Shetland Islands Health and Social Care Partnership

Shetland NHS Board	Shetland Islands Council

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30 August 2017

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Wednesday 6 September 2017 at 10am
Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick

Apologies for absence should be notified to SIC Committee Services on 01595 744599.

Yours sincerely

S. Bokor Ingram.

Simon Bokor-Ingram
Chief Officer

Chair: Ms Marjorie Williamson
Vice-Chair: Mr Allison Duncan

AGENDA

A	Welcome and Apologies
B	Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.
C	Confirm minutes of IJB meeting held on (i) 23 June and (ii) 13 July 2017 (enclosed).
ITEM	
1	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, April – June 2017 *CC-41*
2	Financial Monitoring Report to 30 June 2017 *CC-44*
3	Reserves Policy *CC-43*
4	Shetland's Autism Spectrum Disorder Strategy 2016 – 2021: Action Plan Update *CC-38*
5	A Regional Clinical Strategy and Developing a North of Scotland Regional Delivery Plan (RDP) *CC-39*
6	Appointments to IJB and IJB Audit Committee *GL-41*
7	IJB Business Programme 2017 *CC-42*
	The following item contains EXEMPT information
8	Bridging the Funding Gap for 2017/18 – Update (*Report to follow)* CC-40

Shetland Islands Health and Social Care Partnership

Agenda Item

1

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	6 September 2017
Report Title:	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, April – June 2017	
Reference Number:	CC-41-17 F	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board COMMENT, REVIEW and DIRECT on any issues which they see as significant to sustaining and progressing service delivery in order to meet the objectives of the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020.

2.0 High Level Summary:

2.1 Delivery of the Strategic Commissioning Plan relies on four key elements:

- maintaining and developing flexible and responsive services to meet patients / service users needs, with a focus on meeting health and wellbeing outcomes
- delivery of the strategic change programmes and projects, in a timely manner
- identifying and managing risks
- effective use of resources – money, staff and assets – to meet needs.

2.2 The IJB has in place well established arrangements for regularly reporting on the performance of resources (management accounts), service delivery (performance reports) and risk.

2.3 The approval of the Strategic Commissioning Plan 2017-20 with a range of associated change projects means that reporting progress on those projects is also an essential element of the IJB's performance reporting arrangements. It is an area where the IJB has expressed a desire to see more detailed performance information than is currently the case.

2.4 This report addresses two of the actions from the Strategic Risk Register. One is to help to mitigate the risk of 'failure to implement the strategic programme' by establishing a systems of quarterly reporting and one is to help mitigate the risk of 'failure to direct service delivery' by refreshing the quarterly reporting arrangements to include progress on Strategic Change Programmes and an overview of all elements - performance / resources / projects / risks (ie this Report).

2.5 This Report therefore presents a strategic overview of all elements of progress towards delivering on the Strategic Plan. It is aligned to the format developed for the Annual Performance Report, recently approved, as follows:

2.6 The key issues highlighted this quarter as shown in the summary below:

Delivery of Strategic Plan

- Strategic Change Programme Boards
- Local Outcome Improvement Plan
- Regional Working

Use of Resources

- Formal Directions
- Savings targets
- Set Aside services

Managing Risk

- Partnership Working
- Decision Making

Service Performance

- Scottish Government consultation on Extending Free Personal Care to Under 65s
- Use of Permanent Care Beds
- Key Service Performance Indicators

3.0 Corporate Priorities and Joint Working:

3.1 The 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.

4.0 Key Issues:

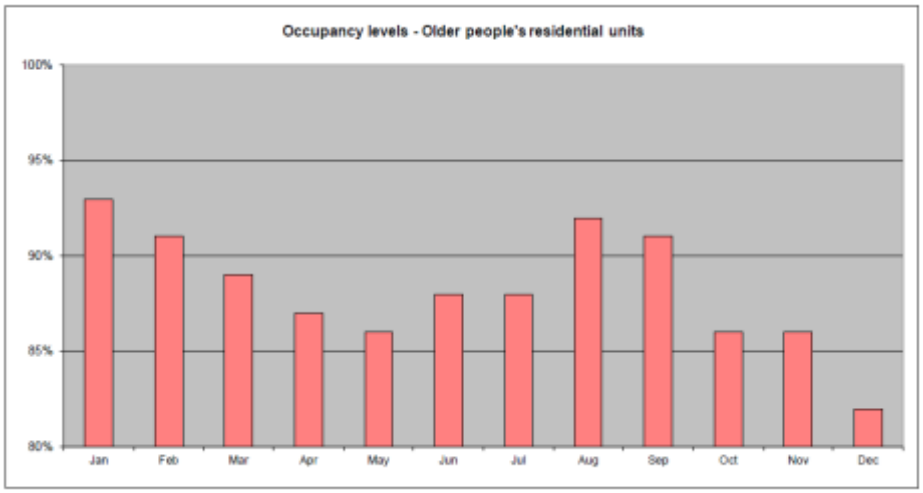
4.1 The Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020 is a plan which covers all of the health and care services provided in Shetland. Through the relevant legislation and formal Integration Scheme, NHS Shetland and Shetland Islands Council delegated responsibility to the IJB for the planning and delivery of a range of services, in support of integrated working. The delegated services include all care services previously under the responsibility of Shetland Islands Council and about 40% of the remit of NHS Shetland. This is shown in the diagram in Appendix 1.

4.2 It is important to tell the 'whole story' in terms of health and care services as so many services are connected to and inter-dependent on each other – what is sometimes referred to as a 'whole system' approach. However, in order to tell the whole story, it is necessary to discuss elements of each of the organisations (the IJB, NHS Shetland the Shetland Islands Council) so the report is not limited specifically to IJB delegated services.

4.3 The key issues identified above are explored in more detail below.

Key Issues for Quarter April – June 2017	**Description of Key Issues / Progress**
Delivery of Strategic Plan	
Strategic Change Programme Boards	- The programme and project management arrangements have been established through the Chief Executive of NHS Shetland to support the delivery of the projects included in the Strategic Commissioning Plan. Work is progressing on determining interconnections and dependencies to firm up the reporting timescales. The list of projects is included at Appendix 2, together with a note on progress. - The Intermediate Care Implementation Plan has been approved and is progressing. - The North Isles Co-production project has been developed and an extract of the purpose of that project is set out at Appendix 3.

Local Outcome Improvement Plan (LOIP)	The Shetland Partnership Board has started the update of the Local Outcome Improvement Plan (the LOIP). Health and care services are a significant element of public services and it will be important to ensure that the over-arching Shetland wide plans are complementary to each other.
Regional Working	The Scottish Government has invited the Health Boards in the north of Scotland region to develop a North of Scotland Regional Delivery Plan. The initial arrangements recognise the connection to Health and Care Partnerships and the Integration Joint Boards.
Use of Resources	
Formal Directions	At the last meeting, the IJB approved four Directions using the agreed template. The remaining Directions will follow once the services which are wholly or jointly funded from NHS Shetland sources are aligned to the available resources.
Savings targets	A significant amount of work has been done to identify efficiencies within services, and put forward potential savings options in order to bridge the funding gap on NHS Shetland funded services. (See separate Report.)
Set Aside services	There is an emerging discussion, at a national level, on the arrangements which were put in place for the 'Set Aside' services. These discussions relate not only to the method by which the allocation of budget for set aside was calculated (an indicative proportion of the cost of the Gilbert Bain Hospital) but also the extent to which the Integration Boards should be directing those services.
Managing Risk	
Partnership Working	The Strategic Risk Register is included at Appendix 4. One of the key risks to delivering the Strategic Commissioning Plan was in respect of 'failure of governance arrangements'. Following consideration of the Risk Register, the IJB agreed to a follow up workshop session, with an external facilitator, to help board members to put in place robust arrangements to support a culture of positive partnership working. Alongside this, board members may wish to consider how this theme can be further supported through a training needs assessment and induction programme, perhaps supported by the Joint Staff Forum.
Decision Making	Another key risk under 'failure of governance arrangements' was to seek clarification on the decision making arrangements for the strategic change projects. This work will provide better clarity to project managers on which decisions are operational in nature and can be determined at managerial level, and those which are strategic in nature and impact on the 'commissioning' role, therefore requiring political input. This work is ongoing.
Service Performance	
Personal Care for Adults Under the age of 65	The Scottish Government is undertaking a Feasibility Study into the possibility of extending free personal care to people under the age of 65. Staff have responded to the survey with the information, as requested.
Use of Permanent Care Beds	There is an emerging trend of a reduction in the need for permanent care beds, as demonstrated in the diagram below. This change of service need is a positive outcome of the policy direction

		to enable people to live independently and safely in their own homes. The impact and future arrangements will be considered in detail as part of the Social Care Resources project. <u>Occupancy Levels – Residential Units, Jan – Dec 2017</u>  This pattern has continued into 2017, with occupancy rates from 78-84% experienced from January to July (July 2017 84%).
	Key Service Performance Indicators	OPI-4C-E: Sickness levels are currently high but managers in all areas are working with both HR departments to ensure consistent application of the Maximising Attendance Policies. OPI-4E-E: Overtime hours have increased this quarter due to covering of staff absences and difficulties recruiting to certain posts. DS004: Number of people who are waiting to register with Public Dental Service for ongoing Care has reduced greatly as all people on waiting list were asked to contact the service if they wished to remain on the register, and only 10 people did so.

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 several strategic change programmes. This work is intended to put in place service models which are equitable, affordable and sustainable, during the life of the Plan. This work is in recognition of the increasing demand for services, alongside reducing resources and staff recruitment challenges.
6.2 Human Resources and Organisational Development:	There are no specific issues to address for HR. The Risk Register included a commitment for the IJB

	members to undertake, a “Training Needs Assessment and Training Programme, including organisational development support”. This was in support of mitigating the identified risk that, “The complexity of the governance arrangements may detract from rather than support a journey towards ‘single system’ working across health and care services”.
6.3 Equality, Diversity and Human Rights:	There are no specific issues to address with regard to equality, diversity and human rights.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services. The IJB must monitor performance with regard to the functions delegated to the IJB by SIC and NHSS (the Parties) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB and the Parties must share information in this regard. Performance monitoring allows the IJB to measure performance and monitor progress against delivery of the Strategic Plan and achieving agreed national and local outcomes.
6.5 Finance:	Regular and effective monitoring of service delivery and funding arrangements will allow the IJB to make strategic commissioning decisions regarding the choices over which services should be provided, at what level and in what location in accordance with the financial allocations made available by the funding partners.
6.6 Assets and Property:	There are no specific issues to address with regard to assets and property.
6.7 ICT and new technologies:	There are no specific issues to address for ICT and new technologies.
6.8 Environmental:	There are no specific environmental implications to highlight.
6.9 Risk Management:	The IJB’s risk appetite is: “The IJB aims to ensure a safe environment for everyone working within the Integrated Services; it is committed to safely, efficiently and effectively achieving the corporate objectives of the IJB. The IJB supports well-managed risk-taking and recognises the need to be risk aware, not risk averse”. The Strategic Risk Register is a description of the things which could cause the strategic objectives to not be met (for example, outcomes not achieved or timescales not met). The Strategic Risk Register is, in essence, the

	opposite hand to the Strategic Commissioning Plan. Managing these strategic risks in a positive, realistic and dynamic way will help the IJB to be pro-active in ensuring that the objectives of the Strategic Commissioning Plan are met.		
6.10 Policy and Delegated Authority:	The IJB is responsible for the operational oversight of service delivery of its delegated functions and through the Chief Officer will be responsible for the operational management of integrated services.		
6.11 Previously considered by:	Strategic Planning Group	31 August 2017	Comments:

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15 August 2017

Appendices
Appendix 1 Diagram of Services and Organisational Responsibilities
Appendix 2 Summary of North Isles Coproduction Project
Appendix 3 Strategic Change Programmes and Projects, Update
Appendix 4 Strategic Risk Register
Appendix 5 Performance Report

Appendix 1: Diagram of Services and Organisational Responsibilities

Health and Care Services

NHS Shetland

Shetland Islands Council

Health Services

Gilbert Bain Hospital:
- Planned / Elective Care
- Sciences / Hospital Support Services

National Specialist Services Grampian (and Other) Boards Service Level Agreement

Corporate Support Services (Finance, HR, ICT, Assets & Estates, etc)

Integration Joint Board

NHS Funded Services

- Community Nursing
- Health Improvement
- Intermediate Care
- Oral Health
- Pharmacy and Prescribing
- Primary Care (GPs)
- Gilbert Bain Hospital: Unscheduled Care

SIC Funded Services

- Adult Social Work
- Carers
- Community Care Resources
- Criminal Justice
- Domestic Abuse

Jointly Funded Services

- Adult Services
- (Learning Disability and Autistic Spectrum Disorder)
- Allied Health Professionals
- Mental Health
- Substance Misuse (Alcohol and Drugs)
- Suicide Prevention

Appendix 2: Summary of North Isles Co-production Project

The purpose of the North Isles co-production project is to explore, develop, pilot and implement with the North Isles communities (Unst, Yell and Fetlar) using a co-production methodology alternative models of health and care which are sustainable, equitable and affordable.

The North Isles Co-production Project looks at how best to design and deliver services across a geographical area, rather than looking at things from an individual service perspective.

The approach is to share the issues and find solutions in full partnership with the communities, using a community development approach. It is a new way of working so is high-risk in terms of the process. However, the approach is tried and tested in other areas and the evidence suggests that better outcomes are secured from working with communities to find solutions. There are already smaller 'tests of change' ongoing within the isles and this project would seek to evolve from that work.

The project needs to work alongside: Out of Hours; Primary Care (GPs); Oral Health; Community Nursing and Social Care Resources. These projects are considering service delivery models from a service specific perspective; the co-production project considers options from a community / geographical perceptive using a multi-disciplinary, localities based approach.

Scottish Border's Community Planning Partnership assessed the benefits of co-production as:

- The community are entitled to be partners – particularly when public services relate to them and their families
- The value of community contributions is significant. Communities generate a huge amount of economic value that is unmeasured and may be unrecognised by public services
- Co-production improves outcomes
- Co-production can improve value for money – the economic benefits of co-production approaches outweigh the costs.

The role of a 'community agent' is separate from that of the staff and managers, as described below.

Community Agents	**Professional Support Team**
Having natural conversations with known people in natural settings to explore ideas and concerns	Identifying the constraints and standards within which the co-production exercise will be done.
Identifying and mapping community assets	Establishing the known service needs from existing sources.
Developing a network of routes and places to have more detailed conversations on health and care options	Identifying and mapping public sector assets and resources.
Designing an event for the first stages of co-production.	Training staff to participate in a co-production event.

The Scottish Border's Community Planning Partnership set out a useful summary of what co-production is, and is not.

√ Co –production is:	X Co-production is not:
Partners respecting each other and having equal status	Just giving people a chance to speak but not using the information
Working together from the very start to identify and achieve an end result that you both agree on.	Confrontation and 'winning or losing'.
Listening to each other and understanding where everyone is coming from and the particular challenges they face.	A quick fix.
At times deferring to the other on grounds of practicality, economics, ethics, equality of civic rights, etc.	Consultation ie having a plan and then going out to tell people about it OR even having a plan, asking people's thoughts about it and incorporating these thoughts into a revised plan.
Valuing, learning from and building on the different skills, assets, experience and expertise that different people bring to the process.	One partner simply trying to persuade the other to come around to their way of thinking.
Working in ways that best meet the needs of all partners.	Listing problems and expecting someone else to solve them.
Sharing responsibility for developing solutions that work and are deliverable.	A new way to get your personal agenda on the table at the expense of someone else's.
Breaking down barriers between professionals / providers and people using public services. Committing jointly to support and develop the capacity and understanding of all people involved in the process.	Having a new forum for public service staff to tell people what is going to happen, or for people to lobby the public sector.
Trust, support and information sharing. Sharing responsibility when solutions don't work first time and taking a joint problem solving approach to move forward.	
Talking with and not to.	

What will the Programmes Achieve?
The health and care system is complex and inter-dependent. The work will therefore be done using a whole systems approach to:

- understand the way in which interconnected parts relate to each other;
- avoid unintended consequences;
- fully understand all the parts in relation to the whole;
- promote a whole organisation approach and avoid 'silo' (or individual service) thinking.

Sustainable Service Models

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Mental Health	Simon Bokor-Ingram	A sustainable service model that addresses current and future needs	Hospital, Primary Care, Social Care		2018-19	On hold
Adult Services	Simon Bokor-Ingram	A sustainable service model that addresses current and future needs	Acute Services, Primary Care (Housing)		Options by August 2017	Reviewing Draft Report from external contractor
Primary Care, includes Out of Hours for outer isles	Simon Bokor-Ingram	A sustainable model that addresses future across the whole of Shetland including GPs, and the wider Community Health and Care team	Unscheduled Care Hub, Community Nursing, Social Care	Yes, target saving £150,000	July-Aug 2017	Stage 1: Proposal for Financial Savings
Community Nursing	Simon Bokor-Ingram	A sustainable model that addresses future across the whole of Shetland including GPs, and the wider Community Health and Care team	Primary Care, Social Care, Unscheduled Care Hub	Yes, target savings £240,000	August	Stage 1: Proposal for Financial Savings

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Extending Intermediate Care	Simon Bokor-Ingram	Extending community rehabilitation and reablement		Yes, target savings of £472,184	June 2017	Implementation Stage
Social Care	Simon Bokor-Ingram	A sustainable social care model that addresses the future needs of a growing elderly population, supports the promotion of self care and individuals living well for longer in their own home. Specifically this will include: Care home resources across Shetland Area based / locality provision for: - Permanent, respite and short breaks care - Day support - Rehabilitation and re-enablement services - Care at home / Personal care - Nutritional support - Domestic support	Primary Care, Community Nursing (Housing)		Options by Sept 2017	Long List of Options Agreed Assessment Criteria
Scenario Planning : Rural District Hospital	Kathleen Carolan	A sustainable hospital model that addresses Shetland's future needs.	Primary Care, Unscheduled Care Hub		October 2017	Progressing to timescale
Unscheduled Care Hub	Kathleen Carolan	A model for out of hours and urgent care that is clinician-led, delivered by a multi-disciplinary team and supports patients being seen by the most appropriate professional to meet their needs.	Primary Care, Sustainable Clinical Workforce	Yes, target savings of £100,000	June 2017	Test of Change in August, Report on Options by September

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Sustainable Clinical Workforce (incl Medical Staffing, Junior Doctors and ANPs)	Kathleen Carolan	Sustainable Clinical Workforce model	Scenario Planning, Unscheduled Care Hub, Primary Care, Community Nursing		August-October 2017	Progressing to timescale.
Sustainable Planned Care Pathways	Kathleen Carolan	Right care, in the right place at the right time	Scenario Planning, Primary Care	Yes, target savings of £250,000	Ongoing	Specific pathways progressing as scheduled.
Day Surgery and Ambulatory Care	Kathleen Carolan	Enhancement of local facilities	Scenario Planning, Sustainable Planned Care Pathways	Investment Appraisal for capital funding (NHS)	2018-19	External facilitator appointed.
North Isles Co-production on out of hours, primary, nursing and social care	Simon Bokor-Ingram	To develop, implement with the North Isles communities (Unst, Yell and Fetlar) using a co-production methodology alternative models of health and care which are sustainable, equitable and affordable. To design services across a geographical area, rather than looking at things from an individual service perspective.	Primary Care, Community Nursing, Out of Hours, Social Care Resources, Asset Based Approach		2017-18	Project Plan approved.

The aim of the **Whole Population** programme is to find ways to work with people as active participant rather than passive recipients of health and social care programmes, in ways which are empowering and could ultimately lead to less reliance on public services.

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Understanding Patients	Susan Webb	To identify frequent attenders at GP surgeries, who will be invited into the practice to participate in the With You For You assessment. The project will look at any service redesign or alternative early intervention for this client group.	Primary Care, Community Nursing, Out of Hours, Social Care Resources, Health Information and Self Directed Care		2017-18	Detailed project plan being developed.
Health Information and Self Directed Care	Susan Webb	To map current local and nationally available health information and make recommendations to avoid duplication, and ensure quality and consistency.			2017-18	Detailed project plan being developed.
Health Literacy	Susan Webb	Using national literacy tools, explore up to 2 service areas (possibly mental health and medicines management) to make sure people understand and have confidence in health information	Understanding Patients Health Information and Self Directed Care		2017-18	Detailed project plan being developed.
Health Behaviour Change	Susan Webb	Health behavior change projects are embedded into care practices and funded on a sustainable basis (including evaluation of success of programmes).	Primary Care, Community Nursing		2017-18	Detailed project plan being developed.

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Creating a Positive Health Environment and reducing health inequalities	Susan Webb	Building on the NHS Shetland response to On Da Level, that decision made directly take account of inequalities and aim to reduce inequalities wherever possible.			2017-18	Detailed project plan being developed.
House of Care	Susan Webb	A person-centred care planning approach for people with long-term health conditions, to deliver person centred (not system driven) based on single disease services and clinics.	Hospital and Acute, Primary Care, Community Nursing		2017-18	Detailed project plan being developed.
Effective Prescribing	Simon Bokor-Ingram	- effective medicines management approach in place across pharmacy in Shetland, which mindful and efficient prescribing is part of. - systems and processes are fit for purpose and as lean as possible in order to reduce waste - increase multidisciplinary working	Hospital and Acute, Primary Care, Community Nursing, House of Care, Understanding Patients, Health Literacy, Health Behaviour Change, North Isles Co-production		2017-18	Project well established; implementation plan in place.

Alongside thinking about how our service models might need to change, we have established a programme of work under the banner of **Organisational Issues** to help support the organisation to remain high performing, use our resources to the best end and support staff throughout.

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Working Well, was Building Organisational Capacity and Resilience	Lorraine Hall	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. Resources are used effectively and efficiently in the provision of health and social care services.		Savings will be realised by managers continuing to focus on attendance and performance policies	2017-18	Detailed project plan being developed.
Technology Enabled Solutions	Lorraine Hall	Increased use of technology is helping us provide care for the most vulnerable and elderly in our community. Organisations will share knowledge of individual customer and community needs and aspirations, share priorities and service objectives and clearly communicate these to staff and our customers whilst adhering to strict protocols on confidentiality and data sharing.	Dependent on service models developed through the Sustainable Service Models Programme. Make sure e'Health Plan links to Strategic Objectives and 10 Strategic Change Programmes	Any savings will be generated through Sustainable Services Models projects	2017-18	Detailed project plan being developed.

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
National Shared Services	Colin Marsland	Understanding which of the national shared service programmes and suitable and applicable to Shetland. Understanding the extent to which these programmes can secure real savings by moving the list of Potential Productivity Opportunities into cash releasing savings.	Sustainable Service Models Programme	Scottish Government list of Potential Productivity Opportunities	2017-18	Detailed project plan being developed.
Decision Making Structures, clarification on the routes to decision making	Lorraine Hall	Delegated Decision Making – decisions on service delivery will be agreed jointly between organisations, within an agreed service framework; the allocation of resources, within approved budgets, will be made to front line operational staff as far as possible – so securing a shorter route to services. Best Value - systems, procedures and information will be shared between organisations and there will be clarity in the decision-making process, thereby reducing bureaucracy and delays in decisions about service delivery.	Commissioning framework		2017-18	Detailed project plan being developed.

Project	Lead Director	Outcomes	Connected To	NHS Financial Plan	Original Timescale	Progress
Shared Facilities / Assets (IJB) – public sector building are available for multi-use to ensure that community resources are maximised.	Lawson Bisset	Property – public and voluntary sector buildings are accessible and available for multi-use by all agencies to ensure that community resources are maximised. Equipment – there is a shared bank of equipment, locally based where possible, jointly managed and accessible to all agencies on shared assessment criteria.	Dependent on service models developed through the Sustainable Service Models Programme.	Any savings will be generated through Sustainable Services Models projects	2017-18	Detailed project plan being developed.
Commissioning	Simon Bokor-Ingram	There are in place effective decision making arrangements for the commissioning of services, including investment and disinvestment decisions.	Sustainable Service Models	Any savings will be generated through specific projects	2017-18	Detailed project plan being developed.
Shared / Pooled Budget (IJB) – shared and accessible budgets, clear accountability on spending, single systems where possible	Simon Bokor-Ingram	There in place effective financial systems for sharing financial resources to achieve the agreed Strategic Objective			2017-18	Detailed project plan being developed.

Appendix 4: Strategic Risk Register

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
Failure of Governance Arrangements	The complexity of the governance arrangements may detract from rather than support a journey towards 'single system' working across health and care services	Policy framework misunderstood	Strategic Plan not implemented.	Integration Scheme, Scheme of Administration and Delegations, Standing Orders and Financial Regulations	Medium	Training Needs Assessment and Training Programme, including organisational development support.
		Policy framework ignored	NHS Shetland and Shetland Islands Council interests take priority to IJB: IJB unable to fulfil its remit	IJB Committees and supporting groups / forums established and predominantly working effectively.		Clarity on the decision-making routes for each of the Strategic Change Programmes.
	The individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered	Conflict of Interest between professional, organisational and IJB roles		Liaison Group of senior representatives from each organisation meeting regularly to resolve issues.		Annual Business Programme to be established June 2017.
				Corporate Services Support Group established and working effectively.		Formalise the self evaluation process for effective decision making

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
		Decisions are taken outwith the IJB arrangements		Formal Induction Programme		Strengthen the Reports for decision making to be clearer about risks of non-decisions and contribution of report towards meeting strategic objectives.
				Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council.		
				Budget and Financial Plan approved by each of the partners.		
				Formal agenda management arrangements including Report Templates		

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
	Failure to implement the Strategic Programmes	Lack of strategic direction	National and local priorities not achieved	Timetable for Delivery was agreed as part of the Strategic Plan.	Medium	Clarity on the decision-making routes for each of the Strategic Change Programmes.
		Lack of resources to deliver the change programmes and projects	Failure to redesign services to secure equitable, sustainable and affordable services	Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes.		System of quarterly reporting will be established from June 2017.
			Not achieve financial balance in 2017-18.			Project Teams, supporting documentation and timelines for delivery being developed.
			Diminished reputation from failure to deliver			

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
Lack of leadership	The Strategic Commissioning Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland	Options for change do not adequately address issues of equity, sustainability and affordability.	Failure to redesign services to secure equitable, sustainable and affordable services	Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council.	Medium	The outcomes that each of the Strategic Programmes needs to deliver on need to be defined more tightly, around key themes of equity, sustainability and affordability.
	The need for transformational change not being effectively understood or communicated to all stakeholders with resulting lack of support for change.	Resistance to change; campaigns for 'status quo' to remain.	Issues are addressed piecemeal with no strategic overview	Participation and Engagement Strategy is part of core suite of policies.	High	Communication Plans established for Strategic Change Programmes and Financial Challenges.

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
	Failure to investigate, explore, invest in and implement new and sustainable service models.	Options for change modelled on inputs and resources and not outcomes to meet service needs.	Diminished reputation from failure to deliver	Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget.	Medium	Work to address the gap between the cost of the current service model and the available funding on the NHS funded services in 2017-18 .
	Lack of leadership in the transformational change agenda, including insufficient clarity of purpose.	Scale and scope of options for change not sufficiently challenging.		Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes.	Medium	Core element of Induction Programmes for new NHS Board Members, new or returning Councillors and appointed IJB members.

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
Insufficient Finance, or funding not being applied to strategic plan objectives	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	Continued reliance on non-recurring (one-off) savings to balance financial plan.	Strategic Plan and Financial Plan not aligned; inability to meet strategic objectives	SIC funded services, aligned to Strategic Commissioning Plan and allocation of funding meets identified service needs.	Medium	Working towards full alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget.
		Financial Plan remains out of balance; potential need for Recovery Plan.	Existing service needs not met	NHS funded services, aligned to Strategic Commissioning Plan and allocation of funding meets 90% of current service models.		Work to address the gap between the cost of the current service model and the available funding on the NHS funded services in 2017-18.

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
		Inability of partners to agree on Financial Plan and Savings Plans.	Emerging and new service needs not met Inability to meet Government targets on investment in primary care Ability to function as a 'going concern'.			The outcomes that each of the Strategic Programmes needs to deliver on need to be defined more tightly, around key themes of equity, sustainability and affordability.
Failure to Direct service delivery	Failure to adequately direct service delivery to meet the outcomes required.	Strategic Plan, Financial Plan and Service Plans are not aligned.	Service needs (existing, unmet and future demand) not met.	Strategic Plan includes detailed Service Plan, performance framework, financial plan and strategic change programmes upon which to base detailed 'Directions' from the IJB to the Health Board and Council to deliver the services as required.	Medium	Template for 'Directions' being developed for June 2017 meeting.

Risk	Description	Triggers	Consequences	Mitigation and Control Measures In Place	Risk Rating	Gaps in Control Measures
		Formal Directions are insufficient.	Strategic direction from IJB not implemented by delivery partners (NHS Shetland and Shetland Islands Council).	Quarterly reporting arrangements in place for performance, risk and finance.		Refreshed quarterly reporting arrangements to include progress on Strategic Change Programmes and an overview of all elements.
Opportunity	The underpinning requirement for resilient and complete broadband coverage to take advantage of technological solutions might not be secured within the timescale of this Plan.	Technology solutions that rely on broadband not robust or unable to take advantage of full functionality.	Service needs (existing, unmet and future demand) not met.	Strategic objective of the Shetland Partnership's Local Outcome Improvement Plan.	High	Stronger connection between service impact and political lobbying plan to strengthen the potential negative impact on achieving health and wellbeing outcomes if full coverage not achieved.

Appendix A - Projects and Actions - Integrated Joint Board

Report Type: Actions Report

Generated on: 23 August 2017

Report Layout: IJB Simple Actions

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP017b Implement findings outlined within Mental Health review	Implement findings outlined within Mental Health review (2014)	People are able to access a mental health service which is able to respond appropriately to need. Failure to recruit to the Head of Mental Health post and alternative management arrangements are now being looked at urgently.	Planned Start	06-Jan-2015		Refreshed action plan in place. A number of actions completed with remainder at varying stages of progression. Additional management resource in place to support completion of actions.	Community Health & Social Care Directorate
			Actual Start	06-Jan-2014	50%		
			Original Due Date	31-Mar-2015	Expected Success		
			Due Date	31-Dec-2017			
			Completed Date		Likely to meet or exceed target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP024 Develop Integrated Locality Service Plans	Develop Integrated Locality Service Plans	People are able to look after and improve their own health and wellbeing and live in good health for longer	Planned Start	07-Nov-2014		Strategic Plan has been refreshed for 2017/18-2020 which includes locality information. Will continue to develop these plans during the course of the next year.	Community Health & Social Care Directorate
			Actual Start	02-Nov-2015	100%		
			Original Due Date	31-Mar-2015	Expected Success		
			Due Date	31-Mar-2017			
			Completed Date	08-Jun-2017	Likely to meet or exceed target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP025 Assist Shetland Partnership with implementing the redesign of community justice.	Assist Shetland Partnership with implementing the redesign of community justice.	Offenders within Shetland have the best opportunities to make positive changes to their lives and reduce the likelihood of reoffending.	Planned Start	07-Nov-2015		Transition phase is progressing well and we are on target to reach the deadlines for 2016.	Community Health & Social Care Directorate
			Actual Start	12-Nov-2015	100%		
			Original Due Date	31-Mar-2015	Expected Success		
			Due Date	31-Dec-2016			
			Completed Date	24-Jan-2017	Likely to meet or exceed target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP026 Develop a joint Organisational Development and Workforce Strategy	Develop a joint Organisational Development and Workforce Development Strategy	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.	Planned Start	01-Apr-2015		Draft Strategy being take through appropriate decision making mechanisms. Will be submitted to Joint Staff Forum in August 2017.	Community Health & Social Care Directorate
			Actual Start	11-Nov-2015			
			Original Due Date	31-Mar-2016	Expected Success		
			Due Date	29-Sep-2017			
			Completed Date		Experiencing issues, risk of failure to meet target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP027 Development of Oral Health Strategy	Deveopment of Oral Health Strategy	People are able to look after and improve their own health and wellbeing and live in good health for longer	Planned Start	01-Apr-2015		Oral Health Strategy approved by IJB on 28 June and NHS Board on 23 August 2016. Detailed action plan in development.	Community Health & Social Care Directorate; Oral Health
			Actual Start	01-Jul-2015			
			Original Due Date	31-Mar-2016	Expected Success		
			Due Date	30-Sep-2016			
			Completed Date	26-Oct-2016	Likely to meet or exceed target		

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement	Lead
DP031 Develop Anticipatory Care plans	Develop Anticipatory Care plans within localities that include all of the available assets	People using health and social care services are safe from harm	Planned Start	01-Apr-2015		Development of ACPs firmly embedded and number has increased significantly	Community Health & Social Care Directorate
			Actual Start	12-Nov-2015			
			Original Due Date	31-Mar-2016	Expected Success		
			Due Date	31-Mar-2017			
			Completed Date	08-Jun-2017	Likely to meet or exceed target		

Appendix B - Council-wide Indicators - Community Health and Social Care compared with Whole Council

Shetland Islands Council

Generated on: 23 August 2017 12:26

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2014/15	2015/16	2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	
	Value	Value	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2191	2169	2204	2190	2201	2204	2201	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-E Staff Numbers (FTE) - Community Health & Social Care Directorate	517	493	505	499	506	505	499	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4A-E+NHS Staff Numbers (FTE) - Community Health & Social Care Directorate inc. NHS		634	655	642	650	655	662	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sickness Percentage - Whole Council	4.2%	3.7%	3.1%	2.6%	3.3%	4.1%	3.8%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.0%	5.6%	5.2%	4.1%	5.2%	7.4%	7.2%	Community Nursing and Community Care Resources are of a particular concern. Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.
OPI-4E Overtime Hours - Whole Council	83,510	97,815	87,608	21,394	24,528	20,527	26,594	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-E Overtime Hours - Community Health & Social Care Directorate	5,675	7,546	2,231	550	852	583	1,125	Continues to be actively monitored
E01 FOISA responded to within 20 day limit - Health & Social Care Services	91%	93.5%	95%	100%	100%	88%	95%	Continue to strive to meet target.

Appendix B (cont) - Sickness Absences - Community Health & Social Care Services

Shetland Islands Council

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

Generated on: 23 August 2017 12:26

	Previous Years				Last year	This year	
Code & Short Name	2013/14	2014/15	2015/16	2016/17	Q4 2015/16	Q4 2016/17	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	
OPI-4C Sickness Percentage - Whole Council	3.6%	4.2%	3.7%	3.1%	4.0%	4.1%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.0%	6.0%	5.6%	5.2%	5.6%	7.4%	Community Nursing and Community Care Resources are of a particular concern. Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.

Appendix C - Directorate Performance Report – Local Delivery Plan

Shetland Islands Council

Generated on: 23 August 2017

Local Delivery Plan

	Years				Quarters				
Code & Short Name	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	(past) Performance & (future) Improvement Statements
	Value	Target	Value	Target	Value	Value	Value	Target	
LDP001 People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	45.3%	50%	44.9%	50%	45.9%	44.9%	41.3%	50%	Note: this is an interim measure showing the percentage of people with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker) as national data is not yet available.
LDP002 18 weeks referral to treatment for Psychological Therapies	94.4%	90%	79.3%	90%	80%	79.3%	64.6%	90%	The new consultant clinical psychologist is now seeing patients who had been waiting for some time. Each such patient seen will be an 18 week breach. This apparent decrease in performance is therefore a reflection of the additional clinical capacity that we now have.
LDP003a Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery	90%	90%	83.3%	90%	100%	83.3%	100%	90%	All clients seen within 3 weeks of referral.
LDP003d Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery	100%	90%	100%	90%	100%	100%	100%	90%	All clients seen within 3 weeks this quarter.
LDP004 Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	360	261	41	261	138	207	77	63	From March 2017 A&E have been capturing ABIs on a new information system which had not been possible on the previous system. We are confident that the numbers that this provides, along with those recorded in other areas, will mean we meet the target this year.
LDP005 48 hour access or advance booking to an appropriate member of the GP team	76.4%	90%			Not measured for Quarters		Not measured for Quarters	Not measured for Quarters	Practices run a mix of advanced booking, triage and on the day appointments through walk in clinics. Advance booking relates to the opportunity to have an appointment with a member of the clinical team, not a named GP. The largest practice currently has GP vacancies which is impacting on access, with several other practices also having vacancies. In the future National data will only produced every 2 years – next publication due in May 2018.
LDP006 4 hours from arrival to admission, discharge or transfer for A&E treatment	96.6%	98%	97.2%	98%	97.6%	97.2%	98%	98%	652 presentations out of 655 left A&E Department within four hours

Appendix D - Directorate Performance Report – Outcomes 1-9 - Quarterly Measures

Shetland Islands Council

Generated on: 23 August 2017

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
ASW003 Percentage of outcomes for individuals are met									The new system for gathering this has been delayed until the start of April 2017 in order for training of all staff to be completed.
PC002 Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre	100%		100%		100%	100%	100%	100%	Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day
PC004 Percentage access to a Primary Care health professional for an appointment within 48 hours at any Shetland Health Centre	100%		100%		100%	100%	100%	100%	Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
CCR003 Percentage of people 65 and over receiving intensive care package (over 10 hours per week) in their own home rather than a care setting.	46%	30%	51%	40%	50%	51%	55%	40%	We are continuing to promote reablement programmes and personalised support to enable people to remain at home.
CCR007 Number of 65 and over receiving Personal Care at Home.	199	200	204	200	209	204	210	200	Personal care is offered to individuals with assessed need when they have no alternative suport systems in place. We are working closely with the Intermediate Care Team to reduce the need for personal care.
CN002 Percentage of early supported discharges with no readmission in 30 days by Intermediate Care Team	94%	100%	90%	100%	100%	90%	100%	100%	15 patients discharged from ICT team. 7 patients were Early Supported Discharge from GBH. 6 patients were Early / Supported Discharge from Care Home. 2 Alternatives to Admission. No readmission in 28 days.
CCR009 Number of people waiting for a permanent residential placement.	12	10	5	10	4	5	1	10	Target to have less than 10 people waiting for a permanent residential placement. Currently well within target at the end of December 2016.

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
MH002 Admission rates to Psychiatric Hospitals	15	24	18	24	2	7	7	6	This will help us consider the effectiveness of our local service provision.
MH003 People with a diagnosis of dementia on the QOF dementia register	170		170		174	170	167	184	More people on the dementia register are dying or moving away than are being diagnosed. Plan in development to provide diagnostic training/awareness for relevant staff (e.g. GPs). Work continues to encourage people to seek earlier assessment and diagnosis. We are also intending to audit all people discharged from hospital with dementia indicated in the discharge summary to ensure that they are on the register so that no potential new diagnoses are missed.
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)	657	599	653	599	663	653	671	599	Shetland ranked in top quartile of local authorities in Scotland for its telecare usage by care at home clients (Source- Draft Joint Inspection of Adult Services 2014/15).
AC001 Hospital Inpatient Bed Occupancy rate	64.6%		50%		48.2%	50%	44.4%		New measure added to allow monitoring of inpatient occupancy rates in GBH. Relatively low level of occupancy reflects positive progress in supporting shift in the balance of care. Note: the data takes into account Ronas Ward not being in use from March 2017 onwards.

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
CJ002 Percentage of new Community Payback Orders (Supervision) seen within 5 working days of the order being made	94.65%	100%	90.9%	100%	100%	90.9%	88.9%	100%	8 of 9 clients seen within 5 working days. This was due to non-attendance by a service user.
ASW001 Percentage of assessments completed on time	82.05%	100%			92.5%	91%	89.4%	100%	Some assessments were outwith timescales due to complexity of the situation and further information was required in order to have a robust assessment.
ASW002 Percentage of reviews completed on time	92%				87.3%	89%	87.9%	100%	Reviews that were missed were due to unavailability of either the individual, family member or worker. Although some were missed, none went beyond the statutory timescale requirement.

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing Care	640	500	572	500	613	572	10	500	Source: Local data. Despite waiting, all these people are able to access NHS dental care elsewhere.
CN001 Number of Anticipatory Care Plans in Place	831	700	1,061	700	981	1,061	1,068	700	Trend shows continued increase in ACPs being completed. Reduction in month of June figures of 77 records is as a result of ATOS archiving records for individuals who have died more than 3 years ago which is only done periodically.

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder	1		2		0	2	1	0	An incident of Emergency Respite is one or more consecutive overnight stay/s out with the assessed needs allocation of overnight respite stays. Source: Newcraigielea The risk of unscheduled care will be reduced.

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
CCR001 Delayed discharge from Hospital - no delays exceeding 14 days	2		0	2	0	0	1	2	Intense work with acute services to work out delays in systems and processes
CJ001 Percentage of Criminal Justice Social Work Reports submitted to Courts on time			100%	100%	100%	100%	100%	100%	Service consistently meets target
CJ004 Risk and need assessment completed and case management plans in place within 20 days	100%		100%	100%	80%	100%	88.9%	100%	
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average	94.77%				104%	101.2%	105.1%	99%	In general we are expecting less antibiotics to be prescribed in Shetland than in the Scottish population. This is not always achievable and prevalence of infection in Shetland does not always coincide with national prevalence figures.

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
PPS003 Number of polypharmacy reviews completed	57	360			122	82	66	30	Polypharmacy reviews bring about better outcomes for patients and often significantly reduce costs. Increase this quarter is due to the application of the Prescribing Action Plan although this level of activity may be difficult to maintain with current staffing resource.
PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff	435	588	164	192	41	42	48	48	Good discharge planning should reduce the need for nurses to dispense medicines out of hours. Dispensing by pharmacy is always more appropriate.
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter	2%	0%	0%	0%	0%	0%	0%	0%	We have now moved to 6 monthly audit. Last done in May 17 – only 3 patients with catheter insertion in the time period and of these all documentation complete and no catheter acquired infections identified so 0% infection rate.

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

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
DS002 The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	2,048.75		2,213.75		2,438	2,083	2,289	1,670	Sources: Local WTE data and ONS population data. The greater the WTE of dentists, the greater the available capacity for the resident population to receive NHS dental care. 2 x 1.0WTE locums were employed in Q4 of 16-17, which has resulted in a slight rise in Q1 17-18.
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	7	10	1	10	24	1	1	10	To achieve the nationally agreed referral to assessment timescales we have initiated a number of initiatives including streamlining our referrals and screening processes, reviewing all processes, and reconfiguring the team into a north and a south team to gain staff efficiency
AHP002 Percentage Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	98.73%	90%	99.4%	90%	100%	99.4%	100%	90%	Each instance of missed target is analysed by line manager.
AHP003 Percentage Waiting Time from Referral to Treatment for Physiotherapy Services (18 weeks)	97.93%	90%	99.3%	90%	99.3%	99.3%	99.7%	90%	Service consistently meets target. Significant pressures due to long term sickness absence, and increased number of referrals.
AHP004 Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	99.67%	90%	98.6%	90%	94.7%	98.6%	100%	90%	Each instance of missed target is analysed by line manager.
CCR005 Occupancy of care homes	91.2%	90%	85.75%	90%	84.7%	80%	82.5%	90%	Effectiveness of Home Care resulting in less demand for Care Centre Beds.
CJ003 Unpaid Work commenced within 7 working days	87.05%	100%	80.9%	100%	100%	93.3%	90.9%	100%	10 of 11 commenced within 7 working days.

Code & Short Name	Years				Quarters				(past) Performance & (future) Improvement Statements
	2015/16		2016/17		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q1 2017/18	
	Value	Target	Value	Target	Value	Value	Value	Target	
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average	103.6%	99%			97.1%	95%	100.5%	99%	Shetland has traditionally spent less on medicines per patient. The costs per patient are increasing and there will be a need to undertake additional prescribing efficiency work to maintain the current position.

Appendix D (cont) - Directorate Performance Report – Outcomes 1-9 - Annual Measures

Shetland Islands Council

Generated on: 23 August 2017

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

Code & Short Name	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		
	Value	Target	Value	Target	Value	Target	
E15 Proportion of last 6 months of life spent at home or in community setting	92%	90.8%	93%	90.8%	94%	90.8%	Best performing partnership in Scotland. Managed Clinical Network for Palliative Care established in 2015. Note: new data taken from NSS Source system.
DS001 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)			79.4%	75%			Source: NDIP data. Gives prevalence of dental decay in one age group (P1 or P7) of the total child population. 2016-17 release due Oct 17.

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

Code & Short Name	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		
	Value	Target	Value	Target	Value	Target	
ASW004 How satisfied are residents with local social care/ social work services?		80%	79%	80%			Health & Care Experience Survey 2 yearly data. Slightly lower than national rate of 81%.

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

Code & Short Name	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		
	Value	Target	Value	Target	Value	Target	
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills		35	46	35			Adults with learning disability, autistic spectrum disorder and/or complex needs are supported to have a safe, healthy and active life. Self-care and enablement approaches are promoted. 107 certificates were issued to 46 adults. Note: academic year runs Aug to Sept.

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

	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		

Code & Short Name	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		
	Value	Target	Value	Target	Value	Target	
DS003a The percentage of the adult populations who are registered with Shetland dentists for NHS dental care	77.35%		80.8%		84.7%		Target is to see a net rise in registration figures. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity. Next data available Aug 17.
DS003c The percentage of the child populations who are registered with Shetland dentists for NHS dental care	93.25%		94.4%		94.4%		Target is to see a net rise in registration figures. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity. Next data available Aug 17.

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

Code & Short Name	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		
	Value	Target	Value	Target	Value	Target	
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order	37.5%	75%	65.4%	75%	52.9%	75%	Individual case management plans are tailored to address criminogenic need, however some of this need is outwith service control. Analysis of risk/ need will be undertaken in 2017/18.

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

Code & Short Name	Previous Years						(past) Performance & (future) Improvement Statements
	2014/15		2015/16		2016/17		
	Value	Target	Value	Target	Value	Target	
AS005 Number of Social Care staff trained to implement Positive Behaviour Support.	4			6	0	6	Due to long term sickness of previous CLD Nurse no staff were trained. A new LD Nurse is now in post and staff training will progress in 2017/18.

Appendix E - Complaints - Community Health & Social Care

Shetland Islands Council

This shows all complaints that were open during the Quarter.
Frontline complaints should be closed within 5 working days
Investigations should be closed within 20 working days

Generated on: 23 August 2017

Failure to provide a service

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed	Complaint Upheld?
COM-16/17-603	Investigation	16-Mar-2017	Closed	05-Apr-2017	Community Health & Social Care Directorate	14	
COM-17/18-638	Frontline	16-Jun-2017	Closed	04-Aug-2017	Community Health & Social Care inc NHS	35	

Standard of service received

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed	Complaint Upheld?
COM-17/18-637	Investigation	07-Jun-2017	Alert		Community Health & Social Care Directorate	55	

Behaviour/Attitude of staff

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed	Complaint Upheld?
COM-16/17-596	Investigation	03-Mar-2017	Closed	10-May-2017	Community Care - Resources	48	Partially Upheld
COM-16/17-606	Investigation	20-Mar-2017	Closed	27-Apr-2017	Community Care - Resources	28	Upheld

Disagreement with decision made

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed	Complaint Upheld?
COM-16/17-572	Investigation	31-Jan-2017	Closed	22-Jun-2017	Community Health & Social Care Directorate	102	Not Upheld
COM-17/18-627	Frontline	10-Apr-2017	Closed	01-May-2017	Community Health & Social Care Directorate	15	

NHS Shetland Feedback Monitoring Report – Integration Joint Board community health and care services

From April 2017 all NHS Boards in Scotland are required to further monitor patient feedback and to report their performance against a suite of high level indicators determined by the Scottish Public Services Ombudsman (SPSO). This report outlines NHS Shetland's performance against these indicators for community health and care services in the period April to June 2017.

Further detail, including the actions taken as a result of each Stage 2 complaint for community health and care services from 1 April 2017 to 30 June 2017 is provided. This includes changes or improvements to services or procedures as a result of consideration of complaints.

A summary of community health and care cases taken to the Scottish Public Services Ombudsman from April 2015 onwards is also included, allowing oversight of the number and progress of these and also the compliance with any learning outcomes that are recommended following SPSO investigation.

Summary

- Corporate Services recorded 26 pieces of community health and care feedback in Quarter 1of 2017/18 (1 April -30 June 2017):

	01.04.17 – 30.06.17		[to be included at next iteration]	
Feedback Type	**Number**	**%**	**Number**	**%**
Comments	0	0		
Compliments	0	0		
Concerns	8	31		
Complaints	18	69		
Totals:	**26**			

Quarterly complaint data for Family Health Services should also be included here. We have received confirmation they are working to the revised procedure but no quarterly data has been shared with the Board to date. The Feedback and Complaints Officer will look to support and progress this prior to the next quarterly report.

Key highlights

- Last quarter reporting information is not included as data capture requirements have been revised since the implementation of the new Complaints Handling Procedure from 1 April 2017. However, for Quarter 1 we have had three formal complaint investigations for community health and care services (handled as Stage 2 complaints), as compared with 10 from the same quarter in 2016/17.
- In total we have had 18 complaints relating to community health and care – 15 of which have been logged at Stage 1. They are not understood to be related to a decline in service delivery, but a reflection of the introduction of Stage 1 local resolution complaints. In particular the dental directorate has been efficient at logging Stage 1 complaints (10 of the 15 logged with Corporate Services).

- Further work is required with various staff groups to work towards higher compliance in Stage 1 complaint performance (in particular with regard to responding within five working days and closing the loop with Corporate Services).
- Quarterly complaint data for Family Health Service providers will be included at the next iteration of this report.
- A statement to report complainant experience in relation to the complaints service provided will be included for Stage 2 complaints at the next iteration of this report.
- ISD has advised it will no longer collate complaint performance data on a quarterly basis. We are waiting to further understand national performance reporting requirements and will update the Board once this is available.

Complaints Performance

Definitions:
Stage One – complaints closed at Stage One Frontline Resolution;
Stage Two (direct) – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);
Stage Two Escalated – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

1 Complaints closed *(responded to)* at Stage One and Stage Two as a percentage of all community health and care complaints closed.		
Description	01.04.17 – 30.06.17	[to be included at next iteration]
Number of complaints closed at Stage One as % of all complaints	83%	
Number of complaints closed at Stage Two as % of all complaints	17%	
Number of complaints closed at Stage Two after escalation as % of all complaints	0%	
Notes:- In some cases we may be unable to issue a response to a complaint, for example, when the complaint is submitted anonymously. During the period we received no such complaints.		

2 The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of all community health and care complaints closed *(responded to)* in full at each stage.		
Upheld		
Description	01.04.17 – 30.06.17	[to be included at next iteration]
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	40% (6 of 15)	% (of)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	33% (1 of 3)	
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	n/a	

Partially Upheld		
Description	01.04.17 – 30.06.17	[to be included at next iteration]
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	47% (7 of 15)	% (of)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	67% (2 of 3)	
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	n/a	

Not Upheld		
Description	01.04.17 – 30.06.17	[to be included at next iteration]
Number complaints not upheld at Stage One as % of complaints closed at Stage One	13% (2 of 15)	% (of)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 3)	
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	n/a	

3 The average time in working days for a full response to community health and care complaints at each stage			
Description	01.04.17 – 30.06.17	[to be included at next iteration]	Target
Average time in working days to respond to complaints at Stage One	1.6		5 wkg days
Average time in working days to respond to complaints at Stage Two	28		20 wkg days
Average time in working days to respond to complaints after escalation	n/a		20 wkg days

Notes:-	For 2 of 3 Stage 2 complaints, the average working days to respond was 19.5 (i.e. one delayed complaint response has significantly altered the performance).

4 The number and percentage of community health and care complaints at each stage which were closed *(responded to)* in full within the set timescales of 5 and 20 working days			
Description	01.04.17 – 30.06.17	[to be included at next iteration]	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	93% (14 of 15)	% (of)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	33% (1 of 3)		80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	n/a		80%

5 The number and percentage of community health and care complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.		
Description	01.04.17 – 30.06.17	[to be included at next iteration]
% of complaints at Stage One where extension was authorised	0% (0 of 15)	% (of)
% of complaints at Stage Two where extension was authorised	67% (2 of 3)	
% of escalated complaints where extension was authorised	n/a	

Learning from complaints

For Quarter 1 there are no trends to highlight for Stage 1 complaints except for access to dental services. The Dental Director has been actively involved with speaking to dissatisfied service users to better understand their individual care requirements and explain the recruitment challenges and alternative service provision. Please see the attached complaints narrative for Stage 2 complaints which outlines changes or improvements to services or procedures as a result of the consideration of formal complaint investigations for community health and care services.

Staff Awareness and Training

The NHS NES revised eLearning modules on feedback and complaint handling will be promoted to staff in the next Team Brief newsletter.

Staff are provided with key information on feedback and complaint handling at each induction session. Staff attending mandatory refresher training are given an update sheet on feedback and complaints.

The Feedback and Complaints Officer is continuing to speak with departments and key meetings about changes to the procedure.

Complaints Process Experience

Information for Quarters 1 and 2 to be included, where available, in the next iteration of this report. A sample questionnaire is included below:

Description	[current period]	% (? of ?)
1. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	
	Satisfied	
	Neither Satisfied or Dissatisfied	
	Dissatisfied	
	Very Dissatisfied	
	Question Skipped	
2. How satisfied are you with how you were treated when you were making your complaint?	Very Satisfied	
	Satisfied	
	Neither Satisfied or Dissatisfied	
	Dissatisfied	
	Very Dissatisfied	
	Question Skipped	
3. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Yes	
	No	
	Question Skipped	
4. Did we apologise for your experience?	Yes	
	No	
	Question Skipped	
5. How satisfied were you that we responded to you in a timely manner?	Very Satisfied	
	Satisfied	
	Neither Satisfied nor Dissatisfied	
	Dissatisfied	
	Very Dissatisfied	
	Question Skipped	
6. Did the complaints response letter clearly detail the outcome of your complaint?	Yes	
	No	
	Question Skipped	
6a. Did the complaints response letter clearly detail the reason/s that outcome was reached?	Yes	
7. Overall, how satisfied were you with the complaints procedure?	Very Satisfied	
	Satisfied	
	Neither Satisfied or Dissatisfied	
	Dissatisfied	
	Very Dissatisfied	
	Question Skipped	
8. Finally, do you have any other comments about how your complaint was handled or suggestions on how we may improve our service to customers?		

Stage 2 complaints received 1 April 2017 to 30 June 2017

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions
1	Staff attitude and lack of treatment	GP	No	Complaint was not logged by practice with Corporate Services correctly	Partially upheld	• Explanation for actions given and sincere apology offered for misinterpretation • Patient file note added requesting not to be seen by locum GPs
2	Inability to access appropriate support	Mental health	No	Annual leave of responder	Partially upheld	• Apology offered for delay in accessing support at a time of acute need • Service tasked with monitoring its routine and urgent waiting times so that they were better able to balance capacity with demand • Urgent referrals to be flagged and then treated as such, with those referrals being separated out and dealt with immediately after a decision was made by the team. • Exceptions to waiting times that fall outside the local target must be communicated to the patient's GP so they can consider if any other support needs to be made available
3	Waiting time for appropriate support	Mental health	Yes		Upheld	• Referral route update to be better communicated to staff • Updating of the initial outcome letter to include advice to patients if circumstances change whilst on waiting lists

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2015 to 30 June 2017

Our complaint reference	Summary	Outcome notification date	Outcome	Recommendations (operational oversight by JGG)	Action owner	Completion/Evidence
2014/15_05	Poor dental treatment	26.10.15	Not upheld	No recommendations		
2014/15_26	Failure to diagnose a DVT		Open			
2014/15_43	Poor dental treatment	02.03.16	Not upheld	1. Board to introduce a process for written consent for the type of procedure, evidencing discussion of risks 2. Board to give consideration to producing an appropriate local patient information leaflet for the type of procedure	Dental Director	Requested response to SPSO by 27.04.16 – COMPLETE Letter and evidence sent to SPSO on 27.04.16, including two existing patient information leaflets on having a tooth removed and post extraction care, along with three new pieces of documentation that have now been shared with dental staff: 1. Removal of wisdom teeth – patient information leaflet 2. Protocol for MOS consent 3. MOS consent form **SPSO satisfied with actions taken**
2015/16_15	Patient did not receive adequate physiotherapy treatment/advice	10.03.16	Not upheld	1. Physio to provide both verbal and written advice re wound care 2. Operation consent form to include complex regional pain syndrome as a risk of upper limb surgery	Head of Physio Medical Director	Generalist physio skills locally which differ to specialist hand physios who will often have an extended role re wound care. Physio will however develop a general information sheet for care following the specific surgery Medical Director action to approach other Boards about the forms they use and adapt these for local use. Admin capacity to be determined, however this will be kept under

Our complaint reference	Summary	Outcome notification date	Outcome	Recommendations (operational oversight by JGG)	Action owner	Completion/Evidence
						review. Intention to streamline the approval process for procedure specific consent forms. **Update: Endowments Committee approval for procedure specific consent forms to be purchased**
2016/17_38	Access to NHS orthodontic treatment		Information provided to SPSO			
2016/17_43	Delay to autism diagnosis		Information provided to SPSO			
2016/17_37	Failure to provide appropriate clinical treatment in view of patient's presenting symptoms		Information provided to SPSO			
2016/17_41	Failure to provide a reasonable standard of care and treatment in A&E and staff attitude at GP practice unacceptable		Information provided to SPSO			
2016/17_53	Failure to provide appropriate standard of dental care		Information provided to SPSO			

Key:
Grey – no investigation undertaken by SPSO
Green – completed response and actions
Amber – completed response but further action to be taken at the point of update
No colour – open case

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	6 September 2017
Report Title:	Financial Monitoring Report to 30 June 2017	
Reference Number:	CC-44-17 F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 Note the 2017/18 Management Accounts for the period to 30th June 2017.

2.0 High Level Summary:

2.1 The current projected outturn to the end of March 2018 for the services delegated to the IJB is an overall adverse variance of £2,876k which represents an overspend in the Shetland Island Council's (SIC) arm of the budget of £189k and an over spend in NHS Shetland's (NHSS) arm of £2,687k.

2.2 The £189k over spend in the SIC arm of the budget will be covered by a central contingency should this forecast materialise. The SIC makes provision within its budget for cost pressures and contingencies that may arise during the year. This approach provides additional confidence that the SIC are able to mitigate any adverse financial circumstances.

2.3 NHSS has agreed to provide the IJB with a one off additional payment to cover the year-end over spend in the NHSS arm of the budget. The final value of this payment will have to be agreed between the IJB Chief Officer, IJB Chief Financial Officer and the NHSS Director of Finance at the end of the financial year once the outturn position is known.

2.4 It is important to note that should NHSS be unable to contain costs and their break-even position becomes possible only through the use of "brokerage" then further discussion on how the repayment of this will be required between NHSS and the IJB.

2.5 As a result of the above it is anticipated that the IJB is will reach a break-even position for the financial year 2017/18.

2.6 The IJB currently has a General Reserve balance of £125k which can be used at the discretion of the IJB as and when required. There are currently no plans on how best to utilise these funds in line with the Strategic Commissioning Plan, however on the basis of the current financial position the £125k may be required to

offset overspend.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB's vision, aims and strategic objectives are set out in the Integration Scheme and the Strategic Plan 2017-20.

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

4.0 Key Issues:

Background

4.1 The 2017/18 Integration Joint Board (IJB) budget was noted at the meeting of 10th March 2017 (CC-19-17 F).

4.2 The Integration Scheme requires that Management Accounts to be presented to the IJB at least quarterly.

4.3 This report represents the Management Accounts as at the end of the first quarter of the 2017/18 financial year.

Executive Summary

4.4 The Management Accounts for the period ended 30 June 2017 have been compiled following financial analysis and budget monitoring at SIC and NHSS.

4.5 Appendix 1 details the consolidated year-end outturn forecast for the services delegated to the IJB. Current projected outturn to the end of March 2018 is an adverse variance of £2,876k. It is important to note that the adverse variance relates to the services delegated to the IJB but the IJB itself will show a breakeven position in its annual accounts for 2017/18 as a result of the additional one-off balancing payment from NHSS and an additional payment from the SIC contingency reserve.

4.6 Appendix 2 details the opening annual budgets by organisation as per the Joint Strategic Commissioning Plan 2017-20.

Financial Commentary

4.7 Mental Health – projected outturn overspend of (£131k), (9%)
Consultant Mental Health Locum commitment plus flights plus and accommodation to end of November 2017 (£84k).

4.8 Substance Misuse – projected outturn breakeven
There are no significant variances in this service area.

4.9 Oral Health – projected outturn breakeven
There are no significant variances in this service area.

4.10 Pharmacy & Prescribing – projected outturn breakeven
There are no significant variances in this service area.

4.11 Primary Care – projected outturn overspend of (£554k) (12%)
GP locum requirements in Bixter (£67k), Whalsay (£130k), Yell (£157k), Unst (£137k) and Lerwick (£18k). Scalloway practice creating (£76k) in year cost pressure following TUPE transfer of staff.

4.12 Community Nursing – projected outturn breakeven
There are no significant variances in this service area.

4.13 Directorate – projected outturn under spend of £80k, 7%
The projected underspend mainly relates to additional budget being added by the SIC, through its carry-forward scheme. The full 2016/17 carry-forward budget of £620k agreed for the Directorate of Community Health and Social Care has initially been assigned to the Directorate, prior to being allocated across the Services. Due to delays in getting projects and recruitment underway, an under spend of £120k is projected for the year. All savings are deemed one-off in nature.

4.14 Pensioners – projected outturn breakeven
There are no significant variances in this service area.

4.15 Sexual Health – projected outturn breakeven
There are no significant variances in this service area.

4.16 Adult Services – projected outturn overspend of (£93k), (2%)
Projected overspend in employers pension costs, due to a 1% increase in the contribution rate payable, (£34k), together with holiday pay costs, (£91k), both of which were not budgeted for in the Service. Central SIC contingency is available to cover these costs if required.

4.17 Adult Social Work – projected outturn under spend of £49k, 2%
Projected under spend on employee costs due to maternities not back-filled, a vacant post within the Admin Team and the impact of staff who are new to posts starting on a lower grade than budgeted, £51k. All savings are deemed one-off.

4.18 Community Care Resources – projected outturn overspend (£201k), (2%)
The projected overspend is mainly due to:

- a projected overspend in employers pension cost, due to a 1% increase in the contribution rate payable, (£95k), together with holiday pay costs (£224k), both of which were not budgeted for in the Service. Central SIC contingency is available if required; offset by
- a projected under spend on employee costs across the service, £167k, which relates to rolling vacancies and difficultly to recruit in some areas which has led to the use of agency staff, where a overspend of, (£76k) is projected.
- a projected underspend in meal supplies budgets, £94k, due to savings from centralising all meal production for Lerwick at Edward Thomason House (Lerwick Kitchen), more efficient procurement across the service and an overall reduction in demand for meals, which may be linked to more meal preparation being provided in people's homes.

All savings are deemed one-off in nature.

4.19 Criminal Justice – projected outturn under spend of £5k (28%)
There are no significant variances in this service area.

4.20 Speech & Language Therapy – projected outturn breakeven
There are no significant variances in this service area.

4.21 Dietetics – projected outturn breakeven
There are no significant variances in this service area.

4.22 Podiatry – projected outturn breakeven
There are no significant variances in this service area.

4.23 Orthotics – projected outturn breakeven
There are no significant variances in this service area.

4.24 Physiotherapy – projected outturn breakeven
There are no significant variances in this service area.

4.25 Occupational Therapy – projected outturn breakeven
There are no significant variances in this service area.

4.26 Health Improvement – projected outturn breakeven
There are no significant variances in this service area.

4.27 Unscheduled Care – projected outturn overspend (£188k), (6%)
Ward 3 overspend on pay cost due to Ronas staff redeployment. Staff will be redeployed into vacancies in due course but cost pressure will remain during 17/18 (£70k). A&E overspend on pay cost due to maternity leave and bank costs (£25). Medical consultant locums being required to maintain the 1 in 4 rota (£95k).

4.28 Renal – projected outturn breakeven
There are no significant variances in this service area.

4.29 Scottish Government Additionality Funding – projected outturn under spend £18k,
The IJB was allocated £1.474m Additionality Funding from the Scottish Government (SG) for 2017/18. As per SG guidance, £852k of the overall funding will be used 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 the SIC for 2017/18. The remaining £622k is provided to support additional spend on expanding social care to support the objective of integration. To date, £592k of the remaining funding has been allocated to the Parties.

It was agreed that £348k of this funding would be used to support the increased demand for Self-Directed Support packages. Based on the current packages in place, an under spend of £18k is projected for the year. This is however difficult to predict as packages can vary greatly in value, so the addition of further packages, or changes to existing packages can had significant financial impact.

A further £78k allocation of this funding has been made to cover the cost of one full-time social worker and one full-time administration worker who specifically focus on expediting timely hospital discharges. It is expected that this funding will be spent in full.

£86k was set aside for the recruitment of two therapist posts (1 WTE

Physiotherapist and 1 WTE Occupational Therapist) for the Re-ablement Programme in Care Homes. It is expected that this funding will be spent in full.

The remaining £80k will be used to fund the enhanced Intermediate Care Team as agreed at the IJB meeting on 13th July 2017.

Summary

Funding	Budget £000s	Projected Outturn £000s	Variance £000s
SG Additionality 16/17 (recurrent)	512		
SG Additionality 17/18 (recurrent)	80		
SG Additionality 17/18 (non-recurrent)	30		
Total	**622**		
Planned Expenditure			
Self Directed Support (SIC)	348	330	18
Social Work Hospital Discharge Liaison (SIC)	78	78	0
Reablement Programme to support Care Centres (NHS)	86	86	0
Implementation of Carers Act (SIC)	30	30	0
Enhanced Intermediate Care Team	80	80	0
Total	**622**	**604**	**18**

4.30 Integrated Care Funding – projected outturn breakeven

The budget of £410k will be used to partially fund the enhanced Intermediate Care Team with the balance being funded from the Scottish Government Additionality funding as shown in paragraph 4.30. Full details of the enhanced Intermediate Care Team and funding can be seen in IJB paper CC-25-17 (13/07/17) below.

http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=21147

4.31 Recovery Plan - projected outturn unachieved (£1,243k), (49%)

The IJB began the year with a savings target of £2,529k and agreed its approach to addressing this issue at a meeting on 10/03/17 (CC-19-17 F).

At the end of June 2017, £668k savings has been achieved. The IJB will be asked at today's meeting to approve further proposals to close the remaining gap of £1,861k in 2017/18.

There is another paper on today's agenda 'Bridging the Funding Gap 2017/18' which will provide further detail concerning these proposals and the Recovery Plan.

IJB	Recurrent Savings			Non Recurrent Savings	Total Savings Achieved 17/18	Saving Gap Remaining 17/18	Savings Gap Remaining (FYE)
Savings Scheme	Target (£s)	Achieved YTD (£s)	Achieved FYE (£s)	Achieved YTD (£s)	(£s)	(£s)	(£s)
Shifting the Balance of Care from Hospital to Community: Rehabilitation	472,184	362,715	480,419	0	362,715	109,469	-8,235
Community Nursing	240,000	52,628	52,648	0	52,628	187,372	187,352
GP Employed Practices	150,000	14,778	15,492	0	14,778	135,222	134,508
Out of Hours	100,000	0	0	0	0	100,000	100,000
Pharmacy Drugs	328,500	155,906	155,906	821	156,727	171,773	172,594
Funding Gap	1,238,316	32,022	33,170	49,410	81,432	1,156,884	1,205,146
Total	**2,529,000**	**618,049**	**737,635**	**50,231**	**668,280**	**1,860,720**	**1,791,365**
%	**100%**	**24%**	**29%**	**2%**	**26%**	**74%**	**71%**

4.32 General Reserve

In line with the IJB Reserve Policy, £125k was carried forward from 2016/17 in the General Reserve. These funds resulted from an under spend against the Scottish Government Additional Funding for Social Care.
The reserve will be used in line with the Strategic Commissioning Plan including (but not limited to) the following priorities:

To fund projects which will accelerate the shifting of the balance of care from hospital to community settings;

To fund in year cost pressures which arise during the delivery of the services.

The IJB can decide when and how to utilise this reserve. It can be used during 2017/18 or it can be carried forward as long as necessary in the IJB's General Reserve.

	£000s
Opening Balance	125
Movement proposed during 2017/18	0
Estimated Year-End balance	125

Overall Year End Forecast Position

4.33 The projected financial outturn to the end of March 2018 for services delegated to the IJB is an overall adverse variance of £2,876k which represents an overspend in the SIC arm of the budget of £189k and an overspend in NHSS arm of £2,687k. It is important to note that these forecast figures are subject to change and are often difficult to predict due to a variety of factors outwith our control.

4.34 Despite the variances in the operational budgets of both SIC and NHSS the IJB is expected to break even at the end of the financial year 2017/18. Any SIC

overspend will be covered by their central contingency reserve and NHSS will provide an additional balancing payment from their own reserves and under spends elsewhere in the organisation subject to NHS Board approval.

4.35 It is crucial that the savings schemes continue to be identified and accelerated through collaborative and cooperative working between all three partners. The current service model is not sustainable and we face a significant financial challenge in 2017/18 and beyond.

5.0 Exempt and/or confidential information:	
5.1 None	
6.0	
6.1 Service Users, Patients and Communities:	May be affected should services be redesigned. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.2 Human Resources and Organisational Development:	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and the Health Board to the IJB and the budget allocated to the IJB by each Party in order to deliver the delegated functions for that Party. These are set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance. The Council, the Health Board and the IJB must adhere to the terms of the Integration Scheme approved by the Scottish Government under the terms of the Public Bodies Act. This includes a section on Finance with details regarding the treatment of under/over spends.
6.5 Finance:	NHSS has agreed to provide the IJB with a one off additional payment to cover the projected year-end overspend in the NHSS arm of the budget. It is important to note that should NHSS be unable to contain costs and their break-even position becomes possible only through the use of “brokerage” then further discussion on how the repayment of this will be required between NHSS and the IJB. Central contingency is available to cover the projected overspend in the SIC arm of the budget should it be required.
6.6 Assets and Property:	None arising directly from this report. There may be implications for assets and property depending on the projects/ options

	considered to meet the NHSS budget overspend.	
6.7 ICT and new technologies:	None arising directly from this report. There may be implications for ICT depending on the projects/ options considered to meet the NHSS budget overspend.	
6.8 Environmental:	None arising directly from this report. There may be implications for the environment depending on the projects/ options considered to meet the NHSS budget overspend e.g. regarding carbon footprint.	
6.9 Risk Management:	There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management. The IJB has a Risk Management Strategy in place and considers the risks regarding the activities of the IJB itself as a body corporate and also the risks associated with the services provided to meet the obligations of the IJB with regard to the functions delegated by the Council and NHSS on a regular basis. Specific issues and risks to the IJB associated with this report are those concerning failure to deliver the Strategic Plan within the budget allocation specifically regarding the delegated functions and budget allocation from NHSS. These risks are articulated in the IJB Risk Register and the Health and Social Care Risk Register.	
6.10 Policy and Delegated Authority:	This report presents information with regard to the budgets allocated to the IJB including the NHSS "set aside" allocation. The IJB has delegated authority to deliver the approved Strategic Plan within the budget allocated.	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation.	

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
18th August 2018

Appendices:

1 – Year end forecast outturn position
2 - Annual Budget by Organisation

Appendix 1

Consolidated Financial Monitoring Report
Year end outturn position

Service	**2017/18 Revised Annual Budget £000s**	**Year End Outturn £000s**	**Budget v Outturn Variance (Adv)/ Pos £000s**
Mental Health	1,898	2,029	-131
Substance Misuse	623	623	0
Oral Health	3,191	3,191	0
Pharmacy & Prescribing	6,485	6,485	0
Primary Care	4,633	5,187	-554
Community Nursing	2,437	2,437	0
Directorate	1,141	1,061	80
Pensioners	78	78	0
Sexual Health	40	40	0
Adult Services	4,935	5,028	-93
Adult Social Work	2,442	2,393	49
Community Care Resources	10,100	10,301	-201
Criminal Justice	18	13	5
Speech & Language Therapy	85	85	0
Dietetics	115	115	0
Podiatry	232	232	0
Orthotics	145	145	0
Physiotherapy	588	588	0
Occupational Therapy	1,614	1,614	0
Health Improvement	212	212	0
Unscheduled Care	3,324	3,512	-188
Renal	169	169	0
Scottish Gov Additionality	622	604	18
Integrated Care Funding	410	410	0
Recovery Plan	-2,529	-668	-1,861
Total	**43,008**	**45,884**	**-2,876**

Appendix 2

Consolidated Financial Monitoring Report
Annual Budget by Organisation

Service	NHS Managed £000s	SIC £000s	NHS Set Aside £000s	Total £000s
Mental Health	1,353	619	0	1,972
Substance Misuse	496	180	0	676
Oral Health	3,123	0	0	3,123
Pharmacy & Prescribing	6,126	0	572	6,698
Primary Care	4,571	0	0	4,571
Community Nursing	2,330	0	0	2,330
Directorate	94	441	0	535
Pensioners	0	78	0	78
Sexual Health	0	0	38	38
Adult Services	66	4,944	0	5,010
Adult Social Work	0	2,386	0	2,386
Community Care Resources	0	10,032	0	10,032
Criminal Justice	0	18	0	18
Speech & Language Therapy	83	0	0	83
Dietetics	112	0	0	112
Podiatry	225	0	0	225
Orthotics	143	0	0	143
Physiotherapy	603	0	0	603
Occupational Therapy	185	1,370	0	1,555
Health Improvement	0	0	310	310
Unscheduled Care	0	0	3,190	3,190
Renal	0	0	145	145
Scottish Gov Additionality	196	426	0	622
Integrated Care Funding	410	0	0	410
Recovery Plan	-2,079	0	-450	-2,529
Total	**18,037**	**20,494**	**3,805**	**42,336**

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	6 September 2017
Report Title:	Reserves Policy	
Reference Number:	CC-43-17 F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 The IJB is asked to: Approve the Integration Joint Board Reserves Policy.

2.0 High Level Summary:

2.1 The Integration Joint Board (IJB) has the power to carry forward money from one year to the next through its reserves by virtue of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.2 It is important that a Reserves Policy is developed to support the carry forward and use of reserves. A proposed Reserves Policy is attached in appendix 1 of this report for consideration and approval.

2.3 The ability to carry funds from one year to the next will help support the transformation agenda that the IJB is currently working towards. In particular there may be under spends against the Scottish Government's Additional Funding for Social Care that will be required to be carried forward. The under spends against these funds are not unexpected, as it takes time to develop the proposals and programmes to deliver the objectives of the funding.

2.4 Best practice indicates that the Chief Officer and Chief Finance Officer will prepare a Reserves Policy for the IJB, which requires the approval of the IJB and the Director of Finance of NHS Shetland and the Section 95 Officer of the Shetland Islands Council. The Reserves Policy will be reviewed annually as part of the budget setting cycle.

2.5 The Director of Finance of NHS Shetland and the Section 95 Officer of the Shetland Islands Council have been consulted and are supportive of the proposed reserves policy.

3.0 Corporate Priorities and Joint Working:

3.1 The Reserves Policy will confirm the agreement between partners in regards to the carry forward of funds from one year to another and avoid any potential disputes

arising.

3.2 The reserves will be used to fund projects in line with the Joint Strategic Commissioning Plan.

4.0 Key Issues:

4.1 The purpose of this Reserves Policy is to:

- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- Identify the principles to be employed by the IJB in assessing the adequacy of its reserves;
- Indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed and;
- Set out arrangements relating to the creation, amendment and the use of reserves and balances.

5.0 Exempt and/or confidential information:

5.1 None

6.0

6.1 Service Users, Patients and Communities:	None
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	The Integration Joint Board (IJB) has the power to carry forward money from one year to the next through its reserves by virtue of the Public Bodies (Joint Working) (Scotland) Act 2014.
6.5 Finance:	The Reserves Policy will confirm the agreement between partners in regards to the carry forward of funds from one year to another and avoid any potential disputes arising. The Policy will confirm that any under spends against Scottish Government Additional Funding for Social Care will be retained by the IJB and that other under spends may be retained only under the agreement of all three partners.
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None

6.8 Environmental:	None	
6.9 Risk Management:	The creation and approval of a Reserves Policy will help to ensure that transformational change budgets are retained and controlled by the IJB and can be carried forward from one year to another.	
6.10 Policy and Delegated Authority:	The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.	
6.11 Previously considered by:	Local Partnership Finance Team (LPFT)	August 2017

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
9 August 2017

Appendices:
Appendix 1 – Shetland Integration Joint Board Reserves Policy

Shetland NHS Board	Shetland Islands Council

Shetland Integration Joint Board

RESERVES POLICY

Date Created	Date Implemented	Review Date
August 2017	XXXX 2017	XXXX 2019

Developed By Chief Finance Officer	Reviewed By Chief Officer	Approved by LPFT IJB

VERSION 1.1

CONTENTS

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Statutory/Regulatory Framework for Reserves	2
Operation of Reserves	3
Role of the Chief Finance Officer	4
Adequacy of Reserves	5
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1. Background

1.1 In July 2014 CIPFA, through the Local Authority Accounting Panel (LAAP), issued guidance in the form of LAAP bulletin 99 - *Local Authority Reserves and Balances* in order to assist local authorities (and similar organisations) in developing a framework for reserves. The purpose of the bulletin is to provide guidance to local authority chief finance officers on the establishment and maintenance of local authority reserves and balances in the context of a framework, purpose and key issues to consider when determining the appropriate level of reserves.

1.2 The Shetland Integration Joint Board (IJB) is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board.

1.3 The purpose of this Reserves Policy is to:

- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- Identify the principles to be employed by the IJB in assessing the adequacy of its reserves;
- Indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed and;
- Set out arrangements relating to the creation, amendment and the use of reserves and balances.

1.4 In common with local authorities, the IJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

Usable Reserves

2.1 Local Government bodies - which includes the IJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Name of Usable Reserve	**Statutory / Regulatory Power**
General Fund	Local Government (Scotland) Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- The reason / purpose of the reserve;
- How the reserve links to the strategic plan,
- How and when the reserve can be used;
- Procedures for the reserves management and control; and
- The timescale for review to ensure continuing relevance and adequacy.

2.3 The Shetland IJB has the powers to hold a General Fund Reserve, and in Scotland there are no specific powers enabling it to hold separate usable reserves for other purposes.

3. Operation of Reserves

3.1 A Reserve is generally held to do one or more of three things:

- Create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing [Note, due to the funding and operational nature of the IJB it is unlikely that this need will arise];

- Create a contingency to cushion the impact of unexpected events or emergencies; and

- Create a means of building up funds to meet known commitments or liabilities or to retain funds so that grant conditions can be met in the future. These are specifically identified and set aside within the Reserve and are often referred to as earmarked reserves.

3.2 Therefore the value of a Reserve can often comprise of three elements:

- Funds that are free from commitment to any particular matter or activity, the value of which can be relied upon to help with the impact of uneven cash flows or is set aside to deal with unexpected events or emergencies. These funds are often referred to as ‘working balances’ or ‘free reserves’ and it is not unusual for a target level to be set for these funds [See section 5 regarding adequacy of reserves];

- Funds that are earmarked or set aside for specific purposes. These purposes can include enabling the IJB to make use of funding in future years that has specific conditions on its use; and

- In certain circumstances funds held in excess of the combined target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

4. Role of the Chief Finance Officer

4.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). The IJB, based on this advice, may then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

5.2 In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Plan and Integration Scheme, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.

5.3 The IJB's Integration Scheme sets out and places responsibility on Shetland Islands Council and NHS Shetland to fund any overspends on their element of the IJB's operational budget (subject to annual agreement). This has been agreed by both partners and the financial risk remains with the partner organisations and therefore reduces the importance and need for the IJB to retain reserves.

5.4 The responsibility for capital expenditure sits with the Shetlands Islands Council and NHS Shetland who will maintain inventories of all assets used to support and provide services that are under the direction of the IJB. The IJB will therefore not be subject to unforeseen capital expenditure and does not need to retain a reserve in this respect.

5.5 In light of the size and scale of the IJB's responsibilities, over the medium term, it is anticipated that it will be difficult to build up reserves on a planned basis. However, under spends in specific funding streams such as the Scottish Government Additional Funding for Social Care can be retained in the General Fund Reserve.

5.6 The IJB's Integration Scheme is clear in relation to the treatment of windfall or fortuitous under spends. Where under spending relates to specific funding streams the treatment of these will be agreed between the Shetland Island's Council, NHS Shetland and the IJB as it is recognised that retained under spends comes at the expense of the partner organisation/s.

5.7 Although not critical to the IJB's financial sustainability any reserve balance created will be beneficial in supporting the delivery of the Strategic Plan. A reserve may be used for transformational change projects to accelerate the shifting of the balance of care from hospital to community settings.

6. Reporting Framework

6.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget setting report the Chief Finance Officer should state:

- The current value of the General Fund Reserve, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;

- The adequacy of reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment, and in the context of the IJB's Integration Scheme;

- An assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and

- If the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through its budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Usable Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

Appendix 1

General Fund Reserve

Protocol:

1 Reason / purpose of the reserve

The reserve will be primarily created from under spends in Scottish Government Additional Funding for Social Care. Other under spends can be retained in this reserve after applying the conditions set out in the IJB's Integration Scheme and with the agreement of all Parties.

The reserve will be used at the discretion of the IJB and will support the delivery of the Strategic Plan.

2 How the reserve links to the strategic plan

The reserve will be used in line with the Strategic Commissioning Plan including (but not limited to) the following priorities:

To fund projects which will accelerate the shifting of the balance of care from hospital to community settings;

To fund in year cost pressures which arise during the delivery of the services.

3 How and when the reserve can be used

The reserve will be used at the discretion of the IJB as and when required.

4 Procedures for the reserves management and control

The Chief Financial Officer will provide advice on the appropriateness, affordability and sustainability of any proposed use of the reserve.

All use of the reserve must be agreed by the IJB at a formal meeting.

Any agreed movements in reserves will be included in the quarterly financial monitoring reports and the annual accounts of the IJB.

5 The timescale for review to ensure continuing relevance and adequacy.

Annually as part of the budget setting process.

Agenda Item

4

Shetland Islands Council

Meeting(s):	Education and Families Committee Integration Joint Board	28 August 2017 6 September 2017
Report Title:	Shetland's Autism Spectrum Disorder Strategy 2016 – 2021: Action Plan Update	
Reference Number:	CC-38-17 F	
Author / Job Title:	Clare Scott, Executive Manager Adult Services, Community Health and Social Care	

1.1 Decisions / Action required:

1.1 That the Integration Joint Board (IJB) and the Education and Families Committee (E&FC) NOTE progress made in taking forward Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 Action Plan.

1.2 Highlight any issues or concerns.

1.3 Direct (in the case of the IJB) and Advise (E&FC) the council on any matters where they wish to see action taken.

1.4 Delegate authority to provide future updates to IJB and E&FC on an annual basis through the Joint Strategic Commissioning Plan (IJB) and the Children Services Directorate Plan (E&FC).

2.0 High Level Summary:

2.1 The purpose of this report is to provide the IJB '*Min. Ref. 17/16*' and E&FC '*Min. Ref. 18/16*' with an overview of key activities of the Shetland's Autism Spectrum Disorder Strategic Group and Shetland's Autism Spectrum Disorder Focus Group to date following final approval of the Shetland's Autism Spectrum Disorder Strategy 2016-21 on 27 April 2016 (IJB) and 13 June 2016 (E&FC). It was agreed that the Action Plan would be monitored via six-monthly updates to the IJB and E&FC.

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

2.3 The Shetland's Autism Spectrum Disorder Strategic Group comprises of representatives from Community Health and Social Care, Children Services, NHS Shetland, Third Sector and Carers and meets on a quarterly basis. The Shetland's Autism Spectrum Disorder Focus Group reports to the Strategic Group. It meets on

an approximately 6 weekly basis and takes forward the concentrated work that will assist delivery of the 6 Local Goals Themes of;

- Awareness Raising and Workforce Development;
- Assessment and Diagnosis;
- Active Citizenship;
- Transition;
- Support for Families and Carers;
- Employment.

2.4 Integrated and multi disciplinary are key approaches of the Strategic and Focus Groups work to maximise on resources and opportunity and support the whole life approach of the Shetland's Autism Spectrum Disorder Strategy. Good practice is being shared and challenges identified to inform further action to improve outcomes for people with autistic spectrum disorder, their families and carers in Shetland.

3.0 Corporate Priorities and Joint Working:

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

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

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

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

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

4.0 Key Issues

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

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

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

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications : *Identify any issues or aspects of the report that have implications under the following headings*

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

	implementation of the Shetland's Autism Spectrum Disorder.	
6.6 Assets and Property:	No implications.	
6.7 ICT and new technologies:	No implications.	
6.8 Environmental:	No implications.	
6.9 Risk Management:	This report provides Members with information in relation to Shetland's progress towards delivering improved outcomes for children and adults with autism spectrum disorder, their families and carers. The risk of not delivering against the Shetland's Autism Spectrum Disorder Strategy 2016 - 21 is that we will not achieve Scottish Government's aims of improving outcomes for people with autism spectrum disorder, their families and carers, by 2021. This risk will then need to be referenced under the IJB Risk Register and Children's Services Risk Register.	
6.10 Policy and Delegated Authority:	The Council's Constitution – Part C – Scheme of Administration and Delegations provides its terms of reference for Functional Committees (2.3.1 (2)) that they; "Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring; (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus" The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland. These delegated functions are detailed in the Integration Scheme and the IJB is required to issue Directions to the parties to ensure services are delivered within the allocated budgets.	
6.11 Previously considered by:		

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

Appendices:
Appendix 1: Shetland's Autism Spectrum Disorder Strategy (Young People and Adults) 2016 – 2021 Action Plan. V10. Updated 8th August 2017

Background Documents:

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

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

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

Shetland's Autism Spectrum Disorder Strategy 2016-21
http://www.shetland.gov.uk/community_care/documents/ShetlandsAutismSpectrumDisorderStrategy.pdf

Shetland's Autism Spectrum Disorder Strategy (Young People and Adults) 2016 – 2021
Action Plan (V10 Updated 7th August 2017)

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

Shetland's Autism Spectrum Disorder Strategy (Young People and Adults) 2016 – 2021 identified 6 local key themes as priority areas for development and improvement;

1. Awareness Raising and Workforce Development;
2. Assessment and Diagnosis;
3. Active Citizenship;
4. Transition;
5. Support for Families and Carers;
6. Employment;

To achieve our vision, we proposed that;

- A Strategic Group is formed to bring together public, statutory, third sector organisations and lay members who are involved in supporting people with autism to influence, support and facilitate the development and implement an action plan with clear objectives and milestones for delivery in line with Shetland's Autism Spectrum Disorder Strategy (Young People and Adults) 2016 – 2021 and the Scottish Strategy for Autism
- A Focus Group is formed to take forward the intensive ground work that will assist delivery of the action plan
- A Reference Group, made up of people with autism, is to be formed to give expert advice and guidance on how the plan should be implemented
- Statutory and community assets will be mapped and gaps identified from which activity can be focussed to address the 6 local priority areas for action and reduce or eliminate overlap in the provision of these services in line with the aims of Shetland's Autism Spectrum Disorder Strategy (Young People and Adults) 2016 – 2021 and the Scottish Strategy for Autism.
- Early intervention, prevention, co-production, multi agency working and the co-ordination of services will be integral to the delivery of priorities for action

National and Local Strategic Outcomes

There is a volume and breadth of national policy, legislation and regulation, which shapes how health, wellbeing and social care provision is delivered to support children, adults and carers. All are underpinned by a human rights based approach and Shetland's Autism Spectrum

Disorder Strategy Action Plan focuses on those elements that have direct bearing on health and social care provision for people with ASD and their families in Shetland.

Scottish Strategy for Autism (SSfA).[1]

Following a period of consultation, the Scottish Government and COSLA launched the Scottish Strategy for Autism in November 2011 recognizing the needs of people with autism as a national priority.

Strategic Priorities 2015 – 17

- Strategic Outcome 1: A Healthy Life: People with autism enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services.
- Strategic Outcome 2: Choice and Control: People with autism are treated with dignity and respect and services are able to identify their needs and are responsive to meet those needs.
- Strategic Outcome 3: Independence: People with autism are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding.
- Strategic Outcome 4: Active Citizenship: People with autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.

National Health and Wellbeing Outcomes (HWB)[2].

Nine national health and wellbeing outcomes apply to integrated health and social care. Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area.

- Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer
- 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
- Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected
- Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Outcome 5. Health and social care services contribute to reducing health inequalities
- Outcome 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 well-being

[1] http://www.autismstrategyscotland.org.uk/strategy/key-documents.html

[2] http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

- Outcome 7. People using health and social care services are safe from harm
- Outcome 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
- Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

Children Services Priorities

The Integrated Children and Young People's (ICYP) plan[3] was approved on 1st April 2017, and identified the following priorities:

1. Emotional Wellbeing and Resilience
2. Strengthening Families
3. Tackling Inequalities

These all sit in the context of the SHANARRI indicators, which are the children's services equivalent of the national health and wellbeing outcomes and are part of the GIRGEC process, now enshrined in legislation under the Children and Young People (Scotland) Act 2014.

Allied Health Professionals Priorities

The Allied Health Professionals Co-Creating Wellbeing With the People of Scotland: The Active and Independent Living Programme in Scotland (AILP) 2017 - 2020[4] supports allied health professionals (AHPs), work in partnership with fellow health and social care staff and the people of Scotland, to deliver key elements of the Health and Social Care Delivery Plan and other national policies to enable people to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing.

The AILP sets out the broad strategic direction for the programme to support people access and receive AHP support for self-management, prevention, early intervention, rehabilitation and enablement services. Under the heading 'Wellbeing Approaches Across the Life Course', the core aims are;

1. Starting Well
2. Living and Working Well
3. Ageing Well

[3] http://www.safershetland.com/assets/files/Shetland%20ICSP%20Final%2001.05.17%20v1(1).pdf

[4] http://www.gov.scot/Resource/0052/00521325.pdf

Local Key Theme 1. Awareness Raising and Workforce Development.

Our Goals	• People employed across all sectors will recognise the unique needs of people with ASD. • We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services.
Alignment with National and Local Strategic Outcomes	• SSfA SO2 Choice and Control: People with autism are treated with dignity and respect and services are able to identify their needs and are responsive to meet those needs. • HWB Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected • HWB Outcome 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 • ICYP 3 Tackling Inequalities • AHP 1. Starting Well • AHP 2 Living and Working Well
Why We Need To Do This	• People with autism experience barriers accessing community facilities. Having the right support and a knowledgeable workforce to reduce barriers and deliver services are important aspects of an independent life. • To improve access to integrated service provision across the multi-dimensional aspects of autism. • People with autism tell us that they experience variation in access and how services respond to their needs. • Professionals must be able to understand autism and develop services that are responsive to the needs of people with autism. .

	Theme	**How We Will Achieve This**	**Detail**	**Progress**	**R/A/G Status**
1.1	Practice Level 1. Autism Informed. Essential knowledge and	I-Learn Autism Spectrum Disorder Basic Awareness	On line self study through the SIC Brightwave platform	To date (May ’17) 164 SIC employees have completed this on line learning. Children Services – 29 Adult and Community Care Services – 106 Corporate Services – 7	G

	skills required by staff.			Development Services – 21 Infrastructure – 1	
1.2	Practice Level 2 Autism Skilled. Knowledge and skills required by staff who have direct and/or frequent contact with individuals with ASD or those who have a role with high impact on those individuals.	National Certificate of Further Education (NCFE Level 2) in Understanding Autism	SIC has a contract The Skills Network which offers free on line accredited qualifications in Understanding Autism. Self study.	In the period August 2016 to May '17, 21 employees have completed the qualification (Education/9; Adult Services/9; Housing/1; AHPs/1; 3rd Sector/1). A further 15 individuals are underway (Education; Children Resources; Adult Services).	G
1.3		Professional Development Award (PDA) Autism – University Of Highlands and Islands	A blended learning courses encompassing PDA (on-line; self study) and SVQ3 (observed practice). Employees in posts where SVQ3 practice cannot be evidenced i.e. GPs, managers, etc. The PDA element of the qualification can be undertaken and is of good CPD value.	○ 2015/16 - 9 employees completed full PDA/SVQ (7 adults services; 1 CMHT; 1 Chidren Svs) 1 employee completed PDA (Adult Svs) ○ 2016/17 – 10 staff commenced Sept 2016, due to complete August 2017. ○ 2017/18 – interviews for places due to commence	G
1.4	Practice Level 3. Autism Enhanced. Knowledge and skills required by staff that have more regular or intense contact with individuals who have ASD since their role focuses	ELKLAN Training	training for speech and language therapists to specialist education staff to enable them to be more effective in their support of children with speech, language and communication needs	1 education specialist & 1 S&LT accredited in Shetland. 1st cascade to 12 x Education staff Oct 2016 – January 2017	G
1.5		Sensory Integration Training	Many children and adults with autism have problems processing sensory information. This has been recognised in the new diagnostic criteria of the	1 employee in Children Resources undertaking CPD modules. Joint Introduction to Sensory Integration and Sensory Processing Disorder training was delivered to NHS, Childrens and Adult Services	G

	specifically on autism, provides specific interventions or manages the care or services for individuals with ASD.		Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for autism. NICE guidelines also recognise the significant sensory difficulties in children and adults with autism. Increasingly, teachers and health professionals working with children and adults with autism are expected to have an understanding of the sensory processing difficulties faced by those with autism as well as the ability to implement simple strategies and alter the environment to accommodate the individual's sensory needs.	staff in April 2016. Externally funded through successful bid to Scottish Government's Autism Innovation and Improvements Fund	
1.6	Practice Level 4. Expertise in autism. Provides highly specialist knowledge and skills by H&SC staff who have a specialist role.	Practitioners are professionally qualified to carry out assessment and diagnosis.	ADOS (Children's Services)	Qualified practitioners are in service.	G
1.7			DISCO (Adults)	2 practitioners undertaking DISCO training Autumn 2017. One practitioner underway with adult pre-assessment screening. 1 professional DISCO Trained – resigned from post August 2017	A

Local Key Theme 2. Assessment and Diagnosis.

Our Goal	• There will be a clear pathway for the assessment and diagnosis of ASD. This will include signposting to appropriate post diagnostic supports. • Children, including Looked After Children, are diagnosed as early as possible to support best outcome, ensuring that referral for diagnosis can be at any stage where need is identified. • There will be a clear pathway for diagnosis of ASD in adulthood, ensuring that referral for diagnosis can be at any stage where need is identified.
Alignment with National and Local Strategic Outcomes	• SSfA Strategic Outcome 1: A Healthy Life: People with autism enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services. • HWB Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer • HWB Outcome 5. Health and social care services contribute to reducing health inequalities • ICYP 1. Emotional Wellbeing and Resilience • ICYP 2. Strengthening Families • ICYP 3. Tackling Inequalities • AHP 2 Living and Working Well
Why We Need To Do This	• For people with autism, having an assessment of autism is the first step to accessing services they need to meet their personal outcomes. • People with autism tell us that they experience variation in access and how services respond to their needs. • Professionals must be able to understand autism and develop services that are responsive to the needs of people with autism. • Formal diagnosis can 'passport' to other services and supports.

	Theme	**How We Will Achieve This**	**Detail**	**Progress**	**R/A/G Status**
2.1	For Children and Young People	A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with ASD and	The Autism Diagnostic Observation Schedule (ADOS) for assessment and diagnosis of autism is in place.	In place	G

		remove barriers.			
2.2	For Adults	Adult referral pathway for diagnosis.	Royal College of Psychiatrist Pre-assessment Framwework being used by Community Learning Disability Nurse (CLDN). Where there is ambiguity of ASD presence, use of Diagnostic Interview for Social and Communication Disorders (DISCO) diagnosis, conducted by CLDN and signed off by Psychiatrist. Adult Community Mental Health and Community Learning Disability Nurse (CLDN) hold the waiting list. Future referral is via the GP.	Pre-assessment and diagnosis has commenced. 3.8.17 confirmation from with approximately 70% of the waiting list addressed. Further referrals for diagnosis are being received. 2 NHS practitioners (CLDN and Community Psychiatric Nurse (CPN)) are undertaking Diagnostic Interview for Social and Communication Disorders (DISCO) training in autumn 2017.	G
		Adult Post Diagnostic Support	1. Referral to Duty Social Work 2. Completion of WYFY Assessment of Need and Person Centred Understanding You Plan using outcome focussed and assets based approach. 3. Referral pathway to Learning Disability Nurse and Allied Health Professionals	1. In place 2. In place 3. In place	G

Local Key Theme 3. Active Citizenship.

Our Goal	• People with autism are able to live independently in the community with equal access to all aspects of society. • Services have the capacity and awareness to ensure that people are met with recognition and understanding. • Active Citizenship: People with autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.
Alignment with National Priorities and Local Outcomes	• SSfA Strategic Outcome 3 - Independence: People with autism are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding. • SSfA Strategic Outcome 4 Active Citizenship: *People with autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.* • HWB Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer • HWB 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 • HWB Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services • ICYP 1. Emotional Wellbeing and Resilience • ICYP 2. Strengthening Families • ICYP 3. Tackling Inequalities • AHP 2 Living and Working Well
Why We Need to do This	• People with autism experience barriers accessing community facilities. • People with autism tell us that they experience variation in access to community facilities and how services respond to their needs. • Having the right support and a knowledgeable community will reduce barriers and deliver services which are important aspects of an independent life.

	Theme	How We Will Achieve This	Detail	Progress	R/A/G Status
3.1	Community Capacity Building – children and adults	Promotion through local autism awareness campaigns	Local activities undertaken in conjunction with community and 3rd sector services to coincide with World Autism Awareness Week Monday 27 March to Sunday 2 April 2017	○ Grandparents Session VAS ○ Parents meeting VAS ○ Boccia Events (Junior and Senior/Adult) – Shetland Sports for All ○ ASD Film Screening 'Life Animated'. Mareel, followed by Q&A session. 43 people attended. ○ SIC Twitter Feed ○ Autism Network Shetland Facebook Page – focussed information ○ 3Theme Information Boards; What is Autism; Shetland's ASD Strategic plan: Local Services and Support displayed in 5 public locations across Lerwick. ○ Resource Promotion across Shetland Schools	G
3.2	Community Capacity Building - – children and adults	Application to Community Choices Participatory Budgeting Project: Shetland Autism Spectrum Disorder Strategy 2016 – 21: Community Awareness Raising project.	An all age group (or two groups if necessary) of self selected volunteers from the ASD community will be established to develop creative sessions to produce a range of material to discuss what it is like to live in Shetland and have ASD; and to promote awareness of Shetland's ASD Strategy and key themes	£6,750 grant funding has been secured. The project will now seek volunteers and when in place, the group will decide the creative techniques to translate key messages.	G
3.3	Community Capacity Building - – children	Supporting accessible tailored and mainstream sessions.	Autism Extra Group/ The Mareel Group for young people with social communication difficulties	Initially run as a pilot project. Second round of funding through Better Breaks achieved, sessions are ongoing. Joint project VAS & Family Svs	G

Local Key Theme 4. Transition

Our Goal	• Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage. • People with autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.
Alignment with National and Local Strategic Outcomes	• SSfA Strategic Outcome 4: Active Citizenship: *People with autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.* • HWB Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected • ICYP 1. Emotional Wellbeing and Resilience • ICYP 3. Tackling Inequalities • AHP 2 Living and Working Well
Why We Need To Do This	• People with autism can experience barriers to participation in aspects of community life including education, employment opportunities and social activities. • A good transition plan from school will enable young people with autism to plan their future participation in and contribution to their community.

	Theme	**How We Will Achieve This**	**Detail**	**Progress**	**R/A/G Status**
4.1	Positive transitions at key times - Children and Young People	By having clear, person centred, multi-agency procedures; pathways and plans in place to support individuals through major transitions at each important life stage By having Multi	GIRFEC	In place	G
			The Bridges Project is part of SIC Youth Service. The project works with primarily 16 – 19 year old who are not in	In place	G

		Disciplinary Team planning	education, training or employment. Service has extended to provide support to vulnerable younger people who are still at school where a split programme between school and Bridges where this best meets needs. Bridges students are supported for one year; they leave with an exit plan and most progress into a positive destination. There is a small percentage who leave Bridges and move into employment, most young people require further support through the Pathway		
4.2	Positive transitions at key times For Adults		WYFY UY	In place	G
4.3			Forward Directions is a service delivered by a small team of Social Care Workers working within Eric Gray Services. This service promotes positive transitions from School to Adult Services through providing individualised weekly structured programme of activities with a view to promoting greater independent life skills.	In place	G
4.4	Positive transitions at key times Children Services to Adult Services.		The Social Work Transitions Group, a subgroup of the Social Work Governance Group was set up in summer 2016 to consider, plan and improve transition between children and adult services.	In place	G

Local Key Theme 5. Support for Families and Carers.

Our Goal	• 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
Alignment with National and Local Strategic Outcomes	• HWB Outcome 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 well-being • ICYP 2 Strengthening Families
Why We Need To Do This	• Carers will be recognised as equal partners in providing care and support for people with ASD.

	Theme	**How We Will Achieve This**	**Detail**	**Progress**	**R/A/G Status**
5.1	Post diagnostic support for families and carers.	Deliver Early Birds (Under 5) and Early Bird Plus (4 – 8 yrs)	The programme delivers parent and carers given advice on strategies and supports in relation to ASD.	Runs as and when required	G
5.2		Deliver Parent Sessions	The programme is a six-session parent support programme to help promote good health in children and young people with autism (including Asperger syndrome). 'Parents Session' has been developed in response to recent evidence that indicated that a high percentage of autistic children are at risk of experiencing mental health problems in adolescence and adulthood. The programme aims to help minimise this risk.	Series of 6 run in early 2017. Second series is being planned for delivery later in the year.	G

5.3		By working with 3rd sector partners to VAS Meeting.	Open meetings for parents and carers of young people with social communication difficulty including young people with autism and Aspergers. Supports a preventative approach. The meetings offer VAS the opportunity for consultation and to hear feedback from families and carers.	Better Breaks funding achieved by VAS. A variety of sessions are being run including; Siblings Group - aimed at young people who have a sibling with additional support needs Parents Meeting Open meetings for parents and carers of young people with social communication difficulty including young people with autism and Aspergers.	G

Local Key Theme 6. Employment.

Our Goal	• People with autism are able to participate in all aspects of community and society including meaningful educational or employment opportunities.
Alignment with National and Local Strategic Outcomes	• SSfA Strategic Outcome 3: Independence: *People with autism are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding.* • SSfA Strategic Outcome 4: Active Citizenship: *People with autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.* • HWB Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer • HWB Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services • ICYP 3. Tackling Inequalities • AHP 2 Living and Working Well

Why We Need To Do This	• People with autism can experience barriers to participation in aspects of community life including education, employment opportunities and social activities. • A good transition plan from school to post school development, training and work will enable young people with autism to plan their future participation in and contribution to their community.

	Theme	**How We Will Achieve This**	**Detail**	**Progress**	**R/A/G Status**
6.1	Supported employment and training opportunities for adults with assessed needs in relation to ASD	By providing or arranging provision of service/s that promote the social development and wellbeing including training for people over school age and assistance in obtaining and undertaking employment.	Eric Gray Forward Directions service primarily supports young adults aged 18-25 on the autistic spectrum, or those with a mild learning disability who may benefit from an individualised weekly structured programme of activities with a view to promoting greater independent life skills.	All in place and kept under review through progress and planning meetings held between services; with external providers; and with individual as part of regular review cycle. Referral on to volunteering; work placement; supported employment; paid employment opportunity when appropriate (Shetland Employability Pathway; COPE; etc).	G
			The Bridges Project is part of SIC Youth Service. The project works with primarily 16 – 19 year old who are not in education, training or employment. Service has extended to provide support to vulnerable younger people who are still at school where a split programme between school and Bridges where this best meets needs. Bridges students are supported for one	There are a lack of opportunities for work experience and supported employment placements which enable people to move into employment. This is particularly the case for individuals with barriers to employment including people with ASD. SIC Development, Adult Services and HR are working specifically to identify opportunity 'in-house' to improve on this position.	A

			year; they leave with an exit plan and most progress into a positive destination. There is a small percentage who leave Bridges and move into employment, most young people require further support through the Pathway.		
6.3.		Work in association with MOEP Transition Service	MOEP Ltd secured 5 years of funding (2013 – Dec 2018) from the Big Lottery to meet the full cost of delivering tailored one to one support to young people aged 16-25 years old with ASD. To promote and enhance employment opportunity by support access to volunteering, work experience and employment at Stages 1 to 5 of the Employability Pathway. Stage 1 Case Management Referral and Registration Stage 2 Reducing Barriers Barrier Reduction & Capacity Building Stage 3 Work Focussed Training Provide training, skills development, job search skills & applications/CVs Stage 4 Job Brokerage Job	Joint meetings have been initiated on a quarterly basis and include; Manager MOEP; MOEP Transition Support Worker QIO Children Services; TL EGRC; Employability Pathway Officer Young People, Exec Manager Adult Services to support case management and positive progression.	A

			Brokerage, work experience/ placements, volunteering and self employment Stage 5 Job Sustainability and In Work Development In work Development		
6.2	Employability Pathway	Referral to services within the Employability Pathway	Identification of need for support to move into employment via a GIRFEC or a WYFY. A Participant is eligible to access the Pathway if they have 2 or more barriers to employment, and, with the right support, could sustain 16 hours employment, unsupported. Additional support can be provided by Condition Management Programme (CMP). The service provides positive step-by-step help towards increasing self management. There is a clear focus on linking improved health to finding and retaining work.	Quarterly monitoring and review meetings in place. These meetings and data continue to evidence the need for appropriate enhanced support opportunity at the stage prior to entering the Employability Pathway to support positive and lasting progress to paid employment for some individuals with ASD.	A

Shetland Islands Health and Social Care Partnership

Agenda Item

5

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Shetland NHS Board Integration Joint Board (IJB)	22 August 2017 6 September 2017
Report Title:	A Regional Clinical Strategy and Developing a North of Scotland Regional Delivery Plan (RDP)	
Reference Number:	CC-39-17 F	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

1.0 Decisions / Action required:

1.1 That Shetland NHS Board endorses the North of Scotland Regional Clinical Strategy 2017-2022.

1.2 That Shetland NHS Board and the IJB:

i. SUPPORTS the approach being taken to prepare the Regional Delivery Plan (RDP) within the North of Scotland; and

ii. COMMENTS on key issues to be incorporated into the RDP.

2.0 High Level Summary:

2.1 The Scottish Government, through the National Health and Social Care Delivery Plan, has invited NHS Shetland to participate in planning services on a North of Scotland regional basis.

2.2 The North of Scotland Chief Executive's Group has recently prepared and endorsed a Regional Clinical Strategy for 2017-2022, to help give shape to regional working. The explanatory letter and the Clinical Strategy are included at Appendices 1 and 2. While the Regional Clinical Strategy has a focus on hospital and acute services, it lays the foundations to develop regional working through mutually beneficial collaboration.

2.3 There is a requirement to develop a Draft Regional Delivery Plan by September 2017, with agreement by all partners of a final plan by March 2018. The focus of the Plan is to describe both how the National Health and Social Care Delivery Plan and National Clinical Strategy will be delivered on a regional basis and how the North of Scotland intends to create sustainable services for the future. Each of the three health regions in Scotland is required to produce such a Plan.

2.4 Management arrangements and guidance documents have been put in place to support the development of a North of Scotland Regional Plan, with representatives from each of the Boards and key professional groups.

2.5 The timetable indicates that a draft Plan will be available in September, for consideration by the Boards in October.

2.6 Any future development of the Joint Strategic Commissioning Plan will complement the regional work. There is specific reference to 'island proofing' within the agreed guidance and the submission made in support of this is included at Appendix 3 for reference.

2.7 The Chief Officers of the North of Scotland Health and Social Care Partnerships are also identified as a key stakeholder group.

2.8 The Regional Implementation Lead for the North of Scotland, who is the Chief Executive of NHS Grampian, has written to Local Authority Chief Executives to progress a discussion about how to ensure that the Regional Delivery Plan is about more than health (i.e. the whole health and care system, including preventative services.)

3.0 Corporate Priorities and Joint Working:

3.1 The Regional Clinical Strategy and Regional Delivery Plan sets out the need to develop collaborative working on a regional basis in order to assist with developing sustainable service models across the north of Scotland for NHS Boards and for the Health and Social Care Partnerships.

4.0 Key Issues:

4.1 The Regional Clinical Strategy sets out the Vision, Values and Mission for health care in the north of Scotland, as follows:

Vision
Healthier population in the North of Scotland

Values
The North embraces a fundamental value of authentic collaboration based on mutual commitment and trust, delivered for patients and staff through the core NHS Scotland values.

Mission
Connect across boundaries, to deliver sustainable high-quality services, as close to the patient's home as possible. World class, evidence-based, integrated health services that focus on the patient journey. Services are sustainable, effective and efficient. Services meet the needs of the person, the community, the region and the nation.

4.2 The Strategy has a focus on the need for change, stating that:

"*The configuration of the north's health and social care services in five years' time is likely to be very different from how it is today. The changing demographics of the population and the likely continued shortage of traditional healthcare staff will mean*

we have to do things differently. While many of the hospitals in the north are likely still to be here five years from now, the way we plan and deliver services within these buildings will need to be dramatically different".

and

"This is likely to mean more networking of services or focusing certain procedures on fewer sites. However we are clear that services need to stay in the north to best serve our population. Providing healthcare around individuals and their communities, as close to home as possible...".

4.3 The Regional Clinical Strategy also establishes a set of underpinning principles to support the development of changing models of care, including:

- Care will be delivered close to the patient's home when this can be done safely.
- Collaboration and joint working will be unconstrained by present geographical and professional boundaries.
- We will plan services on a population basis with our local and national partners and agree which services should be planned on a regional basis for the north.
- These agreed regional services will be delivered as locally as it is appropriate and safe to do so.
- The financial, staff and clinical governance for these services will be at a regional level.
- Staff will be able to work seamlessly across the north of Scotland (either virtually or in person) to ensure their patients do not have to travel unnecessarily to receive treatment or for a consultation.
- With partners we will have developed a robust infrastructure for the transport of patients and staff to the most appropriate point of care.
- We will look after the wider needs of our staff and champion the north of Scotland as a place where staff will want to live and work and bring up their families.
- We will embrace the role of the generalist and those who are best placed to provide holistic care. Not just in remote and rural locations but also as a valuable resource to all primary and secondary care.

4.4 The Regional Delivery Plan will draw on this work, as well as expressly setting out how the north of Scotland will deliver on the commitments outlined in the Scottish Government's Health and Social Care Delivery Plan and also the National Clinical Strategy. The RDP also needs to reflect the regional actions that are necessary to support the Health and Social Care Partnership's Strategic Commissioning Plans and priorities.

4.5 The management arrangements which have been put in place to support the development of a Regional Delivery Plan include:

- The Chief Executive of NHS Grampian has been appointed by the Scottish Government as the Regional Implementation Lead for the North of Scotland. This role includes the responsibility for developing the RDP and identifying the key issues and actions that need to be addressed.

- The Regional Implementation Lead for the North of Scotland is working with the other five Chief Executives to develop a revised structure for collaborative working in the north.

- The Chairs of the NHS Boards will meet with the Chief Executives quarterly to progress the cross Board collaboration.

- A new Regional Delivery Board has been established with the task of overseeing the development of the Regional Plan. The aim is to ensure that there is a clear range of cross NHS Board and Health and Social Care Partnership actions which move towards greater sustainability and quality improvement for the population of the North. The membership of the Regional Delivery Board includes representation from each of north NHS Boards, the North Health and Social Care Partnership Chief Officers Group, each of the professional groups and the staff partnership groups in the region. Meetings will be held monthly to support the development of the Regional Plan.

- A communication and engagement plan is in preparation to ensure that the aims of regional working are understood and to gain wide participation in the identification of priorities and actions.

- An important aspect of drawing together a Regional Delivery Plan will be to take account of the existing suite of strategies and policies which are in place.

- Each of the professional groups (eg Medical Directors, Nurse Directors, Workforce Directors, Directors of Public Health, etc) have been asked to identify the key regional issues which need to be considered in the planning process. A paper to set out the islands factors to consider in regional planning has also been submitted, in support of 'island proofing' any potential new models of health care (see attached – Appendix 3).

4.6 The potential for mitigating many of the current challenges related to financial sustainability and workforce availability through closer regional collaboration is recognised.

4.7 Consideration is being given to the possible structure of the Regional Delivery Plan. The main elements will include:

- **Influences for Change**: demography, activity projections, workforce challenges, financial challenges (including capital)
- **Response to the Influences for Change**: actions to mitigate the impact of challenges, reconfiguration of services to meet population need and service demands, redesigning professional roles, harmonising policies and patient pathways, increasing the user of technology to support care delivery.
- **Implementation and Review of the Plan**: confirming the process for monitoring delivery at Board and regional level.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Regional Delivery Plan is a key tool in finding ways to secure sustainable service models across the north of Scotland region. While some services and pathways may change over time, there is an underpinning commitment to ensure that, care will be provided as close to people's

	homes as is possible (so long as it is safe to do so) and the need for robust transport arrangements is acknowledged. Specific island factors will be considered, in line with the concept of 'island proofing' public services.
6.2 Human Resources and Organisational Development:	A Regional and Shared Services approach is essential in delivering the NHS Health and Social Care Delivery Plan[1], ensuring "better collaboration between Boards and additionally to improve how our NHS works with providers of other public services". Driving this transformation will not just be about how and where the services are provided, fundamentally these changes will be achieved by the workforce. The recently published National Health and Social Care Workforce Plan[2] further reinforces this need for regional collaboration and emphasises the need for providing governance, planning roles and improving recruitment and retention at a local, regional and national basis across all health and care services. Part 2 of the Workforce Plan that will set out the plans for workforce planning in social care will be published in Autumn 2017.
6.3 Equality, Diversity and Human Rights:	The Regional Delivery Plan will include an equalities impact assessment.
6.4 Legal:	NHS Shetland has been asked to participate in the development of a Regional Delivery Plan, through the recommendations contained in the National Health and Social Care Delivery Plan. There is an opportunity to develop the concept of 'island proofing', as contained in the Islands (Scotland) Bill, to a specific suite of services.
6.5 Finance:	The North of Scotland region faces a challenging financial environment. A priority for the new arrangements is to identify how closer regional collaboration can support NHS Boards and Health and Social Care Partnerships to deal with these challenges.
6.6 Assets and Property:	Consideration of the impact on the overall estate will be a key element in the development of a regional approach, including infrastructure and equipment requirements.
6.7 ICT and new technologies:	Maximising the appropriate use of technology will be a key ambition of the Plan, including: - establishing where electronic contact with patients and service users can add value for individuals and communities; - defining where technology can better support remote decision-making;

[1] Health and Social Care Delivery Plan, December 2016, Scottish Government Edinburgh

[2] National Health and Social Care Workforce Plan - Part 1 – a framework for improving workforce planning across NHS Scotland, June 2017, Scottish Government , Edinburgh

	- prioritising areas for investment in Technology; and - developing a regional E-Health strategy which reflects the need to better integrate services. -	
6.8 Environmental:	There are no specific environmental implications to highlight. Focusing on moving data and having the right staff with the right skills in the right place, rather than moving patients (where it is safe and appropriate to do so) will help remove unnecessary travel.	
6.9 Risk Management:	The key risks around regional working centre around the strategic risks already recognised of: finance; recruitment and retention; and achieving waiting times targets, alongside careful consideration of governance and decision making arrangements.	
6.10 Policy and Delegated Authority:	The Regional Clinical Strategy commits NHS Shetland to a Vision, Values and Mission and a set of underpinning principles for working at a regional level. It is therefore appropriate that the Board agrees the direction of travel set out in the Regional Clinical Strategy. NHS Shetland will be responsibility for approving the Regional Delivery Plan, once it is developed, so it is appropriate that the Board endorses the approach being taken to the development of the Plan, at this early stage. The Regional Delivery Plan forms part of the suite of strategic documents that describe the arrangements for health and care planning in Shetland. The development of the RDP contains explicit links to the Health and Social Care Partnerships strategic plans and priorities. Working with local authority partners is seen as a key contributor to the successful development of regional working, through supporting a 'whole systems' approach to health and social care services. As the IJB has responsibility for planning all local health and care services, it is appropriate that the methodology for developing the RDP is endorsed by the IJB.	
6.11 Previously considered by:	None	

Contact Details:
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10 August 2017

Appendices
Appendix 1 : Letter regarding the Regional Clinical Strategy
Appendix 2: Regional Clinical Strategy 2017-2020
Appendix 3: Island factors – submission

Kings Cross
Clepington Road
Dundee
DD3 8EA

NORTH OF SCOTLAND PLANNING GROUP

Chief Executive Officers
Medical Directors
Directors of Planning
Engagement Event Sept 2015
Annual Event 2015
Annual Event 2016

Date	20th June 2017
Your Ref	
Our Ref	WMB/CAM
Enquiries to	Dr M Bisset/Mrs C Cowan
Extension	
Direct Line	01224 552509/01856 888271
Email	michael.bisset@nhs.net/ cathiecowan@nhs.net
Website	www.nospg.nhsscotland.com

Dear Colleagues

Re – Regional Clinical Strategy

I would like to enclose a copy of the Regional Clinical Strategy for the North of Scotland.

This strategy is about our shared future, shared with our population and communities, planned and delivered through the collective vision and skills of our workforce and their partners. It will require significant change in how we plan and provide care in the future to the north's population. Strong leadership, mutual understanding, and the shared vision outlined in this strategy will be required to ensure that we design and deliver what is best for our patients and staff.

While this Clinical Strategy has focussed on Secondary and Acute Care it does though establish the foundations for the ongoing development of a more comprehensive Regional Delivery Plan. There will continue to be intense scrutiny and debate about the most appropriate level for care: at home, in the community, a local hospital through a regional service or at a national facility. This strategy sets out the principles that we should use to guide our thinking and our actions.

Can I thank those of you who have contributed to the development of this strategy. Clinical engagement is key to any successful change in the way that services are delivered and we need your help in ensuring that the outcomes of the Regional Delivery Plan, deliver better health and social care for our population.

Best wishes

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North of Scotland

Regional Clinical Strategy

2017 - 2022

Connecting across boundaries, to deliver sustainable high quality services, as close to the patient's home as possible


NHS
Grampian


NHS
Highland


NHS
Orkney


NHS
Shetland


NHS
Tayside


NHS
Eileanan Siar
Western Isles

Our Aims and Objectives

Vision

Healthier population in the North of Scotland

Values

The North embraces a fundamental value of authentic collaboration based on mutual commitment and trust, delivered for patients and staff through the core NHS Scotland values.

Mission

Connect across boundaries, to deliver sustainable high-quality services, as close to the patient's home as possible. World class, evidence-based, integrated health services that focus on the patient journey. Services are sustainable, effective and efficient. Services meet the needs of the person, the community, the region and the nation.

A **National Clinical Strategy for Scotland** outlines the vision for the health service in Scotland. In summary, the clinical strategy sets out the case for[1]:

- Planning and delivery of primary care services around individuals and their communities
- Planning hospital networks at a national, regional, or local level based on populations
- Providing high value, proportionate, effective and sustainable healthcare
- Transformational change supported by investment in e-health and technological advances

The Health and Social Care Delivery Plan[2] outlines how population based planning processes (National, Regional, Local) will be strengthened, and supports a rapid move towards that goal.

By 2018 Regional Transformational Plans will be in place. These will build on work at Health Board level and pull together planning of services into a single tiered approach. Seeking to plan services at regional and national level according to the most appropriate clinical pathways, whilst delivering those services as close to the patient's home as possible.

This Regional Clinical Strategy demonstrates our commitment and alignment to the National Clinical Strategy. The North's strategy will inform how the North of Scotland Health Boards will contribute, through the Regional Delivery Plan, to the delivery of Health & Social Care services over the coming five years.

Introduction

Cathie Cowan
CEO, NHS Orkney

David Alston
Chair, NHS Highland

Authentic collaboration emerges from a culture of trust and respect. We will serve our population best when we, within the health and social care system across the region, show real commitment to do things differently.

To make best use of the buildings, staff, technology and relationships we can develop, over the coming months and years.

> "Doing nothing is not an option. We believe the people of the North of Scotland deserve better – better health and better care, but doing things better often means doing things differently"
>
> Cathie Cowan, CEO, NHS Orkney

Across Scotland we know that...

- People are getting older
- There is less money to spend
- There are more people living in the community with multiple health issues
- We lag behind some other European countries across a wide range of population health measures
- There is difficulty in recruiting some groups of staff
- There is a growing body of evidence to inform the best models of care

In the north in particular we know that...

- Staff in the NHS are on average older and we have proportionally an older workforce in the north
- People are choosing to live nearer cities (rural areas are becoming more depopulated)
- Staff turnover and vacancy rates tend to be higher in the north
- The burden of travel is disproportionately high

So in the north we need to improve...

- How we respond to the needs of local communities
- Collaboration between the NHS Boards
- How our services work with providers of other public services
- Outcomes for people
- The perception of the north as a great place to live and work

We have an opportunity to implement the National Clinical Strategy across the north in a positive and proactive way. Using evidence where it exists to adopt a regional approach as a means to address a number of service sustainability challenges.

This is likely to mean more networking of services or focusing certain procedures on fewer sites. However we are clear that services need to stay in the north to best serve our population. Providing healthcare around individuals and their communities, as close to home as possible. With your help and commitment we can collectively increase the rate of change towards these more sustainable models.

We know change can create uncertainty. We are all responding to a growing need for reconfiguration happening in fundamental ways that we have not explored before. Ways which might not be aligned to how services are currently configured. This North Clinical Strategy articulates the drive towards more clarity.

How we move forward with our local populations, our staff and partners requires leadership that embraces collaboration. Leadership that adopts a one-team approach to help us align our ways of working to encourage integration, improvement and innovation. Everyone leading the north and having a part to play.

This Strategy sets out some of the detail around our vision, mission and values. About how services can be built on sound planning and collaboration to ensure we can provide sustainable health and care for the north.

What You Have Told Us

Six North Chief executives — from left to right: Lesley McLay (Tayside), Elaine Mead (Highland), Ralph Roberts (Shetland), Cathie Cowan (Orkney), Gordon Jamieson (Western Isles), Malcolm Wright (Grampian).

We have been speaking with key stakeholders within the north for over eighteen months. Your and their voices are crucial to understanding and informing the why and the how we need to change.

We will continue productive dialogue in the months to come, the consultations so far include:

- Over fifty key clinical leaders from all six North Health Boards met in Aberdeen in September 2015.
- Over one-hundred attendees have contributed to the discussions at each of our Regional Annual Events in 2015 and 2016.
- The six North of Scotland board CEOs have met monthly over the last year with the Regional Medical Director and Director of Regional Planning.
- We have discussed the Case for Change[3] with all six NHS Boards in the north.
- We have consulted with the East and West of Scotland Regional Planning Groups and with the Scottish Government to ensure a consistency of approach.
- Through a national public consultation, the "National Conversation" initiated by the Cabinet Secretary for Health, Wellbeing and Sport, you told us "What Matters to You".

"Maintaining the status quo in health and social care is not an option, and we need to start discussing and planning for change now."

Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport

"We need to re-evaluate how and what we do and who does it."

NHS Staff at strategy event 2015

"We need to breakdown silos."

Clinician, Strategy event 2015

"We need to come up with a model of care that balances good patient access with the need to deliver the best clinical outcomes."

North Board Medical Director, 2017

"We need to plan our services on a population basis to ensure that we get better outcomes for people."

Dr Angus Cameron, Co-author National Clinical Strategy

"Single policy, single process, delivered locally, managed regionally."

CEO 2016

"We want a quality service but without a sustainable model of care, we have nothing."

NHS Staff at strategy event 2015

"Why do I have to travel all day to an out patient appointment when a phone call or a video-conference would have been adequate and only taken ten mins?"

Patient in Orkney

"We ourselves need to become the change we want to see."

NHS Staff at strategy event 2015

What will the Future Look Like?

The configuration of the north's health and social care services in five years' time is likely to be very different from how it is today. The changing demographics of the population and the likely continued shortage of traditional healthcare staff will mean we have to do things differently. While many of the hospitals in the north are likely still to be here five years from now, the way we plan and deliver services within these buildings will need to be dramatically different.

The principles that will determine what the future looks like are as follows:

- Care will be delivered close to the patient's home when this can be done safely.
- Clinicians and their teams will ensure that their patients receive a person-centred approach which best delivers what is most important to their patient.
- Quality and safety and the need to eliminate unnecessary harm will be foremost in decision making.
- Collaboration and joint working will be unconstrained by present geographical and professional boundaries.
- We will plan services on a population basis with our local and national partners and agree which services should be planned on a regional basis for the north.
- These agreed regional services will be delivered as locally as it is appropriate and safe to do so.
- The financial, staff and clinical governance for these services will be at a regional level.
- There will be no ambiguity or doubt about the lines of accountability for these services.
- Where staffing levels are too low to make a regional model of care sustainable a national or national/regional hybrid model will be explored.
- Barriers to regional and national working will be removed and key back room functions such as IT, HR, Finance and Laboratories will be planned on a 'Once for Scotland' basis.
- Staff will be able to work seamlessly across the north of Scotland (either virtually or in person) to ensure their patients do not have to travel unnecessarily to receive treatment or for a consultation.
- Maximise access for all staff to educational opportunities and ensure a culture of life-long learning and continuous service improvement within our workforce.
- With partners we will have developed a robust infrastructure for the transport of patients and staff to the most appropriate point of care.
- We will look after the wider needs of our staff and champion the north of Scotland as a place where staff will want to live and work and bring up their families.
- We will embrace the role of the generalist and those who are best placed to provide holistic care. Not just in remote and rural locations but also as a valuable resource to all primary and secondary care.

What to start changing?

Below there are aims and initial steps focussed on the secondary and acute care element of the National Clinical Strategy. During the development of this north Regional Clinical Strategy the Scottish Government's Health and Social Care Delivery Plan has emerged. The imminent creation in 2017 of a north Regional Delivery Plan will now encompass the detail and comprehensive implementation of change as initiated here.

The Regional Delivery Plan will have a wider reach across the four strands of the national plan: Health and social care integration; National Clinical Strategy; Public Health Improvement; NHS Board Reform.

This strategy will set the tone to help the north achieve the long-term goal of providing high quality, safe and sustainable, person centred services for our population. It offers the opportunity to challenge the status quo. Through collaboration between organisations and across geographical boundaries this will ensure that the north's staff, patients and their local communities are best able to support and plan services. This change will deliver equitable outcomes and positive experience for all patients.

The north's ambitions	Initial steps in 2017-18
Establish a consistent person-centred approach for patients.	Create an engagement plan which will involve communities and staff in developing new ways of working.
Eliminate unnecessary harm.	Develop robust management and governance arrangements for regional services with clear lines of accountability. Prioritise pieces of work which will have the greatest impact on patient outcomes.
Maximise the use of technology.	Establish where electronic contact with patients can add value for individuals and communities. Define where technology can better support remote clinical decision-making. Prioritise areas for investment in Technology. Develop a regional E-Health strategy which reflects the need to better integrate services.

Continued on the next page

The north's ambitions	Initial steps in 2017-18
Care will be delivered at, or as close to, the patient's home when this can be done safely. Increase community-based primary care through releasing funds from secondary care. Reduce the number of acute Hospital bed-days. Reduce in-patient activity. Design Clinical Governance that follows the patient pathway and where staff work. Reduce variation in practise.	Create a structure for planning services, which will directly support joint-working activities; across health boards and social care. Analyse all services across the region and plan, with local and national partners, which procedures, services (part services) should be planned, managed and / or delivered at local, regional or national levels. Create a regional financial plan to identify savings for re-investment in community services and plan for financial sustainability. Develop, with other regions and nationally, infrastructure to facilitate inter-board working in line with the 'Once for Scotland' approach.
Maximise skills of, and opportunities for, existing workforce. Deliver optimal efficiency across the region as standard.	Optimise recruitment of staff by carrying out detailed workforce planning at Regional level. This will include staff being able to work seamlessly across the North of Scotland, either virtually or in person.
Increase the north's "brand awareness".	Consider ways to improve the wider needs of our staff and champion the North of Scotland as a place where staff will want to live and work and bring up their families. Prioritise pieces of work which will improve the needs of staff.
Eliminate avoidable travel from the Islands for out- patient and pre-op assessments	For the north agree a portfolio of tests that will be undertaken at the point of care.
Cross cutting	Develop, with the Scottish Ambulance Service, a plan to deliver robust infrastructure for the transport of patients and staff to the most appropriate point of care. Consider measures which will support people and families travelling for more specialised care. Create a map of buildings in the north to allow capital "master-planning" across the region and provide the ability to prioritise investment. Plan specific north activities to achieve the significant public health improvements detailed in the Health and Social Care Delivery Plan.

Next Steps for the north's Regional Clinical Strategy

Delivering the change outlined here will require significant co-operation between colleagues in finance, workforce and capital planning. In addition tapping into the wealth of knowledge we have within our clinical professionals. Together we will build and support services which will deliver better care, better health and better value.

This Clinical Strategy has focussed on Secondary and Acute Care. It does though establish the foundations for developing the more comprehensive Regional Delivery Plan. There will continue to be intense scrutiny and debate about the most appropriate level for care: at home, in the community, a local hospital and a regional centre or a national facility. This strategy sets out the ground rules.

Concluding Comments

This strategy is about our shared future, shared with our population and communities, planned and delivered through the collective vision and skills of our workforce and their partners. It will require significant change in how we plan and provide care in the future to the north's population.

Strong leadership, mutual understanding, and the shared vision outlined above will be required to ensure that we design and deliver what is best for out patients and staff.

We need your help in making this happen.

Dr Michael Bisset
Regional Medical Director (North of Scotland)

References

[1.] A National Clinical Strategy for Scotland, The Scottish Government. February 2016: p13

[2.] Health and Social Care Delivery Plan, The Scottish Government, December 2016: p13.

[3.] Case for Change North Clinical Strategy, March 2017. (Available on request from nospg.admin@nhs.net)

Key to Pictures

Front cover:

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Appendix

NoSPG Regional Clinical Strategy Project Board members

Project Sponsor: Cathie Cowan - Chief Executive NHS Orkney

Project Board Member: Jim Cannon - Director of Regional Planning, NOSPG

Project Board Member: Hugo van Woerden – Director of Public Health NHS Highland

Project Board Member: Malcolm Wright – Chief Executive – NHS Grampian

Project Board Member: Ronald McVicar – Post-Graduate Dean – North of Scotland

Project Board Member: John Connell - Health Board Chairman – NHS Tayside

Project Manager: Kerry Russell - Associate Director of Regional Planning, NOSPG

Team Leader: Mike Bisset - Regional Medical Director NOSPG

NHS Highland

NHS Grampian

NHS Orkney

NHS Shetland

NHS Tayside

NHS Eileanan Siar Western Isles

Any enquiries regarding this publication should be sent to us at:

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Publication produced by the North of Scotland Planning Group in June 2017.

This paper sets out the factors which the three island Boards consider are essential considerations in the development of the Regional Delivery Plan for the North of Scotland region.

The concept of community planning is inherent in the way of life for islands. All elements of public, private and voluntary sectors work together, especially in emergency situations, to address issues. Natural connections exists between organisations, communities and individuals which help build resilience and a flexible approach to making things work at a local level. It is difficult therefore to see Health and Care services in isolation from other essential public services (such as transport, housing, education and the voluntary sector, which is increasingly providing services in innovative ways). Services are intrinsically linked and care needs to be taken not to consider the movement of one service in isolation of others, as inter-dependencies may not be immediately evident.

The provision of relatively well paid professional health and care posts has a significant positive benefit on the islands economies. Health and care jobs are vital to the local economy and maintaining, and growing, the isles populations through a range of attractive jobs is an important consideration. In essence, every job counts as it has a disproportionately positive socio-economic impact. The more remote and rural the area, the more essential health and care jobs are to their continued existence and sustainable future.

The islands face specific issues around geographical inequality in terms of ability of people to easily access a range of services, where public transport is limited and there is a reliance on car ownership to get around. There are also (sometimes hidden) issues of poverty and deprivation, which are sometimes masked by the national data. Unlike rural areas, deprivation in rural areas does not occur in specific areas but is more dispersed across geographic communities. This relates to, for example, the high cost of living, fuel poverty, ability to access communications and technology based solutions and services being centralised in main centres of population.

The Scottish Government has prepared an Islands (Scotland) Bill for consultation. The accompanying Policy Memorandum sets out the Policy objectives of the Bill, as follows:

> *" Scotland's islands are renowned across the world for their proud traditions and vibrant cultures. They are wonderful places to live, work, study and visit, and contribute much to the fabric of Scotland as a nation. Some of the most resilient and supportive communities in Scotland are within the islands. The inclusive and respectful nature of these communities provides a better quality of life for everyone who lives and works there as demonstrated frequently in quality of life surveys.*

> *However, island communities face challenges around geographic remoteness, declining populations, transport and digital connections, and other issues. Working in partnership with island communities, local authorities and other organisations the Scottish Government is already tackling many of these challenges through a range of policy initiatives and investment in housing, ferry services, air travel, digital and mobile programmes and our commitment to providing the net revenue from Crown Estate marine assets out to 12 nautical miles to coastal and island councils.*
>
> *The Government is committed to supporting these communities and improving outcomes by creating the right environment for investment, empowerment and increasing sustainable economic growth. It is expected that the measures in this Bill, in conjunction with existing Government, local authority and public body actions in meeting the needs of island communities, will contribute to creating the right conditions for growth*."

The Island Boards face significant challenges in being able to continue to provide safe and effective health and care services to some of the more remote islands, some with populations of below 50 people. The acknowledgement by the Scottish Government that rural models of health care are significantly more expensive than in cities is welcome.

Part 3 of the Bill places a duty on the Scottish Ministers and other relevant public bodies to have regard to island communities in exercising their functions. Under the Bill an island communities impact assessment would need to be prepared when a new or revised policy, strategy or service is likely to have a significantly different effect on island communities from its effect on other communities (including other island communities).

The duty created under the Bill is often referred to as 'island-proofing'. The importance of island-proofing was recognised in *Empowering Scotland's Island Communities*:

> "The principle of island-proofing is one of building a broad-based islands awareness into the decision making process of all parts of the public sector. Island-proofing consists of considering the particular needs and circumstances of island communities when the Scottish Government and other relevant public authorities are exercising their functions and making decisions".

The Bill seeks to ensure that island communities are not unreasonably disadvantaged due to their location. Island-proofing raises awareness of the needs and circumstances of island communities and the process will cover:

- identifying the potential direct or indirect consequences that new or revised legislation, policies, strategies or services might have on the inhabited islands of Scotland;
- ensuring a proper assessment of those consequences, if likely to be significant, is undertaken;
- adjusting legislative, policy and service proposals where appropriate to help ensure they address the needs of island communities.

The Draft Bill includes the following provisions:

> "DUTIES IN RELATION TO ISLAND COMMUNITIES
> **Duty to have regard to island communities**
> (1) A relevant authority must have regard to island communities in carrying out its functions.
> **Island communities impact assessment**
> (1) A relevant authority must prepare an island communities impact assessment in relation to a—
> (a) policy,
> (b) strategy, or
> (c) service,
>
> which, in the authority's opinion, is likely to have an effect on an island community which is significantly different from its effect on other communities (including other island communities) in the area in which the authority exercises its functions.
>
> (3) An island communities impact assessment prepared under subsection (1) must—
> (a) describe the likely significantly different effect of the policy, strategy or service (as the case may be), and
> (b) assess the extent to which the authority considers that the policy, strategy or service (as the case may be) can be developed or delivered in such a manner as to *10* improve or mitigate, for island communities, the outcomes resulting from it".

The Island Boards would seek to make sure that island issues are given full consideration in the development of the Regional Delivery Plan.

Work has been done around ensuring the viability of remote and rural health services over the past two decades and the islands Boards would seek to build on that. An example of that work is the previous commitment given on obligate networks (http://www.sehd.scot.nhs.uk/publications/DC20090304oblig.pdf). An extract from the assurances given in 2008, states that:

> *"In May 2008 ...'Delivering for Remote and Rural Healthcare' was published by the Cabinet Secretary, as Scottish Government policy. Within the detailed report the establishment of 'Obligate Networks' was identified as one of the key building blocks required to sustain local services and to ensure access to more specialist services that are not available locally. This concept builds on the well-established MCN approach ... but takes this a bit further and was identified as crucial to the sustaining access for those living in remote and rural communities by the Cabinet Secretary, when Delivering for Remote and Rural healthcare was published.*
>
> *Obligate Networks should be established between NHS Boards to sustain core services and ensure access to four key specialist services not routinely available in Rural General Hospitals (RGHs), including Child Health, Mental Health, Radiology and Laboratories".*

The Report on 'Delivering for Remote and Rural Healthcare' highlighted that:

> *"Services must be planned and co-ordinated with a greater focus on more collective and collaborative responses within and across communities. This will include the formalisation of networks to ensure that larger centres are **obligated** to support and sustain healthcare services in remote and rural areas."*

The three island Boards need to have adequate cover for emergency situations, which may arise from time to time. There is the obvious need to respond to sea-based or transport related incidents, as well as having potentially high risk industries located within the islands (for example, oil and gas processing facilities). The hospital and acute services therefore need to have adequate facilities and staffing to deal with emergency situations, where support from elsewhere will take time to organise and travel to the islands and where the weather conditions might impede such a response.

The trauma workload, although not extensive, is unpredictable and can be significant across the islands. Having in place a range of local services helps to maintain skills for the emergency work, keeping the islands well placed to manage whatever emergency occurs, including stabilisation for transfer for however long it takes for the retrieval team to be accessed, mobilised and travel to the isles.

Other essential local services will include paediatrics and cardiology, where there is a need for Boards to maintain staff skills at a sufficient level to address immediate presentations, before patients are transferred to mainland or specialist based facilities for further care, where appropriate.

There are therefore fixed costs associated with having a minimum level of health cover available 24 hours a day. What this means in practice is that the facilities and services are often 'over provided' for standard levels of activity. This can cause diseconomies of scale to be highlighted within the system so the challenge is to make best use of the highly qualified and skilled workforce to provide a broad range of other services suited to their skills and abilities. This can be at odds to the emerging policy drivers to have centres of excellence dealing with specific conditions (for example, the elective care centres). The island hospitals need a level of activity to maintain an adequate level of provision for emergencies, as well as offering a range of services to make the islands an attractive proposition for skilled medical staff.

The staff therefore need a broad range of skills, and are often required to undertake both generalist and specialist tasks. There is a considerable level of co-dependency in this way of working. Often services are built around individuals with a certain specialism, which can result in a fragile service relying on only one individual. The 'domino effect' is significant where a change to one individual's post may mean that a range of other services are no longer able to be provided.

In keeping with other areas, the islands are facing difficulties in recruiting to core health and care posts. People need to make a definite commitment to live and work in the island communities and it is often a lifestyle choice, not necessarily determined by career progression considerations. The opportunities for private practice are minimal. Suitable and adequate training and support arrangements are therefore essential to attracting staff to work in more remote areas.

One of the underlying principles of the Regional Clinical Strategy - to provide treatment as close to patient's home as it is possible and safe to do - is welcomed. This, alongside, effective use of technology will help to minimise the time which patients spend travelling to/from treatment. Islanders often do not wish to travel off island for treatment and may prefer no treatment to having to travel elsewhere. This can be evidenced from experience in the Western Isles, where there was a rise in number of joint replacements and cataract removals when the services were provided locally, rather than at a distance.

The island boards also welcome the commitment in the Regional Clinical Strategy to maximise the appropriate use of technology including:

- establishing where electronic contact with patients can add value for individuals and communities, and
- defining where technology can better support remote clinical decision-making.

Services which rely on a shared approach and use of technology need adequate and resilient broadband to support the work. However, the systems are only one element of delivering services in this way; there is also the need for medical practitioners within mainland Boards to want to work in this way and develop more flexible approaches for patient pathways which places the patient at the centre of the delivery arrangements. In the developing arrangements, we take it as read that the individual person/patient is the most important part of the delivery of health services.

Each of the island groups rely on public transport – by ferry or air – to get to and from the Scottish mainland. Within each of the islands groups there are several inhabited islands, some with very small populations (less than 20 people). These islands also rely on fixed links, ferries or air links to get to and from the smaller islands to services provided on the main islands.

The distance to point of treatment is an important consideration for island residents, which will involve time away from their home life and jobs. Residents from the smaller islands have to travel within the islands (to airports or ferry terminals) in order to reach the connection points to the Scottish mainland. This can add significantly to their travel times.

The islands Boards rely on adequate, flexible and frequent transport methods, especially air links, to support a certain volume of patients travelling to the main hospitals for treatment. Travel links can be disrupted by weather, such as high winds or fog, which can disrupt transport links to/from the islands for several days at a time.

Overnight accommodation for escorts, family or friends is required, at reasonable cost and at a reasonable travelling distance to the hospital (for visiting). Easily accessible transport links are required to/from the airport terminal and hospitals, with escort support if required. The arrangements need to support family and friends visiting, where the patient stay is lengthy.

Any changes to the well established routes for treatment points and travel arrangements will need careful consideration to ensure that suitable alternative transport, escort and accommodation arrangements remain in place. The islands Boards cover the costs of patient transport from within their health allocation and the costs are significant and should be minimised where at all possible in order that limited resources can be used on direct patient care.

The Islands Board have experience of the withdrawal of visiting services by mainland Boards, often at short notice. This has a disproportionate impact on island communities with patients often having to wait greatly extended times for the next available appointment (eg if the visiting consultant only comes every 2nd month and the next clinic is booked, this will add 4 months to the wait). It is acknowledged that more people being treated in one location can be more cost effective. However, this does not account for the additional transport and accommodation costs of numerous patients having to travel to the point of treatment, rather than only one visiting medical practitioner; never mind the disruption to patients.

That is the logistical, cost, service quality and workforce dilemma of considering which services should be provided at a local island level, and which should be provided regionally. The Islands Boards see regional working as a positive opportunity to make best use of all the resources at our disposal, regardless of geographical location. There is an opportunity for experienced generalists working in the islands and dealing with everything that comes their way to share these experiences with those based predominantly on the mainland by some rotational element to consultant posts. There is also the potential for island boards to host 'back room' services such as HR or payroll for the whole region.

Submitted on behalf of the North of Scotland Island Board Planning leads:

Dr Maggie Watts, Director of Public Health, NHS Western Isles

Hazel Roberson, Director of Finance, NHS Orkney

Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland

7 August 2017

bShetland Islands Health and Social Care Partnership

Agenda Item

6

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	6 September 2017
Report Title:	Appointments to IJB and IJB Audit Committee	
Reference Number:	GL-41-F IJB	
Author / Job Title:	Executive Manager - Governance and Law	

1.0 Decisions / Action required:

That the IJB:

1.1 Note the Voting Member appointments made by the NHS Board to the IJB, namely: Natasha Cornick and Shona Manson who will sit alongside the existing NHS member Marjory Williamson;

1.2 Appoint one of the three NHS Voting Members of the IJB as the Vice-Chair of the IJB Audit Committee.

1.3 Appoint one of the remaining two NHS Voting Members of the IJB as a Member of the IJB Audit Committee.

2.0 High Level Summary:

2.1 The purpose of this report is to inform the IJB of recent NHS Voting Members appointments made to the IJB and to seek the appointments to the vacancies on the IJB Audit Committee, in accordance with the Integration Scheme and the approved Scheme of Administration and Delegations.

3.0 Corporate Priorities and Joint Working:

3.1 Approval of the decision required in this report will ensure that membership of the IJB and its committees is maintained, which supports the strategic aims of the Partnership to ensure joint strategic and operational planning, clear accountability for decision-making and spending decisions, and responses to community needs and aspirations.

4.0 Key Issues:

4.1 At a meeting of the NHS Board on 22 August 2017 the following Voting Member appointments were made to the IJB:

Natasha Cornick
Shona Manson

4.2 It was further agreed that the NHS Non Executive Board Member, Lisa Ward, would substitute in the absence of any of the NHS Voting Members on the IJB, if required.

4.3 Following the resignation of Mrs M Williamson from the IJB Audit Committee, and the resignation of Mr Morton, the IJB are required to appoint 2 NHS Voting Members to fill these vacancies one of whom will sit as Vice-Chair.

4.4 The IJB makes all appointments to the IJB Audit Committee including the appointment of the Chair and Vice-Chair of the Committee. The Committee consists of four voting members of the IJB comprising two elected members of the Council and two non-executive members of the Health Board.

4.5 The IJB Audit Committee has a key role with regard to:

- Ensuring sound governance arrangements are in place for the IJB; and
- Ensuring the efficient and effective performance of Shetland's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The decision in this report will not impact on service users, patients or communities.
6.2 Human Resources and Organisational Development:	The decision in this report will not impact on employees and/or wider workforce management and development. There are no issues health, safety and well being which need to be addressed.
6.3 Equality, Diversity and Human Rights:	The decision in this report does not have any Equalities, Diversity or Human Rights and does not require an Equalities Impact Assessment to be undertaken.
6.4 Legal:	Appointment of the members of the IJB Audit Committee is in line with the Integration Scheme and the Public Bodies (Joint Working) (Scotland) Act 2014.
6.5 Finance:	Any expenses and costs associated with the IJB including backfill for the members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes.
6.6 Assets and Property:	There are no implications for major assets and property arising from this report.
6.7 ICT and new technologies:	There are no implications for ICT and ICT systems arising from this report.

6.8 Environmental:	There are no environmental issues arising from this report.
6.9 Risk Management:	The main risk addressed by this report is failure to make all the appointments necessary to populate the IJB in line with legislation and the Integration Scheme.
6.10 Policy and Delegated Authority:	The appointment of voting members of the IJB to the IJB's Committees is a matter for the IJB. Section 2.9 of the IJB Scheme of Administration and Delegations relating to terms of office, states that "... individual IJB appointments will be made as required when a position becomes vacant for any reason."
6.11 Previously considered by:	None.

Contact Details:
Jan Riise, Executive Manager - Governance and Law jan.riise@shetland.gov.uk
29 August 2017

Background Documents:
Integration Scheme and IJB Scheme of Administration
http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/IJBSchemeofAdmin-V2.0-19January2016.pdf

Shetland Islands Health and Social Care Partnership

Agenda Item

7

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	6 September 2017
Report Title:	IJB Business Programme 2017	
Reference Number:	CC-42-17 F	
Author / Job Title:	Simon Bokor-Ingram, Chief Officer	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board RESOLVES to consider and approve its business planned for the financial year to 31 March 2018, including any changes or additions identified.

2.0 High Level Summary:

2.1 The purpose of this report is to inform the IJB of the planned business to be presented to the Board over the financial year to 31 March 2018, and discuss with Officers any changes or additions required to that programme.

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 In order to fulfil the statutory duties with regard to the functions delegated to the IJB by the Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board), and in order to meet public governance principles, the IJB must make sure its Business Programme supports its role in the planning and direction of services to meet the needs of some of the most vulnerable people in our community, and to set its business in accordance with local and national reporting frameworks.

4.0 Key Issues:

4.1 The IJB's governance documents contain the legislative requirements and matters of best practice and standards, and the Business Programme enhances these by publicising the plans for decision making and other public reporting requirements, in keeping with the principles of good governance.

4.2 There is a strong link between strategic planning and financial planning, to provide

the best possible environment to ensure that the strategic direction, service models and resources to deliver services are aligned.	
5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Business Programme provides the community and other stakeholders with important information, along with the Strategic Commission Plans, as to the planned business for the coming year.
6.2 Human Resources and Organisational Development:	There are no direct impacts on staffing or organisational development matters with regard to approval of the Business Programme. However approval of the Business Programme will give direction and assurances to staff with regard to the timing and requirements for decisions and public reporting that the IJB has agreed.
6.3 Equality, Diversity and Human Rights:	There are no direct impacts on equality, diversity or human rights with regard to approval of the Business Programme, although individual items will have to have regard to those in terms of any outcomes and associated risks. The recommendation in this report does not require an Equalities Impact Assessment.
6.4 Legal:	The IJB is advised to establish a Business Programme, but there are no legal requirements to do so. There are no direct legal impacts with regard to approval of the Business Programme, although individual reports will have to have regard to current and impending legislation and the impact on the IJB, and the services which the NHS and SIC deliver, in terms of outcomes and legal risks.
6.5 Finance:	The there are no direct financial implications by approving the Business Programme, but indirect costs may be avoided by optimising time spent by officers and members of the IJB at scheduled meetings. Regular financial and performance reporting will ensure that the IJB fulfils the terms of the Integration Scheme. Any costs associated with the development and maintenance of the IJB Business Programme will be met from within existing budgets of the Council

	and the Health Board.
6.6 Assets and Property:	There are no implications for major assets and property. It is proposed that all meetings of the IJB will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board.
6.7 ICT and new technologies:	There are no ICT and new technology issues arising from this report.
6.8 Environmental:	There are no environmental issues arising from this report.
6.9 Risk Management:	The risks associated with setting the Business Programme are around the challenges for officers meeting the timescales required, and any part of the Business Programme slipping and causing reputational damage to the IJB, the Council or the NHS. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the IJB's Business Programme with the objectives and actions contained in its Strategic Plans could mitigate against those risks.
6.10 Policy and Delegated Authority:	As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf. Having in place a structured approach to considering key planning, policy and performance documents at the right time is a key element of good governance. Regular Business Planning reports are already prepared for each IJB meeting.
6.11 Previously considered by:	None

Contact Details:
Simon Bokor-Ingram
Chief Officer
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15 August 2017

Appendices:
Appendix 1 Business Planning Cycle

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2017/18

as at Tuesday, 29 August 2017

Integration Joint Board		
	Date of Meeting	**Business**
Quarter 1 1 April 2017 to 30 June 2017	Thursday 25 May 2017 at 10 a.m.	• Appointment of IJB Committees • Decision Making Structures • Strategic Risk Register • Annual Business Programme
	Friday 23 June 2017 at 2 p.m.	• 2016/17 Q4 Management Accounts • 2016/17 Q4 Key Performance Indicators • Draft 2016/17 Accounts • 2016/17 Annual Performance Report • Public Health Annual Report • Workforce and Organisational Development Plan • Local Delivery Plan • 2017/18 Business Programme
Quarter 2 – 1 July 2017 to 30 September 2017	Wednesday 6 September 2017 at 10 a.m.	• Q1 Management Accounts • Q1 Key Performance Indicators • A Regional Clinical Strategy and Developing a North of Scotland Regional Delivery Plan • Autism Spectrum Disorder Strategy 2016/17: Action Plan Update • IJB Appointments • 2017/18 Business Programme • Bridging the Finance Gap 2017/18
	Thursday 21 September 2017 at 10.30 a.m.	• Final 2016/17 Accounts • 2016/17 Annual Audit Report • Joint Strategic Commissioning Plan Refresh Process • Four Business Case Reports • 2018/19 Budget Setting Process
Quarter 3 - 1 October 2017 to 31 December 2017	Wednesday 25 October 2017 at 2 p.m.	• CSWO Annual Report • Q2 Management Accounts • Q2 Key Performance Indicators • Service Risk Registers • Code of Corporate Governance - Approval • IJB Risk Register – Approval • Joint Organisational and Workforce Strategy • 2017/18 Business Programme

Shetland NHS Board | Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2017/18

as at Tuesday, 29 August 2017

	Thursday 14 December 2017 at 2 p.m.	• Joint Strategic Commissioning Plan - Approval • 2018/19 Budget Setting - pre-budget funding proposals

Integration Joint Board - continued

	Date of Meeting	Business
Quarter 4 1 January 2017 to 31 March 2018	Thursday 22 February 2018 at 10 a.m.	• Directorate Service Plan • 2018/19 Budget Setting - final budget funding proposals • 2017/18 Business Programme
	Thursday 8 March 2018 at 2 p.m.	• Q3 Management Accounts • Q3 Key Performance Indicators • Service Risk Registers

Planned business still to be scheduled - as at Tuesday, 29 August 2017

- None

END OF BUSINESS PROGRAMME as at Tuesday, 29 August 2017