Shetland Islands Health and Social Care Partnership

Agenda Item

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Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	17/02/2017
Report Title:	2017/18 Budget	
Reference Number:	CC-08-17	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

That the IJB:

1.1 NOTES that the funding offer by Shetland Islands Council to the IJB in respect of the services delegated to it, and as expressed in the Integration Scheme, is equal to the cost of the current service model; and therefore

1.2 NOTES the funding allocation of £19.231M by Shetland Islands Council for the 2017-18 financial year; subject to express agreement that the terms of the Government funding settlement have been adhered to (paragraphs 4.13 and 4.14) and agreement, in principle, with the proposed application of the Integrated Care Fund and the Scottish Government's Additional Funding for Social Care as shown in Appendix 1.

1.3 NOTES that the gap between the current service models and available funding is in the region of £2.529M in respect of NHS Shetland funded services delegated to the IJB; and

1.4 NOTES that a separate Report on today's agenda will seek clarity as to the extent to which changes will be required to service plans and the Strategic Plan in light of the funding allocations approved by NHS Shetland; and

1.5 NOTES that a further report will be prepared for the next meeting to put forward proposed funding for 2017-18 from NHS Shetland, in light of the decision taken on the 'Bridging the Funding Gap' Report.

1.6 NOTES the indicative funding offers from both partners for 2018/19 and 2019/20 detailed at paragraph 4.16.

2.0 High Level Summary:

2.1 The total budget for the functions delegated to the IJB should be allocated to the IJB prior to the start of each financial year, including the budgets for acute services advised as a set aside sum.

2.2 This report provides detail of the proposed IJB budget which has been determined through the agreed Budget Setting process set out in the Integration Scheme, pooled by the IJB under the direction of the Chief Officer, supported by the Chief Financial Officer of the IJB. The total proposed budget for the IJB for 2017/18 is £44.865m, which represents the proposed Shetland Islands Council (SIC) budget of £20.494m and proposed NHS Shetland (NHSS) budget of £24.371m (including set aside sum). Please see paragraph 4.6 for further detail.

2.3 The report also shows the current proposed payments to be made by SIC & NHSS to the IJB in respect of its delegated functions. The total proposed payment to the IJB is £42.366m, which represents funding offers of £19.231m and £23.135m for SIC and NHSS, respectively. Please see paragraph 4.7 for further detail.

2.4 The proposed payment recommended by SIC to the IJB for 2017-18 will fully fund the cost of services. The proposed payment recommended by NHSS to the IJB for 2017-18 indicates a gap between the cost of services and offer of funding of £2.529m. The funding proposal for the IJB budget, at this stage, should be read in conjunction with another report on today's agenda - 'Financial Plan – Options for Bridging the Funding Gap'. Both papers together will facilitate the iterative negotiation process required to balance services to funding.

2.5 The IJB has responsibility for the planning of the Integrated Services, as set out in its Strategic Plan. Report CC-06-17 – 'Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan Excluding the Financial Plan and Service Delivery Plans' (a separate report on today's agenda), asks for approval in principle of the Joint Strategic Commission Plan 2017-2020 excluding for now, but subject to the approval on 10th March 2017, the Financial Plan and Service Delivery Plans. The Financial Plan will contain the final proposed budgets of the IJB for 2017/18, including the detail of how these budgets will be funded by the Partner organisations.

2.6 The Scottish Government provided Additional Funding for Social Care to IJBs in 2016/17, with an allocation of £1.024m to Shetland. A further £450k has been allocated to our IJB in 2017/18. Details of this funding and its application to date are presented in paragraph 4.9. The IJB has also been granted £410k from the Scottish Government in respect of the Integrated Care Fund. IJB Members are asked to consider the current proposed application of these additional funding streams as presented in Appendix 1.

2.7 As per the Integration Scheme the budget setting process must include a due diligence process in line with the guidance issued by the Scottish Government in this regard. The conditions placed on the Additional Funding for Social Care for 2017/18, has necessitated a review of each Partners funding proposals to ensure the payments meet specific Scottish Government directions.

2.8 As required as part of the Strategic Planning process, paragraph 4.16 shows the indicative IJB funding proposals for 2018/19 and 2019/20, which are subject to change during future budget setting cycles.

3.0 Corporate Priorities and Joint Working:

3.1 The proposals support the IJB's vision, aims and strategic objectives as set out in the

Integration Scheme and the draft Strategic Plan 2017-20. However, the report recognises that there is currently a lot of work to do in order to close the gap between the current cost of NHSS services and the proposed funding from NHSS to deliver these services. Further reports will be required to inform and seek decisions from the IJB with regard to any changes that may be proposed to services and the Strategic Plan in order to close the budget gap.

4.0 Key Issues:

Background

4.1 Work on the Joint Strategic Commissioning Plan 2017-20 is well advanced and approval in principle of the Plan, excluding for now but subject to the approval in March 2017 of the Financial Plan and Service Delivery Plans, is sought in a separate report on today's agenda. As per the Integrated Resources Advisory Group (IRAG) financial guidance the plan must contain a three year financial plan.

"4.1.2 The Strategic Plan should incorporate a medium term financial plan (3 years) for the resources within scope of the Strategic Plan which will comprise:

- *The Integrated Budget, i.e. the sum of the payments to the Integration Joint Board; plus*
- *The amount set aside by the Health Board, for large hospital services used by the Integration Joint Board population."*

4.2 The 2017/18 budget setting process began in June 2016 and through an iterative process has been reviewed by the IJB on the following occasions:

26th September 2016 - IJB Meeting
18th November 2016 – IJB Finance Seminar
09th December 2016 – IJB Meeting
23rd January 2017 – IJB Finance Seminar

4.3 It has not been possible to finalise the funding offers until February 2017 due to the timing of Government announcements on various issues affecting both partner organisations. The latest of these announcements relate to a further £107m being made available nationally to support social care and instructions on the required 2017/18 IJB funding levels in relation to the prior year.

2017/18 Funding

4.4 The funding offers contained in this report, subject to further negotiation, will be incorporated into the Joint Strategic Commissioning Plan 2017-2020.

4.5 To clarify certain terminology around the funding of the IJB see the below extract from the IRAG financial guidance.

"2.0.3 The Health Board and Local Authority will delegate functions and make payments to the Integration Joint Board in respect of those functions. Additionally, the Health Board will also, where appropriate, set aside amounts in respect of large hospital functions for use by the Integration Joint Board.

2.0.4 The Integration Joint Board has responsibility for the planning, resourcing

and operational delivery of all integrated services. Decisions on integrated services are made by the Integration Joint Board, which produces the Strategic Plan.

2.0.5 The Integration Joint Board gives direction and makes payment, where relevant, to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan. The Integration Scheme sets out how the managerial arrangements across the integrated arrangements flow back to the Integration Joint Board and the Chief Officer.

2.0.6 The legislation uses the term payment for the transfer of resources by the Health Board and Local Authority to the Integration Joint Board and for the allocation back from the Integration Joint Board to the Health Board and Local Authority for operational delivery. This term does not necessitate cash transactions and it is recommended that the majority of the accounting for these should be via book entries within the ledgers of the Health Board and Local Authority, one of which should host the accounts of the Integration Joint Board."

4.6 The delegated functions are still managed and delivered by the partner organisations and they have each set a budget for the services they will deliver. The 2017/18 gross budgets, shown in the accounts of SIC and NHSS, are shown below.

Service Heading	SIC £000s	NHS Managed £000s	NHS Hospital (Set Aside) £000s	Total £000s
Mental Health	619	1,353	0	1,972
Substance Misuse	180	496	0	676
Oral Health	0	3,123	0	3,123
Pharmacy & Prescribing	0	5,914	479	6,393
Primary Care	0	4,571	0	4,571
Community Nursing	0	2,330	0	2,330
Directorate	441	94	0	535
Pensioners	78	0	0	78
Sexual Health	0	0	38	38
Adult Services	4,944	66	0	5,010
Adult Social Work	2,386	0	0	2,386
Community Care Resources	10,032	0	0	10,032
Criminal Justice	18	0	0	18
Speech & Language Therapy	0	83	0	83
Dietetics	0	112	0	112
Podiatry	0	225	0	225
Orthotics	0	143	0	143
Physiotherapy	0	603	0	603
Occupational Therapy	1,370	185	0	1,555
Health Improvement	0	0	310	310
Unscheduled Care	0	0	3,190	3,190
Renal	0	0	145	145
Integrated Care Fund	0	410	0	410
SG Additional Funding 1	426	86	0	512
SG Additional Funding 2	0	110	0	110
Pay Reserve (a)	0	212	93	305
Total	20,494	20,116	4,255	44,865

(a) Pay Reserve will be added to Service Headings following the completion of the NHS zero based budgeting process.

4.7 The funding offered to the IJB by both partner organisations is shown below – this represents the payments made to the IJB and will appear in the accounts of the IJB.

	SIC £000s	NHS £000s	Total £000s
Payment to IJB (IJB Income)	19,231	23,135	42,366
Movement of funds between Partners			
SG Additional funding for Social Care £250m [1]	938	(938)	0
SG Additional funding for Social Care £107m [2]	340	(340)	0
Payment after movement of funds between partners	**20,509**	**21,857**	**42,366**
Cost of Services (from 4.6 above)	(20,494)	(24,371)	(44,865)
IJB Admin Costs	(15)	(15)	(30)
Total Costs	**(20,509)**	**(24,386)**	**(44,895)**
Funding Gap	0	2,529	2,529

4.8 The NHSS funding gap above of £2.529m comprises of the following.

	NHS Managed £000s	NHS Hospital (Set Aside) £000s	Total £000s
Unachieved savings carried forward	1,264	257	1,521
2017/18 target	815	193	1,008
Total	2,079	450	2,529

4.9 The Scottish Government Additional funding for Social Care at 4.7 represents:

[1] £250m allocated to IJBs through NHS Boards to support social care in 2016/17. This funding has now been confirmed as recurrent and equates to £1.024m annually for Shetland. As per Government guidance SIC has used 50% of the funding (£512k) to help meet a range of continuing cost pressures faced by local authorities in the delivery of effective and high quality health and social care services. This allocation represents a reduction to the proposed payment to the IJB from SIC in 2017/18.

The remaining £512k is provided to support additional spend on expanding social care to support the objectives of integration. This additionality reflects the need to expand capacity to accommodate growth in demand for services as a consequence of demographic change. The current proposals for the use of this £512k are shown in Appendix 1.

The £938k shown in table 4.7 represents the £512k to help meet a range of continuing cost pressures faced by local authorities plus £426k from the remaining £512k funding for additionality. The proposed use of the £426k can be seen in Appendix 1 (Self Directed Support £348k + Social Work, Hospital Discharge Liaison £78k) The remaining £86k is being retained by NHSS to

part fund the Enhanced Intermediate Care Team.

[2] This represents £107 million new funding in 2017/18 which will be transferred from NHS Boards to Integration Authorities to support social care. This equates to £450k for Shetland of which £420k has to be funded from NHSS core funding allocation. There will be an additional allocation of £30k received by NHSS in due course. The guidance permits SIC to use £340k immediately to cover existing cost pressures and this has been factored into the current funding proposals. This allocation represents a reduction to the proposed payment to the IJB from SIC in 2017/18. The remaining £110k is shown in a reserve at 4.6 above. The IJB will have to decide on how best to use this additional funding.

Due Diligence Process

4.10 SIC and NHSS have been through thorough budget setting processes in line with each organisation's Standing Financial instructions and which is subject to internal and external audit scrutiny. The result of this is a 2017/18 gross IJB budget (4.6 above) which supports the continuation of existing services.

4.11 It is important to note that although the gross budgets shown in Paragraph 4.6 are sufficient to deliver current services the funding proposal from NHSS is not - there is a £2.529m shortfall in the current NHSS funding proposal to the IJB. The due diligence sign off is therefore qualified on the condition that the IJB and NHSS negotiate an agreed methodology for bridging the funding gap.

4.12 IJB members are asked to consider the current application of the Integrated Care Fund and the Scottish Government's Additional Funding for Social Care [See Appendix 1]. There is a risk that these 'contingencies' are invested in recurrent services and will therefore not be available to invest in transformational change projects going forward. NHSS agreed at a Board meeting on 13th December 2016 that guidance is to be issued to the IJB that advises that the Integration Fund should be used primarily as a change fund and not for permanent funding of redesign proposals.

The NHS Board paper '2017-18 Budget Setting and Five Year Financial Plan' can be viewed below.

http://www.shb.scot.nhs.uk/board/meetings/2016/December/2016_56v2.pdf

4.13 Scottish Government guidance received in December 2016 has added further requirements to maintain IJB funding levels at appropriate levels. An extract from the guidance is shown below.

"NHS contributions to Integration Authorities for delegated health functions will be maintained at least at 2016/17 cash levels (confirmed as budget levels).

To reflect this additional support provided through the NHS, local authorities will be able to adjust their allocations to integration authorities in 2017/18 by up to their share of
£80 million (£340k locally) *below the level of budget agreed with their Integration Authority for 2016/17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline)."*

4.14 A review of each organisation's 2017/18 funding proposals has taken place and a summary is shown below. This evidences that both partners have met the requirements of the recent Scottish Government guidance.

SIC could have decreased their funding to the IJB by up to £340k but have increased funding by £8k as shown in the table below. Therefore SIC has contributed £348k above the requirement of the Government guidance. It is important to note that SIC is holding a specific contingency budget of £814k, in excess of the £19.231m payment below, which will cover pay & pension uplift, auto-enrolment, holiday/sleepovers/living wage once these cost pressures are fully known. The existence of this contingency provides further reassurance to the IJB that the costs can be fully met, if required, by the SIC.

NHSS has increased their funding to the IJB by £897k but included in this increase is the new £450k allocation to support social care. Therefore the real increase is £447k and again meets the requirement of the Government guidance.

	SIC £000s	NHSS £000s
Payment to IJB in 2016/17	19,920	22,238
Less: One off items which should not feature in baseline		
Debt Charges	(171)	-
NI Adjustment	(162)	-
Pension Adjustment	(132)	-
Relief Cover Average	(398)	-
Removal of Vacancy Factor	166	-
Revised 2016/17 Totals	19,223	22,238
Payments to IJB (current 2017/18 proposals)	19,231	23,135
Increase / (Decrease) in funding from 2016/17	**8**	**897**
Adjustment for new Social Care Funding	340	(450)
Allocations in excess of Government calculations	348	447

4.15 The one off items of expenditure removed from SIC 2016/17 funding above will not impact current service levels. Each item is explained below and must be agreed by the IJB prior to finalising the 2017/18 IJB funding level.

Debt Charges – this represents the borrowing charges related to the new Eric Gray centre. The budget and associated costs have been moved to the SIC Corporate Services Directorate.

NI Adjustment - Employee cost budgets across SIC have been adjusted as a technical error was identified in the Employer NI calculations.

Pension Adjustment - SIC have reviewed the salary estimates for all areas of the Council to ensure that employees who currently have chosen not be in the pension

scheme are correctly accounted for. The potential cost to the Directorate of auto enrolment has been accounted for as part of a central contingency and will be funded as and when required.

Relief Cover Average - A structural reduction to the employee cost budgets across the Directorate of recognising that over-provision has been made within the budgets in prior years.

Removal of vacancy factor – The £166k was removed from budgets in 2016/17 on a non recurrent basis to achieve financial balance. The funding has been returned to the budget in 2017/18.

2018/19 and 2019/20

4.16 The indicative funding proposals for 2018/19 and 2019/20 are based on the best information we have at this time. SIC Medium Tem Financial Plan assumes an annual 3.3% savings target over this period and NHSS Local Delivery Plan assumes a 4.0% target in 2018/19 and 3% in 2019/20. These indicative proposals will change during future year budget setting cycles but provide a reasonable estimate for planning purposes. The Scottish Government may issue similar guidance in future years which will aim to maintain IJB funding at current levels but that is unknown at present.

£000s	SIC	NHSS	Total
Payments to IJB 2017/18 (4.5 above)	19,231	23,135	42,366
2018/19	18,596	22,210	40,806
2019/20	17,983	21,544	39,527
Total 3 year indicative funding proposal	55,810	66,889	122,699

Next Steps

4.17 The IJB will now enter a period of negotiation with SIC and NHSS to finalise the Joint Strategic Commissioning Plan 2017-2020. The paper on today's agenda 'Financial Plan – Options for Bridging the Funding Gap' will explain this process in detail.

4.18 Ultimately the Joint Strategic Commissioning Plan 2017-2020 and associated funding offers will have to be approved by the IJB so that delivery and monitoring can commence.

5.0 Exempt and/or confidential information:	
None	
6.0	
6.1 Service Users, Patients and Communities:	Consultation and communication with relevant groups and individuals as appropriate have been considered as part of this report. Changes to NHS budgets will occur as efficiency schemes are developed to address the current NHSS funding gap. Service change will require a separate process for public and user engagement in line with NHSS, SIC and IJB policies.
6.2 Human	Any service development proposals or changes affecting staff

Resources and Organisational Development:	will be subject to full staff engagement and consultation with staff and their representatives through the Joint Staff Forum and other consultation committees in line with the relevant agencies policies and procedures and reported through the relevant agenda management process.
6.3 Equality, Diversity and Human Rights:	None arising directly from this report. 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 (Joint Working) (Scotland) 2014 Act and the Integration Scheme for Shetland's IJB.
6.5 Finance:	This report presents an update on the proposed budgets to be delegated to the IJB and the proposed funding offers from SIC and NHSS for 2017/18, together with their indicative offers for 2018/19 and 2019/20. Once the budgets and payments are finalised and agreed, they will form part of the Strategic Commission Plan 2017-2020. The gross proposed budgets of both Parties are sufficient to deliver current proposed service levels. The proposed payment recommended by the SIC to the IJB for 2017-18 will fully fund the cost of services, however the proposed payment recommended by NHSS to the IJB for 2017-18 indicates a gap between the cost of services and offer of funding of £2.529m. Due diligence work carried out to date provides assurance to the IJB that the proposed budgets have been set in line with both partner organisations' Standing Financial Instructions and that the Scottish Governments requirements on IJB funding levels for 2017/18 have been met.
6.6 Assets and Property:	None arising directly from this report as the IJB doesn't own any assets or property. Both partner organisations have policies and procedures in place which govern their assets and property.
6.7 ICT and new technologies:	None arising directly from this report.
6.8 Environmental:	None arising directly from this report.
6.9 Risk Management:	SIC – Any failure to meet the reductions in overall budget spending levels will result in using its reserves unsustainably. The main specific risks for services delegated to the IJB are: • Increased demand for care services as a result of the changing demographics of Shetland's population. • Unexpected demand for care services which may be costly depending on the circumstances. • The level of charging income received can vary significantly, as it is dependent on the individual financial circumstances of those in care at any time. These risks are mitigated by the Directorates using a realistic approach and the latest data when setting the budget, and the inclusion in the overall SIC budget of a corporate contingency to support cost pressures which may arise during the year.

	SIC also has a strong balance sheet and available usable reserves which ensures SIC is prepared for significant unforeseen events. Any draw on reserves beyond sustainable levels would have an adverse impact on the level of returns from the long term investments and this situation would require to be addressed quickly to ensure no long term erosion of investments. NHS – Any failure to meet the reductions in overall budget spending levels will result in NHSS using under spends, as a result of both recurrent and non-recurrent savings schemes, from other Directorates to underwrite the position. If NHSS cannot reach a break even position it will have to seek brokerage from the Government which will have to be paid back in future years. NHSS has no reserves and must therefore deliver services within its funding allocation each year. IJB – There is a risk to the IJB if NHSS delegated services cannot be delivered within the funding provision. NHSS has indicated any additional payment to the IJB in 2017/18 will have to be paid back in future years. This will mean the IJB will have to find even greater levels of savings going forward to allow this repayment to take place. Careful negotiation prior to the budget approval is recommended so that the Strategic Commissioning Plan can be delivered within available funding allocations without the need for additional payments. Otherwise there is a significant risk around IJB approval of the Strategic Commissioning Plan for 2017-20.	
6.10 Policy and Delegated Authority:	The IJB has authority from SIC and NHSS for the services delegated to it as per the Integration Scheme. The IJB must direct service delivery, within its funding allocation, to deliver the outcomes of the Strategic Commissioning Plan.	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation	

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2nd February 2017

Appendices:
1 – Specific Funding Streams to IJB

Appendix 1 – Specific Funding Streams to IJB

Funding Streams	£000s	Description	Where is this shown in table 4.6 above	Proposed Funding Stream	Current Status
Integrated Care Fund	410	Recurrent funding to IJB and funded from NHS core budget	Integrated Care Fund row		
Scottish Government Additional Funding for Social Care	1,024	Assumed recurrent in nature – first received in 2016/17	£512k included across all SIC services and £512k in SG Additional Funding 1 row		
New Scottish Government Additional Funding for Social Care	450	Assumed recurrent in nature – first received in 2017/18	£340k included across all SIC services and £110k in SG Additional Funding 2 row		
Total	**1,884**				
Proposed application of Funding					
Enhanced Intermediate Care Team	540	Enhanced Intermediate Care Proposal. Total cost £595k but £55k being funded from NHSS.	Current Proposal is recurrent funding with no plans in place to mainstream. £410k currently shown in Integrated Care Fund, £86k in SG Additional Funding 1 and the remainder in SG Additional Funding 2.	£410k from Integrated Care Fund + £86k from £512k SG Additionality Funding + £44k from £450k new SG Additional Funding for Social Care	Seeking agreement in principle today but final agreement will be sought when Enhanced Intermediate Care Team report is presented to IJB in March 2017.
Self Directed Support	348	To fund increased demand in Self Directed Support Packages	Current proposal is non recurrent for 2017/18 only. This figure of £348k is currently included in SG Additional Funding 1.	From £512k SG Additionality Funding	Seeking agreement in principle today but final agreement will be sought along with approval of the Joint Strategic Commissioning Plan in March 2017.
Social Work – Hospital Discharge Liaison	78	Specifically to focus on expediting timely hospital patient discharges, co-ordinating all agencies to ensure that rehabilitation is prioritised.	Current proposal is non recurrent for 2017/18 only. This figure of £78k is currently included in SG Additional Funding 1	From £512k SG Additionality Funding	Seeking agreement in principle today but final agreement will be sought along with approval of the Joint Strategic Commissioning Plan in March 2017.
Used by SIC to offset overall Council settlement	512		Recurrent – Across all SIC budgets	50% of the £1,024k SG Additional Funding for Social Care	Complete - As per SG guidance
Used by SIC to offset overall Council settlement	340		Recurrent – Across all SIC budgets	Part of the £450k new SG Additional Funding for Social Care	Complete - As per SG guidance
	1,818				
Surplus	**66**				Available for IJB use

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	SIC Policy and Resources Committee NHS Shetland Board Integration Joint Board (IJB)	13 February 2017 14 February 2017 17 February 2017
Report Title:	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, excluding the Financial Plan and Service Delivery Plans	
Reference Number:	CC-06-17	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

1.0 Decisions / Action required:

1.1 That the SIC Policy and Resources Committee and NHS Shetland Board:

(a) APPROVES the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan, excluding the Financial Plan and Service Delivery Plans; and
(b) NOTES that the budget proposals for 2017-18 involve the current service model being fully funded for SIC funded services delegated to the IJB;
(c) NOTES that the gap between the cost of the current service models and available funding is in the region of £2.6m in respect of NHS funded services delegated to the IJB; and
(d) NOTES that a further version with updated Financial Plan and Service delivery plans will be developed by the end of March 2017.

1.2 That the Integration Joint Board:

(a) APPROVES in principle the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan, insofar as each organisation's authority is set out in the Integration Scheme, excluding for now but subject to the subsequent approval in March 2017 of the Financial Plan and Service Delivery Plans; and
(b) NOTES that the budget proposals for 2017-18 involve the current service model being fully funded for SIC funded services delegated to the IJB;
(c) NOTES that the gap between the current service models and available funding is in the region of £2.6m in respect of NHS funded services delegated to the IJB;
(d) NOTES that a separate report on the agenda addresses the options for bridging the funding gap; and
(e) NOTES that further reports will be prepared for the March meeting to complete the Strategic Commissioning Plan with a Financial Plan and Service Delivery Plans.

2.0 High Level Summary:

2.1 The Strategic Commissioning Plan is a document which draws together all the issues which need to be considered to continue to develop a range of flexible, responsive and person-centred services for people who require health and care services. Whist predominantly focused on services for adults, it connects to children and young people, and families in general, through child health services, hospital and acute services, social work services and transition for young people with particular needs into adulthood.

2.2 The Plan, and the services contained within it, focuses on how working together in partnership will help to improve people's lives and help them to live in good health for longer, as described in the national Health and Wellbeing Outcomes.

2.3 The Plan sets out the service needs of our population, both current and looking forward into the future to react to changing needs and demands. It explores the national policy context and how that might be applied in Shetland. It aims to build on well-established and successful innovative working between partners. It recognises our current good performance, the best in Scotland for several key performance indicators.

2.4 At national and local level, there is a recognised mismatch between our ability to respond to growing demand for services, with more people living longer often with more complex needs, and the amount of funding which has been made available to health and care services. Over the last few years, significant efficiencies and savings have been able to be secured yet, using national comparators, Shetland still has a high cost: high performance model. Some of this is explained by the fact that Shetland has additional resources to spend, from local sources and through funding settlements recognising the diseconomies of scale associated with operating in remote and rural areas.

2.5 This Strategic Commissioning Plan has recognised that Shetland has reached a 'tipping point' in matching service need to funding. There are also, from time to time, specific difficulties in recruiting to certain posts in some areas which can cause the current models to be disproportionately expensive through the use of agency (or 'locum') cover. This is not an issue which is particular to Shetland; other areas are facing similar challenges. It is no longer possible to keep trimming services and relying on one-off initiatives to balance the books. The Plan promotes a series of strategic programmes to explore more sustainable service model across all parts of the health and care system: hospital, acute and specialist; primary care; social care; and out of hours. The first stage of this work will need to look at all elements of how the current services are configured – buildings, staff, technology, etc - and set out options for how that might need to change.

2.6 Two service specific projects are being developed for Mental Health and Adult Services (Learning Disabilities and Autistic Spectrum Disorder). There are also programmes which are targeted at cultural and behavioural change through the Effective Prescribing programme and a range of initiatives to focus on helping people to help themselves, under the title of an Asset Based Approach to Health Improvement.

2.7 However, there is an immediate need to resolve the significant gap in funding on the NHS Shetland side of the partnership. It is recognised that the strategic programmes will take time to develop and explore feasible options. There is also a

tension between the need to continue to invest in primary care services, in supporting the Health and Wellbeing Outcomes and as the most effective mechanism for supporting preventative work and reducing demand on the hospital and acute sector. There may, therefore, need to be pragmatic short term decisions taken on the level of resources to apply to particular services in 2017-18, while the strategic work progresses. This is the subject of a separate report to the IJB.

2.8 The Scottish Government Guidance promotes an open and inclusive approach to developing the Plan. The IJB is supported by four formal groups: the Strategic Planning Group; the Joint Staff Forum; the Clinical Care and Professional Governance Committee; and the Local Partnership Finance Team. The Plan has been considered by each of these groups, as well as a range of other consultative meetings and staff groups shown in the attached list. There is broad support to the rationale behind the Plan and the scope of the strategic programmes. Some specific issues have been raised around the extent to which our partners (eg the third sector) and staff might be involved in the projects and the capacity to deliver the programmes within a tight timeframe. There is a desire to see further engagement with the local communities on how services might best be delivered in each area, given the acknowledgement of limited and reducing resources. The time and commitment given by a range of staff and stakeholders to contribute constructive ideas and challenges in the development of the Plan is acknowledged and appreciated. A summary of the feedback is included below:

- Financial Plan / Strategic Programmes. Clarity will be welcomed on the extent of the financial challenges and staff will welcome 'key messages' on what might change.
- Public Engagement / Locality Planning. Staff will welcome the opportunity to engage with the community on the need for change and to find ways to solve issues at a local level.
- Maximising eHealth, Telehealthcare and Telecare opportunities. There are practical barriers to making the most use of technological opportunities around infrastructure (broadband coverage) and the ability of share systems and data between partners which need to be overcome.
- Locality Planning. There are practical things that could be done at a local level, particularly around good communication and knowing who to speak to, which would make integrated working easier.
- Building staff and organisational resilience and capacity. There is an interest in exploring ideas around working differently and supporting staff to think and work differently. Some staff have expressed an interest in contributing to delivering the projects, both as a learning opportunity and to build capacity.

2.9 At this stage, it is not possible to seek approval of the complete Plan, as some of the services are currently not fully funded. Approval is therefore sought from each partner on the Plan to the extent that it sets the context for the need to change and the arrangements which are proposed to remodel services through the ten strategic programmes. The Plan at this stage therefore excludes the Financial Plan and the Service Delivery Plans.

2.10 This report does not, therefore, propose to make any formal Directions from the IJB to its funding and delivery partners, NHS Shetland and Shetland Islands Council. It is the intention to report those to the March meeting of the IJB, once the position with the financial plan is resolved.

2.11 There are two complementary reports on the IJB's agenda: confirmation of the

funding offers from the funding partners for 2017-18; and a report to explore options for bridging the funding gap in NHS Shetland funded services delegated to the IJB.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.

3.2 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.

3.3 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.

3.4 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:

4.1 It is acknowledged, through national policy and guidance, national scrutiny bodies and local evidence, that there is an increasing demand for health and care services.

4.2 The drivers for change include: government policies; population and demographic changes; individual and society expectations; workforce; technological opportunities and reducing funding.

4.3 The under-pinning principle from national and local policy direction, well established over a number of years, is that public sector services need to change to address all the challenges, as the current service models are not sustainable. This is evident now and will become more so over time as the demographic changes feed through. Fundamentally, the shift is about moving from doing things to people, to helping people to help themselves to live independently in good health for longer, as described in the national health and wellbeing outcomes. For health and care services, this policy shift, sometimes referred to as Shifting the Balance of Care, is acknowledged through various strategies and policies. However, the message from government agencies and external audit bodies is that it is necessary to pick up the pace of change.

4.4 The ten strategic priority projects are set out below. These are described in more detail in Appendix 6 of the Strategic Commissioning Plan.

(A) Whole Population	
Implementing an asset based approach to health care prevention	Effective Prescribing
(B) Sustainable Service Models	
Developing a safe and effective model of unscheduled care	Developing a sustainable hospital, acute and specialist services model for Shetland
Developing a sustainable primary care model for Shetland, with clear links to the 7 locality areas and the Gilbert Bain Hospital	Developing a sustainable model of social care resources
Developing a sustainable model for mental health services, including appropriate crisis and emergency arrangements	Developing a sustainable model for adults affected by learning disabilities and autism spectrum disorders
(C) Organisational Issues	
Improving Business Performance and Efficiency	Improving the Quality and Safety of our services
Achieving Financial Balance	

4.5 The remit of the Strategic Planning Group usefully describes what each of the strategic programmes need to explore:

- How many people will need services and what type will they need?
- What is the current provision, is it the right level, quality and cost?
- How can these services improve people's lives?
- Which services will best achieve this?
- How do we develop these services at an affordable cost?
- How do we procure and deliver these services to best effect?
- How do we monitor and review these services?

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 services will be of interest to services users, patients and their carers, and to 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 to help people to live in good health for longer.
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. It is also recognised that staff are at the forefront of any potential changes to services and they need to be well-informed to help them to deal with questions and queries from our service users.
6.3 Equality, Diversity and Human Rights:	The Impact Assessment is included at Appendix 5 of the Strategic Commissioning Plan. Within the Draft Plan, there is 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. The Impact Assessment notes that further work may be required on data collection for Ethnic Minorities.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnership IJBs to produce a strategic commissioning plan and update it annually. There is a requirement on all 3 partners to put in place arrangements to achieve a balanced budget each year.
6.5 Finance:	The partners face a significant challenge associated with the need to address the funding gap on NHS Shetland funded services. 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 £2.6m. The gap relates only to NHS Shetland funded services delegated to the IJB. NHS Shetland has not yet received its final settlement from the Government so the figures presented may yet be subject to further refinement. The aim is to prepare a plan which minimises, or ideally eliminates, the need for a Financial Recovery Plan in 2017-18. The IJB, on 25 January 2017, agreed to: *"DIRECT the Council and the Health Board with regard to any changes the IJB requires in terms of strategic direction, commissioning and recovery plans in order to address the budget issues identified in this report".*

	This will be the basis of the negotiation between the parties over the next month to achieve a reasonable balance of services, strategic change programmes, one-off savings and ongoing efficiency programmes. This is the subject of a separate report to the IJB.
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 their 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:	The Plan includes a section on risk factors and has identified a range of governance, financial, partnership and capacity issues. If approved, the IJB's Risk Register will be updated and will then form part of the ongoing risk mitigation and management arrangements reported regularly to the IJB.
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. The delegated functions are set out in the Integration Scheme. <u>SIC Policy and Resources Committee</u> Shetland Islands Council delegated functions, including the planning arrangements, to the IJB. The Policy and Resources Committee is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. Approval of strategic policies, including the Strategic Commissioning Plan, falls within this remit. <u>NHS Shetland Board</u> NHS Shetland delegated functions, including planning for acute hospital services, to the IJB. The NHS Board retains the overall authority for consideration and approval of strategic planning, taking guidance from its Standing Committees, in particular the

	Strategy and Redesign and Staff Governance Committees. Approval of the Strategic Commissioning Plan therefore rests with the NHS Shetland Board. <u>IJB</u> The Integration Scheme states that, "The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan....The IJB will be responsible for the planning of Acute Hospital Services delegated to it....". Consideration and approval of the annual update of the Strategic Commissioning Plan is therefore within and the authority delegated to the IJB. The Integration Scheme also states that, 'the detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan'. Until the financial situation is resolved, it is not possible to approve the commissioning and delivery arrangements, as the services are not fully funded. At this stage, therefore, the approval sought is limited to the extent to which the Strategic Commissioning Plan describes the service need and strategic projects required to secure sustainable models of service. The budget and delivery arrangements, through the Service Plans, will be brought to the next meeting, alongside the financial plan.	
6.11 Previously considered by:	*See list attached.*	

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Email: hazelsutherland1@nhs.net

26 January 2017

Appendices:
Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan 2017-2020, excluding Financial Plan and Service Delivery Plans

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 Islands Health and Social Care Partnership Integration Scheme 15 May 2015
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/SHSCPartnershipIntegrationScheme15May2015.pdf

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	**Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan 2017-2020**	
Registration Reference Number		**New** ☐
Author	**Hazel Sutherland, Head of Planning and Modernisation**	
Executive Lead	**Ralph Roberts, Kathleen Carolann and Simon Bokor-Ingram**	

Proposed groups to present document to:	
IJB Strategic Planning Group	IJB Joint Staff Forum
Clinical, Care and Professional Governance Committee (CCPGC)	IJB Local Finance Partnership Team
Strategy and Redesign Committee	Public Partnership Forum / Steering Group
APF / ACF / ANMAC	Management Team meetings

DATE	VERSION	GROUP	REASON	OUTCOME
21/11/2016	Discussion Paper	Community Health and Social Care Operations Meeting	PI, PO	MR
21/11/2016	Discussion Paper	Public Partnership Forum	C/S	MR
22/11/2016	Discussion Paper	Strategy and Redesign Committee	PO	PRO
23/11/2016	Discussion Paper	Executive Management Team	PI, PO	SC
24/11/2016	Discussion Paper	Hospital Management Team	PI, PO	MR
24/11/2016	Discussion Paper	Area Partnership Forum	PO	MR
28/11/2016	Discussion Paper	CCPGC	PO	MR
29/11/2016	Discussion Paper	Local Partnership Finance Team	PI	MR
02/12/2016	Discussion Paper	Strategic Planning Group	PI, PO	AC&R, PRO
02/12/2016	Discussion Paper	Local Partnership Finance Team	PI	MR
09/12/2016	Discussion Paper	IJB	PR	PRO
14/12/2016	Discussion Paper	Executive Management Team (part)	PO	SC
20/12/2016	Discussion Paper	Local Partnership Finance Team	PI	MR, PRO
10/01/2017	Draft Plan	Local Partnership Finance Team	PI	MR
10/01/2017	Draft Plan	Strategic Planning Group	PI, PO	MR

DATE	VERSION	GROUP	REASON	OUTCOME
17/01/2017	Draft Plan	Strategy and Redesign Committee	PO	PRO
20/01/2017	Draft Plan	Joint Staff Forum	PO	PRO
24/01/2017	Draft Plan	ANMAC	PO	MR
26/01/2017	Draft Plan	Joint APF/ACF	PO	MR
30/01/2017	Draft Plan	PFPI Steering Group	C/S	MR
06/02/2017	Draft Plan	Strategic Planning Group	PI, PO	To be advised
14/02/2017	Draft Plan	CCPGC	PO	To be advised
XX/02/2017	Draft Plan	Local Partnership Finance Team	PI	To be advised

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

ENDS

Shetland Islands Health and Social Care Partnership

Strategic Commissioning Plan

2017- 2020

Contents:

For comments and queries, please contact:

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Foreword

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

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 even though they may have 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 policies 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 and make sure that services are integrated around the needs of individuals, their families and unpaid carers and are not built around the convenience of organisations. It is a hugely exciting challenge to be at the forefront of modernising public sector service in Shetland and 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 the Shetland community to make that happen.

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

Ian Kinniburgh
Chair
Shetland Health Board

Gary Robinson
Leader
Shetland Islands Council

[1] Feedback from member of staff 2015

Introduction

This is a plan for the whole of the health and care system in Shetland. It covers services provided in each community, those provided in Lerwick at the Gilbert Bain Hospital and at other Shetland-wide facilities as well as services which are provided by our partner health and care services in Aberdeen, and further afield. The plan covers:

- Hospital, Acute and Specialist Services;
- Emergency Services, including Out of Hours arrangements;
- Public Health and Health Improvement;
- Primary Care;
- Social Care; and
- Support Services

The partners are:

- Shetland Islands Health and Social Care Partnership, through the formal arrangements of the Integration Joint Board (IJB);
- NHS Shetland, Shetland's local Health Board; and
- Shetland Islands Council, the local authority.

The Plan also has a specific function as the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan. It describes the services which will be delivered to meet the health and social care needs of adults, through the Integration Joint Board. 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. A range of national and local statutory, private sector and voluntary organisations deliver the actual services required to the community.

Specifically, the Act put in place:

(A) nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable;
(B) a requirement on NHS Boards and Local Authorities to integrate health and social care budgets; and
(C) 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.

The Shetland Island's Health and Social Care Partnership Strategic Commissioning 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 as determined by the 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.

Executive Summary

Audit Scotland, in their report on 'Changing Models of Health and Social Care' stated that,

> *"the growing number of people with complex health and social care needs, particularly frail older people, together with continuing tight finances, means that current models of care are unsustainable. New models of care are needed."*

The Scottish Government recently announced their plans for re-shaping the Health Service in Scotland to respond to increasing demand. Shetland is not immune from these challenges and the Government's Delivery Plan makes reference for the need for changes to be made "at pace".

Alongside increasing demand, health and care services will continue to face an unprecedented restriction in resources over the next three years. Within this, while the NHS continues to see "real term" growth this is at historically low levels. Social care in Shetland will see further budget reductions, all be it from a comparatively high level of spend per head of population. It should also be noted that the extra costs associated with Shetland operating services in a remote and rural setting are already recognised in the funding settlements to NHS Shetland and Shetland Islands Council. We are also fortunate to receive ongoing funding from Shetland Charitable Trust to support our care services. It is therefore important to recognise that any significant increases to the budgets projected in this plan are unrealistic and we need to find a way, collectively, to develop the mix of hospital, primary and community care services that best meet the needs of our population.

The Shetland Islands Health and Social Care Partnership Plan sets out the arrangements which we intend to put in place to reconsider the level and type of service that we can sustain. This reflects the funding available and recognises some specific issues around the recruitment and retention of staff to various specialist posts. These projects will look at:

- the hospital model, to determine what services need to be provided locally and which are best provided by our partner health boards, such as NHS Grampian in Aberdeen, and the associated staffing levels required to maintain a safe, high quality and effective service;
- the primary care model, to determine an equitable distribution of primary care resources across Shetland, recognising the particular recruitment challenges in this area; and
- developing an affordable and sustainable social care model for Shetland, which builds on the network of care centres and Shetland-wide services, and responds to the need to promote self care and multi-disciplinary teams working to support individuals and families to live well for longer in their own home, or a homely setting.

Services have become accustomed to making savings and efficiencies over the years. Our performance is measured in a range of quality indicators and service outcomes. On the whole, Shetland's health and care system performs well. However, given the extent of the savings and efficiencies which still need to be found, Health and Social Care services cannot continue to be provided in the same way as at present, if we are to provide the best possible services for the local population. Our ability to make the books balance through one-off initiatives is diminishing; we therefore need to think differently about how our services are configured to deliver safe, quality and effective services in a sustainable way.

There are some lifestyle choices and behaviours which persist within society that may impact negatively on people's ability to look after their own well-being and live in good health for longer. The Scottish Government's Health and Social Care Delivery Plan 2016 states that, "we need to move away from doing things to people to working with them on all aspects of their care and support.....to one based on anticipation, prevention and self management". With our partners, we have identified several strands of work where we consider that Shetland could do better. We have put in place programmes of work to:

- reduce the percentage of adults who smoke
- reduce premature mortality from Coronary Heart Disease among under 75s
- increase physical activity levels
- reduce obesity levels
- address issues associated with mental health, wellbeing and resilience
- promote suicide prevention
- recognise and respond to public protection issues e.g. domestic violence
- reduce harm caused by alcohol; and
- address issues caused by substance misuse

The scale of the challenge before the Shetland Islands Health and Social Care Partnership is significant. This Plan will only work if we focus on creating sustainable models for the future. That means looking forward to an uncharted future; not backwards to where we have been. It will only work if we do it together, respecting the views of all stakeholders to find acceptable solutions for each community.

Vision and Objectives

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

Our work is to improve the wellbeing of service-users, as described in the nine national health and wellbeing outcomes[2] below:

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 following integration planning principles[3] will underpin how we shape our services and find innovative solutions to meet our communities' needs and improve the wellbeing of service-users so that our services:

- are integrated from the point of view of service-users
- take account of the particular needs of different service-users
- take account of the particular needs of service-users in different parts of Shetland
- take account of the particular characteristics and circumstances of different service-users
- respect the rights of service users, whilst ensuring they understand and respect their responsibilities
- take account of the dignity of service-users

[2] Public Bodies (Joint Working) National Health and Wellbeing Outcomes (Scotland) Regulations 2014
[3] Section 4 of the Public Bodies (Joint Working) (Scotland) Act 2014

- take account of the participation by service-users in the community in which service-users live
- protect and improve the safety of service-users
- improve the quality of the service
- are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- best anticipate needs and prevent them arising
- make the best use of the available facilities, people and other resources

and are designed so that:

- emergency care is maintained in Shetland, including medicine, surgery and maternity services
- care is only provided in a hospital setting if it cannot be provided safely and effectively in the community
- patients are only sent outwith Shetland for healthcare if it cannot be provided safely and effectively locally
- attendance at hospital for diagnostic tests and investigations, outpatient consultations and minor procedures is kept to a minimum
- healthcare is provided by multi-professional teams, with reliance on single handed practitioners kept to a minimum
- increased use of technology is helping us provide care for the most vulnerable and elderly in our community
- older people and people who are living with 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

Context

Strategies and Policies

This Plan both informs, and is informed by, a number of strategic and service specific strategies and plans. The diagram below sets the strategic and policy context within which NHS Shetland, Shetland Islands Council and the Integration Joint Board is operating.

<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
Unpaid 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 Integration 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>Property and Asset Management Strategy</td></tr>
<tr><td>Government's Health and Social Care Delivery Plan</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>Prescription for Excellence</td><td>Oral Health Strategy</td><td>Children and Young Peoples Integrated Strategic Plan</td></tr>
<tr><td>Keys for Life</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>Shetland Partnership Local Outcome Improvement Plan</td></tr>
<tr><td>National and Local Strategy for Autism</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>"On Da Level", Achieving a Fairer Shetland</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 colspan="2">Quality Reports</td><td>Measured By (for assurance / improvement):</td></tr>
</table>

Current Performance on Health and Wellbeing Outcomes

There are in place a range of service and quality indicators which are used to measure Shetland's health and care performance against national targets and outcomes. Shetland, on the whole, performs well and delivers high quality, safe and effective services.

A recent publication from the Scottish Government, the Health and Social Care Delivery Plan 2016, reflected on the success of the health service in general, when it stated that, "there have also been significant improvements in treatment times, reductions in mortality rates, ... reduction in healthcare associated infections...and patient satisfaction has also increased to record highs".

There are specific measures for the Health and Social Care Partnership, known as Health and Wellbeing Outcomes. Shetland's performance, against peer group comparators and the Scottish average, is outlined in the table below. Some areas worth highlighting are:

- 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 compared with the peer group average and well above the Scotland level.
- The emergency admission to hospital rate is lower than the Scottish average 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 fewer 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.

The Scottish Government has asked the Shetland Islands Health and Social Care Partnership, along with all other partnerships, to pay particular attention to the following indicators:

- Unplanned admissions
- Occupied bed days for unscheduled care
- A&E performance
- Delayed discharges
- End of life care and
- The balance of spend across institutional and community services.

The good performance shown in 2014-15 has been sustained into 2015-16 and Shetland continued to perform well across all categories. It is the intention that the changes outlined in this Plan will seek to maintain the good performance in these areas, so far as it is reasonably possible to do so within the funding available, as described below.

Indicator	Current Performance	Target
Unplanned admissions	2015-16 unplanned admission rates 75+ all specialities: best in Scotland	Maintain current performance.
Occupied bed days for unscheduled care	2015-16 unplanned bed day rates 75+ all specialities: second best in Scotland.	Maintain current performance
A&E performance	A&E Attendance rate per 1,000 population 2015-16: 12th in Scotland (out of 32). A&E % seen within 4 hours, November 2016: 5th in Scotland (our of 32).	Maintain current performance
Delayed discharges	Delayed Discharge Census November 2016 Standard Delays over 3 days, by type of delay: best in Scotland	Maintain current performance
End of life care	Proportion of the last six months of life spent at home or in a community setting for people who died in 2015-16: best in Scotland. 2015-16 Bed Days in the last six months of life by partnership: lowest (best) in Scotland.	Maintain current performance.
The balance of spend across institutional and community services	2014-15 Balance of Care 75+ by Intensive Care at Home; Care Home and Hospital: 11th in Scotland (out of 31).	Continue to shift the balance of care from hospital to the community by investing in a community based Intermediate Care Team for Rehabilitation and Reablement.

Table 1: Performance against National 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.*	

Strategic Needs Assessment

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

The Plan needs to address some growing pressures on health and care services as a recent Report from the Accounts Commission on Health and Social Care Integration in December 2015 stated that,

> *"If current rates of activity continue, it is unlikely that health and social care services will be able to cope with the effects of the changing population unless they make major changes to the way they deliver services."*

At a national level, if the current rates of activity and growth in demand continue, the movement from 2013 to 2030 could be:

- The number of people in the age group 75-84 could increase by 44% and those over 85 could rise by 68%;
- The number of GP consultations is projected to rise by 12%;
- The number of homecare clients is forecast to rise by 33%;
- The number of homecare clients receiving 10+ hours per week of care is predicted to rise by 31%;
- The number of practice nurse consultations could rise by 18%;
- The number of long-stay care home residents could rise by 35%:
- Acute emergency bed days from patients with 3+ admissions could increase by 26%;
- Similarly emergency bed days are forecast to rise by 28%;
- The number of acute emergency admissions is predicted to increase by 16%;
- Acute day cases could rise by 14%; and
- New outpatient appointments could increase by 9%.

Shetland is already responding to these demographic and social changes. There is evidence of:

- A growing demand for services (an increasing number of people being referred or assessed for services).
- A growing demand for services from an increasingly elderly population, living well longer but often with complex and multiple conditions. Health Centres are responding to an increased number of residents with long term conditions (asthma, diabetes, high blood pressure). There is an increased number of frail elderly in the community requiring additional support to remain at home. Analysis of Lerwick Health Centre appointments, for example, has shown that the number of GP and Additional Nurse Practitioner appointments increased by 26% from 23,773 in 2014-15 to 29,933 in 2015-16.
- An increase in referrals to mental health services for assessment of anxiety and depression.
- Demographic change placing demands on centres of population, leaving remote and rural services more difficult to sustain.
- Significant financial savings and efficiencies to be realised.
- More people living alone.
- The need to tackle health inequality barriers.
- Lifestyle choices, eg alcohol consumption and the impact on personal health and population health.
- Workforce challenges – recruitment and 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.
- The 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 about individual health and care options.
- Medical advances, changing the nature of treatment for diseases.
- The potential for home or community based technology to transform interactions between professionals and patients / service users, including living safely at home and managing long term conditions.
- The 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.

- An increase in focus on community based provision and primary and social care - working in partnership with local communities, enhancing roles in primary care, and helping people to help themselves.

- A persistent, and perhaps widening, inequality gap.

  "The Commission on Tackling Inequalities in Shetland[4] 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.

  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:

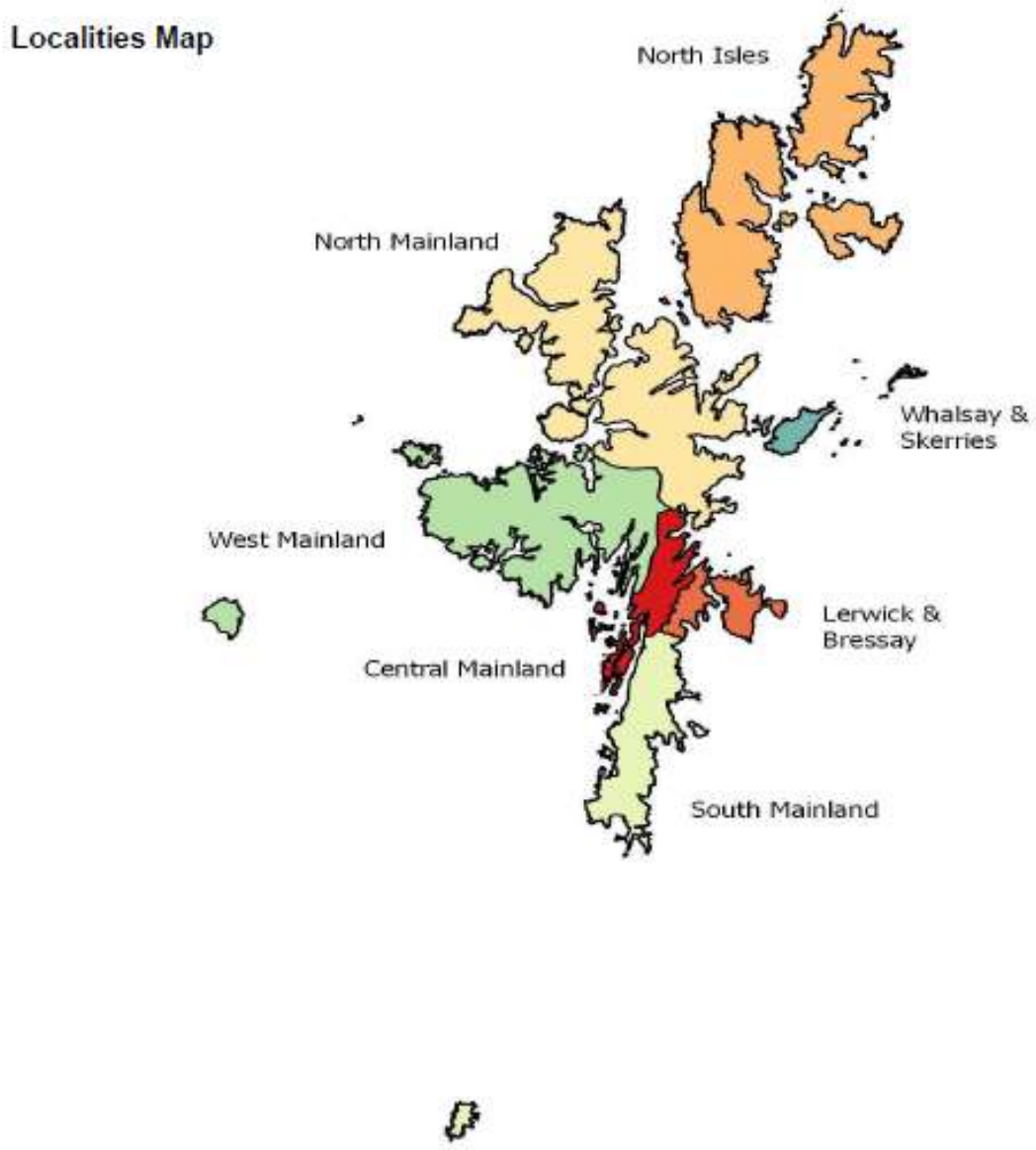
  - *with poor educational experiences: engagement is difficult, attainment may be low;*
  - *unable to achieve or maintain employment;*
  - *at risk of homelessness;*
  - *with poor mental health;*
  - *with chronic illness;*
  - *with experience of substance misuse;*
  - *not involved in their local 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.*

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

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.

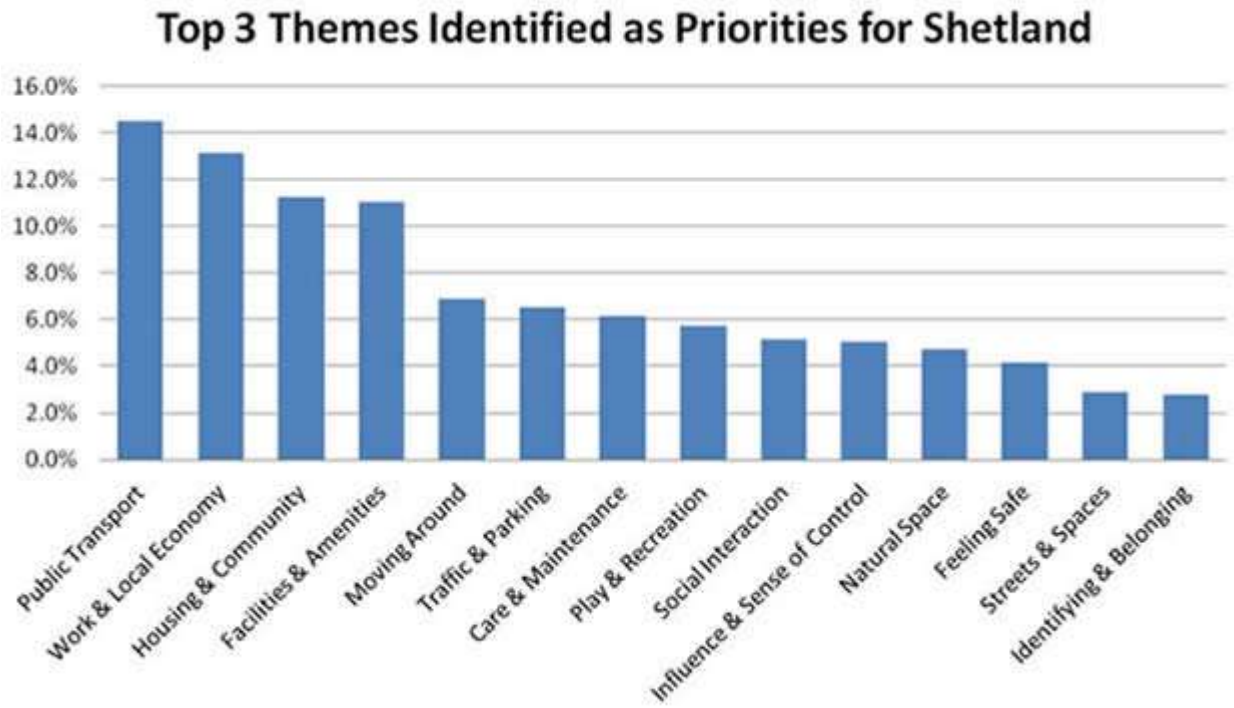


The Shetland Place Standards[5] is a consultation exercise undertaken to find out what people feel is most important to where they live. The survey took place in July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments. This helps to build the evidence for what makes communities good places to live in and highlights issues which

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

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 fourteen themes that respondents feel should be prioritised for improvement for Shetland as a whole. The top four themes identified, across all areas, were: public transport; work and local economy; housing and community; and facilities and amenities.



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

The Shetland Partnership, the group which overseas strategic planning on a Shetland-wide level and across all service sectors, have set three high level priorities in the Local Outcome Improvement Plan. The Partners have agreed to work together to improve the lives of the people of Shetland through:

- making the best use of existing assets, infrastructure and human capital for sustainable socio-economic development;
- ensuring the needs of our most vulnerable children and young people are met; and
- supporting the development of a digital, diverse and innovative business base (which will include comprehensive and resilient broadband coverage).

The key issues with regard to delivering health and care services are outlined at Appendix 1 and summarised below.

North Isles

Primary Care – current GP Recruitment and Retention issues, sustainable Primary Care Provision, Dental Provision, Out of Hours services, Community Nursing on Non Doctor islands

Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

Sustainable care models and, in particular, the building issues for Isleshavn Care Centre

Whalsay and Skerries

Primary Care – Sustainable Primary Care arrangements, Out of Hours services, Community Nursing on Non Doctor islands

Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

North Mainland

Primary Care - Sustainable primary care arrangements

Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

West Mainland

Primary Care - Sustainable primary care arrangements, Community Nursing on Non Doctor islands

Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

Lerwick and Bressay (including services provided on a Shetland-wide basis)

Ensuring that we deliver the best and most appropriate balance of specialist services in Shetland (e.g. models for hospital and specialist services in Shetland versus mainland service provision)

Primary Care – Lerwick Health Centre demand and capacity management

Community Nursing on non doctor islands, intermediate care team

South Mainland

Primary Care – community nursing on Non Doctor Islands

Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

Local Delivery Arrangements and Strategic Priorities

Shetland's local priorities for the period 2017-2020 will be built on:

- Keeping people safe from harm, protecting vulnerable people
- Delivering integrated health and care pathways and single point of entry to services by continuing to shift resources to primary and community care
- Strengthening and working in partnership with individuals, their families and communities
- Reducing avoidable admission to and inappropriate use of hospital services
- Developing primary care and community responses through multi-disciplinary teams
- Supporting unpaid carers
- Tackling inequalities, with a focus on health inequality
- Prevention and early intervention
- Promoting health lifestyles
- Improving mental health and wellbeing
- Promoting self management and independence

The service delivery arrangements are set out in Appendix 2, the detailed Service Plans (to follow).

The service arrangements, for the integrated services, are summarised in Appendix 3 which includes:

- a description of the services and their purpose;
- the number of service users and emerging trends which have been identified;
- the resources (assets, staff and budget) needed to delivery services;
- the current performance measures and actual performance; and
- a note of the links to the strategic programmes and projects, where applicable.

The specific links to other infrastructure and services are set out at Page 27, with the Housing Contribution Statement included at Appendix 4.

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 are included in the Risk Assessment section on Page 28.

The Integrated Impact Assessment is included at Appendix 5.

This work to develop a sustainable health and care model will be done through ten strategic work programmes under three strategic themes:

- Whole population
- Sustainable models
- Organisational issues

The projects which will be developed under each of the strategic themes are summarised and then expanded on below.

(A) Whole Population:

- Implementing an asset based approach to health care prevention
- Effective Prescribing – working with patients and prescribers to ensure that evidenced, best value, medicines are started and stopped appropriately

(B) Sustainable Models:

- Developing a safe and effective model of unscheduled care
- Developing a sustainable hospital, acute and specialist services model for Shetland
- Developing a sustainable primary care model for Shetland
- Developing a sustainable model of social care resources
- Development a sustainable model for mental health services, including appropriate crisis and emergency arrangements
- Developing a sustainable model for adults affected by learning disabilities and autistic spectrum disorders

(C) Organisational Issues

- Improving business performance and efficiency
- Improving the Quality and Safety of our services

The background and intended outcomes for each of the projects are set out below. Appendix 6 maps the projects to each of the nine health and wellbeing outcomes and includes a timeline for the projects to be undertaken.

(A) Whole Population Health

Implementing an asset based approach to health care prevention

NHS Shetland's 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'.[6] 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. Indeed many of the solutions which individuals will be able to draw on may be from community based or private sector providers. The project is multi-dimensional and cross cutting and will include:

- understanding patients
- health information and self directed care
- health literacy
- behaviour change and skills development

[6] Healthcare Quality Strategy for NHS Scotland

- reducing health inequalities
- anticipatory care
- self management / long term conditions support group
- involving carers
- realistic medicine

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. One of the first priorities for this project will therefore be to look into the causes of and effect on people who are high users of services. This work may identify 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.

The work to reduce the barriers causing health inequalities is set out in the Report 'On Da Level'. Services will consider how best to respond to help families who are struggling to thrive and work with local communities and voluntary services to ensure that no one is lonely or stigmatised. The report indicated that approximately 5% of people in Shetland, at any life stage, are not able to have the same positive experiences and opportunities as the majority of people living in Shetland. Over the last 15 or so years, it has become more common to see these poor experiences being passed down the generations. Shifting money and staff to better target support, and at an earlier stage, is known to help these families and also save money. There are many local examples of the impact of stigma, isolation and loneliness on people and families and there is an increasing body of research showing the negative impacts on physical and mental health. Services will be encouraged to target resources to break negative cycles for individuals and within families.

Effective Prescribing- working with patients and prescribers to ensure that evidenced, best value, medicines are started and stopped appropriately

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.

(B) Sustainable Service Models

Developing a safe and effective model of unscheduled care

The Scottish Government recognises the importance of primary care as the first point of contact to health care for most people and that this should also be the case during the out of hours period when people need urgent (unscheduled) care. A recent national review of Primary Care out of hours[7] services recommended that services:

- are person-centred, sustainable, high quality, safe and effective;
- provide access to relevant urgent care when needed; and
- deliver the right skill mix of professional support for patients during the out-of-hours period.

The national review recommended a model for out of hours and urgent care in the community that is clinician-led and delivered by a multi-disciplinary team (referred to as an "unscheduled care hub") enabling patients to be seen by the most appropriate professional to meet their individual needs.

Shetland already has a number of challenges in sustaining "out of hours" services, whether these are in the community or in secondary care with the issues highlighted in the national review exacerbated as a result of remoteness, economies of scale and existing recruitment and retention issues.

The ability to safely deliver services at all times of the day (24/7) is also a key determinant of the staffing required for a particular community or service and it is therefore important Shetland develops resilient out of hours unscheduled care services. This project will therefore explore how Shetland can implement the recommendations in the national report and create a sustainable 24/7 unscheduled care service.

Developing a sustainable hospital, acute and specialist services model for Shetland

NHS Shetland's long established policy is that the Gilbert Bain Hospital is a Rural District General Hospital, with a consultant led model of care. 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, with current recruitment issues there are concerns that this model is no longer sustainable. A project will be undertaken to review the options available to develop models for a sustainable hospital, acute and specialist service model for Shetland that is built around sustainable care pathways. This work will include a costing exercise 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 including comparing the current consultant led rural general hospital with other models. It is intended to progress this work in partnership with other island Health Boards to inform the drafting of the North of Scotland Regional Clinical Strategy so that a clear Island General hospital model is developed.

[7] National Review of Primary Care Out of Hours Services

A complimentary project will continue to develop the extent to which some services might be repatriated from mainland hospitals and provided locally. The focus on this work is on avoiding unnecessary travel (for patients and for staff) and unnecessary appointments by maximising the opportunities for services to be provided locally and extending the use of tele-health and other technological solutions as well as streamlining pathways, to reduce where possible unnecessary steps in patient journeys.

Alongside this, the project to rebalance care from hospital to the community will continue. The Scottish Government's Health and Social Care Local Delivery Plan 2016 states that, "too often, older people, in particular, are admitted to institutional care for long periods when a package of assessment, treatment, rehabilitation and support in the community – and for help for their carers – could better serve their needs". 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. This work will be continued locally, with the ongoing development of the intermediate care team, the extension of community rehabilitation and the resultant optimisation of bed use within the Gilbert Bain hospital.

Developing a sustainable primary care model for Shetland

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 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 many cases, primary care practitioners co-ordinate access to specialist services (in Shetland and mainland Scotland) and bring together complex care planning across health and social care services based in the community. Due to the fragility of the current arrangements, 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 intention, as the project develops, is for the vision within the Primary care strategy to be fully implemented and a clear and sustainable Primary care model for Shetland to be created.

Developing a sustainable model of social care resources

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 is regularly reviewed. In September 2016, the overall occupancy of beds was 91%. 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 value of unpaid carers and local and national third sector organisations in building sustainable service models is acknowledged and will be an integral part of the review process.

Developing a sustainable model for mental health services, including appropriate crisis and emergency arrangements

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year. Improving wellbeing, resilience and mental health is therefore a priority for Shetland Islands Health and Social Care Partnership. Work to promote mental wellbeing and improve mental health services is set out in the Mental Health Strategy and mirrors the importance of this area as a national priority. There are also specific work programmes to reduce suicide and self harm.

We will therefore continue to focus on delivering these strategies in 2017-18 including the development of a sustainable model for mental health services with appropriate crisis and emergency arrangements in place. This will need to look across all service areas, from specialist and acute services in Aberdeen and elsewhere, through local primary care support and into community based programmes supported by local and national voluntary organisations. The project aims to build capacity through the redesign and integration of health and social care elements of mental health.

Services for people living with dementia, their families and carers are set out in the Dementia Strategy, which is a key element of mental health services. There will be a specific focus on how we develop Old Age Psychiatric Services in the refreshed strategy and action plan for 2017-18 and beyond.

Developing a sustainable model for adults affected by learning disabilities and autistic spectrum disorders

A Scottish Government report in 2013, called The Keys to Life, set out recommendations for improving the quality of life for people with learning disabilities. The report acknowledged the stark fact that people with learning disabilities still die 20 years earlier than the general population. The report set out to ensure that all those who work in health care understand the health needs of people with learning disabilities, how these can differ from the general population and to respond appropriately and positively to support individuals to lead healthier and happier lives. People with learning disabilities should be supported to live independently in the community wherever possible. Shetland has a good range of services to support individuals and their families and unpaid carers – through housing, day care, short breaks and respite, and employment and training opportunities. The demand for services is growing and a new resource centre to support adults with learning disabilities is due to completion in the summer of 2017. However, with a projected reduction in funding overall, there is a need to look afresh at sustainable models of service to respond to the changing demands.

(C) Organisational Issues

Improving business performance and efficiency

Staff are at the heart of all the service delivery models. It is therefore intended, as part of all our projects, to put in place the right staffing numbers, ratios and skills mix for each service area. Within this we will respect professional boundaries while also supporting multi-disciplinary team working. The Health and Social Care Partnership needs to 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.

Alongside the support to staff, there will be a programme to redesign business and organisational systems, integrated insofar as they possibly can be, so that our staff can focus on tasks which support front line service delivery and are not wasteful. This might also involve working locally with partners in Shetland to make the best use of systems and resources, where it might be possible to develop a common approach. An example of this might be shared transport and distribution arrangements. The programme will cover:

- Maximising eHealth, Telehealthcare and Telecare opportunities
- Building staff organisational resilience and capacity
- Maximising local opportunities from national shared services programmes
- Review of decision making arrangements
- Procurement and commissioning
- Working out ways to do things 'once for Shetland', by sharing common systems and resources with local partners.

Within this we recognise the inherent tension between working out how best to do things for Shetland's Health and Care Partnership at a local level whilst also responding to the challenges for the NHS of working better at a regional and national level.

Improving the Quality and Safety of our services

(To be completed once the Local Delivery Plan Guidance is issued).

A summary of the programme of work is set out in the Table below.

Table 2: Overview of Strategic Programmes

(A) Whole Population	
Implementing an asset based approach to health care prevention	Effective Prescribing- working with patients and prescribers to ensure that evidenced, best value, medicines are started and stopped appropriately
(B) Sustainable Service Models	
Developing a safe and effective model of unscheduled care	Developing a sustainable hospital, acute and specialist services model for Shetland
Developing a sustainable primary care model for Shetland, with clear links to the 7 locality areas and the Gilbert Bain Hospital	Developing a sustainable model of social care resources
Developing a sustainable model for mental health services, including appropriate crisis and emergency arrangements	Developing a sustainable model for adults affected by learning disabilities and autism spectrum disorders
(C) Organisational Issues	
Improving Business Performance and Efficiency	Improving the Quality and Safety of our services
Achieving Financial Balance	

Resources Section / Financial Plan (TO FOLLOW)

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 provide 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 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.

Third Sector, Communities and Volunteering

The third sector provides an invaluable tool in helping to shape services. They play a significant role in identifying and finding ways to address unmet need. Their approach of helping individual and communities to help themselves lies at the heart of how public sector services need to be reformed. Their overall objective is to improve people's lives and their approach to ensuring that community views are heard and understood is one of the under-pinning principles of the Plan. Harnessing the skills, knowledge and ability of communities to find solutions for themselves is essential to the Plan's success.

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.

Infrastructure – Broadband

The existing and emerging technological solutions to support digital working and Telehealth and Telecare services relies on full coverage of effective and resilient broadband services.

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;

- this Strategic Commissioning 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.

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ENDS

Appendix 1, Locality Profiles

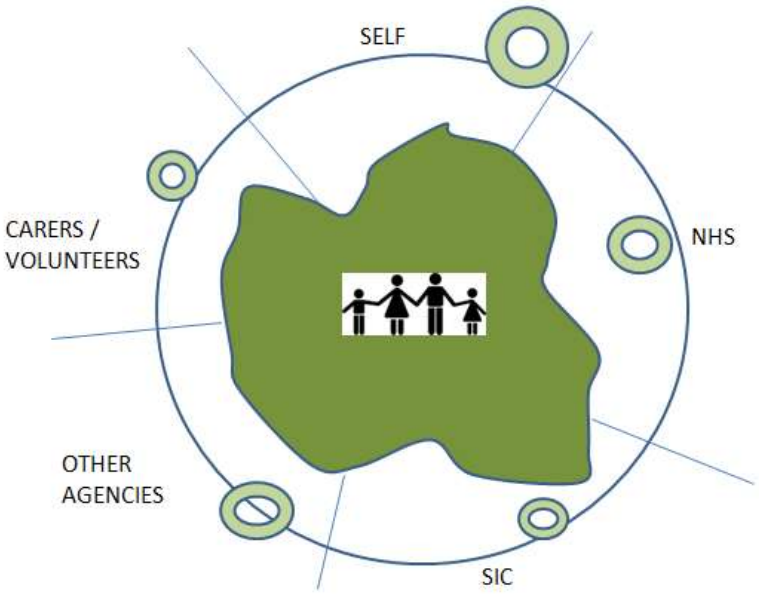
Introduction

The Plan is considered across seven localities based on geography and ward boundaries. The same arrangements are in place for all Shetland's strategic plans, including the Shetland Partnership's Local Outcome Improvement Plan.

A good strategic commissioning process will take account of the differing needs of each locality. Over time, and aligned to modernising ways of work supported by the community planning philosophy, the Strategic Commissioning Plan will evolve into a plan which clearly links needs to resources in each locality area.

This way of working moves from a paternalistic approach (doing things to people / communities) to actively working with local communities to share problems, identify solutions and make the best possible use of all resources available.

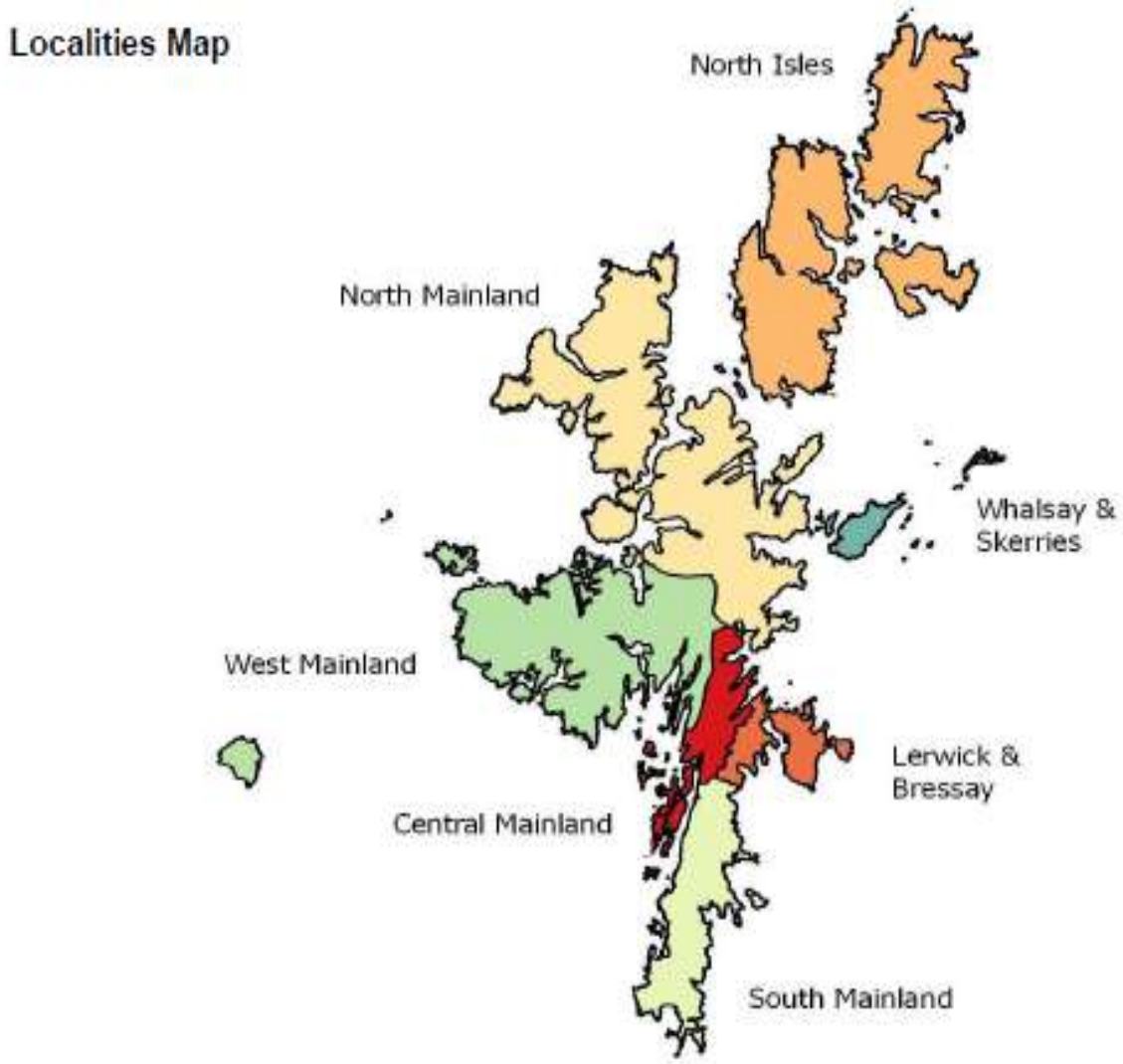
The Plan will be developed and 'owned' by each locality; it is then the responsibility of the commissioning body (the IJB) to turn that into service delivery on the grounds through its service delivery arrangements with public, community, voluntary and private sector partners. It places individuals, families, their carers and communities at the heart of the planning process, as shown diagrammatically below.



The seven localities in Shetland are:

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

These are shown on the map below.



Each area currently has a set of services delivered within the locality:

- primary care;
- community nursing;
- care at home; and
- care home resources.

In addition, the Occupational Therapy and Health Improvement teams have practitioners allocated to deliver services and work with partner services within the locality. The Adult Social Work team has identified link professionals for each locality and the Pharmacy and Prescribing service are developing their community based support to GP practices.

Many services, although located in Lerwick, will provide outreach services throughout the islands to wherever the patients and service users live. An example of this way of working is the podiatry service.

During 2015/16 a series of locality planning meetings were held across localities to engage local staff and key other stakeholders (third sector, user and carer representatives, and community leaders - Community Council and SIC councillors), and feedback of the issues identified were passed to services to inform the development of the Joint Strategic Commissioning Plan.

The next section sets out some key health and social care indicators by locality. This is a summary of the published locality data held at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/Localities.asp

The source (and year to which the data refers) is included in the main analysis on the web-site.

The overall practice patient registrations (as at July 2016) is shown below.

Some of the datasets are currently incomplete and work is in hand to make sure that the analysis included comparable data across all seven localities.

Not all GP practices provide an Out of Hours service. Only those who do provide out of hours have a satisfaction score for the statement 'Overall, how would you rate the care you experienced out of hours?'

Shetland Practice's Patient Registrations

	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
Bixter	90	140	132	278	309	131	70	17	1167
Brae	146	252	318	627	751	273	96	29	2492
Hillswick	59	77	86	198	212	95	32	19	778
Lerwick	436	962	1078	2263	2495	944	538	178	8894
Levenwick	128	323	286	592	815	321	164	48	2677
Scalloway	248	456	346	993	949	338	156	72	3558
Unst	28	70	37	100	178	118	49	18	598
Walls	46	94	85	160	199	86	52	24	746
Whalsay	59	132	122	251	274	139	97	32	1106
Yell	43	116	93	192	347	149	94	26	1060
Total	1283	2622	2583	5654	6529	2594	1348	463	23076

North Isles

Main Report

The full analysis can be found at:
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-NorthIslesMASTERV4.pdf

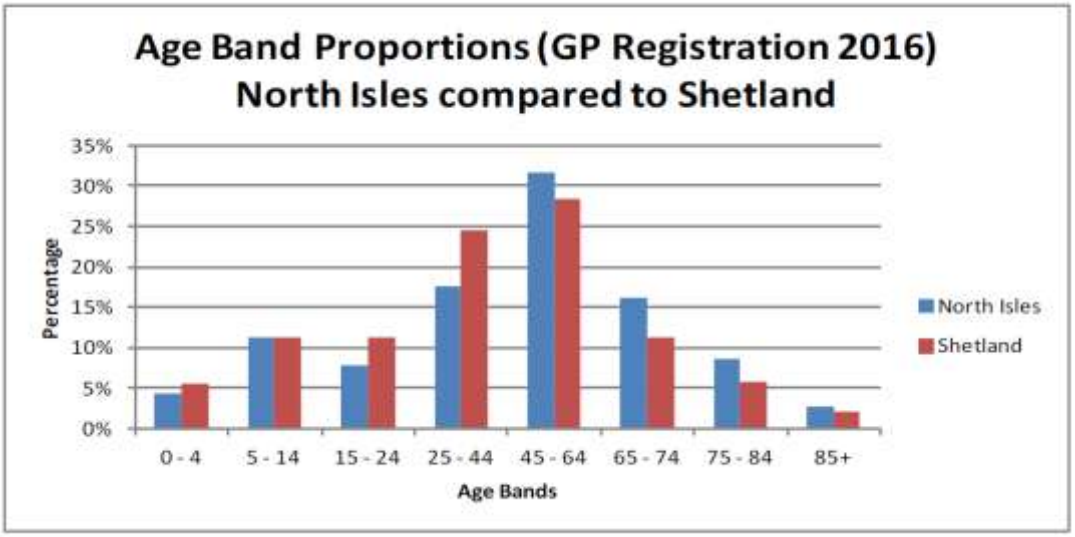
Age Profile of the North Isles Population

The information below is based on GP practice registrations for 2016. It shows the number of people registered with the Unst and Yell practices within a number of different age groups.

North Isles Practice's Patients Registrations

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
North Isles	71	186	130	292	525	267	143	44	1658

The graph below shows that the age profile of the patients registered with the Unst and Yell in 2016 is slightly different to the rest of Shetland with fewer young people and adults in the 15-44 age group and then more in all the older age groups, compared to Shetland as a whole. There are some differences between the age profiles in the Unst and Yell population, but the actual numbers are small. Having a slightly larger population of older people and a slightly smaller population of working age people could mean that the implications of an aging population for the provision of health and care services in the North Isles could be even more marked in this area compared to the rest of Shetland. The data is from 1st July 2016.



Service Points

The key assets for accessing health and social care services in the north isles are:

- Unst Health Centre
- Yell Health Centre
- Nordalea Care Home
- Isleshavn Care Home

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Unst Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	100%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	100%
I am treated with compassion and understanding	98%
Overall, how would you rate the care provided by your GP practice?	98%

Yell Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	87%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	92%
I am treated with compassion and understanding	95%
Overall, how would you rate the care provided by your GP practice?	91%
Overall, how would you rate the care you experienced out of hours?	67%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

Nordalea Care Centre

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)
Nordalea, Unst	6	67	1	250	7	95	8

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

Nordalea Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
29 June 2016	4- Good	No grade available	No grade available	4-Good
15 Oct 2015	5 – Very Good	5 – Very Good	4 – Good	4 - Good

Nordalea Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
6 Feb 2015	5 – Very Good	5 – Very Good	5 – Very Good	5 – Very Good
30 Jan 2012	5 – Very Good	5 – Very Good	Not assessed	Not assessed

Isleshavn Care Centre

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)
Isleshavn, Mid Yell	9	22	1	677	10	92	4

Isleshavn Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
10 Aug 2015	3 – Adequate	4- Good	4- Good	4-Good
15 Oct 2016	4- Good	4- Good	4 – Good	4 - Good

Isleshavn Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
29 June 2016	4- Good	No grade available	No grade available	4- Good
30 Jan 2012	4- Good	4- Good	4 – Good	4 - Good

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Category	Unst Health Centre		Yell Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices			
Smoking	155 patients (combined total), which is 9.3%			
Obesity	97	17%	205	19%, Highest
Hypertension	161	second highest	311	Highest
Asthma	51		91	
COPD[1]	8		13	
CHD[2]	20		73	Significantly higher
Heart Failure	4		26	Second highest
Diabetes	42		76	Significantly higher
Stroke TIA[3]	17	higher than average	30	Higher
Chronic Kidney or Renal Disease	32	high	72	Highest
Cancer	22		36	
Mental Health	7		6	
Depression	24		67	
Dementia	16 patients (combined total)			

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

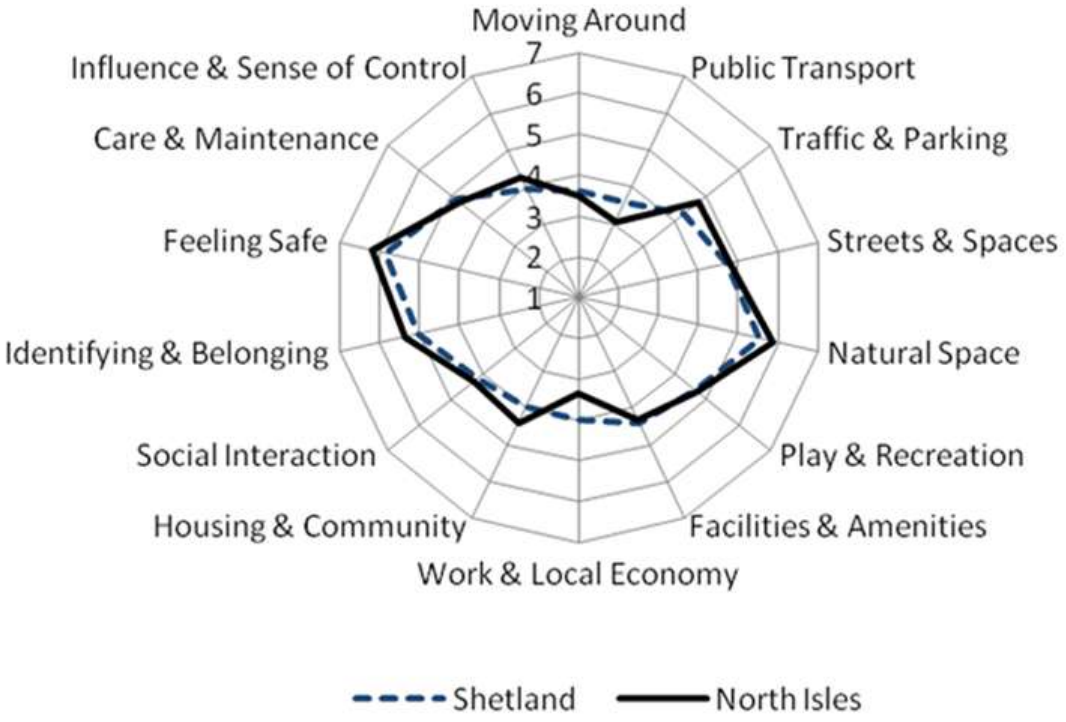
http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for the north isles were:

- Public transport
- Work and Local Economy
- Facilities and Amenities

Average Rating North Isles

1: A lot of room for improvement
7: No improvement required



North Mainland

Main Report

The full analysis can be found at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-NorthMainlandMASTERV4.pdf

Age Profile of the North Mainland Population

North Mainland Practices Patient Registrations North Mainland overall has roughly the same age distribution as Shetland, with slight differences – slightly more 15-64 year olds and slightly fewer 75 year olds and older. However, the differences are small scale (1 or 2%).

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
North Mainland	205	329	404	825	963	368	128	48	3270

Service Points

The key assets for accessing health and social care services in the north mainland are:

- Hillswick Health Centre
- Brae Health Centre
- North Haven Care Home

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Hillswick Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	99%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	98%
I am treated with compassion and understanding	98%
Overall, how would you rate the care provided by your GP practice?	99%

Brae Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	90%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	97%
I am treated with compassion and understanding	84%
Overall, how would you rate the care provided by your GP practice?	91%

Overall, how would you rate the care you experienced out of hours?	80%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

North Haven Care Centre

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)
North Haven	13	54	2	312	15	93	12

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

North Haven Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
22 Jul 2016	4- Good	No grade available	No grade available	4-Good
17 Aug 2015	3 – Adequate	4 – Good	3- Adequate	3 - Adequate

North Haven Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
2 May 2016	4- Good	No grade available	No grade available	4- Good
6 May 2015	4- Good	4- Good	4- Good	3 - Adequate

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Further work done in Hillswick as part of a needs assessment project has shown a higher number of people with chronic conditions and higher rates of smoking in patients with chronic diseases, but not in the population as a whole. This project found that there are a group of people in that area with a number of related chronic conditions, where a focus on prevention and dealing with risk factors could make a big difference to their health.

Category	Hillswick Health Centre		Brae Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices			
Smoking				
Obesity		Higher		High
Hypertension				
Asthma		Highest		
COPD[1]		Highest		
CHD[2]		High		
Heart Failure		High		
Diabetes	207	Highest		
Stroke TIA[3]				
Chronic Kidney or Renal Disease				
Cancer				
Mental Health				
Depression		Higher		Higher
Dementia				

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

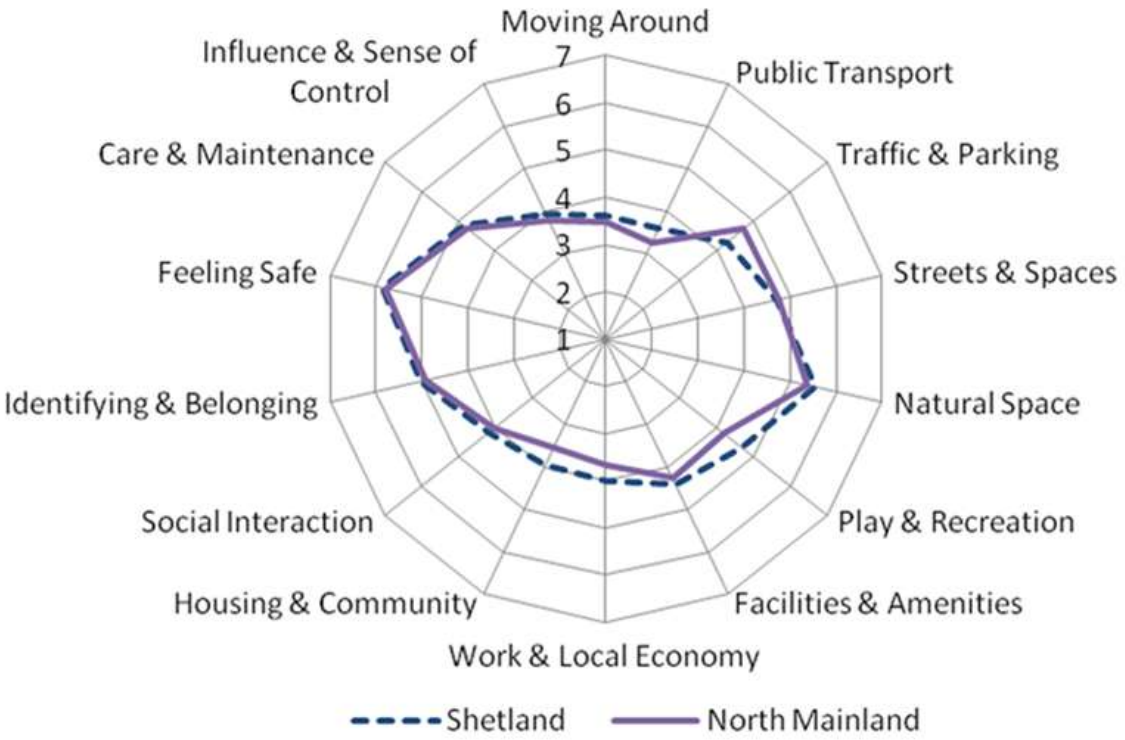
http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for the north mainland were:

- Public transport
- Housing and Community
- Work and Local Economy

Average Rating North Mainland

1: A lot of room for improvement
7: No improvement required



West Mainland

Main Report

The full analysis can be found at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-WestMainlandMASTERV4.pdf

Age Profile of the West Mainland Population

The information below is based on GP practice registrations: it shows the number of people registered with the Walls and Bixter practices within a number of different age groups.

The chart shows that the age profile of the patients registered with the West Mainland practices is similar to the rest of Shetland with slightly fewer adults in the 25-44 and 45-64 age groups.

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
West Mainland	136	234	217	438	508	217	122	41	1913

Bixter has a similar rate, or less, in the older age groups compared to the rest of Shetland, and more in the youngest age groups. Walls has a higher rate of people in the older age groups, and more in the very youngest age groups.

Service Points

The key assets for accessing health and social care services in the north isles are:

- Walls Health Centre
- Bixter Health Centre
- Wastview Care Home

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Walls Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	97%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	97%
I am treated with compassion and understanding	96%
Overall, how would you rate the care provided by your GP practice?	94%
Overall, how would you rate the care you experienced out of hours?	76%

Bixter Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	99%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	100%
I am treated with compassion and understanding	95%
Overall, how would you rate the care provided by your GP practice?	95%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

Wastview Care Centre

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)
Wastview	13	96	2	88	15	88	12

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

Wastview Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
2 May 2016	4- Good	No grade available	No grade available	4-Good
4 June 2015	4- Good	4- Good	4 – Good	3 - Adequate

Wastview Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
4 Feb 2016	5 – Very Good	5 – Very Good	4 – Good	4 – Good
21 Feb 2013	5 – Very Good	5 – Very Good	5 – Very Good	4 – Good

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Category	Bixter Health Centre		Walls Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices			
Smoking	195 patients (combined total)			
Obesity	158	17% , High	49	8%
Hypertension	212		127	
Asthma	103		60	
COPD[1]	21		8	
CHD[2]	37		16	
Heart Failure	10		12	
Diabetes	50		22	Lowest
Stroke TIA[3]	22		28	Highest
Chronic Kidney or Renal Disease	81	Lower	12	Lower
Cancer	40		17	
Mental Health	7		10	
Depression	89	higher	22	Lower
Dementia	3	Lowest	15	Highest

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

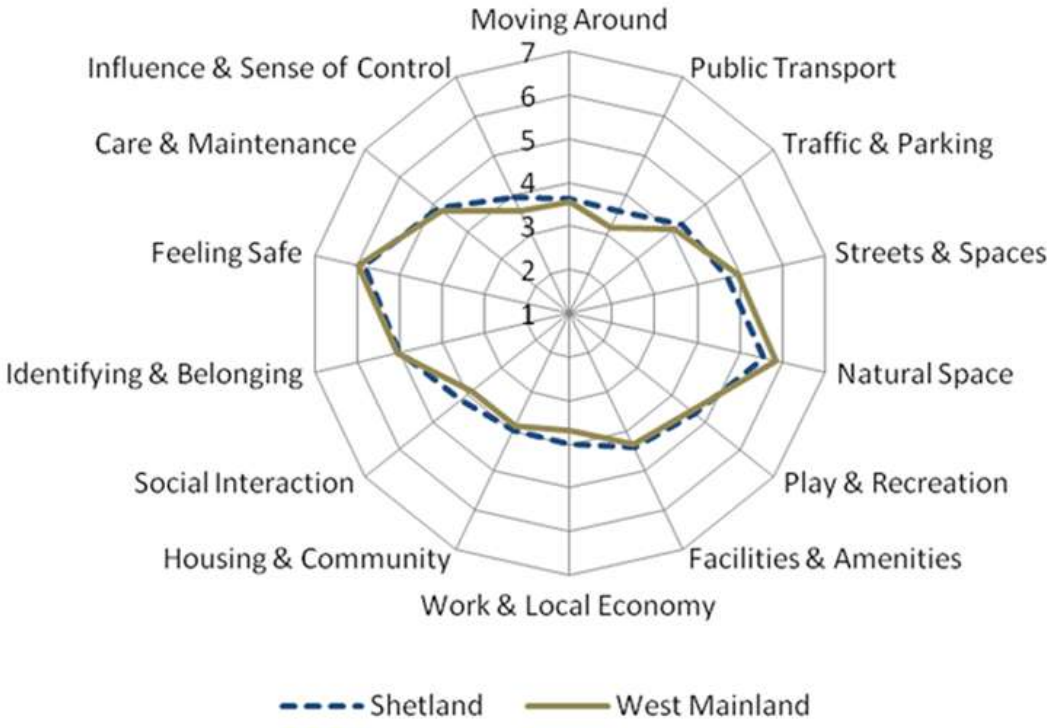
http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for the West Mainland were:

- Public transport
- Facilities and Amenities
- Work and Local Economy

Average Rating West Mainland

1: A lot of room for improvement
7: No improvement required



Whalsay and Skerries

Main Report

The full analysis can be found at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-WhalsaySkerriesMASTERV4.pdf

Age Profile of the Whalsay and Skerries Population

The information below is based on GP practice registrations for 2016. It shows the number of people registered with the Whalsay practice within a number of different age groups.

Whalsay Practice Patients Registrations

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
Whalsay & Skerries	59	132	122	251	274	139	97	32	1106

Whalsay and Skerries have slightly fewer adults in the 25-64 age group – although this equates to around 30 individuals – not a huge figure. They also have slightly more older adults in the 65-85+ age groups, compared to Shetland as a whole – these are only 1 or 2 %. We see an aging population which is slightly higher than the Shetland average, with fewer (than the Shetland average) middle aged working adults.

Service Points

The key assets for accessing health and social care services in Whalsay and Skerries are:

- Whalsay Health Centre
- Fernlea Care Home

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Whalsay Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	94%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	96%
I am treated with compassion and understanding	94%
Overall, how would you rate the care provided by your GP practice?	95%
Overall, how would you rate the care you experienced out of hours?	95%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

Fernlea Care Centre

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)
Fernlea	8	88	2	77	10	88	8

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

Fernlea Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
11 Dec 2015	4- Good	5 – Very Good	4 – Good	4-Good
23 Jan 2015	4- Good	5 – Very Good	4 – Good	4 - Good

Fernlea Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
23 Jan 2015	5 – Very Good	5 – Very Good	4 – Good	4-Good
2 Feb 2012	5 – Very Good	Not assessed	Not assessed	4-Good

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Category	Whalsay and Skerries Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices	
Smoking		
Obesity		High
Hypertension		Higher
Asthma		
COPD[1]		
CHD[2]		
Heart Failure		
Diabetes		
Stroke TIA[3]		
Chronic Kidney or Renal Disease		Higher
Cancer		
Mental Health		Below Average
Depression		

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

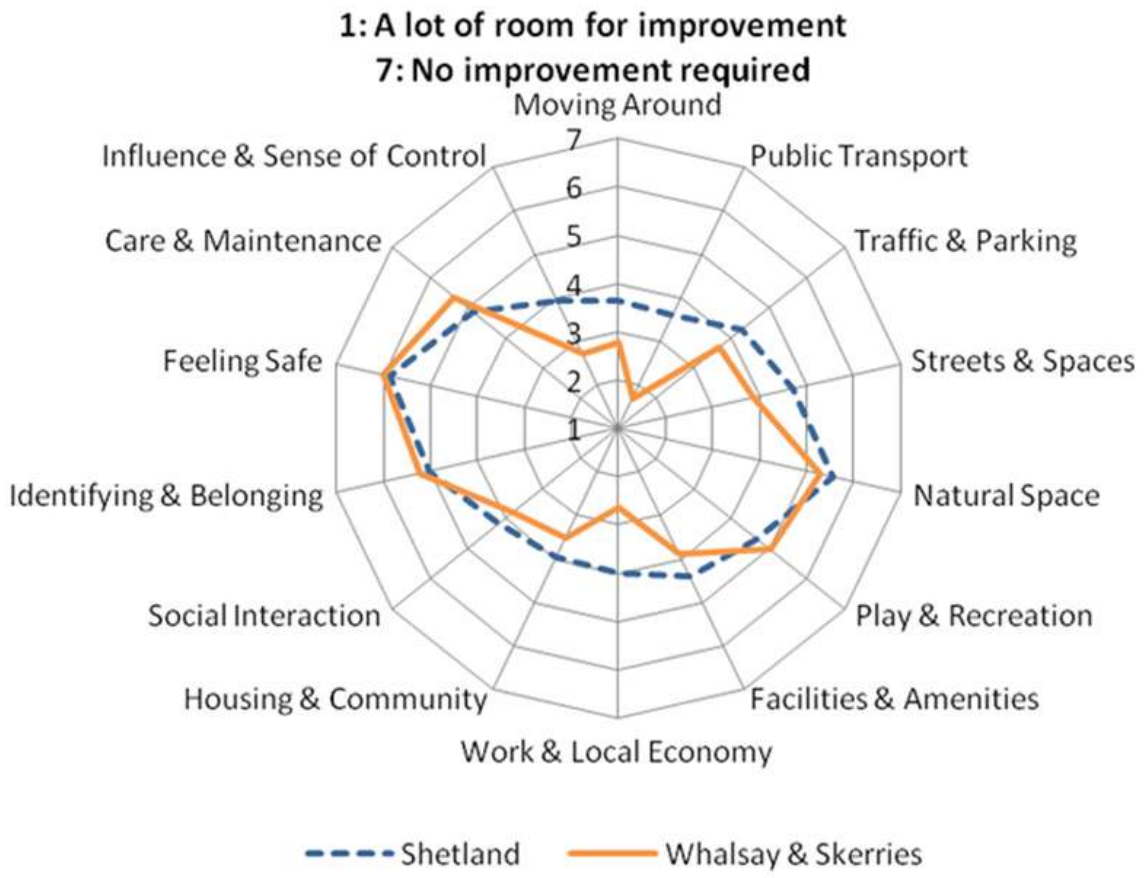
The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for Whalsay and Skerries were:

- Public transport
- Facilities and Amenities
- Work and Local Economy

Average Rating Whalsay & Skerries



Central Mainland

Main Report

The full analysis can be found at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-CentralMainlandMASTERV4.pdf

Age Profile of the Central Mainland Population

The information below is based on GP practice registrations for 2016. It shows the number of people registered with the Scalloway practice within a number of different age groups.

Central Mainland Practices Patients Registrations

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
Central Mainland	248	456	346	993	949	338	156	72	3558

Central mainland has an age distribution roughly similar to the whole of Shetland. The 15-24 and 65-74 age groups are very slightly smaller in central mainland, whereas the 25-44 age group is larger, but the differences are small.

Service Points

The key assets for accessing health and social care services in the Central Mainland are:

- Scalloway Health Centre
- Walter and Joan Gray Care Home

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Scalloway Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	89%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	92%
I am treated with compassion and understanding	98%
Overall, how would you rate the care provided by your GP practice?	100%
Overall, how would you rate the care you experienced out of hours?	58%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

Walter and Joan Gray Care Home

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)
Walter and Joan Gray Home	15	56	1	743	16	99	10

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

Walter and Joan Gray Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
14 Oct 2015	4- Good	4- Good	4 – Good	4- Good
29 Aug 2014	4- Good	4- Good	4 – Good	4- Good

Walter and Joan Gray Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
30 Jan 2015	4- Good	4- Good	4 – Good	4- Good
3 Feb 2012	5 – Very Good	4- Good	Not assessed	Not assessed

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Category	Scalloway Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices	
Smoking		
Obesity		Lower
Hypertension		Low
Asthma		Above average
COPD[1]		Lower
CHD[2]		
Heart Failure		
Diabetes	130	Below average
Stroke TIA[3]		Lower
Chronic Kidney or Renal Disease		Lower
Cancer		
Mental Health		Higher
Depression		Higher

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

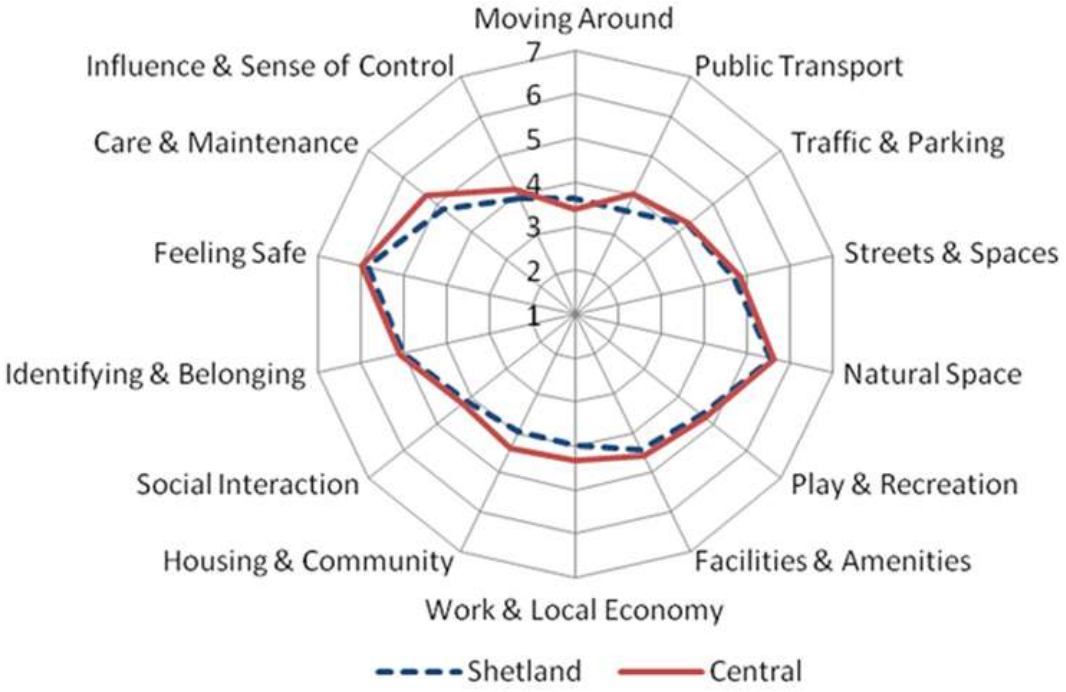
http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for Central Mainland were:

- Public transport
- Facilities and Amenities
- Housing and Community

Average Rating Central Mainland

1: A lot of room for improvement
7: No improvement required



Lerwick and Bressay

Main Report

The full analysis can be found at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-LerwickandBressayMASTERV4.pdf

Age Profile of the Lerwick and Bressay Population

The information below is based on GP practice registrations for 2016. It shows the number of people registered with the Lerwick practice within a number of different age groups.

Lerwick Practice's Patients Registrations

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
Lerwick & Bressay	436	962	1078	2263	2495	944	538	178	8894

Lerwick and Bressay have an age distribution very similar to the whole of Shetland. The 15-44 age group is fractionally larger in Lerwick and Bressay.

Service Points

The key assets for accessing health and social care services in Lerwick and Bressay are:

- Lerwick Health Centre
- Gilbert Bain Hospital
- Ewarard Thomason and Taing House Care Home
- Montfield Support Services
- Independent Living Resource Centre

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Lerwick Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	34%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	87%
I am treated with compassion and understanding	84%
Overall, how would you rate the care provided by your GP practice?	79%
Overall, how would you rate the care you experienced out of hours?	83%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

Edward Thomason and Taing House and Montfield Support Services

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	

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

Edward Thomason and Taing House Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
27 Sept 2016	5 – Very Good	Not assessed	Not assessed	5 – Very Good
1 Dec 2015	4- Good	5 – Very Good	4- Good	4- Good

Edward Thomason and Taing House: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
27 Sept 2016	5 – Very Good	Not assessed	Not assessed	5 – Very Good
1 Dec 2015	4- Good	5 – Very Good	4- Good	4- Good

Montfield: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
27 May 2016	5 – Very Good	No grade available	No grade available	5 – Very Good
2 July 2015	4- Good	4 - Good	4- Good	4- Good

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Category	Lerwick Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices	
Smoking		
Obesity		Fewer
Hypertension		
Asthma		Below average
COPD[1]		
CHD[2]		
Heart Failure		Lower
Diabetes	328	Lower
Stroke TIA[3]		
Chronic Kidney or Renal Disease		
Cancer		
Mental Health		Above Average
Depression		Higher

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

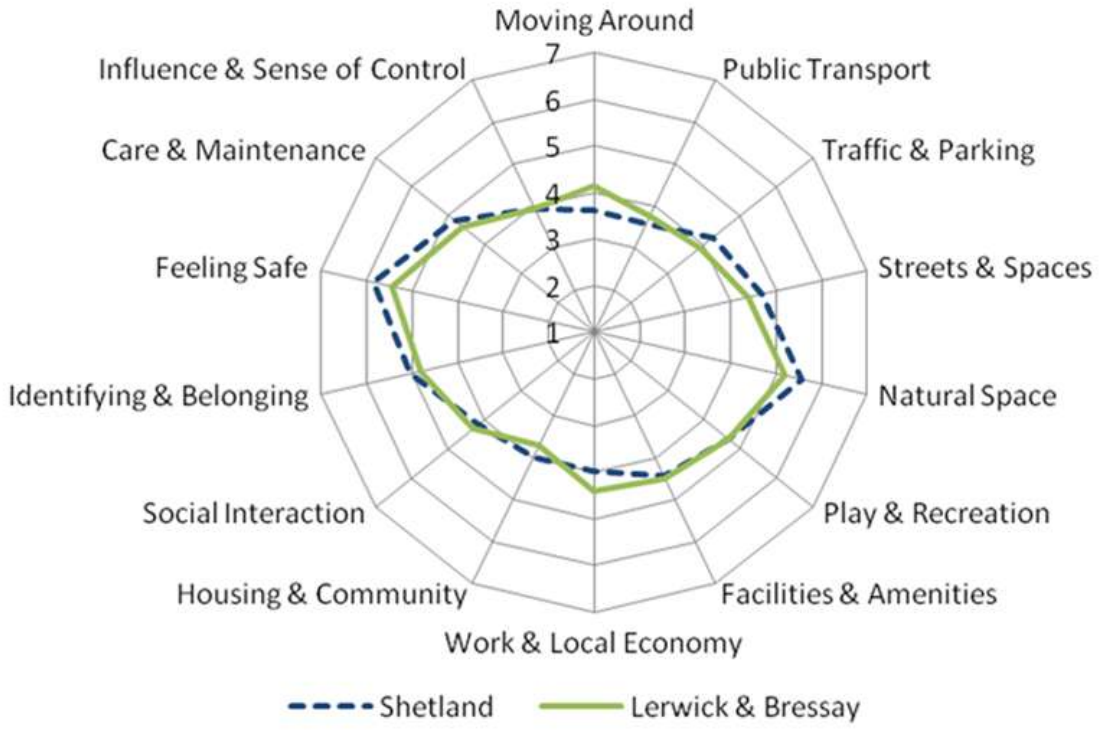
http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for Lerwick and Bressay were:

- Housing and Community
- Work and Local Economy
- Public Transport

Average Rating Lerwick & Bressay

1: A lot of room for improvement
7: No improvement required



South Mainland

Main Report

The full analysis can be found at:

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-SouthMainlandMASTERV4.pdf

Age Profile of South Mainland Population

South Mainland has slightly more people in the 45-64 age group, and slightly fewer in the 25-44 age group, compared to Shetland as a whole, but overall the age distribution is similar to Shetland.

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
South Mainland	128	323	286	592	815	321	164	48	2677

Service Points

The key assets for accessing health and social care services in the South Mainland are:

- Levenwick Health Centre
- Overtonlea Care Home

The Scottish Government arranges an annual survey of patient experience in attending GP practices. The most recent scores are shown below (http://www.hace15.quality-health.co.uk/index.php/reports/gp-practice-reports).

Levenwick Health Centre

Statement	Result 2015-16
Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?	75%
Overall, how would you rate the arrangements for getting to see a nurse in your GP practice?	94%
I am treated with compassion and understanding	92%
Overall, how would you rate the care provided by your GP practice?	93%
Overall, how would you rate the care you experienced out of hours?	65%

Care services are subject to regular inspection through the Care Inspectorate. The most recent scores are set out below (http://www.careinspectorate.com/).

Overtonlea Care Home

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)
Overtonlea	13	62	2	287	15	85	12

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

Overtonlea Quality Grades: Care Home

Date	Care and Support	Environment	Staffing	Management and Leadership
18 Nov 2016	4- Good	Not assessed	Not assessed	4- Good
10 Dec 2015	4- Good	4- Good	4- Good	4- Good

Overtonlea Quality Grades: Support Services

Date	Care and Support	Environment	Staffing	Management and Leadership
4 Feb 2015	5 – Very Good	4- Good	4- Good	4- Good
27 Jan 2012	5 – Very Good	Not assessed	Not assessed	4- Good

Health Risk Factors

The next section assesses the prevalence of various conditions by GP practice area.

A higher recording for a practice may reflect differences in recording methods or projects to target specific conditions; it is not necessarily an accurate reflection of a 'better' or 'worse' health profile without further investigation.

The small numbers involved also make it difficult to draw specific conclusions.

Category	Levenwick Health Centre	
	Number of Patients (and where given % of total registered) Comment on data where pattern is not similar to other practices	
Smoking		
Obesity		Lower
Hypertension		Low
Asthma		
COPD[1]		Below average
CHD[2]		Below average
Heart Failure		Very Low
Diabetes		Below average
Stroke TIA[3]		Lower
Chronic Kidney or Renal Disease		
Cancer		Below average
Mental Health		Below average
Depression		Below average

[1] Chronic Obstructive Pulminory Disorder

[2] Coronery Heart Disease

[3] Transient Ischaemic Attacks

Community Consultations

The Shetland Place Standard Consultation took place between14th June to 10th July 2016. A total of 939 people responded to this public consultation, and there were 4,840 individual comments.

The results of the consultation are presented below, outlining respondents' views on how they feel about where they live. The results are presented as 'spider' diagrams, showing the average rating for each of the 14 questions in the Place Standard survey for each of the seven localities.

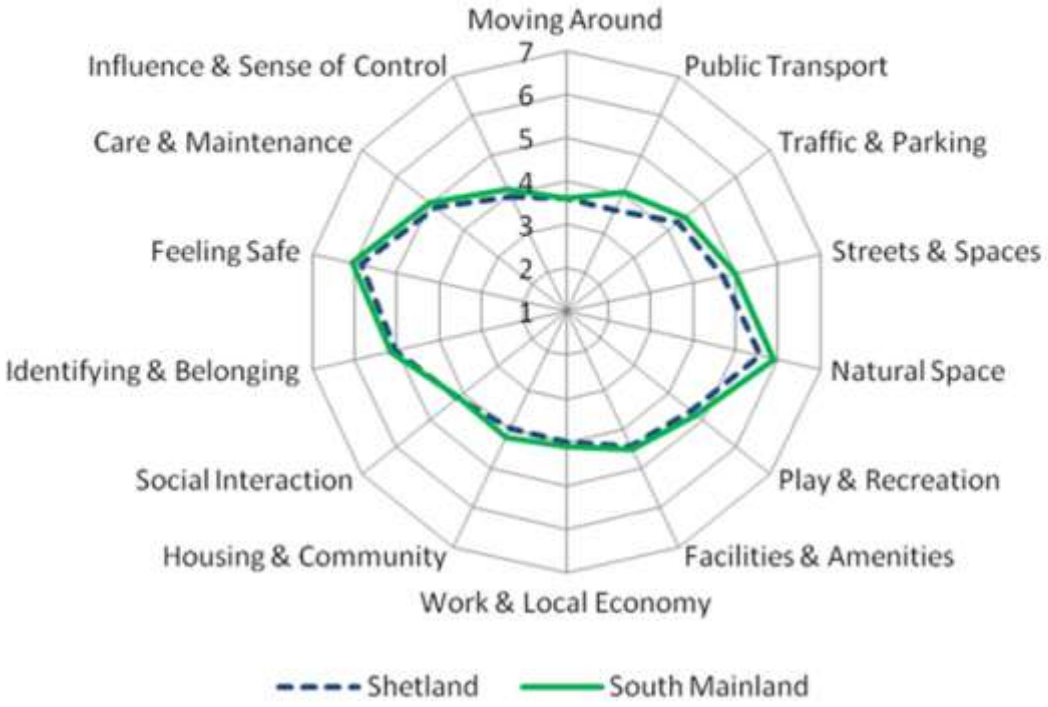
http://www.shetland.gov.uk/placestandard.asp

The top 3 considerations for the South Mainland were:

- Public Transport
- Facilities and Amenities
- Work and Local Economy

Average Rating South Mainland

1: A lot of room for improvement
7: No improvement required



Appendix 2, Service Plans

Roles and Responsibilities

The Partners are:

IJB	the Integration Joint Board, which is the formal arrangements for Shetland Islands Health and Social Care Partnership
NHS Board	Shetland Health Board
SIC	Shetland Islands Council

Delegation

The extent to which each organisation can approve the Strategic Commissioning Plan and direct activity, through the Service Plans, is determined by the Shetland Islands Health and Social Care Partnership Integration Scheme 2015.

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/SHSCPartnershipIntegrationScheme15May2015.pdf

Service Plans

Detailed Service Plans are included (to follow) as an integral part of Strategic Commissioning Plan. These are the means by which services will respond to the needs assessment.

The Integration Scheme is mainly for adults aged over 18. However, some services are not easily delineated between children and young people and adult services, and transition into adulthood is an intrinsic part of some service offerings (eg for adults with learning disabilities). The Service Plans have been built around natural groupings of services and those which may include children services are highlighted in the schedule below.

Each service falls within a Category as described below.

- **Category A** services - the community health and social care services which are wholly integrated and wholly delegated to the Integration Joint Board within the managerial responsibility of the Chief Officer;
- **Category B** services – certain acute and hospital based services which support integration, referred to as 'set aside' services and managed outwith the IJB;
- **Category C** services – other local health services which are included in the Plan in the interest of having a holistic oversight of all health and care services. These are also managed outwith the IJB.

Schedule

Service Area	Category A	Category B	Category C	Children and Young People
Adult Services	√			Transition
Adult Social Work	√			
Allied Health Professionals	√			Yes
Carers	√			Yes
Community Care Resources	√			
Community Nursing	√			
Criminal Justice	√			
Domestic Abuse	√			Yes
Health Improvement		√		
Intermediate Care	√			
Mental Health	√			
Oral Health	√			Yes
Pharmacy and Prescribing	√	√		Yes
Primary Care	√			Yes
Renal		√		
Sexual Health		√		
Substance Misuse	√			Yes
Suicide Prevention	√			Yes
Unscheduled Care		√		Yes
Child and Family Health			√	Transition
Elective Services			√	Yes
Biomedical Sciences			√	Yes
Scheduled / Planned Care			√	Yes
Public Health			√	Yes
Human Resources and Support Services			√	
Finance			√	
Estates, Facilities and Medical Physics			√	

Purpose of Direction

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

The 'Direction' is defined in the Integrated Resource Advisory Group Finance Guidance as a, 'written instruction from the integrated authority that an integrated function must be carried out by a particular person, eg the Local Authority or Health Board which is binding on the recipient'.

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 Plan;
- Delivers the services within the budget and resources described in the Strategic Commissioning Plan;

- Delivers the services within the overall strategic and policy framework which supports both service delivery and back office support functions;
- Undertakes to implement to the agreed timescale all the service change, savings or efficiency projects set out in the Strategic Delivery Plan;
- 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.

Strategic Commissioning Plan
Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Adult Services (Learning Disability and Autism Spectrum Disorder)	Day Care, Housing, Learning, Employment and Leisure	Number of service users 155. No daycare clients at Newcraigielea is 20. Number of respite beds at Newcraigielea is 9 (4 of which are currently used).	51 young people under 16 years of age who will transition into Adult Services. As the population of people with a learning disability and autism spectrum disorder grows larger and are reaching older age, they will experience issues associated with older age.	Number of incidents of emergency respite provided for adults with Learning Disability / Autistic Spectrum Disorder.	Consistently achieving zero.
				Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills.	Target no. 35, no data supplied
Adult Social Work	Screening referrals to establish whether or not a social work response is required. This area of work may result in no further action, offer of advice, signposting or referral to other service areas, referral to social work assessment. Assessment of social need and care management – assess whether or not an adult (aged 18 or over) requires support. For complex cases the team will manage the case, this is called care management. Mental Health assessment, support and intervention – assess whether or not an individual requires support due to a mental health disorder. There are a number of specific functions only a Mental Health Officer can perform.	220 Clients		Percentage of assessments completed on time.	Target 100%, achieving 92% at Quarter 2 2016-17.
				Percentage of reviews completed on time.	Target 100%, achieving 90% at Quarter 2 2016-17.
				How satisfied are residents with local social care / social work services (annual)	Target 80% 2014-15, achieved 85%.

Strategic Commissioning Plan
Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Carers	Carers' support groups. Outreach services. Information / Advice / Newsletters / Websites. Short Breaks. Other services enabling carers to have a break from their caring role. Specific services for young carers.	2,034 Unpaid Carers (Carer's Information Strategy)	Local research shows that by 2020 we can expect to see a 3-fold increase in the number of people with disabilities who will need Community Health and Social Care services from the numbers in 2000. Population projections for the next 15 years predict an increase in the numbers of older people of approximately 40% and simultaneously a 15% decrease in the adult working population. Consequently the need for unpaid and family carers is going to grow for the foreseeable future.		
Residential care used for long term care or short breaks (respite)	Community Care Resources provides services to adults in need across Shetland. Our purpose is to enable people to remain within their own homes and communities by providing person centred care to increase or maintain levels of independence, self-care and self-managed care. The service works in partnership to reduce unplanned, emergency and inappropriate admissions to hospital and facilitate early discharge from hospital wherever possible. The service is delivered from a number of localities around Shetland	Number of beds (used for permanents, respite and short breaks) is 149 (occupancy 91% at September 2016). At September 2016, the waiting list of residential care was 15.	Shetland's Older People's Strategy evidences the demographic changes that Shetland is facing with an ageing population, increasing prevalence of long term conditions and increasing multiple morbidity. It is suggested that the number of people aged 65 or over is 38% greater than in 2006 and will be 92% greater by 2031. The service is seeing an increase in requests for carer support, particularly respite care and day care. The service is seeing unmet need in day care provision and its ability to respond to immediate unscheduled care.	Percentage of people 65 and over receiving intensive care package (over 10 hours per week) in their own home rather than a care setting.	Target 40%, achieving 50% at Quarter 2 2016-17.
Day services		The number of available day care places is 78.		Number of 65 and over receiving Personal Care at Home	Target no. 200, achieving 208 at Quarter 2 2016-17.

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Care at home		Clients receiveing personal care is 223. Intensive care packages as an alternative to residential care is 72.	unscheduled care.	Increasing number of people receiving home monitoring for health and social care (technology enabled care).	Target no. 599, achieving 672 at Quarter 2 2016-17.
Domestic		Clients receiving domestic care is 171		Delayed Discharge from Hospital - no delays exceeding 14 days.	Target no. 2, achieving 2 at Quarter 2 2016-17.
Meals on Wheels				Occupancy of Care Homes	Target 90%, achieving 90% Quarter 2 2016-17.
				Proportion of last 6 months of life spent at home or in community settling (annual)	Target 91% 2014-15, achieved 92%.
Community Nursing	District Nurses, Practice Nurses, Advance Practitioner Nurses, Specialist Nurses, Non Doctor Islands, Out of Hours and Intermediate Care Team			Number of anticipatory care plans in place.	Target 700, achieving 940 at Quarter 2 2016-17.
				Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter.	Consistently acheiving 0%.
Criminal Justice	The Shetland Islands Council has had a statutory duty to provide criminal justice social work services for individuals awaiting sentencing; subject to community based disposals or custodial sentences. The Service ensures that all people who are referred to the service are appropriately assessed, supervised and risk managed. The service works predominantly with individuals over		There has been a significant increase in the number of Supervision and Unpaid Work requirements compared to the previous years and this has placed increased pressure on a small team. The service continues to work closely with colleagues in other agencies to ensure that individuals receive the best	Percentange of Offenders (supervision) seen within 5 working days of the order being made.	Consistently achieving 100%.
				Percentage of court reports submitted on time.	Consistently achieving 100%.

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
	the age of 16 years and is responsible for the delivery and development of all criminal justice social work services throughout Shetland. This includes the production of court reports and risk assessments to aid the Court in making effective sentencing decisions; reducing reoffending and public protection through supervision and management of offenders who are subject to community based sentences and rehabilitation of offenders who have been subject to custodial sentences. The service also offers support and advice to family members.		service possible. Over the past year we have seen an increase in offences that involve violence, domestic abuse, sexual offences and public disorder and we are working with partners to ensure our joint working processes remain effective. Supervision and Unpaid Work Requirements remain the most frequently used disposals and this allows the service to work in a proactive manner with offenders.	Risk and need assessment completed and case management plans in place within 20 days.	Consistently achieving 100%.
				Unpaid work commenced within 7 working days	Target 100%, achieving 67% Quarter 2 2016-17.
				Percentage of individuals showing a decrease in assessed risk and need at end of order.	Target 75%, acheving 65% in 2015-16.
Domestic Abuse	Domestic Abuse and other gender based violence services are delivered by a number of organisations. The services cover adult and child protection, criminal justice, housing (including a refuge service), criminal justice, A&E, Substance Misuse and Mental Health, Victim Support, Rape Crisis and specialist advice, support and counselling through Shetland Women's Aid.				
Intermediate Care	Reduce unplanned admissions to hospital or long term care, enhance discharge planning from hospital			Delayed Discharge from Hospital - no delays exceeding 14 days.	Target no. 2, achieving 2 at Quarter 2 2016-17.
Mental Health	Community Psychiatry Services, Community Psychiatric Nursing Service, Psychological Therapies Service, Substance Misuse Recovery Service, Dementia Services.		Prevalence increasing.	People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Target 50% (interim measure), achieving 43.7% Quarter 2 2016-17
				People with a diagnosis of dementia on the QOF dementia register	Target no. 184, achieving no. 173 in Quarter 2 2016-17.

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
				18 weeks referral to treatment for Psychological therapies	Target 90%, achieving 77% Quarter 2 2016-17
				Admission Rates to Psychiatric Hospitals	Target no. 6, achieving 3 at Quarter 2 2016-17 (proxy measure for effectiveness of local 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.			Number of people who are waiting to register with the Public Dental Service for ongoing care.	Target 500, achieving 704 at Quarter 2 2016-17.
				The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland.	Target 1,670, achieving 2,167 at Quarter 2 2016-17.
				Decay experience of children in P1: percentage of children with no obvious caries in deciduous teeth (children aged 5-6 years in P1 attending SIC primary schools).	Target 75% in 2015-16, achieved 79%.
				The percentage of the adult populations who are registered with Shetland dentists for NHS dental care.	Achieving 84% in 2015-16.
				The percentage of the child populations who are registered with Shetland dentists for NHS dental care.	Achieving 94% in 2015-16.
Pharmacy and Prescribing	Community and Hospital Prescribing Services			Percentage rate of antiobiotic prescribing in relation to Scottish average.	Target 99%, achieving 96.1% at Quarter 2, 2016-17.

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
				Number of polypharmacy reviews completed.	Target no. 30, achieved no. 121 at Quarter 2 2016-17. (Nos fluctuate)
				Number of discharge prescriptions dispensed out of hours by nursing staff.	Target no. 48, achieving 34 at Quarter 2 2016-17. (Nos fluctuate).
				Percentage spend for Shetland on GP Prescribing compared to the national average.	Target 99%, achieving 97% Quarter 2 2016-17.
Primary Care	GP Services and Ophthalmic Services (Pharmacy and Dental included elsewhere)	23,076 (approximate, services are delivered to all Shetland residents, plus temporary residents e.g. People on holiday, cruise ships etc)	Increased number of residents with long term conditions (asthma, diabetes, high blood pressure); increased numbers of frail elderly in the community requiring additional support to remain at home. Analysis of LHC appointments alone has shown that the number of GP and ANP appointments increased by 26% from 23,773 in 2014-15 to 29,933 in 2015-16	48 hour access or advance booking to an appropriate member of the GP team	Annual target 90%, achieved 76% in 2015-16.
				Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre.	Consistently achieving 100%.
				Percentage access to a primary care health professional for an appointment within 48 hours at any Shetland Health Centre.	Consistently achieving 100%.
Substance Misuse	Information and advice, screening and referrals, treatment, residential treatment (outwith Shetland) and aftercare	200 in Substance Misuse Recovery Service (SMRS)	People living longer with long term health and social needs caused by drug misuse	Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	Target 90%, achieving 100% at Quarter 2 2016-17
		12 in Bike Project (Employability Pathway)	Radily changing landscape due to new psycho-active substances (such as legal highs / research chemicals).	Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	Target 90%, achieving 78% at Quarter 2 2016-17 (7 of 9 clients)

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
			Alcohol continues to be the most significant cause of social, health, financial issues which individuals/ families and communities face (LOIP)	Sustain and embed alcohol brief interventions in 3 priority settings and broaden delivery in wider settings.	Target no. 129, achieved 77 at Quarter 2 2016-17
			When comparing against Scotland the male prevalence of problem drug use in Shetland is significantly worse		
Nutrition and Dietetics	Dieticians assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. They use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.Dieticians treat complex clinical conditions such as diabetes, food allergy and intolerance, IBS syndrome, eating disorders, chronic fatigue, malnutrition, kidney failure and bowel disorders. They provide advice to caterers to ensure the nutritional care of all clients in NHS and other care settings such as care homes, they also plan and implement public health programmes to promote health and prevent nutrition related diseases. A key role of a dietician is to train and educate other health and social care workers. Dieticians also advise on diet to avoid the side effects and interactions between medications.				

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Occupational Therapy	Occupational therapy takes a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their full potential. It provides practical support to enable people to facilitate recovery and to overcome any barriers that prevent them from doing the activities (occupations) that matter to them. This helps to increase people's independence and satisfaction in all aspects of life. Occupational therapists work with adults and children of all ages with a wide range of conditions; most commonly those who have difficulties due to a mental health illness, physical or learning disabilities. They can work in a variety of settings including health organizations, social care services, housing, education and voluntary organisations. In Shetland the Occupational Therapy Team provides Occupational Therapy Assessments at home, in the Gilbert Bain Hospital or as outpatient appointments, a rehabilitation and reablement service, advice, Wheelchair Assessments and Blue Badge Assessments			Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count).	Target no. 10, achieving 12 at Quarter 2 2016-17 (nos fluctuate).
Orthotics	Orthotists provide gait analysis and engineering solutions to patients with problems of the neuro, muscular and skeletal systems. They are able to design and provide orthoses that modify the structural or functional characteristics of the patients' neuro-muscular and skeletal systems enabling patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent and facilitate healing of ulcers. They treat patients with a wide range of conditions including Diabetes, Arthritis, Cerebral Palsy, Stroke, Spina Bifida,Scoliosis, MSK, sports injuries and trauma.			Percentage Waiting Time from referral to Treatment for Orthotics Services (18 weeks).	Target 90%, achieving 100%.

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Physiotherapy	Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, educ ation and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease. The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them to remain independent for as long as possible. Physios use their knowledge and skills to improve a range of conditions associated with different systems of the body, such as: Neurological (stroke, multiple sclerosis, Parkinson's); Neuromusculoskeletal (back pain, whiplash associated disorder, sports injuries, arthritis); Cardiovascular (chronic heart disease, rehabilitation after heart attack); Respiratory (asthma, chronic obstructive pulmonary disease, cystic fibrosis).	2,576	Increase year on year of 35% since 2010.	Percentage Waiting Time from Referral to Treatment for Physiotherapy Services (18 weeks).	Target 90%, achieving 99%.

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Podiatry	Podiatrists triage, assess, diagnose and treat the full range of podiatric conditions of the foot and lower limb. We provide treatment for nail management, wound management, vascular and neurological assessment, advise on foot health and footwear, provide advise and practical solutions for personal footcare, work with the multidisciplinary "high risk limb" team, musculoskeletal clinics, manufacture and prescription of orthoses, nail surgery, undertake diabetic foot screening and assessment, assist patients in preventing trips and falls, work towards prevention of foot problems therefore reducing non-planned hospital admissions, provide treatment for patients with long term conditions (LTC), work jointly with other health care professionals, provide training to care workers, hold joint assessments with Physiotherapy and work closely with the Shetland Voluntary Nail Cutting Service (SVNCS)			Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	Target 90%, achieving 100% Quarter 2 2016-17.
Speech and Language Therapy	Speech and language therapists (SLTs) provide life-improving treatment, support and care for children and adults who have difficulties with communication, eating, drinking or swallowing. SLTs assess and treat speech, language and communication problems in people of all ages to help them communicate better. They also assess, treat and develop plans to support people who have eating and swallowing problems. Using specialist skills, SLTs work directly with clients and their carers and provide them with tailored support. They work closely with teachers and other health professionals such as nurses, doctors and other AHPs and psychologists to help develop programmes.	94 (of whom 34 with learning disabilities)			

Strategic Commissioning Plan
Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance
Health Improvement	Information and advice, awareness raising / training and preventative work (focus on: smoking; inequalities; obesity; alcohol and mental health)				
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			4 hours from arrival to admission, discharge or transfer for A&E treatment.	Target 98%, achieving 95% Quarter 2 2016-17 (582 presentations out of 627 left A&E within 4 hours)

Strategic Commissioning Plan **Appendix 3**

Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance

Strategic Commissioning Plan

Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance

Strategic Commissioning Plan

Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance

Strategic Commissioning Plan

Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance

Strategic Commissioning Plan

Schedule of Integrated Services - Category A and B Services Only

Service Area	Services Summary	Number of Service Users	Specific Trends (where given)	Performance Measures	Performance

Housing Contribution Statement

March 2016

Introduction

The Housing Contribution Statement (HCS) is a statutory requirement, as set out in the Government's Housing Advice Note, 'Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing service in the Integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes'.

The HCS sets out the contribution of housing and related services in Shetland towards helping achieve priority outcomes for health and social care. It serves as a key link between the Strategic Commissioning Plan and the Local Housing Strategy and supports improvements in aligned strategic planning and the shift to prevention.

As a local housing authority, the Council has a statutory duty and a strategic responsibility for promoting effective housing systems covering all tenures and meeting a range of needs and demands.

The Council's strategic housing plan is articulated in the Local Housing Strategy[1] which is underpinned by the robust and credible evidence from the Housing Need and Demand Assessment (HNDA)[2].

Health & Social Care Partnership

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care to ensure joined-up, seamless services. In 2015 the Integrated Joint Board (IJB) was established as a separate legal entity.

The IJB has a responsibility to produce a Strategic Plan by April 2016.

The Executive Manager – Housing is represented on the Strategic Planning Group to actively promote the housing sector's role in health and care integration. The Chief Executive of Hjaltland Housing Association is also a member of the Strategic Planning Group.

[1] http://www.shetland.gov.uk/housing/policies_housing_strategy.asp

[2] http://www.shetland.gov.uk/housing/policies_housing_need.asp

National Outcomes

The national health and wellbeing outcomes to be delivered through integration set out 9 specific outcomes. Outcome 2 is of particular relevance to setting out the housing contribution.

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

Locality Planning

Locality planning has been established and unified in Shetland at a Community Planning level. This means that strategic documents such as the LHS reflect the same 7 localities. This will allow for integration of services operationally as the local implementation plans develop.

Delegated Function

The Act sets out a range of health and social care functions, including functions under housing legislation which 'must' or 'may' be delegated to the IJB. These are contained in the Health and Social Care Integration Scheme approved in June 2015.

The housing functions that are delegated to the IJB are:

- Housing Adaptations (General Fund and Housing Revenue Account) – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living. The General Fund adaptations are carried out by Hjaltland Housing Association through their One-Stop-Shop and are for owner occupiers and tenants of private landlords. The Housing Revenue Account is where any adaptations for tenants of Council houses are funded.

Other housing functions which have a close alignment with health and social care outcomes but are not part of any delegated functions are:

- Housing support services and homelessness
- Other wider functions to address future housing supply, specialist housing provision and measures to address fuel poverty.

Local Housing Strategy

The Local Housing Strategy (2011-2016) sets out the vision for Housing in Shetland:

"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 Local Housing Strategy sets out 5 key themes/priorities:

- Future Housing Supply
- Fuel Poverty
- Housing Support/Housing for an Ageing Population
- Homelessness
- Private Sector Housing

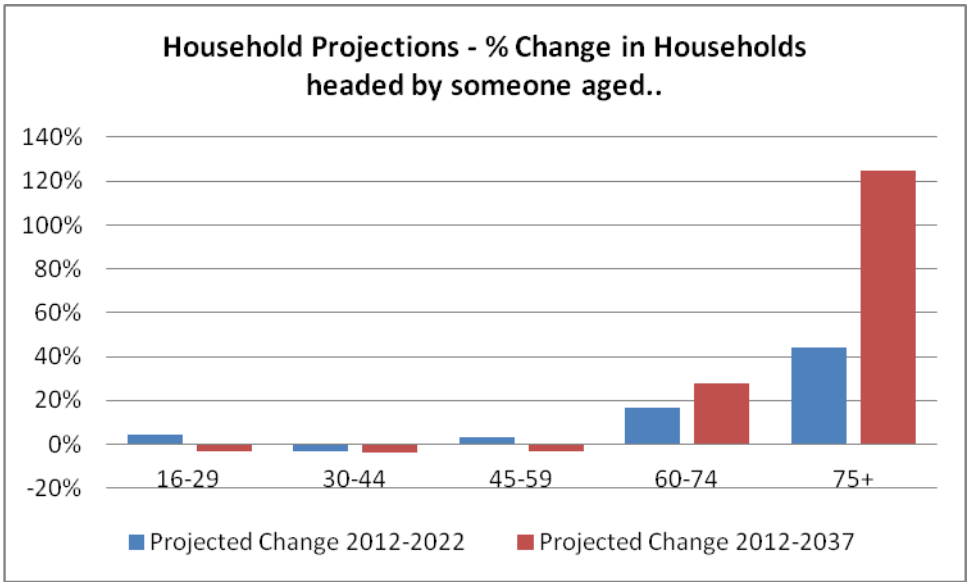
All of the key themes of the LHS are relevant to the HCS.

Key Issues for Shetland

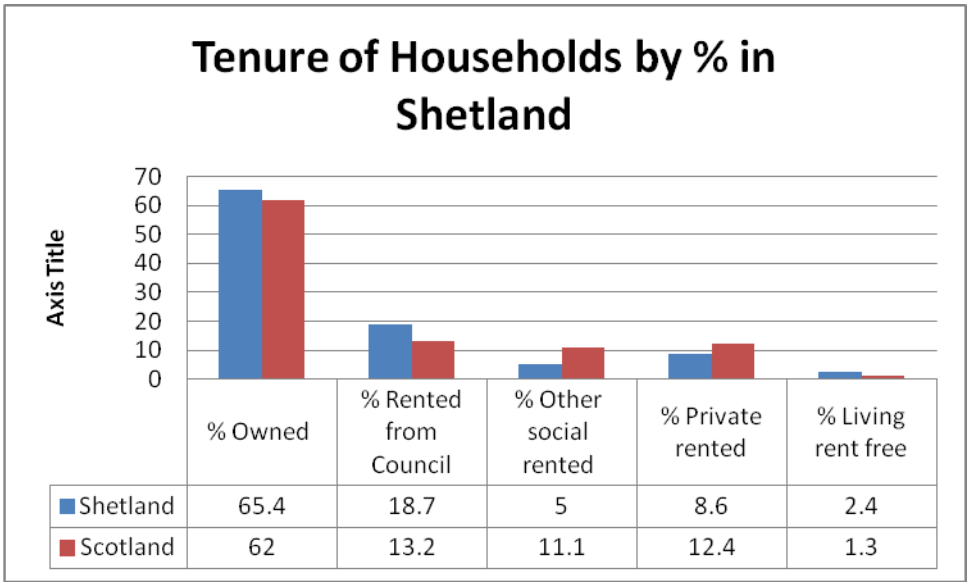
Housing Profile

Population	• 23,230[3] • 3,946 (17%) aged over 60 years
Households	• 10,201 • 9.8% increase 2004-2014 • Average household size 2.26 • 3.8% decrease 2004-2014
Household Composition	• 33% single adult households[4] • 58% small family households • 8% large family households
Dwellings	• 10,950 • 8.2% increase 2004-2014
Completions	• Annual average 94 (2010-2015) • 47% Affordable housing • 53% Private housing
Tenure	• 65% Owner occupied • 24% Social rented • 9% Private rented • 2% other
Specific needs	• 83% of the population do not consider that they are limited by a disability[5]
Specific Housing Provision	• 273 sheltered houses (social rented) • 25 extra care units (social rented) • 15 Homes for Life units (social rented in pipeline)
Adaptations	• 223 adaptations to private sector properties through Scheme of Assistance since 2011 • 70% to provide level access shower • 15% to provide ramped access • 8% both shower and ramp provision • 3% to provide WC upstairs/downstairs • 3% extension/conversion • 1% driveway/external access • Adaptations to Council properties in graph below

[3] GRO Scotland mid-2014
[4] National Records of Scotland 2012
[5] Census 2011



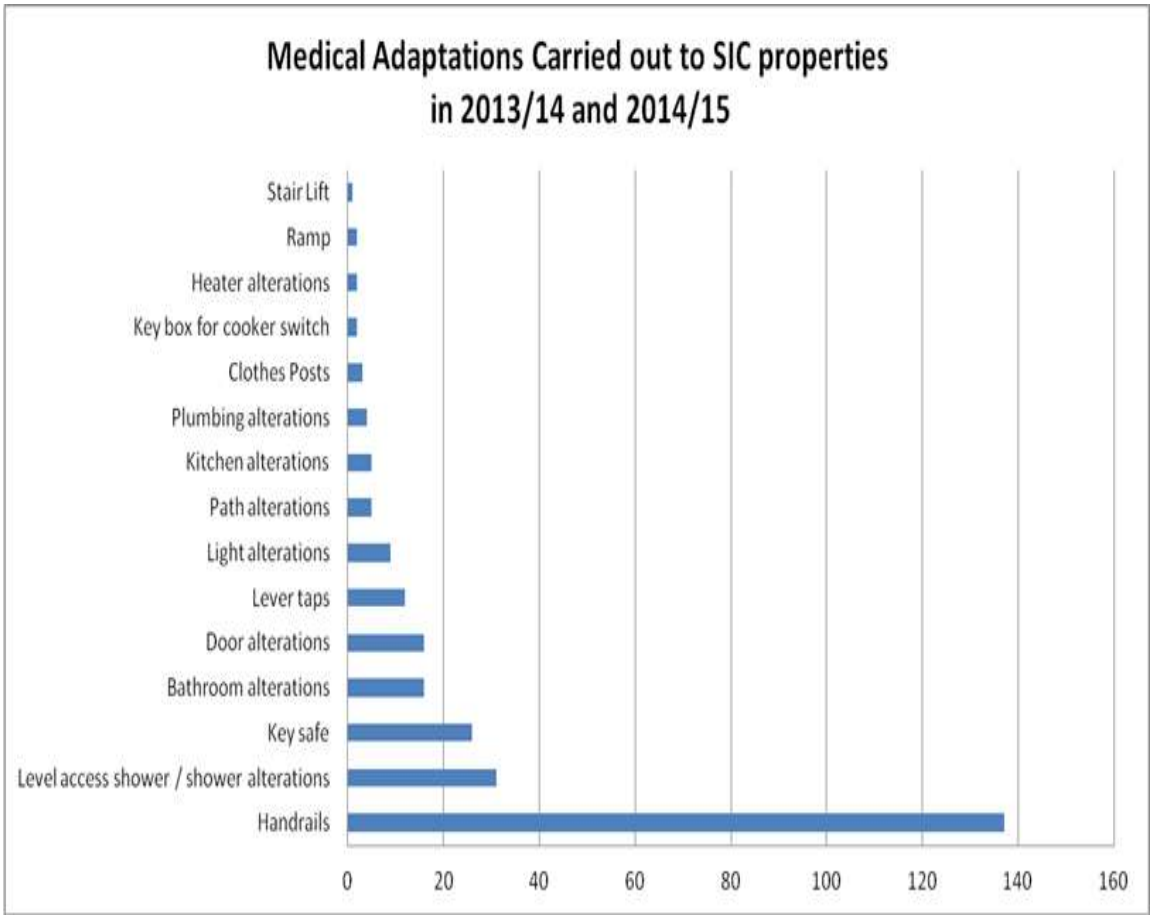
Source National Records Scotland



Source: Census 2011

Age group	Total no.	Day to day activities limited a lot	Day to day activities limited a little	Day to day activities not limited
65-74	2143	266 (12%)	505 (24%)	1372 (64%)
75-84	1178	337 (29%)	398 (34%)	443 (38%)
85 and older	456	265 (58%)	123 (27%)	68 (15%)

Source 2011 Census


Medical Adaptations Carried out to SIC properties
in 2013/14 and 2014/15
Stair Lift
Ramp
Heater alterations
Key box for cooker switch
Clothes Posts
Plumbing alterations
Kitchen alterations
Path alterations
Light alterations
Lever taps
Door alterations
Bathroom alterations
Key safe
Level access shower / shower alterations
Handrails
0
20
40
60
80
100
120
140
160

Housing Contributions to Integration

- Encourage future housing supply that is the right size and in the right location across all tenures ; built to modern standards and future-proofed design, mainstreaming of barrier-free, dementia friendly design and promoting provision for the use of assistive technologies.

- Moving away from 'sheltered housing' and 'very sheltered housing' labels to accessible housing, homes with support and homes for life.

- Developing better shared assessment processes with health and care teams in localities to link with housing support plans and housing allocation process.

- Reviewing housing allocations policy to ensure that it continues to match people with housing that is suitable for their needs.

- Developing a housing options approach which would assist with longer term planning and anticipating future needs by fostering a prevention/early intervention approach to housing need. This will include developing a range of information and advice access points in partnership with a range of agencies in all localities.

- Providing a flexible and adaptable housing support service in all localities.

- Anticipate an increase in the number of adaptations required. The range and flexibility of adaptations should be reviewed to enable choices and to allow for future planning to happen as early as practicable. Timescales and priorities for adaptations to be kept under review.

- Increase the number of accessible houses in the Council's housing stock. There is a template for this from the North Isles pilot project.

- Integrating telecare and telehealth technology with provision of adaptations

- Review and develop the Handyman service for all tenures

- Recording and analysing a range of data and indicators on housing need, demand and provision to provide a robust baseline of future and anticipated needs.

Challenges

Demographic – projected rapidly ageing population will present a universal challenge in terms of delivering services to meet projected increased demands.

Financial – continued financial pressure on public sector budgets will present a number of challenges going forward. Changes to welfare benefits will impact on the housing sector.

Knowledge – there is a real need to develop better, shared baseline information about the housing and support needs of people with long term, multiple health conditions and complex needs.

Support needs – demographic change suggests that there will be a small but significant number of people who will require intensive levels of support and care. This will bring challenges in a small, mainly rural local authority where availability of specialist services may not always be locality based. There is also likely to be an increase in the demand for lower level housing support to enable people to sustain their own tenures and allow them to continue to be supported at home as far as is practicable.

Housing Stock – Shetland has an imbalance in its housing stock with a prevalence of larger sized properties whereas demand is currently for smaller properties. There are also more 'sheltered' properties in landward areas and a lack of such provision in the town. Work has been done on a pilot project to demonstrate that accessible conversions can be carried out to stock in a cost effective way.

Resources

Housing Adaptations General Fund	£355k
Housing Adaptations HRA	£104k
Total	£459k

There are no plans for any staff with responsibility for housing functions to be transferred to the health and care partnership. Close partnership working will be essential, both strategically and operationally to ensure that housing's contribution can be achieved.

The General Fund adaptations are delivered through an agreement with Hjaltland Housing Association through a 'one-stop-shop'. This model has successfully provided a range of adaptations. With projected increased demand for adaptations to enable people to stay in their own homes, resources for aids and adaptations are likely to require close monitoring and review.

Programmes of maintenance and investment in housing stock has ensured that tenants in social rented sector have homes that meet the Scottish Housing Quality Standard. Continued planned investment will focus on energy efficiency which makes a significant contribution to health inequalities.

The Council and Hjaltland Housing Association work in partnership to deliver the Strategic Housing Investment Plan which is the development of a new build programme to meet the needs and priorities identified through the LHS. The current new build plan contains provision for the proposed Homes for Life development at King Harald Street, Lerwick. HHA are also carrying out a masterplanning exercise on the large site at Staneyhill, Lerwick and there may be opportunities to include specialist provision in the planned development as that takes shape.

Monitoring and Review

This statement forms the link between the LHS and the SCP. Actions will be reviewed jointly through monitoring arrangements for both documents.

Anita M Jamieson
Executive Manager – Housing

March 2016

Part 1 – Background Information

Name of Responsible Authority	Shetland Integration Joint Board, NHS Shetland and Shetland Islands Council
Title of Plan, Programme or Strategy (PPS)	Joint Strategic Commissioning Plan 2017-2020
Contact Name, Job Title, Address, Telephone Number and email	Simon Bokor-Ingram Director of Community Health and Social Care NHS Shetland Board Headquarters Burgh Road Lerwick, Shetland ZE1 0LA Telephone: 01595 743087 Email: simon.bokor-ingram@nhs.net
Signature	
Date of Opinion	NN January 2017
Purpose of PPS. Please give a brief description of the policy, procedure, strategy, practice or service being assessed.	The purpose of the plan is to show how the whole system of health and social care in Shetland is working towards improving the health and wellbeing of the people of Shetland, as set out in the national health and wellbeing outcomes.
Why PPS was written What is the intended outcome of this policy, procedure, strategy, practice or service?	Joint Strategic planning document for Integrated Joint Board (IJB) business. Statutory requirement for IJB when planning services.
Period covered by PPS	3 financial years from 2017-18 to 2019-20.
Frequency of Updates	Annual
Area covered by PPS (geographically and/or population)	Shetland
The degree to which the PPS sets a framework for projects and other activities, either with regard to the location, nature, size and operating conditions or by allocating resources.	The Plan will set a framework for all service activities including planning change and delivery within localities and decisions on resource deployment.
The degree to which the PPS influences other PPS including those in a hierarchy.	Overarching strategic planning document for integrated health and care services, and for NHS Service Planning.
Summary of Content	It is a strategic commissioning plan which is structured around the client groups / services that are included within the delegated authority of the IJB. In addition, it includes plans for NHS non-integrated services to provide a single Joint Strategic Commissioning Plan for health and social care in Shetland.
Objectives of PPS	To improve national health and wellbeing outcomes for people in Shetland through the joint commissioning of services that are included within the delegated authority of the IJB, and as a single system approach to health and care service planning through NHS Shetland.

Part 1 – Background Information (continued)

What are you trying to achieve?	Service change and redesign to improve health and wellbeing outcomes.
Is this a new or an existing policy, procedure, strategy, practice or service being assessed?	Existing strategic plan updated.
Please list any existing documents which have been used to inform this Integrated Impact Assessment.	Draft Ethnic Minorities Health Needs Assessment for Shetland 2017 The needs assessment and consultative elements of Older People's Strategy and Primary Care Strategy.
Has any consultation, involvement or research with people impacted upon by this change, in particular those from protected characteristics, informed this assessment? If yes, please give details.	Yes in relation to specific client groups. For example, a health needs assessment for Minority Ethnic People in Shetland is underway. Initial findings show an increase in numbers of people from ethnic minority backgrounds in Shetland. Health Improvement: ongoing consultation / dialogue with people with learning disabilities, lower paid men in mainly manual type work, people of ethnic minorities, people with mental health issues. Adult Services for Learning Disability and Autism – Progression of the Day Services New Build (Eric Gray Resource Centre) Stakeholder engagement has taken place in the form of regular meetings and consultation with the Eric Gray Users Group; the new Eric Gray Resource Centre Working Group which includes nominated family, carers and users. Occupational Therapy Informal feedback from clients and stakeholders has helped us to define areas for improvement. Primary Care Issues of importance to local communities have been identified through the round of locality planning meetings. Additional service specific information has been held by engagement with various groups eg patient satisfaction survey for Advance Nurse Practitioner service at Lerwick Health Centre. General satisfaction survey across all of District Nursing and Continence Service. Discussions with community councils on health issues. Podiatry Services produce annual patient satisfaction surveys for a% of caseload. Feedback from survey enables service to produce and implement action plans.
Is there a need to collect further evidence or to involve or consult people, including those from protected characteristics, on the impact of the proposed policy? (example: if the impact on a group is not known what will you do to gather the information needed and when will you do this?)	Ongoing process of needs assessment in Health Improvement. It is clear from the Ethnic Minority Health Needs Assessment that statutory services in Shetland do not routinely collect enough data on protected characteristics, such as ethnicity, to be able to judge the accessibility and appropriateness of current services, let alone proposed changes to services. The EMHNA will recommend further work to fill this gap in future. The proposed audit of Adult Service Learning Disability and Autism service is anticipated to include engagement with

	people with learning disability, autism spectrum disorder, families and carers through meetings and gathered feedback. It is anticipated that this will be undertaken between April and June 2017. Further engagement work will be undertaken with island communities to explore / discuss sustainable service models for the future. The PPF will be used to discuss changes in nursing services based on the outcome of the national review of District Nursing services and the local work being carried out by Meridian Productivity. Podiatry service will continue to use both formal and informal feedback from service users to redesign and develop service provision.

Part 2 – People and Communities

	Impact **Positive, Negative, No impact or Not Known**	**Next Steps**
Economic	No impact / positive. In Health Improvement all our programmes are adapted to suit individual circumstances as far as possible. For Primary Care; not known at this stage – potential negative impact if reduction of employment in small communities through changes in service provision.	Discussions with partner agencies / other stakeholders as part of service review. We will use the recommendations contained in 'On Da Level' (the report of the Shetland Inequalities Commission, 2016) in assessing the impact of proposed service changes.
Cultural	Primary Care – potentially negative; communities may perceive changes in service provision as having negative impact on their culture. It is possible that significant changes in service provision may encourage community activism and an increase in communities taking ownership of and responsibility for health and social care.	Discussions with stakeholders as part of service reviews and engagement with communities in any major service change. Support for community initiatives and 'capacity building' in conjunction with Community Development and Learning and the Third Sector.
Environmental	There may be an increase in travel required if services are delivered further away from local communities. However the programme to return services to Shetland from Grampian and elsewhere may counterbalance this.	We will ensure that all changes in service provision are considered with regard to impact on environment.

	Impact **Positive, Negative, No impact or Not Known**	**Next Steps**
Poverty	No impact / positive. Primary Care – not known, may have negative impact if changes in access to services rely on care ownership or availability of public transport. Podiatry – not known.	We will use the recommendations contained in 'On Da Level' (the report of the Shetland Inequalities Commission, 2016) in assessing the impact of proposed service changes. We recognise that services may need to be adapted to individual circumstances to ensure that fewer people in Shetland live in poverty. Engagement with communities in any major service change. Podiatry will seek service user feedback on this.
Health	No impact / positive. As services are more targeted in their approach to the provision of services to those in greatest need.	
Stakeholders	No impact / positive. Primary Care	Discussion with partner agencies / other stakeholders as part of service review.

Equalities

	Impact **Positive, Negative, No impact or Not Known**	**Next Steps**
Ethnic Minority Communities (consider different ethnic groups, nationalities, language barriers)	We are not aware of any impact – positive or negative – at present.	Completion of EMHNA may allow an assessment of impact. It is likely that more complete data recording and engagement with people from ethnic minorities will be required to properly assess the impact of changes to services
Gender	No impact / positive	
Gender reassignment (consider transgender and transsexual people. This can include issues such as privacy or data and harassment).	No impact / positive	
Religion or Belief (consider people with different religions, beliefs or no belief)	No impact / positive	
People with a disability (consider attitudinal, physical and social barriers)	No impact / positive	
Age (consider across age ranges. This can include safeguarding, consent and child welfare)	No impact / positive	
Lesbian, Gay and Bisexual	No impact / positive	
Pregnancy and Maternity (consider working arrangements, part-time working, infant caring responsibilities)	No impact / positive	
Other (please state)	No impact / positive	

Part 3 – Resources

	Impact **Positive, Negative, No impact or Not Known**	**Next Steps**
Staff	Positive / Negative. Staff in some services will have to spread themselves more thinly with few resources	
Finance	Positive / No impact. We will continue to deliver within current or available resources. Some services identify that savings still need to be identified.	Podiatry planning to investigate alternative methods of service delivery
Legal	Positive / No impact.	
Assets and Property	Not known currently but potentially opportunities for sharing assets and property through integration, especially at locality levels.	Consider as part of all developments being progressed.

ENDS

Project	Expected Impact on Health and Wellbeing Outcomes								
	Live in Good Health Longer	Live Independently at Home	Positive Experience	Improved Quality of Life	Health Inequality	Unpaid Carers	Safe from Harm	Staff Engagement	Resources
Implementing an asset based approach to health care prevention									
Understanding Patients	√		√	√	√				√
Health Information and Self Directed Care	√	√	√	√	√				√
Health Literacy	√		√	√	√		√		√
Behaviour Change and Skills Development	√		√	√	√				√
Creating /Tackling the environment (positive health environment) and reducing health inequalities	√		√	√	√				√
Anticipatory Care	√	√	√	√	√	√	√		√
Self Management / Long Term Conditions Support Group	√	√	√	√	√	√	√		√
Involving Carers						√			
Realistic Medicine			√	√	√				√

Project	Expected Impact on Health and Wellbeing Outcomes								
	Live in Good Health Longer	Live Independently at Home	Positive Experience	Improved Quality of Life	Health Inequality	Unpaid Carers	Safe from Harm	Staff Engagement	Resources
Effective Prescribing - working with patients and prescribers to use minimally disruptive interventions (including lifestyle changes) wherever possible									
Quality Assurance			√	√	√				√
Staff Development								√	
Prescribing			√	√	√				√
Medicines Management									√
Systems and Process									√
Developing a safe and effective model of unscheduled care									
Developing an Unscheduled Care Hub (for mainland Shetland)			√		√				√

Project	Expected Impact on Health and Wellbeing Outcomes								
	Live in Good Health Longer	Live Independently at Home	Positive Experience	Improved Quality of Life	Health Inequality	Unpaid Carers	Safe from Harm	Staff Engagement	Resources
Developing a sustainable hospital, acute and specialist services model for Shetland									
Scenario Planning for the rural district general hospital model			√		√				√
Sustainable planned care pathways		√	√	√	√				√
Enhancing the environment and capacity for day surgery and ambulatory care		√	√	√	√				√
Developing a Sustainable clinical workforce (with a particular emphasis on medical staffing)			√					√	√
Review of Diagnostic Services									√
Developing a sustainable primary care model for Shetland, with clear links to the 7 locality areas and the Gilbert Bain Hospital									
Developing sustainable out of hours models for the outer isles			√		√				√
Intermediate Care	√	√	√	√	√				√
Primary Care Redesign	√	√	√	√	√				√
Community Nursing Capacity / Demand	√	√	√	√	√				√

Project	Expected Impact on Health and Wellbeing Outcomes								
	Live in Good Health Longer	Live Independently at Home	Positive Experience	Improved Quality of Life	Health Inequality	Unpaid Carers	Safe from Harm	Staff Engagement	Resources
Developing a sustainable primary care model for Shetland, with clear links to the 7 locality areas and the Gilbert Bain Hospital									
Planning, designing and delivering services in multi-disciplinary area based teams within the seven locality areas, including management arrangements	√	√	√	√	√			√	√
Developing a sustainable model of social care resources									
Demand analysis for levels of care services, by locality.	√	√	√	√	√	√			√
Resources / Capacity to respond to changing demand	√	√	√	√	√	√			√
Developing a sustainable model for mental health services, including appropriate crisis and emergency arrangements									
Building capacity through redesign and integration of health and social care elements of mental health.	√	√	√	√	√	√	√		√
Developing a sustainable model for adults affected by learning disabilities and autism spectrum disorders									
Building a model to create sustainability that responds to changing demand.	√	√	√	√	√	√	√		√

Project	Expected Impact on Health and Wellbeing Outcomes								
	Live in Good Health Longer	Live Independently at Home	Positive Experience	Improved Quality of Life	Health Inequality	Unpaid Carers	Safe from Harm	Staff Engagement	Resources
Improving Business Performance and Efficiency									
Maximising eHealth, Telehealthcare and Telecare opportunities	√	√	√	√	√				√
Building staff and organisational resilience and capacity								√	
National Shared Services									√
Review of Decision Making Structures									√
Procurement / Commissioning									√

Strategic Programme / Project	Expected Timeline								
	2017-18				2018-19				2019-20
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Asset based approach to health care prevention									
Effective Prescribing									
Developing a safe and effective model of unscheduled care									
Developing a sustainable hospital, acute and specialist services model									
Developing a sustainable primary care model									
Developing a sustainable model of social care resources									
Developing a sustainable model for mental health services									
Developing a sustainable model for adults affected by learning disabilities									
Improving Business Performance and Efficiency									