Agenda Item

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Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Care Inspectorate and Healthcare Improvement Scotland Joint Inspection of health and social work services for older people in Shetland
Reference Number:	CC-02-16 F
Author / Job Title:	Stephen Morgan / Executive Manager – Adult Social Work

Decisions / Action required:

That the IJB discuss the content of the action plan and agree that actions are being progressed in a suitable timescale. Agree that a further update on the action plan is presented to the IJB in six months time from the date of this meeting

High Level Summary:

This report presents the Care Inspectorate and Healthcare Improvement Scotland's inspection report for health and social work services for older people in Shetland. It also presents an outline action plan which addresses the recommendations from the inspectors.

Corporate Priorities and Joint Working:

Shetland Single Outcome Agreement 2013: We have supported people to achieve their full potential at all life stages – from birth and early years through working lives to old age.

Community Health and Social Care Directorate Plan has the following relevant priorities:

- Developing person-centred services, with personalisation driving the shape of all public services and a strong focus on developing a person centred approach to care and care planning.
- Implementing changes to services and our workforce to support the delivery of safe, efficient, sustainable services.

Key Issues:

Health and Social Care services for older people in Shetland are generally of a good standard and help to improve outcomes.

Staff are generally well motivated and committed to providing the best possible support to people.

Improvements are required in relation to delayed discharges.

Implications :	
Service Users, Patients and Communities:	The inspectors involved service users and their carers throughout the inspection process. Feedback from both service users and their carers was generally positive.
Human Resources and Organisational Development:	The action plan is wide reaching and we will seek advice and support from Human Resources and Organisational Development as required.
Equality, Diversity and Human Rights:	The Council and Health Board are required to make sure that systems are monitored and assessed for any implications in this regard. Shetland's Joint Strategic (Commissioning) Plan supports and promotes equalities, health and human rights.
Legal:	Failure to address the issues identified by the inspection could lead to enforcement action being taken against the services
Finance:	Any costs associated with the development and maintenance of the Action Plan will be met from within existing budgets of the Integration Joint Board.
Assets and Property:	There are no implications for major assets and property.
Environmental:	There are no environmental issues arising from this report.
Risk Management:	Any risks to the Council and Health Board arising from this inspection have been acknowledged and arrangements put in place to mitigate the risks.

Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015. The IJB has the authority to consider the outcomes of audits in respect of the services for which it has the responsibility for oversight.
Previously considered by:	This report has not been presented to any other formal meeting, however a summary of the inspection report and draft outline inspection plan was presented to the Shetland Partnership.

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2015
Report Title:	Care Inspectorate and Healthcare Improvement Scotland Joint Inspection of health and social work services for older people in Shetland
Reference Number:	CC-02-16 F
Author / Job Title:	Stephen Morgan / Executive Manager, Adult Social Work

1. Introduction

1.1 The purpose of this report is to present the inspection report from the Care Inspectorate and Healthcare Improvement Scotland, in relation to health and social work services to older people in Shetland. An action plan is also presented in response to the recommendations from the inspectors.

2. Background

2.1 Between January and March 2015, the Care Inspectorate and Healthcare Improvement Scotland undertook a joint inspection of health and social work services for older people in Shetland.

Prior to the inspection in Shetland the Care Inspectorate and Healthcare Improvement Scotland had only carried out two pilot inspections of this type in Scotland.

2.2 The inspection followed three phases:

2.2.1 **First phase – preparation and analysis of information**
The inspection team collated and analysed information requested from the health and social care partnership and any other information sourced by the inspection team before the inspection period started.

2.2.2 **Second phase – file reading, scrutiny sessions and staff survey**
The inspection team ordinarily looked at a random sample of social work and health records, usually around 100 but given our numbers this was 52 cases due to the qualifying criteria. Some cases were followed up with individuals and teams involved in their care. Scrutiny sessions were held which consisted of focus groups and interviews

with individuals, managers and staff to talk about partnership working. An anonymous staff survey was also carried out.

2.2.3 **Third phase – reporting and follow up**
The inspection team published a local inspection report, which is attached as a hyperlink below. This includes gradings against the quality indicators, examples of good practice and recommendations for improvement.

2.3 Below is a summary of the inspection report report:

2.3.1 Services were evaluated on how well we are improving the lives of older people using nine quality indicators. During the process, inspectors analysed a sample of files and spoke to older people, unpaid carers and a range of staff and managers. Inspectors also analysed policy, strategic and operational information.

The evaluations for the nine quality indicators are summarised below:

Improving the well-being of older people	Good
Getting help at the right time	Good
Impact on staff	Good
Impact on the community	Adequate
Delivery of Key processes	Adequate
Policy development and plans to support improvement in service	Adequate
Management and support of staff	Good
Partnership working	Adequate
Leadership and direction	Adequate

We are very pleased that some of the good work in Shetland has been recognised.

2.3.2 **Outcomes for older people and their carers**
Inspectors judged that personal outcomes for older people were good and that this had a positive effect on their lives, including helping them to remain independent and in some instances to self-manage their conditions where appropriate. They commented that it was clear that staff were in the habit of talking to older people about their wishes and choices as well as their needs.

The Inspectors found that services for older people were strong and that performance was better than the national average. Although outcomes for older people are good, we do have work to do in some areas on how we measure these. We could also do more in collecting benchmarking data to compare how we are performing against other partnerships in Scotland.

2.3.3 **What did older people and their carers think?**
We are pleased that older people and their carers were generally happy with the services provided to them and that they believe that these contributed to better health and wellbeing. Inspectors also pointed out the important contribution that care centres and the voluntary sector make to supporting older people.

2.3.4 **Staff**

Inspectors found that staff were generally very well motivated and committed to their work. There was good evidence of multi-agency team working, communication and a commitment to providing the highest possible standards of care to older people and their carers. Recruitment difficulties across health and social care were acknowledged. The Inspectors also noted that Council restructuring and efficiency programmes had impacted on the moral of some staff groups. They made no recommendations in this regard as they acknowledged the work we have completed so far and continue to work.

Staff were also generally positive about the support and supervision they received from managers and the training opportunities available to them.

2.3.5 **Involving the local community**

Inspectors found that a strong sense of community spirit existed within localities and that a good range of services is available. They found commitment to building community capacity using a co-production approach at locality level but there was less evidence from a strategic perspective.

2.3.6 **Getting a service and keeping safe**

Most older people requiring support received it quickly. There were some examples of access to care at home and residential placements not being immediately available.

Most of the findings from the review of records on assessing need, involving older people and providing support were very positive. The work we have started on carers' assessments needs to continue and some improvement is required in risk assessments and risk management plans.

Self-directed support is well embedded with enthusiastic staff now driving this forward but better use needs to be made of advocacy services.

2.3.7 **Plans and policies**

Inspectors were positive about our plans and how they now link together but noted that appropriate staff resources should be invested in strategic planning.

2.3.8 **Working together**

Community health and social care services were aligned in advance of integration. The draft integration scheme was approved by the Scottish Government soon after the inspection and health and social work services are well placed to move forward into a new and operational health and social care partnership.

As elsewhere in Scotland, sharing of information and, in particular, personal data across separate IT systems continues to be a challenge.

2.3.9 **Leadership**

The inspectors recognised that following the 2011 Organisational and management restructuring which had impacted adversely on Leadership activity in the Council's Community Care Service, over the twelve months before the inspection there had been improvement. This was evidenced to them by a number of service reviews and improvements including Dementia, Mental Health Services and the social work assessment and care management process.

Inspectors found that the Community Health and Social Care management were functioning well as an integrated team.

2.3.10 **Capacity for improvement**

We are pleased that the inspectors recognised that the partnership was delivering positive outcomes for many older people. They saw a positive approach to the development of self-directed support and the discharge of older people from hospital was better than the national average, but there were some issues in relation to a small number of older people requiring care home placements. They considered that staff are well motivated and supported and work well at the front line, but the development of integrated teams requires more work. Inspectors identified a greater level of service improvement and staff confidence in the visibility and leadership of senior managers.

This puts the partnership in a strong position to look for opportunities arising from integration to develop capacity to take forward the further improvement of services.

2.4 In response to the inspection reports and the recommendations an action plan has been developed and is attached as Appendix 1. This action plan is still being discussed between Community Health and Social Care and the Care Inspectorate. It was hoped these discussions would have been completed prior to this meeting but this has not been possible due to a number of factors outwith our control.

Recommendations

3.1 **It is recommended that the IJB:**

3.1.1 Discuss the content of the action plan and agree that actions are being progressed in a suitable timescale

3.1.2 Agree that a further update on the action plan is presented to the IJB in six months time from the date of this meeting

4. Conclusions

4.1 This is the first inspection of its kind in Shetland and the findings are largely positive with some areas for improvement. We have already made significant progress in some areas, including delayed discharges, and have plans in place to address other areas for improvement.

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11 January 2016

Appendices
Appendix 1 – Action Plan

Background Document
Full Inspection Report
http://www.careinspectorate.com/images/documents/2799/Joint%20inspection%20of%20services%20for%20older%20people%20in%20Shetland%20November%202015.pdf

Appendix 1 – Action Plan

	Recommendation	Group/Individual responsible for action	Timescale	Desired outcome	Progress
1	The Shetland Partnership should take action to reduce the number of Code 9 delayed discharges from hospital. In doing so, it should ensure that it is adopting an approach which is consistent with the Scottish Government guidance on choice.	Community Health and Social Care Operational Management Team (CHSCOMT)	November 2015	Reduced numbers of older people delayed in hospital. Those who are delayed will be delayed for shorter periods of time	The number of people who are delayed in hospital has reduced since April 2015. The amount of time people are delayed has also reduced.
2	The Shetland [Community Health and Social Care] Partnership should develop its strategic approach to community capacity building and co-production and should ensure that a partnership structure is in place which effectively supports locality planning and service delivery.	Director Community Health and Social Care	April 2016	Improved involvement of older people and stakeholders, particularly the third sector in developing services.	The Engagement and Participation strategy for integrated services has been approved by the IJB. The ongoing work includes an important strand which is supporting capacity building for locality planning and engagement in decisions about services.

	Recommendation	Group/Individual responsible for action	Timescale	Desired outcome	Progress
3	The Shetland Partnership should ensure that pathways for accessing services are clear and that eligibility criteria are confirmed and applied consistently across services. The pathways should be based on a whole systems approach and be built around multi-agency working.	Director Community Health and Social Care	Staged approach which is underway and will be completed by July 2016	Revised With You for You Pathway, which ensures those assessed as requiring support receive this timely and consistently across all service areas.	The With You For You Pathway has been developed and consulted on. Multi agency roles and responsibilities are clearly defined in the pathway and in new referral, assessment and review tools and the associated guidance. The implementation of the tools is being done on a staged basis concentrating on areas of priority.
4	The Chief Officers Group for public protection and the Adult Protection Committee should review the adult protection committee's business plan to ensure that it includes a focus on reviewing the key processes and procedures covering adult support and protection findings from internal and external reports.	Convenor Adult Protection Committee	January 2016	Any learning activity is concluded with evidence of implementation.	The Quality Assurance Committee of Adult Protection Committee will take a lead on improving the business plan to ensure that any learning is properly disseminated and reported on.
	The Chief Officers Group and the Adult Protection Committee should take action to ensure that risk assessments and risk management plans are	Executive Manager Adult Social Work	January 2016	Those who require support and protection will have a risk assessment and where required a risk	In August 2015, training on risk assessment and risk management was provided to all social workers in the Adult Social Work Team.

	completed where required.			management plan.	A risk Assessment tool and risk management pro forma is being developed by senior social workers and the Lead Officer for APC. The Understanding You assessment tool now has robust prompts for identifying all types of risk and for highlighting when a specific risk assessment is required. The associated guidance assists staff to follow such prompts.
5	The Shetland Partnership should review its arrangements for strategic planning to ensure that this activity is adequately resourced.	Director Community Health and Social Care	December 2015	Management structure includes enough capacity for strategic planning.	Work is underway to review capacity to drive forward strategic planning at locality level, both at a corporate level and service level.
6	The Shetland Partnership should ensure that improvement action plans are developed to implement recommendations when self-evaluation activity is completed in order to ensure learning is translated into improved practice and performance.	Director Community Health and Social Care	December 2016	A systematic and comprehensive approach to quality assurance across the partnership.	Quality assurance practice and procedure has improved in a number of areas but more work is required to meet what is required.
7	The Shetland Partnership should complete its strategy for older people so that it can	Health Improvement Team Manager	September 2015	Strategy in place.	The strategy was approved by Council and the Health Board in October 2015.

	provide a strong basis and a shared vision for the strategic plan for health and social care integration.				
8	The Shetland Partnership should take decisive action to address the problems which are adversely impacting on effective multi-agency discharge planning for older people in hospital.	Community Health and Social Care Operational Management Team (CHSCOMT)	April 2015	Improved communication between groups of staff.	In April 2015, specific social work and administrative support was committed to hospital liaison and intake work. This has helped have more social work presence in the hospital, which in turn has helped to improve communication with acute and community based staff. Assessments and care management are now happening in a timelier manner. Two social work assistants have been seconded to the social work team, utilising existing staff from Lerwick Central Care at Home. This has helped with assessment times and care coordination. The intermediate Care Team have also assisted in providing enablement support to a number of people to help facilitate discharge from hospital.

				A multi agency workshop has been held to help identify further areas for improvement and to continue the positive work to date.
9 The Shetland Partnership should take action to review and improve its partnership working arrangements. This should include both external and internal partners and in particular the Third Sector partners.	Director Community Health and Social Care	March 2016	Clear strategic commissioning plan for all services for older people. Clear Contractual arrangements for services commissioned in the third sector.	The development of a Strategic Commissioning Plan for 2016-2019 will include all partners and will create a clear set of objectives for the Shetland Partnership that includes the third sector.
10 The Shetland Partnership should develop an overarching plan which identifies its priorities for self-evaluation and improvement activity for the next 3 years. This should include a specific plan for how it can improve whole systems approaches and working for older people.	Community Health and Social Care Operational Management Team CHSCOMT	January 2016	A programme of self evaluation to inform quality assurance work that will deliver improvement in outcomes for older people.	Work is underway to focus on delivery of services at a locality level. Risks and benefits will need to be incorporated into the evaluation and improvement activity for the next 3 years.

Agenda Item

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Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Equality Outcomes & Mainstreaming Report
Reference Number:	CC-14-16 F
Author / Job Title:	Anna Sutherland / Emilie Gray Partnership Officer / Senior HR Advisor

Decisions / Action required:

To approve the Shetland Integration Joint Board Equalities Mainstreaming Report and Equality Outcomes 2016-7

High Level Summary:

Integration Joint Boards are now subject to the specific duties detailed in the Equality Act. This means that the Board is required to publish a set of Equality Outcomes, Equal Pay Statement and a Mainstreaming Report by 30 April 2016. The accompanying report sets out the Board's Outcomes, Equal Pay Statement and Mainstreaming Report for 2016-7.

Corporate Priorities and Joint Working:

Currently the SIC and NHS Shetland publish a joint set of outcomes and mainstreaming report and it is proposed to include the Integration Joint Board into the existing reporting arrangements. The outcomes identified by the SIC and NHS Shetland reflect the organisations' corporate priorities and the priorities in Shetland's Single Outcome Agreement.

Key Issues:

To approve the Integration Joint Board Equalities Mainstreaming Report and Equality Outcomes 2016-7.

To approve the Integration Joint Board becoming part of existing reporting mechanisms for Shetland's Equality Outcomes, Mainstreaming Report and Equal Pay Statement from 2017.

To note the duty placed on the Integration Joint Board to impact assess and review its policies and practices.

To electronically publish the Integration Joint Board's Equality Outcomes and Mainstreaming Report.

Implications :	
Service Users, Patients and Communities:	The Equality Outcomes will help to ensure that everyone is able to access services.
Human Resources and Organisational Development:	The Equality Outcomes will help to ensure that all members of staff are treated equally and that our workforce policies support equality and diversity.
Equality, Diversity and Human Rights:	The Equality Outcomes set out the framework for the Board's equality, diversity and human rights work.
Legal:	The report ensures compliance with the Equality Act 2010.
Finance:	The work to achieve the Equality Outcomes should be carried out within existing resources.
Assets and Property:	None
Environmental:	None
Risk Management:	None

Policy and Delegated Authority:	Within NHS Shetland, accountability for compliance with the Equality Act sits within the remit of Staff Governance. Within the SIC this is Community Planning & Development. This is yet to be determined for the IJB, but for the purpose of this paper sits directly with the IJB.	
Previously considered by:	N/A	

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Equality Outcomes
Reference Number:	CC-14-16 F
Author / Job Title:	Anna Sutherland / Emilie Gray Partnership Officer / Senior HR Advisor

1. Introduction

1.1 The Scottish Government added Integration Joint Boards (IJB) to the list of public bodies for the purposes of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) Regulations 2012, in April 2015 and so all IJBs are subject to the duties detailed below.

2. Background

2.1 **The purpose of the public sector equality duty**
The purpose of the public sector equality duty is to ensure that public authorities consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- Take effective action on equality
- Make the right decisions, first time around
- Develop better policies and practices, based on evidence
- Be more transparent, accessible and accountable
- Deliver improved outcomes for all.

2.2 **The General Equality Duty**
We refer to the public sector equality duty as set out in the Equality Act 2010 as the 'general equality duty.' The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

2.3 **The Specific Duties**

The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. Each Integration Joint Board is required to:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Publish statements on equal pay
- Publish in a manner that is accessible

3. Local Arrangements

3.1 Locally a number of public sector organisations are already subject to the duties and a single set of outcomes and mainstreaming report for Shetland was produced in 2013, updated in 2015.

It is proposed to add the IJB to this but, in order to meet the duties, it is important to demonstrate how the IJB specifically are working towards meeting the outcomes as opposed to work being carried out by Shetland Islands Council (SIC) and NHS Shetland (NHSS). The outcome and mainstreaming reports are available at http://www.shetland.gov.uk/communityplanning/equality_and_diversity.asp

3.2 **Equality Impact Assessments**

Integration Joint Boards are required to assess the impact on equality groups of their policies and practices, including their Strategic Plan. Locally, both the SIC and NHS already do this and either template can be adopted by the Integration Joint Board.

4. Conclusions

The IJB is asked to:

1. Note the duties that the Integration Joint Board is now subject to, following the inclusion of Integration Joint Boards into the Equality Act 2010.

2. Approve the Integration Joint Board Equality Outcomes and Mainstreaming Report 2016-7 (see Appendix 1)

3. Approve the proposed arrangements for ensuring IJB is compliant from 2017.

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14th January 2016

Appendices

Appendix 1 - Shetland Integration Joint Board Equalities Mainstreaming Report and Equality Outcomes 2016 - 2017

Background Documents:

Shetland's Equality Outcomes Progress & Mainstreaming Report:
http://www.shetland.gov.uk/communityplanning/equality_and_diversity.asp

Shetland Integration Joint Board Equalities Mainstreaming Report and Equality Outcomes 2016 - 2017

April 2016

Date:	**April 2016**
Version number:	**1**
Authors:	**Emilie Gray, Senior HR Advisor**
	Anna Sutherland, Policy Officer (Equality)
Review Date:	**April 2017**

If you would like this document in an alternative language or format, please contact NHS Shetland Corporate Services on 01595 743069.

DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	IJB Equalities Mainstreaming Report and Equality Outcomes	
Registration Reference Number	HRPOL11A	**New** ✓ **Review** ☐
Authors	Emilie Gray, Senior HR Advisor & Anna Sutherland, Policy Officer (Equality)	
Executive Lead (NHS)	Simon Bokor-Ingram – Director Community Health & Social Care	

Proposed groups to present document to:	
Diversity Network	
Integration Joint Board	

Date	**Version**	**Group**	**Reason**	**Outcome**
29/02/216	1	Integration Joint Board	C/S & Approval	

Examples of reasons for presenting to the group	**Examples of outcomes following meeting**
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)

*To be attached to the document under development/review and presented to the group

Please record details of any changes made to the document on the back of this form

DATE	CHANGES MADE TO DOCUMENT

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1. Introduction

1.1 Equality

The Equality and Human Rights Commission's 2010 Triennial Review, 'How Fair is Britain' notes that: "In simple terms, Britain has become a fairer place. However, the evidence shows clearly that whatever progress has been made for some groups in some places, the outcomes for many people are not shifting as far or as fast as they should."

The Christie report on the future of public services in Scotland recognises that equality is a key consideration in public sector reform, and this is in line with the Scottish Government's national outcome of reducing significant inequalities. The Equality Outcomes and Mainstreaming Reports offer the Integration Joint Board (IJB) an opportunity to present a detailed overview of its work on equality, focusing on compliance, accountability and reducing significant inequalities.

The IJB is aware that there is broad support locally for advancing equality and fairness. To provide context for this the IJB has set out their overall commitment to equality by adopting The Integration Joint Board's joint Equality Statement 2013-2017 below.

1.2 Health and Social Care Integration

Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people. The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on April 1, 2014. The legislation meant changes to the law which required NHS Health Boards and Local Authorities to integrate their services resulting in more joined-up, seamless health and social care provision that will improve people's lives.

On 2nd July 2014, Shetland Islands Council and the Board of NHS Shetland took the decision that the Model for integration of health and social care services in Shetland would be the Body Corporate, known **as** an Integration Joint Board. Under the Body Corporate model, the Health Board and Local Authority delegate the responsibility, for planning and resourcing service provision of adult health and social care services to an Integration Joint Board (IJB). The IJB has since been formally constituted, confirmed the full membership and approved their Standing Orders, Scheme of Administration, Financial Regulations, Risk Management Strategy, Participation and Engagement Strategy, an Audit Committee and Clinical and Care Governance Arrangements.

2. Equality Statement

The IJB is committed to fulfilling the three key elements of the general equality duty as defined in the Equality Act 2010:-

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and those who do not

The protected characteristics are –

- age
- disability (including physical impairment, learning disabilities, mental health issues and long-term conditions)
- gender reassignment,
- pregnancy and maternity
- race, this includes ethnicity, colour and national origin
- religion or belief
- sex
- sexual orientation
- marriage/civil partnership (for which only the first duty applies)

Everyone has ‘protected characteristics’, but it is the treatment individuals and groups receive, the level of autonomy they have, and the positive or negative outcomes for them, that are its focus. Therefore the Integration Joint Board will:

- Remove or minimise disadvantages experienced by people due to their protected characteristics
- Meet the needs of people from protected groups where these are different from the needs of other people
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

As well as being legal requirements, these steps contribute to fairer, more efficient and more effective services. Therefore the Integration Joint Board will:-

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be transparent, accessible and accountable
- deliver improved outcomes for all.

A separate Equal Pay Statement is included at Appendix 2, as required by legislation, although the IJB do not have any employees and therefore do not have any remuneration policies as such.

3. The Legal Context

The public sector equality duty, referred to as the 'general equality duty,' is set out in the Equality Act 2010. Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities are also covered by specific duties, which are designed to help public authorities meet the general equality duty. The Scottish Government added Integration Joint Boards to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) Regulations 2012, in April 2015 and so all IJBs are subject to the duties both the general and specific equality duties detailed below.

3.1 The Equality Act 2010 and the General Equality Duty

The Act brings together the areas of race, disability, sex, sexual orientation, religion and belief, age and gender reassignment in one legislative entity.

At the same time the Act clarifies the approach that should be taken on issues around ensuring fair treatment with regards to marriage/civil partnership and pregnancy and maternity. The IJB in the exercise of their functions must;-

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, by tackling prejudice and promoting understanding

(Only the first duty applies in the case of marriage/civil partnership.) These are the three fundamental elements of the general duty.

3.2 The Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively.

The key legal duties are that The IJB must;-

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

4. Building on Existing Work

The IJB is committed to promoting equalities and have committed to embedding equalities in their service delivery.

Locally a number of public sector organisations are already subject to the duties and a single set of outcomes and mainstreaming report for Shetland was produced in 2013, updated in 2015. A number of the agreed outcomes include work in the remit of the Integration Joint Board. It has been agreed to include the IJB in this work going forward, whilst recognizing the importance of demonstrating how the IJB specifically is working towards meeting the outcomes.

5. Why Mainstreaming Equality is Important

Mainstreaming equality simply means integrating equality into the day-to-day working of The Integration Joint Board. This means taking equality into account in the way The IJB go about their business when planning and providing services.

Mainstreaming equality has a number of benefits including:

- Equality becomes part of the structures, behaviours and culture of service providers, to the benefit of service users.
- Service providers know and can demonstrate how, in carrying out their business, they are promoting equality
- Mainstreaming equality contributes to continuous improvement, better performance and better value

The IJB is committed to integrating equality into our business, using tools such as equality impact assessment, and by ensuring that equality features explicitly and proportionately in business planning, committee or other decision-making, and reports and other policy development and review mechanisms.

Equality Outcomes are aimed at producing concrete improvements in people's lives that contribute to a fairer, more inclusive and more prosperous Shetland. These are key areas of work, but the IJB is also continuing on a broad front to mainstream equalities.

6. Supporting and Mainstreaming Equality

6.1 Raising and Maintaining Awareness

It is important that members of the IJB are aware of the general equality duty so that it is considered in their work where relevant. The IJB will therefore make sure that they supply appropriate information, using a combination of methods to build and maintain awareness of equality issues both internally and within local communities:

- Briefings for Board Members
- Briefings for the Executive Management Teams
- Items in organisation-wide briefings and communications
- Response to information requests from employees, Board members, elected members and officers.
- Information to key contacts as required, for example when a key legal decision around equalities has been made.
- Items and updates on the staff and public websites
- Support alongside other agencies for cultural events such as Black History Month, LGBT History Month, and Women's Day.
- Direct contact with local groups

6.2 Accessibility of documents and information

All IJB documents can be translated on request or made available in different formats such as Braille and Audio.

6.3 Assessing Impact

The IJB uses an Equality Impact Assessment (EIA) process to ensure that any policies, practices and procedures or funding decisions that could affect people from protected groups undergo an EIA before decisions are taken.

All new or revised strategies and policies are screened for relevance to the three arms of the general equality duty. If relevant impact assessment will be carried out and published. Existing policies will be screened when they are reviewed, or if a change in the law or case law

suggests this. The IJB publish Impact Assessments on their public website.

6.4 Partnership Working

The Statement of Ambition agreed by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) in March 2012 makes it clear that Community Planning is expected to bring better local integration of public services in order to deliver better outcomes.

Public sector partners, who are involved in partnership working, are responsible for meeting the public sector equality duty. This means that initiatives or joint work carried out by the IJB must meet the general and specific equality duties.

Local outcomes within Shetland's Single Outcome Agreement seek to promote equality of opportunity across the whole population of Shetland and contribute to the indicators that have been developed to monitor progress.

Shetland also has a strong history of public and third (voluntary) sector partnership working. Whilst the equality outcomes set out in this document are specific to local public sector bodies, they have been developed with input from third sector partners. We also anticipate ongoing third sector input to the delivery of the equality outcomes and related outputs over the coming years – particularly ongoing partnership around Reshaping Care for Older People. A number of the outputs supporting the delivery of outcomes will need a whole community approach e.g. local campaign to tackle homophobia.

7. Equality Outcomes 2016 – 2017

The Equality Outcomes the IJB has identified form part of the ongoing work of Shetland's Community Planning Partners (CPP) and have been taken from the existing CPP Equality Outcomes Implementation Plan. Whilst the six outcomes identified do not cover all protected Characteristics, the wider CPP Equality Outcomes Implementation Plan does cover all. Specifically gender and pregnancy & maternity are covered under the employment outcomes; whilst the IJB does not directly employ any staff, the work of the IJB and its members will have an influence on staff in both the NHS and local authority. The Equality Outcomes are not the only things the IJB will be doing to support equality and fairness, but show priority areas for improvement in the next 12 months. An overview of the outcomes, related outputs and associated evidence is detailed in the Appendix 1.

7.1 Shetland Community Plan and Single Outcome Agreement

The core values in the current Community Plan and Single Outcome Agreement (SOA) are:

Accountability
We will regularly monitor performance and be accountable to the Shetland community by publicising the results.

Fairness
We will work together to close the opportunity gap between disadvantaged individuals or communities and the rest of Shetland, and will focus resources on the areas where exclusion is greatest.

Openness
We will work openly with each other and achieve progress through consensus.

Partnership
We will work together and with the Shetland community in a smarter way to find new solutions and will encourage communities to recognise their important role in community planning work.

The community plan and single outcome agreement also outlines the five priority areas that the partnership has developed through a scenario planning exercise.

Communities that are:

Wealthier & Fairer
Learning & Supportive
Healthy & Caring
Safe
Vibrant & Sustainable

It also outlines the fourteen outcomes, i.e. results, which the partnership wishes to achieve in terms of quality of life and life opportunities for individuals, families and communities within Shetland.

The Equality Outcomes support these themes. Following Scottish Government and COSLA guidance the Equality Outcomes will inform future SOAs.

The IJB Equality Outcomes for 2016-2017 support these priorities.

7.2 Measuring Progress

The IJB will publish a joint review of progress of our Equality Outcomes and mainstreaming equality in April 2017.

Appendix 1 – IJB Equality Outcomes 2016-17

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	How will we Measure Success?	General Equality Duty
2	Negative and/or perceived negative attitudes locally towards LGBT people	SIC Equalities Community Survey 2010 Stonewall's Living Together 2012 College Operational Plan	Deliver a Train the Trainer course on LGBT awareness for community planning partners. Deliver 2 sessions of Stonewall's Celebrating Difference training for people working with young people. Run a local Tackling Homophobia campaign. Run community events during LGBT History Month. Support the setting up of a LGBT community group. Develop a webpage on the college website to publicise sources of information & support. Develop and deliver action plan as part of Stonewall's Good Practice Programme Ensure that NHS antenatal classes are fully inclusive of different families, including same-sex couples. Deliver LGBT awareness training to staff.	LGBT people feel part of their community. Discrimination and harassment against LGBT people will be eliminated.	Shetland Islands Council Schools Service NHS Shetland Shetland College ZetTrans Voluntary Action Shetland Integration Joint Board	Hate crime statistics Community Group Survey (1 in early 2015, another in early 2017).	Foster good relations between people who share a protected characteristic and those who do not LGBT / Young People

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	How will we Measure Success?	General Equality Duty
5	Information provided by community partners is not accessible for everyone	SIC Equalities Community Survey 2010 College Operational Plan	Raise awareness of inclusive communication through the community planning partnership. Develop a sign language interpretation system for service users. Investigate the use of portable hearing loops through the SIC. Link inclusive communication principles to the SIC Corporate Standards. Develop a webpage on the college website to publicise sources of information & support. Implement and monitor the impact of college learner feedback mechanisms such as 'Talkbox', learner forums, college class reps	Community planning partners share information in a way that everybody can understand	Shetland Islands Council ZetTrans Shetland Licensing Board Shetland College NHS Shetland Integration Joint Board	Language line usage statistics Successful uptake of NHS BSL interpreting pilot. Requests for alternative formats. Direct feedback from service users.	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Disability

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	How will we Measure Success?	General Equality Duty
6	Integration of migrant workers and their families into their local community	University of Stavanger Masters Thesis	Sports project. Investigate sponsorship for a welcome pack. Cultural project.	Migrant workers and their families feel more Integration into their local community	Shetland Islands Council Integration Joint Board	Uptake of offers through welcome pack.	Foster good relations between people who share a protected characteristic and those who do not Race

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	How will we Measure Success?	General Equality Duty
13	Higher rates of certain morbidities in ethnic groups Smoking cessation & weight management services – very small numbers of clients from ethnic minorities Lack of uptake of Keep Well health check offer	International & national research evidence Service Data	Revisit Ethnic Minorities Health Needs Assessment Analysis of characteristics of those who don't take up services to identify if there are any groups with protected characteristics Adaptation of services in conjunction with those groups who don't take up services to meet their needs and make access easier Work with GP practices, in particular, to make services more accessible to more disadvantaged people	Services meet the needs of ethnic minorities	NHS Shetland Integration Joint Board	Service Data	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Race

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	How will we Measure Success?	General Equality Duty
15	Progressing Spiritual Care within the NHS	Appointment / retention of Healthcare Chaplain CEL (2008) 49 – Spiritual Care	Appointment of a Healthcare Chaplain for NHS Shetland. Continue the work of the Spiritual Care Committee and Reference Group, maintaining strong links with local faith groups. Continue to meet the known needs of patients through use of volunteer chaplain. Develop the skills of NHS Shetland healthcare providers to ensure confidence and capability in delivering spiritual care to patients. Support the spiritual care needs of our workforce through training, listening and individual support.	The spiritual care needs of our workforce and patient population are understood and met.	NHS Shetland Integration Joint Board	Appointment of post holder and monitoring of requests for support.	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Religion & Belief

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	How will we Measure Success?	General Equality Duty
16	Ageing Population	National Statistics	Continue to progress activities contained within to CHCP Reshaping Care for Older People planned work, including teleheathcare, carers, community capacity building, extra care housing, locality management, access to services, data sharing, reablement, respite and out of hours care.	Our health and social care services are reflective of the needs of an aging population.	NHS Shetland Shetland Islands Council ZetTrans Integration Joint Board	Measures agreed through Reshaping Care for Older People local action plan	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Age

NB: Numbering is non-sequential to reflect numbering of these outcomes in the wider Shetland Community Planning Partnership's Equality Outcomes 2013 – 2017.

Appendix 2 – Equal Pay Statement

1. Introduction

On average, women in Scotland receive 11% less per hour that they work full-time than men working full-time. Women working part-time earn 32% less per hour than men working full-time[1]. The pay gap signifies the differences that still exist in men's and women's working lives. Although the gender pay gap is lower in the public sector than in the private sector, occupational segregation, education and training practices and workplace culture are likely to be contributing to a pay gap in Scotland.

2. The Legal Context

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, Integration Joint Boards are required to publish a statement on equal pay and occupational segregation in relation to gender. The equal pay statement must contain the IJB's policy on equal pay, as well as information on occupational segregation (the concentration of groups in particular grades and in particular occupations).

3. Equal Pay Statement

The IJB is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

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[1] Close the Gap – Public Sector Equality Duty Guidance for Employers via http://www.closethegap.org.uk/component/option,com_docman/Itemid,64/gid,23/task,cat_view/

The IJB understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties)(Scotland) Regulations require The IJB to publish a statement on equal pay between men and women by 30 April 2016, and to include the protected characteristics of race and disability in the second and subsequent statements from 2017 onwards. It is good practice and reflects the values of the IJB that pay is awarded fairly and equitably.

The IJB recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should support partner organisations to operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce.
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this statement as appropriate within legislative timescales
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;
- Ensure that partner organisations examine their existing and future pay practices for employees;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010.

Agenda Item

3

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2015
Report Title:	Performance Overview (inc IJB Risk Register) - *Cover*
Reference Number:	CC-11-16-F
Author / Job Title:	Simon Bokor-Ingram / Director Community Health & Social Care

Decisions / Action required:

That the IJB are asked to comment, review and direct on any issues which they see as significant to sustaining and progressing service delivery.

High Level Summary:

This report summarises the activity and performance within the functions delegated to the IJB. Future reports will be expanded to include more detail on the performance of the set aside services.

Corporate Priorities and Joint Working:

The Parties (NHS Shetland (NHSS) and Shetland Islands Council (SIC)) have identified a core set of indicators that relate to health and social care services for delegated integration functions. Future reports will include more detail on the performance of the services that are in the set aside budget of the IJB.

Key Issues:

The IJB is invited to comment on any issues which they see as significant to sustaining and improving service delivery. The IJB's role is to monitor performance of the delivery against the Strategic Plan.

Key areas for the IJB to be note are:

(1) Workforce sickness absence rates are showing some improvement
(2) Improvement in percentage of offenders commencing supervision within seven working days of being sentenced
(3) Maintaining no readmissions to hospital for the number of early supported discharges by the Intermediate Care Team

Implications :	
Service Users, Patients and Communities:	The Scheme of Integration states that the Parties will listen and respond to community needs and aspirations. Performance will form part of the discussions that the IJB has with communities.

Human Resources and Organisational Development:	There is a continued focus on recruitment and retention including supervision, learning and development and some recent successful recruitment to key posts. The service continues to work in partnership with HR services across both Parties.
Equality, Diversity and Human Rights:	The IJB are required to ensure that systems are monitored and assessed for any implications.
Legal:	The IJB must monitor performance with regard to the functions delegated to the IJB by SIC and NHSS (the Parties) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 . The IJB and the Parties must share information in this regard. Performance monitoring allows the IJB to measure performance and monitor progress towards achieving agreed national and local outcomes.
Finance:	Performance monitoring allows the IJB to make decisions on priorities and to direct expenditure to particular areas through the strategic planning process.
Assets and Property:	There are no implications for major assets and property.
Environmental:	There are no environmental issues arising from this report.
Risk Management:	Effective performance management is an important component of that which requires the production and consideration of these reports. Failure to deliver and embed this increases the risk of the IJB not working efficiently, failing to focus on customer needs and being subject to external scrutiny. Key risks are reviewed regularly using the IJB Risk Register and the Directorate Risk Register – both are appended to the main report.

Policy and Delegated Authority:	The IJB is responsible for the operational oversight of service delivery of its delegated functions and through the Chief Officer will be responsible for the operational management of integrated services.
Previously considered by:	This report has not been presented to any other formal meeting.

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Performance Overview (inc. IJB Risk Register)
Reference Number:	CC-11-16-F
Author / Job Title:	Simon Bokor-Ingram / Director Community Health & Social Care

1. Introduction

1.1 The IJB must consider performance against the Strategic Plan. Performance monitoring allows the IJB to understand progress against priorities and to direct through the Chief Officer, particular actions.

1.2 This report summarises the activity and performance of services delegated to the IJB. This report provides performance monitoring required as part of the Scheme of integration.

2. Background

2.1 In Appendix 1 the IJB can view the Projects and Actions for the Community Health & Social Care Directorate with current progress statements.

2.2 In Appendix 2 the Sickness Absence is steadily decreasing due to the hard work of Team Leaders and Managers working with their respective HR departments to ensure consistent application of the Maximising Attendance Policies for both Parties.

2.3 The National Core Suite of Indicators in Appendix 3 are in the process of being developed nationally. For completeness the whole template is shown and as indicator values are provided, these will be included in future reports. The Local Delivery Plan is the suite of indicators generated by NHSS that are relevant to the IJB.

2.4 In Appendix 4 the IJB can view indicators which are grouped under the headings of the 9 National Health & Wellbeing outcomes.

2.5 In Appendix 5 the IJB can view the strategic risks for the Integration Joint Board along with the Risk Register for service delivery.

2.6 In Appendix 6 the IJB can see complaints recorded to date. There is a joint complaints process for the Shetland Health and Social Care Partnership.

2.7 The IJB is asked to comment, review and direct on any issues which they see as significant to sustaining and improving service delivery.

3. Conclusions

3.1 The role of the IJB is to review and direct on any issues which they see as significant to sustaining and progressing service delivery.

Contact Details:

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Telephone: 01595 743087

Appendices
Appendix 1 – Projects and Actions – Community Health & Social Care Services
Appendix 2 – Corporate Indicators
Appendix 3 – National Core Suite of Indicators & Local Delivery Plan
Appendix 4 – National Health & Wellbeing Performance Indicators
Appendix 5 – IJB & Directorate Risk Registers
Appendix 6 – Complaints

Background documents
Community Health & Social Care Directorate Plan

Appendix 1 - Projects and Actions - Community Health and Social Care Services

Shetland Islands Council

Generated on: 23 February 2016

PPMF Quarterly Report - Community Health & Social Care

Supporting adults to be independent

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP017a Develop Dementia Strategy to include Deep Dive report	Develop Dementia Strategy to include Deep Dive report	Likely to meet or exceed target	Planned Start		100%	Dementia Strategy now incorporates the work plan associated with the Deep Dive Report	Community Care - Resources; Mental Health
			Actual Start	06-Jan-2014			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date	12-Nov-2015			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP017b Implement findings outlined within Mental Health review	Implement findings outlined within Mental Health review	Significant issues, likelihood of failing to meet target	Planned Start		65%	Staffing increase with additional Government funding to assist with capacity so that the team can complete the outstanding actions.	Community Care - Resources; Mental Health
			Actual Start	06-Jan-2014			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP018 Continue with Viewforth re-provision programme	Continue with Viewforth re-provision programme	Likely to meet or exceed target	Planned Start		100%	Started in January 2014. First two phases are complete. Third phase on target to be completed July 2015	Community Care - Resources; Social Care Directorate
			Actual Start	06-Jan-2014			
			Original Due Date	31-Jul-2015			
			Due Date	31-Jul-2015			
			Completed Date	14-Oct-2015			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP019 Continue with Development of a Primary Care Strategy	Continue with Development of a Primary Care Strategy	Likely to meet or exceed target	Planned Start		80%	First draft of strategy developed and issued for consultation. Steering Group continues to refine narrative and data.	Community Care - Resources; Health & Social Care Director's (Direct) Section; Social Care Directorate
			Actual Start	01-Apr-2014			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP021 Review Shetland's single shared assessment process	To review Shetland's single shared assessment process, With You For You and associated policies and procedures on care/case management and anticipatory care plans	Likely to meet or exceed target	Planned Start		100%	Review completed and presented to Council in March 2015	Community Care - Resources; Social Care Directorate
			Actual Start	07-Nov-2014			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2015			
			Completed Date	12-Nov-2015			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP022 Develop the implementation of Telecare & Telehealth care	To continue to develop the implementation of Telecare & Telehealth care across all service areas in order to support more people to remain at home and to reduce the need for 'paid staff' and unnecessary intrusion into people's lives.	Likely to meet or exceed target	Planned Start	07-Nov-2014	100%	An increased number of people have technology enabled care solutions in place. Further development is a continuous process as new solutions and technology becomes available.	Community Care - Resources; Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2015			
			Completed Date	12-Nov-2015			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP023 Develop and implement a Self Directed Support Strategy	Develop and implement a Self Directed Support Strategy to implement the provisions of the SDS (Scotland) Act 2013.	Likely to meet or exceed target	Planned Start	07-Nov-2014	100%	Developed self directed support policy in line with new legislation. New policy was approved by Council April 2015	Community Care - Resources; Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2015			
			Completed Date	12-Nov-2015			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP024 Develop Integrated Locality Service Plans	Develop Integrated Locality Service Plans	Likely to meet or exceed target	Planned Start	07-Nov-2014	50%	Locality Planning Conversations 1st round completed. Drafting of Strategic Commissioning Plan for 2016/17 started Sept/Oct, to take account of Locality needs.	Community Care - Resources; Social Care Directorate
			Actual Start	02-Nov-2015			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP026 Work with both HR departments to develop joint workforce planning	Work with both HR departments to develop joint workforce planning	Experiencing some issues, with a risk of failure to meet target	Planned Start	01-Apr-2015	20%	Development of joint policies where possible. Joint management team developing strategic plan for 2016/19 which will involve workforce planning with both HR departments	Community Care - Resources; Social Care Directorate; Simon Bokor-Ingram
			Actual Start	11-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP030 Implement the Integrated Care Fund	Implement the Integrated Care Fund	Likely to meet or exceed target	Planned Start	01-Apr-2015	90%	A number of initiatives now in progress. Third sector Welcome Home from Hospital scheme commissioned and in place.	Community Care - Resources; Health & Social Care Director's (Direct) Section; Social Care Directorate
			Actual Start	11-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP031 Develop Anticipatory Care plans	Develop Anticipatory Care plans within localities that include all of the available assets	Experiencing some issues, with a risk of failure to meet target	Planned Start	01-Apr-2015	60%	Being monitored more frequently. Renewed focus with Chief Nurse (Community) leading project within Integrated Care Fund.	Community Care - Resources; Health & Social Care Director's (Direct) Section; Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP032 Develop framework based around accurate data collection and analysis	Develop a comprehensive quality assurance framework based around accurate data collection and analysis	Likely to meet or exceed target	Planned Start	01-Apr-2015	80%	Currently reviewed through the quarterly performance report	Community Care - Resources; Health & Social Care Director's (Direct) Section; Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP036 Health and Social Care Integration	The successful integration of health and social care services as stipulated by legislation.	Likely to meet or exceed target	Planned Start	14-Nov-2014	100%	The IJB has been established and approved its core constitutional documents.	Corporate Services Directorate
			Actual Start	01-Apr-2014			
			Original Due Date	29-Apr-2016			
			Due Date	29-Apr-2016			
			Completed Date	13-Oct-2015			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP085 Development of an Older Peoples Strategy	Development of an Older Peoples Strategy	Likely to meet or exceed target	Planned Start	01-Apr-2015	100%	Document in draft, Seminar being held on 30/7/2015 Approved by Social Services/CHP Committee and NHS Board	Community Care - Resources; Health & Social Care Director's (Direct) Section; Social Care Directorate
			Actual Start	01-Jul-2015			
			Original Due Date	30-Sep-2015			
			Due Date	30-Sep-2015			
			Completed Date	04-Nov-2015			

Vulnerable and disadvantaged people

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP025 Assist Shetland Partnership with implementing the redesign of community justice.	Assist Shetland Partnership with implementing the redesign of community justice.	Likely to meet or exceed target	Planned Start	07-Nov-2015	80%	Transition phase is progressing well and we are on target to reach the deadlines of 2016.	Community Care - Resources; Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date				

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP029 Solidify the governance and management of Adult Social Work	Solidify the governance and management of Adult Social Work	Likely to meet or exceed target	Planned Start	01-Apr-2015	100%	Permanent Executive Manager appointed in August 2015.	Community Care - Resources; Health & Social Care Director's (Direct) Section; Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
			Completed Date	12-Nov-2015			

Appendix 2 - Sickness Absences - Community Health & Social Care Services

Shetland Islands Council

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

Generated on: 12 February 2016 15:01

	Previous Years			Last year Quarter 3	This year Quarter 3	
Code & Short Name	2012/13	2013/14	2014/15	Q3 2014/15	Q3 2015/16	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	5.9%	5.1%	Team Leaders are working with HR to ensure consistent application of the Council's Maximising Attendance policy

Appendix 2 - Sickness Absences - Others for comparison

Code & Short Name	Previous Years			Last year Quarter 3	This year Quarter 3
	2012/13	2013/14	2014/15	Q3 2014/15	Q3 2015/16
	Value	Value	Value	Value	Value
OPI-4C Sick %age - Whole Council	4.1%	3.6%	4.2%	4.2%	3.4%

Appendix 2 - (cont) Council-wide Indicators

Shetland Islands Council

Generated on: 12 February 2016 15:01

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2474	2248	2190	2190	2207	2169	2190	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-E Staff Numbers (FTE) - Community Health & Social Care Directorate	642	530	517	517	517	507	519	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4A-E+NHS Staff Numbers (FTE) - Community Health & Social Care Directorate inc. NHS							708	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sick %age - Whole Council	4.1%	3.6%	4.2%	5.2%	4.1%	3.2%	3.4%	A reduction from previous year reflects a greater focus in maximising attendance.
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	6.8%	6.3%	5.4%	5.1%	Team Leaders are working with HR to ensure consistent application of the Council's Maximising Attendance policy
OPI-4E Overtime Hours - Whole Council	71,644	56,552	64,738	16,720	24,014	16,270	21,383	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-E Overtime Hours - Community Health & Social Care Directorate	2,470	1,856	5,675	1,653	1,483	2,201	2,644	Recent recruitment will reduce Q3 & Q4 overtime
E01 FOISA responded to within 20 day limit - Health & Social Care Services	93%	79%	91%	94%	100%	93%	85%	Continue to strive to meet target.

Appendix 3 - Key Directorate Indicators - Community Health & Social Care Services

Shetland Islands Council

Corporate Services & Chief Executive - Key Directorate Indicators

Generated on: 12 February 2016 15:04

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
E1 Percentage of adults able to look after their health very well or quite well				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E2 Percentage of adults supported at home who agree that they are supported to live as independently as possible				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E4 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E5 Percentage of adults receiving any care or support who rate it as excellent or good				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E6 Percentage of people with positive experience of care at their GP practice				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E8 Percentage of carers who feel supported to continue in their caring role.				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
E9 Percentage of adults supported at home who agree they felt safe				Not measured for Quarters	Not measured for Quarters			It is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often
E10 Percentage of staff who say they would recommend their workplace as a good place to work				Not measured for Quarters	Not measured for Quarters			Under development. To be included in NHS and LA Staff Surveys
E12 Rate of emergency admissions for adults per 100,000	10,665			Not measured for Quarters	Not measured for Quarters			Target still to be met - new data will be provided going forward
E13 Rate of emergency bed days for adults per 100,000	80,863			Not measured for Quarters	Not measured for Quarters			Under Development - available in 6-12 months
E14 Readmissions to hospital within 28 days of discharge				Not measured for Quarters	Not measured for Quarters			Under Development - part of GP practice indicators data- to be available in Summer 2015
E15 Proportion of last 6 months of life spent at home or in community setting	89.1%	92.5%	92.5%	Not measured for Quarters	Not measured for Quarters			Just below Scottish average. Managed Clinical Network for Palliative Care established in 2015
E16 Falls rate per 1,000 population in over 65s				Not measured for Quarters	Not measured for Quarters			Under Development - no specific timescales for completion
E17c Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections - Quality of Care & Support				Not measured for Quarters	Not measured for Quarters			The majority of care settings have a 'Good' grading from Care Inspectorate among the domains assessed.
E17e Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections - Quality of Environment				Not measured for Quarters	Not measured for Quarters			The majority of care settings have a 'Good' grading from Care Inspectorate among the domains assessed.
E17s Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections - Quality of Staffing				Not measured for Quarters	Not measured for Quarters			The majority of care settings have a 'Good' grading from Care Inspectorate among the domains assessed.
E17m Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections - Quality of Management and Leadership				Not measured for Quarters	Not measured for Quarters			The majority of care settings have a 'Good' grading from Care Inspectorate among the domains assessed.

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
E18 Percentage of adults with intensive needs receiving care at home	48.5%	46.1%	41%		41%	41%	41%	Continue to focus on providing care at home where appropriate
E19 Number of days people spend in hospital when they are ready to be discharged			184	184	538	226	381	Area of focussed work. Latterly rates improving.
E20 Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency				Not measured for Quarters	Not measured for Quarters			
E21 Percentage of people admitted from home to hospital during the year, who are discharged to a care home				Not measured for Quarters	Not measured for Quarters			Under development
E22 Percentage of people who are discharged from hospital within 72 hours of being ready				Not measured for Quarters	Not measured for Quarters			Under development - new collection methods required which will take up to 12 months
E23 Expenditure on end of life care				Not measured for Quarters	Not measured for Quarters			Under development - final definition still to be agreed
LDP001 People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support			67.5%	75%	46.5%	43.6%	43.6%	We are continuing to promote the value of having this support to all patients at point of diagnosis but it is down to individual choice as to whether they take up the offer
LDP002 18 weeks referral to treatment for Psychological Therapies			57.7%	62.5%	87.5%	93.7%	85.6%	The cCBT service introduced in September 2014 continues to have a positive impact on COMPLETED wait reporting. NB this positive results masks the long ONGOING waits for those needing face-to-face therapy. See LDP002a
LDP002a 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)			57.7%		50.5%	34.5%	57.9%	Service under review. Actively pursuing procurement of a visiting psychology service to address the unmet needs contributing to the longed waits. Improved staffing situation is helping to reverse the trend.
LDP003a Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery				100%	86%	90%	100%	Patient seen within three weeks but data input delayed
LDP003d Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery			100%	100%	100%	93%	83%	Out of six clients only one did not receive their treatment within the first three weeks
CCR003 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home					41%	41%	41%	We are continuing to work with reablement programme to enable people to remain at home

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
CCR007 Number of 65 and over receiving Personal Care at Home.			214	214	221	215	190	To enable people to remain at home we aim to increase independence which may result in less need for personal care at home
MH002 Admission rates to Psychiatric Hospitals					4	3	4	This will help us consider the effectiveness of our local service provision.
MH003 Dementia Diagnosis Standard - number of diagnoses exceeds 50% of prevalence					45.5%	48.12%	47.61%	More people have died or moved away than have been diagnosed in recent months. As most of those on the register were diagnosed in older age, this is an ongoing issue. Work continues to encourage people to seek earlier assessment and diagnosis. We are also intending to audit all people discharged from hospital with dementia indicated in the discharge summary to ensure that they are on the register so that no potential new diagnoses are missed
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)				610	610	659	658	Latest national performance figures (2012/13) show Shetland ranked in top quartile of local authorities in Scotland for its telecare usage by care at home clients (Source- Draft Joint Inspection of Adult Services 2014/15)."
CJ002 Percentage of offenders commencing supervision within 7 working days of being sentenced					94.1%	84.5%	100%	Service achieving target
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills				Not measured for Quarters	Not measured for Quarters			Adults with learning disability, autistic spectrum disorder and/or complex needs are supported to have a safe, healthy and active life. Self-care and enablement approaches are promoted.
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder					1	0	0	An incident of Emergency Respite is one or more consecutive overnight stay/s out with the assessed needs allocation of overnight respite stays. Source: Newcraigielea The risk of unscheduled care will be reduced.
CCR001 Delayed discharge from Hospital - no delays exceeding 14 days					2	3	2	Intense work with acute services to work out delays in systems and processes
CJ001 Percentage of court reports submitted on time	Not measured for Years	Not measured for Years	Not measured for Years		100%	100%	100%	Service consistently meets target
CJ004 Risk and need assessment completed and case management plans in place within 20 days					100%	100%	100%	Service consistently meets target
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order			37.5%	Not measured for Quarters	Not measured for Quarters			New risk assessment system in place which will provide more accurate data

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
AS005 Number of Social Care staff trained to implement Positive Behaviour Support.				Not measured for Quarters	Not measured for Quarters			The target of 6 staff trained in 2015/16 is on amber due to long term absence of the trainer. Training is now underway and will be completed in 2016. The 2016/17 intake will be slightly delayed however is anticipated to be completed within the 2016/17 monitoring period.
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	Not measured for Years	Not measured for Years	Not measured for Years		8	6	20	To achieve the nationally agreed referral to assessment timescales we have initiated a number of initiatives including streamlining our referrals and screening processes, reviewing all processes, and reconfiguring the team into a north and a south team to gain staff efficiency
AHP002 Maximum Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)						98.1%	98.1%	Each instance of missed target is analysed by line manager.
AHP003 Maximum Waiting Time from Referral to Treatment for Physiotherapy Services (18 weeks)						97.7%	97%	Service consistently meets target. Significant pressures due to long term sickness absence, and increased number of referrals.
AHP004 Maximum Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)						99.5%	99.5%	Each instance of missed target is analysed by line manager.
CCR005 Occupancy of care homes			88.65%	88.65%	91%	91%	91.7%	Under occupancy is a result of vacancies in respite beds.
CJ003 Unpaid Work commenced within 7 working days			84.2%	84.2%	90.9%	80%	85%	Increase in offenders attending as instructed
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	6.8%	6.3%	5.4%	5.1%	Team Leaders are working with HR to ensure consistent application of the Council's Maximising Attendance policy
E01 FOISA responded to within 20 day limit - Health & Social Care Services	93%	79%	91%	94%	100%	93%	85%	Continue to strive to meet target.

Directorate Performance Report – Outcomes 1-9

Shetland Islands Council

Generated on: 12 February 2016

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
DS001 Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of children aged 5-6 years in P1 attending SIC primary schools			Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	Source: NDIP data. Gives prevalence of dental decay in one age group of the total child population. Scotland dmft 1.27
ASW003 Percentage of outcomes for individuals are met	Not measured for Years							The new system for gathering this has been delayed until the start of April 2016 in order for training of all staff to be completed.
PC002 Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre				100%	100%	100%	100%	Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day
PC004 Percentage access to a Primary Care health professional for an appointment within 48 hours at any Shetland Health Centre				100%	100%	100%	100%	Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
CCR003 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home				41%	41%	41%	30%	We are continuing to work with reablement programme to enable people to remain at home
CCR007 Number of 65 and over receiving Personal Care at Home.	214	200	214	221	215	190	200	To enable people to remain at home we aim to increase independence which may result in less need for personal care at home
CN002 Number of early supported discharges with no readmission in 30 days by Intermediate Care Team		100%		95.5%	100%	100%	100%	23 patients - 16 early supported discharge - no readmissions. 7 alternative to admission
MH002 Admission rates to Psychiatric Hospitals				4	3	4	24	This will help us consider the effectiveness of our local service provision.

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
MH003 Dementia Diagnosis Standard - number of diagnoses exceeds 50% of prevalence				45.5%	48.12%	47.61%	61%	More people have died or moved away than have been diagnosed in recent months. As most of those on the register were diagnosed in older age, this is an ongoing issue. Work continues to encourage people to seek earlier assessment and diagnosis. We are also intending to audit all people discharged from hospital with dementia indicated in the discharge summary to ensure that they are on the register so that no potential new diagnoses are missed
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)			610	610	659	658	599	Latest national performance figures (2012/13) show Shetland ranked in top quartile of local authorities in Scotland for its telecare usage by care at home clients (Source- Draft Joint Inspection of Adult Services 2014/15)."

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
CJ002 Percentage of offenders commencing supervision within 7 working days of being sentenced				94.1%	84.5%	100%	100%	Service achieving target
ASW001 Percentage of assessments completed on time				92%	100%	100%	100%	Each instance of missed target analysed by line manager
ASW002 Percentage of reviews completed on time				92%	96.9%	89%	100%	Each instance of missed target analysed by line manager. Acceptable reason for each missed review
ASW004 How satisfied are residents with local social care/ social work services?	85%	80%	Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	Significantly higher than national average (55%)

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing Care				1,120	973	930		Source: Local data. All people are able to access Emergency dental care.

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills		35	Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	Adults with learning disability, autistic spectrum disorder and/or complex needs are supported to have a safe, healthy and active life. Self-care and enablement approaches are promoted.
CN001 Number of Anticipatory Care Plans in Place				699	757	837	700	Increase in number of eKIS plans in place, month by month

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
DS003a The percentage of the adult populations who are registered with Shetland dentists for NHS dental care	78.35%		Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	Target is to see a net rise in registration figures. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity.
DS003c The percentage of the child populations who are registered with Shetland dentists for NHS dental care	91.85%		Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	Target is to see a net rise in registration figures. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity.

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder				1	0	0	0	An incident of Emergency Respite is one or more consecutive overnight stay/s out with the assessed needs allocation of overnight respite stays. Source: Newcraigielea The risk of unscheduled care will be reduced.

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
CCR001 Delayed discharge from Hospital - no delays exceeding 14 days				2	3	2	2	Intense work with acute services to work out delays in systems and processes
CJ001 Percentage of court reports submitted on time	Not measured for Years			100%	100%	100%	100%	Service consistently meets target
CJ004 Risk and need assessment completed and case management plans in place within 20 days				100%	100%	100%	100%	Service consistently meets target
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order	37.5%	75%	Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	New risk assessment system in place which will provide more accurate data
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average				100.29%	113.3%	99.05%	100%	In general we are expecting less antibiotics to be prescribed in Shetland than in the Scottish population
PPS003 Number of polypharmacy reviews completed				35	22	19	30	Polypharmacy reviews bring about better outcomes for patients and often significantly reduce costs
PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff	114	98	53	75	82	166	147	Good discharge planning should reduce the need for nurses to dispense medicines out of hours. Dispensing by pharmacy always more appropriate
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter					0%	0%	0%	No CAUTIs identified out of 8 catheters inserted

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

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
AS005 Number of Social Care staff trained to implement Positive Behaviour Support.			Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	The target of 6 staff trained in 2015/16 is on amber due to long term absence of the trainer. Training is now underway and will be completed in 2016. The 2016/17 intake will be slightly delayed however is anticipated to be completed within the 2016/17 monitoring period.

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

	Years	Quarters					(past) Performance & (future) Improvement Statements
	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	

Code & Short Name	Years		Quarters					(past) Performance & (future) Improvement Statements
	2014/15		Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q3 2015/16	
	Value	Target	Value	Value	Value	Value	Target	
DS002 The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	3,013		3,013	2,230	2,230	2,032	1,670	Sources: Local wte data and ONS population data. The greater the wte of dentists, the greater the available capacity for the resident population to receive NHS dental care. (Scotland ratio 1:1670)
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	Not measured for Years			8	6	20	10	To achieve the nationally agreed referral to assessment timescales we have initiated a number of initiatives including streamlining our referrals and screening processes, reviewing all processes, and reconfiguring the team into a north and a south team to gain staff efficiency
AHP002 Maximum Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)					98.1%	98.1%	90%	Each instance of missed target is analysed by line manager.
AHP003 Maximum Waiting Time from Referral to Treatment for Physiotherapy Services (18 weeks)		90%			97.7%	97%	90%	Service consistently meets target. Significant pressures due to long term sickness absence, and increased number of referrals.
AHP004 Maximum Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)					99.5%	99.5%	90%	Each instance of missed target is analysed by line manager.
CCR005 Occupancy of care homes	88.65%	90%	88.65%	91%	91%	91.7%	90%	Under occupancy is a result of vacancies in respite beds.
CJ003 Unpaid Work commenced within 7 working days	84.2%	100%	84.2%	90.9%	80%	85%	100%	Increase in offenders attending as instructed
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average				112.9%	109.9%	96%	99%	Shetland has traditionally spent less on medicines per patient. The costs per patient are increasing, this highlighting the need to undertake additional prescribing efficiency work

Risk Assessment - Integration Joint Board

Risk & Details	Frequency	Current Severity	Risk Profile	Current and Planned Control Measures	Probabilty	Target Severity	Risk Profile	Assigned To
Level	**Corporate**							
Corporate Plan	*F5. Our "20 by '20" - Standards of Governance*							
IJB0003 - Policies - effect of - Health & Social Care Integration governance arrangements through the Integration Joint Board are not fully implemented. Risk that when in place they will not be effective.	Unlikely	Major	Medium	• There is a mechanism for calling an informal Liaison Group at a senior level for members of the Council, Health Board and IJBto discuss issues including governance where the Group can inform any remedial action required.	Unlikely	Significant	Medium	Simon Bokor-Ingram Integration Joint Board
IJB0017 - Policies - effect of - Strategic Planning for Health & Social Care is ineffective. The Strategic Plan does not reflect the needs of communities and identify appropriate communication strategies.	Unlikely	Major	Medium	• Participation and Engagement Strategy in place.Action plans developed for the preparation of the strategic plan. Strategic planning group in place. Work in localities is being developed engaging with a wide range of stakeholders including staff, service users, other service providers, community representatives.	Unlikely	Significant	Medium	Simon Bokor-Ingram Integration Joint Board
IJB0018 - Policies - effect of - The IJB fails to direct service delivery to meet the outcomes required, these include local and national outcomes, service standards and quality measures and targets.	Unlikely	Major	Medium	• Direction will be through the detail of the strategic plan.The strategic plan for 2015/16 has already been developed and approved by the Council and the Health Board and the IJB. Quarterly performance monitoring is well estabilised. A Strategic Plan for 2016/19 has been presented to the IJB.	Unlikely	Significant	Medium	Simon Bokor-Ingram Integration Joint Board
IJB0019 - Partnership working failure - Failure of the IJB to agree a Strategic Plan or Budget proposals. Failure to agree the budget or the budget recovery plan for the identified shortfalls in NHS budget allocation to the IJB for 2015/16 and future years could lead to overspend or a lack of direction to the Council and the Health Board through the comissioning process.	Likely	Major	High	• Where failure of IJB to agree means there is a dispute between the Council and the Health Board. Thena dispute resolution mechanism in the integration scheme can be used. IJB standing orders also cover failure to agree. IJB has agreed proposals for a 2016-19 Strategic Plan and for 2016/17 budgets, however, recovery plans for 2016/17 have not yet been fully developed.	Possible	Major	High	Simon Bokor-Ingram Integration Joint Board
IJB0020 - Partnership working failure - Poor attendance or lack of commitment to the IJB from among its members.	Likely	Major	High	• Need to look at ways of taking into account the diverse commitments of members.In particular clinical commitments of clinicians on the IJB. Commitment has been given to find backfill and look at individual work plans.	Possible	Significant	Medium	Simon Bokor-Ingram Integration Joint Board
IJB0021 - Technological - Other - Failure to provide adequate corporate services support to the IJB eg. finance, legal, committee services, ICT & HR	Possible	Major	High	• During the implementation phase the transition programe board brought together representatives of corporate support servicesfrom the council and the Health Board. A link group will continue to meet under the direction of the Director of Corporate Services in order to ensure a co-ordinated approach to Corporate support services. Key joint groups will continue to work on key technical areas. These include the Local Partnership Finance Team, Joint Staff Forum and Data Sharing Partnership	Unlikely	Significant	Medium	Simon Bokor-Ingram Integration Joint Board

IJB0022 - Policies - effect of - The IJB fails to adequately identify community needs through the planning processes and is unable to differentiate the particular differences between localities and so cannot begin to address issues arising within a defined community	Possible	Major	High	• Locality planning in the development of the Strategic Plan. Theplanning process for the Strategic Plan 2016-19 included conversations at a locality level. Locality leads need to be identified.	Unlikely	Significant	Medium	Simon Bokor-Ingram Integration Joint Board	

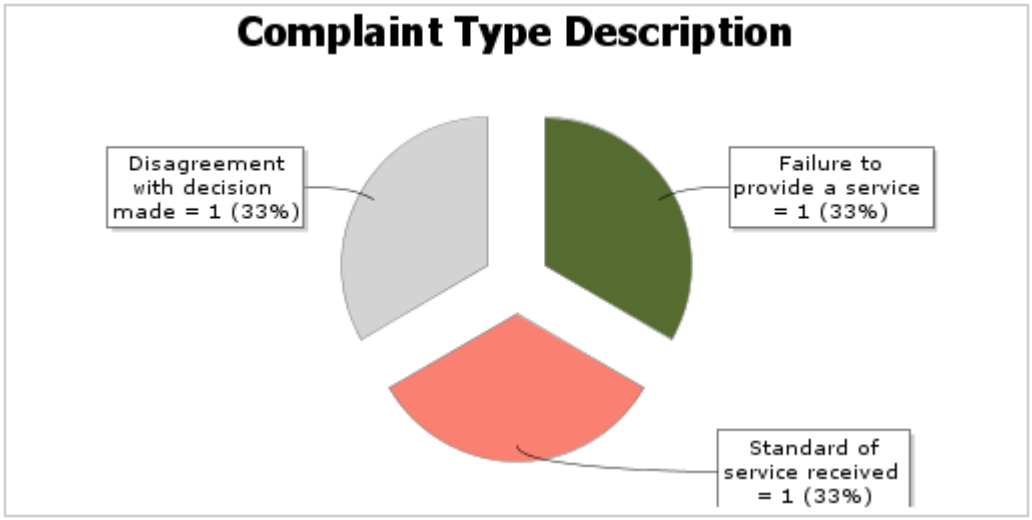
Risk Assessment - Community Health & Social Care

Risk & Details	Current Frequency	Current Severity	Current Risk Profile	Current and Planned Control Measures	Target Probabilty	Target Severity	Target Risk Profile	Assigned To
Level	**Directorate**							
Corporate Plan	*F1. Our "20 by '20" - Leadership & Management*							
EM0039 - Strategic priorities wrong - Management capacity issues	Possible	Significant	Medium	• The structure will ensure that there is adequate management capacity including professional leadership for adult social work. The structure for CH&SC will ensure that there is adequate management capacity including professional leadership for adult social work within the directorate.	Unlikely	Minor	Low	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*F5. Our "20 by '20" - Standards of Governance*							
EM0034 - Professional Errors and Omissions - Services operate within a complex legislative, contractual and compliance environment. Clients/ patients are many and varied in age, vulnerabilities and needs	Unlikely	Significant	Medium	• Monitoring by professional leads re skills and capacity. Staff training plan developed each year. Incidents fully investigated. Clinical and Care Governance Committee structure in place.	Rare	Significant	Low	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*F6. Our "20 By '20" - Financial Management*							
EM0035 - Demographic change - Maintaining and improving the oral health of the local population	Likely	Major	High	• Review taking place of current Dental Service staffing levels and skill mix to ensure the model in place is working effectively with flexibility for the future. Encourage local development of independent NHS dental practices to help mitigate this risk	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*F8. Our "20 by '20" - Efficient*							
EM0031 - Modernisation - too slow - Inability to deliver cost-effective, safe Mental Health Service	Almost Certain	Major	High	• Following reviews of mental health and dementia, there are action plans in place which are being closely monitored to ensure progress on strengthening the services. With the additional funding allocated from health, recruitment of staff has been successful.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
Level	**Operational**							
Corporate Plan	*F2. Our "20 By '20" - Staff Value & Motivation*							
EM0044 - Key staff - loss of - Difficulty in ensuring sustainable provision of services and retention of skills in small and remote communities.	Likely	Significant	High	• Cover provided using permanent or temporary staff. Temporary cover provided by community and hospital staff banks.Use of agency locum staff as a last resort. More focussed approach to supervision and performance management to aid staff retention.	Unlikely	Minor	Low	Simon Bokor-Ingram Community Health & Social Care

Corporate Plan	*F5. Our "20 by '20" - Standards of Governance*							
EM0007 - Partnership working failure - Conflict of interest between roles of NHS and Council.	Possible	Significant	Medium	• Development of joint strategies incorporated in Strategic Plan which will be agreed by the Parties. Contributing to the Shetland Local Outcomes Implementation Plan.	Unlikely	Minor	Low	Simon Bokor-Ingram Community Health & Social Care
EM0018 - Legal / Compliance - Other - NHS and SIC are required to comply with Scottish Social Services Council and National Care Standards	Possible	Significant	Medium	• Regular inspections. Staff aware of the standards required. Recent joint inspection of older people's services will give overview of quality.	Rare	Significant	Low	Simon Bokor-Ingram Community Health & Social Care
EM0023 - Business continuity plan inadequate - Response to an emergency situation	Possible	Significant	Medium	• Business continuity plans in place for community health and Community Health & Social Care. Involvement in planning and exercises.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
Level	**Strategic**							
Corporate Plan	*B2. Older People - Independant Living*							
EM0021 - Legal - Other - Inability to provide consistent, high quality, sustainable Out of Hours Care	Likely	Major	High	• Opportunities to extend ANP model. National review of out of hours primary care delivery with local project in place. Community Nursing review will consider level of out of hours provision.	Unlikely	Minor	Low	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*B5. Older People - Integrated Health And Community Health & Social Care*							
EM0002 - Deadlines - failure to meet - Delayed Discharges	Likely	Significant	High	• Create capacity through use of Integrated Care Fund. Create capacity through use of Integrated Care Fund with rapid access to resources which avoid unnecessary hospital admission and expedite timely discharge. Whole system approach to reducing bottlenecks in the pathway.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*D1. Community Strength - Community Support*							
EM0004 - Staff number/skills shortage - Reduced response to an emergency situation on Remote areas of Shetland and the outer islands	Unlikely	Major	Medium	• Emergency response arrangements in place. Coastguard Search and Rescue Helicopter will respond to life and limb threatening injuries/illness Memorandum of Understanding in place with Direct Flight for transfer of “walking wounded” NHS Shetland continuing discussions with SAS and GAMA regarding additional helicopter coverage, especially for urgent (rather than emergency) transfer Temporary control measure (for managing situation short term) to ensure staff on NDI have increased stock of Oxygen and consumables Longer term need to conduct training needs analysis and increase staff skill set to support ill patients for longer period of time (if timeliness of air evacuation options not enhanced) Continue to develop First Responder schemes on NDIs to support the nurse in caring for critically ill patient	Unlikely	Major	Medium	Simon Bokor-Ingram Community Health & Social Care

Corporate Plan	*F13. Our "20 By '20" - Workforce Planning*							
EM0014 - Key staff - loss of - Inability to recruit to key posts	Likely	Significant	High	• Work closely with both HR departments on recruitment and retention. Develop schemes to attract people to health and care work. Develop dynamic joint health and care roles.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*F5. Our "20 by '20" - Standards of Governance*							
EM0013 - Economic - Other - Adult Protection Issues	Possible	Minor	Medium	• The professional leads are tasked with ensuring that there are adequate levels of skill and capacity to manage protection issues. Training is a key requirement for staff working in services so they have the knowledge to raise issues. Training on Adult Protection being prioritised. Adult Protection included in the clinical and care governance framework.	Unlikely	Minor	Low	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*F6. Our "20 By '20" - Financial Management*							
EM0010 - Contractual Liabilities Assumed/Imposed - Lack of robust contracting arrangements	Possible	Significant	Medium	• SLAs in place. Joint Commissioning & Procurement Strategy being developed.	Unlikely	Minor	Low	Simon Bokor-Ingram Community Health & Social Care
EM0016 - Economic - Other - Not achieving full use of the Integrated Care Fund	Likely	Significant	High	• Plans are reflected in the Strategic Plan. Early development of plans.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
EM0045 - Failure of Key supplier - Budgets / Service planning	Likely	Significant	High	• The Strategic Plan sets out direction and more detailed plans on how to spend specific funds. Need to better co-ordinate service planning and budget setting through the IJB to ensure budget is aligned to agreed service priorities.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care
Corporate Plan	*F8. Our "20 by '20" - Efficient*							
EM0046 - Customer / Citizen - Other - Task Duplication	Almost Certain	Significant	High	• Agreement for lead organisation for functions or on use of one template and/or system. Clinical and care governance framework in place.	Possible	Minor	Medium	Simon Bokor-Ingram Community Health & Social Care

Appendix 6 – Complaints – Community Health & Social Care Services



Number of complaints open during Quarter 3 - 3

Number of stage 1 complaints (Frontline) - 3

Number of stage 2 complaints (Investigation) - 0

Number of open complaints at end of period – 0

Number of complaints handled within deadline – 1

Community Health and Social Care Complaints Q3 October – December 2015

In quarter 3 we received seven complaints that related either solely to community health services or spanned community and acute services. The outcome for these complaints is shown below.

Please note that this number does not include independent contractor General Practices, who are responsible for their own local resolution of complaints following national guidance, except where we have acted as a facilitator in the complaint resolution. Complaints against other Health Boards or Special Health Boards, e.g. the Scottish Ambulance Service, are also excluded.

2015/16	**Quarter 3**
	01.10.15 – 31.12.15
Community Services	6
Hospital & Community	1
Other	0
Withdrawn	0
Total	**7**
Outcome	Upheld: 3 Partly upheld: 4

Agenda Item

4

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Financial Monitoring Report to 31 December 2015
Reference Number:	CC-13-16 D3
Author / Job Title:	Karl Williamson, Chief Financial Officer

Decisions / Action required:

The IJB is asked to:

1. Note:
    - The Management Accounts for the 2015/16 year as at the end of the third quarter.
    - The projected outturn position as at Quarter 3.
    - The pressures in NHS Shetland's (NHSS) budget in 2015/16 and future years. A recovery plan for the deficit in the NHSS 2016/17 budget is the subject of a separate report.

High Level Summary:

This report updates the Board on the management of financial resources and outlines the overall financial position for the 2015/16 year as at the end of quarter 3 and advises the projected year end outturn.

Corporate Priorities and Strategic Aims:

The IJB's vision, aims and strategic objectives are set out in the Integration Scheme, the Strategic Plan 2015/16 and the Draft Strategic Plan 2016-19.

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

Key Issues:

There is a recurring deficit in the NHSS budget which is being addressed in-year. A recovery plan for 2015/16 was presented to a previous IJB meeting. For 2016/17 a recovery plan has been developed and is the subject of a separate report.

Implications :	
Service Users, Patients and Communities:	There are no implications arising directly from this report
Human Resources and Organisational Development:	Any implications arising from future changes proposed to services and service plans due to budget pressures will be included in future reports to the IJB seeking approval for the changes and will follow the appropriate process e.g. staff consultation or equalities impact assessment.
Equality, Diversity and Human Rights:	There are no implications arising directly from this report
Partnership Working	There are no implications arising directly from this report
Legal:	There are no implications arising directly from this report
Finance:	This report is of a financial nature and therefore the financial implications are contained therein.
Assets and Property:	There are no implications arising directly from this report
Environmental:	There are no implications arising directly from this report
Risk Management:	There are no implications arising directly from this report

Policy and Delegated Authority:	Shetland's Integration Joint Board was formerly constituted on 27 June 2015. The IJB is a separate entity and has delegated authority to make decisions and recommendations.
Previously considered by:	The proposals in this report have not been presented to any other committee or organisation.

Shetland Islands Council

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Financial Monitoring Report to 31 December 2015
Reference Number:	CC-13-16 D3
Author / Job Title:	Karl Williamson / Chief Financial Officer

1. Introduction

1.1 This report updates the Board on the management of financial resources and outlines the overall financial position for the 2015/16 year as at the end of quarter 3 and advises the projected year end outturn.

2. Background

2.1 The Integration Scheme requires for management accounts to be presented to the Integration Joint Board (IJB) at least quarterly.

2.2 This report represents the Management Accounts as at the end of the third quarter of 2015/16.

3. Executive Summary

3.1 The management accounts to 31 December 2015 has been compiled following financial analysis and budget monitoring at Shetland Islands Council (SIC) and Shetland NHS Board (NHSS).

3.2 Appendix 1 details the consolidated year to date position for the Partnership as a whole. At the end of December 2015 there is an

overall favourable variance of £563k which represents an under spend in SIC of £1,438k and an overspend in NHSS of £875k.

3.3 Appendix 2 details the consolidated year outturn forecast for the Partnership as a whole. Current forecast to the end of March 2016 is an overall favourable variance of £647k which represents an underspend in SIC of £1,844k and an overspend in NHSS of £1,197k

3.4 The Integration Scheme states that where there is a planned, forecast, underspend on an element of the operational budget due to agreed changes in line with the Strategic Plan, this will be retained by the IJB to either fund other service areas in-year in line with the Strategic Plan or be carried forward to fund services in subsequent years of the Strategic Plan. However, any windfall/ fortuitous underspend will be returned to the Council and/or the Health Board in line with the original budget allocation for 2015/16.

3.5 The underspend in SIC is of a fortuitous nature and will therefore be returned to the Council leaving a break even position in the SIC arm of the operational budget.

3.6 Where there is a forecast overspend against an element of the operational budget, the Chief Officer and the Chief Finance Officer of the IJB will work with the Local Partnership Finance Team (LPFT) and the appropriate finance officers of the Parties to agree a recovery plan to balance the overspending budget. The recovery plan for 2016/17 is the subject of a separate report.

3.7 Current year end projections indicate an adverse variance of £1,197k in NHSS arm of the budget. Therefore a recovery plan is required to balance this overspending budget and the IJB budget as a whole.

3.8 Appendix 3 details the reconciliation between funding and the cost of service delivery. The £1,197 shortfall in NHSS is shown in row 6 of the table.

3.9 NHSS, as a whole, is currently forecasting a break even position through the use of fortuitous non-recurrent funding for 2015/16 and will underwrite any shortfall in IJB funding. The IJB will therefore break even for the financial year 2015/16.

4. Financial Commentary

4.1 Mental Health

The projected outturn underspend of £459k (16.74%) relates to:

SIC

- the early closure of Viewforth Care Home £365k (recurring saving to be recognised as part of the Spend to Save Project which linked Edward Thomason and Taing Care Homes);
- forecast overspend in Annsbrae employee costs due to additional demand on the service (£18k);
- unbudgeted legal costs (£16k);

NHSS

- psychiatrist posts only filled part way through year, also one post filled at lower than budgeted point in scale - will be budgeted at correct point next year so fortuitous non recurrent saving.

4.2 Substance Misuse

The projected outturn underspend of £35k (4.20%) relates to:

SIC

- reduced demand for Top Up Substance Misuse expected in the year £35k (fortuitous one-off saving).

4.3 Oral Health

The projected outturn underspend of £64k (1.93%) relates to:

NHSS

- Vacancies - 0.60 band 6, 0.4 band 3. Small underspend on non pay.
- Recurring savings of £7.5k from a skill mix in Childsmile - band 6 to band 5 and the CADO PA reduction in WTE.

4.4 Pharmacy and Prescribing

The projected outturn overspend of £322k (4.75%) relates to:

NHSS

- a 10.6% increase in GP led prescribing against a planned assumption of 4.0%. This rate of growth in GP prescribing is inconsistent with historic prior year patterns.

4.5 Primary Care

The projected outturn overspend of £362k (8.59%) relates to:

NHSS

- locum GP requirements in Lerwick and Yell has been the main contributors to the overspend in Primary Care. Agreement has been reached with the GP's to only provide one locum in Lerwick from mid November to the end of January. Following the GP's resignation in Yell it is anticipated that locums will be in place for the remainder of the year while options are considered.

4.6 Community Nursing

The projected outturn overspend of £36k (1.54%):

NHSS

- cover for vacancies and sick leave plus associated travel and accommodation costs especially in non-doctor islands.

4.7 Directorate

The projected outturn overspend of £347k (112.68%) relates to:

SIC

- 2014/15 carry-forward allocated to fund modern apprenticeships unspent due to delays in getting apprentices started £139k (fortuitous one-off saving);
- 2014/15 carry-forward allocated to fund a temporary joint IT post shared with NHSS anticipated to underspend as post not recruited to £20k (fortuitous one-off saving);
- an expected overspend in centrally-held training budgets, but this is off-set by underspend in Community Care Resourses (£37k);

NHSS

- This overspend represents the unachieved efficiency target for 2015/16. The year-end forecast of (£470k) consists of:

2014/15 unachieved recurring target b/f	£467k
2015/16 recurring target	£342k
Total	£809k
Less:	
Recurring savings achieved in 2015/16	(£64)
Non-recurring savings achieved in 2015/16	(£275)
Balance at Year End	£470k

It is to be noted that on a recurrent basis an efficiency target of £745k will be carried forward into 2016/17.

4.8 Adult Services

The projected outturn underspend £633k (11.81%) relates to:

SIC

- vacant posts within the Eric Gray Resource Centre and Supported Living and Outreach, some of which have now been filled, but recruitment continues £347k (fortuitous one-off saving);
- budgeted borrowing costs for £187k in respect of the replacement Eric Gray building that are not expected to be spent in 2015/16 due to slippage in the project (fortuitous one-off saving);
- increased charging income, as income levels are difficult to predict and vary depending on the individual financial circumstances of those receiving care £36k (fortuitous one-off saving);
- projected additional income from supported tenancies at Seaview, which was not budgeted for in 2015/16 £20k (recurring saving);

4.9 Adult Social Work

The projected outturn overspend £155k (7.73%) relates to:

SIC

- vacancies in Adult Social Work during the first 9 months of the year £40k (fortuitous one-off saving);
- expected overspend in Self-Directed Support costs based on the level of current packages in place (£200k).

4.10 Community Care Resources

The projected outturn underspend £844k (8.28%) relates to:

SIC

- continued vacancies across Community Care Resources due to difficulty in recruitment and retention of social care workers £664k (fortuitous one-off saving), this is off-set by expenditure on agency workers (£36k);
- reduction in car allowance/mileage costs as a result of vacancies £64k (fortuitous one-off saving);
- reduced expenditure in centrally-held training budget as the noted vacancies make it difficult to provide back-fill to allow for training £86k (fortuitous one-off saving);
- increased income from charging for board and accommodation and other non-residential charges, which can vary considerably due to the changing customer base and their individual financial circumstances £205k (fortuitous

one-off saving):

- reduction in projected income from sale of meals as the overall uptake of meals have fallen (£27k);
- anticipated additional expenditure to replace flooring at Edward Thomason House, replace the kitchen at Overtonlea and upgrade the nurse call systems in all care homes (£82k).

4.11 Allied Health Professionals

Allied Health Professionals, includes the service headings; Speech and Language Therapy, Dietetics, Podiatry, Orthotics, Physiotherapy and Occupational Therapy.

The projected outturn underspend of £86k (3.21%) relates to:

SIC

- reduced employee costs as a result of the Team Leader post being covered by a locum and other vacant posts in the year-to-date £99k (fortuitous one-off saving), off-set by locum costs of (£90k);
- reduced equipment purchase costs as a result of recycling of equipment wherever possible £34k.

NHSS

- part year vacancies in Occupational Therapy and Physiotherapy and underspend on dietetics non pay budget.

Set Aside Budget

4.12 Health Improvement

The projected outturn underspend of £17k (4.94%) relates to:

NHSS

- less pressure on Smoking Cessation budget during 2015/16 than anticipated.

Unscheduled Care

The projected outturn overspend of £237k (7.23%) relates to:

NHSS

- overspend on Acute Services due to consultant locum use in Obstetrics and Gynaecology, which has reduced from October as new Obstetrics and Gynaecology Consultant has commenced employment;
- locum cover for junior doctor vacancies and maternity pay cover for a junior doctor;
- overspends in Ward 4 and A&E pay budgets due to bank

usage over and above establishments.

4.12 Renal
The projected outturn overspend of £23k (16.50%) relates to:

NHSS

- pay costs greater than expected due to an increase in demand for the service. This cost pressure has been recognised and will be funded in 2016/17.

5. Overall Year End Projection

5.1 Current forecast to the end of March 2016 for the IJB is an overall favourable variance of £647k which represents an underspend in SIC of £1,844k and an overspend in NHSS of £1,197k. However, the SIC underspend will be returned to the council leaving the IJB with the NHSS overspend of £1,197k. NHSS overall recovery plan for 2015/16 will then underwrite the shortfall in IJB funding to result in a break even position for the IJB.

6. Conclusions

6.1 The significance of the NHSS projected overspend in 2015/16 highlights the extent of the financial challenges ahead.

7. Recommendation

The IJB is asked to;

Note:

- The Management Accounts for the 2015/16 year as at the end of the third quarter.
- The projected outturn position as at Quarter 3.
- The pressures in NHS Shetland's (NHSS) budget in 2015/16 and future years. A recovery plan for the deficit in the NHSS 2016/17 budget is the subject of a separate report.

Contact Details:
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19 February 2016

Appendices:

Appendix 1 Consolidated Monitoring Report – Year to date position

Appendix 2 Consolidated Monitoring Report – Year end outturn forecast

Appendix 3 Reconciliation between the funding and service delivery

Appendix 1

Consolidated Monitoring Report
Year to date position to 31st December 2015: 1st April 2015 – 31st December 2015

Service Heading	YTD BUDGET				YTD ACTUAL				YTD VARIANCE			
	JOINT BUDGETS		SET ASIDE		JOINT BUDGETS		SET ASIDE		JOINT BUDGETS		SET ASIDE	
	NHS	SIC	BUDGET	TOTAL	NHS	SIC	BUDGET	TOTAL	NHS	SIC	BUDGET	TOTAL
	£	£	£	£	£	£	£	£	£	£	£	£
Mental Health	935,437	1,018,628	0	1,954,065	906,583	649,154	0	1,555,737	28,855	369,474	0	398,328
Substance Misuse	425,565	227,343	0	652,908	422,000	177,179	0	599,179	3,565	50,164	0	53,729
Oral Health	2,431,407	0	0	2,431,407	2,440,780	0	0	2,440,780	-9,373	0	0	-9,373
Pharmacy & Prescribing	4,342,345	0	810,699	5,153,044	4,503,182	0	814,803	5,317,985	-160,837	0	-4,104	-164,941
Primary Care	3,203,265	0	0	3,203,265	3,433,390	0	0	3,433,390	-230,125	0	0	-230,125
Community Nursing	1,791,760	0	0	1,791,760	1,802,649	0	0	1,802,649	-10,889	0	0	-10,889
Directorate	-252,374	400,221	0	147,847	104,811	227,802	0	332,613	-357,185	172,419	0	-184,766
Pensioners	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Health	0	0	29,907	29,907	0	0	34,576	34,576	0	0	-4,669	-4,669
Adult Services	49,931	3,650,783	0	3,700,713	50,033	3,220,538	0	3,270,572	-103	430,244	0	430,142
Adult Social Work	0	1,586,538	0	1,586,538	0	1,742,394	0	1,742,394	0	-155,856	0	-155,856
Community Care Resources	0	7,996,017	0	7,996,017	0	7,417,534	0	7,417,534	0	578,483	0	578,483
Criminal Justice	0	6,184	0	6,184	0	9,908	0	9,908	0	-3,724	0	-3,724
Speech & Language Therapy	62,541	0	0	62,541	55,946	0	0	55,946	6,595	0	0	6,595
Dietetics	77,822	0	0	77,822	68,304	0	0	68,304	9,518	0	0	9,518
Podiatry	167,241	0	0	167,241	160,470	0	0	160,470	6,771	0	0	6,771
Orthotics	103,807	0	0	103,807	101,142	0	0	101,142	2,665	0	0	2,665
Physiotherapy	438,618	0	0	438,618	425,018	0	0	425,018	13,600	0	0	13,600
Occupational Therapy	140,673	1,083,499	0	1,224,171	133,771	1,086,633	0	1,220,404	6,901	-3,134	0	3,767
Health Improvement	0	0	252,334	252,334	0	0	240,368	240,368	0	0	11,966	11,966
Unscheduled Care	0	0	2,467,846	2,467,846	0	0	2,638,966	2,638,966	0	0	-171,120	-171,120
Renal	0	0	104,313	104,313	0	0	121,426	121,426	0	0	-17,113	-17,113
	13,918,037	15,969,212	3,665,099	33,552,348	14,608,078	14,531,143	3,850,140	32,989,360	-690,041	1,438,069	-185,041	562,987

Appendix 2

Consolidated Monitoring Report
Year end outturn forecast

Service Heading	ANNUAL BUDGET				PROJECTED OUTTURN				OUTTURN VARIANCE			
	JOINT BUDGETS		SET ASIDE		JOINT BUDGETS		SET ASIDE		JOINT BUDGETS		SET ASIDE	
	NHS	SIC	BUDGET	TOTAL	NHS	SIC	BUDGET	TOTAL	NHS	SIC	BUDGET	TOTAL
	£	£	£	£	£	£	£	£	£	£	£	£
Mental Health	1,334,301	1,409,911	0	2,744,212	1,208,777	1,076,055	0	2,284,832	125,524	333,856	0	459,380
Substance Misuse	570,117	254,347	0	824,464	570,117	219,682	0	789,798	0	34,665	0	34,665
Oral Health	3,318,498	0	0	3,318,498	3,254,373	0	0	3,254,373	64,125	0	0	64,125
Pharmacy & Prescribing	5,673,009	0	1,096,127	6,769,136	6,004,243	0	1,086,404	7,090,647	-331,234	0	9,723	-321,511
Primary Care	4,215,723	0	0	4,215,723	4,577,853	0	0	4,577,853	-362,130	0	0	-362,130
Community Nursing	2,367,080	0	0	2,367,080	2,403,531	0	0	2,403,531	-36,451	0	0	-36,451
Directorate	-339,440	647,352	0	307,912	130,674	524,199	0	654,873	-470,114	123,153	0	-346,961
Pensioners	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Health	0	0	39,876	39,876	0	0	46,102	46,102	0	0	-6,226	-6,226
Adult Services	66,574	5,292,930	0	5,359,504	66,711	4,659,845	0	4,726,556	-137	633,086	0	632,949
Adult Social Work	0	2,004,746	0	2,004,746	0	2,159,653	0	2,159,653	0	-154,907	0	-154,907
Community Care Resources	0	10,202,511	0	10,202,511	0	9,358,222	0	9,358,222	0	844,289	0	844,289
Criminal Justice	0	14,135	0	14,135	0	16,550	0	16,550	0	-2,415	0	-2,415
Speech & Language Therapy	81,180	0	0	81,180	74,595	0	0	74,595	6,585	0	0	6,585
Dietetics	103,764	0	0	103,764	91,071	0	0	91,071	12,693	0	0	12,693
Podiatry	222,588	0	0	222,588	213,960	0	0	213,960	8,628	0	0	8,628
Orthotics	137,409	0	0	137,409	134,856	0	0	134,856	2,553	0	0	2,553
Physiotherapy	584,017	0	0	584,017	566,691	0	0	566,691	17,326	0	0	17,326
Occupational Therapy	184,383	1,376,206	0	1,560,589	178,362	1,343,775	0	1,522,137	6,021	32,431	0	38,452
Health Improvement	0	0	337,161	337,161	0	0	320,491	320,491	0	0	16,670	16,670
Unscheduled Care	0	0	3,281,309	3,281,309	0	0	3,518,621	3,518,621	0	0	-237,312	-237,312
Renal	0	0	138,967	138,967	0	0	161,901	161,901	0	0	-22,934	-22,934
	18,519,203	21,202,138	4,893,440	44,614,781	19,475,814	19,357,981	5,133,519	43,967,315	-956,611	1,844,157	-240,079	647,466

Appendix 3

Reconciliation between the funding and service delivery

	SIC £'000	NHSS £'000	NHSS Set Aside £'000	Total £'000
1 Funding Received from	(21,202)	(18,519)	(4,893)	**(44,614)**
2 Indicative cost of Core Services	19,358	19,475	5,134	**43,967**
3 Variance	1,844	(957)	(240)	**647**
4 Under spend returned	(1,844)	-	-	**(1,844)**
5 Outturn	-	(957)	(240)	**(1,197)**
6 Recovery plan required	-	957	240	**1,197**
7 Final balanced position of IJB	-	**-**	**-**	**-**

Agenda Item

5

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2015
Report Title:	Letter to Scottish Government - *Cover*
Reference Number:	CC-12-16-F
Author / Job Title:	Simon Bokor-Ingram / Director Community Health & Social Care

Decisions / Action required:

The IJB is asked to:

1. RESOLVE that the IJB considers and approves a letter from the IJB Chair, on behalf of the IJB, to Scottish Government.

High Level Summary:

At the IJB meeting on the 4 February 2016, the resolution on the Budget 2016/17 paper included that the Chief Officer drafts a communication to the Scottish Government, to express the IJB's concern on the current non-alignment of budgeting and the undue pressure on decision making at a local level, for consideration and approval by the IJB at its meeting on 29 February.

Corporate Priorities and Joint Working:

The IJB is required to advise Shetland Islands Council (SIC) and NHS Shetland (NHSS) of their views on funding and the implications for the successful delivery of services to achieve the 9 national health and well being outcomes.

Key Issues:

The SIC and NHSS agreed and aligned budget setting process which is described in the Shetland Scheme of Integration, and this scheme was agreed by Scottish Government. The late announcements to both SIC and NHSS on budget allocations have delayed the local budget setting process for the IJB.

Implications :

Service Users, Patients and	None arising directly from this report.

Communities:	
Human Resources and Organisational Development:	None arising directly from this report.
Equality, Diversity and Human Rights:	None arising directly from this report.
Legal:	It has been impossible for our budget setting process to comply with the Integration Scheme because the Government announcements on budgets for SIC and NHSS have been so late.
Finance:	With NHSS not due to get sign off from Government until June 2016 for its budget, this creates a level of uncertainty for the IJB on a significant amount of its operating budget. This is the reason that a letter has been drafted which highlights these issues.
Assets and Property:	There are no implications for major assets and property.
Environmental:	There are no environmental issues arising from this report.
Risk Management:	The impact of late decisions by Scottish Government is that the amount of savings for the health part of the budget is not definitive, and further changes to services may be required which are not yet articulated in the Strategic Plan for 2016-19. This is being highlighted to Scottish Government in a letter from the Chair of the IJB, so that these risks may be mitigated in future years. Notwithstanding the lack of clarity, NHSS has worked up its budgets with the information it has in order to present a draft budget in February.

Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015. The IJB as a separate entity has delegated authority thus it making this resolution to highlight particular issues to the Scottish Government.
Previously considered by:	This report has not been presented to any other formal meeting.

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Letter to Scottish Government
Reference Number:	CC-12-16-F
Author / Job Title:	Simon Bokor-Ingram / Director Community Health & Social Care

1. Introduction

1.1 In accordance with the Integration Scheme the Integration Joint Board (IJB) is invited to make recommendations to NHS Shetland (NHSS) and Shetland Islands Council (SIC) regarding the budget allocations for the functions delegated by them to the IJB so that this information can be considered prior to both organisations finalising their budgets. The SIC budget was approved by the SIC on 10th February 2016 and the draft NHSS budget was discussed by NHSS Board on 16 February 2016 and will be agreed with Scottish Government on 30 June 2016.

1.2 At the IJB meeting on the 4 February 2016, the resolution on the Budget 2016/17 paper included that the Chief Officer drafts a communication to the Scottish Government (see Appendix 1), to express the IJB's concern on the current non-alignment of the national budget setting process for Councils and Health Boards and the undue pressure on decision making at a local level, this causes.

2. Background

2.1 At the IJB meeting on the 4 February 2016, the IJB supported and recommended the proposals with regard to the IJB budget allocations for 2016/17 as set out in the report.

2.2 The SIC and NHSS had set their budget process to align and to give the IJB opportunity to consider any impacts on the IJB's Strategic Plan.

However with NHSS not due to have its budget confirmed by Scottish Government until June 2016, this creates a level of uncertainty for the IJB on a significant amount of its operating budget.

2.3 The impact of this uncertainty is that the amount of savings for the health part of the budget is not definitive, and further changes to services may be

required which are not yet articulated in the Strategic Plan for 2016-19. However work to date indicates the financial challenge for NHSS and savings schemes are being developed to deal with that challenge.

2.4 The respective SIC and NHSS budget setting timetables are set out in Appendix 2, which highlight the variances created by the late announcements from Scottish Government.

3. Recommendations

3.1 The IJB is asked to:

3.1.1 RESOLVE that the IJB considers and approves a letter from the IJB Chair, on behalf of the IJB, to Scottish Government.

4. Conclusions

4.1 The response to the resolution made at the IJB's 4 February meeting, is the draft letter which is attached to this paper for the IJB's consideration.

Contact Details:

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Appendices

Appendix 1 – Draft letter to Scottish Government
Appendix 2 – SIC and NHSS Budget Setting Timetables

Integration Joint Board
Upper Floor Montfield
Burgh Road
LERWICK
Shetland ZE1 0LA

Date	February 2016
Your Ref	
Our Ref	IJB/L16-04
Enquiries to	Cecil Smith Chairman

Dear

Shetland Integration Joint Board

I am writing to you to highlight a discussion we held at our Integration Joint Board meeting on 4 February 2016 where it was clear that it was impossible for our budget setting process to comply with the Integration Scheme due to the late Scottish Government announcements on budgets for Local Authorities and Health Boards.

Our Integration Scheme was approved by Scottish Government in 2015, and the scheme was very clear on the commitment from Shetland Islands Council and NHS Shetland (the Parties) to align their budget setting processes in order to give the Integration Joint Board the opportunity to advise both Parties of their views on funding and the implications for the successful delivery of services.

The Integration Joint Board has been advised by NHS Shetland that it will not have Scottish Government sign off of its budget until June 2016, and this leaves the Integration Joint Board with a level of ongoing uncertainty as it enters into a new financial year on the actual allocation from NHS Shetland.

I am seeking assurance that the Scottish Government budget setting process will allow an aligned Local Authority and Health Board process in future years which will support the work of Shetland's Integration Joint Board.

Yours sincerely

Cecil Smith
Chairman
Integration Joint Board

Budget Setting Timetable 2016/17

Shetland Islands Council

Activity	Date
MTFP Refresh	June to 18 November 2015
Participatory Budgeting & Engagement	1 May to 4 September 2015
Budgets prepared	3 August to 4 November 2015
Members' Budget Seminars	9 to13 November 2015
Report Clearance date for 1st service committees	16 November 2015
Special Service Committees	23 & 24 November 2015
Special Policy & Resources Committee	25 November 2015
SIC Meeting to Approve Budget	2 December 2015
Scottish Government Settlement Announced	16 December 2015
Period of Settlement negotiation with COSLA and Scottish Government	16 December 2015 to 15 January 2016
Local Authority Settlement Sign Off	22 January 2015
SIC Meeting to Approve Final Budget Report (which takes account of Settlement)	10 February 2016
Local Government Finance (Scotland) Order 2016 approved by Scottish Parliament	25 February 2016

NHS Shetland

Activity	Date
Scottish Government (SG) Draft Budget Announcement	16 December 2015
NHSS Board consider the Draft Budget	16 February 2016
NHSS submit Draft Financial Local Delivery Plan (LDP) to SG. 2016/17 allocations should be confirmed by this date	4 March 2016
NHSS Board consider Draft LDP prior to Final Submission	19 April 2016
NHSS submit Final LDP to SG	31 May 2016
NHSS Approve 2016/17 Budget	21 June 2016

Agenda Item

6

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Financial Recovery Plan 2016/17 - *Cover*
Reference Number:	CC-15-16 F
Author / Job Title:	Simon Bokor-Ingram, Director Community Health & Social Care

Decisions / Action required:

The Integration Joint Board (IJB) is asked to note the progress and the work that is in hand on the Financial Recovery Plan and the actions being taken and planned for. Further reports will be brought to subsequent IJB meetings with more detail on specific projects.

High Level Summary:

The Financial Recovery Plan sets out the anticipated financial pressures for the IJB which relate to pressures within the NHSS budgets for directly managed and set aside services for 2016/17. The IJB budget is made up of two allocations. The SIC budget is balanced. NHS Shetland (NHSS) budget has a financial gap where savings need to be generated. Based on current information, there is a combined gap of £1.88M in the directly managed and set aside budget for NHSS, and this is the focus of the recovery plan.

Corporate Priorities and Strategic Aims:

In order to fulfil the statutory duties with regard to the functions delegated to the IJB by the SIC and NHSS, the IJB must consider and address the challenges and risks of planning for and directing the provision of services. The IJB will aspire to deliver on the Strategic Plan but this will need to take into account the available resources. The financial gap for 2016/17 in the NHSS allocation will need to be addressed through a planning process involving service redesign.

Key Issues:

This recovery plan is being presented ahead of the 2016/17 financial year because it is evident that the savings schemes for the NHSS budget allocation will not deliver the full year effect in every case, and there is a gap between the savings expected and the schemes that are being generated.

Implications :	
Service Users, Patients and Communities:	Any significant service changes as a result of the shortfall in the NHSS allocation will need a separate process for public and user engagement, and a change to the Strategic Plan.

Human Resources and Organisational Development:	Service change may potentially have an impact on staff, and will be planned and delivered in partnership with staff and through due process. This would involve engagement at the Joint Staff Forum and with other consultative forums.
Equality, Diversity and Human Rights:	No equalities issues have been identified to date. An impact assessment will be undertaken for any redesign of how we deliver services.
Partnership Working	There are well established processes in place to engage with the public; third sector and other statutory agencies. There are established forums for engagement with unions and staff. The Strategic Planning Group which reports to the IJB brings together key stakeholders and this group would advise the IJB on changes to the Strategic Plan.
Legal:	Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is responsible for the strategic planning of the functions delegated to it by the SIC and NHSS and for the preparation of the Strategic Plan. The Strategic Plan specifies the services to be delivered by the parties. Where there is a forecast overspend against an element of the operational budget then a recovery plan shall be subject to the approval of the IJB.
Finance:	A recovery plan is being developed ahead of the 2016/17 financial year because it is evident that the savings schemes for the NHSS budgets will not deliver the full year effect in every case, and there is a gap between the savings expected and the schemes that are being generated. Further detail is set out in the main report and Appendices.
Assets and Property:	There are no implications for major assets and property i.e. buildings and equipment at this stage. Any proposals identified through service redesign will be presented to the IJB. Assets and property remain the respective property of the SIC and NHSS.
Environmental:	There are no implications for the local environment and a Strategic Environmental Impact Assessment is not required.
Risk Management:	The IJB has agreed a Risk Management Strategy and Risk Register which includes risks associated with the delivery of the Strategic Plan. Key risks relate to failure to deliver service change including the achievement of recurring savings within some services. Savings schemes are being developed to cover the financial gap in the NHSS allocation.

Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015. The IJB is a distinct legal entity and has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit.
Previously considered by:	This report has not been presented at any formal meeting.

Shetland Islands Council

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Financial Recovery Plan 2016/17
Reference Number:	CC-15-16 F
Author / Job Title:	Simon Bokor-Ingram, Director Community Health and Social Care

1. Introduction

1.1 The budget setting process for 2016/17 has identified that there is a financial challenge for the IJB in the NHS Shetland (NHSS) budget, where savings of £1.88M in total for directly managed services and the set aside are required to be generated in order for NHSS to be able to balance its overall budget. The savings that are required amount to 8% of the total NHSS allocation.

1.2 There is a requirement to develop a recovery plan for NHSS. The Shetland Islands Council (SIC) budget is balanced and so this recovery plan focuses entirely on NHSS budgets.

1.3 Both Community Health and Social Care, and Acute and Specialist Services, will be expected to deal with any in-year cost pressures before seeking further financial support from either the SIC or the NHSS, depending on which organisation is funding the particular service where the cost pressure has arisen.

1.4 For 2016/17, efficiencies have been identified during the budget setting process for the SIC, and the budgets at the start of the year will be net of those efficiencies. These efficiencies are necessary to cope with inflation and cost pressures and an anticipated real cash reduction in government funding to the SIC.

1.5 For NHSS, efficiency schemes are being identified which will need to deliver in-year in 2016/17. For the NHSS allocation to the IJB, schemes of £1.9M are being proposed however a number of these schemes will

not deliver from the 1 April 2016.

1.6 The Shetland Islands Health & Social Care Partnership Scheme of Integration is clear on how financial pressures must be dealt with:

"Where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board will work with the LPFT [Local Partnership Finance Team] and the appropriate finance officers of the Parties to agree a recovery plan to balance the overspending budget. The recovery plan shall be subject to the approval of the IJB.

If the recovery plan is not successful the Chief Officer and the Chief Financial Officer will work with the LPFT to develop options to address the overspend which may include the option of making interim funds available with repayment in future years on the basis of a revised recovery plan agreed by the Parties and the IJB."

1.7 This recovery plan is being developed ahead of the 2016/17 financial year because it is evident that the savings schemes for NHSS budgets will not deliver the full year effect in every case, and there is a gap between the savings expected and the schemes that are being generated.

2. Background

2.1 The Scottish Government financial strategy requires NHS Scotland to achieve year on year recurring efficiency savings of three percent. The funds released from the achievement of efficiencies are retained locally to address local cost pressures, demographic pressures, new drug costs and to deal with the impact of inflation.

2.2 The current NHSS efficiency savings plan was set to cover the five years from 2012/13 to 2016/17. This plan sets NHSS Corporate and Support Services an ambitious efficiency saving target over the five years that was equivalent to 25% of their 2011/12 baseline budgets. The balance of the efficiency targets was assigned to Clinical Services, which at that time consisted of a single directorate. Clinical Services was subsequently divided into two directorates - Acute and Specialist Services and Community Health and Social Care. The combined target for clinical services required achievement of £4.1 million efficiencies over the five year period. At the end of 2014/15, the first three years, £1.8m of the clinical efficiency target had been realised.

2.3 Both Acute and Specialist Services and Community Health have the added amount of their respective unachieved savings target from previous years in the savings target for 2016/17.

2.5 Appendix 1 outlines the current position in respect of the savings target for both directly managed services and the set aside budget, with unachieved savings to be carried forward, the savings target for next year, and the total accumulated target for 2016/17.

2.6 Detailed plans are being developed that describe how savings projects will be taken forward; timescales; and the phasing in of savings during the year. Risks will be described, and aggregated for the Directorate and IJB Risk Registers where those risks cannot be managed at a service level. Appendix 2 sets out the project areas with the expected timescales for full implementation.

2.7 In year for 2016/17 the potential for a budget over spend has been recognised by NHSS and where possible efforts will be made to limit spend. Whilst non-recurrent savings will contribute to the budget, this is not a sustainable long term solution. In the short term, limiting discretionary spends; delaying recruitment and using vacancies that arise as an opportunity to redesign delivery need to be implemented.

2.8 NHSS is currently experiencing a very challenging year but is aiming to reach a break even position at the end of 2015/16. Should a year end deficit become likely NHSS will need to begin discussions with the Scottish Government Health and Social Care Directorate. The same principle will apply in 2016/17, where NHSS would need to begin discussions with Government if it became apparent that the budget could not be balanced at year end.

3. Impacts

3.1 The NHSS has a statutory responsibility each year to reach an in-year break even position on its finances. Up until now NHSS has achieved this each year.

3.2 At present there are a number of factors which are putting pressure on budgets. Whilst there has been much work carried out to redesign services over the years, redesign has not kept pace with the underlying pressure on the NHSS budget. Non recurrent funding has been used in increasing amounts in the last few years to balance the overall budget at year end.

3.3 Non-recurrent savings will need to be identified not just within directly managed services and the set aside but also across NHSS to support an in-year break even position for 2016/17, particularly as the savings schemes set out in Appendix 2 will not deliver full year effect in many cases. If those actions are not adequate to meet the predicted financial gap, and a year-end deficit is likely, then NHSS would need to begin discussions with the Scottish Government Health and Social Care

Directorate.

3.4 There will need to be a continued focus on budget positions and the efficiency and redesign agenda. Services will need to consider all opportunities in-year to generate further non-recurrent savings; control discretionary expenditure levels; and to plan for schemes beyond 2016/17 that will restore recurrent financial balance and the detail will be reported to the IJB.

3.5 There will need to be an ongoing IJB programme of work to develop detailed savings schemes, with clear timeframes, that will create sustainability for 2016/17 and beyond. This will need to be done in conjunction with the work being undertaken by NHSS to meet the same objectives. Part of the IJB's consideration in making decisions will need to be the balance between quality, cost and time.

4. Conclusions

4.1 With such a focus on finances, it is important that the commitment to safety and quality in delivering care is maintained, and the full governance structure of NHSS is used to ensure that. The Joint Clinical Care and Professional Governance Committee for NHSS, SIC and the IJB has recently been established and this Committee will be key to ensuring safety and quality. At the same time, it is imperative that the services operate within the available resources allocated to them.

4.2 Monitoring and reporting maintains the audit trail of where spend is made against budget for both SIC and the NHSS, and delineates between each organisations budget and expenditure.

4.3 Whilst the task ahead is going to be very challenging, NHSS has a long history of delivering within its financial budget each year. The NHSS is fully committed to creating a sustainable position for the long term. The Executive Management Team of NHSS are currently developing and refining the efficiency programme for 2016/17.

4.4 Detailed reports for projects will be brought to the IJB for a decision as they develop, with the relevant section of the Strategic Plan describing the service change, the impact and risks.

5. Recommendations

5.1 The Integration Joint Board is asked to note

5.1.1 The progress and the work that is in hand on the Financial Recovery Plan and the actions being taken and planned for.

5.1.2 Further reports will be brought to subsequent IJB meetings with more detail on specific projects.

For further information please contact:
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Director of Community Health and Social Care
E-mail: simon.bokor-ingram@nhs.net
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19 February 2015

Appendices:
Appendix 1 - Current position in respect of the savings target for both Services
Appendix 2 - NHSS Savings Schemes 2016/17

2016/17 Savings Requirement Feb 2016

	IJB 'Set Aside'	IJB Joint Budgets	Total	NHS Total
	£000s	£000s	£000s	£000s
Unachieved recurring savings brought forward	172	745	917	1,468
2016-17 Savings Target	97	368	465	1,194
Additional savings required as a result of agreed cost pressures	81	308	389	999
Additional savings required as a result of 7.5% reduction in 'bundled' allocations	23	86	108	278
Total	373	1,507	1,880	3,939
Savings as a percentage of overall funding for IJB Services	7.6%	8.1%	8.0%	

Set Aside figures above are 26% of total Acute Services Directorate efficiency target

NOTE: The Savings target relate solely to the NHS Shetland part of the IJB Budgets

DIRECTLY MANAGED SERVICES

Community Health & Social Care

Project	Estimated Full Year Effect £	By When	Comments
Primary Care Management Costs	25,000	Apr-16	Reduction in capacity. Arrangement will need careful monitoring to ensure effiacacy.
Review of Lerwick Health Centre capacity and demand	75,000	Aug-17	ANP model embedded. Activity levels and waiting times will need to be carefully monitored. Patient list numbers falling.
OOH Vehicle configuration	8,333	Apr-16	New configuaration in place and will be reviewed.
Community Nursing capacity to match demand	250,000	Mar-17	Potential inability to gain support for what may be significant change for some communities. Will need to put in place alternative measures to create resilience.
Pharmacy Challenge	200,000	Mar-17	National trend of rising volume and costs. Local team structured to support clinicians to prescribe efficiently.
Primary Care Redesign	200,000	Mar-17	Primary Care Strategy in development. Financial challenge to the development, but savings not yet defined.
Off Island Mental Health Activity	44,630	Apr-16	Reduced off island activity as a consequence of investment in local service.
Non recurrent savings	100,000	Mar-17	Vacancy factor could affect capacity. Delays to developments if allocations not fully utilised.

TOTAL **902,963**

SET ASIDE

Acute & Specialist Services

Projects	Estimated Full Year Effect £	By When	Comments
Acute services redesign	475,000	Mar-17	Options appraisal of hospital capacity and demand under consideration
Increasing the use of telehealth and redesigning patient pathways	200,000	Mar-17	Largely predicated on reducing off island activity and costs associated with patient travel
Hospital management team restructuring	20,000	Mar-17	
Other schemes - non recurrent savings	300,000	Mar-17	Achievement through scaling back development plans and holding vacancies - impact likely to be focussed on performance against national targets

TOTAL **995,000**

TOTAL SAVINGS **1,897,963**

Agenda Item

7

Shetland Islands Council

NHS Shetland

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Insurance Arrangements for the IJB
Reference Number:	CC-16-16 D1
Author / Job Title:	Simon Bokor-Ingram, Director Community Health & Social Care

Decisions / Action required:

It is recommended that the Integration Joint Board ("IJB") apply to join CNORIS, the Clinical Negligence and other Risks Indemnity Scheme

High Level Summary:

Currently the IJB does not hold insurance for its activities. The current information held would suggest that there is unlikely to be any claims arising out of the activities of the IJB. However, as a well managed organisation the IJB needs to consider whether it should organise cover. At the time of writing 12 out of the 31 IJBs have applied to join CNORIS.

Corporate Priorities and Strategic Aims:

Both NHS Shetland and Shetland Islands Council aim to be well managed and financially prudent organisations. This includes holding appropriate insurances for their activities to reduce risks arising from claims. The IJB also aims to operate in a well managed and financially prudent manner.

Key Issues:

The IJB is being asked to consider the risk involved in operating without insurance cover. If the IJB agree that insurance cover is appropriate then they need to consider the implications of joining the NHS managed CNORIS.

Implications :	
Service Users, Patients and Communities:	There is no impact on the people of Shetland from the proposal in this report.
Human Resources and Organisational Development:	There are no Human Resources and Organisational Development implications arising from this report.

Equality, Diversity and Human Rights:	There are no Equality, Diversity and Human Rights implications arising from this report.
Partnership Working	NHS Shetland and Shetland Islands Council have agreed to meet equally any costs arising from uninsured claims made against the IJB.
Legal:	In terms of the Public Bodies (Joint Working)(Scotland) Act the IJB can apply to join CNORIS.
Finance:	There is an annual fee of £3,000 for the IJB to join CNORIS. The fee will be funded from allocations that have been received that support integration.
Assets and Property:	There are no implications for major assets and property i.e. buildings and equipment.
Environmental:	There are no implications for the local environment and a Strategic Environmental Impact Assessment is not required.
Risk Management:	The financial risk to the IJB is low in that few claims are anticipated and NHS Shetland and Shetland Islands Council have agreed to meet costs arising from uninsured claims. However as a well managed organisation it is appropriate for the IJB to hold insurance.

Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015.	
Previously considered by:	This report was requested by the IJB at their meeting on 20 November 2015.	

Shetland Islands Council

Meeting:	Integration Joint Board
Date:	29 February 2016
Report Title:	Insurance Arrangements for the IJB
Reference Number:	CC-16-16 D1
Author / Job Title:	Simon Bokor-Ingram, Director Community Health &Social Care

1. Introduction

1.1 In terms of the Financial Regulations of the Integration Joint Board (IJB) I am required to arrange adequate insurance cover for all normal insurable risks arising from the activities of the IJB and for which it is the general custom to insure. This includes provision of appropriate insurance in respect of members of the IJB acting in a decision making capacity.

1.2 Further in terms of the Financial Regulations I am required to review along with the Chief Financial Officer the requirement or otherwise for membership of Clinical Negligence and other Risks Indemnity Scheme commonly referred to as "CNORIS" on an annual basis.

1.3 This report sets out the relevant considerations and seeks a decision from members on how they wish to proceed.

2. Background

2.1 The IJB has a separate legal personality from the two Parties (NHS Shetland (NHSS) and Shetland Islands Council (SIC)), which established it. This means that the two organisations which set it up do not have responsibility for any claims made against the IJB or the members of the IJB Board.

2.2 The question of responsibility for claims is however, addressed in the Scheme of Integration which provides that liabilities arising from decisions taken by the IJB will be shared equally between SIC and NHSS. Therefore as a matter of agreement the parties have accepted liability for the costs of claims against the IJB.

2.3 It is anticipated that there is only a remote likelihood of claims directed against the IJB because the operational delivery of services from which claims are more likely, will continue to be the responsibility of the parties. However, this is a new form of organisation and there is no track record on which to base an assessment of the likelihood of successful challenge.

2.4 Albeit the risks are low, and the agreement between SIC and NHSS bears the financial risk, there is also an expectation that organisations who manage risks, would reflect that responsibility by carrying effective insurance cover. This includes an organisation such as the IJB, which manages primarily strategic risks, and this has a bearing on reputational risks.

2.5 CNORIS is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland. The primary objective of the Scheme is to provide a cost effective risk pooling and claims management arrangement for those organisations which it covers.

2.6 The Scheme's basic objectives are:

- To provide advice on clinical and non-clinical Scheme coverage to all parts of the NHS in Scotland;
- To support Scheme Members in an advisory capacity in order to reduce their risks;
- To indemnify Members against losses which qualify for scheme cover;
- To allocate equitable contributions amongst Members to fund their qualifying losses;
- To provide Members with Scheme financial updates throughout the year to help with financial management and planning; and.
- To help manage risk by providing Members with clinical and non-clinical loss analysis throughout the year.

2.7 The Scottish Government Health and Social Care Directorate (SGHSCD) funds all large losses (i.e. those that breach CNORIS scheme deductibles, which is the equivalent of the policy excess in insurance terms) during each financial year.

2.8 At the end of the financial year, CNORIS collects funds from members to pay back the deficit accrued in-year by SGHSCD. In order to share the

cost fairly between members, clinical and non-clinical risk profiles are created which determine relative risks for each organisation. The total annual deficit is then shared between members according to their proportion of the overall risk.

2.9 Part 2 of the Public Bodies (Joint Working) (Scotland) Act provides for the extension of CNORIS under Section 85B of the National Health Service (Scotland) Act 1978 (schemes for meeting liabilities of health service bodies) to local authorities and integration joint boards.

2.10 IJBs can apply to Scottish Ministers to become a member of CNORIS. The current membership as at January 2016 and the type of claims covered by CNORIS is set out in the Cover Note which is attached as Appendix 1 to this report. As at 16 February 2016, 12 IJBs have joined the Scheme and discussions have taken place with a number of other IJBs.

2.11 An alternative to joining CNORIS would be for the IJB to seek its own insurance on the insurance markets. It is unlikely at this stage that the insurance industry would be interested in providing a stand alone policy for the risks associated with the activities of the IJB because there is no track record or if they did, that the level of premium would be less than the charge to join CNORIS.

3. Financial Commentary

3.1 The cost of joining CNORIS has been set at £3,000 per annum for each IJB. This is a low level of fee based on the estimate that claims are unlikely. The cost will be re-evaluated annually based on the number of claims made. It is recommended that this will be funded from allocations that have been received that support integration.

3.2 There is a minimum membership period of CNORIS and that is three years. One year's notice of termination of membership is needed.

3.3 The Scheme deductible, which is similar to the excess on an insurance policy, is £25,000. In other words the parties would in terms of the Integration Scheme share the costs arising from any claim up to £25,000 before there would be any call on CNORIS.

4. Conclusions

4.1 The IJB has no insurance cover in place for its activities. The IJB and its members do have a measure of protection in that the parties have agreed to underwrite the costs incurred by them in respect of any claims.

CNORIS is becoming the usual method taken by IJBs to provide cover against the unlikely event of a claim in connection with their activities

5. Recommendation

5.1 I recommend that the IJB seeks to join CNORIS.

Contact Details:

For further information please contact:
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Appendices

Appendix 1 – CNORIS Cover Note

CNORIS

Confirmation of Cover 2015/16

The following organisations are covered by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) for all Health Services in Scotland and for Health and Social care services covered by Integration schemes.

NHS Ayrshire & Arran
East Ayrshire Integration Joint Board
North Ayrshire Integration Joint Board
South Ayrshire Integration Joint Board
NHS Borders
NHS Dumfries & Galloway
NHS Education
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow & Clyde
East Dunbartonshire Integration Joint Board
Renfrewshire Integration Joint Board
NHS Health Scotland
NHS Highland
NHS Lanarkshire
South Lanarkshire Integration Joint Board
NHS Lothian
Midlothian Integration Joint Board
Mental Welfare Commission for Scotland
National Services Scotland
National Waiting Times Centre
Perth and Kinross Integration Joint Board
NHS Orkney
NHS Quality Improvement Scotland
Scottish Ambulance Service
NHS Shetland
The State Hospital
NHS Tayside
Dundee City Health and Social Care - Integration Joint Board
NHS Western Isles
NHS 24

Mrs Deirdre Evans
CNORIS Scheme Director
NHS National Services Scotland
January 2016

Purpose of this Guidance Note

There will be occasions when CNORIS scheme members are required to confirm the extent of cover available to them under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). This guidance note sets out the cover for the listed Members, and can be provided to external organisations as Members see fit. This guidance is effective from 1 April 2015 until 31 March 2016 inclusive.

Introduction

In my capacity as CNORIS Scheme Director, I can confirm that with effect from 1 April 2015, the bodies listed herein are admitted Members of CNORIS, which has been created by authority of the Scottish Ministers.

CNORIS is subject to scheme rules and governed by the National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2015.

Cover

General:
CNORIS provides indemnity to Member organisations in relation to Employer's Liability, Public / Product Liability and Professional Indemnity type risks (inter alia). The level of cover provided is at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. The Scheme will provide "Indemnity to Principal" where required. CNORIS also provides cover in relation to Clinical Negligence.

Work Experience and Student Placements:
CNORIS provides indemnity to Member organisations in relation to their legal liability associated with work experience recruits of whatever age acting on behalf of the Member organisations. CNORIS will similarly provide indemnity to member organisations in relation to their legal liability associated with students working with the Member organisation on placement from an educational establishment.

Volunteers:
CNORIS provides indemnity in relation to legal liability of Member organisations associated with volunteers of whatever age acting directly on behalf of the Member organisation. For the avoidance of doubt, no cover is provided in relation to voluntary organisations.

Further Information

For further information please contact

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