Shetland Islands Health and Social Care Partnership

Agenda Item

1

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Education and Families Committee Integration Joint Board	5 December 2016 9 December 2016
Report Title:	Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 Action Plan - Progress Update	
Reference Number:	CC-87-16 F	
Author / Job Title:	Clare Scott, Executive Manager Adult Services, Community Health and Social Care	

1.0 Decisions / Action required:

1.1 That the Education and Families Committee and Integration Joint Board (IJB) **NOTE** the progress made by the Shetland's Autism Spectrum Disorder Strategy Working Group in taking the Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 Action Plan forward and highlight any issues or concerns to advise the Council and Community Health and Social Care of their views and/or advise the Council and Community Health and Social Care on any matters where they want to see action taken.

2.0 High Level Summary:

2.1 The purpose of this report is to provide the Education and Families Committee and IJB with an overview of key activities of the Shetland's Autism Spectrum Disorder Strategy Working Group to date following final approval of the Shetland's Autism Spectrum Disorder Strategy 2016-21 on 27th April 2016 (IJB) and 13th June 2016 (E&FC). It was agreed that the Action Plan would be monitored via six-monthly updates to the Committee and IJB.

2.2 The report and appendices provides information and an action plan based on 6 Local Goals Themes identified in the Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 as priority areas for local development and improvement.

2.3 The Shetland's Autism Spectrum Disorder Strategy Working Group comprises of representatives from Community Health and Social Care, Children Services, NHS Shetland, 3rd Sector and Carers. From June 2016, the Group met on a monthly basis to establish a Terms of Reference (Appendix 1) and agree an initial action plan framework. In September 2016 the Strategy Group agreed that a smaller sub-group should be formed, the Shetland's Autism Spectrum Disorder Strategy Focus Group, to take forward the intensive ground work that will assist delivery of the 6 Local Goals. The Focus Group meets regularly reporting into the Strategy

Working Group who now meet on a quarterly basis.

2.4 The Focus Group has concentrated on comprehensively mapping current assets, both in-house and in the community, linking to our 6 local key themes; Awareness Raising and Workforce Development; Assessment and Diagnosis; Active Citizenship; Transition; Support for Families and Carers; Employment; and is underway with mapping those to key performance indicators, targets and measures at a local and national level, including, Scottish Strategy for Autism Best Practice Indicators; Keys 2 Life; Managing Inclusion; and Health and Wellbeing Outcomes.

2.5 'Dovetailing' of services, provision and opportunity to support the all age/whole life approach of the Shetland's Autism Spectrum Disorder Strategy is an underpinning value of the Focus and Strategy Groups work. Good practice is being shared and challenges and gaps are being identified to inform further action to improve outcomes for people with autistic spectrum disorder, their families and carers in Shetland.

3.0 Corporate Priorities and Joint Working:

3.1 The Corporate Plan, 'Our Plan 2016 – 2020' states the aim that as many as possible of the outcomes set out are achieved by the end of the plan. Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 and Action Plan supports delivery of the following Council priorities in Our Plan 2016-20, with a specific focus on Autism Spectrum Disorder:

- To make Shetland the best place for children and young people to grow up
- Children and young people, particularly those in care, will be getting the learning and development opportunities that allow them to fulfil their potential
- Shetland learning partnership will be providing opportunities for young people to gain workplace experience and vocational qualifications while at school, giving them the skills they need to get jobs or continue into further education.
- Young people will feel that their voices are being heard by the council, having regular opportunities to have a say on issues that affect them.
- People who are living with disabilities or long-term conditions will be getting the services they need to help them live as independently as possible.
- People will be supported to look after and improve their own health and well-being, helping them to live in good health for longer.
- Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer
- People, particularly those from vulnerable backgrounds, will be getting access to the learning and development opportunities that allow them to best fulfil their potential.

3.2 NHS Shetland 2020 Vision: to deliver sustainable high quality, local health and care services, that are suited to the needs of the population; to make best use of our community strength, community spirit and involvement; for people to make healthy lifestyle choices, and use their knowledge and own capacity to look after themselves and each other.

3.3 Community Health and Social Care and Children Services contribute the Corporate Priorities as detailed in the Children's Services and Community Health and Social Care Directorate plans and respective Service plans.

3.4 The Shetland's Autism Spectrum Disorder Strategy Working Group and Focus Group comprises of representatives from Community Health and Social Care, Children Services, NHS, 3rd Sector and Carers and strongly supports a joint working approach.

4.0 Key Issues:

4.1 Autism spectrum disorder is a unique and lifelong condition which affects children and adults and is recognised by Scottish Government as a national priority.

4.2 Locally, we need to consider the impact of the developing health and social care integration, locality working and reducing budgets on delivery of improved outcomes for people with autism spectrum disorder, their families and carers.

4.3 Early intervention, barrier identification, reduction and removal are amongst the key factors in the successful delivery of the vision that people with autism spectrum disorder, their families and carers are respected, accepted and valued by their communities; and can have confidence to be treated fairly by services.

5.0 Exempt and/or confidential information:

NONE

6.0 Implications :

Service Users, Patients and Communities:	The Shetland's Autism Spectrum Disorder Strategy and Action Plan are intended to bring about improvement in the way services are provided for people with autism spectrum disorder throughout the lifespan, ensuring that Shetland responds to the unique needs of individuals. The Shetland's Autism Spectrum Disorder Strategic and Focus Group include carers in their membership and take account of the views of carers and those who use services.
Human Resources and Organisational Development:	There are no significant Human Resources implications however the Strategy and Action Plan does include considerable reference to workforce development, with a view to ensuring a joint approach is taken wherever that is possible to meet the needs of the respective staff groups.
Equality, Diversity and Human Rights:	The Shetland's Autism Spectrum Disorder Strategy and Action Plan are intended to improve matters of equality and equity for people with autism spectrum disorder, their families and carers and as such there is no requirement for further equality impact assessment.
Legal:	While there are no direct legal implications arising from this Report, the Shetland's Autism Spectrum Disorder Strategy and Action Plan will assist the Council and NHS Shetland to meet its statutory obligations across a number of service areas.
Finance:	This report is intended to provide Members with information to help when considering financial priorities. There are no financial implications arising from the ongoing development and implementation of the Shetland's Autism Spectrum Disorder

	Strategy and Action Plan. Costs are currently being met from within existing budgets and external funding will continue to be sought wherever possible.	
Assets and Property:	No implications.	
ICT and new technologies:	No implications.	
Environmental:	No implications.	
Risk Management:	This report provides Members with information in relation to Shetland's progress towards delivering improved outcomes for children and adults with autism spectrum disorder, their families and carers. The risk of not delivering against the Shetland's Autism Spectrum Disorder Strategy 2016 - 21 is that we will not achieve Scottish Government's aims of improving outcomes for people with autism spectrum disorder, their families and carers, by 2021.	
Policy and Delegated Authority:	The Council's Constitution – Part C – Scheme of Administration and Delegations provides its terms of reference for Functional Committees (2.3.1 (2)) that they; "Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring; (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus"	
Previously considered by:	Education and Families Committee IJB Committee	5 December 2016 9 December 2016

Contact Details:
Clare Scott,
Executive Manager Adult Services, Shetland Community Health and Social Care.
clare.scott@shetland.gov.uk

Appendices:
Appendix 1: Shetland's Autism Spectrum Disorder Strategy - Working Group Terms of Reference
Appendix 2: Shetland Autism Spectrum Disorder Working Group – Action Plan V6.1 Updated 31.10.16
Appendix 3: Shetland's Autism Spectrum Disorder Strategy 2016 - 21

Background Documents:

The Scottish Strategy for Autism (2011 – 2021)
http://www.gov.scot/Resource/Doc/361926/0122373.pdf
http://www.autismstrategyscotland.org.uk/

The Keys to Life: Improving Quality of Life for People with Learning Disability
http://www.gov.scot/resource/0042/00424389.pdf

Managing Inclusion
http://www.shetland.gov.uk/education/asn_inclusion.asp

Appendix 1

Shetland Autism Spectrum Disorder Strategy Working Group Terms of Reference

Vision

Our vision is that people with autism and their families, living in Shetland, feel accepted and valued by their community and have equal access to knowledgeable services, when they need them, so that they are able to live the lives they choose.

Purpose of the Group

The Shetland Autism Strategy Working Group will bring together public, statutory, third sector organisations and lay members who are involved in supporting people with autism to develop an action plan; address gaps in services for people with autism and reduce or eliminate overlap in the provision of these services in line with the aims of the Shetland Autism Strategy and the Scottish Strategy for Autism.

Objectives

1. To develop and implement an action plan with clear objectives and milestones for delivery in line with the Shetland Autism Strategy and the Scottish Strategy for Autism.

2. To monitor and input into the existing work plans that ensure the vision and recommendations of the Shetland's Autism Strategy 2016-2021 (Young People and Adults) are achieved.

3. Regularly review the progress of the action plan to ensure that it reflects the needs and aspirations of all stakeholders.

4. To recommend and establish new work streams as necessary to achieve the vision and recommendations of Shetland's Autism Strategy.

5. To promote joint working to share resources and expertise and exchange local and national information of good practice.

6. To provide reports to appropriate Council, Health Board and Integration Joint Board Committees that details the progress and constraints in implementing the strategy.

7. To raise the profile of Autism Spectrum Disorder (ASD) within all services, ensuring that workers are aware of the particular needs of people with ASD and are equipped with the skills and knowledge to offer appropriate support.

8. In relation to 4 above the Shetland Autism Strategy Working Group will continue to monitor the development monies given by the Scottish Government to ensure they are being used in an effective and efficient way in line with the agreed expenditure plan.

9. To ensure that all stakeholders, including service users, families and carers are engaged in, and fully involved in the development and ongoing implementation of Shetland Autism Strategy.

10. To promote connectivity or maintain links with a range of appropriate Groups and Plans, including the following:

    Children's Services
    Education
    Health
    Allied Health Professionals
    Adult Services
    Carers Link Group
    Voluntary Action Shetland

11. To contribute to the attainment of wider Community Health and Social Care and Council goals particularly those relating to social inclusion.

How we will meet our Objectives

- The Shetland Autism Strategy Working Group will meet on a monthly basis.
- The Executive Manager Adult Services will Chair meetings.
- The Chair will coordinate the Agenda and arrange for a note of meetings to be circulated for approval.
- Members of the Shetland Autism Strategy Working Group have a responsibility to attend meetings or provide a nominated substitute.
- The Shetland Autism Strategy Working Group will nominate other members where appropriate to give specialist advice as necessary when developing and working through the Action Plan.

Membership and Chair

- Executive Manager Adult Services
- Child and Family Health Manager
- Clinical Director Consultant Psychiatrist
- Community Care Social Worker
- Executive Manager Allied Health Professionals
- Executive Manager Children's Resources
- Service Manager Mental Health
- Executive Manager Quality Improvement ASN
- Health Improvement – Mental Health Forum
- Lay Member
- Lay Member Family/Carer
- Principal Educational Psychologist
- Training Manager (Council)
- Training Manager (NHS)
- Team Leaders:
    - Children's Short Breaks
    - Supported Living and Outreach

The expectation is that members will attend as often as possible, or send a suitably briefed depute or representative.

The Shetland Autism Strategy Working Group may invite additional persons or representatives to its meetings as may be able to assist with the business.

Shetland's ASD Strategy: Local Goal	S ASD Strategy Outcome (What we want to achieve)	Current Assets (What we have/do)	Progress So Far	Gap Identified (What more do we need to do)	Additional Action Required to Address Gap	KPI
No. 1. Awareness Raising and Workforce Development.	Increased level of awareness in the community People employed across all sectors will recognise the unique needs of people with ASD. We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services available.	1. Radio Shetland – Heartbeat April 2016 - Autism; https://soundcloud.com/bbcradioshetland/shetlands-heartbeat-wednesday-6th-of-april-2016 2. Promotion of Autism Awareness Campaigns in conjunction with World Autism Awareness Week Monday 27 March to Sunday 2 April 2017. 3. Information available at http://www.autismnetworkscotland.org.uk/shetland/ 4. Shetland Autism Network Facebook page administered by VAS. Regular update and promotion of information relevant to people with autism, their families and carers. Promotion of local and national ASD related events. *https://www.**facebook**.com/**shetlandautism***		Increase further the level of awareness in the community.	• Ongoing promotion. • Develop ASD related information and materials presence on SIC, NHS internet pages. • Link information on SIC/ NHS Internet to Information available at http://www.autismnetworkscotland.org.uk/shetland/ • Shetland Autism Network Facebook page administered by VAS. Regular update and promotion of information relevant to people with autism, their families and carers. Promotion of local and national ASD related events.	• The Scottish Strategy for Autism; which includes Ten Indicators of Best Practice. P9 of: http://www.autismstrategyscotland.org.uk/index.php?option=com_docman&Itemid=&gid=40&lang=en&task=doc_download
	Community Awareness Raising and Workforce development has achieved; Practice Level 1 Autism Informed (NES Optimising	Geoff Evans Video – Autism Spectrum Disorder	Executive Manager Adult Services to check content for public use. If suitable make available and promote.			

	Outcomes).	Autism Spectrum Disorder Basic Awareness – Online interactive e-learning	Online interactive e-learning via iLearn. *http://tracking.brightwave.co.uk/LNT/Shetland/MyLearning.aspx?ts=2903040&ts=636111067097579838* Personal Skills → Essential Communication→ Autism Spectrum Disorder Basic Awareness This course is suitable for all Shetland Islands Council (SIC) staff and will help you to question whether your job role brings you into contact with those with an Autism Spectrum Disorder and if so what your next step should be.	Accessible to SIC employees only at present	Make accessible to NHS & 3rd sector colleagues	• Shetland's ASD Strategy • Shetland Island Councils Corporate Plan Our Plan which has list of 20 outcomes to achieve by 2020, http://www.shetland.gov.uk/documents/OurPlan2016-20final.pdf
		Level 1 - Raising Awareness of ASD and Social Communication Issues –Sessions available to Statutory services and 3rd Sector partners	LEADS: Gaye Rickard & Merran Adamson. 2 hr Twilight session delivered to school staff as and when required. To access; Request directly from SIC Workforce Development	How do we plan delivery without overwhelming training providers?	Introduce planned programme or waiting list if demand exceeds ad hoc arrangement.	
		Social Story Training - Available to Statutory services and 3rd Sector partners	LEAD for NHS S&LT: 2hr/twilight session as and when required To Access: Contact Speech and Language Therapy on 01591 744242 to arrange	How do we plan delivery without overwhelming training providers?	Introduce planned programme or waiting list if demand exceeds ad hoc arrangement.	

	Workforce development has achieved: Practice Level 2. Autism skilled (NES Optimising Outcomes).	Geoff Evans Video	Executive Manager Adult Services to check content for public use. If suitable make available and promote			• The nine Health and Wellbeing Outcomes. http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes
		Professional Development Award Autism	• 2015/16 Delivered to 10 x SIC Adult Services Staff- funded through external funding and budget carry forward • 2016/17 Being delivered to 10 x SIC Ad Svs; SIC Children Svs; NHS S staff. Funded through external funding. Places are currently allocated to those who express an interest and where essential to post.	1. 2017/18 (and onwards) training need identified - budget not yet identified. 2. How is the course best promoted broadly to SIC/NHS/Other statutory services/3rd sector and funded?		
		Sensory Integration Training	Delivered 11th & 12th April '16. 42 – employees from Health, Social Care and Education trained	Requires further roll out and embedding	Further work/exploration required at SASD Focus Group & Strategic Group	
		NCFE Level 2 Understanding Autism 'Free' online qualification will allow employees to have an understanding of the different spectrum of autistic disorders and how they can affect people in a variety of ways and will ensure employees understand how to use appropriate communication skills and positive behaviour to encourage individuals with autistic	https://www.theskillsnetwork.com/employers/courses/understanding-autism SIC employees piloting	1. Seek feedback from individuals who have undertaken re quality & suitability this course. 2. Check/confirm availability to 3rd sector		

		spectrum conditions to live fulfilling and independent lives.		colleagues		
	Workforce development has achieved: Practice Level 3. Autism enhanced (NES Optimising Outcomes).	ELKLAN Training – 1 x Education specialist & 1 x S&LT attending	• Undertaken 9th & 10th May 2016 • 1st cascade to 12 x Education staff Oct 2016	During 2017 only one Trainer will be available. Enquire with Quality Improvement Officer Children Services if there is funding/ capacity in Education & Families to train a further trainer. Education Services to contact ELKLAN to discuss Shetland's position – can one person deliver?		
	Workforce development has achieved: Practice Level 4. Expertise in autism (NES Optimising Outcomes).	Professionally qualified practitioners in ADOS and DISCO Assessment.	Education Psychologist to expand ' Pathway Team for children			
		Bells Brae PS has been funded to do Intensive Interaction training. Excerpt; Minute SASDSWG 6th September 2016	Executive Manager Adult Services – Clarify what this will offer at S ASD FG Meeting Dec. '16			

No. 2. Assessment and Diagnosis.	There will be a clear pathway for the assessment and diagnosis of ASD. This will include signposting to appropriate post diagnostic supports. Children, including Looked After Children, are diagnosed as early as possible to support best outcome, ensuring that referral for diagnosis can be at any stage where need is identified.	Use of Diagnostic Pathway and ADOS 2.	Education Psychologist link to Managing Inclusion Guideline.			
	A clear pathway for adult assessment of need exists, ensuring that referral for assessment can be at any stage where need is identified.	1. Signpost to Duty Social Work 2. Completion of WYFY 3. Referral pathway to Learning Disability Nurse and Allied Health Professionals				
	There will be a clear pathway for diagnosis of ASD in adulthood, ensuring that referral for diagnosis can be at any stage where need is identified.	Referral to CMHT, Consultant Psychiatrist for DISCO assessment for Adults	Under discussion, further update from Consultant Psychiatrist at S ASD FG December	Further development of local Post Diagnostic Support approach.		
No.3. Active Citizenship	People with autism will have opportunities to engage in meaningful activity throughout the lifespan, enabling them to develop new skills and maximise their potential for independence. Equity of access to universal services	http://www.autismnetworkscotland.org.uk/shetland/				
		http://www.mareel.org/watch/special-screenings/austism-friendly-screenings/				
		Autism Extra Group for young people with social communication difficulties. Secondary age group. Mondays fortnightly, 3.30 -				

		5.00pm Mareel. Requires participant to be able to access the group independently. Requires parental consent form. Currently running as a pilot project. Intention to progress to Open Youth Group set up. Joint project VAS & Family Svs				
	Disability Shetland Transition Group	Disability Shetland Transition Group funded by SG Autism Improvement Fund.	Full description required – Executive Manager Adult Services / Disability Shetland to expand			
	OTHER	UNDER DEVELOPMENT	UNDER DEVELOPMENT	UNDER DEVELOPMENT	UNDER DEVELOPMENT	
No. 4. Transition -	Transitions at key life stages will be planned and managed well for people with ASD - Transition at Inter school year stages.	Educational Outreach Support Worker/Quality Improvement Officer to expand				
	Transitions at key life stages will be planned and managed well for people with ASD - Transition between children and adult services.	The Social Work Transitions Group, a subgroup of the Social Work Governance Group has been set up to consider, plan and improve transition between children and adult services.				
		EGRC Forward Directions	Tailored support appropriate to individual's assessed needs and identified outcomes.			
		Bridges	Tailored support appropriate to individual's assessed needs and identified outcomes. including use of activity agreement for YP up to age 25 yrs.			
		Disability Shetland Transition Group				

	Transitions at key life stages will be planned and managed well for people with ASD - Transitions into work.	EGRC Forward Directions				
		MOEP Transition Service				
		Bridges				
		Employability Pathway				
		Skills Development Scotland				
No. 5 Support for Families and Carers	Carers will be recognised as equal partners in providing care and support for people with ASD.	EarlyBird Healthy Minds - The programme is a six-session parent support programme to help promote good mental health in children with autism (including Asperger syndrome). Healthy Minds has been developed in response to recent evidence which indicated that a high percentage of autistic children are at risk of experiencing mental health problems in adolescence and adulthood. The programme aims to help minimise this risk. http://www.autism.org.uk/earlybird		Requires 2 trained facilitators. Currently Educational Psychologist is the only available trainer. Capacity to deliver issue. Absolutely essential to support transition from primary to secondary. Identified as a NEED by VAS through Parent Carer feedback		
		National Autistic Society 'Right Click' is for parents or carers of individuals on the autism spectrum who are in particular need of information and support. http://www.scottishautism.org/services-support/support-families/online-support-right-click				

		Sibling Group. This is a group aimed at young people who have a sibling with additional support needs.The session runs on the last Saturday of the month from 10.45-12.45 at the Bruce Family Centre. For more information please call Carers Lead, VAS on 01595 743923 Open Referral – arrive at BFC and complete the form or contact VAS at Market House 01595 743923. (Carers Lead) Parental consent form required. Open to children of all ages. http://www.shetlandcarers.org/siblings-group Joint project facilitated by VAS & SIC Family Svs				
		VAS Parents Meeting. Open meetings for parents and carers of young people with social communication difficulty including young people with autism and Aspergers. Supports a preventative approach. The meetings offer the opportunity for consultation and to hear feedback from families and carers. This is an informal group led by VAS Carers staff. The child/young person doesn't need to have received a diagnosis. We are happy to meet people beforehand if people want to know more or		Add link to Shetland Autism Network page		

		are anxious about coming along to a group setting. Monthly during school term time. . Market House. Lerwick. Sessions are advertised through Carers Facebook page, and VAS internet page. http://www.shetlandcarers.org/parents-meeting				
		Early Bird Plus Sessions – post diagnostic support. Proposal to run session in early 2017. A 10 week programme, session's of 2 – 3 hrs. For parent/carer plus member of staff from the school setting. Islesburgh and Bruce Family Centre Educational Psychologist / S&L Department		Explore possible use of Bruce Family Centre to provide crèche facilities to allow parent to attend.		
No. 6 Employment	People with ASD should be supported to access employment, and there must be a clear pathway for this. Encourage recruitment by employers	Equality Act Access to Work		Further develop post recruitment support for; • Individual • Parent • Employers To ensure retention and early support where that is required.		
		Statutory Services Volunteer Placement and Supported Permitted Work Opportunities.				
		MOEP Sector Sessions				
		Resources available at: http://employment.autismnetworkscotland.org.uk/				
	People with ASD should be	Employability Pathway		Further develop		

	supported to access employment, and there must be a clear pathway for this	MOEP Transition Project		post recruitment support for; • Individual • Parent • Employers To ensure retention and early support where that is required		

Shetland Islands Council

NHS Shetland

Shetland's Autism Spectrum Disorder Strategy 2016 -2021

Date: April 2016
Version: 1.4
Author: Jordan Sutherland / Clare Scott
Review Date: December 2016

Document Control

Title of Document	Shetland's Autism Spectrum Disorder Strategy 2016-2021
Committee Reference Number	CC-38-16
Author	Jordan Sutherland, Team Leader - Supported Living
Executive Manager	Clare Scott, Executive Manager Adult Services

Document Clearance	**Date**
Circulation to key stakeholders group across children and adults CH&SC	20 Jan 2016
NHS-S EMT	02 Mar 2016
Patient Focussed Public Involvement Steering Group	07 Mar 2016
Shetland Mental Health Partnership	07 Mar 2016
Child Health Forum	10 Mar 2016
Integrated Children and Young People's Strategic Planning Group	11 Mar 2016
Carers Link Group	15 Mar 2016
NHS Strategy & Redesign Committee	15 Mar 2016
CH&SC Ops	13 Apr 2016
NHS –S Area Partnership Forum	13 Apr 2016
NHS –S Area Clinical Forum	14 Apr 2016
NHS Shetland Board meeting	19 Apr 2016
Integrated Joint Board (Committee Ref: CC-26-16)	27 Apr 2016
Education and Families Committee (Committee Ref: CC-38-16)	13 June 2016

Date	**Version**	**Group**	**Reason**	**Outcome**
12.2015	V1.0	First draft		
05.04.2016	V1.1	Groups as above	Comments received during document clearance process	V 1.2
02.06.2016	V1.2	Legal + Admin	Comments received during clearance process	V 1.3
30.06.2016	V1.3	Final version	Formatting	V 1.4

DATE	**AMENDMENTS MADE TO DOCUMENT**
16.02.2016	Significant amendments to text
08.03.2016	P2. Document Clearance – Dates added
17.04.2016	Various minor amendments to text, following comments from various meetings, Allied Health Professions, and GIRFEC Programme Manager,
18.04.2016	Artwork added
02.06.2016	Added reference to Education (ASL) (Scot) Act 2004, and amended an image, removing an individual's name

Shetland's Autism Spectrum Disorder Strategy 2016 - 2021

Contents

Appendices

1. EXECTUIVE SUMMARY

Scottish Government published The Scottish Strategy for Autism in 2011, making Autism a national priority. The national strategy sets out the government's vision for improvements to services for people with autism spectrum disorder, their families and carers, over a 10 year period.

Shetland's Autism Spectrum Disorder Strategy 2016-2021 has been developed with a range of key stakeholders, and we have identified six local goals, which will inform the development and improvement of local services for people with Autism Spectrum Disorder (ASD) in Shetland.

Our Local Goals:

1. **Awareness Raising and Workforce Development**

   People employed across all sectors will recognise the unique needs of people with ASD. We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services available to them.

2. **Assessment and Diagnosis**

   There will be a clear pathway for the assessment and diagnosis of ASD, for both children and adults. This will include signposting to appropriate post diagnostic supports.

3. **Active Citizenship**

   People with autism will have opportunities to engage in meaningful activity throughout the lifespan, enabling them to develop new skills and maximise their potential for independence.

4. **Transition**

   Transitions at key life stages will be planned and managed well for people with ASD, particularly for those moving between children and adult services.

5. **Support for Families and Carers**

   Carers will be recognised as equal partners in providing care and support to people with ASD.

6. **Employment**

   People with ASD should be supported to access employment, and there must be a clear pathway for this.

"This Strategy gives us a clear direction for children and young people with autism across Shetland."

Helen Budge, Director of Children's Services

"Achieving our local goals will make a positive difference to people's lives. The Strategy for Shetland will drive improvement to ensure that we do our very best for our community."

Simon Bokor-Ingram, Director Community Health & Social Care

2. INTRODUCTION

The Scottish Government published the Scottish Strategy for Autism in 2011, setting out the governments vision that:

> *'Individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives'*

The 10-year strategy identifies 26 recommendations for action at national and local levels, recognising that people with autism have unique needs. These recommendations are far reaching, and consider the needs of people with autism across the whole spectrum, and throughout the lifespan. In addition to the recommendations, the strategy identifies ten indicators of best practice in the provision of autism services (see table 1).

Shetland's Autism Strategy sets out the priorities and strategic direction for the development and improvement of local services for people with autism, their families and carers.

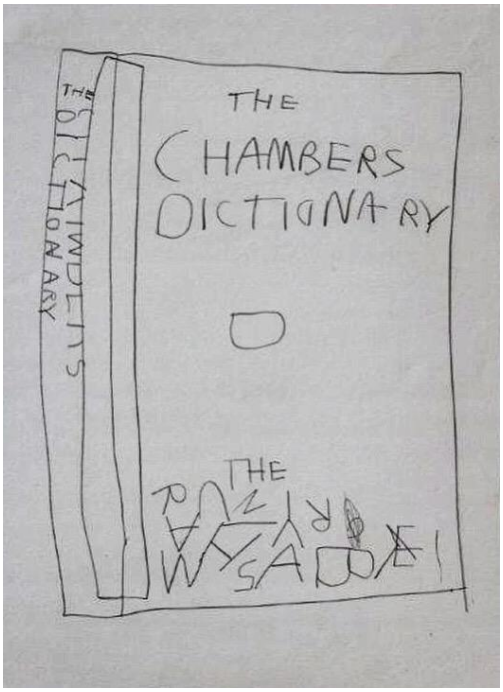
Terminology

Autism Spectrum Disorder is used throughout this document, and includes Asperger Syndrome and childhood autism. Some people prefer to use Autism, or the word 'condition' rather than 'disorder,' however for the purpose of this document, Autism Spectrum Disorder is used to fit with diagnostic terminology.

No.	Ten indicators for Best Practice (table 1)
1.	A local autism strategy developed in co-operation with people across the autism spectrum
2.	Access to training and development to inform and improve understanding of Autism Spectrum Disorder (ASD) amongst professionals
3.	A process for ensuring a means of easy access to useful and practical information about ASD
4.	An ASD training plan to improve the knowledge and skills of those who work with people who have ASD
5.	A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services
6.	A multiagency care pathway for assessment, diagnosis, intervention and support
7.	A process for stakeholder feedback to inform service improvement and encourage engagement
8.	Services that can demonstrate that service delivery is multi-agency and coordinated and targets the needs of people with autism
9.	Clear multi-agency procedures and plans to support individuals through major transitions at each important life stage
10.	A self-evaluation framework to ensure best practice implementation and monitoring

Table 1: 10 Indicators of Best Practice (Scottish Government 2011)

3. WHAT IS AUTISM SPECTRUM DISORDER (ASD)?



Autism is a lifelong neurodevelopmental disorder commonly referred to as autism spectrum disorder (ASD). ASD affects people differently with some individuals being able to live independently, while other will need a lifetime of specialist support.

ASD affects how people communicate with, and relate to, other people. It also affects how they make sense of the world around them.

"It makes me more of a loner. I am antisocial; I can't easily cope with too many human-to-human integrations. I find it difficult to process all that verbal and non-verbal information. It's a bit like a PC, you can run your OC under Windows and you select four applications to use. Then you spend ages waiting while your computer is trying to sort out which of these tasks it is going to work on and for how long. Then, it shares out the processor time on a basis that cannot prioritise. The upshot is that I can only cope with things on a one-to-one or small group basis, and I don't know how to evaluate and prioritise things"

David Nicholas Andrews - http://www.angelfire.com/in/AspergerArtforms/autism.html

Wing and Gould (1979) first described autism as a spectrum disorder. ASD affects each individual in a different way, although all people with ASD will experience difficulty in three areas of functioning. This is sometimes referred to as the triad of impairments and means people may experience problems with the following:

- Social communication – may include difficulty in processing verbal information, understanding and using language, and tone of voice, body language, facial expressions, gestures and articulating feelings.
- Social Interactions – may include difficulty understanding social behaviour and boundaries, personal space, making eye contact, expressing emotions, understanding others emotions, interpreting the actions of others, understanding humour, or showing interest in others views and affects the ability to interact with other people.
- Behaviour and Sensory processing (social imagination) – may include difficulty with sensory processing, may feel more comfortable in set routines and/or repetitive behaviours, develop special areas of interest, and have difficulty in unfamiliar situations, predicting what comes next, and understanding danger, thinking and behaving flexibly.

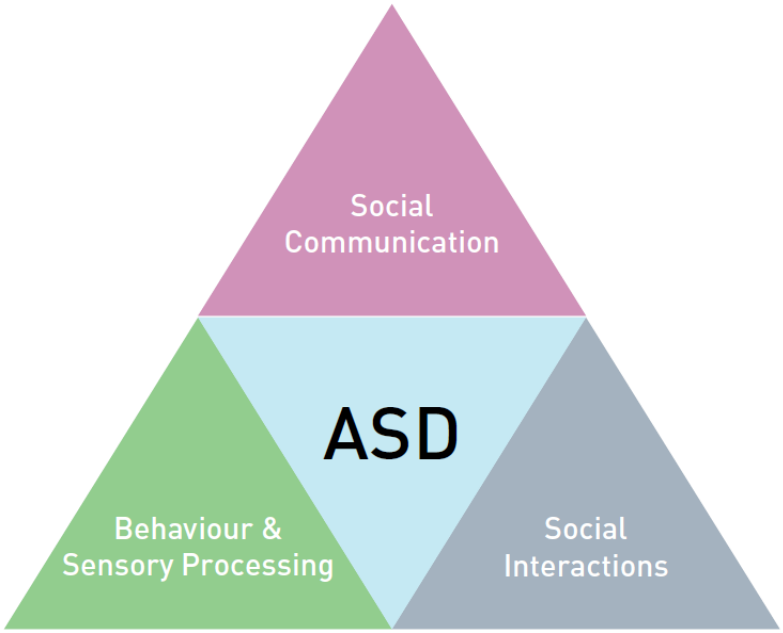


Figure 1: Autism Spectrum Disorder triad of impairments

The most significant area of difficulty for people with autism spectrum disorders is social interaction. This is particularly relevant for people who are diagnosed later in childhood or adult life, as many people learn to compensate for difficulties with social communication or imagination, but the social interaction impairment is still evident even though it may be shown in more subtle ways. Many people with Autism Spectrum Disorder have a co-existing (or comorbid) medical condition such as a learning disability, epilepsy, or other medical problem, which affects their quality of life.

The Scottish Strategy for Autism: Menu of Interventions (Scottish Government 2013) identifies 14 main challenges encountered by people with Autism Spectrum Disorder and their families (see figure 2).

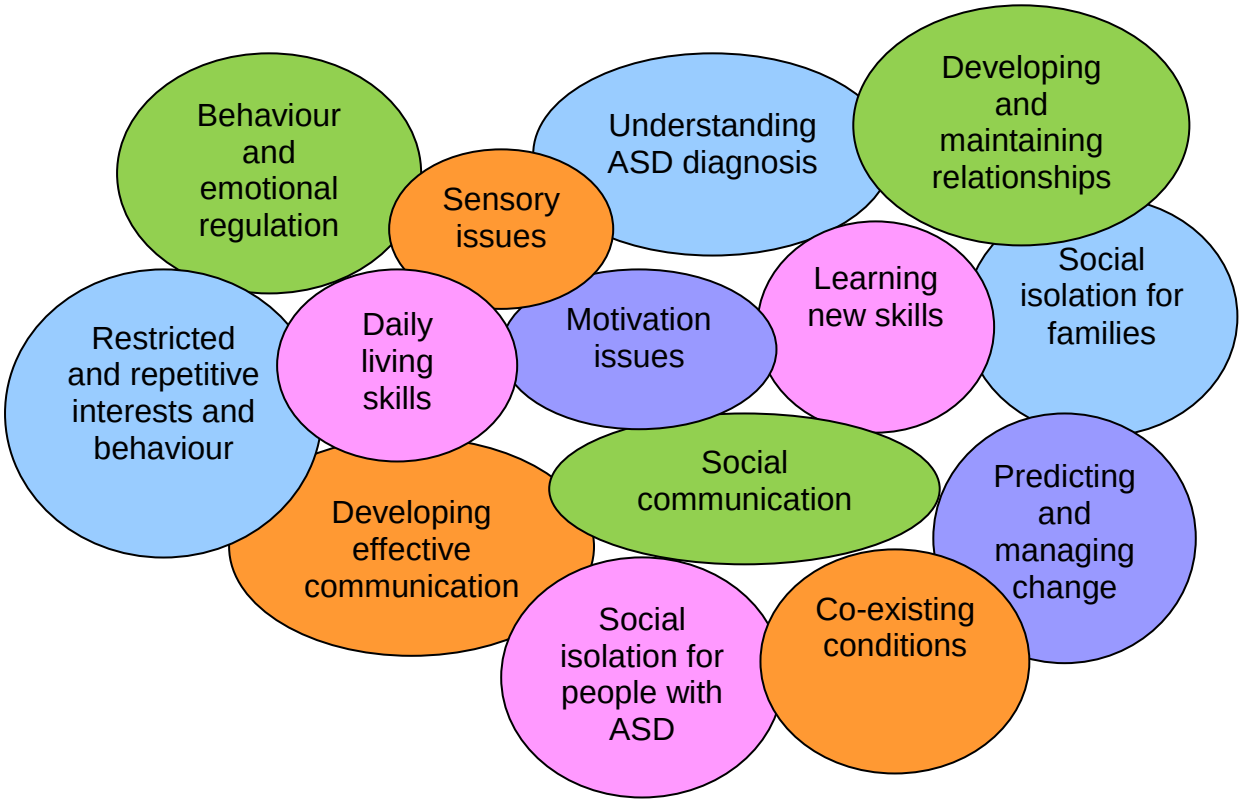


Figure 2: 14 Challenges that can impact on people with ASD and their families

4. PREVALENCE OF AUTISM SPECTRUM DISORDER IN SHETLAND

The national prevalence of autism in children is rising yearly. In 2003 it was reported to be 1 child in 163, 10 years later in 2013 it was reported to be 1 child in 67[1].

The National Autistic Society estimates that approximately 1.1% of the UK population or 700,000 people have autism. Based on 2011 census figures the prevalence in Scotland is as follows:

Population of Scotland: 5,295,400

Prevalence of Autism: 58,249

(National Autistic Society, 2013)

It was estimated that in 2012 there were approximately 202 people in Shetland with Autism, based on a population of 22,500 (National Autism Services Mapping Project: Shetland Council Service Map 2013). Local statistics showed a much lower proportion of people known to statutory services as having Autism Spectrum Disorder, which suggests that there may be people with ASD who do not have a diagnosis, and are not known to the local authority living in the community.

Data collection is an issue nationally as there are no reliable statistics specific to ASD for children and adults. Data is collected in schools regarding the numbers of pupils with additional support needs (ASN), which can include a wide variety of issues. The Scottish Consortium for Learning Disability (SCLD) publishes annual statistics regarding the numbers of adults with learning disabilities (LD), including those with ASD, who have been in contact with local authorities in the past three years, but there are no reliable national statistics regarding the total number of individuals with ASD.

Autism Spectrum diagnosis				No AS Diagnosis	Not known	AS diagnosis as % of all adults	All adults
Classical Autism	Asperger's Syndrome	Other AS diagnosis	Total with AS diagnosis				
28	13	0	41	33	80	26.6	154

Figure 3: Adults with Learning Disabilities or ASD known to Local Authority in last three years (SCLD 2015)

5. THE NATIONAL CONTEXT

The Scottish Government's policy direction is set out through three interlinked strands of Vision, Values and Goals.

Vision

"Our vision is that individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives"

The Scottish Strategy for Autism Scottish Government 2011

[1] Data Source: www.scotland.gov.uk/Topics/Statistics/Browse/School-Education/dspupcensus18

Underpinning Values

• **Dignity**: people should be given the care and support they need in a way which promotes their independence and emotional well-being and respects their dignity

• **Privacy**: people should be supported to have choice and control over their lives so that they are able to have the same chosen level of privacy as other citizens

• **Choice***:* care and support should be personalised and based on the identified need and wishes of the individual

• **Safety:** people should be supported to feel safe and secure without being over- protected

• **Realising potential:** people should have the opportunity to achieve all they can

• **Equality and diversity:** people should have equal access to information assessment and services. Health and social care agencies should work to redress inequalities and challenge discrimination

(Scottish Government 2011)

People with ASD expect to have the support of professionals working together in their best interests to make these values a reality.

Goals

The Scottish Government has set out the following high-level goals in the Scottish Strategy for Autism, and a timeframe for achieving them, in order to benchmark progress towards delivering on the government's vision.

Foundations: by year 2:

1. Access to mainstream services where these are appropriate to meet individual needs
2. Access to services which understand and are able to meet the needs of people, specifically related to their autism
3. Removal of short term barriers such as unaddressed diagnosis and delayed intervention
4. Access to post-diagnostic support for families and individuals (particularly where there is a late diagnosis)
5. Implementation of existing commissioning guidelines by local authorities, NHS and other relevant service providers

Whole life journey: by 5 years

1. Access to integrated service provision across the lifespan to address the multi-dimensional aspects of autism
2. Access to appropriate transition planning across the lifespan
3. Consistent adoption of good practice guidance in key areas of education, health and social care across local authority areas
4. Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism

Holistic personalised approaches: by 10 years

1. Meaningful partnership between central and local government and the independent sector.
2. Creative and collaborative use of service budgets to meet individual needs (irrespective of what the entry route to the system is)
3. Access to appropriate assessment of needs throughout life

4. Access to consistent levels of appropriate support across the lifespan including into older age

Links to other National and Local Drivers

The Keys to Life: Improving Quality of Life for People with Learning Disabilities, 2013

National Health and Wellbeing Outcomes 2015

Shetland Partnership: Our Community Plan, 2013-2020

Integrated Children and Young People's Services Plan 2014-17

A Guide to Getting It Right for Every Child, 2012

Commissioning Services for People on the Autism Spectrum: Policy and Practice Guidance 2008

The Autism Toolbox: An Autism Resource for Scottish Schools, 2009

Caring Together: The Carers Strategy for Scotland, 2010-2015

Self Directed Support: A National Strategy for Scotland 2010

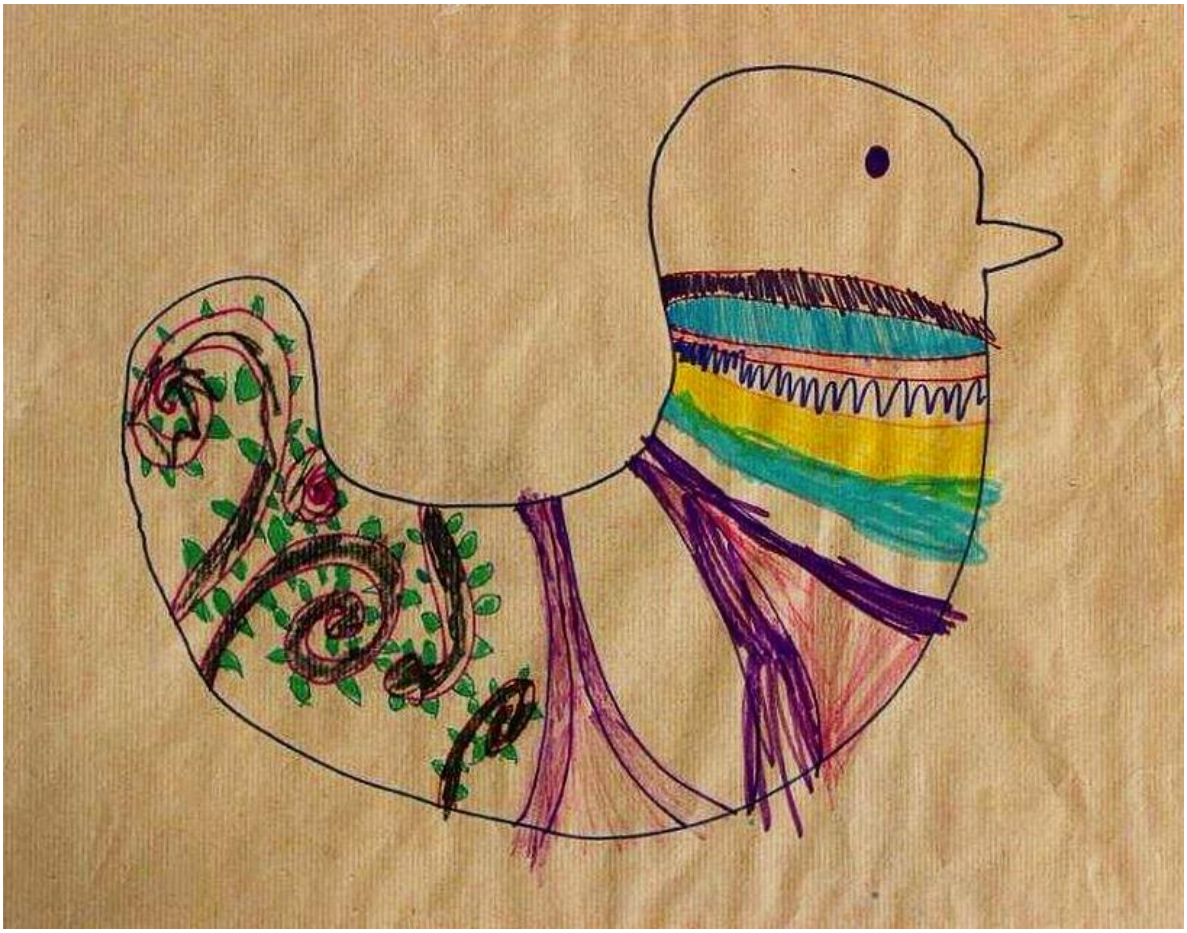
Supporting Children's Learning Code of Practice (revised edition) 2010

6. LOCAL NEEDS ANALYSIS

Shetland is a rural island community in the north east of Scotland, comprising of a number of islands linked by overland crossings and interisland ferry services. Shetland Islands Council and NHS Shetland provide most statutory services in the islands. The Children's Services Directorate of the Council provides Education, Children and Families Social Work and Social Care services including respite and short breaks for children.

The integrated Community Health and Social Care Directorate of NHS Shetland and the Shetland Islands Council includes a range of services for adults and some for children. Due to the relatively small population, people with ASD tend to access services that also support people with a range of other needs, such as having a learning disability; there are limited specialist ASD services. The needs of the people of Shetland are met in their local communities wherever possible, and more specialist services are commissioned outwith Shetland as a last resort. This requires local services to work in a flexible and creative manner to respond to changing needs of the local population.

The model of assessment for both children and adults is strengths based, and outcome focussed in its approach. For Children, Getting it Right for Every Child (GIRFEC) Child's Plan is the multi-agency assessment, and the Barnardos Outcomes Framework is used to measure individual outcomes. For adults, Shetland's Single Shared Assessment process is known as With You For You, and the assessment tool is called 'Understanding You.' Assessments are conducted in a person centred manner, and focus on supporting people to achieve their personal goals.



6.1 Autism Mapping Results

A National Mapping Project was carried out across Scotland to gather information regarding services available for people with ASD at a local level, and to establish a national picture informing future developments, and investment of Scottish Government funding.

The 'National Autism Services Mapping Project: Shetland Islands Council Service Map' was produced in September 2013, and presents a snapshot of services for people with autism in Shetland. The project gathered data using a desk based research exercise (looking at policies and procedures), issued questionnaires to relevant stakeholders and ran a series of workshops conducted in Lerwick, Shetland:

- 25 people attended a multi agency meeting as part of the mapping project including representatives from health, education, social work, Disability Shetland, day services, family services, Supported Living and Housing services, library services, early years services and respite and short breaks.
- 5 carers attended a workshop for parent carers
- Workshops for people with autism were offered by videoconference, but no one signed up for these.

The results from the mapping project are limited in terms of being representative of the views of people with ASD, and their parents or carers. The results of the mapping project are attached as Appendix 2.

There are some areas of good practice locally in the provision of support for people with ASD. However, we recognise that there are some vulnerabilities and areas for improvement, including:

- Difficulty getting a diagnosis of ASD
- Difficulty getting the right support and/or a lack of clarity regarding how to access it
- Specialist knowledge tends to revolve around individuals who have a special interest rather than a designated role for people with ASD

7. LOCAL GOALS

Following a review of information available locally and an evaluation of the services currently provided, we have identified six goals for Shetland. These are summarised the table below, and there is more detailed information about each of them in the subsequent sections.

1. **Awareness Raising and Workforce Development**

   People employed across all sectors will recognise the unique needs of people with ASD. We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services available to them.

2. **Assessment and Diagnosis**

   There will be a clear pathway for the assessment and diagnosis of ASD, for both children and adults. This will include signposting to appropriate post diagnostic supports.

3. **Active Citizenship**

   People with autism will have opportunities to engage in meaningful activity throughout the lifespan, enabling them to develop new skills and maximise their potential for independence.

4. **Transition**

   Transitions at key life stages will be planned and managed well for people with ASD, particularly for those moving between children and adult services.

5. **Support for Families and Carers**

   Carers will be recognised as equal partners in providing care and support to people with ASD.

6. **Employment**

   People with ASD should be supported to access employment, and there must be a clear pathway for this.

7.1 Awareness Raising and Workforce Development

The Council and NHS currently deliver a range of training to staff that support people with ASD, however the procurement of training lacks coordination. A number of frontline staff across services for children and adults received National Autistic Society accredited SPELL and TEACCH training. Education staff have also received introductory training in using the Autism Toolbox, facilitated by Autism Network Scotland. We need to review and evaluate the training we currently provide against the NHS Education Scotland 'Optimising Outcomes Framework,' and establish the knowledge and skills required at each level of the organisation, ensuring procurement of appropriate training to meet the training and development needs of staff in a sustainable and coordinated way.

The Optimising Outcomes Framework identifies four levels of knowledge and skills, as follows:

1. Autism Informed: Essential knowledge and skills required by all staff in health and social care
2. Autism Skilled: Staff with direct and/or frequent contact, or roles with high impact
3. Autism Enhanced: More regular of intense contact with individuals with ASD. Role focuses specifically on autism, provides specific interventions for autism or manages the care or service for individuals on the spectrum.
4. Expertise in Autism: Highly specialist knowledge and skills. Those with a specialist role in the care, management and support of people on the spectrum and their carers.

We will seek to establish a network of Autism Champions across services in both the statutory and voluntary sector, to act as a point of contact for enquiries relating to ASD, and to disseminate information to teams across organisations.

We will also engage with Shetland College UHI to offer accredited qualifications in ASD for staff working across Children and Adult Services.

7.2 Assessment and Diagnosis

The Scottish Intercollegiate Guidelines Network (SIGN) recommends a multi-disciplinary approach to assessment and diagnosis of autism spectrum disorder. The assessment should include of a detailed history of the individual's development, direct clinical observations, and take account of how the individual behaves in other situations. Some specific autism or language assessments may also be carried out, for example, ADOS 2 (Autism Diagnosis Observation Scale, 2nd edition).

The ASD Strategy seeks to ensure there are clear diagnostic pathways for both children and adults, and that post-diagnostic support is available for those who need it. We have subdivided this section to reflect the different routes for child and adult diagnosis and support.

Children's Diagnostic Pathway

Following the implementation of the Children and Young People (Scotland) Act 2014, all children and young people in Scotland have a Named Person, who will usually be a Health Visitor or a promoted teacher when the child starts education. The Named Person provides a consistent approach to supporting children and young people's wellbeing, giving access to advice and support for families.

We will ensure that Health Visitors receive training to recognise early signs and symptoms of ASD, and how to refer on for more specialised involvement, and that teaching staff have access to an appropriate level of training following a mapping exercise using the 'NES Optimising Outcomes Framework.'

The Education (Additional Support for Learning) (Scotland) Act 2004 and accompanying code of practice provide a framework for identifying and addressing the additional support needs of children and young people who face barriers to learning. If it is felt that an ASD assessment is required, the local assessment team will carry out the assessment. The team consists of Speech and Language Therapy, Educational Psychology, GP with a Special Interest in Child Health, and a visiting Consultant Paediatrician. There may also be input from Education Outreach Group and the Child and Adolescent Mental Health Service.

The EarlyBird Plus Programme is run as a post diagnostic support group for parents of children aged 4-8 years, diagnosed with ASD. Due to small numbers of children diagnosed locally, the programme runs when there is a requirement. There is a range of other supports available locally for children and young people. Children and young people with ASD have their needs identified through the Getting It Right For Every Child (GIRFEC) process, and support is tailored to meet the needs of the child and their family.

Adult Diagnostic Pathway

We will seek to ensure that diagnosis is available for those who require it, in a timely manner and provided as close to home as is possible. Currently, adults who do not have a diagnosis of ASD may be referred on for assessment by their GP. This may involve the adult having to go off island for an assessment on mainland Scotland, as there are not sufficient services available locally.

Adults who may require community care services are entitled to have their needs assessed in accordance with section 12A of the Social Work Scotland Act 1968. The local authority has a duty to provide services to meet an adult's eligible care needs in accordance with local and National Eligibility Criteria. Carers of adults are also entitled to an assessment of their needs in relation their caring role. As such, the lack of a diagnosis should not be a barrier to people receiving the services they require. It is acknowledged however that diagnosis might inform a care plan and support strategies, which would benefit the adult. A formal diagnosis will also ensure individuals receive financial support they might be eligible for, and that appropriate supports or 'reasonable adjustments' are considered by employers, as ASD is recognised as a disability under the Equality Act 2010.

We will also seek to provide clarity regarding the post diagnostic support pathway for people diagnosed with ASD in adulthood, and their families, ensuring they are provided with information regarding services they may be eligible for (e.g. respite and short breaks etc.). We will also establish links with acute medical services (hospital) to ensure that the needs of people with ASD are considered when they are admitted to hospital.

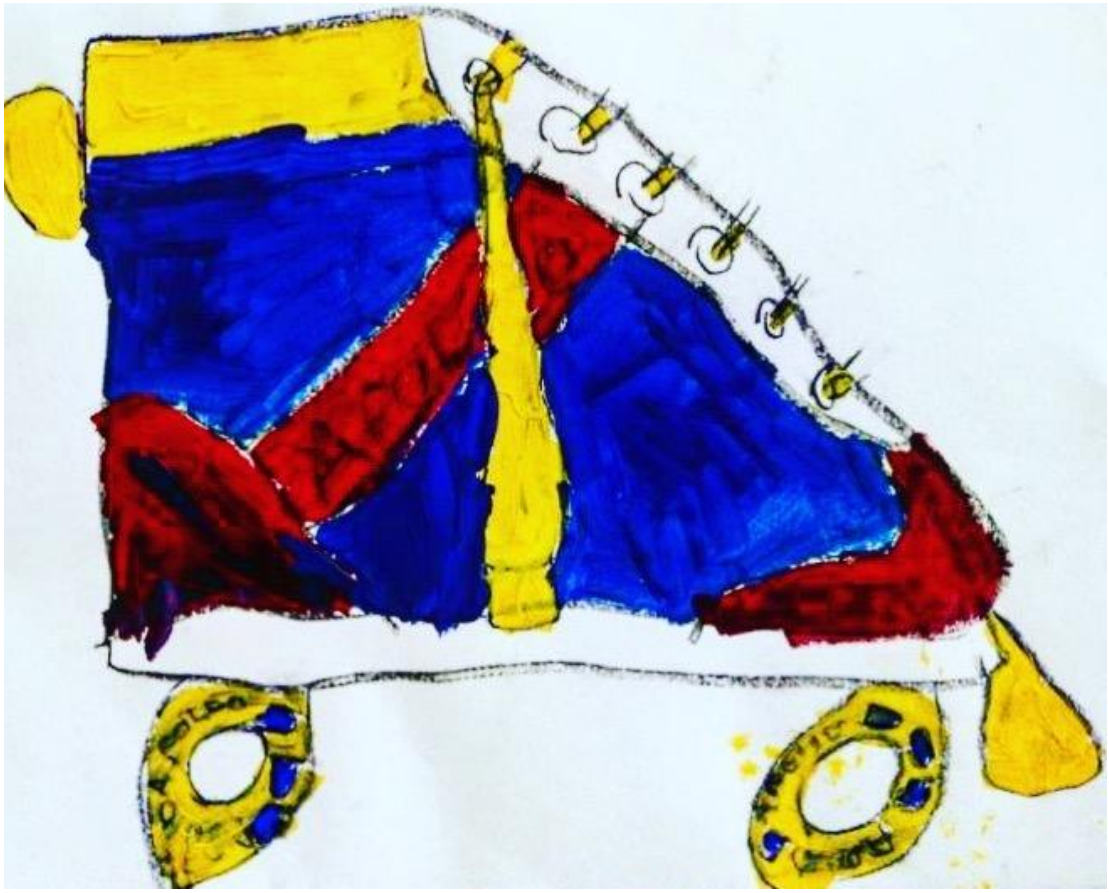
7.3 Active Citizenship

People with ASD can face a range of barriers to everyday activities, and it can therefore be difficult to access social opportunities and various other things other people take for granted. This strategy will aim to ensure that people with ASD receive support to engage in activities that are important to them.

The Council's Supported Living & Outreach and Housing Service provide supported accommodation, and outreach support for people with ASD. There are a number of other services that support people to develop independent living skills, and this support can begin at school, if appropriate. We will seek to ensure that we continue to support people with ASD to live as independently as possible in the community.

There are a number of local services which may be involved in supporting people with ASD to participate in meaningful activities, including Shetland Befriending Scheme, Shetland Community Bike Project, Bridges Project, Shetland College, Moving on Employment Project, and COPE Ltd etc. We will ensure that people with ASD continue to have opportunities to develop skills for independent living, and that the accommodation needs of people with ASD are considered by local housing providers.

Shetland Arts currently support ASN film screenings at the local cinema, and they also provide supported creative activities for people with additional support needs. We will ensure that we work with local partners to promote good practice that already exists in the local community, and raise the profile of inclusive practice to make mainstream services more accessible



7.4 Transitions

When considering 'transition,' the primary focus for practitioners, people with ASD, and their families, is often the point where children move into adulthood. It is important to ensure that this is planned and well managed to achieve the best outcomes for people with ASD. It is also necessary to recognise that there are a number of other important transitions throughout the lifespan.

The Scottish Transitions Forum has produced guidance, which identifies seven 'Principles of Good Transitions' (2013). We will ensure that these principles are embedded in practice locally (see below):

1. All plans and assessments should be made in a person-centred way
2. Support should be co-ordinated across all services
3. Planning should start early and continue up to age 25
4. Young people should get the support they needs
5. Young people, parents and carers must have access to the information they need
6. Families and carers need support
7. Legislation and policy should be co-ordinated and simplified

The Shetland Islands Council has an existing policy supporting transition between Children and Adult Services, which we will review to ensure that transitions are managed effectively and in a timely manner for people with ASD. We will also consider the other organisations involved in supporting people with ASD, and how we support transitions at other key life stages throughout the lifespan.

7.5 Support for Families and Carers

Shetland recognises the valuable contribution that carers make to the support of people in our communities, including those with ASD. A carer is someone who provides unpaid care for a friend or relative who needs his or her support due to an illness, disability, mental health problem or addiction (Scottish Government 2010). Shetland is developing a separate Carers Strategy to recognise the vital role carers have in supporting strong communities and this section will focus specifically on support for people with ASD.

The Education Outreach Group, including the Pre-School Home Visiting Services, have a key role in supporting families, particularly in the early years. Where a need is identified, the Council provides short breaks and respite services to support carers and families of children and adults who have learning disabilities or ASD at Short Breaks for Children or Newcraigielea Services.

Voluntary Action Shetland operate a Virtual Carers Centre, which provides a range of information and advice for carers in Shetland. The website signposts to a number of carers groups which provide a source of support to those with a caring role, as well as providing details of training, short breaks, and financial assistance which may be relevant. See www.shetlandcarers.org for further details.

We will seek to ensure that families and carers of those with ASD have timely access to the right information and advice regarding services and supports for people with ASD.

7.6 Employment

Shetland has established a 5-stage Employability Pathway, which sets out the various stages of support a person has to move through in order to gain sustainable employment. The process will support individuals who have two or more barriers to employment, and may include adults who have ASD.

There are a number of supported employment placements available locally, some of which are commissioned by the Shetland Islands Council. These placements enable people to develop skills, which may result in them, to move into sustainable employment at a later stage. There are also volunteering opportunities, and work experience placements supported by the voluntary sector.

We will ensure that the unique needs of people with ASD are recognised by staff working in agencies that provide assistance with employment to ensure that there are opportunities to move into sustainable employment where possible. We will also ensure that commissioned services meet, and continue to meet, the criteria for accreditation set out in the Scottish Government guidance, 'Commissioning Services for People on the Autism Spectrum' (2008).

8. THE VIEWS OF PEOPLE WITH ASD, THEIR FAMILIES AND CARERS

In September 2013, a national mapping exercise was conducted to review the services available for people with ASD, and this included consultation with people who have ASD, their families and carers. The number of people involved in the consultation process was low (see section 6.1); however the local results show that people feel services could be planned better at a strategic level, and that there are gaps in local delivery.

We will seek to establish a local autism network, including people with ASD, family members and carers, to contribute to the future development of support for people with ASD in Shetland. Due to the dispersed nature of the population in Shetland, it is important that we use a variety of methods to effectively engage with as many people as possible, and we will therefore seek to use a variety of communications, including social media, to ensure we reach a wide audience.

Shetland Islands Council reviewed the provision of day services for adults with learning disabilities in 2014, and a working group of parents, carers and people who access day services was established as part of the consultation. The group was successful, and we may seek to broaden the remit of this existing group, to act as a reference group for the provision of ASD and learning disability services.

9. MONITORING AND REPORTING

The Autism Spectrum Disorder Strategy will be accompanied by an action plan, which will be reported on a six monthly basis to the Integrated Joint Board and SIC Education and Families Committee.

The Community Health and Social Care Strategic Group will monitor the action plan on a quarterly basis, to ensure that work is progressing in accordance with the agreed timescales.

10. KEY ACHIEVEMENTS TO DATE

Shetland has made a number of achievements in the provision and delivery of services for people with ASD since the Scottish Strategy for Autism was first published. So far we have:

- Established an ASD Pathway Assessment Team for Children and Young People
- Trained staff in ADOS2 (Autism Diagnostic Observation Scale 2)
- Trained staff to deliver the EarlyBird post-diagnostic support program (for parents of children)
- Delivered training to Health Visitors in detecting early signs of ASD (March 2015)
- Autism Network Scotland delivered training to a number of staff from children and adult services in March 2015
- Produced a directory of local autism resources in conjunction with Autism Network Scotland as part of their Menu of interventions Roadshows: http://www.autismnetworkscotland.org.uk/shetland/
- Established a Working Group to develop an ASD Action Plan, which will accompany this strategy document, to drive forward improvements to local services.

APPENDIX 1

REFERENCES

Andrews, DN, (2015). Asperger Artforms. [online] Available from: http://www.angelfire.com/in/AspergerArtforms/autism.html

Mullen, F., (2010). SPICe Briefing: Autism (Scotland) Bill. *The Scottish Parliament.* [online] Available from: http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S3/SB_10-72.pdf

National Autistic Society, (2013). Statistics: How many people in the UK have Autism Spectrum disorders. The National Autistic Society [online] Available from: http://www.autism.org.uk/007874

National Institute for Clinical Excellence (2014) NICE Pathways: Autism. [online] Available from: http://pathways.nice.org.uk/pathways/autism

Scottish Consortium for Learning Disability (2015) Learning Disability Statistics Scotland, 2014. Office for National Statistics/SCL [online] Available from: http://www.scld.org.uk/evidence-and-research/statistics/ldss-2014-report-2/

Scottish Intercollegiate Guidelines Network, (2007). Assessment, Diagnosis and Clinical Interventions for Children and Young People with Autism Spectrum Disorders: SIGN 98. [online] Available from: http://sign.ac.uk/guidelines/fulltext/98/index.html

Scottish Government, (2010a). Caring Together and Getting it Right for Young Carers, The Carers Strategy for Scotland 2010 – 2015. [online] Available from: http://www.gov.scot/Resource/Doc/319441/0102104.pdf

Scottish Government, (2010b). Self-Directed Support: A National Strategy for Scotland. [online] Available from: http://www.gov.scot/Resource/Doc/329971/0106962.pdf

Scottish Government, (2011). The Scottish Strategy for Autism. [online] Available from: http://www.autismstrategyscotland.org.uk/strategy/linking-goals-aims-and-recommendations.html

Scottish Government, (2012). A Guide to Getting it Right for Every Child. [online] Available from: http://www.gov.scot/resource/0042/00423979.pdf

Scottish Government, (2013a). School Census Data. [online] Available from: www.scotland.gov.uk/Topics/Statistics/Browse/School-Education/dspupcensus18

Scottish Government (2013b) Scottish Strategy for Autism: Menu of Interventions [online] Available from: http://www.gov.scot/Resource/0043/00438221.pdf

Shetland Islands Council (2015) Barnardos Outcomes Framework: Getting it Right for Every Child in Shetland. [online] Available from: http://www.shetland.gov.uk/children_and_families/documents/TheListofOutcomesV1.3.pdf

Wing, L., Gould, J. (1979), Severe Impairments of Social Interaction and Associated Abnormalities in Children: Epidemiology and Classification: *Journal of Autism and Developmental Disorders*, 9, pp. 11–29.

Appendix 2

National Autism Services Mapping Project
Shetland Council Service Map
September 2013

National Autism Services Mapping Project

Shetland Islands Council Service Map

September 2013

National Autism Services Mapping Project

Shetland Local Service Map

Contents

[1] Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people and the world around them.
It is a spectrum condition, which means that, while all people with autism share certain areas of difficulty, their condition will affect them in different ways. Aspergers syndrome is a form of autism

[2] Definition of a carer
Throughout this document we use the term "carer" to describe individuals who provides unpaid support to a relative family or friends who has autism. The majority of individuals are parent carers but the term carer also describes other family members such as siblings, grandparents or friends who provide substantial unpaid care.
We use the term support worker to describe individuals providing paid support to individuals with autism

1 Background to the National Mapping Project

The National Mapping Project has been a short term fact finding exercise and analysis of information relating to the delivery of services for individuals with autism in your area. It is designed to map out existing service provision across Scotland in order to build up a full picture of the national position which will help inform future local decisions on autism co-ordination on who will do what and where, and influence national decisions on the investment of Scottish Government funding for autism in the future.

The Service Map presented below is a snapshot of the situation in your area with regard to the delivery of services for people with autism. It is predicated on the information collected from the desk research into policies and practice, people we spoke to at the focus groups and the questionnaires completed by individuals in your area. In some areas there was not a full representation of all stakeholders. The corollary of which is that those who did respond will clearly have had an impact on the picture we have drawn.

The Service Map is not the complete story of the services you deliver in your area, those responsible for the delivery infrastructure already in place and service users will both have additional information not recorded here due to the short term nature of the work and reflective of the level of engagement with the Project.

However, together with the national findings and knowledge of your current delivery, it is hoped this service map will help inform the design and delivery of your Autism Action Plans as agreed under Autism Strategy funding to local authorities.

2 Methodology

The Mapping Project gathered information in three ways:

- Desktop research in relation to Data and Strategic Policy
- Online questionnaires for:
  - People living with Autism
  - Carers
  - Statutory providers
  - Service providers

- Workshops with:
  - People living with Autism
  - Parents and carers
  - Multi-agency groups

The Aims of the Workshops were to identify:

People living with autism:

I. To gather experience of people with autism about the places, people and activities that help them have a "meaningful life"
II. Gather information about how the core services contribute to having a meaningful life
III. Gather ideas of what might happen to improve things and what difference that would make

Carers and parents:

I. To have a better understanding of what carers want to see in their local areas
II. To have a better understanding of the local areas and what is making a difference for people living with autism and their families
III. To identify what would make a difference for them

Multi-agency groups:

I. To use the 10 indicators for developing best practice as a baseline for discussion
II. To gather information about how services work in partnership together
III. To explore the depth of partnership working
IV. To provide knowledge about the impact for people with autism, through identifying the challenges and gaps in services

3 How the service map is organised

From the information gathered throughout this exercise Mapping Coordinators identified a number of recurring themes. It also became apparent that the themes could be arranged under aspects of delivery that individuals talked about. These were: People, Processes, Services, Specialist Services and those issues which were specific to Parents and Carers.

People	Processes	Services	Specific Services	Parents and Carers
Autism Knowledge and Awareness	Carers/Family Support including groups/listening to carers/carers assessment/named person	Advocacy	Autism Specific Services for Children and Adults	Parents/Carers as equal partners
Community and Social Opportunities	Communication and Signposting	Criminal Justice including Police/Autism Alert Card		Carers/Family Support
Environment including sensory	Diagnosis - All aspects	Education/Further Educations – including pre-school/mainstream and autism specific		
Inclusion/ Acceptance of autism	Information/Data Sharing	Employment/Employability		
People/ Professionals who understand	Intervention (universal for all services	Housing		
Reasonable adjustments to accommodate autism	Multi-Agency/Partnership/ Pathway, Communication and Co-ordination of services	Respite		
Transport and Rural Issue	Prevention (early intervention) approach	Services - Access/Gaps/performance		
	Autism Planning Structures	Service Responsibility including lack of service for people with Asperger's and high functioning autism		
	Quality of life/Wellbeing/Feeling	Transitions - all major life transitions		
	Training – all aspects For professionals – a framework for training			

For coherence with the Scottish Strategy for Autism the themes have been for the most part organised within the service map according to the Ten Indicators for best practice in the provision of effective services as laid out in the Scottish Strategy for Autism.

A particular focus has been offered on issues specific to Parent and Carers and to Quality of Life outcomes for individuals with autism.

Key to codes: the following codes indicate the source of the data ie if the information has been gathered from the questionnaires or the workshops and from which group.

Please note that where small numbers responded in any area and there was a possibility of identifying an individual, that information has not been directly quoted and has instead been used to ascertain a trend along with other quotes, information or data.

- M for multi agency workshop
- C for carers workshop
- I for individuals with autism who took part in a workshop or completed workshop tasks individually
- SAQ for Statutory Agencies Questionnaire
- SPQ for Service Providers Questionnaire
- CQ for Carers questionnaire
- IQ for Individuals questionnaire
- QQ for quantitative data across national responses to questionnaires
- Quotes from individuals are in quotation marks

4 Background for your area?

- Scottish Government Audit for People with Autistic Spectrum Disorders (2004) estimated that the prevalence figure for autism in Shetland based on 2003 numbers of people with a diagnosis was 31.2 per 10,000 for children and 5.4 per 10,000 of the adult population. In children this is just below the national rate of 35.3 per 10,000, but with adults it is more than twice the national average rate of 2.2 adults with a diagnosis per 10,000. Returns from Shetland to eSAY[3] Statistics 2011 indicates that information about whether or not an adult has a diagnosis of autism was available for 59 out of 136 people known to services. Of the 59 people for whom there was information, 26 had a diagnosis of autism. The Scottish Strategy for Autism (2011[4]) suggests an expected prevalence rate of 90 per 10000 which would suggest the actual prevalence figures for autism in Shetland, going by the 2012 population of 22,500, would be 202.
- Autistic Spectrum Disorder Policy for Children and Young People, Shetland Islands Council Children's Services (2011) sets out 12 Key Priorities to provide autism friendly provision both within and out-with education built on involvement of young people and their carers. Recognition is given to the need for information, guidance, respite and support groups for families, successful transitions in to adult services plus promotion of community awareness and understanding of autism.
- The Better Brighter Future 2011-2014 is Shetland's integrated children's service plan which plans to meet the additional support needs of children through the Getting it Right for Every Child approach.
- With You for You (2010) is the person-centered multi agency approach for the planning and delivery of adult care and support services.
- There is a multi agency autism strategy group with representation from both adult and children services.

[3] http://www.scld.org.uk/sites/default/files/booklet_1_-_learning_disability_and_asd_2.pdf

[4] http://www.scotland.gov.uk/Publications/2011/11/01120340/0

5 What we asked and who responded to us

- A desk-based research exercise was carried out into policy in Shetland including autism specific policy as well as wider additional support needs/disability policy across social services, education and housing.
- 25 people attended a multi agency meeting which included people from health, education, social work, Disability Shetland, day care services, family services, supported living and housing services, library services, early years services and respite services.
- 5 carers attended a workshop for parent carers
- There had been an arrangement to meet with a group of people with autism through Disability Shetland, but this was cancelled as Disability Shetland felt the ability range of participants was too wide for the workshop to be accessible. Two opportunities were offered for a workshop by video conference but no one with autism in Shetland signed up for this.
- 7 people from statutory agencies and 1 individual with autism completed online questionnaires from Shetland. No service providers or carers completed questionnaires online. The individual with autism did not include any qualitative data on his/her response.
- The short time scale of the mapping project meant that only one visit was possible and this severely limited opportunities for people to participate.
- The autism strategy group distributed the link to the online questionnaires widely. The low response rate may be for a number of reasons, but given that the 5 carers who took part rated services as good or excellent, it is possible that it is because people are generally satisfied with services that meant they did not feel the need to respond.
- Due to the amount of information from any group in Shetland, this service map provides only a partial picture of services in Shetland. Quantitative information from the online questionnaires across Scotland is included to provide some general information.

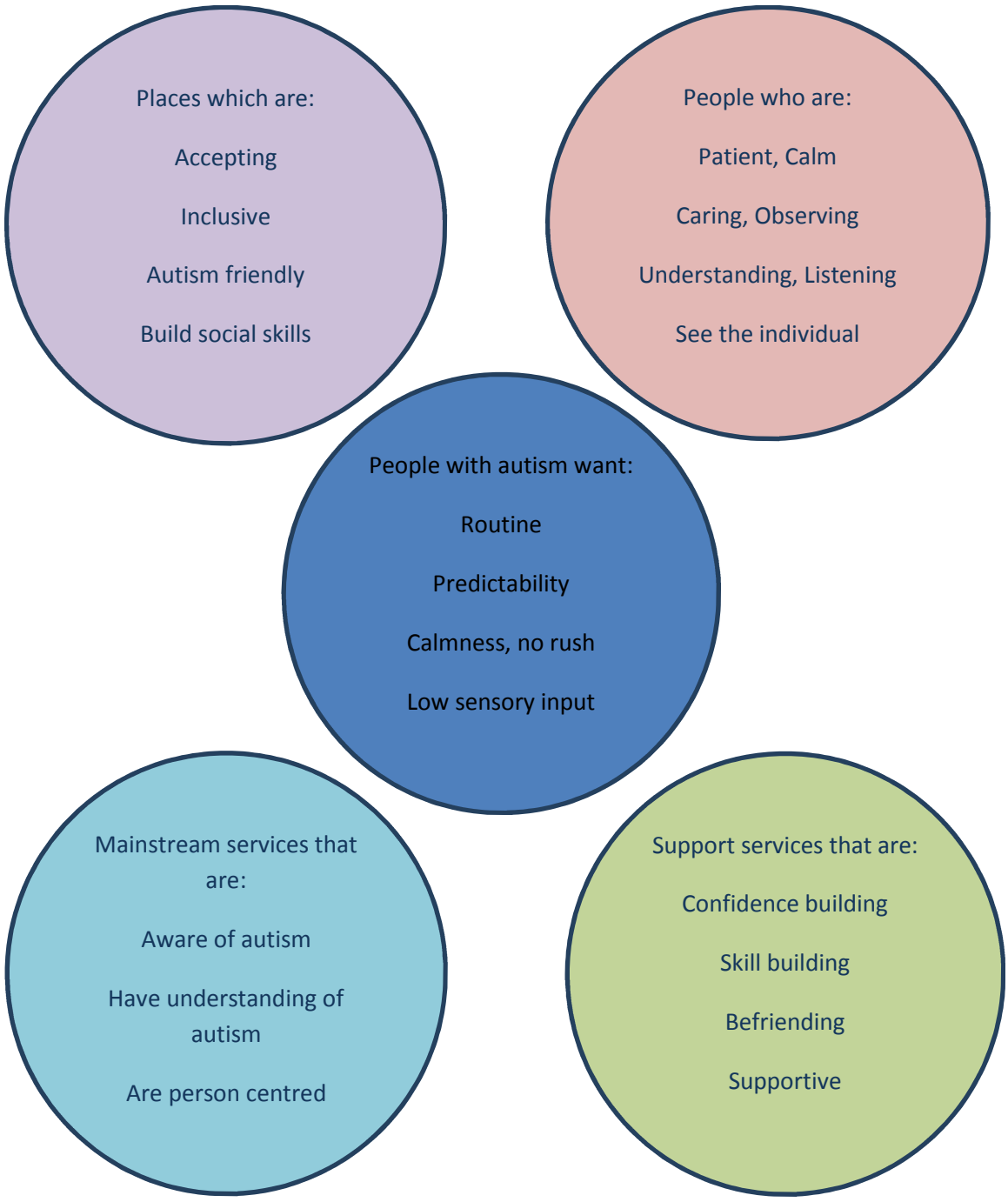
The numbers responding is represented in the table below

Focus Groups	Nos	Questionnaire responses	Nos
Multi-agency	18	Multi-agency	7
Service providers	7 *	Service providers	0
Parent/Carers	5	Parent/Carers	0
People with autism	0	People with autism	1

*As many support services are provided in-house it was not always clear whether people were service providers or statutory agency.

6 Carers told us people with autism want:

(No qualitative data available from individuals with autism)



7 What Parents and Carers told us

5 carers attended the workshop. All were parent carers of children/young people with autism, 7 in total, aged between 5 and 19 years of age. The word cloud below represents proportionately (the larger the word the more often it was said) things parent carers felt contributed to quality of life for their children/young people.

Carers were asked to score services between poor, satisfactory, good and excellent. The table below indicates the scores given. One parent scored his/her two children separately, so 6 score sheets were completed.

Parents and Carers scores for: 'How my area is doing'	
Care and Support response	1.5
Health response	3
Education and Further Education	3
Transitions	2.5
Employment	Not applicable
Housing and Community Support	2.5

Carers were asked to agree their top three actions points which they would like to see.

Top three action identified by Parents/Carers in (LA)
1 Place for information and carer support
2 More access to respite, including for siblings
3 More opportunities post-school

Specific information relating to Parent/Carers' Issues

	What's working well?	What's not working well?
Parents/Carers as equal partners	In respect of a young person's independence, parent/ carers only involved in planning with permission of young person (SAQ).	No comments were made
Carers/Family Support including groups/listening to carers/carers assessment/named person	The ASD policy (2011) mentions the importance of access to family support groups (P). Carers spoke of a coffee morning where children were catered for and safe, so parent carers were able to chat to one another (C).	No comments were made

The five parent carers were very positive about the services they received.

8 Comments about Community and Social Opportunities

	What's working well?	What's not working well?
Community and social opportunities	The leisure centre (C) library (SAQ) and adult learning (M) are mentioned as accessible community opportunities. A social group for teenagers with autism or ADHD was also mentioned (M). The National picture presented is that there is wide recognition (90% QQ) that social/community opportunities are important. The National picture presented is that support to access social activities is reflected in 90% of care plans (QQ) .	The national picture presented from carers completing these questions is90% thought children faced social challenges at school, only 50% thought the person they cared had friends in the community and only 34% thought the person was included in the community (QQ).

Issues for Consideration
It was said that people should be patient and understanding as this makes things easier for the carer

9 Statutory and Voluntary Services perspective

25 people attended the multi agency meeting, as indicated below. Most of the service providers listed below were involved in short breaks, respite or day care provision, one was from Disability Shetland.

Agencies attending Focus Groups	Nos
Health	1
Social Work	1
Education	7
Further Education	
Criminal Justice	
Police	
Employment/Employability	1
Housing/building standards/supported living	5
Service Providers	7
Other/environmental health/library/infrastructure	3

Rating where people feel they are with the LA Strategy for Autism where 1 is 'work has not yet begun', 2 is 'made a start', 3 is 'good progress' and 4 is 'completed'.

Good practice indicator	Mean score
A local autism strategy	2
Access to training and development	2
A process for ensuring a means of easy access to useful and practical info about ASD	2
An ASD training plan	2
A process for data collection	2
A multi-agency care pathway	2
A framework and process for seeking stakeholder feedback	2
Services that can demonstrate that service delivery is multi-agency in focus	3
Clear multi-agency procedures and plans	2
A self-evaluation framework	2

10 A Summary of Findings in relation to the 10 Indicators of Good Practice

The tables below set out the responses from the information gathered from individuals in your area. They are set out under themes or headings which were developed from the national data sets.

Please note:

The following Indicators have been grouped together. The information gathered did not distinguish between the two aspirations:

2. Access to training and development to inform staff and improve the understanding amongst professionals about autism.

4. An ASD Training Plan to improve the knowledge and skills of those who work with people who have autism, to ensure that people with autism are properly supported by trained staff.

Similarly the following Indicators have also been grouped together for the reasons outlined above:

7. A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.

10. A self-evaluation framework to ensure best practice implementation and monitoring.

1.

A local Autism Strategy developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans.

	What's working well?	What's not working well?
ASD Planning structures	There is a clear autism Policy and action plan for children's services (P&M). There is a multi agency group which meets regularly to take the strategy forward (P) and there is a link to adult services (M) from his group. The National picture presented is that 78% of NHS staff and 92% of other statutory agency staff sought service user feedback in development of services(QQ)	No lead was identified (SAQ)

Issues for Consideration
Better links between children and adult services (M)

2.

Access to training and development to inform staff and improve the understanding amongst professionals about autism.

4.

An ASD Training Plan to improve the knowledge and skills of those who work with people who have autism, to ensure that people with autism are properly supported by trained staff.

	What's working well?	What's not working well?
Training –all aspects. For professionals – a framework for training	There is evidence of awareness raising across the sector, specific service training and NHS /Education had training plans (M&SAQ).	There may be a gap in getting training to the frontline in services outside of health or education (M). Although people receive awareness training they recognise the need for further training (SAQ) and training which is not just for support staff but for all staff (SAQ).
People/professionals who understand	People who are patient and understanding of autism, who observe and listen to understand the uniqueness of the individual; who are calm and able to sort out challenging behaviour from autism, people who genuinely care; these are the people who are able to make a difference (C).	

Issues for Consideration
• A coordinated approach to autism training across the area (M&SAQ) • Better links to training opportunities (M&SAQ)

3.

A process for ensuring a means of easy access to useful and practical information about autism, and local action, for stakeholders to improve communication.

	What's working well?	What's not working well?
Autism knowledge and awareness	There is Early Bird and general awareness training in children's services (M) and Adult Learning do awareness raising about Aspergers across the public sector (SAQ). The ASD policy (2011) promotes community wide awareness raising (P). The National picture presented is that appoximately half of service providers thought they had a role in raising awareness (QQ).	There are still some agencies who have a limited awareness of the impact of autism on the individual's life (SAQ).
Communication & signposting	ASD policy (2011) aims to provide the right information and guidance to families (P) and a range of examples of available information was provided (SAQ). Psychology are good at ensuring communication needs are met (M) and other services take a person-centred	Adults would benefit from post diagnostic information (M).

	approach to communication (SAQ).	
Inclusion/Acceptance of autism	There are inclusive evening classes (M).	

Issues for Consideration
o A co-ordinated approach to raising awareness and providing information about local and national support would be helpful (SAQ). o Improved information is an action in the service plan (M); carers raised their need for more information (C).

5.

A process for data collection which improves the reporting of how many people with autism are receiving services and informs the planning of these services.

	What's working well?	What's not working well?
Information/Data sharing	Social Work collect data; there is data collection within education but there are data sharing issues re sharing with other agencies (M). The national picture presented is that 90% of NHS staff, 94% of other statutory agencies and 87% of service providers said they recorded if service users had autism (QQ).	There may be a lack of consistency in data sharing approaches (M). A concern was raised about the secure GSX email (M).

Issues for Consideration
o The consistency of approach to collection of data o An approach to resolving information sharing issues

6.

A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with autism and remove barriers.

	What's working well?	What's not working well?
Diagnosis – all aspects	Carers reported good pre and post diagnostic support (C). NHS and Learning Disability link around adult assessment (M)	However, there is recognition that there is a gap in securing an adult diagnosis if it is not picked up in school. Adult diagnosis is off-island (M&SAQ).
Interventions (universal) for all services	Various different interventions were mentioned, Moving On, Direction Team and Shetland Befrienders (M).	
Prevention (early intervention) approach	Bruce Family Centre and Disability Shetland listen and respond to need preventing a crisis being reached (C).	
Multi-Agency/Partnership/ Pathway, Communication and Co-ordination of services	Better Brighter Future children's service plan uses the Getting it right approach to additional support services. With You For You is the person-centred approach to providing services for adults (P). Lots of examples of good multiagency working were provided in both children and adult services, between statutory agencies and service providers (M&SAQ).	The multiagency approach works well around individuals but is not planned strategically (SAQ). There were examples given of some agencies which do not seem to engage as well (M). Some families will opt not to have involvement of social work, preferring to seek information and advice only (SAQ).

Issues for Consideration
• Improved information as part of post diagnostic support including information about local services (C).

8.

Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with autism.

	What's working well?	What's not working well?
Environment including sensory	Psychological service input to schools about the sensory needs of autism (M).	In the national data 74% (QQ) individuals with autism completing the questionnaire reported experiencing sensory difficulties at school; 66% (QQ) of these did not receive any help with that.
Reasonable adjustments to accommodate autism	Autism friendly cinema screenings is an example of reasonable adjustment (C).	
Services - Access/Gaps/ performance	In terms of services meeting the need of people with autism, the National picture presented is that 26% carers said that needs were fully met, 60% partially met and 14% not met (QQ).	Access to a GP can sometimes be difficult (M).
Service Responsibility including lack of service for people with Asperger and high functioning autism		The multi agency group suggested that services for adults with autismcould be improved and that the services for individuals who are high-functioning but still have complex needs are not consistent.

Criminal Justice including Police/ Autism Alert Card	The national picture presented is that only 28% of people with autism had Autism Alert Cards and only 6% of those had used it (QQ).	
Education/Further Educations – including pre-school/mainstream and autism specific	Several mainstream schools were cited by carers as being good (C). A person centred approach is taken to meeting the needs of students in college (SAQ).	There was a suggestion from a Statutory Agency that the information from schools to colleges could be passed on earlier so that individuals could be supported.
Employment/ Employability	Employment services work to support individuals to acquire the skills needed to gain employment or access training. The support offered is person centred and for as long as needed. Potential employers are provided awareness raising (SAQ). Nationally 33% people with autism is said they were in work, of whom 47% had support and 56% enjoyed their work. (QQ)	It was suggested that there is a lack of employment opportunities available particularly outside of Lerwick (M).
Housing	Housing as an organisation has a good understanding of autism (C).	Housing services would like to improve housing for people with autism Shetland wide (M).
Respite	The ASD policy 2011 recognises the importance of respite to families (P). The Laburnum Centre works well providing both respite and life skills development (C).	

Transport and Rural Issues	" I do feel however that the discreet geography and small population of Shetland means that there are opportunities to work productively & imaginatively with other agencies in meeting support needs." (SAQ).	Rurality presents a challenge to delivering the strategy in current economic restrictions (SAQ).
Autism Specific Services for Children and Adults	Spectrum group, Disability Shetland, Bruce Family Centre; Laburnum Centre were all listed as valueable services (M&C). One of the benefits is that these services offers routine and predictability (C). Nationally 66% of service providers were providing a targetted service for people with ASD (QQ).	

7.

A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.

10.

A self-evaluation framework to ensure best practice implementation and monitoring.

Autistic Spectrum Disorder Policy for Children and Young People, Shetland Islands Council Children's Services (2011) recognises the importance of involving people with autism and their carers.

9.

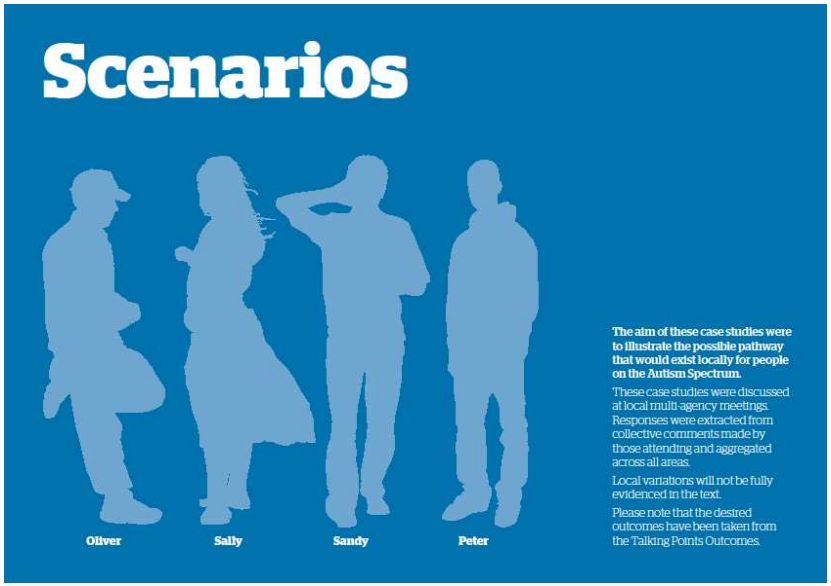
Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.

	What's working well?	What's not working well?
Transitions – all major life transitions	The ASD policy (2011) promotes successful transition in to suitable adult service provision (P). The links between school and adult services are robust (M) and liaison with further education good (M&MQ).	Lack of data sharing can make transitions difficult (MQ).

11 Scenarios

During the course of the project the Mapping Coordinators employed a number of case studies to help agencies determine how they worked together with individuals. Of all the case studies offered four were used more often than others. Below you will find an illustration of one of those case studies with the information extrapolated from across Scotland to give a picture of what is likely to happen. This will be useful in measuring what's happening locally against the information drawn nationally.

To access the results of the case studies double click on the image below and then click on each named case study to review the results. If you are unable to access the PDF through the image please double click on the icon below.



NAS Scenariosfinal.pdf

11 Moving Forward

The information presented above, as stated in the introduction, offers a snapshot of the situation in your area with regard to the delivery of services for people with Autism and their families. The Service Map is not the complete story of the services you deliver in your area, However, together with the National findings and knowledge of your current delivery, it is hoped this service map will help inform the design and delivery of your Autism Action Plans as agreed under Autism Strategy funding to local authorities.

The information from the entire National Autism Services Mapping Project, across all local authorities in Scotland, will be gathered together and a full report published. The Scottish Strategy for Autism web site has up to date information on the implementation of the strategy for your information http://www.autismstrategyscotland.org.uk/

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	9 December 2016
Report Title:	2016/17 Budget and Recovery Plan	
Reference Number:	CC-93-16 F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

The IJB is asked to:

1.1 Request that NHS Shetland (NHSS) provide the IJB with an additional one-off payment to cover the forecast over spend on the NHSS arm of the budget.

1.2 Note that the forecast fortuitous under spend in Shetland Islands Council (SIC) arm of the budget will be returned to SIC in accordance with the Integration Scheme.

2.0 High Level Summary:

2.1 The aim of this report is to provide the IJB with further information regarding the forecast outturn for 2016/17 and seek approval for an approach to NHSS with regard to the forecast over spend in NHSS arm of the budget.

2.2 The Financial Monitoring Report to 30 September 2016 was presented to the IJB on 23rd November 2016. In that report the forecast overspend for the IJB for the financial year 2016/17 was £1,665k which represents a forecast under spend in the SIC arm of the budget of £323k and a forecast over spend in NHSS arm of £1,988k.

2.3 The Integration Scheme contains the following guidance on the treatment of over/under spends:

"Over Spends
Where there is a forecast over spend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board will work with the LPFT 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.

Under Spends
Where there is a planned, forecast, under spend 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.
Any windfall under spend will be returned to the Council and/or the Health Board in line with the original budget allocation."

2.4 The Integrated Resources Advisory Group (IRAG) provides further guidance on the options available for dealing with overspends.

Extract
"4.3.1.2 It is recommended that if an overspend is forecast on either arm of the operational Integrated Budget, the Chief Officer and the relevant finance officer should agree a recovery plan to balance the overspending budget.
4.3.1.3 In addition, the Integration Joint Board may increase the payment to the affected body, by either:
• Utilising an under spend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
• Utilising the balance on the general fund, if available, of the Integration Joint Board in line with the reserves policy.
4.3.1.4 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the partners have the option to:
• Make additional one-off payments to the Integration Joint Board; or
• Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this."

The full guidance can be seen here: http://www.gov.scot/Resource/0048/00480494.pdf

2.5 Members of the IJB will note from the latest Financial Monitoring Report that it is highly unlikely that the Recovery Plan for 2016/17 (Appendix 1) will be successful and therefore the IJB is heading for a forecast over spend. The context for this report is the forecast expenditure on directly managed NHSS funded services and NHSS funded set-aside services and amounts to a forecast over spend of £1,988k.

2.6 The Local Partnership Finance Team (LPFT) at recent meetings has discussed the situation and the policy context locally. It is clear in the Integration Scheme that any windfall under spends are returned to the relevant partner, therefore, it is not possible for the IJB to consider the option of, "*Utilising an under spend on the other arm of the operational Integrated Budget to reduce the payment to that body",* as set out in paragraph 4.3.1.3 of the IRAG guidance.

2.7 Similarly, as the IJB has no reserves or reserves policy, "*Utilising the balance on the general fund, if available, of the Integration Joint Board in line with the reserves policy"* is also not an option for addressing the forecast overspend of NHS budgets.

2.8 The situation is the same as in 2015/16 when NHSS made an additional one-off payment to the IJB to balance the NHSS arm of the budget. This process was successfully audited by Audit Scotland during the annual accounts process and this is the approach recommended in this report to address the over spend forecast in the NHS arm

of the budget for 2016/17.

2.9 It is recommended that the IJB writes to NHSS to formally request this additional one-off payment and to formalise the arrangement for dealing with the 2016/17 projected overspend in NHSS arm of the budget. It is important to note that the value of this one-off additional payment will not be confirmed until the end of March 2017. The figures in this report are assumptions at month six and are subject to change. To minimise the value of this additional payment the acceleration of the Recovery Plan remains of significant importance.

2.10 Appendices 2 and 3 contain earlier correspondence between NHSS and the IJB regarding the Recovery Plan. As it is unlikely that the Recovery Plan will be successful for 2016/17 the proposal set out above is necessary to ensure the IJB can achieve financial balance for the financial year 2016/17.

3.0 Corporate Priorities and Joint Working:

3.1 The Strategic Commissioning Plan and associated budgets describes how health and care services can be delivered, jointly, across the services described in the IJB's Integration Scheme. This describes how key priorities, as well as day to day operational, services, will be delivered.

3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan, NHS Shetland's 2020 Vision and Local Delivery Plan.

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, other regional and national organisations (such as the Scottish Ambulance Service and NHS Grampian and other specialist Health Boards) and voluntary sector providers.

4.0 Key Issues:

4.1 The latest Financial Monitoring Report identified that it is highly unlikely that the Recovery Plan for 2016/17 will be successful and therefore the IJB is heading for a forecast over spend. The context for this report is the forecast expenditure on directly managed NHSS funded services and NHSS funded set-aside services and amounts to a forecast over spend of £1,988k.

4.2 For 2016/17, an additional payment to the IJB is the only option available to address any deficit at the end of the year as it has been recognised that the Recovery Plan and key initiatives in the Strategic Plan will not be achieved in time to realise the savings required.
The IRAG guidance at paragraph 4.3.1.4 suggests two approaches to an additional payment:
"• Make additional one-off payments to the Integration Joint Board; or
• Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this."

4.3 The recommended mechanism in this report is for an additional one-off payment. Although the recommended mechanism for dealing with over/under spends was applied in the prior year (2015/16) it has not been formally agreed for 2016/17. During the Strategic Commissioning Plan approval process for 2016-19 it was implied, rather than

formally agreed, that the mechanism would remain consistent.	
5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Strategic Commissioning Plan sets out the services to be delivered over the next 3 years. Any significant changes to that plan will be of interest to services users, patients and communities, particularly in respect of accessibility and availability.
6.2 Human Resources and Organisational Development:	Any service development proposals or changes affecting staff will be subject to full staff engagement and consultation using the relevant agencies policies and procedures and reported via the Joint Staff Forum.
6.3 Equality, Diversity and Human Rights:	Any equalities impacts will be assessed and considered as part of any proposals for change and schemes for efficiency savings.
6.4 Legal:	The proposals in this report are consistent with the Public Bodies Act and the Integration Scheme for Shetland's IJB.
6.5 Finance:	The IJB will fail to meet its statutory obligation to remain within its financial resource limit for 2016/17 unless the forecast overspend is addressed.
6.6 Assets and Property:	At this stage, there are no implications for Assets and Property. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall estate in order that service costs can be accommodated within the total budget allocation.
6.7 ICT and new technologies:	At this stage, there are no implications for ICT and new technologies. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall infrastructure in order that service costs can be accommodated within the total budget allocation.
6.8 Environmental:	None arising directly from this report.
6.9 Risk Management:	There are significant risks associated with the failure to remain within the financial resource limit for 2016/17. If the proposals in this report are not delivered the IJB could find itself in recurrent financial deficit which will impact on its ability to deliver the Strategic Commissioning Plan in future years. A structural redesign of services is required to address the funding gap of approximately £2m in 2017/18. Otherwise a Recovery Plan will again be required which will continue to make it difficult for IJB members to address the decisions they need to make to help the parties meet their financial commitments and

	absorb future financial settlements.	
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the Joint Strategic (Commissioning) Plan at its meeting on 20 November 2015 (Min. Ref. 11/15) The IJB has the authority to negotiate funding arrangements from NHSS and SIC as part of the Strategic Commissioning Plan annual update process.	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation	

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
29th November 2016

Appendices:
Appendix 1 – IJB Recovery Plan
Appendix 2 – Letter from NHSS to IJB (28th September 2016) regarding the Financial Recovery Plan
Appendix 3 – Letter from IJB to NHSS (14th October 2016) in response to Appendix 2.

Background Documents: *List relevant background documents and web links*

IJB Recovery Plan **Appendix 1**

A Recovery Plan has been put in place for the IJB to address the efficiency savings required within the Health budgets for directly managed and set-aside services. A full update on the progress of the recovery plan was provided for IJB Members in October 2016. As at 30 September 2016 there is a projected underachievement of £970k against the Recovery Plan.

	Directly Managed Services	Set-Aside Services	TOTAL
Savings Required by Recovery Plan	£1,356,924	£420,162	£1,777,086
Savings Achieved for year-to-date	£95,798	£140,199	£235,997
Saving proposed for remainder of year	£445,896	£125,056	£570,952
Unacheived Savings	£815,230	£154,907	£970,137

Of the £806,949 savings identified above, £448,530 represents recurring savings and £358,419 are non-recurrent.

Detail of the Recovery Plan can be found seen below:

Directly Managed Services Savings Position		**Non Recurrent**	**In Year Recurrent**	**Savings outstanding**
Opening savings Target	1,356,924			
Savings achieved in year				
Skill mix - Lerwick Health Centre Receptionist 0.60 band 3 post reduced to 0.60 band 2			1,400	1,355,524
Non Recurrent savings from band 5 vacancy in Community Nursing		11,020		1,344,504
Non recurrent savings from band 6 vacancy in non doctor island Community Nursing		37,539		1,306,965
Non recurrent savings from band 6 vacancy in Podiatry		17,777		1,289,188
Non recurrent savings from band 7 vacancy in Physiotherapy		15,098		1,274,090
Remove band 4 post from Primary Care Admin and uplift Community Nursing Admin post - balance to savings			6,364	1,267,726
Remove non pay budget from Primary Care Admin for consumables			6,600	1,261,126

Savings proposed for remainder of year				
Pharmacy - Empowering Patients			44,000	1,217,126
Pharmacy - National Consensus			10,000	1,207,126
Pharmacy - Biologicals			88,000	1,119,126
Pharmacy - Diabetes			18,000	1,101,126
Pharmacy - Respiratory			10,000	1,091,126
Pharmacy - Polypharmacy			24,000	1,067,126
Remaining months of Physiotherapy vacancy		24,259		1,042,867
Remaining months of Podiatry vacancy		18,133		1,024,734
Psychological Therapist vacancy		35,000		989,734
Non Dr Islands vacancies offset by bank useage		31,504		958,230
Redesign of primary care service following approval of primary care strategy. This includes previous project on specific Lerwick Health Centre staffing.		80,000		878,230
Review of Community Nursing Service, including District Nursing, ANPs, Out of Hours. This now includes the previously separate project on non-doctor islands.		63,000		815,230
Unachieved savings for year				**815,230**
Total recurrent savings achieved			208,364	
Total non recurrent savings achieved		333,330		

'Set Aside' Services Savings Position	**Total**	**Attributable to IJB**	**Non Recurring**	**In Year Recurring**	**IJB Savings outstanding**
Opening savings Target					
Acute Services	1,110,340	293,685			
Off Island Clinical Services	477,246	11,367			
Public Health	115,110	115,110			
Total	**1,702,696**	**420,162**			
Savings achieved in year					
Director of Public Health Redesign	115,110	115,110	0	115,110	305,052
Child Health - replace band 7 with band 6	6,127	0	0	6,127	305,052
Infection Control Team - band 6 0.62 WTE reduced to 0.53 WTE	7,459	0	3,400	4,059	305,052
Central Decontamination Unit - band 4 reducing hours by 0.1 WTE	3,116	0	0	3,116	305,052

Medical Imaging - skill mix change	5,578	0	0	5,578	305,052
Theatres - band 6 replaced by band 5	2,085	0	0	2,085	305,052
Child Health - skill mix change	118	0	0	118	305,052
Funding bundles allocated to savings	160,991	25,089	160,991	0	279,963
Savings proposed for remainder of year					
Specialist Nursing bundle	31,511	0	31,511	44,000	279,963
Outpatients Department - skill mix change	17,659	0	10,000	7,659	279,963
Hospital Management Team	20,000	5,290	0	20,000	274,673
Specialist & Rehabilitation Services	202,800	53,641	0	202,800	221,032
Pathways / Patient Travel	250,000	66,125	0	250,000	154,907
Unachieved savings for year					**154,907**
Total recurrent savings achieved				240,166	
Total non recurrent savings achieved			25,089		

Shetland NHS Board

Board Headquarters
Upper Floor Montfield
Burgh Road
LERWICK
Shetland ZE1 OLA

Telephone 01595 743060
Fax 01595 696727
http://www.shb.scot.nhs.uk/

APPENDIX 2

Simon Bokor Ingram
Director of Community Health & Social Care
Board Headquarters
Upper Floor Montfield
Burgh Road
LERWICK
Shetland
ZE1 0LA

Date	28th September 2016
Your Ref	
Our Ref	L16-51
Enquiries to	Ralph Roberts
Extension	3062
Direct Line	01595 743062
E-mail	Ralph.roberts@nhs.net

Dear Simon,

Financial Recovery Plan

As you will be aware, at the Health Board's most recent Strategy & Redesign Committee, it was agreed there was a need to develop a Financial Recovery Plan. This was in response to the Health Board's projected overspend in 2016/17 financial year.

As set out in the Integration Scheme, and the guidance on Financial Management for Integration Joint Boards (IJBs) (see section 4.3.1) I am writing formally to you as IJB Chair Officer to request that the IJB urgently develop and report a Recovery Plan that will allow a balanced position within the Health Budget under their responsibility.

In line with the time scale agreed at the Strategy & Redesign Committee can you please provide the IJB Recovery Plan by Friday 04th November 2016 so this can inform the discussion at the next Strategy & Redesign Committee scheduled to take place on 22nd November 2016.

I look forward to hearing from you.

Yours sincerely

Ralph Roberts
Chief Executive, NHS Shetland

Community Health & Social Care Directorate
Upper Floor Montfield
Burgh Road
LERWICK
Shetland ZE1 0LA

Telephone 01595 743697
Fax 01595 695326

APPENDIX 3

Ralph Roberts
Chief Executive
NHS Shetland
Upper Floor – Montfield
Burgh Road
Lerwick
ZE1 0LA

Date	14 October 2016
Your Ref	
Our Ref	SBI/NJH/L16-24
Enquiries to	Simon Bokor-Ingram
Extension	
Direct Line	01595 743697
Fax	
E-mail	Simon.bokor-ingram@nhs.net

Dear Ralph

Financial Recovery Plan

Thank you for your letter dated 28 September 2016. A Recovery Plan was presented to the Integration Joint Board (IJB) on the 28 June 2016 and an updated Recovery Plan will be presented to the IJB on 19 October 2016.

I will provide you with a Recovery Plan that includes the contributions from the IJB at their meeting on the 19 October so that you have this in time to present to the Strategy & Redesign Committee scheduled for 22 November 2016.

Yours sincerely

Simon Bokor-Ingram
Chief Officer
Integration Joint Board

cc Cecil Smith, Chair, Integration Joint Board

Shetland Islands Health and Social Care Partnership

Agenda Item

4

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	9 December 2016
Report Title:	2017/18 Budget Setting	
Reference Number:	CC-92-16 F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 The IJB is asked to note the progress on the 2017/18 budget setting exercise.

1.2 Provide feedback to NHS Shetland (NHSS) and Shetland Island's Council (SIC) to inform the budget setting process.

2.0 High Level Summary:

2.1 NHSS and SIC must each set the budget for the functions that are delegated by them respectively taking account of inflation, efficiency/savings targets, local and national funding allocations, financial plans and strategies, demographic changes, the Strategic Plan, actual expenditure in previous years and cost data. The set aside budget for acute services will be set similarly taking into account activity and cost data for acute services and historical budget allocations.

NHSS and SIC have both developed their draft budgets in line with their own Standing Financial Instructions and have completed their own due diligence processes.

NHSS and SIC both began their budget setting cycles in July 2016 and will finalise the process in February 2017.

The gap between the current cost of services, as described in the budget proposals for 2017/18, and the offers made by the funding partners for next year is in the region of £2m. The gap in funding can no longer be met from efficiency savings alone and changes to the cost structures of the current models of service delivery will be required to achieve a balanced position. The proposals to do this will be developed as part of the annual update of the Strategic Commissioning Plan for 2017/18 Part 1 of which is a separate report on today's agenda.

2.2 At the IJB meeting on 26 September 2016 (Min. Ref. 75/16) the IJB approved that the Strategic Commissioning Plan is updated within the financial constraints of the 3 year Financial Plan. There were also two IJB budget seminars held in October 2016 to aid the iterative process of developing the 2017/18 budgets.

2.3 NHSS and SIC have now both developed draft budget proposals and the IJB is asked to provide feedback on these drafts so the IJB can influence the process.

2.4 Following IJB feedback from today's meeting both NHSS and SIC, facilitated by the Local Partnership Finance Team, will consider any proposals made.

2.5 The 2017/18 budget, incorporating IJB feedback, along with the Strategic Commissioning Plan will be presented to the IJB for further consideration in January 2017.

3.0 Corporate Priorities and Joint Working:

3.1 The Strategic Commissioning Plan and associated budgets describes how health and care services can be delivered, jointly, across the services described in the IJB's Integration Scheme. This describes how key priorities, as well as day to day operational, services, will be delivered.

3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan, NHS Shetland's 2020 Vision and Local Delivery Plan.

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, other regional and national organisations (such as the Scottish Ambulance Service and NHS Grampian and other specialist Health Boards) and voluntary sector providers.

4.0 Key Issues:

4.1 Appendix 1 details the overall IJB budget proposals for 2017/18 and indicative information regarding 2018/19 and 2019/20.

4.2 Appendix 2 details SIC budget setting process to date.

4.3 Appendix 3 details NHSS budget setting process to date.

4.4 The IJB should note that the Additionality funding of £512k has been factored into the 2017/18 budgets in the same manner as approved by the IJB in June 2016.

4.5 The arrangement for dealing with IJB overspends/underspends is a separate report on today's agenda. The outcome of this process will have an impact on how the IJB reacts to the NHSS savings target contained in this draft budget proposal.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

6.1 Service Users, Patients and Communities:	The Strategic Commissioning Plan sets out the services to be delivered over the next 3 years. Any significant changes to that plan will be of interest to services users, patients and communities, particularly in respect of accessibility and availability.
6.2 Human Resources and	Any service development proposals or changes affecting staff will be subject to full staff engagement and consultation using

Organisational Development:	the relevant agencies policies and procedures and reported via the Joint Staff Forum.	
6.3 Equality, Diversity and Human Rights:	Any equalities impacts will be assessed and considered as part of any proposals for change and schemes for efficiency savings.	
6.4 Legal:	The proposals in this report are consistent with the Public Bodies Act and the Integration Scheme for Shetland's IJB.	
6.5 Finance:	The gap between the current cost of services, as described in the budget proposals for 2017/18, and the offers made by the funding partners for next year is in the region of £2m. The gap in funding can no longer be met from efficiency savings alone and changes to the cost structures of the current models of service delivery will be required to achieve a balanced position. The proposals to do this will be developed as part of the annual update of the Strategic Commissioning Plan for 2017/18 which is a separate report on today's agenda.	
6.6 Assets and Property:	At this stage, there are no implications for Assets and Property. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall estate in order that service costs can be accommodated within the total budget allocation.	
6.7 ICT and new technologies:	At this stage, there are no implications for ICT and new technologies. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall infrastructure in order that service costs can be accommodated within the total budget allocation.	
6.8 Environmental:	None arising directly from this report.	
6.9 Risk Management:	There are significant risks associated with the failure to deliver the Strategic Commissioning Plan, which are recorded and reported separately on the Risk Register.	
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the Joint Strategic (Commissioning) Plan at its meeting on 20 November 2015 (Min. Ref. 11/15).	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation	

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
22nd November 2016

Appendices:
1 – Overview
2 – SIC budget setting process to date
3 – NHSS budget setting process to date

Appendix 1

Overview

1. 2016/17 Forecast Outturn Position

Table 1 below includes:

- The annual budget approved by the IJB for the financial year 2016/17 as at the end of September 2016.
- The forecast outturn position for the end of March 2017. These figures are from the Financial Monitoring Report to 30 September 2016 which was presented to the IJB on 23/11/16.
- Forecast variances between 2016/17 approved budget and forecast outturn position.

Table 1 – 2016/17 Forecast Outturn Position

	2016/17											
Service Heading	ANNUAL BUDGET AT MONTH 6				FORECAST OUTTURN AS AT M6				FORECAST (OVER)/UNDERSPEND			
	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	1,354	1,058	0	2,412	1,507	1,113	0	2,620	(153)	(55)	0	(208)
Substance Misuse	402	259	0	661	402	259	0	661	0	0	0	0
Oral Health	3,177	0	0	3,177	3,177	0	0	3,177	0	0	0	0
Pharmacy & Prescribing	5,919	0	468	6,387	6,090	0	468	6,558	(171)	0	0	(171)
Primary Care	4,594	0	0	4,594	4,882	0	0	4,882	(288)	0	0	(288)
Community Nursing	2,432	0	0	2,432	2,432	0	0	2,432	0	0	0	0
Directorate	210	521	0	731	210	490	0	700	0	31	0	31

Pensioners	0	78	0	78	0	78	0	78	0	0	0	0
Sexual Health	0	0	38	38	0	0	38	38	0	0	0	0
Adult Services	66	5,143	0	5,209	66	4,942	0	5,008	0	201	0	201
Adult Social Work	0	1,747	0	1,747	0	2,232	0	2,232	0	(485)	0	(485)
Community Care Resources	0	10,176	0	10,176	0	9,537	0	9,537	0	639	0	639
Criminal Justice	0	29	0	29	0	22	0	22	0	7	0	7
Speech & Language Therapy	83	0	0	83	83	0	0	83	0	0	0	0
Dietetics	112	0	0	112	112	0	0	112	0	0	0	0
Podiatry	204	0	0	204	204	0	0	204	0	0	0	0
Orthotics	143	0	0	143	143	0	0	143	0	0	0	0
Physiotherapy	579	0	0	579	579	0	0	579	0	0	0	0
Occupational Therapy	185	1,408	0	1,593	185	1,423	0	1,608	0	(15)	0	(15)
Health Improvement	0	0	244	244	0	0	244	244	0	0	0	0
Unscheduled Care	0	0	3,241	3,241	0	0	3,690	3,690	0	0	(449)	(449)
Renal	0	0	144	144	0	0	144	144	0	0	0	0
Total	**19,461**	**20,419**	**4,135**	**44,015**	**20,072**	**20,096**	**4,584**	**44,752**	**(611)**	**323**	**(449)**	**(737)**
Scottish Government Additionality Funding for Adult Social Care	86	426	0	512	43	426	0	469	43	0	0	43
Integrated Care Funding	410	0	0	410	410	0	0	410	0	0	0	0
Savings Target	(1,357)	0	(420)	(1,777)	(542)	0	(265)	(807)	(815)	0	(155)	(970)
Grand Total	**18,600**	**20,845**	**3,715**	**43,160**	**21,067**	**20,522**	**4,319**	**44,824**	**(1,383)**	**323**	**(604)**	**(1,664)**

1.1 Key Issues from Table 1

- Forecast outturn at 31st March 2017 is an adverse variance of £1.664m.
- The 2016/17 budget at the end of September is higher than the initial budget due to additional allocations being received during the year and on-call costs being funded from an on-call reserve on the NHS arm of the budget.

1.2 Draft Budget Proposals 2017/18

Table 2 below includes:

- The initial annual budget approved by the IJB for the financial year 2016/17.
- The draft budget proposals for 2017/18.
- The variance between the opening 2016/17 budget and the draft 2017/18 budget.

Table 2 - Draft Budget Proposals 2017/18

Service Heading	INITIAL ANNUAL BUDGET 2016/17				DRAFT BUDGET PROPOSAL 2017/18				VARIANCE - INCREASE /(DECREASE)			
	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	1,353	1,060	0	2,413	1,353	1,038	0	2,390	0	(22)	0	(22)
Substance Misuse	496	257	0	753	496	270	0	766	0	13	0	13
Oral Health	3,123	0	0	3,123	3,123	0	0	3,123	0	0	0	0
Pharmacy & Prescribing	5,714	0	462	6,176	5,714	0	462	6,176	0	0	0	0
Primary Care	4,571	0	0	4,571	4,571	0	0	4,571	0	0	0	0
Community Nursing	2,330	0	0	2,330	2,330	0	0	2,330	0	0	0	0
Directorate	94	259	0	353	94	458	0	552	0	199	0	199
Pensioners	0	78	0	78	0	78	0	78	0	0	0	0

Sexual Health	0	0	38	38	0	0	38	38	0	0	0	0
Adult Services	66	5,201	0	5,267	66	5,063	0	5,129	0	(138)	0	(138)
Adult Social Work	0	1,665	0	1,665	0	1,855	0	1,855	0	190	0	190
Community Care Resources	0	10,512	0	10,512	0	9,450	0	9,450	0	(1,062)	0	(1,062)
Criminal Justice	0	29	0	29	0	27	0	27	0	(2)	0	(2)
Speech & Language Therapy	83	0	0	83	83	0	0	83	0	0	0	0
Dietetics	112	0	0	112	112	0	0	112	0	0	0	0
Podiatry	225	0	0	225	225	0	0	225	0	0	0	0
Orthotics	143	0	0	143	143	0	0	143	0	0	0	0
Physiotherapy	603	0	0	603	603	0	0	603	0	0	0	0
Occupational Therapy	185	1,371	0	1,556	185	1,435	0	1,621	0	64	0	64
Health Improvement	0	0	310	310	0	0	310	310	0	0	0	0
Unscheduled Care	0	0	3,190	3,190	0	0	3,190	3,190	0	0	0	0
Renal	0	0	145	145	0	0	145	145	0	0	0	0
Total	**19,098**	**20,432**	**4,145**	**43,675**	**19,098**	**19,675**	**4,145**	**42,918**	**0**	**(758)**	**0**	**(758)**
Scottish Government Additionality Funding for Adult Social Care	0	512	0	512	86	426	0	512	86	(86)	0	0
Integrated Care Funding	410	0	0	410	410	0	0	410	0	0	0	0
Savings Target	(1,357)	0	(420)	(1,777)	(1,711)	0	(284)	(1,995)	(354)	0	136	(218)
Grand Total	**18,151**	**20,944**	**3,725**	**42,820**	**17,883**	**20,101**	**3,861**	**41,845**	**(268)**	**(844)**	**136**	**(976)**

1.3 Key Issues from Table 2:

- The draft budget proposal for 2017/18 is £0.976m lower than the opening 2016/17 budget.

- The NHS Savings Target comprises of:

	NHSS		Total
	Managed Services	Set Aside	
2016/17 unachieved carried forward	1.149m	0.178m	1.327m
2017/18 new target	0.562m	0.106m	0.668m
Total	**1.711m**	**0.284m**	**1.995m**

- The 2016/17 unachieved savings carried forward corresponds to the figures presented in Financial Monitoring Report to 30 September 2016. These figures are subject to change as the year progresses and actual savings achieved becomes apparent.

- SIC has already found £0.947m savings which is detailed in Appendix 2. This savings has been removed from the draft budget above.

- The Scottish Government additional funding of £1.024m for Social Care is included in the budget above as follows:

  (a) As per Scottish Government guidance, £0.512m has been included in SIC budgets above to cover existing cost pressures in the directorate.

  (b) The remaining £0.512m has been factored into the below budgets as follows:

  - £0.348m into SIC budgets to cover the increase in the uptake of Self-Directed Support Packages.

  - £0.078m into SIC budgets to support Hospital Discharge Liaison.

- £0.086m shown above in NHSS budgets to fund the Reablement Programme to support Care Centres.

- All 3 applications above were agreed at an IJB meeting on 28/06/16 but the agreement was for 2016/17 only. The IJB may wish to review and confirm that they are content for the funds to be used in the same manner during 2017/18.

- It is important to note that the figures above are subject to change as the budget setting process progresses and Government funding becomes clear.

1.4. Reconciling the differences between the funding and service delivery can be shown as follows:

	NHSS £'000	SIC £'000	NHSS Set Aside £'000	Total £'000
Funding received from	(18,821)	(19,163)	(3,861)	(41,845)
Inter body movement of Resources	938	(938)	0	0
Funding Distributed to	17,883	20,101	3,861	41,845
Indicative cost of Core Services	19,594	20,101	4,145	43,840
Savings Targets to meet funding	(1,711)	0	(284)	(1,995)
	17,883	20,101	3,861	41,845

1.5 <u>2018/19 and 2019/20</u>

- The Strategic Commissioning Plan must contain a three year indicative budget so the information below provides a picture of what 2018/19 and 2019/20 may look like.

- The Gross Total below represents both organisations' opening 2017/18 budget before any savings has been removed. Please note the SIC savings below has already been factored into the draft budget proposals above.

- NHSS future year savings is taken from the current Local Delivery Plan assumptions but these are likely to change as more information becomes available.

- SIC future year savings is based on a 3.3% year on year reduction which is best current assumption available. A new medium term financial plan before the end of the financial year will enable SIC to further consider these targets.

- The £5.395m (12.0%) savings target over the 3 year period highlights the challenge ahead. It is clear that services must be redesigned in a manner which is safe and of best value but is affordable within current resources.

Organisation / Service	NHS Shetland Directly Managed	NHS Shetland Set-aside	Shetland Islands Council	Integration Joint Board
	£000s	£000s	£000s	£000s
Gross Cost of Delegated Services before savings 17/18:	19,594	4,145	21,048	44,787
Savings Target:				
Carry Forward Previous Years Unachieved Recurring Savings	(1,149)	(178)	0.0	(1,327)
2017-18	(562)	(106)	(947)	(1,615)
2018-19	(574)	(106)	(632)	(1,312)

2019-20	(423)	(106)	(612)	(1,141)
Total Savings Target	(2,708)	(496)	(2,191)	(5,395)
Indicative 2019-20 IJB Budget	**16,886**	**3,649**	**18,857**	**39,392**

2.1 SIC Process to Date

SIC has in place a Medium Term Financial Plan (2015/16 to 2020/21) and an approved budget for financial year 2016/17.

A 2017/18 budget strategy for the Council was worked up in the context of limited information being available from Scottish Government on future funding settlements and a financial environment where there was political change in Westminster, a vote to leave the European Union and Scottish Government manifesto commitment to increase funding to the NHS and to protect funding for the Police.

The strategy anticipated falling levels of government funding being distributed to local government. Initially this was in the range of scenarios that included flat cash to -3.6%. Current estimates show that funding could be cut even more significantly across Scotland and the impact this has on the Council could be similar to that which was faced in 2016/17 – a reduction in grant funding of over 5%.

The core budget strategy includes the following assumptions around income and expenditure:

Income	Expenditure
Scottish Government Grant (including Non-Domestic Rate changes) – reduction of 1.6% (£1.3m)	Pay award – increase of 1.0%, and a sum to fund the Scottish Local Government Living Wage increase from 1/4/17
Council Tax – increase in number of chargeable properties 1%	Employer Pension Contributions – increase of 1.0% in the rate (to 20.7%)
Council Tax – value of Band D charge frozen at 2016/17 level (£1,053)	Pension Fund Auto-Enrolment – sum of £800k to meet the additional cost of those who remain in the scheme after auto-enrolment applies
Fees and Charges – increased to cover costs 2.5%	Apprenticeship Levy – sum of £470k to meet the UK Government's tax for organisations with a pay bill of over £3m per annum
	Contractual uplifts – individual cost pressures identified

In accordance with the Medium Term Financial Plan a savings target for the Council was assumed of 3.3%. Each directorate was set the challenge of meeting that savings target.

In accordance with the Integration Scheme the Council has a budget strategy to reflect service planning objectives and priorities; financial circumstances, inflation, spending forecasts and allocation of resources.

The short-term version of that strategy, the assumptions of which are shown above, resulted in a funding gap of £7.1m.

In line with the views of councillors a balanced budget strategy was prepared that took account of historic spending levels, in particular underspending in Social Care and in Council contingencies. With further income assumed in specific to harbour and ferry operations a balanced budget could be achieved.

The budget strategy has been shared with Councillors and with NHS Board Members and IJB Members, in relation to social care, at informal budget seminars during August and more recently in November 2016.

Revenue estimates were prepared by Services from July to October 2016, and this included information on cost pressures and items for which a contingency should be considered. The estimates were expected to incorporate the delivery of savings to a level set out in the Medium Term Financial Plan.

Where savings options were not in the delegated authority of directors then separate lists of savings options were prepared for consideration.

The management accountants and their teams supported each director and their staff to analyse current year and previous year's expenditure and income to identify opportunities, collate and challenge ideas and to prepare schedules and working papers during the process.

The latest seminars provided guidance for a range of further information to be collated by officers ahead of the Local Government financial settlement being announced on 15 December 2016. Thereafter it is anticipated that the following activities will inform the final preparation of the budget book for 2017/18:

Integration Joint Board and Council Seminars – January 2017
Service Committees to consider the Budget Estimates for 2017/18 – Early February 2017
Policy & Resources Committee to consider the overall Budget Book 2017/18 – Mid February 2017
Council to consider and approve the overall Budget Book 2017/18, including setting the Council Tax – Mid February 2017

At the time of writing the Council continues to work on planning for scenarios that it may face, in particular where further reductions in grant funding are passed onto Local Government and onto Shetland Islands Council through the funding formula.

Specific Community Health and Social Care Budgets

The £0.947m SIC savings already factored into the above proposed budget is made up as follows:

Increase in income budgets from table below	£161,540
Reduction in expenditure budgets from table below	£906,472
Increase in expenditure budgets to cover cost pressures	(£547,254)
SG Additionality funding incorporated into SIC budget proposal	£425,900
Total	£946,658

SIC proposed changes from 2016/17 to 2017/18 budgets

SIC MANAGEMENT INFORMATION	16/17 Original Budget £	Target Adjustments £	16/17 Updated Original Budget £	Income Changes	£	Other Changes	£	Growth	£	17/18 Proposed Budget (Scenario 1) £
Community Care Services	**20,431,577**	**189,604**	**20,621,181**		**161,540**		**906,472**		**(547,254)**	**20,100,423**
Director of Community Care	738,203	200,000	938,203			Vacancy Factor removed (£166k), £20k funding former for SADP removed, Maternity benefit budget increased £3k	(146,367)	50% recharge for Director's PA	(17,827)	1,102,397

Adult Services	5,029,532	(4,590)	5,024,942	Uplift in Resource Transfer	16,540	Agreed reductions to established hours & review of allowances £95k, Reduction of relief cover from 7.8wk to 5.8wk PA £96k, Removal of Pension costs for staff not in Pension Scheme £41k	244,788			4,763,614
Community Care Resources	10,104,736	(20,806)	10,083,930	Increase in Residential Care Charging Income £115 and decrease in Non-Residential Charging Income (£32k) based on current information & prev yrs budget £115k and decrease in Non-Residential Charges. Uplift Resource Transfer £62k	145,000	Reduction in Personal Care At Home £224k and Home Help provision £181k, together with associated £25k mileage based on current level of demand. Removal of pension costs for staff non in pension scheme £135k. Trfr of 2 FTEs from Care @ Home Central to Adult Social Work £76k. Reduction of Relief cover from 7.8wk to 5.8wk pa £271k plus misc small changes	846,316			9,092,614
Criminal Justice	29,149		29,149			minor change	1,980			27,169

Adult Social Work	3,112,187		3,112,187			Reduction in Relief Cover to from 7.8wk to 5.8 wks £30k and removal of pension costs for those not in pension scheme £16k, plus minor changes. 2 FTEs transferred to from Care At Home Central to Adult Social Work in 2016/17 (£76k) plus minor changes.	(18,208)	Increase in Self-Directed Support packages based on current demand £451k and additional 2 FTEs Hospital Social Worker & Hospital Intake Admin £78k (£347,570 SDS Packages & £78k extra posts to be funded from IJB Additionality Funding in IJB allocation below/£104k growth to Council budgets)	(529,427)	3,659,822
Occupational Therapy	1,417,770		1,417,770			Increase in Property & Fixed Plant Insurance £23k.	(22,037)			1,439,807
IJB		15,000	15,000							15,000

Appendix 3

3.1 NHSS Process to Date

- NHS budgets from 2016/17 were sent out to Service Managers in August 2016 asking them to identify any cost pressures they require funding for in 2017/18. Service Managers were asked to analyse current year expenditure and identify any trends before returning the templates to the Finance Department. NHSS Management Accountants were available to support Service Managers during this process.

- As in previous years the pay budget will be zero based and will reflect the actual cost of staff in post. This exercise is yet to be completed so the current NHSS budget figures will change slightly as we replace 2016/17 budgeted pay costs with 2017/18 data. The likely increase to the IJB budget is circa £200k.

- NHSS Executive Management Team (EMT) then reviewed the cost pressures submitted by Service Managers and prioritised these as shown in the table below. These are still under consideration by EMT and are therefore not reflected in Table 2 at section 1.2 above.

- NHSS will consider all feedback from IJB before the draft 2017/18 budget is considered by the Board on 13th December 2016.

- Further adjustments are likely during the first quarter of 2017/18 as Government Funding becomes known and planning assumptions are finalised. The final budget is not likely to be approved until the Board meeting in February or April so the IJB will have further opportunities to inform the process at future meetings / seminars.

NHS Shetland 2017-18 Cost Pressure and Investment Summary

Issues:	Value	Rationale for Proposal	Recurring	Non Recurring	Rational / Comment
Keep Well	18,000	Final £18k funding removed by SG. Local decision around continuation of support to hard to reach patients and addressing healthcare inequalities.	18,000	0	Option for Board to advise upon view concerning replacing SG allocation withdrawn.
Big Team Challenge: Health Promotion	2,000	Proposal submitted to Endowment committee: Annual licence fee and software to support running step count challenges 3 times per annum on web based system.	2,000		Submitted to Endowment Committee who although supportive in principle referred back to Board as core responsibility.
IJB Running Costs	8,550	50% Share of IJB Audit Fee £17,100	8,550		Audit fee unavoidable cost
Non Domestic Rates Valuation	134,193	Based upon national information if non domestic rates valuations are implemented per original plan then the cost to the Board would be around £134k with most of this in respect of Health Centres.	134,193	0	May reduce if changes to NDR announced by SG in budget in December. Meantime assume full value.
Physiotherapy	21,227	0.4 WTE Band 7 Physiotherapy previously agreed with Director of Nursing and Acute Services to support Orthopaedic out-patient clinics by video conference	21,227		Investment prevents off island travel. The cost of the revised Orthopaedic model greater than funding and not part of HITs base line.

Audiology	17,100	We have many patients on older hearing aid stock going back around a decade and these are going to need replacement with newer models at some point. As the service has not had the capacity or funds to routinely review patients every 3 yrs as required by the Scottish Audiology Quality standards many patients have outdated hearing aids. Some of these patients are self referring as they are having problems hearing but there will be many, many more who are not being addressed and are a growing unmet need. Due to the growing demand of the elderly population and the increasing number of younger referrals (under 60yrs) the hearing aid register has had a net increase of 56 patients from 31st Aug 2015 to 31st Aug 2016. The total number of patients on the hearing aid register is 1,154 compared with the starting total of around 200 in 2005.	17,100		2015-16 Out-turn £72k and 2014-15 Out-turn £69k. Current budget is only £60,900 Likely cost incurred in 2017-18 will be £78k with current trend. Further detail on other issues highlighted to be clarified.
Renal Drugs	60,000	Renal patients in Shetland prior to 2015-16 NHS Grampian paid for these and did not recharge.	60,000	0 0	Value to be clarified but in principle an unavoidable cost.
Renal Clinical Supplies	12,000	Based upon NHS Grampian historic spend per Vanessa Turner, Finance Manager.	12,000	0	Unavoidable cost previously not incurred.
Central Decontamination Unit	6,000	External Audit charges-now have to include an additional unannounced audit which we are charged for - MHRA Requirement	2,400	0	Unavoidable, definitive cost to be determined however historic cost below 2016-17 budget of £6k so true cost pressure against budget estimated at £2.4k.
Laboratory Service	17,000	Managed Laboratory Service Contract, Year 2 Cost Increase.	17,000	0	Inflation for 2017-18 agreed in business case for MLSC.
Contract - North of Scotland Grampian Cardiac Acute Service	50,000	Activity bases for Cardiac Cases have continued to increase. The 2015-16 out-turn cost was £50,000 above the current budget. No variable cost data received yet in 2016-17 to identify if reduction in costs will occur in 2016-17.	50,000	0	Demand lead tertiary clinical service. This adjustment reflects current costs of Shetland current prevalence for this service.
	346,070		342,470	0	

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	9 December 2016
Report Title:	Shetland's Health and Social Care Partnership: Joint Strategic Commissioning Plan Part 1 - Draft Needs Assessment	
Reference Number:	CC-90-16 F	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

1.0 Decisions / Action required:

That the Integration Joint Board:

(a) Considers and comments on Part 1 – the Needs Assessment - of the Joint Strategic Commissioning Plan, included at Appendix 1; and
(b) approves the Strategic Priority Projects and indicative timescale for implementation set out in Section 4; and
(c) notes that the further elements of the Plan (the final Needs Assessment, the Budget, the Service Plans, an Executive Summary and Equalities Impact Assessment) will be presented for consideration in January 2017.

2.0 High Level Summary:

The first Strategic Commissioning Plan was approved by the Integration Joint Board (IJB) on 24 November 2015 with a 3 year timeframe. The Scottish Government Guidance indicates that the Plan should be updated on an annual basis.

The Integration Joint Board approved the key issues and budget constraints which need to be considered at the meeting on 26 September 2016. The Integration Joint Board also agreed the process for the annual update which was framed around an open, consultative and iterative process of negotiation with the funding and delivery partners – NHS Shetland the Shetland Islands Council.

The Strategic Commissioning Plan will have four key elements:

- the Strategic Needs Assessment
- the Financial Plan and Budget
- the Service Plans, to deliver the needs within the budget
- the Strategic Projects to address any service or financial issues.

The Draft Plan is being presented in 2 stages. This first stage, at Appendix 1, includes the Needs Assessment, an overview of the financial position and a proposal for the

strategic priorities to carry out. This work is in draft form and, in some places, incomplete as further information is being gathered. The next stage, in January 2017, will present the final Needs assessment, Service Plans and Final Budget, which will be developed in response to the current Needs Assessment and the overall financial envelope negotiated by the IJB with its funding partners.

It is the intent that an Executive Summary will be prepared to complement the more detailed plan. This will be used as a communication tool with staff and partners to explain the need for change and will also include a more detailed action plan which will outline the work which will fall within each of the strategic projects.

The strategic projects will involve carrying out detailed option appraisals on various scenarios and service models. The aim of the projects will be to determine a sustainable level of service for: unscheduled care; planned care; primary care; and social care services. These projects will be wide ranging and are intended to respond effectively to the quality, safety, efficiency and sustainability themes that services need to achieve and address the significant demographic, workforce and financial challenges ahead.

There is a complementary report on the Budget Update for 2017-18 on today's agenda.

3.0 Corporate Priorities and Joint Working:

The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Integration Joint Board's Integration Scheme.

The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.

Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.

It supports a fundamental shift in the philosophy of how public sector services should be designed and delivered with and for each community, based on natural geographical areas, or localities, and integrated around the needs of service users, rather than being built around professional or organisational structures.

4.0 Key Issues:

Part 1 of the Draft Plan, at Appendix 1, is focused on the needs assessment part of the strategic commissioning process. It is intended to explain the background and reasons for the need to continue to develop and evolve our service delivery models to respond to competing challenges around: the growth of an elderly population; workforce recruitment and retention; service quality and performance targets; and availability of finance.

With that underpinning understanding of the need to change, Appendix 1 then sets out how the IJB could take forward the options for changing the current service delivery models through 10 Strategic Projects. There is a clear ambition to improve the health and wellbeing of our population, with a targeted focus on those facing particular challenges through inequality or mental health.

The 10 strategic priority projects are set out in the Table below.

Strategic Priority Projects – sustainable service models	
Developing a safe and effective model of unscheduled care	Developing a sustainable hospital and acute services model for Shetland
Developing a sustainable primary care model for Shetland, with clear links to the 7 localities and the Gilbert Bain Hospital	Developing a sustainable model of community care resources, within each of the 7 localities
Projects – transforming how we work	
Creating a single holistic governance and operational delivery system	Planning, designing and delivering services in multi-disciplinary area based teams within the 7 locality areas
Effective Prescribing - working with patients and prescribers to use minimally disruptive interventions (including lifestyle changes) wherever possible	Maximising eHealth, Telehealthcare and Telecare opportunities to enhance service delivery models, promote independence and reduce geographical inequality and support back office arrangements such as accessing and sharing information and training
Building organisational resilience and capacity	Implementing an asset based approach to health care prevention

Each of the projects connect to each other through various health and care pathways and, specifically, through staffing arrangements. The inter-connections are being developed and an indication of the likely timeframe is set out below.

	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17
Unscheduled Care					
Hospital and acute					
Primary care					
Social care					
Holistic governance					
Organisational capacity and resilience					
Locality planning / multi disciplinary teams					
Health promotion					
Effective Prescribing					
Technology opportunities					

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Strategic Commissioning Plan will set out the services to be delivered over the next 3 years. Any significant changes to services will be of interest to services users, patients and communities, particularly in respect of quality, equality, accessibility and availability. It is expected that the current models of delivery will continue to evolve and change to reflect the policy direction of shifting the balance of care from hospital to community settings and supporting people to live independently at home. The service focus will also be on finding ways to help people to help themselves and by increasing self-help and self-care.
6.2 Human Resources and Organisational Development:	At this stage, there are no direct impacts on Human Resources and Organisational Development. However, any significant changes to existing service models and methods of delivery may, in time, affect staffing – both in terms of the number of staff and the skills mix required – in order that service costs can be accommodated within the total budget allocation. There is a specific project to support Organisational Capacity and Resilience.
6.3 Equality, Diversity and Human Rights:	The Strategic Commissioning Plan as a whole is subject to an Integrated Impact Assessment, which will be reported to a future meeting. Within Part 1 of the Draft Plan, there is specific reference to individuals, or groups of individuals, who may face difficulties in accessing services. There is a clear focus on which individuals and groups of individuals the Plan intends to support and it highlights which services require improvement actions.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 requires Boards to produce a strategic commissioning plan and update it annually.
6.5 Finance:	There are potentially significant financial implications associated with the update of the Strategic Commissioning Plan. The aim of the update is to prepare a plan which minimises, or ideally eliminates, the need for a Recovery Plan in 2017-18. This may mean that the Plan will include details of significant change projects required to operate within the financial limits set. However, having the planning and budgeting process aligned will give confidence that the services described within the Strategic Commissioning Plan can be delivered for the available funding. The provisional gap between the cost of the current service delivery models and the amount of funding made available by the funding partners in 2017-18 is £2.5m. This will be the basis of the negotiation between the parties over the next few months to achieve a reasonable balance of services (as expressed in the Strategic Commissioning Plan) and resources (as set out in

	the Budget for 2017-18).	
6.6 Assets and Property:	At this stage, there are no implications for Assets and Property. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall estate in order that service costs can be accommodated within the total budget allocation. The Strategic Projects will include consideration of the physical assets used to deliver services and the current and potential future use.	
6.7 ICT and new technologies:	The Plan outlines the need to continue to modernise our working practices – both internally and with our patients / service users / customers – by maximising eHealth, Telehealthcare and Telecare opportunities.	
6.8 Environmental:	At this stage, there are no specific environmental implications. Any changes to services models which result in changes to access points and transport arrangements may, in time, result in environmental considerations.	
6.9 Risk Management:	Appendix 1 includes a section on risk factors and identifies a range of governance, financial, partnership and capacity issues.	
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the joint Strategic (Commissioning) Plan at its meeting on 24 November 2015. Consideration and approval of the annual update of the Strategic Commissioning Plan is within and the authority delegated to the IJB.	
6.11 Previously considered by:	Strategic Planning Group Joint Staff Forum Clinical, Care and Professional Governance Committee Local Partnership Finance Team	2 December 2016 Tbc 28 November 2016 29 November 2016

Contact Details:

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

24 November 2016

Appendices:

Shetland's Health and Social Care Partnership:
Joint Strategic Commissioning Plan – Part 1 - Draft Needs Assessment

Background Documents:

Health and Social Care Integration, Public Bodies (Joint Working) (Scotland) Act 2014, Strategic Commissioning Plans Guidance
http://www.gov.scot/Resource/0046/00466819.pdf

Joint Strategic (Commissioning) Plan 2016-19, Version 7 – June 2016
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/Strategicplan2016-19.pdf

The Scottish Government: Health and Social Care Integration: Strategic Commissioning Plans: An overview of strategic commissioning plans produced by Integration Authorities for 2016- 2019
(to be advised)

Audit Scotland's Report on Health and Social Care Integration
http://www.audit-scotland.gov.uk/report/health-and-social-care-integration

Audit Scotland's Report on Changing Models of Health and Social Care
http://www.audit-scotland.gov.uk/report/changing-models-of-health-and-social-care

Shetland's Health and Social Care Partnership

Strategic Commissioning Plan

Part 1: Draft Needs Assessment

For comments and queries, please contact:
Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland
hazel.sutherland1@nhs.net or 01595 74 3072.

Foreword

"We are the community, and they are us[1]"

We have been on the journey towards integration for a long time but our journey is not over. Shetland, in keeping with other areas in the UK, is facing a period of unprecedented change in its public services. Investment in health and care services has been hugely successful, with people living longer and being able to live longer with more complicated health and care needs. Shetland has an excellent reputation for delivering high quality, safe and effective services. However, the pressures before us continue to grow and we will have less money year on year to be able to stay the same, never mind dealing with increasing demand. In line with the Scottish Government's policy we need to turn our attention to significantly change how we design and deliver services. It goes without saying that individuals, families, unpaid carers, volunteers, staff and communities will be at the heart of the changes – after all that is why we are all in the business of public service. Our challenge is to find a way to genuinely streamline all that we do to make sure that services are integrated around the needs of individuals, their families and unpaid carers and are not built around the convenience of the organisations that we work for. It is a hugely exciting challenge to be at the forefront of modernising public sector service in Shetland to help individuals enjoy a good quality of life. We want to grow a system where skilled staff and volunteers are trusted to do the best they can for the individuals that we serve within a safe and open learning environment and we look forward to working with you to make that happen.

Cecil Smith
Chair of Shetland's Health and Social Care Partnership Integration Joint Board

Ian Kinniburgh
Chair
Shetland Health Board

> *"Unless Scotland embraces a radical, new, collaborative culture throughout our public services, both budgets and provision will buckle under the strain".*
>
> Commission on the Future Delivery of Public Services;
> *The Christie Report, June 2011*

[1] Feedback from member of staff from the IRISS workshop 2015

Contents

Background and Purpose of the Plan

The Shetland Health and Social Care Partnership's Joint Strategic Commissioning Plan describes the services which will be delivered to meet the health and social care needs of for the people of Shetland.

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on NHS Shetland and Shetland Islands Council to work together to integrate services around the needs of individuals, their unpaid carers and their families to get the right care, in the right place and at the right time.

Specifically, the Act put in place:

- nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable;
- a requirement on NHS Boards and Local Authorities to integrate health and social care budgets; and
- a requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

Partnerships will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for delivering the nationally agreed outcomes.

Shetland's Health and Social Care Partnership Integration Joint Board was established on 25 June 2015. It is a separate legal entity made up of representatives appointed by Shetland Islands Council and NHS Shetland. The people appointed to the Board, who are responsible for taking decisions about the strategic direction and delivery of the integrated health and social care services in Shetland, are:

Representatives of Shetland Islands Council:	Cecil Smith, Chair
	Gary Cleaver
	Billy Fox
Representatives of NHS Shetland Board:	Catriona Waddington, Vice Chair
	Marjorie Williamson
	Tom Morton

The Integration Joint Board is supported in their work by a number of advisers, listed below.

Appointed Members (Non Voting)

Simon Bokor Ingram	Chief Officer
Karl Williamson	Chief Financial Officer
Martha Nicolson	Chief Social Worker Officer

Other Members (Non Voting)

Ian Sandilands	NHS Staff Representative
Susanne Gens	SIC Staff Representative
Edna Mary Watson	Senior Clinician - Senior Nurse
Dr Jim Unsworth	Senior Clinician - Local Acute Sector
Dr Susan Bowie	Senior Clinician - GP
Catherine Hughson	Third Sector Representative
Sue Beer	Unpaid Carers Representative
Harold Massie	Patient/Service user representative

The overall purpose of the plan is to make sure that:

- people are supported to live well at home or in the community for as much time as they can;
- the factors which may cause people to experience health inequalities are reduced; and
- people have a positive experience of health and social care when they need it.

This plan sets out ways in which, across Shetland, it is possible to:

- understand demand for services, now and in the future;
- understand how best to deliver services in an integrated way to meet that demand;
- focus on achieving better health and care outcomes for individuals, their unpaid carers and families;
- encourage innovation and different ways of working across boundaries; and
- achieve best value and efficient services by better organisation of services.

In essence, the Integration Joint Board sits at the heart of the process and negotiates with NHS Shetland and Shetland Islands Council to deliver the best mix of services to get the best outcomes possible. The Integration Joint Board can access the knowledge and experience from four formally constituted groups to help develop their work:

- the Strategic Planning Group;
- the Joint Staff Forum;
- the Clinical, Care and Professional Governance Committee; and
- the local Partnership Finance Team

The relationships are shown diagrammatically on page 7.

Shetland is a relatively small community and it makes sense to plan for health and care services in a holistic way. NHS Shetland has therefore decided, for planning purposes, that unscheduled care for adults (as well as community health services) will come within the remit of the Integration Joint Board. This Plan therefore has three main elements:

- Category A services - the joint services which are wholly integrated and wholly delegated to the Integration Joint Board within the managerial responsibility of the Chief Officer;
- Category B services - the services which cover both integrated care services and unscheduled services for adults where it makes sense for these to be managed as one entity through the Integration Joint Board and for which NHS Shetland has therefore chosen to delegate responsibility (these are referred to as 'set aside' services and are managed outwith the IJB); and
- Category C services - the services which are purely health services, and these mainly relate to hospital functions, where it is not possible to sensibly separate the elements and costs so NHS Shetland has chosen, in the interest of having a holistic oversight, to delegate planning responsibility to the IJB but has retained an operational responsibility. These are also managed outwith the IJB structure.

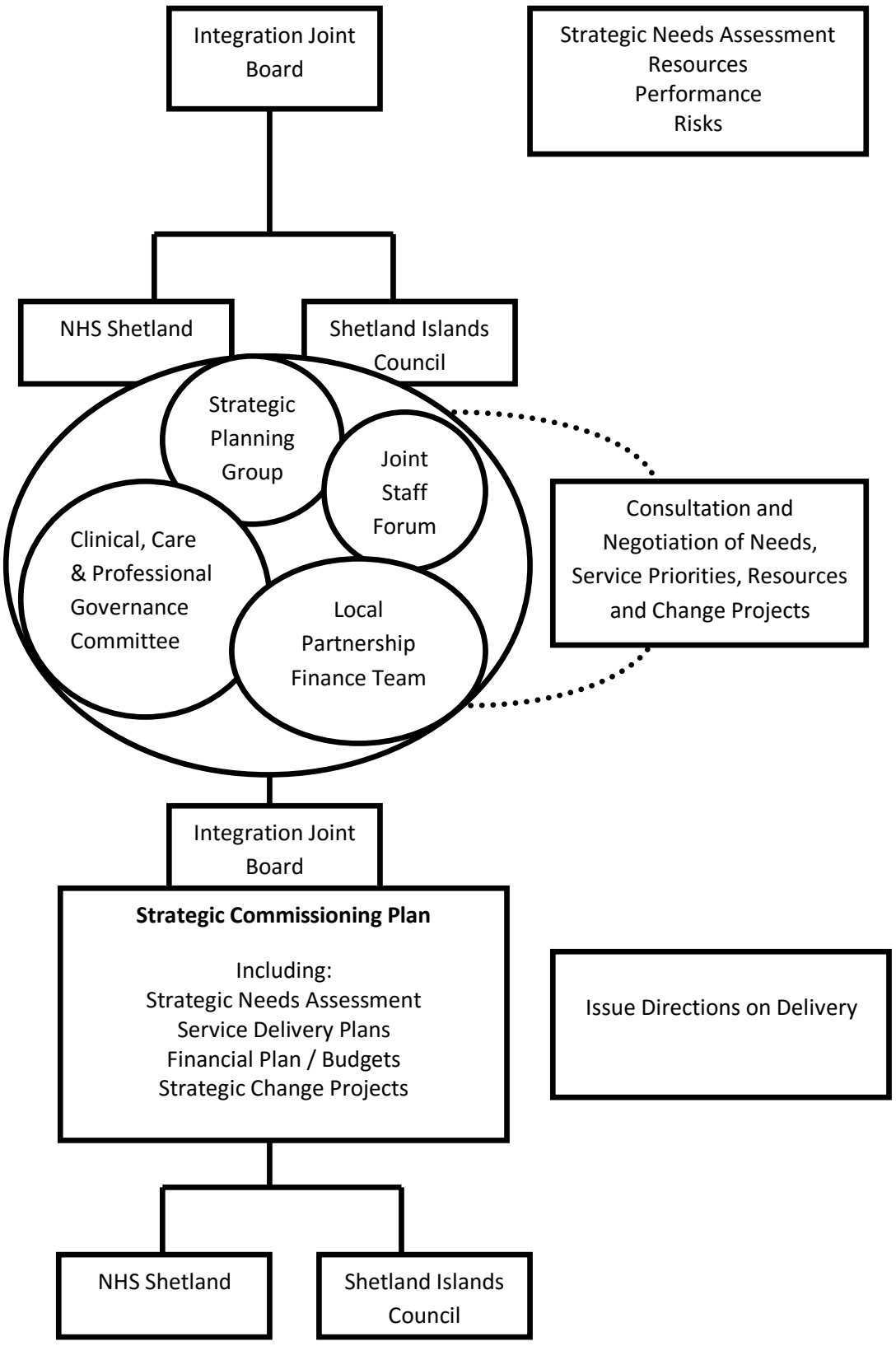
The Public Bodies (Joint Working) (Scotland) Act 2014 supports these arrangements and responsibility for the strategic planning and effective delivery rests with the Integration Joint Board.

Once the Strategic Commissioning Plan is approved by the Integration Joint Board, the Board issues a formal 'direction' to NHS Shetland and Shetland Islands Council to deliver the services, within the approved budget, and complete any service change or savings and efficiency projects which have been agreed as part of the delivery of the plan.

Many of the services are subject to external scrutiny and regulation. The Care Inspectorate regulates and inspects care services in Scotland to make sure that they meet the right standards. As part of a recent inspection, the Integration Joint Board agreed that it would carry out an annual self evaluation exercise to support continuing quality assurance and learning.

The Plan will be supported by a Strategic Commissioning and Procurement Framework.

Integration Joint Board – Relationship Diagram



The National Steering Group for Strategic Commissioning has suggested that a good Strategic Commissioning Plan should be based around the established strategic cycle, shown diagrammatically below.

The Plan should:

- identify the total resources available across health and social care for each care group and for unpaid carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment;
- agree desired outcomes and link investment to them;
- assure sound clinical and care governance is embedded;
- use a coherent approach to selecting and prioritising investment and disinvement decisions; and
- reflect closely the needs and plans articulated at locality level.

> Traditionally the starting point for forward planning for many of us is to consider what we've already got and then look at how to preserve, sustain or increase it. Strategic commissioning ... expects us to ... ask a different set of questions:
>
> – What exactly are we trying to achieve, and for whom?
> – How successful have we been?
> – What do we need to do differently for a better result, and how are we going to resource that?
>
> Scottish Government Guidance on Strategic Commissioning Plans

What we are trying to achieve

The main purpose of this Strategic Commissioning Plan is to improve the wellbeing of service-users. There are a number of commitments which will support that ambition. In line with the Scottish Government ...

> **"Our Vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting.
>
> We will have a care system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission".

Our direct service users will include individual adults, their unpaid carers and families who need support with:

- advocacy
- dementia
- health education and advice
- older people with specific health and care needs
- health inequality barriers
- learning disabilities
- autistic spectrum disorders
- long term conditions
- mental health
- palliative care
- physical disabilities
- sensory impairment
- substance misuse
- social work assessments and interventions

The Public Bodies (Joint Working) (Scotland) Act 2014 established nine National Health and Wellbeing Outcomes, listed below. It is against these outcomes that the performance of the Integration Joint Board will be measured.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care

The Government has also established integration delivery principles to shape how we continue to evolve and find innovative solutions to best meet the communities' needs.

> That the main purpose of services which are provided to meet integration functions is to improve the wellbeing of service-users,
>
> That, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
>
> - is integrated from the point of view of service-users
> - takes account of the particular needs of different service-users
> - takes account of the particular needs of service-users in different parts of the area in which the service is being provided
> - takes account of the particular characteristics and circumstances of different service-users
> - respects the rights of service-users
> - takes account of the dignity of service-users
> - takes account of the participation by service-users in the community in which service-users live
> - protects and improves the safety of service-users
> - improves the quality of the service
> - is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
> - best anticipates needs and prevents them arising
> - makes the best use of the available facilities, people and other resources

The Health and Wellbeing outcomes will be measured using the 23 integration indicators shown below. The data below shows how Shetland is performing against a peer group average and for Scotland as a whole. There are various reporting sources and reporting periods and the data has been pulled together from the latest available information. Some indicators are still in the developmental stage and have no data to support them at this stage. Some of the data will only be refreshed every 2 years, in line with the timing of the national surveys.

The survey, where views of service delivery are expressed, is based on 77 responses. Although this is a small number, National Services Scotland stated that this is a 'statistically valid' response.

Shetland's Health and Social Care Partnership – Performance on Health and Wellbeing Outcomes

INDICATOR	Shetland	*Peer Group Average*	*Scotland*
1. Percentage of adults able to look after their health very well or quite well	95%	*95%*	*94%*
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.	78%	*86%*	*84%*
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	81%	*80%*	*79%*
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	60%	*77%*	*75%*
5. Percentage of adults receiving any care or support who rate it as excellent or good	79%	*83%*	*81%*
6. Percentage of people with positive experience of care at their GP practice.	89%	*90%*	*87%*
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	84%	*87%*	*84%*
8. Percentage of carers who feel supported to continue in their caring role.	54%	*45%*	*41%*
9. Percentage of adults supported at home who agree they felt safe.	79%	*86%*	*84%*
*10. Percentage of staff who say they would recommend their workplace as a good place to work.**	*Not yet available.*		
11. Premature mortality rate (per 100,000 population)	443.90	371.58	423.20
12. Rate of emergency admissions for adults.* - data shown for all ages per 100,000 total population	9,143.35	9,595.47	10,435.95
13. Rate of emergency bed days for adults.* - data shown for all ages per 100,000 total population	65,617.74	73,144.10	73,597.30
14. Readmissions to hospital within 28 days of discharge.*	5.40	6.53	7.80
15. Proportion of last 6 months of life spent at home or in community setting.	92.32	88.55	86.29
16. Falls rate per 1,000 population in over 65s.*	20.32	18.69	20.48
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	80.0%	77.1%	81.2%
18. Percentage of adults with intensive needs receiving care at home.	69.3%	64.4%	61.1%
19. Number of days people spend in hospital when they are ready to be discharged. (per 1,000 pop)	1661.20	1143.51	1043.99
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	14.9%	21.3%	23.1%
*21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.**	*Not yet available.*		
*22. Percentage of people who are discharged from hospital within 72 hours of being ready.**	*Not yet available.*		
*23. Expenditure on end of life care.**	*Not yet available.*		

Some areas worth highlighting are:

- For the percentage of the last six months of life spent at home or in a community setting in 2014/15 Shetland achieved 92.3% (compared to the Scotland average of 86.3%). For this outcome, Shetland is the best in Scotland

- Percentage of carers who feel supported to continue in their caring role (at 54% compared to a national average of 41%); although 54% may still be considered to be a lower than acceptable level

- Percentage of adults with intensive needs receiving care at home (69% compared to a national position of 61%); while starting to fall slightly, the rate has historically been very high for Shetland with the peer group average and well above the Scotland level

- The emergency admission rate is lower than Scotland and the peer group (and the trend has remained fairly static in Shetland compared to a general increase for Scotland as a whole)

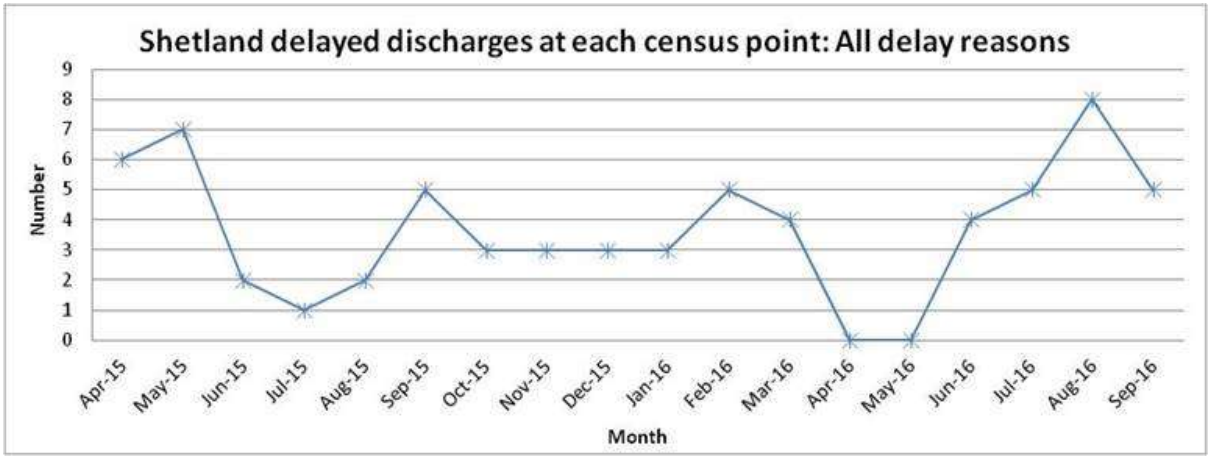
- The rate of emergency bed days is also low with Shetland at the lowest end of the peer group range indicating less days are spent in hospital after an emergency admission

- The readmission rates to hospital within 28 days of discharge is low, indicating that services are working at discharging people when they are ready and then keeping them in the community thereafter

- The falls rates per 1,000 of population in the over 65s has been mostly above peer group and Scotland average, although it has dropped in the last year.

Delayed Discharge Data

The actual number of delayed discharges from April 2015 to September 2016 is shown graphically below. The highest number in that time period was 8 which, occurred in August 2016.



The results show areas where further action may be appropriate, including:

- The percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated (a score of 60% compared to a national average of 75%)

- The percentage of adults supported at home who agree that they are supported to live as independently as possible (at 78% compared to a national score of 84%)

- Percentage of adults supported at home who agree they felt safe (79% for Shetland compared to 84% for Scotland)

Policy Context

The journey towards integration has been in place since 1990 with a number of policy directions from the Scottish Government culminating in this latest direction on health and social care integration.

Some of the underlying principles were established through the work on the Christie Commission Future Delivery of Public Services in June 2011. The priorities identified included:

- Recognising that effective services must be designed with and for people and communities - not delivered 'top down' for administrative convenience
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self reliance, and build resilience
- Concentrating the efforts of all services on delivering integrated services that deliver results
- Prioritising preventative measures to reduce demand and lessen inequalities
- Identifying and targeting the underlying causes of inter-generational deprivation and low aspiration
- Tightening oversight and accountability of public services, introducing consistent data-gathering and performance comparators, to improve services
- Driving continuing reform across all public services based on outcomes, improved performance and cost reduction

The Health and Social Care Integration Strategic Commissioning Plans Guidance further develops these themes.

"Historically, there has been a divide between 'health' and 'social care' services. Increasing numbers of people do not experience neatly segregated 'health' and 'social care' needs, so our system to support them need to evolve to reflect complexity of needs and multimorbidity in the population".

"Integration ....needs to deliver better outcomes, particularly for people with multimorbidities and in terms of improving preventative and anticipatory care, with less inappropriate use of institutional care and better support in communities".

"These are high aims. Achieving them will require partnership working – between statutory agencies and professionals and also, vitally, with the third and independent sectors, localities and communities – on a scale that we have not achieved before".

The Government's Reshaping Care for Older People: A Programme for Change 2011-2021 stated that:

"Our vision is clear and agreed:

> Older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting.

Our health and social care services provide a vast range of high quality services that improve the quality of life for many older people. These services are however under considerable strain as resources are squeezed and demographic changes increase. We also know that at present the arrangements we have in place in Scotland too often fail to provide the service experience that people are looking for. Current arrangements are simply not sustainable; nor are they, in many instances, desirable.

There are key over-arching messages which need to frame the further development, and delivery, of the Reshaping Care programme.

Older people are an asset not a burden – demographic change creates a challenge but these shifts also offer a potential solution in that older people provide far more care and support than they receive. By working together and supporting communities we can achieve better outcomes and better value.

We need a shift in philosophy, attitudes and approaches – we need to move away from measuring success by how much we do to how many, and towards measuring success by how many older people can be enabled to stay independent and well at home and without need for care and support.

We are adding healthy years to life – we need to push back our concept of older age, with less of a focus on "over 65" years and more on "over 75". We need to ensure that older people have benefited from health improvement activities throughout their lives so that they have fewer risk factors for long term conditions when they reach 65.

Supporting and caring for older people is not just a health or social work responsibility – we all have a role to play: families, neighbours and communities; providers of services like housing, transport, leisure, community safety, education and arts; and also shops, banks and commercial enterprises. Our approach to achieving our vision must be 'whole system'.

Services should be outcome focussed – services which provide personalised care and support designed to optimise independence and well-being through an enabling approach.

We need to accelerate the pace of sharing good practice – there is lots of good practice across Scotland and beyond, but examples tend to be fragmented and narrowly focussed. We need to rapidly build, grow and spread these examples, reduce variance in practice and achieve greater consistency in, and equity of, support.

Now more than ever it is important to align partnership resources to achieve our policy goals – it is important to acknowledge that there will be considerable pressure on all public sector budgets over the next period which makes it an absolute imperative that we can demonstrate that all of the £4.5 billion currently spent annually on services for over 65 year olds is being used to optimal effect.

Additional funding is needed for care – while there is scope to improve the 'care system' to achieve better outcomes and make efficiencies, the extent of demographic growth will require more resources to sustain current levels of service. Essentially there are two mechanisms available to us for increasing expenditure on services; public spending and personal spending. This debate will be complicated by the need to distinguish between those financial choices that are open to the Scottish Government and those matters (relating to taxation and benefits) that are reserved to Westminster".

In February 2016, the Scottish Government published a National Clinical Strategy for Scotland. It outlined some key principles which will underpin Shetland's Integrated Strategic Commissioning Plan and the relevant extracts are set out below by way of background information.

"The strategy describes the rationale for an increased diversion of resources to primary and community care. Stronger primary care across Scotland should and will be delivered by increasingly multidisciplinary teams, with stronger integration (and where possible, co-location) with local authority (social) services, as well as independent and third sector providers. The aims of an expanded health and social care team will be to provide all current services but also to:

(a) support self-management and independence for everyone by supporting patients to fully understand and manage their problems, promoting a focus on prevention, rehabilitation and independence;
(b) to provide care that is person centred rather than condition focused, based on a long term relationship between patients and the relevant clinical team(s);
(c) understand that the problems of multiple long-term conditions and the resulting loss of independence result in complex needs – many of which are best addressed by social interventions. We must not provide an overall system that

defaults to medical solutions (such as admission to hospital) when the needs are predominantly social;

(d) provide evidence-based interventions that reduce the risk of admission to hospital, especially the elderly;

(e) provide more community based services to replace some that have previously been provided in hospital; and

(f) provide sensitive end of life care in the setting that the patient wishes.

"There is evidence from around the world that systems with a strong primary care[2] service tend to produce better overall outcomes for people, a better experience of managing with illness and disability and a lower and more proportionate use of resources".

Overall Policy Framework

There are a range of supporting strategies and plans which will assist with the direction and delivery of the Strategic Commissioning Plan. This is shown diagrammatically below.

Each service will have their own legislative drivers and strategic plans to shape the delivery of that service.

> In short, work to reform public services needs to be urgent, sustained and coherent.
>
> Commission on the Future Delivery of Public Services;
> *The Christie Report, June 2011*

[2] Primary health care provides the first point of contact in the health care system. In the NHS, the main source of primary health care is GPs, pharmacists, dentists, nurses and opticians.

<table>
<tr><td colspan="8">Integration Joint Board</td></tr>
<tr><td rowspan="3">Values / Quality Ambitions

Person Centred
Safe
Effective
Efficient
Equitable
Timely
Sustainable
Ambitious</td><td colspan="6">NHS Scotland 2020 Vision
The Scottish Government's 2020 Vision for health and social care is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions;
- We have integrated health and social care;
- There is a focus on prevention, anticipation and supported self-management;
- Where hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk or re-admission.</td><td rowspan="3">In partnership with

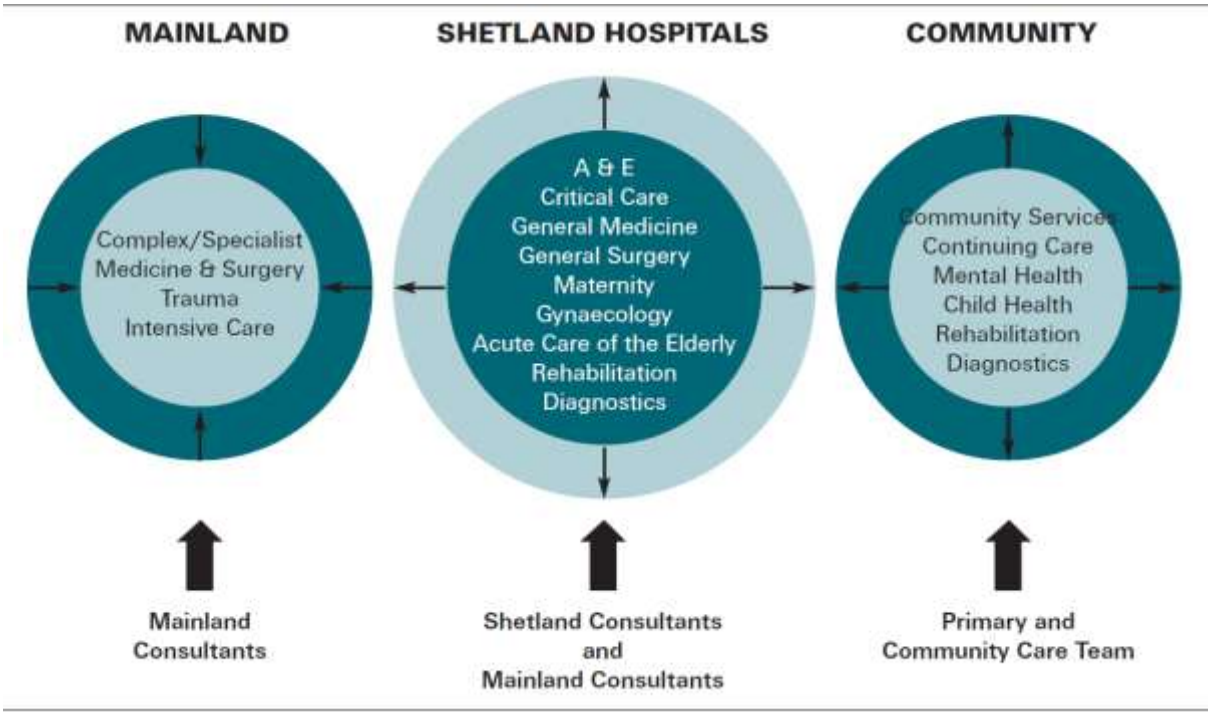
Patients
Service Users
Carers
Families
Staff
Professionals
Partners
Communities
Public</td></tr>
<tr><td colspan="6">Delivering Health and Wellbeing Outcomes</td></tr>
<tr><td colspan="6">Using Integrated Principles</td></tr>
<tr><td>Resources</td><td>Staff</td><td>Bought in Services</td><td>Money for Resources</td><td>Assets and Equipment</td><td>E'Health, Records and Information</td><td>Resources</td></tr>
<tr><td>Strategic Direction</td><td colspan="6">Joint Strategic (Commissioning) Plan
- Needs Assessment – Resources – Performance - Risk</td><td>Strategic Direction</td></tr>
<tr><td>Strategies</td><td>Primary Care Strategy</td><td>Shetland Mental Health Strategy</td><td>NHS Shetland Public Health</td><td>Changing Lives: Report of the 21st Century Social Work Review</td><td>Shetland Clinical Strategy</td><td>Older People's Strategy</td><td>Strategies</td></tr>
<tr><td></td><td>Autism Spectrum Disorder Strategy</td><td>Carers' Strategy</td><td>Reshaping Care for Older People: A Programme for Change</td><td>Domestic Abuse Strategy</td><td>Oral Health Strategy</td><td>Prescription for Excellence</td><td></td></tr>
<tr><td></td><td>Alcohol and Drug Strategy</td><td>National Dementia Strategy</td><td>Adult Rehabilitation</td><td>Realising Potential</td><td>Realistic Medicine</td><td>See Hear Strategy</td><td></td></tr>
<tr><td></td><td>Allied Health Professionals National Delivery Plan</td><td>Intermediate Care Operational Plan</td><td>Prevention and Management of Falls</td><td>Integration Fund Plan</td><td>Unscheduled care plan</td><td>Winter Plan</td><td></td></tr>
<tr><td rowspan="5">Service Delivery Plans:</td><td colspan="6">Joint Strategic (Commissioning) Plan</td><td rowspan="5">Service Delivery Plans:</td></tr>
<tr><td colspan="6">Service Plans</td></tr>
<tr><td colspan="6">Financial Plan / Budgets</td></tr>
<tr><td colspan="6">Resources and Support Services</td></tr>
<tr><td colspan="6">Change Management Projects</td></tr>
<tr><td>Measured By (for assurance / improvement):</td><td colspan="2">Performance Measures</td><td>Chief Social Work Officer Annual Report</td><td>Audits</td><td>Quality Reports</td><td>Measured By (for assurance / improvement):</td></tr>
</table>

There are a number of emerging themes around:

- working with individuals, their unpaid carers and families, and communities to give them the tools to better manage their own health and care needs; co-production needs to become the norm
- exploring better ways to genuinely integrate services through a single holistic system which supports the needs of individuals, their unpaid carers and families rather than around the convenience of the organisation providing the service
- looking at whole systems and care pathways to work out the right 'location' for all aspects of health and care
- continuing to rebalance care from hospitals to home or community settings and from NHS Grampian (and elsewhere) back to the Gilbert Bain Hospital
- getting the right staffing numbers, ratios and skills mix and supporting staff to be the best they can be through positive leadership and creating a culture of openness and trust which allows staff to grow, learn and develop in a safe environment in a rapidly changing service
- maximising eHealth, Telehealthcare and Telecare opportunities to enhance service delivery models, promote independence and reduce geographical inequality and support back office arrangements such as accessing and sharing information and training
- promoting self help, self management and preventative services using an asset based approach for positive interventions and pro-active anticipatory care planning
- tackling health inequality and working to bridge the gap in health outcomes caused by social, geographical, biological or other factors
- delivering primary care services through increasingly multidisciplinary teams, with stronger integration (and, where possible, co-location) with social care services and third sector providers.
- working with patients and prescribers to use minimally disruptive interventions (including lifestyle changes) wherever possible
- supporting the work to improve the Local Outcome Improvement Plan Priorities:
    - Reduce percentage of adults who smoke
    - Reduce premature mortality from Coronary Heart Disease among under 75s
    - Increase Physical Activity Levels
    - Reduce obesity levels
    - Address issues arising from mental health
    - Promote Suicide Prevention
    - Address issues arising from domestic violence
    - Reduce the harm caused by alcohol

Current Service Model

The current model of service delivery is based on a mixture of off-island, hospital based and community based primary care and social care services, as described below.



The key objectives for NHS Shetland, as set out in the 2020 Vision, are:

- To sustain core services and maintain viability
- To ensure the future retention and recruitment of staff
- To enhance training and development opportunities
- To develop partnership working with other agencies
- To strengthen and develop health promotion and education.
- To enhance primary care services
- To provide care in the most appropriate setting
- To maximise the potential benefits of new technology
- To improve the environment of health care facilities

A number of core principles were also identified:

- Emergency care services must be maintained locally, including medicine, surgery and maternity;
- Care should only be provided in a hospital setting if it cannot be provided safely and effectively in the community
- Patients should only be sent out with Shetland for healthcare if it cannot be provided safely and effectively in Shetland;
- Attendance at hospital for diagnostic tests and investigations, outpatient consultations and minor procedures should be kept to a minimum;
- Healthcare should be provided in multi-professional teams, with reliance on individuals kept to a minimum.

Shetland Islands Councils strategic objectives for social care are:

Over the next 20 or so years, the number of older people living in Shetland is expected to rise significantly. Through this plan, we will focus our time and resources on finding ways to make sure people are supported to help them be active and independent throughout adulthood and in older age. To support our community plan, we want everyone to be leading healthy, active lives that allow them to contribute to society in a positive way. When older people reach a point where they need care or extra support, we want to be able to provide that care in a way that allows them to stay at home or in a comfortable setting.

These are long-term aims, but over the next four years we will work with others so that by 2020 we will have made a difference in the following ways:

- Increased use of technology will be helping us provide care for the most vulnerable and elderly in our community.

- Older people and people who are living with disabilities (including learning disabilities) or long-term conditions will be getting the services they need to help them live as independently as possible.

- More people will be able to get the direct payments and personal budgets that they want, so they can make the best choices for their own lives.

- People will be supported to look after and improve their own health and well-being, helping them to live in good health for longer.

- Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer.

A summary of services is set out below and expanded on in Appendix 2: Schedule of Services.

Table X: Category A Services: Service Description and Number of Current Service Users (to be completed from Service Plans once available)

Service	Description	Service Users
Adult Protection	Protection of adults who may be at risk.	
Adult Services	For Learning Disability and Autism Spectrum Disorder client, including Day Care, Housing, Learning, Employment and Leisure	197
	Day Care Clients at Newcraigielea	20
	Number of Respite Beds at Newcraigielea	9
	Occupancy Rate for Respite Beds (September 2016)	34%
Adult Social Work	Adult Support and Protection, Community Care Assessments, Mental Health Interventions.	220
Community Care Resources	Care at Home:	
	Clients receiving personal care	223
	Clients receiving domestic care	171
	Intensive home care as an alternative to residential care	72
	Residential Care	
	Number of permanent beds	117
	Permanent Occupancy Percentage (September 2016)	75%
	Waiting List for Residential Care (September 2016)	15
	Respite Care and Short Breaks	
	Number of respite beds	29
	Respite Occupancy Percentage (September 2016)	156%
	Day Care	
	Direct Payments	
Community Nursing	District Nurses, Practice Nurses, Advance Practitioner Nurses, Specialist Nurses, Non Doctor Islands, Out of Hours and Intermediate Care Team	
Criminal Justice	Assessment and Supervision of Offenders, court reports, rehabilitation.	
Domestic Abuse		
Intermediate Care	Reduce unplanned admissions to hospital or long term care, enhance discharge planning from hospital	
Mental Health	Community Psychiatry Services, Community Psychiatric Nursing Service, Psychological Therapies Service, Substance Misuse Recovery Service, Dementia Services.	
Oral Health	Primary Dental Care will be provided predominantly through independent NHS practices. Public Dental Service will cover: special needs; remote and rural; public health; oral health promotion; specialist services.	

Pharmacy and Prescribing	Community Prescribing Services	
Primary Care	GP Services and Ophthalmic Services (Pharmacy and Dental included elsewhere)	
Substance Misuse	Information and advice, screening and referrals, treatment, residential treatment (outwith Shetland) and aftercare	
Speech and Language Therapy	Treatment, support and care for adults who have difficulty with communication, or with eating, drinking or swallowing (eg from stroke, injury, disease, dementia, cancer, learning or physical disabilities, stammering)	
Nutrition and Dietetics	Diabetes; Gestational, Gastro Intestinal and Weight Management; Eating Disorders; Cancer; Weight Loss; Gastrostamics; PEG and Nasogastric Feeds; protein requirements.	
Occupational Therapy	Advice and Information; Assessment and Treatment; Rehabilitation; Home Adaptations; Specialist Equipment; Electronic Monitoring Equipment in Homes	
Orthotics	Avoiding pain, return on function, preventing deformity and protecting 'at risk' body parts.	
Physiotherapy	Help to restore movement and function when someone is affected by injury; illness or disability.	2,576
Podiatry	Routine podiatry; nail management and surgery; vascular and neurological assessment and screening; MSK assessment and orthoses prescriptions, footwear advice; fall prevention advice; diabetic assessment and screening; wound care.	

Table X: Category B Services: Service Description and Number of Current Service Users

Service	Description	Service Users
Health Improvement	Information and advice, awareness raising / training and preventative work (focus on: smoking; inequalities; obesity; alcohol and mental health)	
Pharmacy and Prescribing	Hospital Prescribing Services	
Renal	Renal Replacement Therapy; education and monitoring; post transplant care.	
Sexual Health	Sexual Health and Wellbeing Clinic; contraception; HIV services.	
Unscheduled Care	Emergency or unplanned service responses in community, hospital or specialist settings, including (list limited to integrated services): community nursing and primary care out of hours services; Accident and Emergency service; admission to hospital for medical services	

The key service delivery and access points are:

- Gilbert Bain Hospital, Lerwick, a Remote and Rural Consultant Led Hospital
- 10 GP access points
- 5 Non Doctor Island access points
- 7 Dental Clinics
- 10 Care centres
- Newcraigielea
- Eric Gray Resource Centre
- Independent Living Centre
- And through a range of partner and voluntary sector agencies, including:
    - Market House
    - COPE
    - WRVS

Shetland's Health and Social Care Partnership has access to 10 care centres, the details of which is set out below.

Establishment	Permanent Residential Places (No)	Permanent Residential Places (% Occupancy, Sept 2016)	Respite / Short Stay Places (No)	Respite Residential Places (% Occupancy, Sept 2016)*	Total Places (No)	Occupancy at September 2016 (%)	Day Care Places (No)
Edward Thomason and Taing House, Lerwick	38	97	3	38	41	93	12
Montfield, Lerwick	2	100	15	81	17	83	
Overtonlea, Levenwick	13	62	2	287	15	85	12
Wastview, Walls	13	96	2	88	15	88	12
North Haven, Brae	13	54	2	312	15	93	12
Fernlea, Whalsay	8	88	2	77	10	88	8
Isleshavn, Mid Yell	9	22	1	677	10	92	4
Nordalea, Unst	6	67	1	250	7	95	8
Walter and Joan Gray Home, Scalloway	15	56	1	743	16	99	10
Total	117	75	29	156	146	91	78

* The Director can adjust the use of beds between 'residential' and 'respite' to suit need.

The Hospital Occupancy rates in 2016 are set out below (to be completed...).

The number of people resident at home and waiting on a permanent residential care home place in 2016 is set out below (to be completed...).

Overall, the estimated cost of Shetland's Health and Care Partnership services is £44m in 2016-17 and (to be completed) for 2017-18. The cost of the current service delivery model, using 2016-17 budgets, is summarised in the table below, split by Category of Service from the Integration Scheme (the agreement that sets out the relative responsibilities of each of the parties).

Funding for Shetland's Health and Care Partnership is provided by NHS Shetland and Shetland Islands Council. Both organisations are facing significant financial challenges over the 3 year period of the plan. The indicative budgets for 2017-18 show that there is an expectation that the costs will have reduced by £5m by 2019-20. In 2017-18, the difference between the cost of the current service delivery model and the amount of funding being offered within the 3 Year Financial Plan by the funding partners is £2.5m.

Table X: Estimated Cost of Current Model of Service Delivery 2016-17 (WILL BE UPDATED for 2017-18)

	JOINT BUDGETS			TOTAL
Activity	**Budget SIC**	**Budget NHS**	**Set Aside Budget**	**Budget**
	£	**£**	**£**	**£**
Mental Health	1,060,488	1,352,864	0	2,413,352
Substance Misuse	257,163	495,594	0	752,757
Oral Health	0	3,122,685	0	3,122,685
Primary Care	0	4,570,871	0	4,570,871
Community Nursing	0	2,329,554	0	2,329,554
Directorate	(175,291)	94,322	0	(80,969)
Adult Services	5,201,063	66,141	0	5,267,204
Adult Social Work	1,664,586	0	0	1,664,586
Community Care Resources	10,511,789	0	0	10,511,789
Criminal Justice	29,149	0	0	29,149
Speech & Language Therapy	0	83,135	0	83,135
Dietetics	0	111,683	0	111,683
Podiatry	0	225,020	0	225,020
Orthotics	0	143,363	0	143,363
Physiotherapy	0	603,130	0	603,130
Occupational Therapy	1,370,630	185,370	0	1,556,000
Health Improvement	0	0	310,489	310,489
Pharmacy & Prescribing	0	5,714,293	461,588	6,175,881
Unscheduled Care	0	0	3,190,371	3,190,371
Renal	0	0	144,793	144,793
Sexual Health	0	0	38,145	38,145
Total	**19,919,577**	**19,098,025**	**4,145,386**	**43,162,988**

Table X: Staffing to Deliver Current Model of Service Delivery 2016-17 Expressed in Whole Time Equivalents (WTE) (WILL BE UPDATED FOR 2017-18)

Activity	WTE SIC	WTE NHS	TOTAL WTE
Mental Health	28.94	18.50	47.44
Substance Misuse	1.05	10.50	11.55
Oral Health	0	65.63	65.63
Pharmacy & Prescribing	0	10.08	10.08
Primary Care	0	29.51	29.51
Community Nursing	0	47.65	47.65
Directorate	3.35	1.00	4.35
Sexual Health	0	0.56	0.56
Adult Services	136.39	1.00	137.39
Adult Social Work	19.29	0.00	19.29
Community Care Resources	396.31	0.00	396.31
Criminal Justice	7.37	0.00	7.37
Speech & Language Therapy	0	3.29	3.29
Dietetics	0	3.00	3.00
Podiatry	0	4.40	4.40
Orthotics	0	2.00	2.00
Physiotherapy	0	12.89	12.89
Occupational Therapy	16.29	4.62	20.91
Health Improvement	0	5.13	5.13
Unscheduled Care	0	58.19	58.19
Renal	0	3.50	3.50
Total	**608.99**	**281.45**	**890.44**

Strategic Needs Assessment

The Strategic Needs Assessment is a key element of the Strategic Planning process.

It allows the plan to be evidence based and forward looking to address current and future need.

No one individual or group of people will determine what the service 'need' should be. The philosophy which underpins the development of the strategic plan means that each and every stakeholder has a right to have a view about current and future service need, with an emphasis on building services around the needs of individuals, their unpaid carers and their families.

So, the needs assessment can be built from information and knowledge of:

- our service users
- their unpaid carers and families
- our staff
- our staff representatives
- professional groups and their representatives
- volunteers
- third sector service providers and their representatives
- independent sector services providers and their representatives
- local communities – geographical, or communities of interest
- Shetland wide issues
- current service delivery models performance information, gaps in services, new or emerging needs and forecasts for future changes
- emerging technology opportunities
- service delivery models from elsewhere

Fundamentally, the needs assessment describes how many people will need the services, what type of service will meet that need and where it will best be accessed.

The Government policy direction and this plan is working to challenge dependency and encourage self-management and independence by supporting patients to fully understand and manage their problems, promoting a focus on prevention, rehabilitation and independence. This is shown in the diagram below.

CASE STUDY

Southcentral Foundation, Alaska

Alaska Native people, the indigenous people of Alaska, have long and rich traditions. Storytelling is one of these traditions. When someone tells his or her story and invites others to tell theirs, knowledge and understanding are gained. Sharing stories can teach, motivate, admonish, inspire and create personal relationships.

Southcentral Foundation (SCF), the Alaska Native-owned nonprofit health care system located in Anchorage, Alaska, has a story to tell. Ten years ago, SCF was a typical, inefficient health care system. Patients had to wait weeks to get an appointment and had to wait again when coming into the office. Care was impersonal. Patients often saw a different provider at each appointment. Patients weren't happy, staff weren't happy and doctors weren't happy.

In the Indian Self-Determination and Education Assistance Act of 1975, Congress found that "prolonged federal domination of Indian service programs has served to retard rather than enhance the progress of Indian people and their communities." (25 USC §450) The government recognized that if the people receiving services were involved in the decision-making process or owned the entities that delivered the services, there would be a greater potential for improving their health statistics.

SCF began contracting services from the federal government in 1987 and completed the transition to a customer-owned system in 1999. Alaska Native leadership saw this as an opportunity to examine what was being done and to completely redesign the system to better meet the needs, values and priorities of the Alaska Native community. Today, SCF is achieving some world-class health outcomes and high levels of satisfaction. This article explains our journey and some of the principles that have led to where we are today.

http://www.aafp.org/fpm/2008/0100/p32.html

The needs assessment is underpinned by some general factors around finance, population and demographic changes, including:

- growing demand for services (actual numbers)
- growing demand for services from increasingly elderly population, living well longer but often with complex and multiple conditions
- growing propensity for mental health services, around anxiety and depression
- demographic changes placing demands on centres of population, leaving remote and rural services more difficult to sustain
- financial savings requirement of over £5m by 2020, which is a 12% reduction on the current budget
- more people living alone
- tackling health inequality barriers

- current lifestyle choices threatening the population's health (physical activity levels, diet, obesity, smoking, drinking and substance misuse)
- workforce challenges – recruitment, retention, integrated working and professional support, pension age changing, generic and specialist skills mix, single handed practitioners, expectation that staff will deliver the 'transformational change', technological advances, ability to 'compete' with other employers
- changing nature of availability of unpaid carers and informal support networks putting pressure on statutory services
- rising expectations of services – a more demanding public and expectation of more engagement / discussion about care options
- medical advances, changing the nature of treatment for diseases
- potential for home / community based technology to transform interactions between professionals and patients / service users, including living safely at home and managing long term conditions
- use of video conferencing facilities, social media and smart phone applications to transform our relationship with patients / services users and help them to look after and improve their own health and wellbeing
- increase focus on community based provision and primary and social care - working in partnership with local communities, enhancing roles in primary care

Shetland Partnership

The Shetland Partnership's Local Outcome Improvement Plan highlighted a number of priority services where focused partnership working is required:

> **Priority Outcome: We live longer healthier lives and people are supported to be active and independent throughout adulthood and in older age**
>
> Priority Actions:
> Reduce percentage of adults who smoke
> Reduce premature mortality from Coronary Heart Disease among under 75s
> Increase Physical Activity Levels
> Reduce obesity levels
> Address issues arising from mental health
> Promote Suicide Prevention
>
> **Priority Outcome: Shetland is a safe place to live for all our people, and we have strong, resilient and supportive communities**
>
> Priority Actions:
> Address issues arising from domestic violence
> Reduce the harm caused by alcohol

From the evidence provided so far, there is a need to focus on positive impacts for the following targeted groups:

- individuals with long term conditions; helping them to better help themselves and using minimally disruptive interventions
- individuals with assessed community care and identified health needs; working to integrate health and care services around their needs in multi-disciplinary teams
- individuals requiring hospital appointments; better co-ordination of care and avoidance of unnecessary travel
- individuals who face health inequality; by working to bridge the gap in health outcomes caused by social, geographical, biological or other factors
- individuals who fall within the priorities services identified through the Local Outcome Improvement Plan:
    - Reduce percentage of adults who smoke
    - Reduce premature mortality from Coronary Heart Disease among under 75s
    - Increase physical activity levels
    - Reduce obesity levels
    - Address issues arising from mental health
    - Promote suicide prevention
    - Address issues arising from domestic violence
    - Reduce the harm caused by alcohol

Profile of Shetland

Shetland is situated 338km from Aberdeen, covers 1,468km^2 in area and has over 2,700km of coastline. Lying at the interface between the Northern North Sea and North Atlantic makes for a sometimes harsh climate but also affords Shetland a privileged position as a hub for energy interests as well as fishing and aquaculture. Our remoteness makes us reliant on transport links but has also led to the development of strong, safe communities with a rich heritage, language and culture.

Shetland is recognised as a place where communities take responsibility for shaping their future; where voluntary effort is strong; where community asset ownership is well established and where unique cultural assets play a significant role in creating vibrant communities. Alongside that, Shetland faces challenges for some people around poverty and deprivation, health inequality, mental health, substance misuse, child protection concerns and domestic violence.

Shetland is an archipelago of over 100 islands, ten of which are inhabited. According to the 2011 census figures, 14% (3,283)[3] of Shetland's population live on an island remote from the mainland and five islands have a population of less than 100 people. The islands are connected through regular inter-island ferries and, for some, a less regular inter-island air service.

The islands and more remote areas of the mainland represent the most remote, hard-to-reach parts of Shetland, with lower population densities and more scattered (and often ageing) populations. There has been a trend, over the past while, for people to live around Lerwick and the main centres of population. Providing sustainable public services to our more remote communities is challenging.

The 2011 census figures give the total population of Shetland as 23,200, an increase of 5.5% from 2001 (21,988)[4]. The population's age profile is 18% aged under 15, 64% aged 16-64 and 18% aged 65+[5]. The number of people aged over 64 has increased by over 20% since 2001[6].

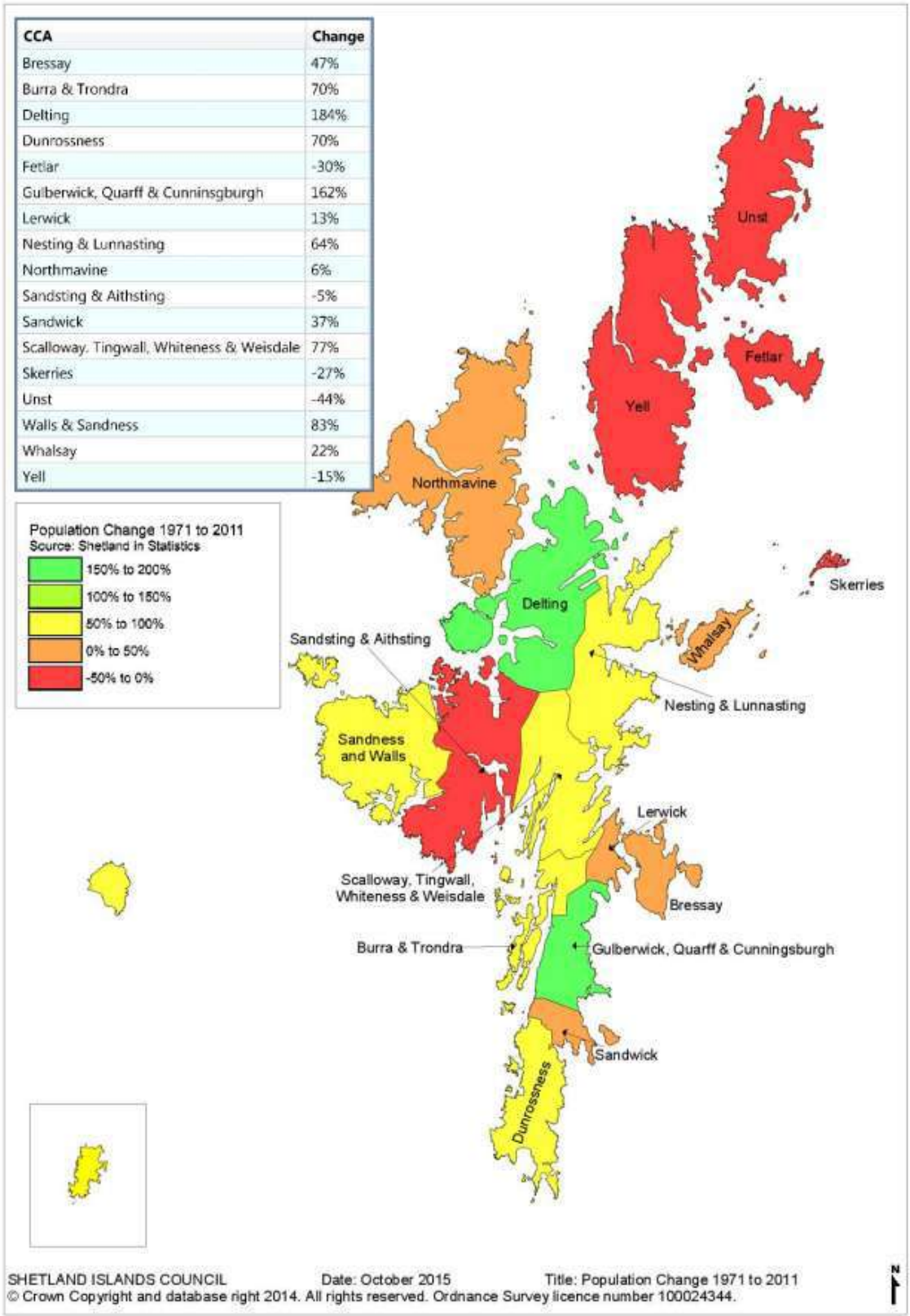
Our population is ageing fast. It is anticipated that by 2016, the number of people aged 65 or over will be 38% greater than in 2006 and 92% greater by 2031. This is higher than the national average and the fourth highest rate of change across Scotland's 32 local authorities.

The increase in Shetland's population since 2001 has been influenced by Shetland's strong economic performance in that time. Between 2003 and 2011 Shetland's economic output has grown by 3.5% annually on average, from around £860M per year to over £1BN[7]. This growth can be traced to expansion in both the private and public sectors, with fisheries and aquaculture identified as key growth areas in the private sector. However more recently, national economic conditions mean that the public sector has faced significant cuts, which has lead to job losses and reductions in service provision. Even so, for some core jobs, the public sector can find it hard to attract candidates for vacant posts in some areas.

Despite the overall growth in Shetland's population, the population of the majority of the outer islands has fallen. Exceptions to this are Whalsay whose population has grown and Fair Isle where the population has remained relatively stable. This may be because many of the community's outwith the main population centres are economically fragile. These communities are dependent on aquaculture, tourism and a declining public sector, with few other employment opportunities available.

The population changes by area of Shetland between 1971 and 2011 is charted below[8].

[3] 2011 Census Release, National Records of Scotland, 2013
[4] 2011 Census Release, National Records of Scotland, 2013
[5] 2011 Census Release, National Records of Scotland, 2013
[6] 2011 Census Release, National Records of Scotland, 2013
[7] Shetland Input-Output Study/Regional Accounts 2010-11, Report to Shetland Islands Council Development Committee, May 2013
[8] Shetland Equality Commission evidence, 2015, http://www.shetland.gov.uk/equal-shetland/documents/DataBook_Commission4_Final.pdf


CCA | Change
Bressay | 47%
Burra & Trondra | 70%
Delting | 184%
Dunrossness | 70%
Fetlar | -30%
Gulberwick, Quarff & Cunninsgburgh | 162%
Lerwick | 13%
Nesting & Lunnasting | 64%
Northmavine | 6%
Sandsting & Aithsting | -5%
Sandwick | 37%
Scalloway, Tingwall, Whiteness & Weisdale | 77%
Skerries | -27%
Unst | -44%
Walls & Sandness | 83%
Whalsay | 22%
Yell | -15%
Population Change 1971 to 2011
Source: Shetland in Statistics
150% to 200%
100% to 150%
50% to 100%
0% to 50%
-50% to 0%
Unst
Fetlar
Yell
Northmavine
Skerries
Delting
Whalsay
Sandsting & Aithsting
Nesting & Lunnasting
Sandness and Walls
Lerwick
Scalloway, Tingwall, Whiteness & Weisdale
Bressay
Burra & Trondra
Gulberwick, Quarff & Cunningsburgh
Sandwick
Dunrossness
SHETLAND ISLANDS COUNCIL
Date: October 2015
Title: Population Change 1971 to 2011
© Crown Copyright and database right 2014. All rights reserved. Ordnance Survey licence number 100024344.
N

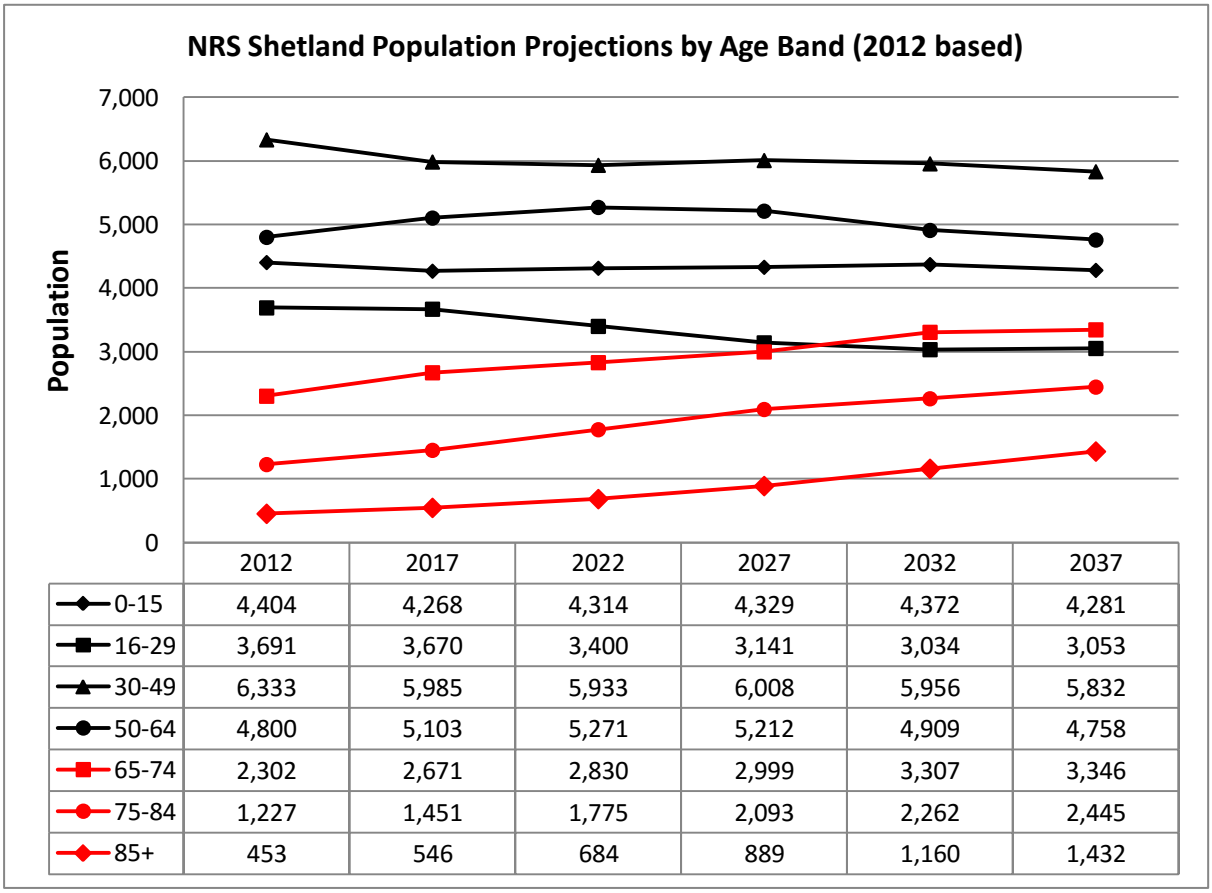
The population projections by age band is shown graphically and in table form below for the same time period. This demonstrates the demographic shift with the projected number of younger and working age people declining and the number of people living longer increasing.

Between 2017 and 2037, the number of people in the 0-15 age bracket is predicted to remain fairly stable (4,268, 2017 to 4,281, 2037).

In the age range 16-64, which could loosely be described as the 'working age' population, the forecast suggests that the pattern will show a decrease of about 8% (14,758, 2017 to 13,643, 2037).

For people aged over 65, there is a prediction that the population will grow from 4,688 (2017) to 7,223 (2037) so nearly double the current level.

The pattern for those living to be over 85 shows an expected increase of 2.5 times the current population.



	2012	2017	2022	2027	2032	2037
0-15	4,404	4,268	4,314	4,329	4,372	4,281
16-29	3,691	3,670	3,400	3,141	3,034	3,053
30-49	6,333	5,985	5,933	6,008	5,956	5,832
50-64	4,800	5,103	5,271	5,212	4,909	4,758
65-74	2,302	2,671	2,830	2,999	3,307	3,346
75-84	1,227	1,451	1,775	2,093	2,262	2,445
85+	453	546	684	889	1,160	1,432

The Commission on Tackling Inequalities in Shetland[9] heard evidence relating to socio-economic equalities and geography in Shetland. The Foreword states that,

> "Shetland doesn't exhibit the extreme disparities in wealth, health and other indicators that characterise some communities. Nevertheless, the evidence gathered by the Commission confirms that, in 2016, inequality is an inescapable feature of Shetland life. Some of our fellow citizens are struggling. Their circumstances differ, but lack of sufficient money to live a decent life is a common factor. The causes of their difficulties are not simple but it's clear that a variety of influences, including changes in welfare policies, are making their position steadily more precarious.
>
> Inequality can take many forms. It is frequently thought of as economic and characterised in terms of wealth and poverty. However, there are also manifestations of inequality in education, environmental quality, ethnicity, gender, geography, health, social status and in power and influence.
>
> The factors explored ... interact and the effect is to create complex and multi-layered inequalities, often involving a vicious circle. For example, a lack of finances means making choices between essential needs, such as heating the home, eating healthily or being able to afford to run a private vehicle. Yet it is the lack of a vehicle that may be the barrier to moving into employment or better employment, and ultimately improved experiences and opportunities.
>
> The picture is further complicated by an inter-play of different characteristics, such as gender, age, race, religion, which again interact and can exacerbate other factors. However, in the Shetland context a person's vulnerability depends more on the resources they have available, which includes their ability to become part of the communities around them, than it does on, for example, protected characteristics. Underlying all these factors is the social and economic fabric woven by local and national government policy, which determines the level of support – in whatever form – that is available to help meet individual, family or community needs.
>
> Inequalities in Shetland are more keenly felt, where the differences between those with resources and without are well defined; the relatively prosperous community and cost of housing adds to the pressures faced by those who are struggling to make ends meet.
>
> In summary, those individuals and families in Shetland who are particularly vulnerable are those:
>
> - with poor educational experiences: engagement is difficult, attainment may be low;
> - unable to achieve or maintain employment;
> - at risk of homelessness;
> - with poor mental health;

[9] On Da Level, Achieving a Fairer Shetland, Report and Recommendations from Shetland's Commission on Tackling Inequalities, March 2016

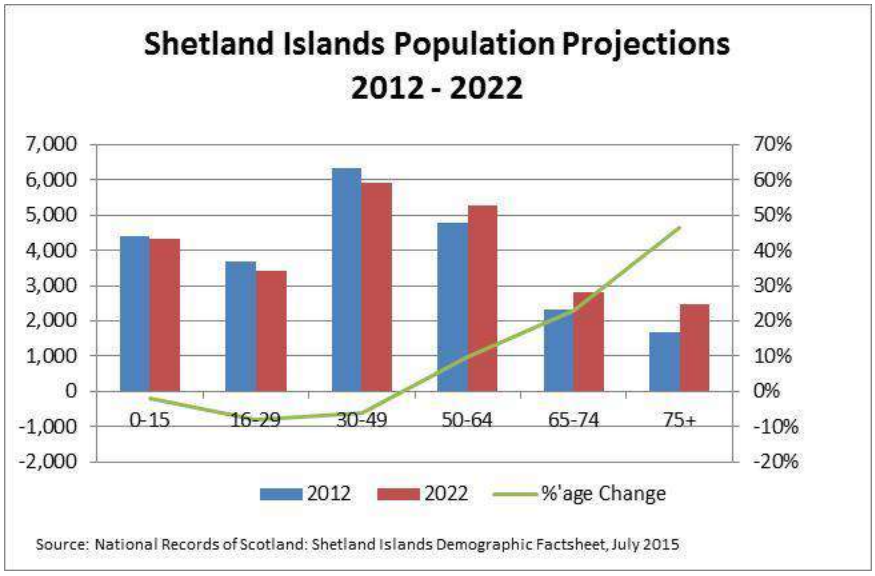
- with chronic illness;
- with experience of substance misuse;
- not involved in their local community (this may include not attending pre-school);
- living in remote areas, where employment opportunities are limited and the cost of transport or running a private vehicle can be prohibitive.

And:

- Looked After Children;
- workless or low income households; and
- young.

The Commission identified that 1 in 5 households have an annual income of £13,500 or less, with a median income in Shetland of £28,068[10].

The evidence from the Minimum Income Standard shows that household budgets need to be 10-40% higher in remote rural Scotland to achieve a minimum acceptable living standard[11]. A single person on Income Support living in a remote settlement will receive 28% of the income required to achieve an acceptable standard of living. There is also a growing issue of in-work poverty in Shetland, with 3% of working age adults in poverty now living in households with at least one adult in employment. Gender segregation is high with sectors split by traditional gender roles and it is hard to find childcare solutions to benefit working families. There are 53% of households in fuel poverty and 1 in 3 adults will experience some form of mental ill health or distress each year. The time involved in travelling and the cost of transport or running a private vehicle can be prohibitive.



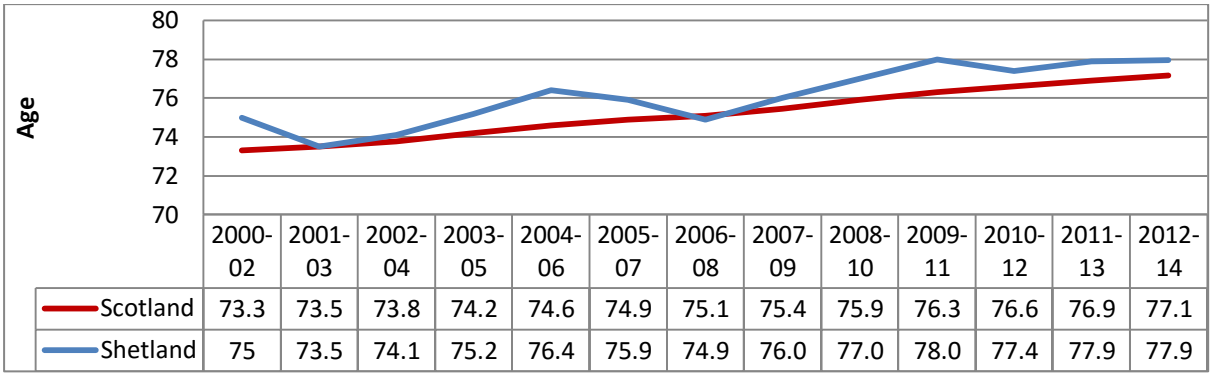
[10] CACI, 2014
[11] Minimum Income Standard, 2013

This next section gives an overview of Shetland's health and care needs to highlight any key considerations to take into account, with comparisons shown against the Scottish average.

For overall healthcare experience, NHS Shetland scored 82.0 for the Inpatient Patient Experience Survey, which is above the Scottish average.

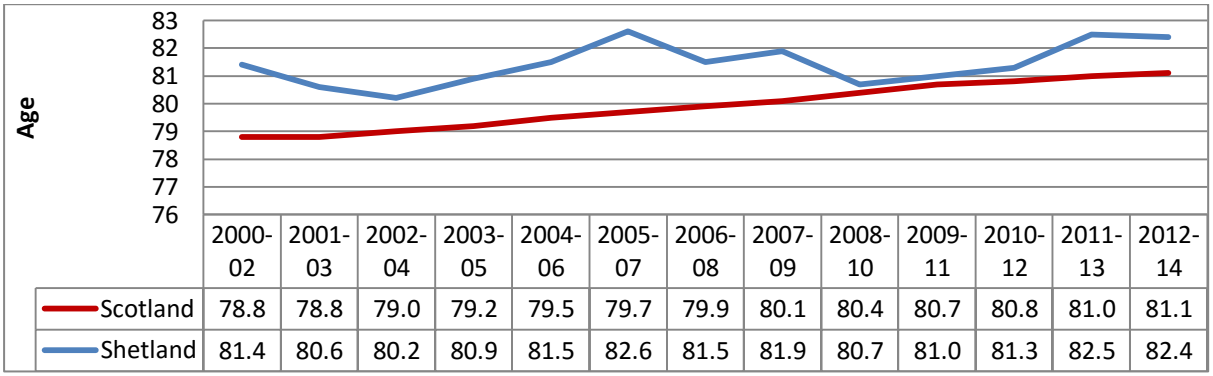
Life expectancy continues to improve for males and females and both are above the national average.

Male life expectancy at birth



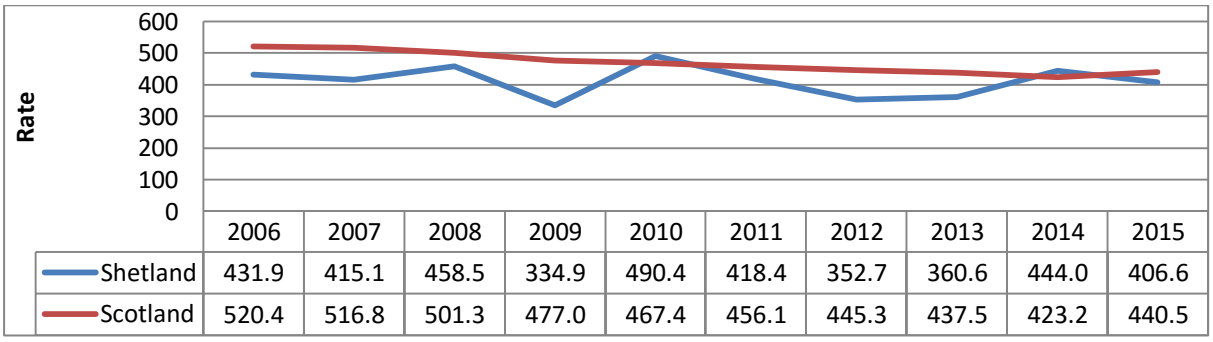
	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
Scotland	73.3	73.5	73.8	74.2	74.6	74.9	75.1	75.4	75.9	76.3	76.6	76.9	77.1
Shetland	75	73.5	74.1	75.2	76.4	75.9	74.9	76.0	77.0	78.0	77.4	77.9	77.9

Female Life Expectancy at Birth



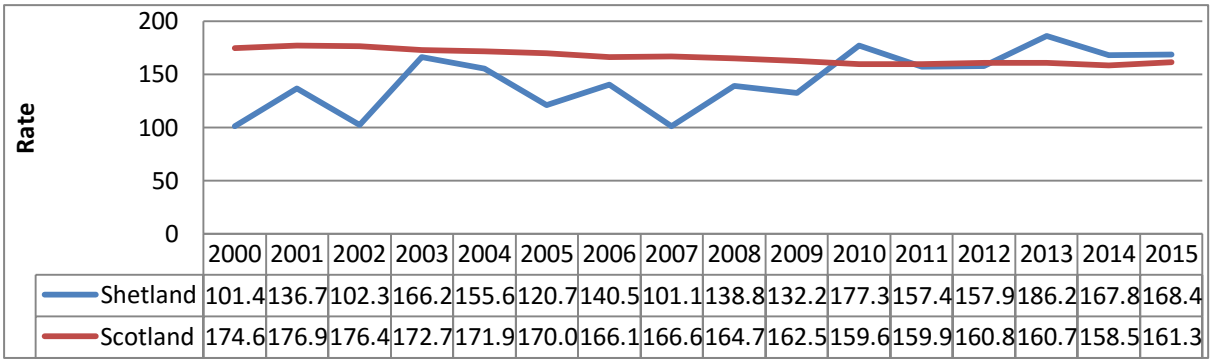
	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
Scotland	78.8	78.8	79.0	79.2	79.5	79.7	79.9	80.1	80.4	80.7	80.8	81.0	81.1
Shetland	81.4	80.6	80.2	80.9	81.5	82.6	81.5	81.9	80.7	81.0	81.3	82.5	82.4

Under 75s age standardised death rates for all causes



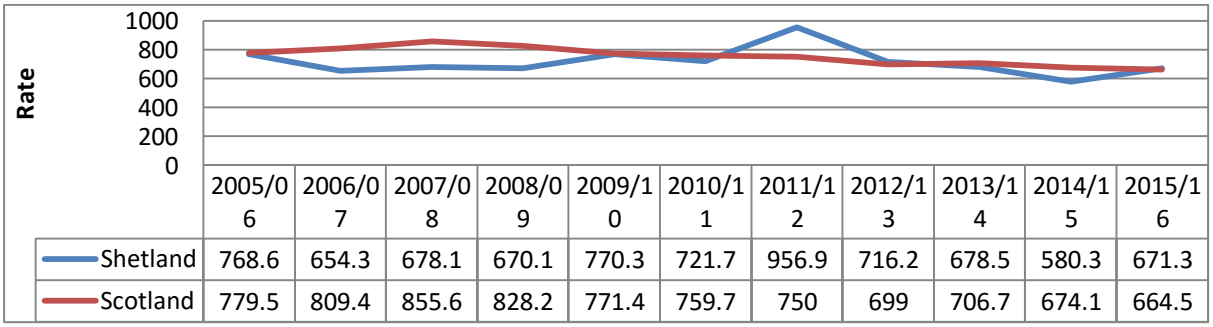
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Shetland	431.9	415.1	458.5	334.9	490.4	418.4	352.7	360.6	444.0	406.6
Scotland	520.4	516.8	501.3	477.0	467.4	456.1	445.3	437.5	423.2	440.5

Mortality rate from Cancer – all types – slight increasing trend in cancer mortality (although actual numbers are small)



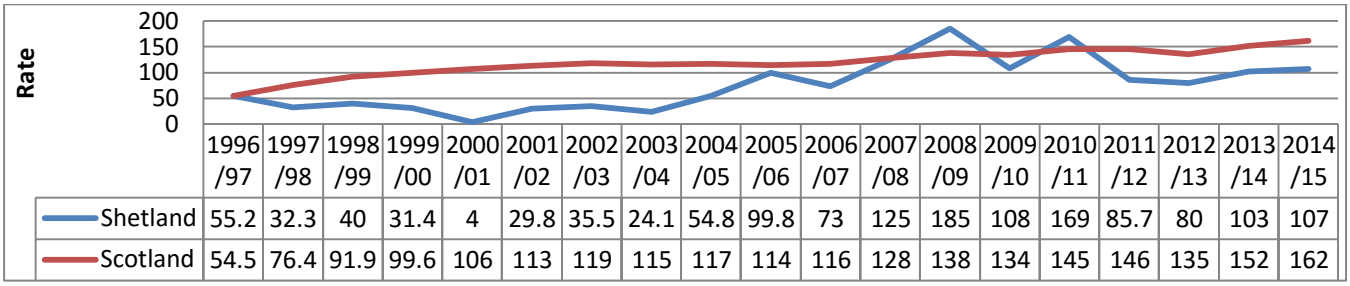
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Shetland	101.4	136.7	102.3	166.2	155.6	120.7	140.5	101.1	138.8	132.2	177.3	157.4	157.9	186.2	167.8	168.4
Scotland	174.6	176.9	176.4	172.7	171.9	170.0	166.1	166.6	164.7	162.5	159.6	159.9	160.8	160.7	158.5	161.3

General acute inpatient and day case discharge rate with an alcohol-related diagnosis



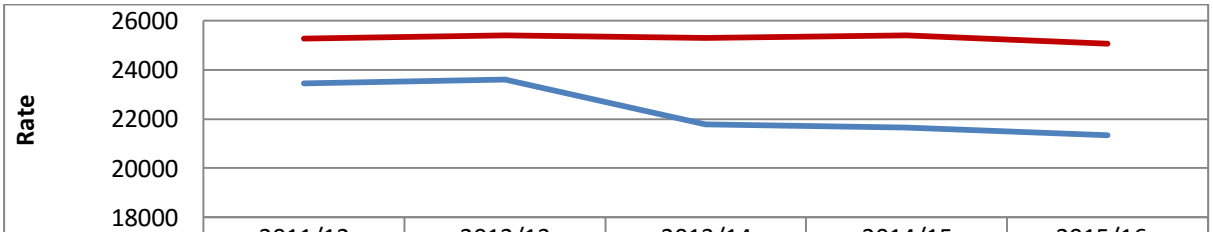
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Shetland	768.6	654.3	678.1	670.1	770.3	721.7	956.9	716.2	678.5	580.3	671.3
Scotland	779.5	809.4	855.6	828.2	771.4	759.7	750	699	706.7	674.1	664.5

Combined general acute and psychiatric hospital activity – admission rate with diagnosis of drug misuse (rate trend)



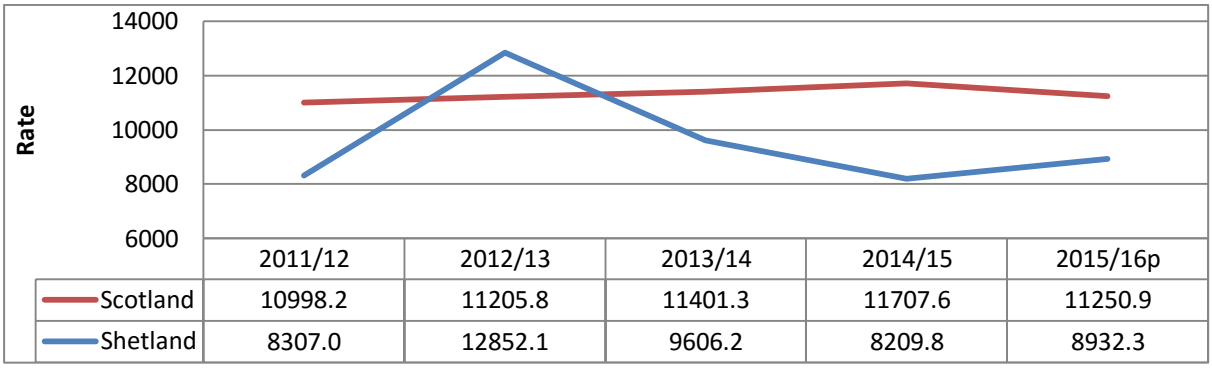
	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Shetland	55.2	32.3	40	31.4	4	29.8	35.5	24.1	54.8	99.8	73	125	185	108	169	85.7	80	103	107
Scotland	54.5	76.4	91.9	99.6	106	113	119	115	117	114	116	128	138	134	145	146	135	152	162

Multiple (3+) Emergency Admission for People Aged 65+ (rate per 100,000)



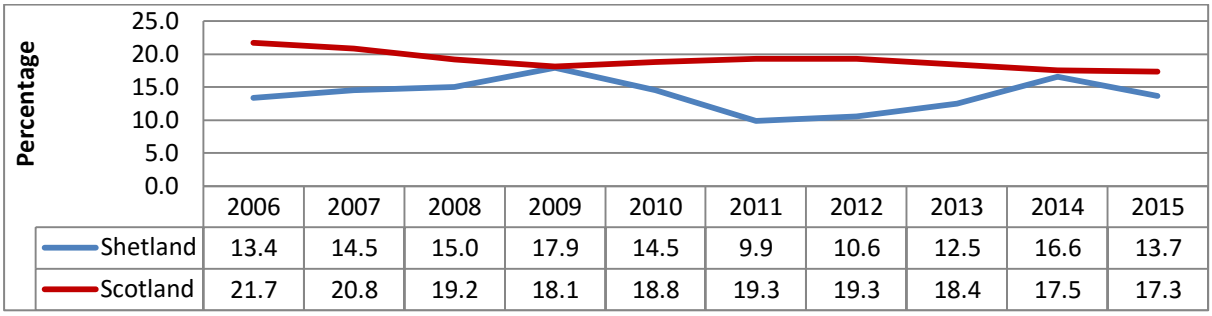
	2011/12	2012/13	2013/14	2014/15	2015/16p
Scotland	25256.7	25406.6	25285.6	25397.1	25053.1
Shetland	23445.7	23606.2	21788.9	21644.6	21337.4

Emergency Admissions for People Aged 65+ (rate per 100,000)



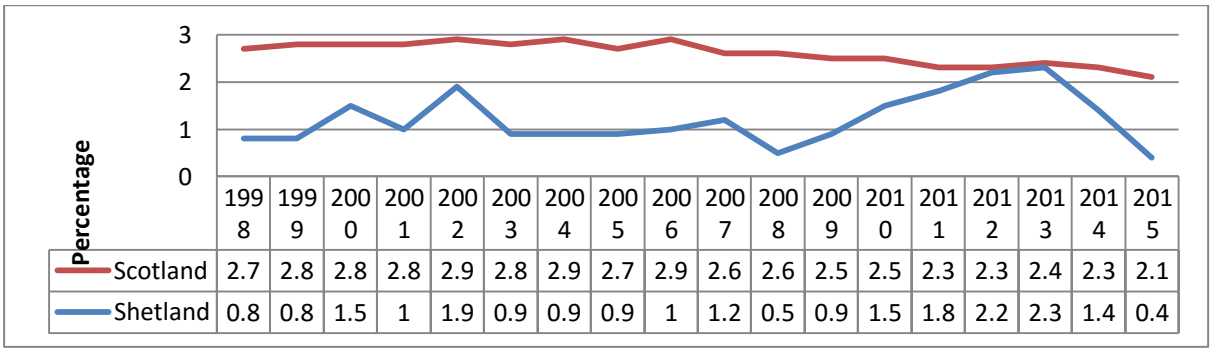
	2011/12	2012/13	2013/14	2014/15	2015/16p
Scotland	10998.2	11205.8	11401.3	11707.6	11250.9
Shetland	8307.0	12852.1	9606.2	8209.8	8932.3

Mothers smoking during pregnancy (smoking rate at booking)



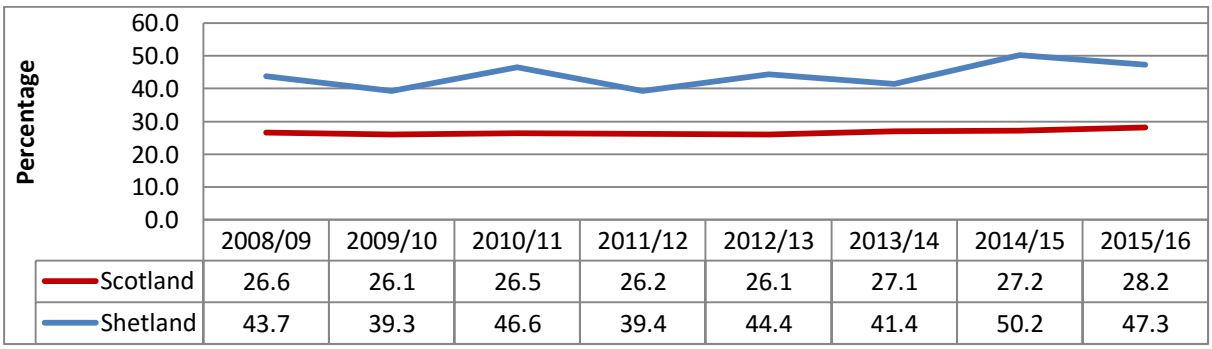
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Shetland	13.4	14.5	15.0	17.9	14.5	9.9	10.6	12.5	16.6	13.7
Scotland	21.7	20.8	19.2	18.1	18.8	19.3	19.3	18.4	17.5	17.3

Low weight live births (< 2500gm) at term



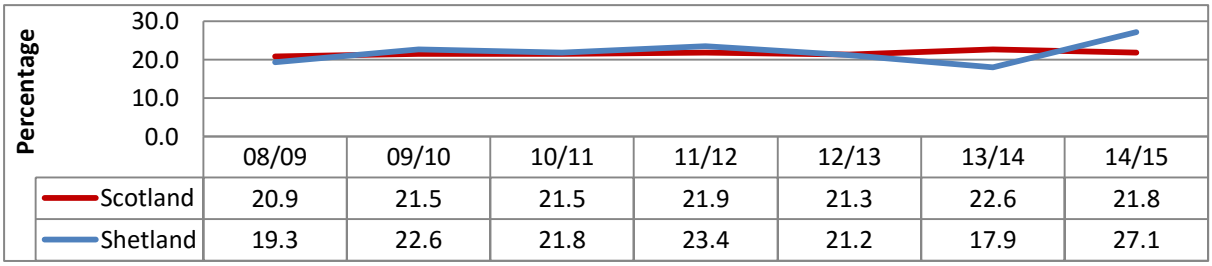
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Scotland	2.7	2.8	2.8	2.8	2.9	2.8	2.9	2.7	2.9	2.6	2.6	2.5	2.5	2.3	2.3	2.4	2.3	2.1
Shetland	0.8	0.8	1.5	1	1.9	0.9	0.9	0.9	1	1.2	0.5	0.9	1.5	1.8	2.2	2.3	1.4	0.4

Babies exclusively breastfed at 6-8 weeks



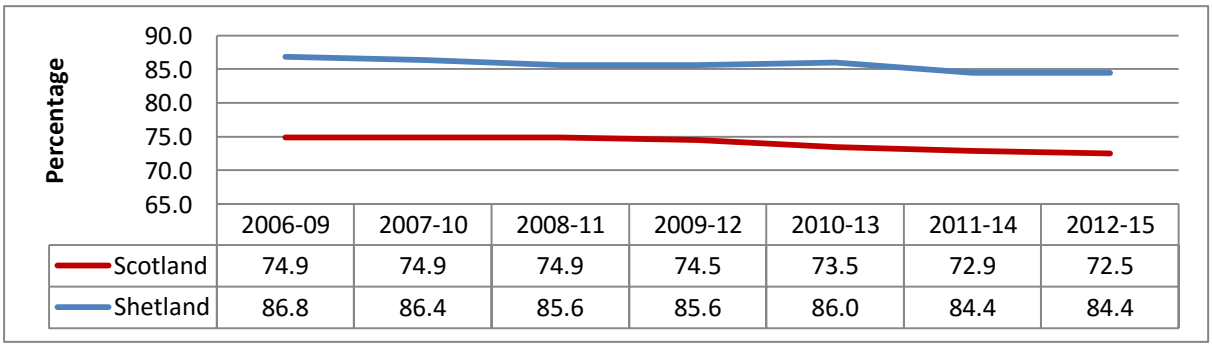
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Scotland	26.6	26.1	26.5	26.2	26.1	27.1	27.2	28.2
Shetland	43.7	39.3	46.6	39.4	44.4	41.4	50.2	47.3

P1 Children at risk of overweight / obesity has shown an increase in 2014-15 and is now a priority area for action within the Local Outcome Improvement Plan (LOIP).



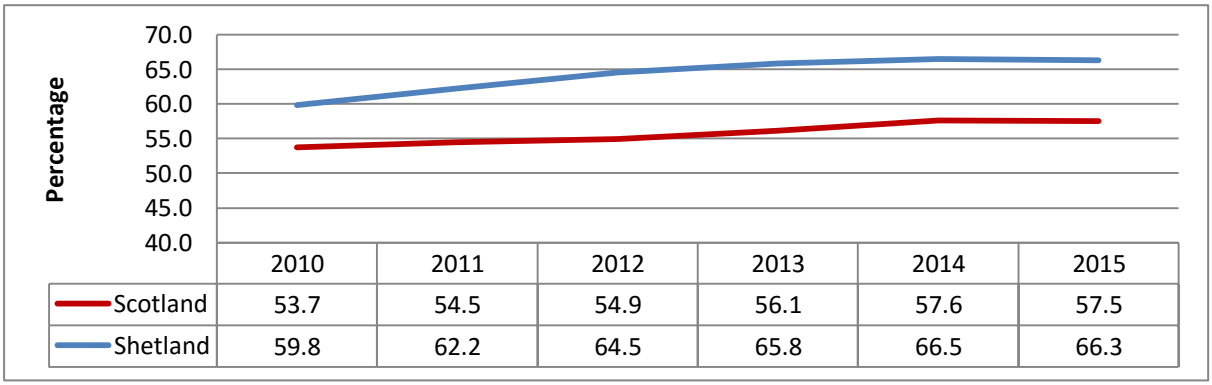
	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Scotland	20.9	21.5	21.5	21.9	21.3	22.6	21.8
Shetland	19.3	22.6	21.8	23.4	21.2	17.9	27.1

Breast screening uptake



	2006-09	2007-10	2008-11	2009-12	2010-13	2011-14	2012-15
Scotland	74.9	74.9	74.9	74.5	73.5	72.9	72.5
Shetland	86.8	86.4	85.6	85.6	86.0	84.4	84.4

Bowel screening uptake



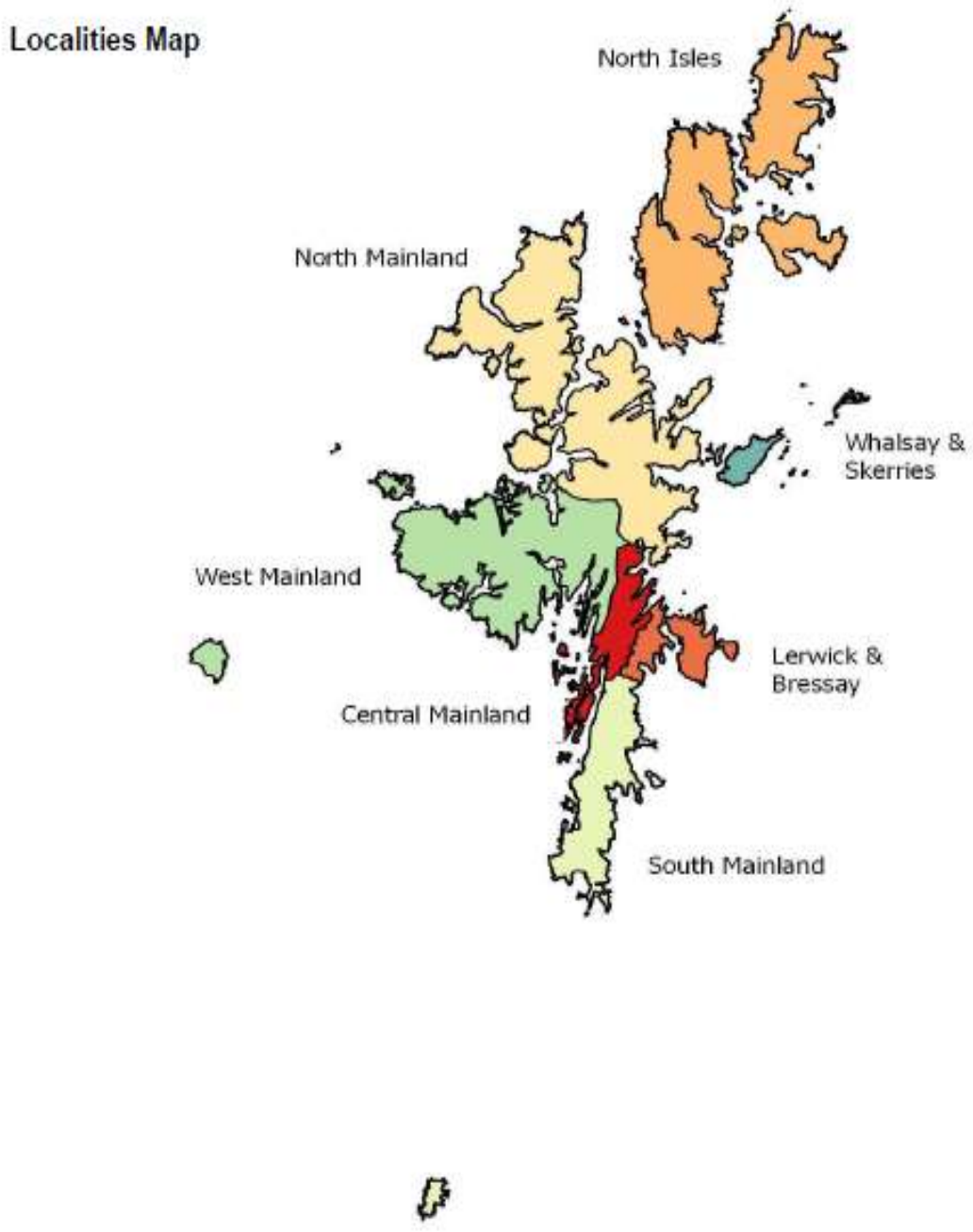
	2010	2011	2012	2013	2014	2015
Scotland	53.7	54.5	54.9	56.1	57.6	57.5
Shetland	59.8	62.2	64.5	65.8	66.5	66.3

Older People with specific Care Needs – in 2014-15, 74% of people with complex care needs were cared for at home, which is an improving trend and consistently amongst the highest levels in Scotland.

[Note: this section will be extended with specific issues from the individual service plans]

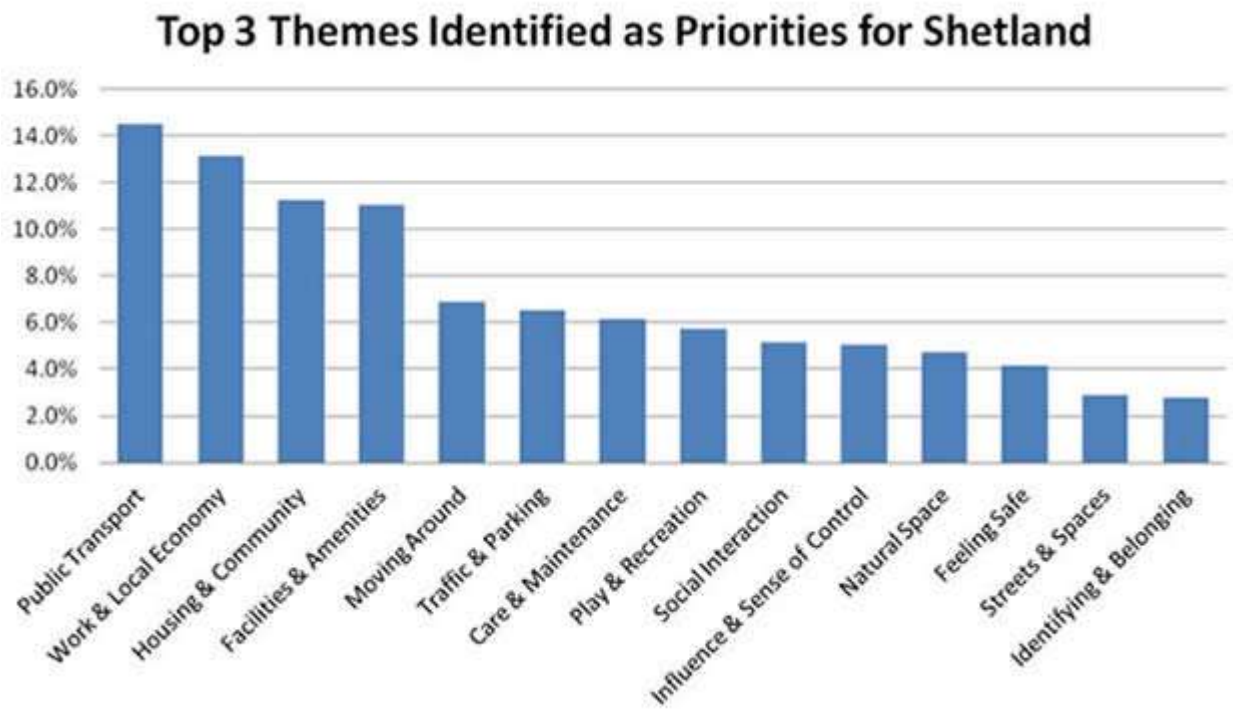
Planning in Localities

The Strategic Plan is formed around seven localities based on geography and ward boundaries; also used for locality planning purposes and for community planning. The views and priorities of localities must be taken into account in the development of the Strategic Plan.



The Shetland Place Standards[12] is a consultation exercise undertaken to find out what people feel is most important to where they live. The survey took place in July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments. This helps to build the evidence for what makes communities good places to live in and highlights issues which might need to be resolved. In time, it will provide good evidence to help public sector agencies to have open discussions with communities about any potential changes to service delivery models.

The bar chart below also shows the data for the 14 themes that respondents feel should be prioritised for improvement for Shetland as a whole.



While each area may have similar health and care needs overall, there will be very specific differences as to how the Integration Joint Board can respond to meeting those needs, perhaps around transport, population demographics, distances from specialist services, etc.

Each of the seven localities has their own community profile and a summary of the key issues and challenges for each area is included below (to be completed).

North Isles
Whalsay and Skerries
North Mainland
West Mainland
Central Mainland
Lerwick and Bressay
South Mainland

[12] A community consultation exercise run by Shetland Partnership Board in July 2016

Sources:

- Place Standards
- GP survey surveys
- Care Home Inspection scores
- Etc

> "As a whole, the system can be 'top down' and unresponsive to the needs of individuals and communities. It lacks accountability and is often characterised by a short-termism that makes it difficult to prioritise preventative approaches.
>
> A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach".
>
> Commission on the Future Delivery of Public Services;
> *The Christie Report, June 2011*

Responding to Service Needs

The detailed Service Plans which will form the basis of the 'direction' from the Integration Joint Board to NHS Shetland and Shetland Islands Council will be included at Appendix 1.

The 'Direction' is the specific instruction from the Integration Joint Board which requires NHS Shetland and Shetland Islands Council to:

- Deliver the Strategic Commissioning Plan by providing the services as set out in the Service Plans at Appendix 1 and summarised in the Service Schedule at Appendix 2;
- Delivers the services within the budget and resources described in the Strategic Commissioning Plan at Appendix 2;
- Delivers the services within the overall strategic and policy framework which supports both service delivery and back office support functions, as referenced within the individual service plans at Appendix 1;
- Undertakes to implement to the agreed timescale all the service change, savings or efficiency projects set out in the Strategic Delivery Plan at Appendix 5;
- Puts in place the necessary performance monitoring arrangements to reassure the IJB that:
    - services within the Strategic Commissioning Plan are being delivered;
    - that service standards and performance targets are being met;
    - that the services are provided within budget;
    - the projects are being implemented on time; and
    - remedial action is being taken as necessary if expected performance is not achievable.
- Regularly review the strategic and operational risks of delivering the plan and puts in place arrangements to reassure the IJB that the risks and well managed and appropriate mitigation is in place.

Assessment Frameworks

The over-arching assessment of need framework is the With You, For You assessment tool.

With You For You is a process for adults aged 18+ who require support or services from more than one organisation in Shetland. The tool is designed as follows:

> "We aim to listen to you, to identify your goals and needs, and begin to explore possible solutions and support. With You For You includes the completion of the Understanding You assessment form, which gathers relevant and appropriate information about you, and aims to inform how all the organisations will work together to best meet your needs".

For our service users, the tool gathers information about:

- Looking after yourself and staying as well as you can.
- Living where and how you want.
- Having contact with others.
- Having things to do.
- Staying as safe as you can.
- Being listened to and having your say.

Any member of staff who has been trained can undertake the single shared assessment. Complex assessments are completed by social workers, simple assessments are completed by senior social workers and, in a small number of cases, community nurses will complete an assessment.

The assessors will identify unpaid carers as part of the assessment process. Each carer is offered an assessment and support plan where appropriate.

Some services have no assessment criteria, for example access to GPs and Dentists.

Some services have specific assessment criteria, as follows:

- Mental Health
- Substance Misuse
- Sexual Health
- Adult Social Work
- Allied Health Professionals
- Domestic Abuse

Some services will respond to self referrals, for example the Physiotherapy Service.

The service specific changes which the Strategic Commissioning Plan needs to address are set out below. (Note: THESE WILL BE UPDATED ONCE THE SERVICE PLANS ARE COMPLETE).

The approval of the Primary Care Strategy together with the recent requests for two practices within Shetland to become employees of the NHS (and not remain independent) provides a foundation upon which to build sustainable models of primary care within each locality. Primary Care services are those which are predominantly the first point of contact for our service users and include GP practices, dentistry, pharmacy, nurses working in the community and allied health professionals. In some senses, these staff are the 'gatekeepers' to access specialist services and the linchpin between community and acute / hospital services. Due to specific staffing recruitment difficulties, the remodelling of options for Primary Care will start with the north isles and be under-pinned by some fundamental principles including: quality; effectiveness; safety; accessibility; equality; integrated teams; and sustainability and be built in partnership with each local community.

The current model of care centres is not sustainable in the long term. The policy focus is to find ways to enable folk to stay safely and independently in their own home for as long as possible; moving away from hospital and residential models of care. The balance of permanent and respite care beds needs to be reconsidered. In September 2016, the percentage of allocated permanent beds occupied was 75%, while the total occupancy of beds allocated to respite care stood at 156%. The funding from Shetland Charitable Trust towards the care home model is due to reduce by £100,000 per annum for the next 3 years, while the cost structure will increase due to wage increases and inflation. There is therefore a need to look again at sustainable models of community care resources, including the development of integrated, multi-purpose care 'hubs' within each community identifying, where possible, opportunities for the co-location of services within one physical space and sharing back office support functions. The complexity, and cost, of enabling people to stay in their own home, including end of life care, is challenging and work will need to be done to further explore options for 24 hour care in localities.

The recent Annual Report from the Chief Medical Officer, entitled Realistic Medicine, challenged current health care by stating that,

> "Doctors generally choose less treatment for themselves than they provide for their patients. In striving to provide relief from disability, illness and death, modern medicine may have overreached itself and is now causing hidden harm – or at best providing some care that is of lesser value.... Waste in healthcare should be assessed not in terms of what might be thrown away, but in interventions that don't add value for patients....We need to change the outdated 'doctor knows best' culture to one where both parties can combine their expertise and be more comfortable in sharing the power and responsibility of decision-making. It requires system and organisational change to promote the required attitudes, roles and skills".

This needs to become an underpinning philosophy in all the service redesign models and will be a specific theme in the Effective Prescribing project.

When analysing service trends and demand, some services have highlighted an issue around repeat attenders to services. In some cases there is a link between repeat or frequent attenders and high costs, referred to as High Resource Individuals. These are often appropriate and reflective of complex, long term and multiple needs. However, there may be underlying social or mental health needs which result in unnecessary attendances or repeat referrals which are of no benefit to the service user / patient and therefore cause waste within the system. A specific project to look into the causes and effect of inappropriate repeat attenders is underway and will include reference to unmet needs or gaps in service at the lower level social intervention stage to see if other service models might help to avoid some folk feeling the need to access statutory services, for no long term benefit.

There is a changing emphasis on how people with assessed community care needs are choosing to obtain services. There has been a marked shift towards self directed support where people can choose how their support is provided by giving them as much control as they want over the budget spent on their care plan. There is a challenge in how to shift resources into new service models whilst retaining a safe level of staffing within the more traditional methods of delivery.

Draft legislation is being developed which is designed to support unpaid carers' health and wellbeing. These include, amongst other things:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria;
- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

It is unclear at this stage the extent to which the legislation might change local arrangements but it is suffice to say that there is a significant reliance on unpaid carers throughout the sector. One aspect of this is in relation to adults with learning or physical disabilities who may have been cared for predominantly by their parents but who may now be reaching an age where their ability to carry on with permanent care arrangements is influenced by their own age and care needs.

Next year will see some significant structural changes to the Criminal Justice service. The Community Justice (Scotland) Act will see the disestablishment of Scotland's 8 Community Justice Authorities on 31 March 2017 with the establishment of a national body, Community Justice Scotland, and arrangements for local strategic planning and delivery of community justice being undertaken within local Community Planning Partnership structures. The reporting arrangements between the IJB and the new Community Justice Authority will need to be developed.

Another act will have a significant change on how public sector organisations engage with communities. The Community Empowerment Act helps to empower community bodies through the ownership of land and buildings and strengthening their voices in the decisions that matter to them. It is intended to improve outcomes for communities by improving the process of community planning, ensuring that local service providers work together even more closely with communities to meet the needs of the people who use them. It has an underpinning focus on tackling disadvantage and inequality. The three major elements of the Act are:

- the strengthening of community planning to give communities more of a say in how public services are to be planned and provided;

- new rights enabling communities to identify needs and issues and request action to be taken on these; and

- the extension of the community right to buy or otherwise have greater control over assets.

NHS Shetland's long established policy is that the Gilbert Bain Hospital is run as a consultant led Rural General Hospital. This is based predominantly on safety, quality and logistical reasons but has also been considered to be the most cost effective model for Shetland. However, for predominantly recruitment reasons, there are concerns that this model is no longer sustainable. A costing exercise will therefore be done to understand the fixed and variable costs associated with running the Gilbert Bain Hospital in its current form and the extent to which services, bed numbers, staffing and support services need to change to become sustainable in the medium term (3-5 years). This will explore a number of scenarios for the provision of acute hospital services for the local population for:

- the current model, a consultant led rural hospital;
- a GP led community hospital; and
- an enhanced consultant led community hospital; and

will consider arrangements for how best to respond to out of hours emergency incidents.

A complimentary project will continue to develop the extent to which some services might be repatriated from Grampian to the Gilbert Bain Hospital. The focus on this work is on avoiding unnecessary travel (for patients and for staff) by maximising the opportunities for services to be provided locally and extending the use of video conferencing and other technological solutions.

Alongside this, the project to rebalance care from hospital to the community will continue. This philosophy is well-established and community care has successfully responded to the reduction in long stay hospital beds over the years. The Government policy is clear about the reasons for the

shift in the location of care; minimising time in hospital and maximising opportunities for rehabilitation in the community provides the best possible outcome for the patient / service user. The next stage of this work will carry on through the intermediate care team and the community rehabilitation project.

The Public Health and Health Improvement Team's work cover the three strands of: prevention; protection; and cessation. The focus of the team's work will be: weight management; physical activity; substance misuse; mental health and inequality. There is a key link with the priority outcomes as described in the Local Outcome Improvement Plan (the LOIP). The team will have a significant influence in leading and developing the project to implement an asset based approach to health care prevention. This will promote an approach that is 'person centred'.[13] This means working with people as active participants rather than passive recipients of health or social care programmes, in ways which are empowering, and could ultimately lead to less reliance on public services. It is multi-dimensional and cross cutting and will include:

- understanding patients
- health information and self directed care
- health literacy
- behaviour change and skills development
- reducing health inequalities
- anticipatory care
- self management / long term conditions support group
- involving carers
- realistic medicine

Staff are at the heart of all the service delivery models. It is the intention, through this Strategic Commissioning Plan, to put in place arrangements to get the right staffing numbers, ratios and skills mix and support staff to be the best they can be through positive leadership and creating a culture of openness and trust which allows staff to grow, learn and develop in a safe environment in a rapidly changing service. We expect our staff to be the champions of the transformational change that this plan advocates. There will therefore be specific support arrangements to build organisational capacity and resilience to focus on staff health and well-being, including aspects of leadership, values and behaviours and clear communication.

Strategic Priorities (TO FOLLOW)

- Antenatal and Early Years
- Safe Care
- Person Centred Care
- Scheduled Care
- Unscheduled Care
- Unpaid carers
- Integrated Support Fund

[13] Healthcare Quality Strategy for NHS Scotland

- Rehabilitation – care delivered at home or in a homely setting
- Flexible
- Tackling Health Inequality
- Protection (Child and Adult)
- Health promotion (including self care and self management)
- Locality planning
- Inter-operability with (or reliance on) other services

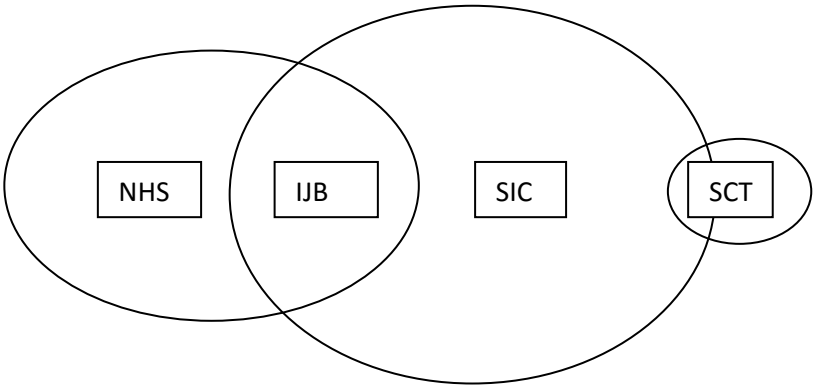
Resources (TO FOLLOW)

- Human Resources and Support Services
- Finance
- Estates and Facilities

Financial Plan

The Financial Plan for the 3 years from 2017-18 to 2019-20 is included at Appendix 3.

The financial relationship between the partners is shown diagrammatically below[14].



NHS Shetland's provisional budget for 2017-18 is £55m, of which £22m is earmarked for community health (which is 40% of the Board's overall activity). The remaining £33m is for hospital and specialist services (for which the IJB has responsibility for holistic planning but not operational delivery).

Shetland Islands Council overall provisional budget for 2017-18 is £109m, of which £20m is earmarked for the IJB for social care services, which is 18% of the Council's overall activity.

Funding for services comes from a number of sources, including some specific grants and ring fenced funding from the Government (where the money is only given for a specific purpose and cannot be used for other services). The funding sources is shown in the Table below for 2017-18.

[14] SCT – Shetland Charitable Trust provides £2.3M of funding to Shetland Islands Council by way of grant aid to support the costs of operating the care home model.

Table X: Gross Cost and Funding Arrangements for 2017-18

Organisation / Service	NHS Shetland Directly Managed	NHS Shetland Set-aside	Shetland Islands Council	Integration Joint Board
	£m	£m	£m	£m
Gross Cost of Services	19.6	4.1	22.4	46.1
Less: Fees and Charges	0.0	0.0	(2.2)	(2.2)
Less: Savings Target	(2.0)	(0.5)	(1.0)	(3.5)
Net Cost of Services:	17.6	3.6	19.2	40.4
Funded By:				
Resource Transfer	0.0	0.0	(1.4)	(1.4)
Shetland Charitable Trust	0.0	0.0	(2.3)	(2.3)
Specific Income Streams	(3.6)	0.0	(0.4)	(4.0)
Government Grants	(14.0)	(3.6)	(15.1)	(32.7)
Total Funding:	17.6	3.6	19.2	40.4

Over the next 3 years, the IJB has a savings target to achieve of £5.5m from its funding partners.

Table X: 3-Year Provisional Savings Plan

Organisation / Service	NHS Shetland Directly Managed	NHS Shetland Set-aside	Shetland Islands Council	Integration Joint Board
	£000s	£000s	£000s	£000s
Carry Forward Previous Years Unachieved Recurring Savings	**(1,149)**	**(178)**	**0.0**	**(1,327)**
2017-18	**(562)**	**(106)**	**(1,047)**	**(1,715)**
2018-19	**(574)**	**(106)**	**(632)**	**(1,312)**
2019-20	**(423)**	**(106)**	**(612)**	**(1,141)**
Total Savings Target	**(2,708)**	**(496)**	**(2,291)**	**(5,495)**

In 2017-18, the provisional savings target unachieved stands at £2.5m. As an indication of the scale of the financial challenge, this level of savings when expressed in full time equivalent post terms, at an average salary of £35,000, represents about 70 posts.

Savings Target:	**NHS Shetland Directly Managed**	**NHS Shetland Set-aside**	**Shetland Islands Council**	**Integration Joint Board**
	£m	**£m**	**£m**	**£m**
Carry Forward Previous Years Unachieved Recurring Savings	(1.5)	(0.4)	0.0	(1.9)
2017-18 Savings Target	(0.5)	(0.1)	(1.0)	(1.6)
Total	(2.0)	(0.5)	(1.0)	(3.5)
Already built into budget presented	0.0	0.0	1.0	1.0
Savings yet to identify	(2.0)	(0.5)	(0.0)	(2.5)

There are fixed costs associated with the current Gilbert Bain Hospital consultant led model, which cannot change. There are also special funding streams which mean that any savings may not necessary be able to be reinvested. When these factors are taken into consideration, the savings required might fall predominantly on primary care, social care and health promotion and this runs contrary to the evidence, as expressed in the Government's strategy, of making positive investments in these services to achieve the best possible outcomes.

There is therefore an inherent tension between Shetland requiring a hospital to provide quality, safe and effective health services, predominantly for emergency scenarios and logistical reasons, and the fixed costs associated with that model, and wishing to rebalance care from the hospital setting to invest in social care services within communities.

The need to live within the overall financial envelope that is available to the service is a legal requirement for all the partners. The plan over the next while will therefore need to identify and implement significant savings and efficiencies on the existing service delivery models.

The provisional savings plan for 2017-18 to meet the £2.5m deficit is shown below (to be completed).

Table X: Provisional Savings Plan for 2017-18

Savings Target:	**NHS Shetland Directly Managed**	**NHS Shetland Set-aside**	**Shetland Islands Council**	**Integration Joint Board**
	£m	**£m**	**£m**	**£m**
Savings yet to identify	(2.0)	(0.5)	(0.0)	(2.5)
Projects:				
Unscheduled Care				
Sustainable Hospital Model				
Intermediate Care Services Phase 2				
Reducing Off Island Elective Care				
Ambulatory Care / Day Surgery				
Patient Travel				
Medical Staffing Review				
Sustainable Primary Care Model				
Primary Care Redesign				
Community Nursing Capacity/Demand				
Mental Health				
Sustainable Community Care Model				
Holistic Governance				
Multi-disciplinary Teams/7 Localities				
Building Organisational Capacity				
Asset Based Approach / Self Care				
Effective Prescribing				
E'Health / Technological Solutions				

Reliance on Other Services

The community focused nature of the Plan means that it cannot be delivered without relying on the support and services provided by others, including housing, leisure, learning and transport arrangement.

Housing

The Health and Wellbeing Outcomes provides a focus for enabling people to live safely and independently in their own homes and this is for all housing tenures, including private homes, rented homes, social housing and extra care housing. The Vision for the Housing Service is to:

> "to work in partnership to enable everyone in Shetland to have access to a choice of affordable housing options across all tenures that are warm and safe, energy efficient and in keeping with the Shetland environment, of good quality and in good repair, able to meet demand and the particular needs of households in inclusive and vibrant communities."

The Housing Contribution Statement is included at Appendix 6.

Transport

Reliance on safe and regular public transport is fundamental to supporting people to access health and care services. It also allows our staff to get to any area of Shetland to visit people in their own homes, during the day and at night time for planned visits and at any time to respond to emergency incidents.

ZetTrans is a statutory body responsible for the provision and maintenance of public transport services in the Shetland Islands. Working in cooperation with a number of stakeholders and interested bodies, including bus operators, airlines and ferry companies, ZetTrans is geared towards the development of a sustainable transport network to meet the needs of the present while also looking towards the future

Roads

The care at home service relies on unpaid carers and staff having safe access to people's own homes all over Shetland.

The Council's approved Winter Maintenance Policy identifies the level of service that is provided in order to "ensure an efficient, effective and proportionate response to winter conditions within an environment of reducing resources."

Leisure

Supporting people to lead an active lifestyle through regular exercise is a key element of helping people to live to stay healthy for longer.

Strategic Priorities Projects

Each of the key strategic priorities will have an identified project and workstream and these are mapped below.

Strategic Priority Projects – sustainable service models	
Developing a safe and effective model of unscheduled care	Developing a sustainable hospital and acute services model for Shetland
Developing a sustainable primary care model for Shetland, with clear links to the 7 localities and the Gilbert Bain Hospital	Developing a sustainable model of community care resources within each of the 7 localities
Projects – transforming how we work	
Creating a single holistic governance and operational delivery system	Planning, designing and delivering services in multi-disciplinary area based teams within the 7 locality areas
Effective Prescribing - working with patients and prescribers to use minimally disruptive interventions (including lifestyle changes) wherever possible	Maximising eHealth, Telehealthcare and Telecare opportunities to enhance service delivery models, promote independence and reduce geographical inequality and support back office arrangements such as accessing and sharing information and training
Building organisational resilience and capacity	Implementing an asset based approach to health care prevention
Achieving Financial Balance	

All these projects interlink and are designed to make positive contributions to the Health and Wellbeing Outcomes, as described in more detail in Appendix 5.

There are, however, some specific outcomes which this Plan will focus on over a 3-5 year timeframe (to be completed):

Continued Increase in life expectancy – from X to Y by YEAR

Reductions in early deaths – from X to Y by YEAR

Increase in healthy life years – from X to Y by YEAR

Reduced gap in Healthy life years for top & bottom deprivation groups – from X to Y by YEAR

Reduction in gap between healthy life years for individuals with a Mental Health condition – from X to Y by YEAR

Increase the percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated from 60% to the peer group average of 77% by 2018.

Increase the percentage of adults supported at home who agree that they are supported to live as independently as possible from 78% to the peer group average of 86% by 2018.

Increase the percentage of adults supported at home who agree they felt safe from 79% to peer group average of 86% by 2018.

Contribute to supporting the work to improve the Local Outcome Improvement Plan priorities.

Secure financial balance on an ongoing and recurring basis by 2019/20.

These priorities will become an integral part of the IJB's performance monitoring arrangements to monitor progress in the short to medium term.

Risk Assessment

The things which might go wrong and mean that we are unable to, or are less successful in being able to, deliver what we are trying to achieve include:

- the governance arrangements detracting from rather than supporting a journey towards 'single system' working across health and care services;

- the scale of the financial challenges and extent of the Government's ambition to modernise public services not being well understood when decisions about changes to specific service areas are required;

- the individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered;

- the Strategic Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland;

- the need for transformational change not being effectively understood or communicated to all stakeholders;

- the pressure to address short term needs is greater than planning what needs to change to create a sustainable future;

- spending decisions being based solely on historical service models rather than those we need to develop for now and into the future;

- insufficient staff, or ability to recruit and retain staff with the necessary skills;

- lack of leadership in the transformational change agenda, including insufficient clarity of purpose;

- cultural differences around extent to which staff on the ground are able to make decisions and choices around flexible, integrated and person-centred health and care services without recourse to management;

- when the fixed costs of maintaining the current model of service is factored into the financial planning process, the savings may have to fall disproportionately on community health and social care and health improvement services, which is contrary to the Government guidance on where investment should be targeted to achieve the best outcomes for individuals;

- legal impediments around records management which may limit the extent to which each partner organisation can pro-actively support data sharing arrangements for front line staff;

- the Strategic Commissioning Plan may be seen as a stand-alone document which does not get converted in achievable delivery plans;

- there may be insufficient staff time to undertake all the strategic projects in the timeframe suggested as staff have to balance their time between operational matters and development work and day to day service delivery matters will always take priority.

References

Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie. Published on 29 June 2011.
http://www.gov.scot/Publications/2011/06/27154527/0

Scottish Government Strategic Commissioning Plans Guidance
http://www.gov.scot/Resource/0049/00491248.pdf

NHS Shetland and Shetland Islands Council Joint Strategic Commissioning Plan 2016-2019
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/Strategicplan2016-19.pdf

A National Clinical Strategy for Scotland, The Scottish Government, February 2016
http://www.gov.scot/Publications/2016/02/8699

Community Health and Social Care Partnership Agreement 2013-2016
http://www.shetland.gov.uk/community_care/documents/13-16Draftv2.pdf

Case Study: Transforming Your Practice: What Matters Most
http://www.aafp.org/fpm/2008/0100/p32.html

Locality Planning in Shetland:
http://www.shetland.gov.uk/Health_Social_Care_Integration/Localities.asp

On Da Level, Achieving a Fairer Shetland, Report and Recommendations from Shetland's Commission on Tackling Inequalities, March 2016
http://www.shetland.gov.uk/equal-shetland/documents/OnDaLevel_Full_Version_13_April_16.pdf

Shetland Place Standards consultation, July 2016
http://www.shetland.gov.uk/placestandard.asp

With You, For You
http://www.shetland.gov.uk/community_care/with_you_for_you.asp

Chief Medical Officer's Annual Report 2014-15, 'REALISTIC MEDICINE'
http://www.gov.scot/Resource/0049/00492520.pdf

ALL TO BE COMPLETED

Appendix 1, Service Plans

Category A – Integrated Services, Managed by the IJB

Category B – Integrated Services, Managed outwith the IJB, known as Set-Aside

Category C – Health Services, Managed outwith the IJB, included for holistic planning purposes

Appendix 2, Summary Schedule of Services 2017-18

Appendix 3, Financial Plan

Appendix 4, Strategic Needs Assessment by Locality

Appendix 5, Strategic Delivery Plan

Appendix 6, Housing Contribution Statement

Appendix 7, Impact Assessment