.
- 4.15 The Change Plan will contribute to the Partnership’s longer term strategy for shifting the balance of care locally and this will be reflected in the joint commissioning strategy, which will be reviewed during 2011/12 in line with Scottish Government Guidance.
- 4.16 Shetland’s CHCP Commissioning Strategy 2009-2015 was approved by the Council in February 2009 (Min. Ref. SC 04/09) and Shetland NHS Board in March 2009 and is an integral part of Shetland’s CHCP Agreement.
- 4.17 Minor amendments have been made to the Commissioning Strategy as part of the annual revision of the CHCP Agreement. This was to reflect the recommendations of the CHCP Commissioning Strategy Outsourcing report approved by SIC Services Committee, 3 February 2011 (Min. Ref. SC15/11) and CHP Committee, 27 January 2011.

## 5. **Proposals**

- 5.1 It is proposed that the Change Plan at Appendix 1 is implemented using a project management approach reporting to the CHP Committee. This approach worked well for the Interim Placement Services Review.
- 5.2 The Director of Clinical Services and the Head of Community Care as lead officers for the Change Plan would report to a Project Board. Proposed membership of the Board is:-
  - CHP Committee Chair
  - Non-executive NHS Board Member of CHP Committee
  - SIC Member of CHP Committee
  - Executive Officer, Voluntary Action Shetland

<sup>2</sup> Reshaping Care for Older People – Change Fund Guidance, Scottish Government and COSLA, 23 December 2010

- 5.3 A Draft project Initiation Document based on the Change Plan is attached at Appendix 2 below.
- 5.4 It is proposed that the CHCP Management Team would act as the Project Team and that any lead officers/agencies identified for each of the twelve topics in the Change Plan, who are not already members of the CHCP Management Team, would join the Management Team for the duration of the project.
- 5.5 A project document “The Change Plan Workstream Report” would be prepared for each topic / workstream using the pro forma at Appendix 3. This is based on a standard pro forma issued by the Scottish Government’s Joint Improvement Team (jit).
- 5.6 The Change Plan Workstream Report would be used by the Project Team to monitor progress against each topic and the detailed workstreams. The initial Workstream Report will be used as the evidence to release the approved Change Fund allocation. Progress reports will be recorded on subsequent Workstream Reports submitted to each meeting of CHCP Management Team. The information will be summarised for presentation to the CHP Committee and Community Planning Delivery Group.
- 5.7 The allocation of the Change Plan funding would be managed by the Head of Community Care as CHP lead officer. Detailed funding arrangements would be monitored by the Local Partnership Finance Team.
- 5.8 In the recent restructuring of the Committee Structure for the Council and review of the roles of SIC elected members, it was agreed that there should be a move away from long standing member officer working groups. In light of this decision, it is proposed that the terms of reference for the Local Partnership Finance Team is amended and reverts to a staff team. A revised terms of reference is attached at Appendix 4.
- 5.9 A key task for the LPFT in 2011/12 will be to develop the governance arrangements for pooled budgets for older people’s services by 2012/13.

## 6. Financial Implications

- 6.1 The Change Fund allocation for Shetland in 2011/2012 is £328,000.
- 6.2 The funding will be made available through NHS Shetland following approval by the Scottish Government of a Local Change Plan. Approval has been confirmed in the letter attached at Appendix 5.

## 7. Policy and Delegated Authority <sup>SIC only 3</sup>

- 7.1 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.

## 8. Conclusions

- 8.1 Shetland's CHCP has made considerable progress in implementing the national policy objectives of Reshaping Care for Older People and Shifting the Balance of Care.
- 8.2 The Reshaping Care Change Fund provides a welcome opportunity to accelerate progress on existing work streams and build on the success of the Interim Placement Services Review completed in 2010.
- 8.3 The proposals in this report, if approved, will establish a system for allocating the Change Fund in accordance with an approved Change Plan and providing the information required to monitor progress made on implementing the Change Plan.

## 9. Recommendations

- 9.1 I recommend that members of CHP Committee, Community Planning Delivery Group, SIC Services Committee and Shetland NHS Board:-
  - 9.1.1 note the information presented in this report and its appendices;
  - 9.1.2 consider and approve the proposals presented in Section 5 above;
  - 9.1.3 agree the Change Plan attached at Appendix 1 for submitting to the Scottish Government by the deadline of June 2011;

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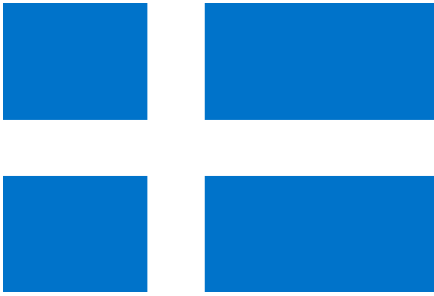
<sup>3</sup> For Shetland Islands Council Services Committee only

- 9.1.4 note that the Change Plan is an integral part of the CHCP Agreement 2011 – 2014; and
- 9.1.5 agree that the implementation of the Change Plan will be taken forward by the CHCP Management Team and monitored by the CHP Committee and that monitoring reports will be presented to the Community Planning Delivery Group.

Date: 26 April 2011  
Ref: CF'AN'SC11'11

Report No: SC-11-11-F





# **Reshaping Care for Older People in Shetland Change Plan**

## **Reshaping Care for Older People in Shetland - Change Plan**

### **1. Reshaping Care Change Plan Authorisation**

We accept this DRAFT Change Plan for submission to the Scottish Government and authorise work to be taken forward by Shetland's Community Health Partnership.

The key development areas in the Change Plan have been agreed by:-

1. Shetland's CHP Committee
2. Shetland's Community Planning Delivery Group
3. Shetland Islands Council Services Committee

Minutes from the meetings are attached below at Appendix 1.

The details and outcomes of a stakeholder event held on 7 February 2011 to discuss the key development areas are available separately and will be used to inform the work going forward.

Resource allocations are indicative and will be confirmed in the final version of the Change Plan due to be submitted to the Scottish Government in June 2011.

<b>Signed on behalf of partner organisations:</b>	<b>Date:</b>
..... <b>Ralph Roberts, Chief Executive, NHS Shetland</b>	
..... <b>Alistair Buchan, Chief Executive, Shetland Islands Council</b>	
..... <b>Catherine Hughson, Executive Officer, Voluntary Action Shetland</b>	

## Reshaping Care for Older People in Shetland - Change Plan

### 2. Background

The Scottish Government recognises that current patterns of care for older people are not sustainable for a number of reasons including:-

- Demographic pressures, in particular the projected growth in the proportion of older people
- The associated workforce issues
- The need to continually improve health and social care outcomes
- The increasing cost of institutional care and
- Financial pressures.

The Scottish Government also recognises that current patterns of care may at times act against the agreed policy objective of maximising independence for as long as possible.<sup>1</sup>

The Reshaping Care for Older People programme is a joint initiative whereby the Scottish Government, NHS Scotland and COSLA aim to engage all interests across Scotland to reshape care and support services in order to meet the national policy objectives in ways that are sustainable and fair. The programme is being taken forward through the Ministerial Steering Group on Health and Community Care chaired by the Minister for Public Health and Sport.

The Change Fund for 2011/2012 has been set up by the Scottish Government to support the Reshaping Care Programme by providing bridging finance to facilitate shifts in the balance of care from institutional settings to primary and community settings.

Shetland's share of the £70 million set aside for 2011/2012 is **£328,000**.

This will be paid to Shetland NHS Board following approval by the Ministerial Steering Group of Shetland's Reshaping Care Change Plan.

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<sup>1</sup> "Reshaping Care for Older People – Emerging Proposals" MSG/DECEMBER 2009/PAPER 3, Mike Martin, Scottish Government PIOD (Partnership Improvements and Outcomes Division)  
Reshaping Care Change Plan V5 28/04/2011  
Ref: CF/

## **Reshaping Care for Older People in Shetland - Change Plan**

Locally considerable progress has been made in shifting the balance of care from institutional settings to home.

In 2004 NHS Shetland set up an Interim Placement Unit (IPU) on the Montfield Hospital site in partnership with Shetland Islands Council. This Unit sought to address the difficulties that were being experienced in providing care packages, home support or care home placements for patients ready for discharge from hospital.

The Unit was intended to be a temporary solution and since that time, NHS Shetland and Shetland Islands Council have worked in partnership to take forward the Shifting the Balance of Care agenda within Shetland.

In 2008/09, following formal consultation regarding the consolidation of services onto the Gilbert Bain site, the remaining NHS inpatient services were moved from the Montfield site, leaving just the IPU and Day Hospital services at Montfield.

As part of the Shifting the Balance of Care work, we have been seeking to ensure people are cared for in the most appropriate environment. This included a target of reducing reliance on the IPU and ensuring people are cared for in the community where this is appropriate. We are now at a point where the beds within the IPU have not been used for some time and as part of its Clinical Strategy NHS Shetland is considering decommissioning the inpatient services in Montfield Hospital.

In order to facilitate these changes, NHS Shetland has been ensuring there are sufficient NHS resources available to support the shift towards community-based care. For example, extra GP time has been provided at Lerwick Health Centre and additional support has been put in place by community nurses, specialist nurses and therapists to support the Council in developing reablement services at Montfield.

In 2009/2010 the Community Health Partnership undertook a review of all interim placement services in Shetland to tackle issues of delayed discharges from hospital. There were 24 people delayed in hospital in May 2009. The Interim Placement Services Review combined work across five key areas:-

1. Single Shared Assessment
2. Supported Accommodation and Extra Care Housing
3. Telecare
4. Long Term Conditions and Anticipatory Care and
5. Hospital Patients Review.

These combined to give a whole systems approach to the problems locally.

The numbers of people delayed in hospital were reduced gradually over a period of 12 months and there have been no interim placements in a hospital setting since August 2010 and no one delayed in hospital for longer than six weeks.

There are currently 22 long stay hospital beds that are no longer in use.

## **Reshaping Care for Older People in Shetland - Change Plan**

### **3. Objectives**

To use the Change Fund to support Local Policy Aims for Older People as set out in Shetland's Community Health and Care Partnership Agreement 2010-2013<sup>2</sup>.

- To enable more older people to remain at home
- To increase levels of independence, self-care and self-managed care
- To reduce unplanned, emergency and inappropriate admissions to hospital
- To facilitate early discharge from hospital.

And to accelerate the development of new models of care that are:-

- Geared towards long-term conditions
- Embedded in communities
- Team based
- Integrated continuous care
- Preventative care
- Patient as partner
- Self care encouraged and facilitated
- Carers supported as partners
- High tech<sup>3</sup>.

### **4. Benefits**

- Improved outcomes for customers: customers feel safe, supported at home or in a local community setting
- Reduced pressure on hospital beds and residential care places
- Sustainable solutions to support needs in the community
- Better support for frontline staff
- Better use of resources

### **5. Constraints**

Tight timescales –

- DRAFT Change Plan to be agreed and submitted to the Scottish Government by 28 February 2011
- Final Plan agreed and submitted to Scottish Government by June 2011
- Change Plan implemented during financial year 2011/2012

Demographic profile of Shetland population and remote islands localities

Budget constraints across the Council, NHS and Third Sector partners

<sup>2</sup> Community Health and Care Partnership Agreement 2010-2013, May 2010

<sup>3</sup> Reshaping Older People's Care, COSLA 2009

## Reshaping Care for Older People in Shetland - Change Plan

6. Risks	
Failure to agree final plan	Low
On-going recruitment and retention problems locally	Medium
Lack of resource at senior manager level to manage the work on the Change Plan through to implementation	Medium

7. Lead Officers
Simon Bokor-Ingram, Director of Clinical Services, NHS Shetland Christine Ferguson, Head of Community Care, SIC / NHS Shetland

8. Funding
<p>The budget allocation for services for older people across Shetland's Community Health Partnership is set out in the CHCP Agreement. The CHCP Agreement also sets out the financial and governance frameworks that apply.</p> <p>Budgets are aligned between NHS Shetland and Shetland Islands Council.</p> <p>The detailed budget provision for 2011/2012 is attached below at Appendix 2.</p> <p>The Council budget was set on 10 February 2011 (Min Ref SIC 05/11)</p> <p>The budget for NHS Shetland will be set at the meeting of Shetland NHS Board on 22 March 2011.</p> <p>The total budget available to Shetland's partners in 2011/2012 is approximately <b>£23 million</b>.</p>

9. Proposals
<p>The Change Fund proposals are set out in Appendix 3.</p> <p>The information from the local stakeholder event held on 7 February 2011 has been reflected in the proposed work streams.</p> <p>The provisional allocation of the £328,000 Change Fund budget for Shetland in 2011/2012 is shown against the different work streams.</p>

## **Reshaping Care for Older People in Shetland - Change Plan**

### **10. Performance Measures**

- Reduction in emergency hospital bed days for people aged 75+
- Reduction in hospital bed days lost to delayed discharges
- Reduction in direct admissions to care homes from hospital
- Reduction in residential care waiting list
- Shift in care home usage from permanent care to short breaks and reablement
- Increased use of self-directed support and/or individual budgets
- Experience measures for customers and unpaid carers from the Community Outcomes Framework
- Increase in use of supported housing and Telehealthcare for people aged 75+
- Increase in numbers of people aged 75+ supported at home
- Decrease overall spend on institutional care settings by £500,000 in 2011/12

### **11. Roles and Reporting Structure**

<b>NHS Shetland and Shetland Islands Council</b>	<ul style="list-style-type: none"> <li>• To be responsible for the agreed outcomes from the Change Plan</li> <li>• To be responsible for the management and administration of the work streams in the Change Plan</li> </ul>
<b>Community Health Partnership</b>	<ul style="list-style-type: none"> <li>• To monitor progress</li> <li>• To advise Shetland NHS Board, Shetland Islands Council and Shetland's Community Planning Partnership regarding progress and any issues</li> </ul>
<b>Local Partnership Finance Team<sup>4</sup></b>	<ul style="list-style-type: none"> <li>• To work on the detailed budget allocation and support the implementation of the Change Plan</li> </ul>
<b>Voluntary Action Shetland</b>	<ul style="list-style-type: none"> <li>• To represent the Third Sector in all activities regarding the Change Plan</li> <li>• To link with individual partner organisations in the Third Sector providing information, advice and support</li> </ul>
<b>Lead Officers</b>	<ul style="list-style-type: none"> <li>• To ensure that the Change Plan is implemented within the agreed timescales and within budget</li> <li>• To prepare reports for Community Planning, NHS Shetland and Council committees as required</li> </ul>
<b>Reporting:</b>	The lead officers will prepare update reports on a quarterly basis for CHP Committee, SIC Services Committee and the Community Planning Delivery Group

<sup>4</sup> Local Partnership Finance Team for the CHP. See CHCP Agreement  
Reshaping Care Change Plan V5 28/04/2011  
Ref: CF/

## **Reshaping Care for Older People in Shetland - Change Plan**

**Extract from Draft CHP Committee Minutes – 27 January 2011**

**CHP 11/06 RESHAPING CARE FOR OLDER PEOPLE - CHANGE FUND**

Change Fund is a Government incentive to help implement the Reshaping Care for Older People policy. The Government is to top slice £70M of national funding. Shetland's share for 2011/12 is £328,000 and is to be paid to Shetland NHS Board, but in order to receive the money Shetland must agree and submit a draft Change Plan by 28 February 2011.

A stakeholder event is proposed for 7 February to help shape the plan. Any contributions for the Change Plan would be welcome. Christine Ferguson, Head of Community Care, is to collate the information and circulate a draft plan to Committee, as there are no further meetings before the end of February. Christine and Kathleen Carolan, Director of Nursing and Allied Health Professionals, are to attend a partnership workshop on 2 February.

It was thought that the headings highlighted in section five of the report would be a good starting place and that it should be possible to implement the plan fairly quickly. It would seem to meet the criteria as set out in the guidance and should be ready by June. The stakeholder event should bring together a good mix of professionals from NHS, SIC and the 3<sup>rd</sup> sector.

Generic Health & Care Support Worker Models are key considerations. They should help sustain services in the outer islands and in supported accommodation.

The committee agreed the recommendations in the report

**EXTRACT from Draft Minute of Community Planning Delivery Group  
Held on 31 January 2011**

**3. Reshaping Care for Older People – Change Fund**

The Group considered a report by the Head of Community Care (Appendix 1).

In summarising the main terms of the report, the Head of Community Care advised the Group on the Scottish Government's proposal to shift the balance of care from institutions to the individual's own homes or the community. She reported on the requirement for Shetland to prepare a "Local Change Plan", with the draft to be submitted to the Scottish Government by 28 February, and that the Plan has to be signed off through the Community Planning Partnership process.

In response to questions, the Head of Community Care provided further explanation on a number of the areas to be included in the Change Plan, set out in Section 5.2 of the report.

P Malcolmson commented that although developing the Change Plan would be a challenge particularly in the short time-scale, there would be real opportunities for Shetland to build on what is currently in place.

The Group agreed that the quarterly updates on the Change Plan that is reported to the Community Health and Care Partnership (CHCP) should also be presented to CDPG meetings, and progress will also be monitored through the Single Outcome Agreement.

The Group approved the recommendations in the report.

### **Extract from Draft Services Committee Minutes – 3 February 2011**

#### **06/11 Reshaping Care for Older People Change Fund**

The Committee considered a report by the Head of Community Care (Appendix 6) which sought approval for proposals regarding the allocation of specific funding from the Scottish Government.

In response to questions from Members, the Head of Community Care said that a lot of work was being done to develop person-centred care planning, so that a person's current and future needs are anticipated, considered and planned for. She said the Government was seeking a single system, but there was considerable debate regarding how it would work and the view of local authorities was that a "one size fits all" approach would not work. The Head of Community Care went on to confirm that there were systems in place for recording unmet needs, and whilst there was a minor increase in the Occupational Therapy waiting list, the number of people in residential care was at its lowest for a number of years, and more people were now cared for in their own home rather than in a formal care setting, and bridging funding would be used for that.

The Committee approved the recommendations in the report, on the motion of Mrs B Fullerton, seconded by Mr C Smith.

Decision:

The Committee **RESOLVED** to:

- 1 note the information presented in this report and the Reshaping Care for Older People Change Fund Guidance attached at Appendix 1 to the report;

- 2 agree that a Draft Change Plan is prepared following the stakeholder event on 7 February incorporating the topics in paragraph 5.2 above and that this is submitted to the Ministerial Steering Group by the deadline of 28 February 2011;
- 3 agree that the Change Plan will be formally agreed as an integral part of the CHCP Agreement 2011 – 2014 due to be presented to Shetland NHS Board and SIC Services Committee in March 2011; and
- 4 agree that the implementation of the Change Plan will be taken forward by the CHCP Management Team and monitored by the CHP Committee on a quarterly basis.
- 5 recommend that the Community Planning Delivery Group consider and agree on regular updates for the Community Planning Partnership from the CHP Committee.



<b>Funding Streams by Care Group</b>	<b>SCT</b>	<b>SIC (1)</b>	<b>NHS (2) Shetland</b>	<b>Budget £'000's</b>
<b>Older People including Dementia (4)</b>				
Care Services at Home:	-	-	-	-
· Personal Care Service	0	5,193	0	5,193
· Domestic Tasks	0	1,380	0	1,380
Community Nursing	0	0	2,452	2,452
Residential Care:	-			-
· Local Placements ^	2,491	7,446	984	10,921
· Mainland Placements	0	74	0	74
Day Care	0	2,394	46	2,440
Reshaping Care for Older People	0	0	328	328
Long Stay Hospital	0	0	600	600
Senior Citizens' Clubs	23	0	0	23
WRVS	48	0	0	48
· Lunch & Social Clubs				
· Good Neighbours Scheme				
· Blether Together				
· Reminiscence Scheme				
· Accessible Transport				
<b>Totals</b>	<b>2,562</b>	<b>16,487</b>	<b>4,410</b>	<b>23,459</b>

Notes:

NHS expenditure does not include:

- Acute hospital care (Gilbert Bain Hospital or outside Shetland)
- GP services
- Other Primary Care services (i.e. Opticians, Pharmacy)





## Proposals for Shetland 2011/2012

Change Fund  
Allocation  
Total = £328,000

Topic / Aims	Work Streams / Tasks	Links to other Topics / Work Streams	Resource Requirements 2011/2012	Lead Responsibility
<b>1. Anticipatory Care and Long Term Conditions</b> <i>improved health and well-being; fewer admissions to hospital and residential care settings;</i>	Embed anticipatory care planning and community response services in primary care <ul style="list-style-type: none"> <li>➤ Implement ACPs for all older people</li> <li>➤ Implement case management in primary care through GP practices (LES) and community nursing</li> <li>➤ Develop 24/7 community nursing service</li> <li>➤ Investigate regular screening for older people including memory function</li> <li>➤ Develop information resources on anticipatory care and LTCs</li> <li>➤ Focus in A&amp;E on ACP to prevent admissions to hospital in a crisis</li> <li>➤ Improve/extend access to WYFY data to support ACPs</li> <li>➤ Promote healthy lifestyles</li> <li>➤ Training for customers and carers</li> <li>➤ Staff training in enablement</li> </ul>	Carers' support  With You For You  Palliative Care	24/7 nursing service in the community <div style="text-align: right;">£80k</div> <i>Future years funding from shift in resources to community</i>  LES – ACP and screening through GP surgeries <div style="text-align: right;">£20k</div> <i>Future years funding from shift in resources to community</i>  Training programmes <div style="text-align: right;">£8K</div>  <div style="text-align: right;"><b>Total     £108K</b></div>	Director of Nursing  Service Manager Primary Care



<b>2. Generic Health and Care Support Worker Models</b> <i>sustainable support services; improved continuity of care; make better use of resources across Shetland;</i>	Introduce Generic Health and Care Worker posts in localities to support people at home using national job profile <ul style="list-style-type: none"> <li>➤ Identify early implementer localities</li> <li>➤ Pool budgets and recruit/redeploy</li> </ul> Provide opportunities for care workers in care centre settings to maintain or attain nurse qualifications/registration and undertake nursing tasks. <ul style="list-style-type: none"> <li>➤ Develop governance framework and pooled budget</li> <li>➤ Identify early implementer sites</li> <li>➤ Recruit/redeploy staff</li> </ul> Further develop generic support worker model with an emphasis on reablement and housing support	Non-doctor islands  Anticipatory Care and Long Term Conditions	Recruitment/secondment early implementer site(s) £30K <i>Future years funding from shift in resources to community</i>  Training/CPD £5k  <b>Total £35k</b>	Director of Nursing Service Managers Community Care Resources
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<b>3. Non-doctor islands;</b> <i>sustainable solutions to meet the needs of small island communities</i>	Review access to medical and other clinical services for remote island communities <ul style="list-style-type: none"> <li>➤ Review transport provision</li> <li>➤ Implement Telehealth solutions</li> <li>➤ Improve ICT links e.g. video and teleconferencing facilities</li> <li>➤ Mobilise resources to visit island and other remote and rural communities to share specialist resources in a decentralised model e.g. AHPs, learning disability services, mental health services including dementia services,</li> </ul> Implement actions from the Clinical Strategy and NHS Property Strategy	Generic Health and Care Workers  Telehealthcare	Customer, carer and staff training programmes  £5K  <b>Total £5K</b>	Director of Clinical Services
<b>4. Respite Care Strategy;</b>  <i>better support for family/unpaid carers; more flexible use of resources</i>	Develop Respite Care Strategy including:- <ul style="list-style-type: none"> <li>➤ Role of care centre settings; shift to reablement / short breaks</li> <li>➤ Flexible, responsive short breaks including at home</li> <li>➤ Training for carers</li> <li>➤ Pooled budgets and allocation of specific funding e.g. Carer Information Strategy Funding 2011/2012 and Change Fund</li> <li>➤ Direct access to resources for customers and unpaid carers; self-assessment</li> </ul>	Carers : Links to carers' strategies including young carers' strategy  Long Term Conditions and Anticipatory Care	Carer Info Strategy programme for 2011/12 £30K  Project Manager temp appointment/secondment for Respite Strategy £15k  <b>Total £45K</b>	Head of Community Care





<b>5. Medication</b> <i>Improved health and well-being;</i> <i>Increased independence;</i> <i>Reduction in number of falls</i>	Review medication systems for older people <ul style="list-style-type: none"> <li>➤ Single system</li> <li>➤ Increase use of medication dispensers for self-managed care</li> </ul> Review prescribing for older people and poly pharmacy issues <ul style="list-style-type: none"> <li>➤ Increase use of non-drug therapies e.g. CBT, pain relief</li> <li>➤ More appropriate prescribing for palliative and end of life care</li> </ul> Review medication for all older people <ul style="list-style-type: none"> <li>➤ Continual review of medication as an integral part of the support plan /ACP</li> </ul> Improve access to medication <ul style="list-style-type: none"> <li>➤ Minor ailments scheme</li> <li>➤ Transport/ delivery of medication</li> <li>➤ Access to pharmacists</li> </ul>	Long Term Conditions and Anticipatory Care  Carers  Non-doctor islands	New systems development programme including training for customers, carers and staff; project resource (backfill); investigate new role for clinician with special interest £50K over 2 years  <b>Total £25k</b>  Break even by year 3 and then anticipate savings in future years	Director of Pharmacy
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<p><b>6. Specialist medical resources for older people</b>  <i>Improved health and well-being;  Increased independence;  Reduce falls</i></p>	<p>Develop access to specialist resources for:-</p> <ul style="list-style-type: none"> <li>➤ Dementia</li> <li>➤ Palliative care</li> <li>➤ Frail older people</li> </ul> <p>Continue to develop multi-disciplinary working and strengthen links with specialist services (e.g. palliative care specialist in Aberdeen)</p> <p>Implement new care pathways for frail older people</p> <p>Develop specialist support for falls prevention and frail older people</p> <p>Promote direct access for customers and carers to specialist resources/advice</p>	<p>Long Term Conditions and Anticipatory Care</p> <p>Medication</p> <p>With You For You</p>	<p>Investigate options for practitioners with special interest roles : GPs, nurses, AHPs</p> <p>Training and backfill £20k</p> <p>Access to specialist resources outwith Shetland using VC, visiting services for frail older people</p> <p>£10k</p> <p><b>Total £30k</b></p> <p><i>Future years funding from shift in resources to community</i></p>	<p>Director of Clinical Services</p>
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<b>7. Telehealthcare</b> <i>reduce need for institutional care</i> <i>reduce hospital admissions</i> <i>facilitate early discharge from hospital</i> <i>provide home based alternatives to residential care</i> <i>support local communities</i>	Promote Telehealthcare as an integral part of individual support plans and in new service developments e.g. extra care housing <ul style="list-style-type: none"> <li>➤ Include in WYFY &amp; induction training</li> <li>➤ Raise awareness in the community</li> <li>➤ Develop locality response services</li> <li>➤ Review 24/7 response requirements</li> <li>➤ Promote good neighbour schemes</li> <li>➤ Review delivery/transport for simple equipment</li> <li>➤ Campaign for better ICT links</li> <li>➤ Increase Telehealth solutions, self-care and self-managed care</li> </ul>	Housing; Sheltered Housing Review and Local Housing Strategy  Local Development Plan  Community Planning  Long Term Conditions and Anticipatory Care	Management & admin £70k  Telehealth and ICT equipment and upgrades £100k  Establish good neighbour schemes – pump priming £20k  <b>Total £180K</b>	Telecare Project Manager
<b>8. Housing</b> <i>better use of existing accommodation through adaption for support needs; future proofed housing</i> <i>reduced need for specialist accommodation including care homes and designated sheltered housing</i>	Implement recommendations of Local Housing Strategy with regard to the housing needs of an ageing population <ul style="list-style-type: none"> <li>➤ Complete Scalloway pilot looking at integrated staff teams</li> <li>➤ Review processes for integrated equipment stores/ pooled budgets</li> <li>➤ Promote future proofing - all housing</li> </ul> Increase percentage of long term care places in people's own homes and supported accommodation models <ul style="list-style-type: none"> <li>➤ Extra care housing as part of Isleshavn replacement and Lerwick long term care project</li> </ul> Review transport requirements Develop handyperson services WER	Housing; Sheltered Housing Review and Local Housing Strategy  Local Development Plan  Community Planning  LTC and Anticipatory Care Telehealthcare  With You For You  Zetrans Transport Review	Future proofing protocols and design spec £15K  <b>Total £15k</b>  Extra care housing developments in Yell and Lerwick/central area Capital funding £5.5M over 4 years	Head of Housing  Head of Community Care



<p><b>9. Assessment and Care Management</b></p> <p><b>With You For You</b></p> 	<p>Develop comprehensive training programme for all staff across statutory and third sector partners including:</p> <ul style="list-style-type: none"> <li>➤ Assessment skills</li> <li>➤ Talking Points (national initiative)</li> <li>➤ Care and support planning</li> <li>➤ Case recording and documentation</li> <li>➤ Care/case management and care co-ordinator roles</li> <li>➤ ICT systems and data sharing</li> <li>➤ Financial aspects – costs, accessing funding, individual budgets and self-directed support</li> <li>➤ Welfare Rights</li> </ul> <p>Develop user friendly, shared ICT system for WYFY with direct access to up to date information</p> <p>Develop signposting materials on-line with customer and carer access via internet</p>	<p>Community Planning</p> <p>Community Development</p> <p>Long Term Conditions and Anticipatory Care</p> <p>Telecare</p> <p>Community Capacity Building</p>	 <p>Training programme £5k</p> <p>ICT system £200k</p> <p>Integrated, multi-disciplinary, primary/community care teams in localities; links to LSDGs :- backfill for project management £15k</p> <p><b>Total £220K</b></p>	<p>Head of Community Care</p> <p>Chief Social Work Officer</p>
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<b>12. Joint Commissioning Strategy</b> <i>more efficient use of resources; faster access to services</i>	Review CHCP Commissioning Strategy to:- <ul style="list-style-type: none"> <li>➤ Support pooled budgets for older people</li> <li>➤ Support direct access to partnership resources through delegated governance models</li> </ul> Complete Integrated Resource Framework mapping exercise <ul style="list-style-type: none"> <li>➤ Provide full details of all funding streams across statutory and independent sectors</li> <li>➤ Develop models for financial resourcing of Reshaping Care plans showing shift in resources from institutional care settings to primary and community care</li> <li>➤ Develop 5 and 10 year targets for the shift in resources.</li> </ul>	Community Planning  SIC & NHS financial governance systems  All Reshaping Care work streams	Support from Joint Improvement Team  Support from Scottish Government for IRF £20k  <b>Total £20k</b>	Head of Community Care
--	--	---	--	------------------------

Specific Funding streams 2011/12	£'000s
<b>Reshaping Care</b>	<b>328</b>
<b>Carer Information Strategy</b>	<b>30</b>
<b>IRF</b>	<b>20</b>
<b>Total</b>	<b>378</b>

Other funding in the tables above is included in Shetland Islands Council and NHS Shetland budgets for 2011/12



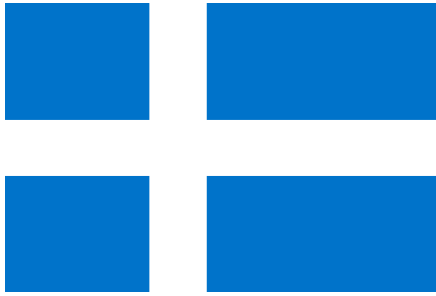
## Appendix 1d

### Notes:

1. Shetland's allocation of the £70M national change fund for 2011/2012 is £328K. It is anticipated that the change fund will continue at this level for a further 3 years. This will depend on the national spending review that will take place after the Scottish Government elections in May 2011.
2. The change fund should be considered within the context of the total spend on older people by the partnership and is intended as a catalyst for a shift in resources, specifically in funding, away from institutional care settings to services in primary and community care.
3. The total spend on services for older people in Shetland is included in the Older People's section of the CHCP Agreement. The CHCP Agreement is updated annually. The revised agreement covering 2011 – 2014 will include the Reshaping Care Change Plan and allocation of the Change Fund budget as an integral part of the section on Older People.
4. Work will be required in 2011/2012 to further develop the CHCP Commissioning Strategy in line with the Change Fund Guidance. It is anticipated that further guidance from the Scottish Government will seek to establish Joint Commissioning Strategies for 2012 – 2020 that will encompass longer term Change Plans.

### Glossary

<b>A&amp;E</b>	Accident and Emergency
<b>ACP</b>	Anticipatory Care Plan
<b>AHP</b>	Allied Health Profession
<b>ICT</b>	Information and Communication Technology
<b>IRF</b>	Integrated Resource Framework
<b>LES</b>	Local Enhanced Service
<b>LTC</b>	Long Term Condition
<b>WER</b>	Within Existing Resources
<b>WYFY</b>	With You For You; Shetland's Single Shared Assessment



## **Project Initiation Document (PID)**

**Reshaping Care for Older People in Shetland**

**Change Plan Project 2011-2012**

<b>PROJECT INITIATION DOCUMENT</b>	Project: Reshaping Care Change Plan
Author: Christine Ferguson	Stage : DRAFT
Date : 21 March 2011	Version Number : 1 <b>Page 2 of 10</b>

## 1. Project Initiation Document Sign-off Form

### Project Initiation Document Project Authorisation Sign Off

We accept this Project Initiation Document as superseding all previous documents and authorise the project to go ahead.

Name	Approved Date
Malcolm Bell, Chair, CHP Committee	
Ralph Roberts, Chief Executive, Shetland NHS Board	
Councillor Cecil Smith, Chair Shetland Islands Council Communities, Health and Well Being Committee	
Hazel Sutherland, Executive Director Education & Social Care Shetland Islands Council	
Catherine Hughson, Executive Officer, Voluntary Action Shetland	

<b>PROJECT INITIATION DOCUMENT</b>	Project: Reshaping Care Change Plan
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## 2. Project Brief

### Background:

The Scottish Government recognises that current patterns of care for older people are not sustainable for a number of reasons including:-

- Demographic pressures, in particular the projected growth in the proportion of older people
- The associated workforce issues
- The need to continually improve health and social care outcomes
- The increasing cost of institutional care and
- Financial pressures.

The Scottish Government also recognises that current patterns of care may at times act against the best interests of local communities as set out in the agreed policy objective of maximising independence for as long as possible.<sup>1</sup>

The Reshaping Care for Older People programme is a joint initiative whereby the Scottish Government, NHS Scotland and COSLA aim to engage all interests across Scotland to reshape care and support services in order to meet the national policy objectives in ways that are sustainable and fair. The programme is being taken forward through the Ministerial Steering Group on Health and Community Care chaired by the Minister for Public Health and Sport.

The Change Fund for 2011/2012 has been set up by the Scottish Government to support the Reshaping Care Programme by providing bridging finance to facilitate shifts in the balance of care from institutional settings to primary and community settings.

Shetland's share of the £70 million set aside for 2011/2012 is **£328,000**. This will be paid to Shetland NHS Board.

Shetland's Reshaping Care Change Plan .was drafted in consultation with a wide range of stakeholders and approved by the Scottish Government Ministerial Steering Group on 16 March 2011.

The Change Plan is attached to this PID.

<sup>1</sup> "Reshaping Care for Older People – Emerging Proposals" MSG/DECEMBER 2009/PAPER 3, Mike Martin, Scottish Government PIOD (Partnership Improvements and Outcomes Division)

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<p><b>Objectives:</b> From the Reshaping Care Change Plan V7</p>	<p>To use the Change Fund to support Local Policy Aims for Older People as set out in Shetland's Community Health and Care Partnership Agreement 2010-2013<sup>2</sup>.</p> <ul style="list-style-type: none"> <li>• To enable more older people to remain at home</li> <li>• To increase levels of independence, self-care and self-managed care</li> <li>• To reduce unplanned, emergency and inappropriate admissions to hospital</li> <li>• To facilitate early discharge from hospital.</li> </ul> <p>In addition, in response to the evolving financial context, to deliver overall efficiency savings of at least 10% across the programme.</p> <p>To accelerate the development of new models of care that are:</p> <ul style="list-style-type: none"> <li>• Geared towards long-term conditions</li> <li>• Embedded in communities</li> <li>• Team based</li> <li>• Integrated continuous care</li> <li>• Preventative care</li> <li>• Patient as partner</li> <li>• Self care encouraged and facilitated</li> <li>• Carers supported as partners</li> <li>• High tech<sup>3</sup>.</li> </ul>
<p><b>Scope</b></p>	<p>The Project is a service development priority of the CHCP Agreement 2011-2014. The Reshaping care Change Plan is an integral part of the Agreement.</p> <p><u>Within Scope</u></p> <ul style="list-style-type: none"> <li>• Anticipatory Care and Long Term Conditions</li> <li>• Generic Health and Care Support Worker Models</li> <li>• Sustainability in remote settings including non-doctor islands</li> <li>• Respite Care Strategy</li> <li>• Medication systems</li> <li>• Specialist medical resources for Older People</li> <li>• Telehealthcare</li> <li>• Housing for an Ageing population</li> <li>• Assessment and Care Management</li> <li>• Community Capacity Building</li> <li>• Review of the need for institutional care settings</li> <li>• Review of CHCP Commissioning Strategy</li> <li>• Development of pooled budgets</li> <li>• Organisational development issues; e.g. HR implications for</li> </ul>

<sup>2</sup> Community Health and Care Partnership Agreement 2010-2013, May 2010

<sup>3</sup> Reshaping Older People's Care, COSLA 2009

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	<p>staff teams affected by any proposals for change.</p> <p><u>Linked Projects</u></p> <ul style="list-style-type: none"> <li>• ICT systems for With You For You and Care at Home</li> <li>• Housing Strategy – implementation phase</li> <li>• Sheltered Housing Review – implementation phase</li> <li>• Long term care review – implementation phase</li> <li>• Dementia Redesign – implementation phase</li> <li>• SIC Corporate Improvement Plan – specifically Jobs Dispersal Project</li> </ul> <p><u>Outwith Scope</u></p> <ul style="list-style-type: none"> <li>• Locality management arrangements for generic health and care services</li> <li>• CHP Scheme of Establishment, Committee management arrangements</li> </ul>
<p><b>Business Case / Benefits</b> From the Reshaping Care Change Plan V7</p>	<ul style="list-style-type: none"> <li>• Improved outcomes for customers: customers feel safe, supported at home or in a local community setting</li> <li>• Reduced pressure on hospital beds and residential care places</li> <li>• Sustainable solutions to support needs in the community</li> <li>• Better support for frontline staff</li> <li>• Better use of resources</li> </ul>
<p><b>Constraints:</b> From the Reshaping Care Change Plan V7</p>	<p>Tight timescales :</p> <ul style="list-style-type: none"> <li>• Final Change Plan agreed and submitted to Scottish Government by June 2011</li> <li>• Change Plan implemented during financial year 2011/2012</li> </ul> <p>Demographic profile of Shetland population and remote islands localities</p> <p>Budget constraints across the Council, NHS and Third Sector partners</p>
<p><b>Customers:</b></p>	<ul style="list-style-type: none"> <li>• Older People with health and care needs in Shetland</li> <li>• Unpaid/family carers of older people with care needs</li> <li>• Present and future users of health and care services in Shetland</li> <li>• NHS Shetland via the CHP</li> <li>• Shetland Islands Council</li> <li>• Voluntary Action Shetland and Third sector organisations involved in health and care services locally</li> <li>• Shetland Charitable Trust in their role as a major funding organisation locally for care services.</li> </ul>

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<b>Deliverables:</b>	<ul style="list-style-type: none"> <li>• Final Reshaping Care for Older People Change Plan agreed by June 2011</li> <li>• Reduction in emergency hospital bed days for people aged 75+</li> <li>• Reduction in hospital bed days lost to delayed discharges</li> <li>• Reduction in direct admissions to care homes from hospital</li> <li>• Reduction in residential care waiting list</li> <li>• Shift in care home usage from permanent care to short breaks and reablement</li> <li>• Increased use of self-directed support and/or individual budgets</li> <li>• Increase in use of supported housing and Telehealthcare for people aged 75+</li> <li>• Increase in numbers of people aged 75+supported at home</li> <li>• Reduction in overall spend on institutional care settings of £500,000 in 2011/12</li> <li>• Efficiencies in the delivery of Older People's care of at least 10% across the partnership</li> <li>• Joint Commissioning Strategy 2011-2020</li> <li>• Pooled budgets for older people's services</li> </ul>	
<b>Risks:</b>	Failure to agree the final Change Plan	Low
	Limited funding for services in future years	High
	On-going recruitment and retention problems locally	Medium
	Lack of resource at senior management level to manage the work on the Change Plan	Medium
	Resistance to change in frontline staff teams	Medium
	Resistance to change from the community	Medium
	Communication issues including lack of timely and appropriate information to facilitate change	Medium

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<b>Assumptions:</b>	<ul style="list-style-type: none"> <li>• Staff will ensure continuity of service as the project goes forward so there will be no adverse impact on customers</li> <li>• Continued high priority given to care services locally by the Council, Shetland Charitable Trust and third sector partners locally</li> <li>• Senior managers and frontline staff will be able to dedicate time and energy to this project.</li> </ul>
<b>Resourcing:</b>	<ul style="list-style-type: none"> <li>• Project Board</li> <li>• CHCP Management Team acting as Project Steering Group</li> <li>• Scottish Government Joint Improvement Team (JIT)</li> <li>• Third sector providers</li> <li>• Input from service users and carers</li> </ul>
<b>Budget:</b>	<ul style="list-style-type: none"> <li>• Reshaping Care Change Fund for Shetland 2011/2012 <b>£328,000</b></li> <li>• Budgets for older People's Services as set out in the CHCP Agreement 2011-2014</li> <li>• Administration costs for the Project will be met from within existing resources across the Council and NHS Shetland unless specific funding has been agreed from Shetland's Change Fund allocation.</li> </ul>
<b>Lead Officers:</b>	<ul style="list-style-type: none"> <li>• <b>Executive Lead</b> - Simon Bokor-Ingram, Director of Clinical Services, NHS Shetland</li> <li>• <b>Project Manager</b> - Christine Ferguson, Head of Community Care, SIC / NHS Shetland /CHP General Manager</li> </ul>

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### 3. Organisation and Reporting Structure

Roles and responsibilities		
<b>NHS Shetland and Shetland Islands Council</b>	<ul style="list-style-type: none"> <li>To have overall responsibility for the agreed outcomes from the Change Plan</li> <li>To have overall responsibility for the management and administration of the work streams in the Change Plan</li> </ul>	
<b>Community Health Partnership</b>	<ul style="list-style-type: none"> <li>To have devolved responsibility for managing and overseeing implementation of the change plan</li> <li>To monitor progress</li> <li>To advise Shetland NHS Board, Shetland Islands Council and Shetland's Community Planning Partnership regarding progress and any issues</li> </ul>	
<b>Local Partnership Finance Team <sup>4</sup></b>	<ul style="list-style-type: none"> <li>To work on the detailed budget allocation and support the implementation of the Change Plan</li> <li>To lead on the development of pooled budgets for Older People's Services</li> </ul>	
<b>Voluntary Action Shetland</b>	<ul style="list-style-type: none"> <li>To represent the Third Sector in all activities regarding the Change Plan</li> <li>To link with individual partner organisations in the Third Sector providing information, advice and support</li> </ul>	
<b>Lead Officers</b>	<ul style="list-style-type: none"> <li>To ensure that the Change Plan is implemented within the agreed timescales and within budget</li> <li>To prepare reports for Community Planning, NHS Shetland and Council committees as required</li> </ul>	
<b>Project Board</b>	<ul style="list-style-type: none"> <li>To have overall responsibility to ensure that the Project is completed on time</li> </ul>	
<b>Members</b>		
<b>In attendance</b>	Simon Bokor-Ingram	Director of Clinical Services, NHS Shetland
	Christine Ferguson	Head of Community Care, Shetland Islands Council and NHS Shetland

<sup>4</sup> Local Partnership Finance Team for the CHP. See CHCP Agreement

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<b>Project Steering Group</b>	<ul style="list-style-type: none"> <li>To manage the work required to implement the Change Plan</li> <li>Responsibility for setting up sub-groups for work streams as required</li> </ul>	
Christine Ferguson Head of Community Care, Shetland Islands Council and NHS Shetland, chair of CHCP Management Team	Project Manager	<ul style="list-style-type: none"> <li>Responsibility for chairing and admin support for the Project Steering Group.</li> <li>Responsibility for the reporting to the Director of Clinical services as Executive Lead for the Project</li> <li>Responsibility for reporting arrangements to NHS Shetland, the Council, CHP Committee and the Community Planning Delivery Group.</li> </ul>
CHCP Management Team members		
Catherine Hughson, Executive Officer, Voluntary Action Shetland		

<b>Reporting:</b>	<ul style="list-style-type: none"> <li>The Project Manager will liaise with the Project Executive Lead and prepare reports for the Project Board, CHP Committee, Community Planning Delivery Group, the Council and Shetland NHS Board as required.</li> <li>Project sub-groups will consult with patients and carers on an individual level as appropriate and through the PFPI Steering Group and PPF regarding any proposals for change.</li> <li>The Project Manager will ensure all meetings of the Project Board and Project Steering Group are minuted.</li> <li>The Project Board will take the lead in communication with the public and agree a Communication Strategy for the Project.</li> </ul>
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#### 4. Project Authority

Deliverables	Planned (Y/N)	Comments
Signed off PID	Y	June 2011
Reports for CHP Committee and CPDG	Y	August and December 2011
Reports for Council and NHS Shetland	Y	September 2011 January and March 2012
Detailed Action /Implementation Plan	Y	To be included in final Change Plan

#### 5. Project Timescales

	2011							2012		
	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>PID agreed and signed off</b>										
<b>Project Board meetings</b>										
<b>Detailed project work involving all stakeholders</b>										
<b>Detailed proposals prepared</b>										
<b>Reports to Committees</b>										



## Reshaping Care for Older People in Shetland Change Plan Workstream Report

1.	Topic / Workstream(s)
2.	Lead Officer (s)
3.	Linked Topics / Workstreams
4.	Aims / Strategic Outcomes and Timescales
5.	Change Fund Allocation (£s) <ul style="list-style-type: none"> <li>• Spending Proposals and Linked Budget(s)</li> <li>• Backfill / Double Running Costs</li> </ul>
6.	Performance Measures including:- <ul style="list-style-type: none"> <li>• Shift in Balance of Care</li> <li>• Shift in Resources e.g. Staff, Buildings, Finance</li> </ul>



## Reshaping Care for Older People in Shetland Change Plan Workstream Report

7.	Exit Strategy 2012/13
8.	Support Requirements
9.	Risks and Constraints
10.	Progress

Signed: ..... Dated: .....

## **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 be invited to attend with the agreement of the existing membership, as required, depending on the current agenda.
- 4.3 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 representative of each partner agency i.e. NHS Shetland and Shetland Islands Council 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.

**Health and Social Care  
Integration Directorate**  
Graeme Dickson, Director

T: 0131-244 3210 F: 0131-244-2042  
E:  
graeme.dickson@scotland.gsi.gov.uk

**Shetland Islands  
Partnership**



Your ref:  
Our ref:  
16 March 2011

Dear Colleague

**CHANGE FUND FOR OLDER PEOPLE'S SERVICES – RELEASE OF FUNDING**

Thank you for submitting your partnership plan for the Change Fund for older people's services.

I am pleased to inform you that the Ministerial Strategic Group for Health and Community Care has now considered all 32 plans, and has endorsed release of the Fund to partnerships, subject to the plans being formally approved by your local partnership arrangements. The MSG was pleased with the quality of plans submitted, and commended in particular efforts made across partnerships to engage partners across sectors in the short timescales available. It will be important that this groundwork – in terms of planning across health, social care, housing, and the third and independent sectors – is sustained and built upon as the plans are delivered and governance arrangements are put in place locally.

We will be writing to your Health Board Director of Finance in the next few days to confirm the allocation to your partnership, which is as per Annex A of the [Change Fund Guidance](#). The Joint Improvement Team will also write to your partnership in the next few days to offer individual feedback on your plan.

I look forward to working with you as we take forward this important and innovative programme.

**Graeme Dickson**  
Director for Health and Social Care Integration  
The Scottish Government



**Health and Social Care  
Integration Directorate**  
Graeme Dickson, Director

T: 0131-244 3210 F: 0131-244-2042  
E:  
graeme.dickson@scotland.gsi.gov.uk

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I look forward to working with you as we take forward this important and innovative programme.

**Graeme Dickson**  
Director for Health and Social Care Integration  
The Scottish Government



## **REPORT**

**To:    CHP Committee  
      SIC Services Committee  
      Shetland NHS Board**

**Date     28 April 2011  
          5 May 2011  
          10 May 2011**

**From: Head of Community Care**

**Report No: SC-12-11-F**

**Report Title: Community Health Partnership (CHP) Committee Membership**

### **1.     Introduction**

This report seeks approval for changes in the membership of the CHP Committee as an interim measure pending a full review of the Scheme of Establishment in 2011/2012.

### **2.     Links to Corporate Priorities**

The Work of the CHP Committee supports the priority targets articulated in Shetland's Single Outcome Agreement under the National Priority Area: Healthier, specifically:-  
"We will support and protect the most vulnerable members of the community, promoting independence and ensuring services are targeted at those most in need."

### **3.     Risks**

- 3.1    If the recommendations in this report are not approved, there is a risk that the representation of the Council through elected members on the CHP Committee will lack clarity following recent changes to the Council's committee structure.
- 3.2    Better integration of Children's Services in the work of Shetland's CHP has been identified as a development priority for a number of years. There is a risk that this will continue to be delayed unless the membership of the CHP Committee is strengthened in this regard.

#### 4. Background

- 4.1 The Scheme of Establishment of the CHP for Shetland was approved by the Council and Shetland NHS Board in December 2004 (Min. Ref. SIC 177/04 and SHB Min. Ref.2004/135) and given ministerial approval on 15 March 2005. The CHP aims to provide a joined up approach to the provision of health and care services in local communities through partnership working arrangements.
- 4.2 The CHP operates with a joint CHP committee reporting as a sub-committee to Shetland NHS Board which is chaired by a non-executive member of the Board.
- 4.3 SIC elected members on the CHP Committee are the Chair of SIC Services Committee and the spokespersons for Community Care and Housing.
- 4.4 The Council approved revised Committee structures for the Council at a meeting on 7 March 2011 (Min. Ref. SIC 29/11). The new structure will be implemented in May 2011.
- 4.5 The majority of the work relating to CHP business falls within the remit of two of the Council's Committees in the new structure:-
  - Children, Families and Learning
  - Communities, Health and Well Being

The roles of spokespersons have been incorporated into the duties of the Chairs and Vice-chairs of these committees.

#### 5. Proposals

- 5.1 It is proposed that representation from the Council by elected members on the CHP Committee is amended to reflect the changes in the Council's Committee Structure and that the SIC elected members on the CHP Committee from 1 June 2011 is as follows:

Chair, Children, Families and Learning -	Councillor Betty Fullerton
Vice-Chair, Children, Families and Learning	Councillor Caroline Miller
Chair, Communities, Health and Well Being	Councillor Cecil Smith
Vice-Chair Communities, Health and Well Being	Councillor Allison Duncan

- 5.2 This will ensure continuity of elected member involvement in the CHP and include the elected members leading on Children's Services.

- 5.3 It is proposed that in order to develop the CHP Committee's role with regard to Children's Services and enable the Committee to ensure progress with the better integration of Children's Services in the work of the CHP that the Head of Children's Services for the Council is also invited to join the CHP Committee.
- 5.4 A full review of the Scheme of Establishment for Shetland's CHP is planned for 2011/12 following the publication of the Review of CHPs by Audit Scotland now expected in June 2011.
- 5.5 The changes proposed in the meantime are compatible with the existing Scheme of Establishment and will strengthen the Committee.

## **6. Financial Implications**

- 6.1 Attendance at meetings of Member / Officer Working Groups to which Members have been invited or appointed is deemed an approved duty in terms of Section 3.2 of the Council's Scheme of Members Approved Duties. Costs associated with approved duties are met from the Members' Expenses budget.

## **7. Policy and Delegated Authority** <sup>SIC only 1</sup>

- 7.1 The proposals in this report pertain to newly established roles in the Council Committee Structure approved on 7 March 2011 (Min. Ref. SIC 29/11). The proposals in this report have not been delegated to any Committee and therefore a decision of the Council is required.

## **8. Conclusions**

- 8.1 The CHP has evolved over the last six years.
- 8.2 Changes are required to the membership of the CHP Committee to ensure continuity of representation on the Committee by elected members of the Council following the recent restructuring of the Council Committees.
- 8.3 Work to better integrate Children's Services in the work of the CHP Committee has been slow. Better representation of Children's Services on the Committee would be a significant step towards this aim.

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<sup>1</sup> For Shetland Islands Council Services Committee only

## 9. Recommendation

I recommend that CHP Committee and SIC Services Committee consider the information presented in this report and recommend respectively that Shetland NHS Board and Shetland Islands Council approve changes to the membership of the CHP Committee as set out in paragraphs 5.1 and 5.3 above.

Date: 27 April 2011  
Ref: CF'AN'SC12-11

Report No: SC-12-11-F



## **REPORT**

**To:**  
**Services Committee**

5<sup>th</sup> May 2011

**From:**  
**Chief Social Work Officer**

**Report No: SC-13-11-F**  
**Review of Corporate Parenting Role and Monitoring Process**

### **1. Introduction**

- 1.1 This Report sets out the work undertaken in the context of the decision made by Services Committee on 25<sup>th</sup> November 2010 – Min Ref 103/10 – that the Chief Social Work Officer be given delegated authority, in consultation with the Chief Executive, to review the monitoring process for the Corporate Parenting Role for members; to make recommendations on the procedures as necessary and that training and a seminar be implemented by the Head of Children's Services and the Chief Social Work Officer as soon as possible to assist in the Review Process.
- 1.2 Members are asked to support the proposals contained in the report, which will reshape the relationship between Children and Young People for whom there are Corporate Parenting responsibilities and their Corporate Parents.

### **2. Links to Corporate Responsibilities**

- 2.1 Effective and efficient Social Work Services are key to delivering the Councils priorities of quality of life and reducing social inequalities.

Child Protection continues to be a main priority for Services Committee and will be a priority for the Children, Families and Learning Committee in the revised Council structure approved by Council on 7 March 2011 (Min. Ref. SIC29/11).

Having an understanding of the responsibilities as Corporate Parents with regard to the Children and Young People who are Looked After will enable the Council to meet them.

### **3. Risks**

- 3.1 Lack of awareness of the responsibilities as Corporate Parents could result in the needs of Looked After Children not being given enough attention by Members. Failure to provide Members the right level of information could

result in lack of accountability and provision of resources for this group of individuals.

- 3.2 Members would therefore be unable to discharge their responsibilities as Corporate Parents effectively. This could be interpreted as being in conflict with the priorities of the Scottish Government.

#### **4. Background**

- 4.1 The term “Corporate Parent” is used to reflect the expectations on Council’s and their Community Planning Partners, in particular health services, with regard to Looked After Children and Young People. The principles underpinning the Children (Scotland) Act 1995 encourage Councils to make sure that once a child is Looked After, all Elected Members and Officers of the Council, as their Corporate Parents, are concerned about that child as if they were their own.
- 4.2 In January 2008, the Head of Children’s Services presented a report outlining the Corporate Parenting Role together with a policy statement and proposals for a reporting mechanism for relaying information on Looked After Children. These were approved by Services Committee. Minute Ref – SC 02/08.
- 4.3 It was agreed that seminars would be arranged for Elected Members to allow them the opportunity to meet with the frontline staff and managers, and where appropriate Children and Young People who are Looked After.
- 4.4 A training event for Members was organised by the Head of Children’s Services and a representative from the Scottish Government in October 2009, to which NHS Board Members were also invited. This event went well but was poorly attended.
- 4.4 On 25 November 2010, Members debated the current policy and practice within the context of current policy, particularly with regard to the reporting arrangements and communication.

#### **5. The Review – Communication – Information**

- 5.1 Central to Members being enabled to carry out the role of Corporate Parent effectively is good information being communicated effectively.
- 5.2 The Head of Children’s Services has, since the approval of the report in 2008, presented information to Members on a six monthly basis using the indicators outlined in Appendix 1. This is received, in private, in the form of an anonymised grid for each individual child.
- 5.3 While this is within the Policy agreed by the Council, it would seem that in addition to factual information, there is a need to have an awareness of the outcomes for these Children and Young People.

The evidence suggests that there is much to do in promoting positive outcomes for Children who are Looked After. They come from more

disadvantaged backgrounds and are at greater risk due to issues affecting their safety, well being and attachment. They have poorer life chances.

In order to do this well, the Local Authority; must promote the range of children's interests, aspirations and strengths and meet their individual needs.

- 5.4 While this happens at operational level, through best practice within the Children and Families Service, there is a need for an awareness at political level in order that the appropriate resources can be allocated and prioritised. Members should have the opportunity to hear first hand, from the Children and Young People who are Looked After, exactly what their aspirations are.
- 5.5 In March 2011, the worker from Who Cares Scotland, who is seconded to the Scottish Government to promote awareness of Corporate Parenting, visited Shetland and held a training session for Members and senior officials. The training materials included a DVD which had been made by two young people who are Looked After by Shetland Islands Council who spoke about their experiences of being a Looked After Child.
- 5.6 Both these young people had planned to be present for the training but it transpired only one was able to do so. This young person, supported by the Children's Rights Officer, spoke about their experiences; issues affecting Young People in general and Looked After young people in particular, to those Members and officials present.
- 5.7 The impact of this was powerful, and feedback from those present was the experience was both illuminating and moving. The issues raised which included transport, employment opportunities and contact with the police were noted and individual officers undertook to action the various points.

Members also received a presentation at Services Committee on the key points from the Training Day.

## **6. The Review – Reporting Arrangements – Process**

- 6.1 Alongside the availability of good information is a clear process for communicating that information.
- 6.2 Currently the single process for reporting on Corporate Parenting issues would appear to be the six monthly reports presented by Head of Children's Service to Services Committee.
- 6.3 There is an Interagency Looked After Children Working Group, which is chaired by a Quality Improvement Officer. Membership of the group is drawn mainly from Children's Services, Social Work and Education; Health and Skills Development Scotland. The spokesperson for Children's Services and Education sits on the group.
- 6.4 The remit of this group is outline in Appendix 2. Meetings are held every two months and reports into the Integrated Children and Young Person's Service Planning Group.

- 6.5 Following the publication of the Scottish Government Document ‘Looked After Children and Young People – We Can and Must Do Better’, the Education Services are required to report nationally on a number of issues including attendance, inclusion, attainment and school leavers data. The remit of the working group was expanded to consider how this could be achieved locally.
- 6.6 While it is apparent from the work undertaken by this group that there is considerable partnership working on behalf of Looked After Children and Young People at an operational level, there are clear gaps in that it does not appear to have a strategic remit. Neither does the membership reflect the range of Community Planning Partners.
- 6.7 Having undertaken a simple Bench Marking exercise across a small number of Local Authorities, it would appear that there is a variety of ways in which Corporate Parenting is exercised and reported.

These include:

- Identifying one Elected Member who acts as a Champion for Looked After Children who would meet with children and young people, and also attend at Residential Units and Fostering Events.
- The delegation of the monitoring of Corporate Parenting to a Member Officer Working Group.
- The Championing of Individual Children and Young People by Senior Officials of the Local Authority.
- Establishing a strategic Corporate Parenting group which reports to full Council.
- Annual Corporate Parenting Seminars.

## **7. Conclusion**

- 7.1 “These are our Bairns” – a guide for Community Planning partners on being a good Corporate Parent – was published by the Scottish Government in September 2008.  
(<http://www.scotland.gov.uk/Publications/2008/08/29115839/0>)

*In the foreword Adam Ingram states “Like most extended families, the corporate family consists of many parts – local authorities as a whole; health services, both universal and specialist; independent sector providers; the police and all those parts of the system which support service delivery agencies. Bringing up a child successfully depends very much on all family members playing their parts. It may be at a particular point in a child’s life, or it may be constant, but together all of those parts are a powerful force for good.”*

- 7.2 While there is no doubt that at an operational level, the needs of Looked After Children are given the attention they require across a range of Services whether Housing, Employment, Health. However, there is a need to develop a strategic framework for Corporate Parenting for the Council. This would bring together the various work strands in one strategic document, with an action. This would allow for an improved awareness on behalf of Members and Community Planning Partners as well as increased knowledge of the Children and Young People who are Looked After.

## **8. Proposals**

- 8.1 The redesignated Children Families and Learning Committee becomes the main forum to report on issues relating to Corporate Parenting.
- 8.2 A framework for developing Corporate Parenting responsibilities throughout the Council and with partner agencies is drafted. This could involve the implementation of a two tier model of accountability namely an operational group and a strategic group.
- 8.3 A strategic group is necessary to ensure that the responsibility for Looked After Children are met by all concerned, as well as the development of a Corporate Parenting Strategy not only for the Council but across all partner agencies. The membership of the group should be Senior Managers who can make decisions to ensure that any barriers to a Looked After Child achieving their full potential are overcome.
- 8.4 The remit for membership of the established Inter Agency Looked After Children Working Group is revisited with a view to becoming the main operational group which would monitor and manage the effectiveness of services for Looked After Children across all agencies.
- 8.5 The Head of Children's Services continues to present information on each Child and Young Person, in an anonymised form but in a pen picture format, subject to Data Protection considerations, which allows Members to hear about outcomes for the Young Person.
- 8.6 Members should hear from Young People firsthand how services and resources can be used to improve and enhance their lives. A system to be developed to increase the participation of and dialogue with young people, perhaps involving the Children's Rights Officer. This could take the form of a seminar on an annual basis, whereby young people who are Looked After, come together with members of the Children and Families and Learning Committee to present issues which are current for them.
- 8.7 On an annual basis, a Corporate Parenting Event, involving Members, Chief Officials and Partners is organised.

## **9. Financial Implications**

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

## **10. Policy and Delegated Authority**

- 10.1 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.

## **11. Recommendations**

I recommend that Members remit the proposals set out in section 8 to Head of Children's Services for action.

Date: 27 April 2011  
Ref: AW'SC15-11

Report No: SC-13-11-F

## APPENDIX 1

Child – A	
1. Are they looked after?	
2. Why are they looked after?	
3. What is their ethnic cultural background?	
4. Where are they placed?	
5. How old are they?	
6. Are they safe and how do we know?	
7. Are they well looked after and how do we know?	
8. Are they in mainstream school?	
9. Are they in special education provision?	
10. Are they in further or higher education?	
11. Are they excluded from school – formally or informally?	
12. How are they doing in school and what needs to be done to improve their educational outcomes?	
13. What are their health needs and how are those met?	
14. What are their housing needs?	
15. What support is being provided to young people moving onto independence?	
16. Are they involved in offending behaviour?	
17. What is being done to reduce their offending behaviour?	

## APPENDIX 2

### Inter Agency Looked After Children Working Group

Current Members:

Principal Psychologist  
Service Manager, Children/s Services  
Service Manager, Children's Resources  
Quality Improvement Officer, Schools Service (Chair)  
Psychologist  
Health Visitor  
Education Support Officer (ASN)  
Children's Services Improvement Officer  
Key Worker, Skills Development Scotland  
Councillor

The remit of the group is to:

- Promote the social, emotional, physical and educational development of looked after children
- Advise on the fulfilment of corporate responsibilities
- Inform inter-agency strategic groups about national initiatives (eg promoting literacy)
- Draw up an annual action plan to improve support for looked after children
- Draft policy documentation
- Monitor agencies' practice and effectiveness
- Acknowledge the need for a local strategic approach with agreed policy to support practice across agencies

The group meets every two months depending on issues arising and action is reported to the Integrated Children and Young People's Services Planning Group.

Key Documents:

- Looked After Children and Young People: **We Can and Must Do Better** (SEED)
- **If This Were My Child**: A Councillor's guide to being a good Corporate Parent (DFE)
- **More Choices, More Chances**: A strategy to reduce the proportion of young people not in Education, Employment or Training Scotland (SEED)
- **The Mental Health of Children and Young People**: a framework for promotion, prevention and care (SEED)
- **Extraordinary Lives**: creating a positive future for looked after children and young people in Scotland (Social Work Inspection Agency)
- **Getting It Right For Every Child** (GIRFEC)
- **Learning With Care**: the education of children looked after away from home by local authorities (SEED)
- **How Good Is Our School (HGIOS): Inclusion and Equality – Part 1**: a series of self evaluation documentation

# REPORT

To: **Services Committee**

Date: **5 May 2011**

From: **Head of Community Care**

**Report No: SC-15-11-F**

**Report Title: Shetland Carers' Information Strategy**

## 1. Introduction

- 1.1 This report presents the Committee with the New Joint Carers Information Strategy.
- 1.2 The report is for noting and agreement.

## 2. Links to Corporate Priorities

The Shetland Carers' Information Strategy contributes to the corporate priorities of the Council and Shetland NHS Board in the following areas:-

- Improving health;
- Partnership working with the public, staff and other stakeholders;
- Decreasing social inequalities and
- Equality and diversity

## 3. Risks

- 3.1 There is a risk that vulnerable people's needs will not be met if informal/unpaid carers are not supported so that they can continue in their caring role. This would increase pressure on Council and NHS services.

## 4. Background

- 4.1 In 2005, the Scottish Ministers required all NHS Boards to prepare and submit to them for approval a Carer Information Strategy. The aim of which is to provide better support for unpaid/family carers to enable them to continue in their caring role for as long as they are willing and able to do so, by identifying carers at an early stage and at any point of contact with NHS Shetland and providing them with the information and advice they need.
- 4.2 In Shetland the Carer Information Strategy was developed as a joint strategy with the Council in consultation with carers and the third sector.
- 4.3 A separate Carers Strategy and Young Carers Strategy prepared jointly with implementation and monitoring overseen by the multi-agency Carers Link Group.
- 4.4 The 2008-2011 Carer Information Strategy and the 2005-2008 Carer Strategy have now amalgamated. This was felt to be the most efficient and productive way of working and communicating with both government officials and members of the public. The Scottish Government have confirmed that the new strategy will be recognised as the NHS Carer Information Strategy for Shetland.
- 4.5 The new Strategy is designed to be eye catching and written in plain English to make it more accessible. It can also be made available in alternative languages / formats on request.

## 5. Proposals

### 5.1 Key objectives;

- 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.
- To provide a wide-ranging training programme for carers in Shetland to ensure they are best supported to meet the needs of the cared for person.
- To provide a comprehensive training programme for staff to ensure they are best supported to meet the needs of the carers throughout Shetland.

## 5.2 **Priorities for 2011/12;**

- Roll out carers training programme, which will include information and advice about how to access Carers' Assessments.
- To continue to build a skilled workforce who are knowledgeable about carers' rights and issues
- Work with Shetland Mental Health Partnership, Voluntary Action Shetland and statutory bodies to offer support to carers who are geographically/socially isolated or at risk of poor mental health, to ensure equality of access to support and services.
- Carers' Link Group to continue to raise awareness of carers' rights and issues.
- Celebrate Carers' rights day
- Continue to establish the Carers' Link Group as a multi agency forum
- Actively promote the carers' website and look to establish a young carers' website
- Carers' Link Group to continue to actively support and promote the five carers' groups
- Continue to consult with carers through a variety of mediums to ensure we are providing the right advice and support
- Monitor implementation of the Strategy to ensure improvements in services/outcomes
- Sessional worker for carers

## 6. **Finances**

- 6.1 The Scottish Government sent guidance to NHS Chief Executives and Finance directors in March 2011, stating how much Carer Information Strategy funding each board were being allocated for 2011/12. Within this guidance there was also a template, see appendix A, to be completed, approved and sent back to the government for their records.
- 6.2 Please see appendix A for full details of Carer Information Strategy allocation, priority areas and proposed spend for 2011/12.
- 6.3 The funding will be paid to Shetland NHS Board.

## 7. **Policy & Delegated Authority**

- 7.1 All Social Work matters stand referred to the Services Committee. In accordance with Section 13 of the Council's Scheme of Delegation, the

Services Committee has delegated authority to make decisions on matters within approved policy and for which there is a budget.

## 8. **Conclusions**

- 8.1 Unpaid / family cares are a critical part of the care provision for vulnerable people in the community.
- 8.2 The proposals in this report have been drawn up in consultation with carers' groups and will contribute to the continuing support for carers provided through Shetland's CHP.

## 9. **Recommendations**

I recommend that members of the Services Committee approve the new joint Carers' Information Strategy and priorities for 2011/12.

Date: 26 April 2011  
Ref: CF'AN'SC15-11

Report No: SC-15-11-F

## Appendix A

### Submission of Carer Information Strategy (CIS) Plan for 2011-12

#### 1. Contact Details

- 1.1 Shetland Community Health and Care Partnership; Health Board – NHS Shetland
- 1.2 Christine Ferguson: Head of Community Care (lead)  
Laura Saunders: CHP Projects Manager (coordinating)
- 1.3 Chief Executive of NHS Shetland: Ralph Roberts

#### 2. Resources

- 2.1 Amount of CIS Allocation in 2011-12 is as follow;

**£38,491**

That is an increase of £8,491 on last year's allocation.

- 2.2 Proposed CIS Spend in 2011-12 is as follows;

- £4,000** - Interagency staff training sessions on Carer Identification
- £2000** – Allow key staff to attend National Carer conferences
- £2,500** – Training for all Carers, including therapeutic healing
- £3000** – Carers' representatives to attend national conferences, such as young carers to attend the Princes Royal Trust Annual Conference
- £3000** – Carers' Cruise
- £3000** – Summer outings for Carers' Groups
- £2000** – Transport allowance for Carers to attend groups and training events
- £800** – Administration, newsletters and leaflets
- £6000** – Awareness raising regarding Mental Health; road shows and working with Young People
- £1,200** - to maintain carers' telephone line at CAB
- £10,991** – Sessional worker offering hands on confidential advice, information and emotional support and signposting to a range of other services to carers living in Shetland – referral through Dementia Care Manager and Alan Murdoch

Total = **£38,491**

- 2.3 Details of all funding streams for services provided primarily for Carers are set out in the CHCP Agreement along with all funding for CHCP activities. This is available on the website at: <http://www.shetland.gov.uk/socialwork-health/JointFutures.asp>  
The total amount of dedicated funding for carers is **£6,601,500**.
- 2.4 The CIS funding will be administered as a pooled budget within the CHCP. There are no carers' centres as such in Shetland. However, £38,491 of the CIS budget will be allocated to carers' groups supported by CHCP partners in different localities across Shetland.
- 2.5 Proposed CIS funding to Young Carers Projects
- £6000** – Impact on Mental Health; road shows and working with Young People  
**£3000** – Carers reps to attend national conferences, such as young carers to attend the Princes Royal Trust Annual Conference
- 2.6 Proposed CIS funding to other organisations.
- £3000** – Carers reps to attend national conferences, such as young carers to attend the Princes Royal Trust Annual Conference  
**£3000** – Carers Cruise  
**£3000** – summer outings for Carers Groups  
**£6000** –Mental Health; road shows and working with Young People  
**£1,200** to maintain carer's telephone line at CAB  
**£2,500** – Training for all Carers, including therapeutic healing  
**£800** – admin, newsletters and leaflets  
**£2000** – Allow key staff to attend National Carer conferences
- 2.7 Proposed CIS funding not allocated through 2.4 to 2.6.
- £10,991** – Development work with Carers, caring for people with Dementia  
**£2000** – Transport allowance for Carers to attend groups  
**£4,000** Interagency staff training sessions on Carer Identification
- 3. Carer Training**
- 3.1 **£2,500** - Training for all Carers, including therapeutic healing
- 3.2 Explanation of how priorities for carer training have been set and outcomes to be achieved.

The priorities for carer training were set by speaking with carers; sending out questionnaire and developing the training based on the results.

### 3.3 Projected numbers of carers/young carers to receive training.

The training programme will be delivered by various agencies including VAS, SIC and NHS. It will be delivered in the 7 locality areas across Shetland, through 20011/12. The maximum number of carers in each session would be 15 to allow participants to get the best out of the day. If there is a particularly high demand for a session we would look to run that again within the same locality area in that year.

## 4. Workforce training

### 4.1 Proposed expenditure on workforce training.

**£4,000** - Interagency staff training sessions on Carer Identification

**£2,000** – Allow Carers Link Group staff to attend national carer conferences

### 4.2 Explanation of how priorities for workforce training have been set and outcomes to be achieved, differentiating between carer/young carer awareness training and continuous professional development.

The priority to deliver 32 interagency training sessions to staff in localities as well as centrally based staff was developed because staff highlighted carer training as a need. Also, through With You For You Shetland's single shared assessment process 100% of carers are offered an assessment. This means that front line staff need to be well trained and feel comfortable going through this process and identifying carers.

### 4.3 Projected numbers of workforce to receive training.

To be confirmed

## 5. Short Breaks/Respite

### 5.1 Any proposed expenditure on short breaks.

Through the CIS proposed expenditure on Short breaks as;

**£3000** – Carers reps to attend national conferences, such as young carers to attend the Princes Royal Trust Annual Conference

**£3000** – Carers' Cruise

**£3000** – Summer outings for Carers' Groups

Additional to CIS money;

Shetland Islands Council provides a wide range of respite and short break opportunities to meet assessed needs. Full details are available in the CHCP Agreement

5.2 As in 3.2

5.3 Projected numbers of carers/young carers and cared-for to receive a break. Details of respite / short breaks provided and targets for provision are set out in the CHCP Agreement.

## **6. Other support (information, advice, advocacy etc)**

Advocacy Shetland provides a dedicated independent advocacy service to carers and will raise awareness of this in the coming year.

## **7. Support in rural areas**

7.1 Carers in rural Shetland face a particular challenge as they are geographically isolated from most services. This makes it more difficult for them to access services and to be accessed by services. Transport links are often lacking, especially before 9 and after 5. The high cost of living in Shetland and high fuel costs are key issues.

For more information on Deprivation and Social Exclusion in Shetland, visit;  
[http://www.shetland.gov.uk/policy/documents/Framework\\_FINAL201112.pdf](http://www.shetland.gov.uk/policy/documents/Framework_FINAL201112.pdf)

## **8. Support in other areas**

8.1 The Carers' and Young Carers' Strategy emphasises issues around carers living in deprivation who may be less able to pay for services and more likely to be in poverty and poorer health. Please set out proposals for helping to support these carers. Reference may be made to information provided under the headings above.

See 7.1

## **9. Support to carers of people with certain conditions/illnesses**

9.1 It is clear from CIS plans submitted previously that the carers of people with certain illnesses or disabilities might receive support and other carers might not. Please set out your approach to prioritising certain groups of carers.

- 9.2 Included in the training programme for carers will be sessions on disease specific courses and confidence building in caring for specific illnesses. This will be on conditions that the carers themselves have requested training on, such as dementia and will be open to all.
- 9.3 Work on Long Term conditions and Anticipatory Care will contribute to the work in this area; identifying carers and ensuring their needs are taken into account and that they are included as partners in the support plans for the cared for person.



# *Shetland's*

2011 - 2014



## *Joint* *Carer* *Information* *Strategy*



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*".....a break away now and then would benefit me more than anything."  
Sick, Tired and Caring, January 2011*

## Executive Summary including Objectives and Achievements

Scottish Ministers require all NHS Boards in Scotland to prepare and submit to them for approval a "Carer Information Strategy".

Shetland's first Carer Information Strategy was prepared jointly by NHS Shetland and Shetland Islands Council as part of the implementation of the Joint Future Agenda locally. This was published in April 2005. Since then the Strategy has been updated, most recently in January 2011, and a new section summarising progress made on the implementation of the strategy has been added.

The Strategy helps statutory bodies to:

- Meet their statutory duty under the terms of the Community Care and Health (Scotland) Act 2002 to inform carers of their potential right to an assessment of need; and
- NHS Shetland to meet the requirement of the Patient Focus Public Involvement (PFPI) initiative to have a strategy that meets the information needs of patients, relatives and carers.<sup>1</sup>
- The aim of Shetland's Joint Carers Information Strategy is to provide better support for unpaid/family carers to enable them to continue in their caring role for as long as they are willing and able to do so, by identifying carers at an early stage and at any point of contact with NHS Shetland, Shetland Islands Council or the Voluntary sector and providing them with the information, advice and support they need.
- The Strategy states the principles adopted by both agencies when working to support carers. These reflect the specific needs of young carers (aged under 16) and carers from black and minority ethnic groups.
- The strategy highlights the need for early identification of carers. Through our newly redesigned Single Shared Assessment process, *With You, For You* everyone must take responsibility as a potential first point of contact, therefore customers (carers) can call directly into services or present in person and whomsoever interacts with the carer must take responsibility for this, offer a carers assessment, which the carer has the right to refuse. If they accept, the staff member begins to take the customers information on the Understanding You form (assessment) and passes on to the most appropriate partner agency if it is not themselves.
- Carer awareness training for staff from the statutory agencies and independent sector has been developed in line with the above function and process and will be rolled out in 2011/12.



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<sup>1</sup> NHS Shetland is the common name for Shetland NHS Board

### ***Key objectives for this strategy are:***

- 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.
- To provide a wide-ranging training programme for carers in Shetland to ensure they are best supported to meet the needs of the cared for person.
- To provide a comprehensive training programme for staff to ensure they are best supported to meet the needs of carers throughout Shetland.

### ***Key achievements in 2010***

- Voluntary Action Shetland has supported the development of two new carers groups in 2010.
- A new Lerwick group for young adults who wish to meet in the evenings and
- A new support group for young carers alongside promotional educational work within schools
- Continued support for three older adults carers group
- A new carers website that is hosted through Voluntary Action Shetland's community portal, has been established, <http://www.shetlandcommunities.org/subsites/scg>
- The carers link group have developed a comprehensive training programme for staff to raise awareness of carers rights
- The carers link group have developed a comprehensive training programme for carers, which includes alternative relaxation therapies as well as more informative training courses.
- The carers link group have increased their membership throughout the year to include a wider variety of charitable and voluntary sector groups
- The Carer Information Strategy and Carer Strategy have been updated
- Highly successful carers cruise has been maintained
- We have maintained the dedicated carers helpline through Shetlands Islands Citizens Advice Bureau
- Questionnaire and leaflets sent out through the Link groups carer database

## Priorities for 2011/12

- To roll out the training program for carers, which will include information and advice about how to access carers assessments.
- To continue to build a skilled workforce who are knowledgeable about carers rights and issues
- To continue to work with the Mental Health Partnership, Voluntary Action Shetland and Statutory bodies to offer support to carers' who are geographically/socially isolated or at risk of poor mental health, to ensure equality of access to support and services.
- Carers link group will continue to raise awareness of carers' rights and issues.
- We will celebrate Carers rights day
- To continue to establish the carers link group as a multi agency forum
- To actively promote the carers website and look to establish a young carers website
- The carers link group will continue to actively support and promote all of the carers groups throughout Shetland
- We will continue to consult with carers through a variety of mediums to ensure we are providing the right advice and support
- Monitor implementation of the Strategy to ensure improvements in services/outcomes

## Policy and Legislative Framework

### Nationally

This strategy has been developed within the context of national developments and legislation affecting carers. Key national policy documents and legislation include:

- ***Equal Pay Act 1970***
- ***Sex Discrimination Act 1975, (Amended) regulations 2003***
- ***Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000***
- ***Social Work (Scotland) Act 1968***
- ***NHS & Community Care Act 1990***
- ***Carers (Recognition and Services) Act 1995***
- ***Children (Scotland) Act 1995***
- ***Disability Discrimination Act 1995 (2005)***
- ***Human Rights Act 1998***
- ***Strategy for Carers in Scotland 1999***
- ***Adults with Incapacity (Scotland) Act 2000***

- ***Community Care and Health (Scotland) Act 2002***
- ***Fair For All, 2002***
- ***Mental Health (Care & Treatment) (Scotland) Act 2003***
- ***Scotland's Health White Paper "Partnership for Care" 2003***
- ***Employment Equality Regulations 2003***
- ***Delivering for Health 2005***
- ***Getting it Right for Scotland's Children 2005***
- ***Changing Lives 2006***
- ***Delivering for Mental Health 2006***
- ***The Work and Families Act 2006***
- ***The Care 21 Report, 2006***
- ***Better Health, Better Care, 2007***
- ***Adult Support and Protection (Scotland) Act 2007***
- ***Equality Act (Sexual Orientation) Regulations 2007***
- ***Caring Together; The Carers Strategy for Scotland 2010-2015***



Links are demonstrated through the work of the Community Health and Care Management Team and consultation framework. Carers' issues are an integral part of the work done on plans for community care customer groups and are considered in their own right through the work of the Carers Link Group and a sub-group of the Children and Young People's Strategic Planning Group.

## ***Locally***

Shetlands Carers Information Strategy complements and should be read alongside Community Care and Health Partnership Agreement 2011/12, Shetland's Local Delivery Plan for Health, Shetland's Joint Health Improvement Plan and Shetland's Young Carers' Strategy. These contain additional information relating to the services available to support carers locally and service developments planned for the future.

**Shetlands Community Care and Health Partnership Agreement,**  
<http://www.shetland.gov.uk/socialwork-health/documents/CHCP.pdf>

sets out joint management and resourcing arrangements for coordination and integration of all community health and care services through the Community Health Partnership.

**Race, Gender, and Disability Equality Schemes (website links**  
[www.shetland.gov.uk/equalopportunities/](http://www.shetland.gov.uk/equalopportunities/) ) for NHS Shetland and the Council have been developed co-operatively under the auspices of the Community Planning Board and the principles are reflected in this strategy.

*".....a break away now and then would benefit me more than anything."*  
*Sick, Tired and Caring, January 2011*

## Context

The Scottish Government published the ***Caring Together: The Carers Strategy for Scotland 2010 – 2015***, in July 2010. The key headline messages held within the strategy are the acknowledgment of the immense contribution that carers make to society and that without the valuable contribution of Scotland's carers, the health and social care system would not be sustained. It states that carers



should be valued as equal partners in the planning and delivery of care and support. Activity should focus on identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis.

It is recognised nationally and locally that caring can be an isolating activity that can limit the carer's own opportunities and development.

Many carers neglect their own needs and can become socially excluded from traditional support networks such as family, school, friends, work and the wider community. However most carers find their responsibilities both challenging and rewarding and are happy to accept their responsibilities in their desire to assist and support their friends and loved ones.

There are approximately 660,000 unpaid carers in Scotland<sup>2</sup> with another 31,000 people across Scotland take on a caring responsibility every year. The 2001 census shows that 1,968 people in Shetland identified themselves as carers. Of these, nearly 60% are female, just over 66% are in employment and nearly 3% are under 16 years of age. It is likely that there are many 'hidden' carers in Shetland, including young carers, who do not think of themselves as carers and may not be aware of the help and support available to them. These people provide valuable support and care for friends or family and it is important that they are identified and supported.

*Carers have a right to an assessment to establish their "ability to provide or continue to provide care" for another person. Assessments for carers are an integral part of the With Y@U, For Y@U (assessment) process and are available to anyone who provides "a substantial amount of care on a regular basis" – Community Care and Health (Scotland) Act 2002.*

The definition of what comprises "a substantial amount of care on a regular basis" is left to each local authority to determine. Locally, Shetland's partners consider the contribution the care provided makes to the care plan and level of risk to the cared for person if the level of care provided could not be maintained on a case by case basis so that the circumstances of the individual carer can be taken into account.

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<sup>2</sup> 2001 Census

## Who is a Carer?

‘A Carer is someone who, unpaid, provides help and support to a relative, friend or neighbour, who, could not manage without that help due to frailty, long-term illness or disability.’

Many Carers do not see themselves as Carers but primarily as a parent, child, wife, husband, partner, friend or neighbour. Many Carers tend to be ‘hidden’ in our communities and are not aware that help and support is available. Carers may live with the person they care for but many do not. Some Carers will be balancing caring responsibilities with paid employment. Many give up paid employment to care. There is no such thing as a typical Carer. Caring impacts not only on individual Carers but also on whole family units

It is recognised by the Scottish Government and NHS Scotland that the contribution of carers to the care and support of people in need saves £7.6 billion per year, almost the equivalent of running a second NHS.

The Scottish Government has extended the duties of local authorities and NHS boards in relation to support for carers through the provisions of the Community Care and Health (Scotland) Act 2002.

Carers Scotland held a major national conference, in partnership with the Scottish Government Joint Improvement Team at the Glasgow Science Centre on 1 December 2009. The Conference “A weight off my mind: Telecare for carers” presented the findings of new research about the benefits to carers and those they care for and, to health and social services, of providing Telecare equipment to unpaid carers to support them in their caring role. It showcased equipment, services and examples of best practice.

Telecare covers a wide range of equipment from personal pendants to complex environmental controls such as bed sensors, property exit sensors and CO2 detectors. It aims to enable people to stay in their homes for longer, reduces the need for acute home care and delays admissions to residential home care. These issues are important because they offer better quality of life for people who use services and their carers as well as better value in the health and social care system.

Increasing the effective use of Telecare also has the potential to improve the quality of life and wellbeing of unpaid carers as well as contributing to the future care of older and disabled people in our society.

### *Services that are recognised as important to meet carers’ needs include:-*

- short breaks (respite);
- information and advice on services, medical conditions and welfare benefits;
- independent advocacy services;
- support from GPs and primary care teams;
- flexible, responsive social care services, including services in an emergency;
- peer support;
- training; and
- equipment and adaptations.
- Telecare

*“.....a break away now and then would benefit me more than anything.”  
Sick, Tired and Caring, January 2011*

## Carers Manifesto 2007

The manifesto was developed by a partnership of Carers organisations: The Princess Royal Trust for Carers, Carers Scotland, Coalition of Carers in Scotland, Crossroads Caring Scotland, Shared Care Scotland and the Scottish Young Carers Alliance.

- *Every carer has the right to good health*
- *Every carer must be able to access regular and appropriate breaks from caring*
- *Every carer must have access to appropriate support*
- *Every carer must have access to carer training to support them in their caring role*
- *Every child and young person with caring responsibilities deserves the right to be a child first*
- *Every carer must have the right to live free of poverty with opportunities to work and take part in lifelong learning and leisure*

Carers are a third more likely to be in poor health and a large majority of carers admit to feeling ill, anxious or exhausted. Almost 1 in 4 carers said they frequently felt unable to cope with day to day caring due to the physical and emotional stresses of their caring role.

Support services for carers and the contact details are included in the Information, Advice and Support section of this document.

## Involvement

The original Strategy was drafted by staff working with Shetland's Community Health Partnership drawing on work with colleagues in the Council; the wider NHS; voluntary and independent sector service providers; service user and carer representatives and the local carers support group.

The Strategy and later revisions have been circulated for comment in draft form to a number stakeholder groups. These include :-

- Carers link group
- Voluntary and Independent Sector Organisations operating in Shetland
- Shetland Public Partnership Forum
- PFPI (Patient Focus Public Involvement) Steering Group
- Older People's Strategy Group
- Disability Strategy Group
- Shetland Mental Health Partnership

Progress made in implementing the strategy is monitored via the Community Health and Care Management Team and reported regularly to the NHS Shetland's CHP Committee and Council 's Services Committee. An annual report will be produced and submitted to the Scottish Government in line with current national guidance.

The Young Carers' Strategy was updated in September of 2008 and is due for review during 2011. The recent revised edition of the Carers Information Strategy has sought to amalgamate the Joint Carers Strategy and the Carers Information Strategy.

## Principles

- *Adult carers will be recognised and treated as key partners in the provision of care.*

### ***This means that:***

- ***Carers knowledge and expertise will be taken into account to ensure the cared-for person receives services that are right for their needs.***
- ***NHS, local authority and voluntary sector staff will share information equally with carers provided the cared-for person has given their consent.***
- *Young Carers under the age of 16 will be recognised first and foremost as children.*

### ***This means that:***

- ***Young carers will be supported so that their caring role does not have an adverse affect on their own social, leisure and educational opportunities.***
- ***Young carers will not have a greater caring role than they want.***
- ***Young carers will be informed of their right and eligibility for an appropriate assessment.***
- ***Staff in the NHS and the local authority will be sensitive to possible tensions between young carers and their parents/guardians.***
- *Older carers will be supported to enable them to fulfil their caring role for as much and as long as they wish and are able to care.*

### ***This means that:***

- ***NHS, Voluntary Sector and Council staff recognise that caring is likely to demand more of an older carer.***
- ***NHS, Voluntary Sector and Council staff will focus on the impact of the caring role on the individual carer.***
- *All carers will have access to information, advice and guidance in a format appropriate to their needs.*

### ***This means that:***

- ***General information will be made available in formats and languages that are accessible to, for example, young carers, carers with learning disabilities or sensory impairment, older carers and carers from black and minority ethnic groups.***

- ***Carers will be identified through the With Y@U, For Y@U assessment process and specific information relevant to their own circumstances will be made available and accessible to them as appropriate.***
- ***Carers will be advised of NHS and Council complaints procedures.***
- ***Staff will understand the needs of carers and having the knowledge to meet carers' needs for appropriate information and advice.***
- *All carers will be treated equally and will be able to access services to meet their needs irrespective of their race, religion/faith, sexual orientation, age, disability or gender.*
- *Carers from black and minority ethnic groups will be recognised and supported in accordance with the requirement of the Race Relations (Amendment) Act 2000 and NHS responsibilities under "Fair for All".*

***This means that:***

- ***Staff in NHS and the Council will recognise the effects of discriminatory behaviour and eliminate discriminatory practices affecting carers.***
- ***Staff will value diversity and demonstrate this through appropriate communication styles, attitudes and behaviour.***
- *Carers of people with a mental disorder as defined by the Mental Health (Care & Treatment) (Scotland) Act 2003 will be recognised and supported in ways appropriate to their specific needs.*

***This means that:***

- ***Carers will be given information that is appropriate to their caring role with the cared-for person. This may include information about the types of disorder, medical condition, medication, treatment and practical issues relevant to their circumstances.***
- ***Where service users are unable to consent through incapacity and there is no formal arrangements already in place to support them, NHS and Council staff will work together with the nearest relatives and consider what action may need to be taken under the Adults with Incapacity (Scotland) Act 2000.***
- *Staff at all levels of NHS Shetland and in the Council will work in partnership with a wide range of stakeholders to promote the needs of carers.*

***This means:***

- ***Working in partnership with carers themselves in line with "Partnership for Care"***
- ***Working with other agencies through the Community Planning Board and the Community Health Partnership on planning for the future.***
- ***Working jointly with carers and others on health improvement and well-being.***

## Roles and Responsibilities

### Lead Officer

The Lead Officer for NHS Shetland with responsibility for the effective development and implementation of the Carer Information Strategy is the Director of Clinical Services (DCS). The DCS reports directly to the Chief Executive and sits on the Senior Management Team.

### Patient Focus and Public Involvement Initiative

The Lead Officer for the Patient Focus and Public Involvement Initiative locally is the Assistant Director of Nursing (Community), reporting to the Director of Nursing, Midwifery and Allied Health Professionals who is the executive lead for Patient experience for NHS Shetland and sits on the senior management team and NHS Shetland Health Board.

Through the PFPI, PPF and Carers' Link Group, carers will be invited to take part in focus group activities on a range of topics and contribute to reviews of policies and procedures including:

- Admissions and Discharge Protocol
- Complaints procedures
- Information availability / accessibility
- Sign posting
- Key workers / named nurse role in providing information and advice

### Carer Identification Officers

The post holders identified below will be responsible within their area of work for the promotion of information to carers and for carer identification.

Area	Responsible Officer
GP Practices	Service Manager Primary Care
Community Nursing Teams	Assistant Director of Nursing (Community)
Gilbert Bain Hospital	Assistant Director of Nursing (Hospitals)
Hospital and Community Pharmacy	Director of Pharmacy
Community Mental Health Team	Service Manager - Mental Health
Children & Young People's Mental Health Team	Children & Young People's CPN
Occupational Therapy Service	Service Manager -Occupational Therapy
Physiotherapy Services	Service Manager - Physiotherapy
Speech and language therapy	Service Manager – Speech and Language
Podiatry Department	Service Manager - Podiatry
Orthotics Department	Service Manager - Orthotics
Radiography Department	Service Manager - Radiography
Community Health and Care Partnership	Head of Community Care
Dental Services	Health Promotion Specialist with responsibility for Oral Care for Older People and Carers

## ***Human Resources Managers***

The Director of Human Resources for NHS Shetland and the Human Resources Manager for the Council will be responsible for the development and promotion of carer-friendly employment policies. These will be in addition to and complement existing family friendly policies.

## ***Training Managers***

Induction programmes will be reviewed regularly as part of the implementation of the Joint Carer Information Strategy to ensure all staff are aware of the need to identify carers at an early stage. Carers' issues will be key topics in training on With Y☺U, For Y☺U and GIRFEC (Getting it right for every child).

## ***Line Managers/Supervisors***

All staff with supervisory responsibilities will be aware of and responsive to the needs of employees who are carers. Employees should have the opportunity to discuss any issues they have in their roles as carers confidentially in supervision or with the staff welfare officer/personnel section. The Council and NHS operate flexible carer and family friendly employment policies.

## ***All Staff***

Every member of staff, through organisational induction programmes will be made aware of carers' rights and issues and be able to provide information/signposting to services.

## **Carer Identification & Assessment Process**

### ***Information Sharing***

There is an Information Sharing Protocol jointly agreed by the Council and NHS Shetland. The protocol underpins With Y☺U, For Y☺U, GIRFEC and all joint working across agencies.

Information is shared on a case-by-case basis subject to the agreement of the customer that information about them can be shared. Shetland's Data Sharing Partnership is working to ensure that we have robust systems in place for sharing and not sharing where consent is withheld.

Aggregated Information is shared and published by the Council and NHS Shetland to inform planning processes.

There is a procedure and forms in place to collect carers' contact details through primary care and social care services. The information is used to create a mailing list held by the Community Health Partnership.

## **Hospital Admission**

Information on carers' issues is included in the booklets given to patients, relatives and carers when someone is admitted to hospital. Carers are routinely identified on admission so that they can be involved in discussions regarding the care and treatment of the cared for person and advised of their rights as carers. Carers are an integral part of the care planning process and work with staff to facilitate early discharge from hospital.

## **Hospital Discharge**

Hospital Staff and the Health Service Liaison Social Worker have a key role in ensuring effective carer identification and carers assessment where appropriate prior to discharge.

All staff work together to ensure carers' issues are taken into account fully during discharge planning. They ensure that specific information is made available to carers in a format that is accessible to them and relevant to their particular circumstances, including signposting other resources which may be useful.

## **Partnership Working**

Full details regarding partnership working Shetlands Community Health Partnership (CHP) are set out in Shetlands Community Health and Care Partnership Agreement 2011-14

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

## **Carers' Link Group**

This group is facilitated by Voluntary Action Shetland (VAS). It is carer led and brings together representatives from the Council, NHS Shetland and the voluntary sector. The group monitors progress against the objectives of the Joint Carer Information Strategy advising the NHS Board via the CHP.

## **Integrated Children and Young People Services Planning Group**

This group draws together a wide range of professionals from the statutory and voluntary sector. A dedicated sub-group has developed a Young Carers' Strategy and promotes the identification of and provision of information and resources to support young carers through all staff who come into contact with children and young people including health professionals, teachers, youth workers, social workers.

The ICYPSPG links into the CHP and the Integrated Young Peoples and Children's Service Plan draws together all aspects of planning young people and children and services including the needs of young carers.



## Voluntary Sector

Voluntary Action Shetland has established and continues to support three local carers groups, which meet regularly to discuss issues affecting carers. Two new carers support groups are in the early developmental stages. On invitation, representatives from statutory bodies attend the support groups to provide information and advice and to listen to the concerns of carers.

## Information, Advice and Support Services

### *Current Service Provision*

The Council, NHS Shetland and VAS routinely produce a wide range of information on the services available from the statutory agencies and voluntary sector organisations. Information is made available in different formats on request e.g. different languages, easy read, large print. Local interpreters are available for most European languages.

**Signposting** – All staff are increasingly encouraged to operate as individual one-stop-shops, signposting people to the services they need and supporting them to access services. This approach is being promoted through the work of the Local Service Delivery Groups and the evolving PPF network. With Y☺U, For Y☺U embodies this approach in its process.

**Booklets / Fact sheets** – NHS Shetland provide booklets / fact sheets on specific conditions, illnesses and treatments. These include advice to all patients and their carers on discharge from hospital.

**Leaflets** – are available on all community care service provision in different languages and Braille or audio on request, including leaflets for carers or young carers giving information on the right to an assessment and a range of useful contacts.

**Websites** – the Council, NHS Shetland and VAS websites provide up to date information on all services and contact information. Further work is needed to develop interactive sessions and use the internet to consult carers and the public.



SIC: [www.shetland.gov.uk](http://www.shetland.gov.uk)

NHS: [www.shetlandhealthboard.org](http://www.shetlandhealthboard.org)

VAS: <http://www.shetland-communities.org.uk/subsites/scg>

**Carers Assessment** – Carers who provide a “substantial amount of care on a regular basis” are entitled to an assessment of their needs as a carer in their own right. A key part of the With Y☺U, For Y☺U (WYFY) process is to offer 100% of carers an assessment and this is monitored by the WYFY Partnership. Training on carers assessment is an integral part of multi disciplinary training which is available to a wide range of professionals in the NHS, the Council and Voluntary Sector. Access to Carers Assessments: If you would like to find out more about carers assessments or would like to ask for one on behalf of yourself or someone else then please contact your local care centre or health centre. If you live in Lerwick, then you can contact any care centre and there will be staff there who will be trained to help you.

*“.....a break away now and then would benefit me more than anything.”*

*Sick, Tired and Caring, January 2011*

**Voluntary Sector Organisations** – the Council and NHS Shetland work in partnership with a number of organisations in the voluntary sector providing information on the services they provide and who to contact. See appendix B for a list of these organisations.

- **Shetland Islands Citizens Advice Bureau** offers free, confidential advice to any member of the public. They operate a Welfare Rights Service with funding from Shetland Charitable Trust, a With Y@U, For Y@U Customer Relations Officer and a Direct Payments Support Service commissioned by the Council.
- **Volunteer Resource Centre** - Many other local voluntary organisations provide information, advice and support to carers. In June 2005, Shetland Council of Social Services, now Voluntary Action Shetland, opened a new Volunteer Resource Centre in Lerwick bringing together many local voluntary organisations under one roof. NHS Shetland and the Council work closely with VAS to ensure that a comprehensive range of materials is available to service users and carers at the new centre. Please phone VAS on 01595 743900 for more information
- **Independent Advocacy Services** - NHS Shetland and the Council jointly commission a range of independent advocacy services. These include:
  - Generic advocacy service for all users of health and social services
  - Carers' advocacy specifically for unpaid/family carers.
  - Specialist mental health advocacy services to meet the needs for advocacy of people with a mental health disorder as defined by the Mental Health (Care & Treatment (Scotland) Act 2003.
- **Counselling Services** - Counselling services are available through each of the ten Health Centres across Shetland. Some voluntary sector organisations also provide counselling from COSCA trained counsellors. These include:
  - Community Alcohol and Drugs Services Shetland
  - Women's Aid
  - Shetland Youth Information Service (SYIS)
  - Shetland Bereavement Support Service



## Training

### For Carers

Our training plan includes courses developed specifically for carers covering a range of topics including but not limited to:

- Moving and assisting
- Benefits advice
- Stress management

- Administering medication
- Dementia
- Challenging behaviour
- Disease Specific
- Relaxation; including massage

Carers can also access funding via Voluntary Action Shetland to allow carers to attend local training events and National Carers Centres to cover reasonable travel and accommodation costs and course fees for specialist training courses in mainland Scotland on care for specific conditions. This contributes to the development of the role of “expert carers” in the community. Funding is subject to an individual assessment and identification of potential experts who are prepared to share their knowledge with other carers and staff.

### ***For Staff***

Carers’ issues are included in induction programmes for all frontline staff / practitioners and will cover carers’ potential entitlement to an assessment, identification of carers’ and diversity /equality issues. Diversity training is a key priority for all NHS staff. Carer awareness and disability awareness is being looked at together in some training programmes for NHS staff.

Multi-agency training in With Y☺U, For Y☺U is a key part of the training for carers assessment. There is a separate session in the WYFY training on carers with particular emphasis on the needs of young carers and of minority groups in the community. GIRFEC promotes the needs of young carers. Both training programmes are available to a wide range of professionals including community and hospital nursing staff, GPs, social workers, occupational therapists and physiotherapists.

Carers’ issues are considered routinely as part of the on-going revision of training programmes.

### ***For Voluntary Sector Staff and Volunteers***

Training opportunities will be made available to staff in the voluntary sector and to volunteers to support them in their work with carers.

### ***Child Protection Training***

Multi-agency procedures and training programmes are well established across Shetland and include issues relating to the needs of young carers.

## **Adult Support and Protection Training**

Multi agency procedures and training programmes are in place to support the implementation of the Adult Support and Protection (Scotland) Act 2007.

### **Short Breaks**

"A short break (also known as respite care) is a break from normal routine, designed to be of benefit both to a person with a disability, long term illness or need and to their carer (where they have one) to support their relationship. Short breaks should offer opportunities and experiences tailored to meet individual needs in a variety of settings. Short breaks can be either time apart or time together with extra support. Short breaks can vary from several hours to several weeks and be provided on a planned basis, as a holiday or in emergencies."<sup>3</sup>

Short breaks or respite care is recognised as one of the most important services in ensuring carers are able to continue effectively in their caring role.

A wide range of services are available in Shetland including:-

- **Residential short breaks for older people**
- **Residential short breaks for older people with dementia**
- **Day care for older people**
- **Day care for older people with dementia**
- **Day care for adults with learning disabilities**
- **Residential short breaks for adults with learning disabilities**
- **Residential/day care places for children and young people with learning disabilities**
- **Respite for adults with mental health problems**
- **Hospital based respite care**
- **Respite care at home**
- **Crossroads Care Attendant Scheme**
- **Absent Carers Scheme**
- **Respite care in the community for children with disabilities**

Service users and carers of children with disabilities can opt for Direct Payments to purchase short breaks in lieu of services provided or arranged by the Council. There is low take-up of Direct Payments in Shetland. Work is in progress to develop a local support scheme through Citizens Advice Bureau (CAB).

For more information on short break providers, please see the Community Health and Care Partnership Agreement 2011-14. This can be found on the Shetland Islands Council website or click/type the following link

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

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<sup>3</sup> "Promoting and Developing Short Breaks (Respite Care) Across Scotland" Shared Care Scotland

## ***Supported Employment Opportunities and Further Education***

Further education and supported employment opportunities help people with disabilities or mental health problems to achieve their full potential and provide their carers with a break.

Moving On, Cope Ltd and Eric Gray Resource Centre provide a range of employment opportunities for adults with support needs.

***Moving On*** is a Shetland based charity with over a decades experience in offering support to people with health problems, disabilities, mental health problems or any other barrier, to gain and maintain employment.

Cope Ltd aims to support adults with learning disabilities who are excluded from employment by providing opportunities for them to plan, participate in and manage their own small businesses.

The Eric Gray Resource Centre is run by the Shetland Islands Council and is a support service for adults, 16+, who have a learning disability. Eric Gray Resource Centre is committed to the principles of life long learning, aiming to provide meaningful activities and opportunities designed to promote the development of each individual's strengths and skills. The Eric Gray Resource Centre are a registered centre for the ASDAN Awards Scheme. These are nationally recognised awards designed to help individuals work at their own pace to develop relevant skills which may assist them in their daily lives.

The Council and NHS Shetland as equal opportunities employers welcome job applications from people with disabilities.

## ***Equipment and Adaptations***

Carers need access to equipment and adaptations to property to help them undertake their caring role safely.

Community and hospital based occupational therapy services work closely together to assess needs and ensure that aids and adaptations are readily available.

A Joint OT equipment store with demonstration areas is under construction and will be completed by 2012.

A one stop shop operated by Hjaltland Housing Association in partnership with the council has simplified and sped up the process of accessing grant funding for adaption's to property. The public may now refer themselves directly to the one stop shop or the housing service for a range of minor adaptations.

This will greatly improve the efficiency of OT equipment being lent out to customers.

## Funding

*".....a break away now and then would benefit me more than anything."  
Sick, Tired and Caring, January 2011*

Many of the costs incurred by the statutory agencies in providing information, advice and support services for carers are included in generic service budgets. The main sources of funding for services that include a focus on information and advice for carers that can be identified separately are indicated below.

### Funding - Carers Information Strategy Money

<b>Funding for 2011/12</b>	<b>£'000s</b>
Workforce Development	6
Carers Training: Inc attendance at national carers events	5.5
Support for Carers Groups/ Outings/Transport	5
Carers Cruise	3
Administration: Newsletters	0.8
Carers Helpline	1.2
Mental Health Road shows for Young People	6
Sessional Worker to support carers, caring for people newly diagnosed with dementia	11
<b>Total</b>	<b>38.5</b>

### Funding: Other streams

<b>Funding for 2011/12</b>	<b>£'000s</b>
Respite care at home e.g. Crossroads Care Attendant Scheme	110
Advocacy Scheme for Carers	14
Day care for older people	2,440
Residential respite for people with learning disabilities	862
Day services for people with learning disabilities	1,474
Residential / day care for children with disabilities	1,333
Supported employment opportunities	330
<b>Total</b>	<b>£6,585</b>

DRAFT

## 2011/12 Carers Information Strategy Action Plan

Task	Timescale	Lead Officer/Agency	Progress/Outcome
Review public information with carers in mind.	On-going	Carers Link group	
Increase amount of information available on websites.	On-going	VAS support worker	
Develop interactive website for carers	2011	VAS have developed a website. The Senior planning and information officer is to develop links to the Council and NHS websites.	
Develop on-line carers support network	2011/12	VAS support worker	
Review and formalise distribution processes for information on services to ensure up-to-date versions are available in all locations e.g. GP surgeries, hospital wards, Council offices, websites, voluntary sector organisations, social care settings.	2011/12	Service Manager Primary Care, with support from Primary Care Development worker	
Revise Discharge Protocols to include explicit reference to the identification of carers and their right to an assessment of need.	Reviewed annually	Director of Clinical Services, through Admissions and Discharge Group	
	Reviewed Annually	Training Managers of NHS and SIC, through Carers link group.	
Develop training programmes throughout Shetland for carers including moving & handling, benefits advice, stress management, administering medication, challenging behaviour.  Publicise training plans for carers.	Completed and reviewed annually	Training Manager, NHS Shetland and SIC Community Care Service. This should also include voluntary sector and charitable organisations, such as CLAN or MYH etc. Carers link group to work with Training managers to progress and coordinate.	

Task	Timescale	Lead Officer/Agency	Progress/Outcome
Develop training programmes for staff including specific training courses on carer identification, including WYFY and GIRFEC. Integral to this is Carers rights to an assessment and the process for accessing, this has to be built into training.	2011/2012	Training Managers, NHS Shetland and SIC Social Care Service, working with CHP projects Manager	
<ul style="list-style-type: none"> <li>Alzheimer Scotland have agreed to fund a part time support worker for help with diagnostic work in people with possible dementia. This will supported by the Mental Health Partnership.</li> <li>The carers link group are exploring possibilities of looking to fund a part time dementia advice worker to work along side the diagnostic worker. So that when a person is diagnosed the information and support worker can give information and support to the carer and client.</li> </ul>	2011/12	<i>Mental Health Team and sub group from Carers Link Group</i>	
Promote carers issues via community pharmacists <ul style="list-style-type: none"> <li>Ensure community pharmacists have a range of up-to-date information available for carers e.g. sign posting.</li> <li>Develop community pharmacists role in identifying and supporting carers.</li> </ul>	Arrangements reviewed annually	Director of Pharmacy	
Promote carers' issues for black and minority ethnic groups	2011/12	PFPI Steering Group, Carers Link group, Work with Adult Learning	
Promote carers issues across localities via local carers groups in North, West and Central and through the Local Service Delivery Groups and PPF network	On-going	Carers' Link Group	
Publicise carers' issues through events in annual national Carers Week and Carers Rights Days.	On-going	CHP Project Manager and VAS Support Worker to coordinate	

Task	Timescale	Lead Officer/Agency	Progress/Outcome
Continue to actively support carers groups	On-going	Carers link group	
Work with the mental health partnership, Voluntary Action Shetland and Statutory bodies to offer support to carers who are geographically/socially isolated or at risk of poor mental health, to ensure equality of access to support and services.	2011/12	Carers link group with Mind your Head and MHP	
Promote Carers rights to an assessment and what the process is for accessing this	On- going	CHP Projects Manager to coordinate through the Carers Link Group	
Carers Cruise	2011	VAS Support worker to coordinate	
Updating leaflets and maintenance database	2011	Primary Care Development Worker	

Progress against the Action Plan will be monitored regularly by the CHCP Management Team and reported to the CHP Committee.

## Quality Framework and Monitoring Mechanisms

*Specific targets and monitoring mechanisms for key deliverables are identified in the table below.*

### Information materials

*Review by PFPI group taking into account the following attributes:*

- *Status (formal, informal, generic, specialist etc.)*
- *Accessibility / availability*
- *Relevance*
- *Accuracy*
- *Timeliness (of availability to users / carers)*
- *Clarity (language, style, format) including arrangements for minority ethnic groups.*
- *Diversity (culturally sensitive, available in other languages)*

### Training

- *Feedback from participants ("happy" sheets)*
- *Numbers accessing training opportunities*
- *Numbers of carers from minority ethnic groups accessing training*

### Carers Identification & Assessment

- *Local Improvement Targets (LITs) for the CHP are linked to the wider Community Planning Partnership Single Outcome Agreement and is reported on through that mechanism. It includes targets for numbers of carers assessments completed and times for assessments from referral to completion and service provision. The LITs are reported to the Scottish Government and published locally.*
- *Targets include;*
- *90% of services have begun to be provided within 21 days of first point of contact;*
- *2% increase in short break opportunities year on year;*
- *Increase by 40% over the next 5 years the opportunities for supported employment for adults with disabilities and/or mental health problems including learning disabilities. This is a key priority for carers in Shetland*
- *100% of Carers' are offered an individual needs based assessment;*
- *Numbers of carers identified will be published locally by age and ethnic group.*

## **Carers Complaints**

- *Issues arising from carers' complaints will be reported to the CHCP Management Team and acted upon.*
- *Information will be published through the complaints procedures of Shetland NHS Board and/or the Shetland Islands Council as appropriate, with details of any action taken as a result.*
- *The individual carer's right to confidentiality will be respected at all times.*

## **NHS Shetland Corporate Action Plan (CAP)**

*The Board's Corporate Services Manager collates information to monitor progress against the CAP. This information is reported regularly to Board members and published in the Board's annual report. The CAP includes sections on the work of the CHP on the carers' strategies locally and links to more detailed workplans that are reported quarterly to the CHP Committee.*

## **Carers Involvement**

*The Carers Link Group has a key role in monitoring the performance of Shetland's CHP partners on implementing the Joint Carer Information Strategy and the Young Carers Strategy. Reports and concerns from the Carers' Link Group are addressed via the CHP.*

*".....a break away now and then would benefit me more than anything."  
Sick, Tired and Caring, January 2011*

## Appendix A: List of Carer Support Organisations

Advocacy Shetland TEL: 01595 74 3929	Firth & Mossbank Family Centre TEL: 01806 242890	Shetland Voluntary Nail Cutting Service TEL: 01595 860257
Age Concern TEL: 01595 880058	MS Society (Shetland Branch), Hyberbaric Chamber available TEL: 01595 741452	Shetland Hospitals and Community Friends TEL: 01595 693147
Arthritis Care UK Tel: 0141 954 7776	(Shetland) MS Therapy Group TEL: 01950 431576	Shetland Link-up TEL: 01595 693313
Association of Shetland Community Councils TEL: 01595 692447	Moving On Employment Project TEL: 01595 743926	Shetland Pre-School Play Ltd TEL: 01595 743900
Shetland Befriending Scheme TEL: 01595 743907	Red Cross TEL: 01595 695498	Shetland Stroke Support Group TEL: 01595 696201
Breast Cancer Support Group TEL: 01595 693926	Relate Shetland TEL: 01595 692719	Shetland Womens Aid TEL: 01595 692070
British Heart Foundation TEL: 01950 477492	5 Carer Support Groups throughout Shetland Tel: Jo Jack on 01595 74 3900	Shetland Youth Information Service TEL: 01595 692002
Clan Support TEL: 0800 783 7922	Shetland Autism Support TEL: 01595 880 408	Shoard TEL: 01806 566 495
C.O.P.E Ltd TEL: 01595 690 011	Shetland Childcare Partnership TEL: 01595 745401	Special Needs Action Group (SNAG) TEL: 01595 695851
Community Alcohol and Drugs Services Shetland TEL: 01595 692801	Shetland Island Citizens Advice Bureau (CAB) TEL: 01595 80 80 80	Stepping Stones Club TEL: 01595 693966
Diabetes UK Careline TEL: 0845 120 2960	Shetland Club for the Deaf and Hard of Hearing TEL: 01595 692966	The Samaritans TEL: 01595 694449
Disability Shetland TEL: 01595 74 3900	Scottish Pensioners Association TEL: 01595 693147	Shetland Patient Supporter Scheme Tel: 01595 860257
Depression Alliance Tel: 01595 696892	Shetland Bereavement Support Service TEL: 01595 743933	Voluntary Action Shetland TEL: 01595 743902
Epilepsy Shetland TEL: 07900 800992	Shetland Crossroads Care Attendant Scheme TEL: 01595 743931	WRVS TEL: 01595 743914
Mind your Head TEL: 01595 745035	Restorative Justice TEL: 01595 74 3951	Children's Rights Officer TEL: 01595 74 5073
Customer Relations Officer TEL 01595 808080	Family Mediation TEL: 01595 74 3989	

*"I lost my carer allowance when I received my state pension although I am still in my caring role. My son is my work24/7 – no holidays, no time off for sickness, no pension fund, no self worth."*

*Sick, Tired and Caring, January 2011*

## **Appendix B: Bibliography**

- *Equal Pay Act 1970*
- *Sex Discrimination Act 1975, (Amended) regulations 2003*
- *Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000*
- *Social Work (Scotland) Act 1968*
- *NHS & Community Care Act 1990*
- *Carers (Recognition and Services) Act 1995*
- *Children (Scotland) Act 1995*
- *Disability Discrimination Act 1995 (2005)*
- *Human Rights Act 1998*
- *'Caring about Carers' A National Strategy for Carers in Scotland 1999*
- *Adults with Incapacity (Scotland) Act 2000*
- *Community Care and Health (Scotland) Act 2002*
- *'Fair For All', Scottish Executive 2002*
- *Mental Health (Care & Treatment) (Scotland) Act 2003*
- *Scotland's Health White Paper "Partnership for Care" 2003*
- *New Statutory Rights for Carers: Scottish Executive Circular No. CCD2/2003*
- *Employment Equality Regulations 2003*
- *Delivering for Health 2005*
- *Getting it Right for Scotland's Children 2005*
- *Changing Lives 2006*
- *Delivering for Mental Health 2006*
- *The Work and Families Act 2006*
- *The Care 21 Report, 2006*
- *Scottish Executive NHS Carer Information Strategies, NHS Circular HDL (2006) 22, July 2006*
- *Better Health, Better Care, 2007*
- *Adult Support and Protection (Scotland) Act 2007*
- *Equality Act (Sexual Orientation) Regulations 2007*
- *Caring Together; The Carers Strategy for Scotland 2010-2015*



## REPORT

To: Services Committee

5 May 2011

From: Head of Schools

### **Reports by Her Majesty's Inspectorate of Education: Urafirth Primary School and Nursery Class and Hamnavoe Primary School**

#### **1. Introduction**

- 1.1 Urafirth Primary School and nursery class was inspected in November 2010, as a follow up to their inspection of December 2009. Hamnavoe Primary School was inspected in November 2010 as part of a national sample of primary education. Their reports were published on 21 December 2010 and 18 January 2011 respectively.
- 1.2 The purpose of this report is to give Members an opportunity to consider the quality of education provided by Urafirth Primary School and nursery class and Hamnavoe Primary School as evaluated by Her Majesty's Inspectorate of Education in the published reports.
- 1.3 A copy of the reports have been placed in the Members' Room for reference. Copies of the reports have also been sent to all relevant Members, parents, staff and Parent Council members.

#### **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. Risk**

- 3.1 As this report is for noting, there are no significant risks associated with its recommendations.

## 4. Background

- 4.1 Inspectors evaluated the quality of education at Urafirth Primary School and nursery class in December 2009. As a result of this a further visit to assess progress was planned within the year, and was conducted in November 2010.
- 4.2 Inspectors evaluated the quality of education at Hamnavoe Primary school in November 2010. They also looked at how well the school worked with other groups in the community, including parents and services which support children. They also commented on how well staff and children work together and how they go about securing improvement in the quality of education they provide.
- 4.3 Hamnavoe Primary School was given formal evaluations in five areas. Of those, four were evaluated as 'Good' and one was evaluated as 'Satisfactory'.

## 5 Proposals

- 5.1 It is proposed that Members note the following from the Follow-through report on Urafirth Primary School and nursery class:
  - 5.1.1 Inspectors found clear evidence of improvement and noted that the school now performs well overall. Improvements in performance, self-evaluation and the arrangements for meeting learning needs are now at a satisfactory or better level.
  - 5.1.2 Inspectors consider with continued strong leadership, commitment of staff and support from the authority, Urafirth Primary School is well placed to continue to improve.
- 5.2 It is proposed that Members note the particular strengths and areas for improvement identified in the report on Hamnavoe Primary School as follows:
  - 5.2.1 **Particular Strengths of Hamnavoe Primary School:**
    - Children's wider achievement and experiences in expressive arts.
    - Support provided for children who need help with their learning.
    - The leadership of the Head Teacher in promoting the school in the community and building an inclusive ethos in the school.
  - 5.2.2 **Areas for improvement in Hamnavoe Primary School:**
    - Improve the curriculum to ensure progression in learning.
    - Ensure tasks and activities are at a suitable level of difficulty to help children make suitable progress in their learning.

- Improve aspects of learning and teaching and extend opportunities for children to take more responsibility for their learning.
- Involve all staff, children and their parents more effectively in self-evaluation to increase its impact on learning.

5.3 The quality of education provided at both schools was found to be of a suitable level, and therefore inspectors will make no further visits in connection with these inspections.

## **6. Financial Implications**

6.1 There are no financial implications arising from this report. The costs of addressing any areas for improvement will be addressed through budget allocated to the Schools Service.

## **7. Policy and Delegated Authority**

7.1 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. Recommendation**

8.1 I recommend that the Services Committee note the contents of the reports by Her Majesty's Inspectors of Education on Urafirth Primary School and nursery class and Hamnavoe Primary School.

April 2011

Our Ref: HB/SM

Report No: ED-04-F





**MINUTE**

**Shetland College/Train Shetland Board of Management  
Room 4, Train Shetland, Gremista, Lerwick  
Wednesday 20 April 2011 at 2.00pm**

**Present:**

A J Hughson                                      L F Baisley  
W H Manson

**Apologies:**

L Angus                                      A Carter  
R C Nickerson                              J L B Smith

**In attendance (Officers):**

D Gray, Director  
I Peterson, Depute Director  
S Smith, Operations Manager  
L Murray, Management Accountant  
L Geddes, Committee Officer

**Chairperson**

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

**Circular**

The circular calling the meeting was held as read.

**Declarations of Interest**

There were no declarations of interest.

**Member Attendance at External Meetings**

A J Hughson	University of Highlands and Islands Reception and Apprenticeships and Training Summit 2011 – Edinburgh – 24 February 2011
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**Minute**

The minute of the meeting held on 24 February 2011 was confirmed on the motion of Mrs L Baisley, seconded by Mr A Hughson.

The Chairperson informed the Board that he intended to stand down as the Chairperson of Shetland College and Train Shetland Board of Management, and as the Chairperson of the Shetland College Lecturers' Joint Consultative Committee (JCC), following today's meetings. He went on to say that when he had initially accepted the positions they were for a four-year term, and he felt that he had now filled the commitment that he had taken on. His decision to stand down followed on from his decision not to stand for re-election to the

Council next year, and he felt that it would be better for the College for him to stand down now in order to enable some succession planning to take place.

On behalf of the Board, Mr G Robinson thanked Mr Hughson for his work during his time as Chairperson, and expressed regret at his decision to stand down.

The Board concurred.

#### 11/11 **Director's Update**

The Board noted a report by the Director (Appendix 1).

The Director summarised the main terms of the report, and the Board noted the following updates:

##### HMIE Inspection Outcomes

It was noted that following the internal moderation process, HMIE had now confirmed that there were four action points to be addressed rather than five.

The Director and the Board asked for their appreciation to be recorded for the work the staff had carried out both in preparation for, and during, the inspection process.

##### SIC Internal Audit

The Director advised that he felt this was a situation where a “one size fits all” Council policy was not appropriate for the College. Shetland College was an educational establishment and a UHI partner, and had signed an academic agreement in relation to academic freedom. It was proving difficult to balance this with SIC policy, and work was being undertaken with Council officers to address this situation of balancing academic freedom with meeting the principles of the SIC IT Security Policy.

He went on to say that both the Shetland Library and Orkney College had faced a similar problem. A possible solution had been suggested whereby staff and students would be ‘defaulted’, and an exception list would be compiled of those who would be exempt from the Policy. This would mean a lot of work for staff, but it was achievable, and it would initially be trialled at the NAFC Marine Centre.

##### Phase 3 Update

The Director advised that Phase 3 would now be delayed by a further 6-8 weeks. This was due to a problem that had arisen whereby the new build was required to comply with BREEAM regulations (relating to energy efficiency, environmental factors etc), which applied to new public buildings. The Capital Programme Team had had to bring in a consultant to assist them with this, and there would be an additional cost.

The Chairperson expressed his disappointment that the Capital Programme Team had not discovered this earlier, as delays to the project could have been avoided.

It was suggested a letter be issued to the Capital Programme Team on behalf of the Board to express disappointment that this situation had arisen, and the Board agreed.

In response to a query, the Director said that he anticipated that the additional costs would be in the region of £20,000. He went on to say that there were some other challenges that would have to be overcome. Firstly Scottish Water had confirmed that the drains which currently run down the middle of the road will have to be redesigned, at additional cost, to go around the buildings instead. The Capital Project Team was also expressing concern whether there would be enough money available to complete the project. The indicative costs given at the planning stage had been in relation to office space only, and did not include costs for the specialist equipment that would be required.

The Chairperson said that he had raised these issues with the Chief Executive, and had received an indication that the Council would do its best to assist.

#### Shetland College Stress Audit

The Director said that it was important for the Board to be aware of the outcomes and actions, as the Board was accountable. There were a number of proposed solutions to reduce stress, and the Senior Team was currently looking at these. It was proposed to form a short-term working group to take things forward. The number of issues raised had been classed as 'significant', but none of the issues had been classed as particularly serious.

#### Ministerial Letter

The Director referred to the response to the letter, appended to the report, and said that it had been felt that it was not possible to make a firm commitment in the current financial climate. However it was good management practice to always look at alternatives first, and consider compulsory redundancy only as a last resort.

Some discussion took place as to whether compulsory redundancies would be in line with SIC policy, and it was suggested that it would be worthwhile to check what the current situation was.

The Director then went on to refer to the College's financial situation, particularly that the College was delivering over its SUMS targets, and carrying out work for which it was receiving no payment. For example, the College delivered the 'Skills for Work' programme for S3/4 pupils. If the College were able to draw down SUMS for this, it would be worth in the region of £100,000. The NAFC Marine Centre received funding from the Education Service for this programme, but

the College did not. The Education Service had advised that they did not have any funding available to pay for this programme, and it may end up being necessary to cut it.

Whilst acknowledging the constraints on the Education Service's budget, the Board agreed that this was something that would need to be discussed further with the Education Service. It was felt that the Skills for Work Programme was an important part in delivering the Curriculum for Excellence, but it was noted that the College also faced a significant deficit.

On behalf of the Board, the Director undertook to raise this issue with the Executive Director – Education and Social Care.

12/11 **Student Enrolments – 25 March 2011**

The Board noted a report by the Director (Appendix 2).

The Depute Director summarised the main terms of the report, advising that this year's trends were similar to last year. The SUMS target was exceeded by 677, and this would increase even more by summer.

In response to a query, she confirmed it would be possible to provide statistics on student retention and attainment outcomes, and that this was currently available for 2009/10.

13/11 **Shetland College Term Dates 2011/12**

The Board considered a report by the Director (Appendix 3) and approved the recommendation contained therein on the motion of Mr G Robinson, seconded by Mrs L Baisley.

14/11 **Shetland College Strategic Plan 2011-2016**

The Board considered a report by the Director (Appendix 4).

The Chairperson said that he would have liked more Board Members in attendance before approving the Plan so that it could be discussed in more detail. He questioned if it would be possible to defer consideration of the report until a later date.

The Director advised that there was a need for the Section Heads and Team to have the Plan agreed so that they could commence work on the operational plans.

The Board Members present agreed that whilst they felt the Plan would merit further discussion, they did not have any major changes they wished to make. Therefore the Board agreed, on the motion of Mr W Manson, seconded by Mrs L Baisley, to release the Plan in order that work could begin on the operational plans, but that Board Members revisit the Plan in greater detail at an 'away day' or similar, to be arranged.

15/11 **Risk Registers for Shetland College and Blyde Haven Nursery**

The Board considered a report by the Director (Appendix 5).

The Operations Manager summarised the main terms of the report, advising that the Risk Registers were produced using the Council's template. In response to a query, she confirmed that it would be possible to issue coloured copies in future as this helped highlight the various risk ratings.

On the motion of Mr W Manson, seconded by Mr A Hughson, the Board approved the recommendation in the report.

The Chairperson concluded the meeting by thanking fellow Board Members and College staff for their help and support over his period as Chairperson.

The meeting concluded at 3.20pm.

.....  
A J Hughson  
CHAIRPERSON