

Shetland Islands Health and Social Care Partnership

 Shetland NHS Board	 Shetland Islands Council
Enquiries to Leisel Malcolmson Direct Line: 01595 744599 E-mail: leisel.malcolmson@shetland.gov.uk	
18 October 2017	

Dear Member

You are invited to attend the following meeting:

Integration Joint Board

Wednesday, 25 October 2017 at 2.30pm, or immediately following the IJB Audit Committee

Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick

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

Yours sincerely



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 meeting held on i) 6 September 2017 and ii) 21 September 2017 (enclosed).
ITEM	
1	Winter Plan for Ensuring Service Sustainability including the Festive Period 2017-18 CC-53
2	CSWO Annual Report CC-52
3	Joint Organisational and Workforce Development Protocol CC-55
3	IJB Business Programme 2017 CC-54

Shetland Islands Health and Social Care Partnership

Agenda Item

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Meeting(s):	Integration Joint Board	25 October 2017
Report Title:	Winter Plan for Ensuring Service Sustainability including the Festive Period 2017-18	
Reference Number:	CC-53-17 F	
Author / Job Title:	Kathleen Carolan / Director of Nursing & Acute Services Simon Bokor-Ingram / IJB Chief Officer	

1.0 Decisions / Action required:

The IJB is asked to:

- 1.1 Approve the winter 2017-18 plan;
- 1.2 Note that planning is a dynamic process and any emerging issues will need to be addressed. Any significant changes will be brought to the Board's attention.

2.0 High Level Summary:

- 2.1 The Scottish Government directs winter planning, and it is the responsibility of Health Boards and Councils to ensure that there are robust and effective plans in place to ensure the continuity of service provision over the winter months, and especially over the festive season.
- 2.2 The Winter Plan 2017-18 describes the health and social care service provision and special arrangements that will be put in place during the festive season by NHS Shetland and Shetland Islands Council and through the winter period.
- 2.3 The Plan has been developed jointly by the Director of Nursing & Acute Services and the Director of Community Health & Social Care with input from the Third Sector and the Scottish Ambulance Service (SAS) setting out the patient transport arrangements that underpin effective planned and unscheduled care services.
- 2.4 It will be presented to the Board and the Integrated Joint Board for approval. The Winter Plan will be communicated/enacted by both the Council and NHS and sits alongside the national winter campaigns co-ordinated by NHS 24, which will be locally advertised to ensure our residents know what services are available over the festive season, and how to access them.

3.0 Corporate Priorities and Joint Working:	
3.1	The Strategic Plan for the IJB is the Commissioning Strategy for Shetland's Health and Social Care Partnership. The objectives of the Strategic Plan are to deliver on the National Health & Wellbeing Outcomes, and the Winter Plan is designed to ensure that this continues throughout the year. The Scottish Government directs winter planning through health boards for care and health services, and it is the responsibility of services to ensure that there are robust and effective plans in place to ensure the continuity of service provision over the winter months, and especially over the festive season.
4.0 Key Issues:	
4.1	There is a particular emphasis on ensuring that elective services are sustained through the winter months and there is forward planning in January 2018 to deal with any backlog from the festive period (e.g. increasing surgical capacity, outpatient services, diagnostics, availability of patient transport, and care packages to support timely discharge). The plan describes the arrangements over the festive period and notes the need to monitor demand for services and develop plans to address them (e.g. using the patient flow protocol).
4.2	Enhanced monitoring of service performance has been in place since 2015 as part of the unscheduled care improvement action plan and redesign, which is being undertaken locally – the daily measures to support effective service delivery and patient flow also meet the requirements set out in the winter planning guidance issued in August 2017. Unscheduled care, delayed discharge, integration fund and waiting time's allocations have been aligned to support the delivery of the plan.
4.3	That the plan meets the requirements set out in DL (2017) 19
5.0 Exempt and/or confidential information:	
None	

6.0 Implications :	
6.1 Service Users, Patients and Communities:	Ensuring continuity of delivery to residents
6.2 Human Resources and Organisational Development:	Planning ensures that individuals and teams are clear about their roles and responsibilities and the organisations involved are able to respond to a range of situations.
6.3 Equality, Diversity and Human Rights:	
6.4 Legal:	While there are no direct legal implications arising from this Report, the Winter Plan will assist the Council and NHS Shetland to meet its statutory obligations across a number of service areas.
6.5 Finance:	IJB budgets include provision for the expected level of service detailed in the Winter Plan. Any increased level of demand for services during this

	time will be recorded to inform future years planning.
6.6 Assets and Property:	There are no assets and property issues arising from this report.
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:	
6.10 Policy and Delegated Authority:	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:	

Contact Details:

For further information please contact:

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Appendices

Appendix 1 – Winter Plan for Ensuring Service Sustainability including the Festive Period 2017-18



WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER THE WINTER PERIOD 2017-18

Version 1 created 23/08/2017

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1. Introduction

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2016-17. Whilst there were events of extreme weather elsewhere in Scotland, there were not the heavy or prolonged snow conditions in Shetland which have been experienced in some previous winters. Winter 2017-18 has the potential to be challenging, with increased activity through elective and emergency services noted in 2016, planned changes to specialist hospital service provision, fragility of local staffing models and the threat of severe weather creating service disruption.

This winter plan for 2017-18 has been developed from critically appraising what went well and what lessons were learnt from previous winters, both from within the organisation and from debriefing with other health boards as part of the Scottish Government Health Directorate's winter planning programme for the NHS which also includes representation from local authorities.

2. Primary Care Services

a) **Shetland non OOH Co-operative – 4 practices – 3,500 patients**

The OOH arrangements for the 4 practices (Unst, Yell, Whalsay and Hillswick) shall be as per normal over the winter and festive period, with each individual practice providing their own out of hours cover. No additional resources or capacity is planned. Each practice will have in place their own contingencies for any increased demand over the coming months with Board level support offered if services become overwhelmed due to epidemic or staff absence. Those areas would then be covered by the OOHs GP Co-operative, locums and patients transferred to the Gilbert Bain Hospital.

On the islands of **Yell, Unst and Whalsay** the Community Nursing services will continue to provide a service over the winter and festive periods as noted below:

Date	Day	Daytime Provision	OOHs Provision
December 23 rd 2017	Saturday (Weekend)	Essential visits by one nurse, contacted via Community nursing answer phone for information	One nurse On-call on each island via community nursing answer phone
December 24 th 2017	Sunday (Weekend)	Essential visits by one nurse contacted via community nursing answer phone for information	One nurse On-call on each island via community nursing answer phone

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2017	Monday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone for information	One nurse On-call on each island contact via community nursing answer phone
December 26 th 2017	Tuesday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone for information	One nurse On-call on each island contact via community nursing answer phone
December 27 th 2017	Wednesday (Normal business day)	Normal Working day	One nurse On-call on each island contact via community nursing answer phone
December 28 th 2017	Thursday (Normal business day)	Normal Working day	One nurse On-call on each island contact via community nursing answer phone
December 29 th 2017	Friday (Normal business day)	Normal Working day	One nurse On-call on each island contact via community nursing answer phone
December 30 th 2017	Saturday (Weekend)	Essential visits only by one nurse can be contacted via community nursing answer phone for information	One nurse On-call on each island contact via community nursing answer phone
December 31 st 2017	Sunday (Weekend)	Essential visits only by one nurse can be contacted via community nursing answer phone for information	One nurse On-call on each island contact via community nursing answer phone

Date	Day	Daytime Provision	OOHs Provision
January 1 st 2018	Monday (PH)	Oncall and Essential visits only by one nurse contacted via community nursing answer phone	One nurse On-call on each island contact via community nursing answer phone
January 2 nd 2017	Tuesday (PH)	Oncall and Essential visits only by one nurse working contacted via community nursing answer phone	One nurse On-call on each island contact via community nursing answer phone

b) Shetland Out of Hours Co-operative Area – 6 practices – 18,750 patients

The Board's normal OOH arrangements will continue throughout the winter period for 6 practices (Bixter, Brae, Walls, Lerwick, Levenwick and Scalloway) with a single GP on call for home visiting, dual response and GP advice for the co-operative area.

The Community Nursing service provides a 24/7 service via a shift based system. Community Nursing staff will be available from the central base at the Gilbert Bain Hospital throughout the out of hours time period.

A&E continues to be available 24/7 with normal staffing levels. Patients will be encouraged to see their primary care practitioner where that is appropriate.

The resources available to the Board will match the predicted demand forecast by NHS 24 and our own forecasts based upon last year's activity levels.

Arrangements for the Festive Holidays for the Out of Hours Co-operative

All items in **bold** are additional provision that the Board is intending to put in place locally to help manage the situation. All these additions are agreed locally and all GP shifts have now been filled.

(N.B. Out of Hours arrangements run from 5.30pm to 8.00am the following day 365 days per year and during the day at weekends and public holidays).

Date	Day	Daytime Provision	OOHs Provision
December 23 rd 2017	Saturday (Weekend)	NHS24 Triaged clinic 1000-1200 at Gilbert Bain Hospital	24 hour cover by OOH GP

Date	Day	Daytime Provision	OOHs Provision
December 24 th 2017	Sunday (Weekend)	NHS24 Triaged clinic 1400-1600 at Gilbert Bain Hospital	24 hour cover by OOH GP
December 25 th 2017	Monday (PH)	24 hour cover by OOH GP	24 hour cover by OOH GP
December 26 th 2017	Tuesday (PH)	Walk in clinic 1000-1300 at Gilbert Bain Hospital	24 hour cover by OOH GP
December 27 th 2017	Wednesday (Normal business day)	Practices open 0830-1700	24 hour cover by OOH GP
December 28 th 2017	Thursday (Normal business day)	Practices open 0830-1700	24 hour cover by OOH GP
December 29 th 2017	Friday (Normal business day)	Practices open 0830-1700	24 hour cover by OOH GP
December 30 th 2017	Saturday (Weekend)	NHS 24 Triaged clinic 1000-1200 at Gilbert Bain	24 hour cover by OOH GP
December 31 st 2017	Sunday (Weekend)	NHS24 Triaged clinic 1400-1600 at Gilbert Bain Hospital	24 hour cover by OOH GP
January 1 st 2018	Monday (PH)	24 hour cover by OOH GP	24 hour cover by OOH GP
January 2 nd 2018	Tuesday (PH)	Walk in clinic 1000-1300 at Gilbert Bain Hospital	24 hour cover by OOH GP

3. Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 23 rd 2017	Saturday (Weekend)	2 A&E Amb crews on shift	2 A&E Amb crews on shift	No PTS cover but A&E may be able to assist with local discharges

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 24 th 2017	Sunday (Weekend)	2 A&E Amb crews on shift	2 A&E Amb crews on shift	No PTS cover but A&E may be able to assist with local discharges
December 25 th 2017	Monday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	*No PTS cover but A&E may be able to assist with local discharges
December 26 th 2017	Tuesday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	* No PTS cover but A&E may be able to assist with local discharges
December 27 th 2017	Wednesday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs
December 28 th 2017	Thursday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs
December 29 th 2017	Friday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs
December 30 th 2017	Saturday (Weekend)	2 A&E Amb crews on shift	1 A&E crew on Shift	No PTS cover but A&E may be able to assist with local discharges

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 31 st 2017	Sunday (Weekend)	2 A&E Amb crews on shift	1 A&E crew on Shift	No PTS cover but A&E may be able to assist with local discharges
January 1 st 2018	Monday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	*No PTS cover but A&E may be able to assist with local discharges
January 2 nd 2018	Tuesday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	*No PTS cover but A&E may be able to assist with local discharges

*No PTS on shift as PH and usually no scheduled care activity, however could be negotiated locally

Should the hospital reach alert status, then patient transport to discharge patients from hospital can be requested through the normal channels by contacting the Scottish Ambulance ACC (Ambulance Control Centre) by calling 0300 123 1236 where a controller will place the request on the system providing the patient passes the PNA (Patient needs Assessment) whereupon a day controller will call back within the hour to confirm if this request can be accommodated or not.

There will be no reduction in the provision of emergency ambulance services over the holiday period. There is one fully equipped A&E ambulance vehicle with 4x4 capability based in Lerwick as well as other 4X4 equipped vehicles on the islands of Skerries and Fetlar.

NHS Shetland also provides patient transport OOHs, to support access to primary care and emergency care services, located at the Gilbert Bain Hospital.

Throughout this period there will be an Area Service Manager on duty and on call for day to day queries and a senior manager available in and oohs for strategic requests via the ACC.

Traditionally activity and demand in Shetland over the festive period has not shown an increase and there has never been a necessity to increase SAS cover. The SAS air assets will be operating as normal throughout the festive period to provide their support and emergency retrieval capabilities to Shetland.

Patient Transport (Renal Service)

Date	Day	Daytime Provision	OOHs Provision
December 26 th 2017	Tuesday (PH)	See table above for cover renal patients supported by PTS, retained and A&E where necessary	See above
December 27 th 2017	Wednesday (Normal business day)	See above	See above
December 28 th 2017	Thursday (Normal business day)	See above	See above
December 29 th 2017	Friday (Normal business day)	See above	See above
December 26 th 2017	Tuesday (PH)	See above	See above
January 1 st 2018	Monday (PH)	See above	See above
January 2 nd 2018	Tuesday (PH)	See above	See above

4. Dental Services

The Board delivered Emergency Dental Service will continue to operate throughout the winter including the holiday period. This provides 24/7 access to emergency dental care every day of the year in conjunction with the normal weekday service.

Over the festive season normal and emergency services will be provided as follows:

Date	Day	Daytime Provision	OOHs Provision
December 23 rd 2017	Saturday (Weekend)	On Call via NHS 24	On Call via NHS 24
December 24 th 2017	Sunday (Weekend)	On Call via NHS 24	On Call via NHS 24

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2017	Monday (PH)	On Call via NHS 24	On Call via NHS 24
December 26 th 2017	Tuesday (PH)	On Call via NHS 24	On Call via NHS 24
December 27 th 2017	Wednesday (Normal business day)	Normal Working Day	On Call via NHS 24
December 28 th 2017	Thursday (Normal business day)	Normal Working Day	On Call via NHS 24
December 29 th 2017	Friday (Normal business day)	Normal Working Day	On Call via NHS 24
December 30 th 2017	Saturday (Weekend)	On Call via NHS 24	On Call via NHS 24
December 31 st 2017	Sunday (Weekend)	On Call via NHS 24	On Call via NHS 24
January 1 st 2018	Monday (PH)	On Call via NHS 24	On Call via NHS 24
January 2 nd 2018	Tuesday (PH)	On Call via NHS 24	On Call via NHS 24

5. Pharmacy Services

The local pharmacies will be open for extended hours over the festive season. The opening hours will be advertised in the local press as part of the Health Board's advertising campaign.

Health Board Pharmacists are working at various times during the official public holidays and in an emergency situation will make themselves available out of hours.

As part of the pre Christmas publicity campaign NHS Scotland is undertaking, advice for patients on how to best utilise their community pharmacists will be provided, including the availability of additional services from community pharmacies in Shetland

The Accident & Emergency Department will also increase its stock level over the period to ensure that all patients are supplied with the medicines they require as treatment for presenting conditions.

The supplies of hospital oxygen cylinder supplies will be increased over the festive season. Dolby Medical supply all domiciliary oxygen and high use patients have oxygen concentrators.

6. Clinical Support Services

(a) Laboratory Services

The Laboratory service

Date	Day	Daytime Provision	OOHs Provision
December 23 rd 2017	Saturday (Weekend)	0900-1200	On Call
December 24 th 2017	Sunday (Weekend)	0900-1200	On Call
December 25 th 2017	Monday (PH)	0900-1300	On Call
December 26 th 2017	Tuesday (PH)	0900-1300	On-Call
December 27 th 2017	Wednesday (Normal business day)	0830-1700	On-Call
December 28 th 2017	Thursday (Normal business day)	0830-1700	On-Call
December 29 th 2017	Friday (Normal business day)	0830-1700	On-Call
December 30 th 2017	Saturday (Weekend)	0900-1200	On Call
December 31 st 2017	Sunday (Weekend)	0900-1200	On Call
January 1 st 2018	Monday (PH)	0900-1300	On Call
January 2 nd 2018	Tuesday (PH)	0900-1300	On-Call

(b) Medical Imaging

The Medical Imaging service will be limited to an on call service for the four public holidays over Christmas and New Year (25th and 26th December 2017 and 1st and 2nd January 2018) and the weekend over the Christmas and New Year period. There will be the usual service on the normal business days.

(c) Other Diagnostic Support Services

Physiology and Audiology will be closed from December 22nd 2017 to January 2nd 2018 (inclusive), bar the normal business days.

As part of the routine review of waiting times we will look at the level of capacity that will be required in January 2018 in order to ensure that the impact of a prolonged shut down does not impact on patient flow and access to services.

(d) Public Health

There will be Public Health support available 24/7 over the festive period. During normal working hours the Shetland based Consultant in Public Health will be available, supported by other members of the Public Health Team; contactable via the Public Health Office or Montfield reception. Out of hours the usual on –call rotas will apply: with the 1st on-call person being Shetland based, and the 2nd on-call person being one of the Island Board consultants.

On-call staff are contactable through the GBH switchboard. Emergency planning / resilience advice is also available out of hours via the SIC Resilience Team, contactable via GBH switchboard.

7. Community Mental Health Services

The Community Mental Health Team will ensure arrangements are in place to manage mental health needs during the festive period and that psychiatric emergencies are actively managed. Consultant Psychiatrist cover will be provided either locally or with assistance from Royal Cornhill Hospital in Aberdeen (access through switchboard).

The local team will have clear protocols in place for the management of mental health presentations to the hospital and in the community. The team will extend

their day time operating hours to include on call during the weekends, so in effect providing a 7 day service.

Community Psychiatric Nurses (CPNs)

Date	Day	Daytime Provision	OOHs Provision
December 23 rd 2017	Saturday (Weekend)	On call	Nil – access to duty MHO
December 24 th 2017	Sunday (Weekend)	On call	Nil – access to duty MHO
December 25 th 2017	Monday (PH)	Oncall	Nil – access to duty MHO
December 26 th 2017	Tuesday (PH)	Duty CPN	Nil – access to duty MHO
December 27 th 2017	Wednesday (Normal business day)	Normal service	Nil – access to duty MHO
December 28 th 2017	Thursday (Normal business day)	Normal service	Nil – access to duty MHO
December 29 th 2017	Friday (Normal business day)	Normal service	Nil – access to duty MHO
December 30 th 2017	Saturday (Weekend)	On call	Nil – access to duty MHO
December 31 st 2017	Sunday (Weekend)	On call	OOHs Provision
January 1 st 2018	Monday (PH)	On call	Nil – access to duty MHO
January 2 nd 2018	Tuesday (PH)	Duty CPN	Nil – access to duty MHO

8. Hospital Bed Provision including Day Case Beds

The Gilbert Bain Hospital currently has 42 acute beds, 3 high dependency beds, and 5 maternity beds.

Maintaining effective care and safe staffing levels

We do not have plans to employ extra staff to cover the winter period, although we have the facility to utilise extra clinical and non-clinical staff as required through flexible working and bank arrangements. Rosters will be put in place at least 2 months ahead of shifts for the festive period and ongoing through the winter months.

We look to use all of our beds and staff flexibly as and when required to ensure that we can continue to provide safe staffing levels and safe and effective patient care, particularly where there may be peaks in demand for services and/or reduced access to key staff e.g. because of challenges in recruitment etc. All staff co-operate in this type of arrangement to ensure that we can provide continuity of care for patients with acute presentations and ongoing care requirements whilst in hospital.

Monitoring whole system patient flow

We closely monitor patient flow, particularly as we move into winter planning activities to ensure that we have the capacity available to provide hospital based care, including acute rehabilitation.

Bed occupancy is reviewed at least twice daily, with known elective demands and estimated dates of discharge (EDD) identified when services are on amber/red, so that managers can ensure that elective activity can continue safely throughout the period. Severe weather reports are cascaded to all Heads of Department.

If demand for inpatient services exceeds the bed base available, then the senior manager on call will be contacted to consider options available, including calling a major alert and setting up contingency plans to staff outpatient areas e.g. Day Surgical Unit (DSU), Maternity and surge capacity beds X 4, to provide 24 hour care if that is deemed necessary.

A patient flow escalation plan is in place to ensure that we effectively manage emergency and elective admissions throughout the hospital, which is shown in Appendix A.

Waiting times monitoring meetings will take place on December 21st and December 28th 2017 to ensure that appropriate monitoring of shared services and pathways will continue seamlessly, including the organisation of cancer pathways.

Addressing delays and inefficiencies in the system will be a key priority and regular 'Day of Care' surveys will be undertaken throughout the winter period. The daily measures which are collected on an ongoing basis as part of our unscheduled care improvement work, service monitoring arrangements and daily communication plan are shown in Appendix B.

In addition to this, it is critical that we continue to initiate programmes to support community based services in parallel with the changes which are taking place in hospital so that we have a 'whole system' approach to older peoples care.

As a result of the development and extension of community based services over the last two years, we have seen a down turn in bed occupancy, particularly where

it is associated with people delayed in hospital waiting for respite, residential or care at home packages (which peaked at the beginning of 2015, but steadily reduced in 2015-16 and has been maintained over the last two years).

There is a multi-agency group that looks at discharge planning and there is close collaboration with the Council to try to prevent any undue delays occurring.

9. Community Care Services

Hospital staff will continue to work closely with local authority partners, and through the H&SCP will meet the needs of patients in the community and ensure that hospital in patients are discharged appropriately in a timely manner back into the community with proper support. The single shared assessment process "With You For You" is now embedded into practice for health and social care staff.

(a) Social Work Service

The Social Work Offices will be closed for the four public holidays over Christmas and New Year (25th and 26th December 2017 and 1st and 2nd January 2018). A duty Social Worker (contactable via the main hospital reception) will be available to deal with **emergencies**.

(b) Care Centres for Adults

All care centres will be open as usual and can be contacted directly using the contact details in the Shetland Directory. During the festive season, the Social Care Service will use any spare capacity within the care centres to support the provision of emergency residential short breaks required throughout this period. This resource can be accessed via the duty social worker only over the festive period.

Work is ongoing to make best use of resources to either avoid an unnecessary hospital admission, or to expedite a speedy discharge from hospital. There is a daily bed state for care centre bed capacity, which is shared across community and acute services.

(c) Care at Home

This will operate at a reduced level as many service users get support from their families over the public holidays. It will be continue to be available for those without family support. Some meals on wheels

kitchens will not be open at all during the festive period. Additional Care at Home will be provided to those for whom this will be a problem. Any queries about Care at Home during the festive period (excluding public holidays) should be addressed to the local Care Centre. **Contact on public holidays should be via the duty social worker.**

In the central area, Care at Home staff are contactable at the Independent Living Centre on 744313(excluding public holidays). All requests for assessments should be made to the duty social worker.

(d) Mental Health Community Support Service, Annsbrae House

Annsbrae's services for adults with mental health problems will be provided in line with individual service users' care plans during the festive period. Tenants can contact staff out of hours by using their Community Alarm. Annsbrae out of hours service can be contacted via duty social work on 01595 695611.

(e) Adult Services

Newcraigielea - The Short Break and Respite service at Newcraigielea will continue over the Christmas and New Year period with the usual booking system in operation. Any emergency requirement should be referred to the Duty Social Worker on 01595 744400 or 01595 695611.

Newcraigielea Day Service GOLD Group will be closing at the normal time on Wednesday 20th December 2017 and reopening on Wednesday 3rd January 2018.

Supported Living and Outreach

Supported Living and Outreach services will be provided in line with individual service users' care plans during the festive period.

Vocational Activity

Eric Gray Resource Centre. The centre will be closing at the normal time on Friday 22nd December 2017 and reopening on Wednesday 3rd January 2018)

f) Day Care – Community Care Resources

Over the festive period Day Care services may reduce or cease and will not be provided on public holidays. Individual service users will be consulted about their plans. Alternative services will be made available to meet assessed needs e.g. Care At Home or short breaks.

When Day Care is closed enquiries about existing service users should be directed to the relevant care centre (Newcraigielea for adults with Learning Disabilities). Enquiries about emergency Day Care for people who are not known to a service should be made by contacting the local care centre directly or via the duty social worker.

(g) Customer Relations Function at CAB

The Customer Relations Function will not be available over the festive period. All enquiries should be directed to local care centres or the duty social worker.

10. Access to Clinical Information

The Key Information Summary (KIS) system is in place, replacing Special Patients Notes (SPNs) and enhances the level of information which was previously available from the Emergency Care Summary (ECS). The eKIS should provide key information to partner agencies e.g. Scottish Ambulance Service (SAS), as well as to NHS employees in primary and secondary care in the out of hours period and therefore will support the delivery of more appropriate care for individuals in the out of hours period.

All eKIS records should contain current information relating to the patients:

- Medical condition and treatment
- Main carer - their name and contact number
- Wishes which they may have about their care and treatment; and
- Preferred place of care

11. Bad Weather Contingencies

In the case of severe weather, which may restrict patient and/or staff movement, the primary care services will be managed locally with each individual practice covering their own area and patients. Care at Home is already managed on a locality basis with Care Centres acting as hubs.

Community Nursing Services also operate a locally based service in times of severe weather with staff working from their local Health Centre and providing essential visits as weather and staffing numbers permit. This would continue for the duration of the adverse weather.

Hospital based staff will be provided with accommodation, and would travel when able to do so. Staff wishing to remain in Lerwick who reside out with the town for

the duration of a shift pattern will be entitled to the provision of accommodation and meal tokens¹, which will be managed by the Facilities Manager.

A decision whether to invoke the Board's Inclement Weather Policy will be taken by the senior manager on call. For council employees the SIC Adverse Weather Policy should be followed.

Business continuity plans are in place for all key Clinical Services. Decisions would be taken to invoke multi-agency support via Shetland Multi-agency Response Plan or to deal with pressures beyond normal local capacity in the NHS via the Board's Major Emergency Plan.

Council and NHS staff are reminded before each winter to ensure that their vehicles are prepared for inclement weather, and all Council and NHS owned vehicles are prepared in the same way. The cost of winter tyre replacement should be identified by Heads of Service and discussed with the respective Directors responsible that that service area.

12. Preparation and Implementation of Norovirus Outbreak Control Measures & Influenza Planning

The HPS Norovirus Outbreak Guidance issued in September 2016² has been fully distributed by NHS Shetland. The Health Protection Team (HPT) is supporting the advance planning which care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in care homes.

The HPS Norovirus Control Measures and support the 'Stay at Home Campaign' message are easily accessible to all staff on the Intranet via the Infection Control Portal. In addition posters and leaflets have been distributed to all wards in the Gilbert Bain Hospital. These same materials have also been distributed to the community.

There is an Outbreak Folder containing all current guidance, protocols and flowcharts to be used in the management of an Outbreak available via the Infection Control Portal on the Intranet.

Staff have been reminded of the need to remain absent for 48 hours post last symptom of diarrhoea and vomiting. This message will be reiterated at the daily Hospital Huddle over the winter period to ensure all staff continue to adhere to

¹ Staff will be provided with basic provisions and access to the emergency snack vending machine as required.

² The evidence underpinning the 2016 guidance has been reviewed and there is no new evidence requiring any change to the guidance. Therefore the 2016 guidance is still valid for 2017.

this guidance. Information will also be made available via the NHS intranet 'message of the day', Team Brief and email distribution groups as appropriate.

Before the norovirus season started the IPCT reviewed the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge. Procedures will be updated immediately if additional advice is received from HPS or other agencies that improve the management of such outbreaks.

The public will be informed about any visiting restrictions which might be recommended as a result of a norovirus outbreak. The Infection and Prevention Control Team (IPCT) will organize debriefs following individual outbreaks and / or at the end of the season to ensure system modifications to reduce the risk of future outbreaks.

Weekly Norovirus Reports are received from the HPS Infection Control Team which keep NHS Shetland up to date regarding the national norovirus situation.

Adequate IPCT cover across the whole of the festive holiday period will be in place with an OOH Public Health On Call Rota also in place to provide public health management of outbreaks .

NHS Shetland is prepared for rapidly changing norovirus situations and this will be assessed on a daily basis at the Hospital Huddle with additional bed management meetings put in place in conjunction with the IPCT/ HPT as and when required e.g. the closure of multiple bays/ a ward.

Influenza Planning

The Board has the following in place relevant to influenza and winter planning:

- A local emergency plan which contains a general contingency plan which covers capacity to meet winter flu if it reaches epidemic proportions
- Local plans for influenza vaccination
- Encouraging staff to have the vaccination with support from the Occupational Health team
- A winter flu campaign which includes media coverage
- A local Pandemic Influenza Plan in place, modeled on, and continually updated in the light of national guidance

Local plans include:

- Business continuity planning (both for NHS Shetland and other Community Planning partners) which includes consideration of staffing in the event of high absences
- Emergency vaccination arrangements
- Communication and media handling

- Surge capacity agreements

Tabletop exercises have been undertaken to test key procedures for Healthcare Associated Infection (HAI).

The Public Health Team receives monthly Influenza Reports and weekly updates from HPS which keep NHS Shetland up to date regarding the national influenza situation. The Immunisation Co-ordinator accesses influenza vaccination uptake information, which is updated on a weekly basis, for monitoring of local uptake and can put measures in place to encourage and promote vaccination uptake if required.

13. Disaster Recovery Plans

There are business continuity plans for each area of health board business, designed to ensure that services continue to deliver and support patient care. IT disaster recovery plans have been reviewed in 2016. The Emergency Plan for the Council was updated in 2016.

14. Escalation Procedures & Management Control

The Board has in place a senior manager on call who is able in real time to instigate any of the above contingencies. The senior manager on-call will be the first point of contact for local or national escalation procedures and will provide real-time feedback to partner organisations on the service delivery capacity locally. Contact details for the senior manager on-call will be made available to all partners and staff and clinicians working locally over the holiday period.

In the case of a sudden unpredicted surge in demand or unexpected absence of medical staff in the hospital setting, the shifts will be covered by the other doctors available within the hospital with support from consultant colleagues and/or leave would be cancelled.

If activity levels increase to such an extent that the usual patient flow management arrangements in the hospital are exceeded then we will move to major alert planning which would facilitate the cancellation of leave for all staff required to support the emergency management plan.

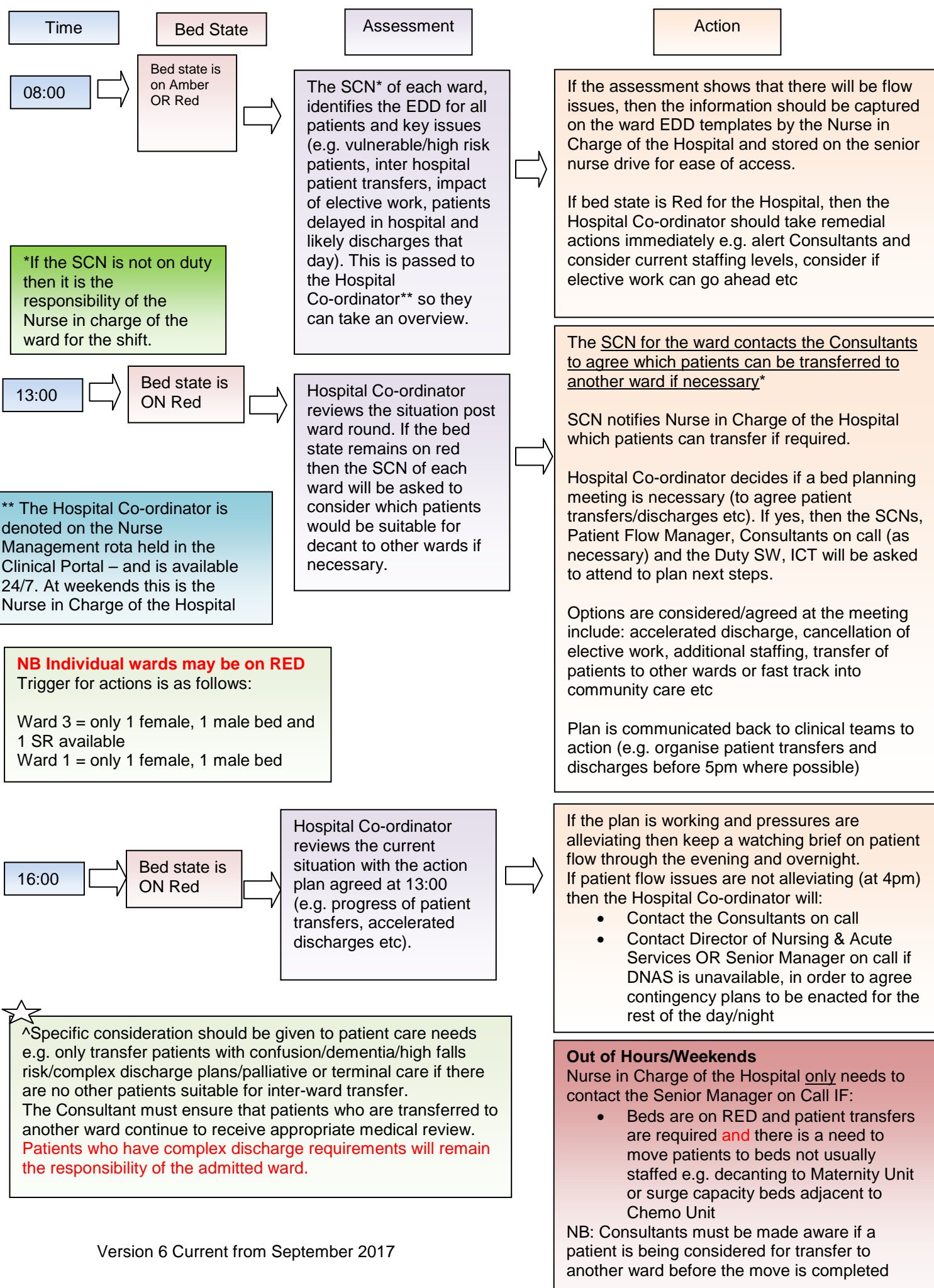
15. Publicity

The Council and NHS, in conjunction with its service partners will undertake a publicity campaign. This will describe the arrangements for over the festive period as well as specific information for patients on how best to use the out of hours

services. It will include details on when to use the emergency services and when and how to use NHS 24. Our website, which includes information about access to services and health information 'Know Who to Turn to' will also, be included in promotional materials.

The publicity will include a full-page advertisement in the local press for the week prior to Christmas; press releases; information at health centres; dental clinics and community pharmacies. Local public health messages are also given out through the media and our local media diary content will reflect the run up to the festive season. In addition to this, NHS24 will contract with the local press and media to run a pre-festive publicity campaign.

Patient Flow Escalation Plan – NHS Shetland



Appendix B

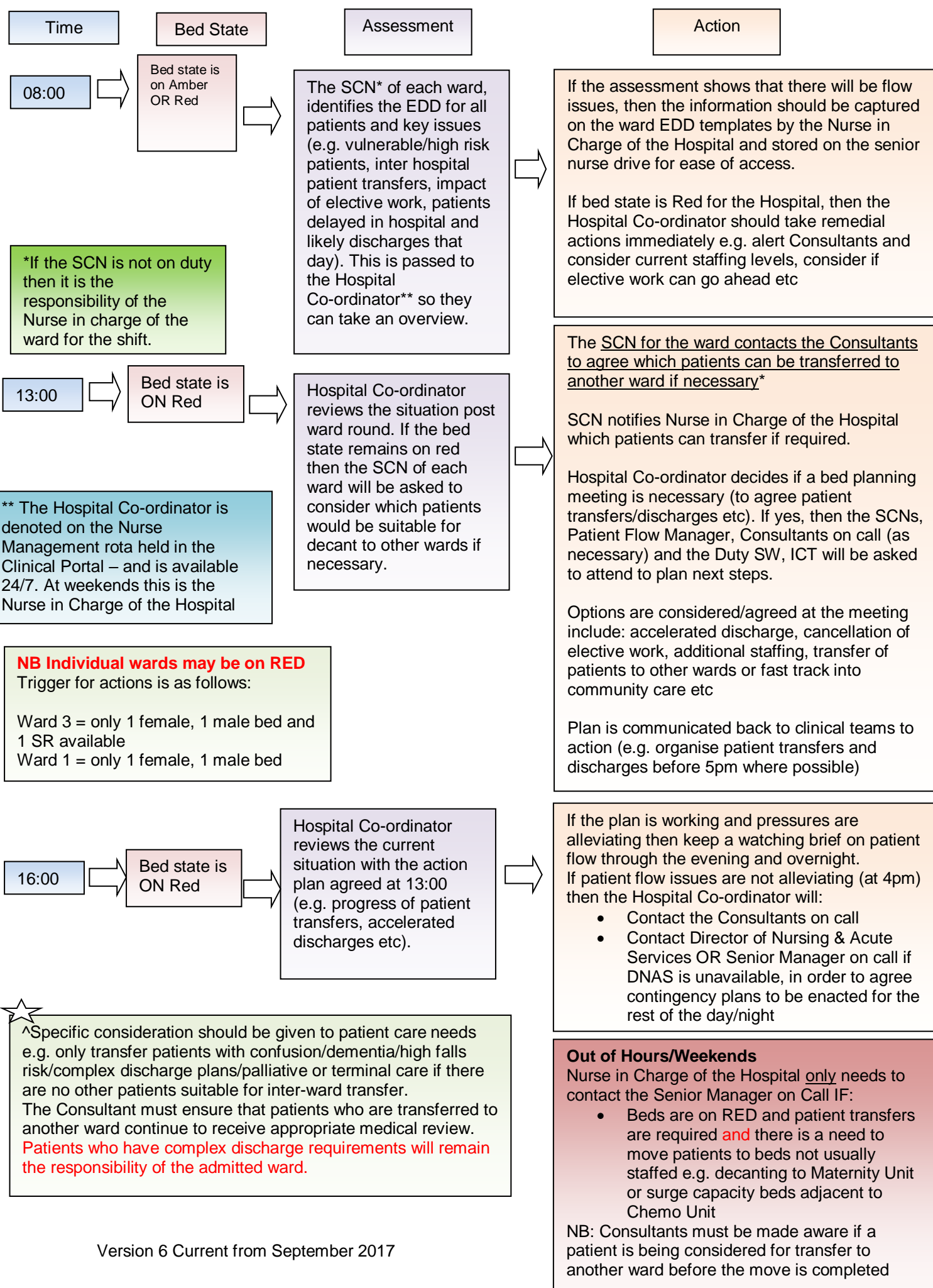
Daily Performance Metrics to Support Effective Patient Flow¹

Beds Available
Number of Delayed Discharges*
Deaths (in previous 24 hours)*
Planned Admissions*
Planned Theatre Lists*
Planned Clinics Morning Session (e.g. OPD, Child Health, Visiting)*
Planned Clinics Afternoon Session (e.g. OPD, Child Health, Visiting)*
Planned Clinics/Visits - Obstetric (e.g. Antenatal clinics)*
Planned Discharges Before 12 MD*
Planned Discharges After 12 MD*
Monitoring Safe Patient Transfer
Patient Transfers in to GBH (Air Ambulance)*
Patient Transfers to Mainland Hospitals (Air Ambulance)*
Patient Transfers in to GBH (other route - not retrieval)*
Patient Retrievals – Adult*
Patient Retrievals – Child*
Monitoring Patient Dependency/Acuity
Number of Level 2 Patients*
Number of Acute Mental Health Patients*
Number of Children*
Number of Patients with Confusion (e.g. Dementia)*

Number of Patients with Protection Plans (e.g. GIRFEC, CP, PoA etc)
Number of Patients who are receiving End of Life Care
Monitoring Patient Safety
Number of Medical Patients Decanted to another Ward*
Number of Surgical Patients Decanted to another Ward*
Number of Obstetric Patients Decanted to another Ward*
Number of Dementia/High Risk Patients Decanted after 5pm
Number of Patients with Falls Risk (e.g. Previous falls)*
Number of Patients who have Fallen (previous 24 hours)
Number of Patient Falls with HARM*
Number of Patients with GRADE 2/3 Pressure Sores
Number of Patients with an Infection/Requiring Barrier Controls*
Monitoring Safe Staffing Levels
General Staffing Issues*
AA Nurse Status*
Theatre On Call Team/HDU On Call Team Status*
ⁱ Midwife On Call Status*
A&E On Call Status*
General Safety Issues
Environmental/Equipment Issues*

ⁱ All of these metrics are discussed at the daily huddles, some items are recorded for ongoing monitoring and others are reported by exception or formally through other routes e.g. patient safety programme. So for instance, we would note if a patient has a significant adverse event such as a fall with harm or a pressure sore but this would be discussed at the huddle as an exception, as it is not part of the core dataset for the huddle discussion. The metrics with an asterisk against them are part of the core dataset for the daily huddles.

Patient Flow Escalation Plan – NHS Shetland



Appendix B

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Shetland Islands Council



Meeting(s):	Integration Joint Board Education and Families Committee	25 October 2017 4 December 2017
Report Title:	Chief Social Work Officer Report	
Reference Number:	CC-52-17 F	
Author / Job Title:	Martha Nicolson, Chief Social Work Officer	

1.0 Decisions / Action required:

- 1.1 The Integration Joint Board is asked to CONSIDER and NOTE the Annual Report (Appendix 1) from the Chief Social Work Officer.
- 1.2 Education and Families Committee is asked to CONSIDER and NOTE the Annual Report for the Chief Social Work Officer.

2.0 High Level Summary:

- 2.1 The Chief Social Work Officer is required to prepare a summary annual report for the Council and the Integration Joint Board on the functions of the Chief Social Work Officer role and delivery of the local authority's social work services functions.
- 2.2 The report is divided into six key themes. Highlights include the following:
 - a) CSWO's Summary of Performance
 - There is evidence of good quality social services being delivered across Shetland, with a focus on outcomes that are important to people.
 - Within children's services, quality assurance and self evaluation activity is improving and remains a priority.
 - Work has begun to create a sustainable children's residential service that would shift the balance of care back to providing care and support closer to the child's community.
 - Shetland performs well in supporting people at home and in their communities. When people are discharged from hospital, readmission rates are low, indicating that services are working at discharging people when they are ready and then keeping them in the community thereafter.
 - Recruitment and retention of some staff groups/specialisms remains difficult, which places additional pressures on senior staff and can create difficulties in the delivery some services.
 - Social workers are unhappy with rates of pay for Out of Hours commitment, placing additional pressure on a relatively fragile service.

b) Partnership Working

- The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services.
- The CSWO role sits with the Executive Manager Children & Families, reporting directly to the Children's Services Director with a line of accountability to the Council Chief Executive. The CSWO meets regularly with the Director Community Health and Social Care and sits on relevant strategic planning groups in adult and children's services.
- Executive Managers for social work and social care comprise the Social Work Governance group. In the absence of the CSWO, one of these social work qualified and experienced managers deputises.
- Two formal social work complaints were received in the reporting period and improvements implemented. A new model for handling social work complaints was implemented 1 April 2017.

c) Social Services Delivery Landscape

- Most of our services are provided by the public sector.
- Children's services are committed to developing sustainable services that help develop capacity within communities by strengthening families and through early intervention.
- Similarly, in adult services, partners are trying to work together to develop sustainable service delivery models that will support people in their own homes and communities for as long as possible. Need is often complex and balancing statutory provision alongside early intervention and prevention is challenging.

d) Resources

- In 2016/17 the budget for Children's Services totalled £40.1m. £5.1m of this budget related to social work and social care. There was an overspend of £140k, mainly in relation to increased spend within Children's Resources and the use of external consultants and legal experts in complex social work cases. The budget for 2017/18 is £41.8m, £5.7m of which is for children's social work.
- In 2016/17 the budget for Community Health and Social Care in relation to social services, totalled £20.8m. This budget was underspent by £200k, mainly due to underspends in employee costs. The budget for 2017/18 is £20.5m.

e) Service Quality and Improvement

Children Services:

- Social workers are predominately engaged in fulfilling statutory duties in relation to children in need of care and protection. On average 60 child concern referrals are received per month, some of which are referred on to other agencies.
- Although slightly fewer children were placed on the child protection register, the most frequently recorded reasons were parental substance misuse, domestic abuse and emotional abuse. There is a focus on strengthening links with Shetland Drug and Alcohol Committee to improve strategic planning in this area as well as working with partners to improve support to families where parents misuse substances.
- Our looked after children numbers have remained fairly constant over a

number of years compared with the rest of Scotland. Services are committed to supporting children in their communities wherever possible and for as long as required. This requires building capacity in residential and foster care resources, whilst at the same time continuing to invest in early intervention.

Adult Services:

- Over the year there has been an increase in number of direct payment packages (Self Directed Support, option1) from 34 to 48, which means that people have more choice and control of the care and support they receive.
- There were fewer adult protection referrals this year. Under reporting remains a concern nationally with the public as well as staff being encouraged to share information about vulnerable adults.
- Criminal Justice social work has seen a reduction in community based sentences and an increase in case complexity, over the past year. The management of sexual and violent offenders remains a priority for the service.
- Social care services deliver good quality care and support to people in their own homes, in their communities and through short and long stay placements in residential homes.

f) Workforce

- The CSWO has a responsibility to have an overview of workforce development across social services. Most of the workforce is regulated by the Scottish Social Services Council, with Care at Home staff now registering from 2017 onwards.
- Managers across social work and social care services work closely with Workforce Development to ensure continuing professional development needs are met and staff are equipped to deliver services.
- Recruitment and retention is a continuing problem in some areas, but schemes such as apprenticeship programmes have attracted some young people into care.
- Career progression pathways for some care staff has been very successful and will now need to be considered for social workers to ensure we have managers and professional advisors for the future.

3.0 Corporate Priorities and Joint Working:

3.1 The Chief Social Work Officer's report was prepared by engaging with service leads across social services to gather data and information on the way in which services are delivered.

3.2 Social Care and Social Work services contribute the Corporate Priorities as detailed in the Children's Services and Community Health and Social Care Directorate plans and respective Service plans:

'Support older people across Shetland so they can get the services they need to help them live as independently as possible.'

'Vulnerable children in need of our care and support will continue to be protected from harm.'

'Children and young people, particularly those from vulnerable backgrounds and in

care, will be getting the learning and development opportunities that allow them to fulfil their potential.'	
3.3	The Integrated Children's Service Plan 2017-200 has been developed around three key themes: improving emotional wellbeing and resilience, strengthening families and tackling inequalities, and is reflected in children's services service plans.
3.4	The Joint Strategic Commissioning Plan 2018-2021 describes the way in which health and social care services can be delivered jointly across Shetland. It outlines projects intended to deliver change, which includes the development of a sustainable model of social care.
3.5	The Chief Social Work Officer report is presented to both the Integration Joint Board and Education and Families Committee.
4.0 Key Issues	
4.1	Statutory social work services continue to adapt and evolve in line with new legislation, policy and best practice.
4.2	The quality of care delivered by our social care services is very good and the balance of care is shifting towards supporting more people in their homes and communities.
4.3	There are workforce difficulties that give concern: <ul style="list-style-type: none"> • Social workers are unhappy with Out of Hours payments as they do not consider these reflect the complexities of the role. The CSWO is supporting the relevant Directors in taking this forward. • It is difficult to attract experienced social workers to senior roles, especially in children's services. Social workers consider rates of pay are amongst the lowest in Scotland. Human Resources will carry out work to identify possible solutions. • There are areas where recruitment of social care workers is particularly difficult and agency staff continue to be required.
4.4	Our workforce is key to achieving positive outcomes for people in Shetland. A Joint Organisation and Workforce Development Protocol has been developed which, it is hoped, will help ensure all employees within the Health and Social Care Partnership are able to access support and development relevant to their needs.
5.0 Exempt and/or confidential information:	
None	

6.0 Implications	
6.1 Service Users, Patients and Communities:	Social services are delivered, often in partnership with other services, and takes account of the views of carers and service users.

6.2 Human Resources and Organisational Development:	There are Human Resources implications in relation to the challenge of recruiting and retaining staff and the need to ensure that the training and development needs of our workforce are supported and prioritised appropriately. Work is underway to identify and overcome barriers to employment in this sector.
6.3 Equality, Diversity and Human Rights:	Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the heart of social work practice.
6.4 Legal:	<p>The legal framework in relation to the Chief Social Work Officer is provided by the Social Work (Scotland) Act 1968, which requires local authorities to appoint a single Chief Social Work Officer. The Public Bodies (Joint Working) (Scotland) Act 2014 is also relevant.</p> <p>Guidance on the Chief Social Work Officer role (Scottish Government, July 2016) summarises the scope of the role of the Chief Social Work Officer.</p> <p>Legal Services provide advice to the Chief Social Work Officer to support the role including support to ensure that the Council's Social Work Complaints handling is in accordance with the relevant legislation.</p>
6.5 Finance:	This report is intended to provide Members with information to help when considering financial priorities.
6.6 Assets and Property:	No implications.
6.7 Environmental:	No implications.
6.8 Risk Management:	<p>This report provides Members with information in relation to adult and child care and protection. Risk management of services is dealt with by the respective Directorates responsible for social services.</p> <p>The Shetland Adult Support & Child Protection Committee has a training strategy in place that ensures a range of training is available and delivered to the workforce.</p> <p>Social Workers are unhappy with rates of pay for Out of Hours work which, coupled with a limited number of social work qualified senior managers, places additional pressure on a relatively fragile service.</p>
6.9 Policy and Delegated Authority:	<p>In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the terms of this report concerning matters relating to Children and Families, are within the remit of the Education and Families Committee.</p> <p>Shetland's Integration Joint Board is responsible for the</p>

	<p>operational oversight of Integrated Services and through the Chief Officer is responsible for the operational management of Integrated Services, including Adult Social Work.</p> <p>The CSWO is required to ensure the provision of appropriate professional advice in the discharge of the Council's statutory social work duties. The CSWO is also required to assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.</p> <p>The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.</p>	
6.10 Previously considered by:	<p>This report will be presented to:</p> <p>Joint Governance Group Clinical Care and Professional Governance Committee</p>	

Contact Details:

Martha Nicolson, Chief Social Work Officer

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3 October 2017

Appendices

Appendix 1 - Chief Social Work Officer Annual Report 2016/17

DRAFT

**Shetland
Islands
Council**



**CHIEF SOCIAL
WORK OFFICER
ANNUAL REPORT**

2016-2017

Contents

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1 Introduction

This Annual Report from the Council's Chief Social Work Officer provides an overview of social work activity, performance and key achievements during the period 1 April 2016 - 31 March 2017. It provides information on the statutory responsibilities of the Chief Social Work Officer on behalf of Shetland Islands Council and highlights key challenges and priorities for services.

This report is not intended to be exhaustive and generally summarises activity relating to professional social work functioning. The structure of the report follows the template produced by Scottish Government and Social Work Scotland, which aids consistency across Chief Social Work Officer annual reports.

2 CSWO's Summary of Performance

Priorities and Challenges, Key Developments and Achievements

The joint inspection of Children's Services in July 2015 recognised some of the very good work taking place in Shetland. However, there were areas that needed prioritisation. In November 2016, the Care Inspectors undertook a follow up visit and were pleased to note significant progress had been made in assessment of risk and need and the quality of the response across the partnership to these.

Quality assurance and self evaluation activity is improving and remains a priority. The Integrated Children's Services Quality Assurance Group has oversight of improvement work, with children's social work and social care performance reported to Education and Families Committee. Data would evidence good performance in meeting timescales for child protection case conferences and looked after children's reviews. Quality of reports for these meetings is improving although the current format is cumbersome. Some progress has been made with single agency chronologies, but integrated chronologies is still some way off. To support quality assurance and improvement in children's social work, capacity has been created in an additional team leader role in Children's Resources and funding was secured for an additional senior social worker in the Children & Families team.

The Children's Resources service expanded over 2016-17 supported by a review of the fee paid foster scheme to try to encourage people into this work. The successful recruitment of Registered Managers in residential services concluded the actions from an independent review of the service and supported an increase in the number of places in children's houses up to seven. A business case was begun for children's residential requirements in Shetland 2016-2025 with a view to creating a sustainable service that would shift the balance of care back to providing care and support closer to the child's community.

In June 2016, the Continuing Care Service was awarded residential child care team of the year at a national award ceremony, which recognised the work being done to show that permanent residential care can provide stability and security for children and young people to grow and develop into adulthood.

Performance reports for adult social work and social care services are presented regularly to the Integration Joint Board. In June 2016, the Brucehall Extra Care Housing in Unst won an award in the Integrated Care category at the NHS Transformational Change for Health and Social Care Annual Event in Glasgow. The team produced a poster showcasing cost effective 24 hour care in your own home. The project provides sheltered housing in nine adapted properties with a core team of staff available to provide person centred care on a 24 hour basis, when needed.

Shetland performs well in relation to supporting people at home and in their communities. The percentage of adults with intensive needs receiving care at home is well above the Scottish average and Shetland continues to do well when measuring the proportion of people spending their last 6 months of life at home or in a community setting. Over the reporting period there was a reduction in the number of people who were delayed in hospital waiting for a care package, averaging presently between 0-2. Re-admission rates to hospital within 28 days of discharge is also low, indicating that services are working at discharging people when they are ready and then keeping them in the community thereafter.

Staff in residential and day care services are registered with the Scottish Social Services Council, and care workers based in the community are required to be registered from 2017 onwards. Difficulty with recruitment and retention in this sector in Shetland remains a risk area for older people's services in the more remote areas and increased workloads and conflicting priorities is placing significant pressure on senior social care workers across services. This is regularly reviewed and work is underway to explore how to overcome barriers to employment, against a backdrop of increasing in demand for respite and day care support.

During this reporting period, the Shetland Autism Spectrum Disorder Strategy <http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19212> was launched. It takes a whole life approach and identifies six priority areas for development. Services remain committed to a focus on outcomes that are important to individuals and to delivering on the The Keys to Life <https://keystolife.info/wp-content/uploads/2014/05/the-keys-to-life-full-version.pdf>, which includes improved health outcomes, equality and the personalisation agenda. Presently, the increasing prevalence of learning disability, autism spectrum disorder and complex needs is placing increased pressure on staff and resources. The replacement building for vocational activities continues to progress with an anticipated date for completion in August 2018.

In adult social work there has been a steady increase in the number of people requiring assessment and case management. The service has successfully developed its intake and duty system, which combines a hospital liaison service. The designated hospital liaison social worker continues to contribute to successful reduction in discharge waiting times, and reablement and support programmes continue to support people to remain at home. There has been a shift towards using a person-centered approach in assessing eligibility for services and, by continuing to work with partner agencies, people are supported to get the best possible outcomes they need. This includes consideration of Self Directed Support options.

The Carers Strategy <https://www.shetlandcarers.org/assets/files/shetland-carers-information-strategy-2016-20-v6-1-final-version.pdf> was approved by the Integration Joint Board in January 2017. Shetland recognises that there is work to be done to establish base line data, which then will be used to monitor implementation of the new Carer's Act. The With You For You (Single Shared Assessment) procedures were reviewed and support the identification of carers at an early stage in the process.

The Community Justice Partnership is now in place and it has been a successful transition year with the Shetland Community Justice Plan 2017-2020 being published <http://www.shetland.gov.uk/communityplanning/documents/SCJOIP.pdf>. It sets out how partners are going to work together to reduce offending and re-offending. Criminal Justice social work delivers a statutory function for those individuals awaiting sentence and for those subject to community based disposal or custodial sentences.

Recruiting experienced social workers into senior/specialist roles continues to be problematic, with some senior posts unfilled for very many months. The struggle to attract an Independent Reviewing Officer in Children's Services resulted in employing agency staff to meet need. A common theme amongst social work and social care managers is the lack of capacity, which impacts on services moving forward and progressing actions that are required to deliver on change. The service believes that Shetland Islands Council social work pay scales are among the lowest in Scotland. Whilst it is acknowledged that the rate of pay is determined by the application of the Scottish local government's job evaluation system and the Council has a Market Forces Policy that can be applied in particular circumstances, this remains a cause for concern. Human Resources will carry out work to identify possible solutions.

An area of risk for the authority continues to be in relation to the provision of an Out of Hours service. The Chief Social Work Officer has a duty to ensure that social work services are provided 24 hours per day. In larger authorities, this service is provided by dedicated Out of Hours social work teams. However, in Shetland all Out of Hours work is undertaken by social workers, in addition to their contracted hours. This is a significant commitment. Social workers are required to respond to difficult and challenging situations working single-handed and responding to need across all social work services. On call social workers also undertake Out of Hours duties on behalf of Housing and Occupational Health services. They are supported by senior social work managers who also work a rota system and are essential to provide professional guidance and ensure safe decision making. The Out of Hours service continues to be delivered by social workers who feel that the rates paid do not reflect the complexities of the role and they are unhappy that the standard nationally agreed local government standby rate is applied to social workers and not the specific national social worker standby rate. This has been the case since the implementation of the Council's Status Collective Agreement implemented in 2009. The small number of qualified social work managers means that those undertaking the Out of Hours role are on call for at least one week per month.

In 2016, the Chief Social Work Officer completed a new post qualifying award with one of the Executive Manager's selected for the second cohort. Presently, the qualification is not mandatory and opportunities continue to be available for those senior managers with an interest in the role.

3 Partnership Working – Governance and Accountability Arrangements

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer. It was established to ensure the provision of appropriate professional advice in the discharge of the local authority's statutory function, as set out in the 1968 Act. It also has a place in integrated arrangements brought in through the Public Bodies (Joint Working) (Scotland) Act 2014. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies to services provided both by the local authority and those purchased by the Council.

In July 2016, the Scottish Government issued revised Guidance on the Chief Social Work Officer role <http://www.gov.scot/Resource/0050/00503219.pdf>. It summarises the minimum scope of the role of the Chief Social Work Officer and can assist elected members in ensuring that the role is delivered effectively.

In Shetland, the Chief Social Work Officer sits with the Executive Manager Children and Families, reporting directly to the Children's Services Director with a line of accountability to the Council Chief Executive in relation to the Chief Social Work Officer function. As a member of the Corporate Management Team and Risk Management Board, the Chief Social Work Officer has the opportunity for involvement in corporate decision making, and provides the professional guidance, governance and scrutiny to ensure risks for the profession and local authority are managed. Children's social work and social care reports to Education and Families Committee. The Chief Social Work Officer also sits on the Integrated Children and Young People's Strategic Planning Group with partners from across sectors collectively providing leadership and direction to the Integrated Children's Services Forum, responsible for the delivery of the Integrated Children's Service Plan.

Adult social work and social care sit within Community Health and Social Care and report to the Integration Joint Board. The Chief Social Work Officer is a member of the Integration Joint Board and the Clinical, Care and Professional Care Committee. The Chief Social Work Officer is a member of the Integration Joint Board Strategic Planning Group, which provides opportunity to engage with partners in strategic commissioning.

The Chief Social Work Officer is also a member of the Chief Officer's Group, the remit of which is to provide strategic leadership and scrutiny to the public protection work of their respective agencies and to inter-agency work. The key areas overseen by the Chief Officers' Group are child protection, adult protection and offender management. The Chief Social Work Officer sits on Shetland's Child Protection and Adult Support and Protection Committees.

The Executive Managers for social work and social care comprise the Social Work Governance Group, which reports into the Joint Governance Group and the Clinical, Care and Professional Governance Group. In the absence of the Chief Social Work Officer, one of these appropriately qualified and experienced Executive Manager's deputises.

From 1 April 2017, there is a new model for handling social work complaints http://www.shetland.gov.uk/comments_complaints/documents/SocialWorkComplaintsHan

[dingProcedure2017.pdf](#). It better reflects arrangements across the wider public sector than the old model. Historically, a summary of complaints in relation to services either provided or purchased by social work services has been included within the Chief Social Work Officer's report. During the period, 1 April 2016 to 31 March 2017, two formal complaints were investigated under the Social Work Complaints Procedure. One related to a historic child concern issue, which was not upheld. The other to an assessment and subsequent care package, one aspect of which was upheld. Wider learning from these complaints was shared with relevant services and improvements implemented.

Under the old social work complaint process, where a complaint had not been resolved to the complainant's satisfaction, they could have the matter referred to a Complaints Review Committee. During the reporting period, there were none held. The new process will be different. There will no longer be a Complaints Review Committee for new complaints lodged from 1 April 2017, so if issues have not been resolved after investigation and the complainant remains dissatisfied, they can approach the Scottish Public Services Ombudsman. The Chief Social Work Officer will continue to have a role in the oversight of complaints in order to promote continuous improvement and best practice.

4 Social Services Delivery Landscape

Shetland is the most northerly group of islands in the UK. The population of Shetland is just over 23,000. Approximately 30% of the population live in Lerwick, the main town, with the remainder dispersed across a rural and island landscape. 16.4% of the population are aged 16-29 years, smaller than Scotland with 18.2% within that age bracket. Persons aged 60 and over make up 25.1% of Shetland, whilst the Scottish average is 24.2%. By 2037, the population of Shetland is projected to be about 25,000. Over the 25 year period, the 75+ age group is projected to increase most in size. The population aged under 16 is projected to decline by 2.8% over the same period <https://www.nrscotland.gov.uk/search/node/2016>.

Unemployment in Shetland has been very low for three decades although some fragile island communities experience higher rates. In 2014, 70% of employment was estimated to be in the Service sector. Fishing, agriculture and oil are important industries with tourism also playing a part. Low unemployment and well paid jobs have contributed to the challenge of recruiting social services staff.

Shetland is generally considered a good place to live but inequalities do exist, for example, households in fuel poverty, in work poverty and adults experiencing mental ill health. Most of our health and care services are provided by public services. Children's social work and social care encompasses a wide range of services including:

- Children & Families social work
- Family Support services, delivered from the Bruce Family Centre and through an Early Intervention team. The service also supports a Nursery and Out of School Club.
- Short Breaks provision, through residential services and support to children with additional support needs and disabilities at home
- Family Placement services, supporting foster carers and adopters
- Residential and Throughcare and After Care Services for 'looked after' children and young people.

One of the challenges of the service is the need to develop more capacity within communities and through early intervention services to ensure that children and families get the help they need at the time they need it. Services are considering priorities and options for sustainable services that are in line with best practice. Informing local direction are priorities from the Shetland Partnership Local Outcome Improvement Plan http://www.shetland.gov.uk/communityplanning/documents/SOA2016-20draftstructure_FINAL_240616_incpartnerscontributing.pdf and the Shetland Commission on Tackling Inequalities report http://www.shetland.gov.uk/equal-shetland/documents/OnDaLevel_Full_Version_13_April_16.pdf both developed through consultative processes involving the wider community. The Integrated Children's Services Forum has developed a new Integrated Children's Service Plan for 2017-2020 http://www.shetland.gov.uk/children_and_families/documents/ShetlandICSPFinal01.05.17v1.pdf around three key themes: improving emotional wellbeing and resilience, strengthening families and tackling inequalities.

Adult social work and criminal justice sit together with a wide range of social care services delivering supported accommodation and outreach services, care at home, day care, respite care and residential care across ten care/support centres. Services continue to face challenges to meet the growing demand of complexity whilst continuing to deliver on early intervention and prevention and still meet efficiency demands. The Strategic Commissioning Plan http://www.shb.scot.nhs.uk/board/meetings/2017/0214/2017_07.pdf describes the way in which arrangements have been put in place to reconsider the level and type of services Shetland can sustain. Projects have been set up to look specifically at the following: the level of hospital services that are required locally; how to determine an equitable distribution of primary care resources; and, how to develop a sustainable model for social care service that promotes self care and multi-disciplinary teams working together to support individuals and families to live well for longer at home or in a homely setting. The Strategic Commissioning Plan was developed from locality engagement meetings across the seven localities in Shetland. Some of the challenges and risks in delivering the plan relates to the scale of the financial challenge, the possibility that the plan does not reflect the extent of transformational change required, lack of leadership and not enough staff with the necessary skills or capacity.

5 Resources

Shetland Islands Council Medium Term Financial Plan 2016/17–2021/22 http://www.shetland.gov.uk/about_finances/documents/MediumTermFinancialPlan2016-17to2021-22.pdf provides the financial framework for the delivery of Council services to the people of Shetland. The plan takes account of the desired outcomes of the Council's Corporate Plan recognising the need to improve productivity and efficiency in order to maintain and improve the Services provided, as well as continue to prioritise its spending.

In 2016/17 Children's Services revised budget totalled £40.1m. £5.1m of this budget related specifically to Children's Social Work and showed an overspend of £140k. These overspends are mainly in relation to increased need within the Children's Residential service and the use of external consultants and legal experts to give advice on complex social work cases. It is recognised that some service areas are experiencing growth, for example, children's residential and foster care. Whereas in other areas demand can fluctuate from one year to

another, for example, off island placements and direct payments, and any unexpected demand for these services may be costly.

The Council and the Shetland Health Board delegate responsibility for planning and resourcing service provision of adult health and social care services to the Integration Joint Board. The Council's Community Health and Social Care Directorate's revised budget for 2016/17 totalled £20.8m. This budget was underspent by £400k, mainly due to underspends in employee costs across the Directorate.

Self-Directed Support legislation came into force on 1 April 2014, giving people a range of choices over how they receive their social care and support. An increase in demand for Self-Directed Support packages has been seen during 2016/17 and continues into 2017/18. Most of the new packages being requested represent people approaching the Council for the first time for support.

The 2017/18 budget set for Children's Services was £41.8m, £5.7m of which was for Children's Social Work; and for Community Health and Social Care Services, it was £20.5m. For future years, the Medium Term Financial Plan identifies further savings of £20m to be achieved across the Council by 2021/22 in order to continue to set a financially sustainable budget. In order to meet the challenges of changing demographics and shrinking resources, services must have the ability to change and adapt, including exploring different models of service delivery.

6 Service Quality and Performance
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Children & Families Social Work

Social workers in the Children & Families team are predominately engaged in fulfilling statutory duties in relation to children and young people in need of protection or additional care, including permanent alternative care. The best interests of children are paramount in any decisions that are made about them. The appointment of an independent advocacy and participation worker has provided a service that supports children in expressing their views. Social workers provide advice, guidance and direct support to children, young people and their families and carers. Over the year, Children & Families received on average 60 child concern referrals per month. Not all of these required further action from social work, some were referred on to other agencies. Social workers work closely with colleagues in Schools, Health, Police, the Children's Reporter and Voluntary Services, essential for Getting it Right for Every Child. At the heart of good collaboration is an understanding and respect for the different professional roles and responsibilities. Social workers have statutory responsibilities and accountabilities when intervening in the lives of individuals and families. Decision making is often complex involving the balancing of risks, needs and rights and can have far reaching consequences. It is important that accountability rests with a registered social worker in these instances.

The latter half of 2016/17 was challenging for this team with staff absence and the sad, untimely death of much respected colleague.

Child Protection

In the year 2016/17, there were 168 child protection referrals and 46 joint police and social work investigations. Where there are concerns that a child may be at risk of significant harm, a multiagency child protection case conference is held to identify the risk and consider how this can be reduced. The table below summarises child protection case conference activity over the past two years:

Table 1: Child Protection Case Conference Activity

Child Protection	No of children 2015/16	No of children 2016/17
Initial Child Protection Case Conferences	15	11
Review Child Protection Case Conferences	33	24
Number of children on the Child Protection Register	43	32
Number of children on the Child Protection Register on 31 March 2016	13	10

During 2016/17, the names of 32 children were placed on the Child Protection Register. This was less than the previous year but the most frequently recorded reasons for children registered continues to be parental substance misuse, domestic abuse and emotional abuse. Shetland's Child Protection Committee [http://www.safershetland.com/assets/files/Annual%20Report%202016-17\(1\).pdf](http://www.safershetland.com/assets/files/Annual%20Report%202016-17(1).pdf) is working to strengthen links with Shetland Drug and Alcohol Committee to improve strategic planning in this area. Children & Families social work is developing links with the Substance Misuse Team to look at ways of improving support to families where parents misuse substances, particularly those situations where a parent relapses and risks for children increase again. Most children do not stay long on the Child Protection Register, on average 6-9 months. During this period 22 children were de-registered, the reasons being a positive reduction in risk and improved family circumstances.

Looked After Children

The local authority has a responsibility for the care of looked after children. On 31 March 2017, there were 31 looked after children in Shetland. National data indicates that Shetland has the lowest percentage of looked after children per population group aged 0-17. The Children & Young People (Scotland) Act 2014 set out some changes to how children and young people are cared for. They have a right to stay in their same placement up to 21 and support and assistance can continue up to the age of 26, where this something that would be helpful to them. The table below summarises our looked after children data:

Table 2: Looked After Children at 31 March 2016

Looked After Children	No of children 2016/17
Total number of Looked After Children	31
Looked After at Home	8
Looked After in Kinship Care	9
Looked After in Foster Care	6

Looked After in Residential Care	6
Accommodated Off-Island	2
Secure Placements	0

Children with additional support needs who access over night stays with the Short Breaks for Children Service, are regarded as looked after for the period of time that they have the respite for. These children are not included in these figures. During the reporting period, a total of 32 children and young people had overnight stays. This service also provides day care, outreach and activity weekends to a further 8 children and young people.

Shetland's Looked After Children Strategy <http://www.shb.scot.nhs.uk/board/documents/slacs-20142019.pdf> set out the vision for looked after children to have the same opportunities to succeed as their non looked after peers. It includes a section on Corporate Parenting However, the Children and Young People (Scotland) Act 2014 introduced a new framework of duties and responsibilities placing Corporate Parenting on a formal footing. As a result, it was considered that Looked After Children Strategy would ultimately be subsumed within a new Corporate Parenting Strategy for Shetland.

Early Intervention

Early intervention is not a new concept. The Children (Scotland) Act 1995 provided for this through duties placed on local authorities in relation to children 'in need'. The Children and Young People Act 2014 strengthens this by shifting focus on to early years and early intervention and by encouraging preventative measures rather than crises responses. Services provided by the Family Centre focus on supporting parents. The Early Intervention service works with children and families at a level generally below statutory intervention. Children's social work plan to redesign services to ensure that we respond to children and families when help is needed and that we build capacity with our partners across our communities, so that fewer children need to become looked after and accommodated, and when they do, that we can do so supportively within Shetland.

Accommodated Children

In 2016, the property at Windybrae re-opened providing accommodation for up to three young people. This complemented another two properties in Lerwick where a total of four young people live on a long term basis. Over the year, additional properties were made available in response to emerging needs. This meant that agency staff had to be recruited, a situation which presents challenges to the local authority in terms of ensuring consistency in care, as well as placing budgets under pressure. Off island placements are considered for young people that have needs that are not being met locally. Some have placements for a longer term, others are on a short term basis. No children have been in need of secure placements during this year. A business case is being developed by the Executive Manager Children's Resources that will set out options to achieve the right balance of service delivery for Shetland in the long term.

When children are unable to remain safely within the family home, social work has a duty to explore placements with extended family relatives and friends in the first instance. This type of arrangement is known as kinship care. In Shetland, there are currently 20 kinship care households. Foster care is another way in which the care needs of children can be met.

There are 12 approved foster carers in Shetland. The table below shows the number of new carers approved:

Table 3: Adopters, Foster Carers and Kinship Carers Approved

Category	2015/16	2016/17
Adopters approved	4	1
Foster carers approved	3	2
Kinship placements approved	2	3
*Children adopted	1	1
Children approved for adoption, still not concluded	0	1

* This figure represents the number of children from Shetland who have been adopted. During the reporting period 2016/17, two children were adopted into Shetland.

Adult Social Work

The Adult Social Work team has a wide remit and covers all social work and statutory functions in relation to adults, apart from those functions that fall under Criminal Justice responsibility. This includes community care assessments and management, adult support and protection and Mental Health Officer functions. During 2016/17, 841 social work assessments were completed, 274 of these were With You for You assessments. The team have a dedicated Substance Misuse social worker who also works as part of the Substance Misuse Recovery team and assesses people for rehabilitation where there are substance use issues.

Social work services contribute to Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Council's Corporate Plan and National Health and Wellbeing Outcomes. The continued focus on giving people more choice and control has resulted in an increasing number of direct payments packages (Self Directed Support option 1) being agreed, from 34 to 48 during 2016-17.

Adult protection referrals are illustrated in the table below:

Table 4: Adult Support and Protection Activity

Date	Referrals	No of Conferences	No who did not meet 3 point test	Police Investigations	Social Work Investigations
2015/16	252	0	239	0	1
2016/17	128	2	118	3	0

Shetland Adult Protection Committee Biennial Report 2014-2016 http://www.shetland.gov.uk/community_care/documents/APCBiennialReport2016Final.pdf, provides more detailed analysis of referral data. Under reporting of adult protection remains a concern nationally with the public, as well as staff, being encouraged to share concerns about the wellbeing of vulnerable adults.

Financial harm has remained a priority for Shetland Adult Protection Committee. Working with Trading Standards, Citizen's Advice Bureau, Shetland Credit Union and the banks, regular meetings were established resulting in improved information sharing about frauds and scams and raised awareness across the community. Very few adults are subject to protection plans but adult concern referrals are followed up using other legislation and referrals are passed on appropriately to Community Mental Health, Substance Misuse or Criminal Justice social work.

Mental Health Officers require an additional post qualifying award and express permission for the Chief Social Work Officer in order to practice. They undertake statutory duties on behalf of the local authority making complex decisions independent of the local authority or NHS. Statutory duties include assessing, consenting or refusing consent to detention and making applications and providing reports to the Mental Health Tribunal for Scotland and the Sheriff Court. Mental Health Officers work closely with the Community Mental Health Team and Annsbrae Support Services to support people in the community and avoid hospital admission.

Currently, there are two social workers and two senior social workers who are qualified to act as Mental Health Officers. In addition, there are two Mental Health Officers employed on a relief basis in Aberdeen to undertake statutory duties when individuals are admitted to hospital there. Shetland continues to support social workers to undertake Mental Health Officer training with one social worker currently in training, in order to ensure we maintain capacity. A summary of activity over the past two years is illustrated below:

Table 5: Mental Health Officer Activity

Category	2015/16	2016/17
MHO Contacts	63	76
Individuals subject to Compulsory Treatment Orders	7	9
Emergency Detentions	5	8
Short Term Detentions	13	6
Social Circumstances Reports	7	7
Other Mental Health Assessments	4	4
Assessment Order	1	0
Adults With Incapacity Reports	7	9
Mental Health Reviews	21	19
Mental Health Tribunals	7	6
Welfare Guardianship Reviews	21	31
Consultations under the Mental Health (Care and Treatment) (Scotland) Act 2003	5	3
Individuals subject to Welfare Guardianships	15	19
Individuals CSWO Guardianship	3	3
Compulsory Treatment Order Applications	2	4
Consultation under Adults with Incapacity (Scotland) Act 2000	11	3
Mental Health Officer report for Compulsory Treatment Order Extension / Variation	3	3

Mental Health Officers participate on a first contactable rota as there are insufficient to establish a paid on-call rota. Most requests for a Mental Health Officer Out of Hours relate to emergency situations. The majority of requests are responded to and appropriately dealt with due to their willingness to be contacted out with their contracted hours.

Criminal Justice

Criminal Justice social work services ensure that those referred to the service are appropriately assessed, supervised and risk managed. Responsibilities include the preparation of court reports and risk assessments to aid Court in making effective sentencing decisions, reducing re-offending and public protection through supervision and management of offenders who are subject to community based sentences, and rehabilitation of offenders who have been subject to custodial sentences. The service also offers support to family members. The establishment of Shetland Community Justice Partnership provides opportunities to consider new ways of delivering services.

The Community Payback Order is the main community based sentence in Scotland and is a direct alternative to custody. The Criminal Justice service has been involved in the following community payback activity over the past year:

Table 6: Criminal Justice Service Activity

Category	2015/16	2016/17
Criminal Justice Social Work Reports/203's	114	128
Community Payback Orders	82	64
Offender Supervision Requirement	48	34
Unpaid Work Requirement	60	37
Other Requirements	12	3
Unpaid Work Hours Imposed	6289	4135
Unpaid Work Hours Completed	4948	2867

There has been a reduction in new community based sentences over the past 12 months and an increase in case complexity, the average number of cases per social worker remains high. The service is seeing an increase in intensive programme work such a sexual offending and domestic violence, which hopefully will lead to changes in individual behaviour. Over the year, unpaid work projects included painting and decorating at public halls, community play parks and other community venues. A variety of maintenance work was undertaken, for example, road resurfacing, beach cleaning and grass cutting. The service has struggled to recruit to the Community Payback Supervisor post and this has led to a reduction in the amount of unpaid work hours completed. Additional funding for Community Payback Orders resulted in some new partnership projects with the Shetland Bike Project, Salvation Army and Mind Your Head. All projects build on practical skills and wellbeing.

The management of sexual and violent offenders remains a priority for Criminal Justice Social Work. The Executive Manager Criminal Justice continues to report Multi Agency Public Protection Arrangements (MAPPA) to the Chief Officers' Group. The governance of

MAPPA in relation to high risk offenders continues to be managed by the Public Protection Unit in Inverness.

Multiagency Risk Assessment Conferencing (MARAC) is established for people who are experiencing high risk domestic abuse. MARAC is provided for Shetland through the Highlands and Islands service. The Lead Officer for Adult and Child Protection represents Shetland as part of the Highlands and Islands Operating Group. In the reporting year, there were 24 women referred.

Social Care

Shetland provides good quality care services. The purpose of Community Care Resources is to enable people to stay at home and in their communities by providing person centred care to maintain or increase levels of independence and self-care. In a typical week, social care services to adults deliver approximately 2,200 hours of personal and domestic care in people's own homes to around 350 clients. There are 149 residential beds providing long stay respite care and short term re-ablement placements, and there are two extra supported housing complexes that provide access to 24 hour care for 30 people staying in their own homes. There is an increase in requests from carers for support, especially for day care and in response to immediate care needs.

The most recent data would indicate there are 155 adults in Shetland with learning disability or autism spectrum disorder and a further 51 children aged under 16 years. Learning disability and autism spectrum disorder services for adults comprise the following:

- Supported Living Service, working in close association with SIC Housing and Hjaltland Housing Association to provide supported tenancies. Some outreach support for people living in their own or family home is also delivered.
- Supported Vocational Activity Service, providing a range of vocational, learning and recreational opportunities and experiences to promote inclusion, choice and independence.
- Short Break and Respite Service, providing good quality flexible support to meet the assessed needs of adults with a learning disability, autistic spectrum disorder and complex needs. It supports unpaid carers to manage their caring role.

Supported Employment opportunities are provided through third sector providers and include COPE, which offers a range of supported employment placements in their small businesses and the Moving On Employment Project (MOEP), providing job brokerage and tapered support to sustain people into mainstream employment.

Many of our services are registered with the Care Inspectorate and inspected against National Care Standards. The inspections are based on four quality themes and graded on a six point scale. Within each quality theme there may be two or three aspects inspected, with the final grade reflecting the lowest. The table below provides a summary of the inspections that took place during 2016/17. All services inspected were graded at 4 (good) or higher, showing improvement from the previous year (**Appendix 1**). Individual service inspections are reported to relevant committees regularly and reports can be found at the Care Inspectorate website <http://www.careinspectorate.com/index.php/inspection-reports>

Table 7: Inspection Activity of Registered Services (April 2016 to March 2017)

Grade	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership	Total	%
6 - Excellent	1	0	0	1	2	4
5 - Very Good	7	3	4	2	16	32
4 - Good	13	2	3	14	32	64
3 - Adequate	0	0	0	0	0	0
2 - Weak	0	0	0	0	0	0
1 - Unsatisfactory	0	0	0	0	0	0
Not Inspected	0	16	14	67	34	5

% shown is of graded scores

7 Workforce

The Chief Social Work Officer has a responsibility to have an overview of workforce development across social services. The Scottish Social Services Council registers key groups of social services workers. This includes people working in social work, social care and early years. The most recent group of staff required to register are social care workers working in Care at Home services.

As a regulated workforce, there is an emphasis on continuing professional development. Managers in social work and social care, working closely with Workforce Development, have ensured effective staff training and development programmes are in place for staff groups as well as individuals. This has helped services to plan ahead, for example, developing a plan for residential childcare in relation to achieving the level 9 qualification. An arrangement with Robert Gordon University has meant some learning can take place on island and therefore enabling a larger cohort of staff to study at one time.

Recruitment continues to be a challenge especially in some areas of adult social care and with regard to senior social work posts, which has required services to use agency workers. HR Workforce Development have been working in partnership with Schools Services, Shetland College and care services to encourage young people to undertake a Foundation Apprentice within care. In addition, the Modern Apprentice programme has recruited 6/7 people for the last three years.

Career progression pathways have been developed for social care staff, particularly in children's services, and consideration needs now to be given to developing similar approaches in social work in order to support people in professional development and to ensure there is a pool of experience to draw on. We have successfully 'grown our own' social workers, we now need to invest in them as future managers and professional advisors. We also want to consider the best way to support newly qualified social workers and ensure they have opportunities to consolidate their learning. The Council is investing significantly in developing eLearning to enable easier and wider access for personal and career development.

Workforce planning and development is fundamental to ensuring that we have both the capacity and the skills to meet the care and protection needs of our population. The workforce is our most important resource and essential for delivering the outcomes identified in our Strategic Commissioning Plan and Integrated Children's Service Plan. Strong links with human resources staff, both in the Council and NHS are important to ensure there are properly joined up approaches that can meet the needs of integrated teams. Joint working to support workforce development is developing with a joint trainer role now in place. A Joint Organisation and Workforce Development Strategy is currently progressing through formal consultation. Shetland continues to participate in the Social Work Scotland Learning & Development group, which ensures that Shetland keeps in touch with national developments and sharing good practice.

10 Contact Details

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Social Services Inspection Grades

Appendix 1

Service	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Leadership & Management	
	2016/17	Previous Grade	2016/17	Previous Grade	2016/17	Previous Grade	2016/17	Previous Grade
Adoption	4 Good	5 Very Good	N/A	N/A	4 Good	5 Very Good	N/A	5 Very Good
Fostering	4 Good	4 Good	N/A	N/A	4 Good	5 Very Good	N/A	5 Very Good
Children's Residential	5 Very Good	5 Very Good	4 Good	5 Very Good	N/A	5 Very Good	N/A	4 Good
Short Breaks for Children	4 Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	4 Good	4 Good	3 Adequate
Short Breaks for Children Support Service	4 Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	4 Good	4 Good	3 Adequate
Edward Thomason & Taing	5 Very Good	4 Good	N/A	5 Very Good	N/A	4 Good	5 Very Good	4 Good
Eric Gray Support Service	6 Excellent	5 Very Good	N/A	5 Very Good	N/A	5 Very Good	6 Excellent	5 Very Good
Fernlea	4 Good	4 Good	N/A	5 Very Good	N/A	4 Good	4 Good	4 Good
Fernlea Day Care		5 Very Good		5 Very Good		4 Good		4 Good
Isleshavn	4 Good	3 Adequate	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good
Isleshavn Support Service	4 Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Mental Health Support Service	5 Very Good	6 Excellent	N/A	N/A	5 Very Good	5 Very Good	N/A	5 Very Good
Montfield Support Service	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	5 Very Good	4 Good
Newcraigielea	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Newcraigielea Support Service	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Nordalea	4 Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	4 Good	4 Good
Nordalea Day Care		5 Very Good		5 Very Good		5 Very Good		5 Very Good
North Haven	4 Good	3 Adequate	N/A	4 Good	N/A	3 Adequate	4 Good	3 Adequate
North Haven Support Service	4 Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	3 Adequate
Overtonlea	4 Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Overtonlea Support Service		5 Very Good		4 Good		4 Good		4 Good
Support at Home Shetland	4 Good	4 Good	N/A	N/A	N/A	4 Good	4 Good	4 Good
Taing House Support Service		4 Good		4 Good		4 Good		4 Good
Wastview	4 Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	3 Adequate
Wastview Support Service	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	4 Good	4 Good	4 Good

Shetland Islands Health and Social Care Partnership

Agenda Item

3



Meeting(s):	Integration Joint Board	25 October 2017
Report Title:	Joint Organisational and Workforce Development Protocol	
Reference Number:	CC-55-17 F	
Author / Job Title:	Denise Bell, Executive Manager, Human Resources Lorraine Hall, Director Support Services, NHS Shetland	

1.0	Decisions / Action required:
1.1	That the Integration Joint Board NOTE the Joint Organisational and Workforce Development Protocol (Appendix 1).
2.0	High Level Summary:
2.1	Integration is designed to bring about fundamental change in the way services are delivered in order to achieve the nine National Health and Wellbeing outcomes. For this to happen, there needs to be a healthy organisational culture, a sustainable and capable workforce working with partners in an integrated manner and effective and supportive leadership and management.
2.2	This Joint Organisational and Workforce Development Protocol describes the priorities and actions that will be taken to ensure all employees within the Shetland Islands Health and Social Care Partnership are able to access support and development relevant to their needs and understand how they can play their part in delivering and championing transformational change.
3.0	Corporate Priorities and Joint Working:
3.1	This joint Organisational and Workforce Development Protocol supports the objectives of the Joint Strategic Commissioning Plan 2017-20 which describes how health and social care services will be delivered in Shetland. Reliable, sustainable delivery of integrated services requires a confident, competent and professional workforce who are supported, developed and valued. This Protocol aims to increase opportunities for employees to be involved in driving change and to develop their talents and expertise within a culture of openness and trust.
3.2	This joint Protocol supports the implementation of the Council's Workforce Strategy which states "In order to deliver excellent services employees must have the skills, competencies and experience required to meet current and future requirements".

3.3	Supporting older people is one of Shetland Islands Council Council's 5 corporate priorities set out in its Corporate Plan, 2016-20 so that they can "get the services they need to help them live as independently as possible".
3.4	This Protocol supports Shetland's Local Outcome Improvement Plan Outcome B, "We live longer healthier lives and people are supported to be active and independent throughout adulthood and in older age"
4.0 Key Issues:	
4.1	The integration of health and social care is one of the biggest structural changes within the public sector in Scotland for many years. It has impacted on how services are planned, commissioned and delivered and in turn, how the workforce needs to be organised and developed.
4.2	This Joint Organisational and Workforce Development Protocol will ensure that Shetland Islands Health and Social Care Partnership has an effective, sustainable and affordable workforce that puts the Shetland community at the heart of everything they do. The focus is on developing internal capacity and capability to balance the challenges of providing high quality, safe patient care with the efficiencies necessary to achieve the very challenging financial plans.
4.3	This Protocol supports the fundamental shift in philosophy of how public sector services should be designed and delivered with and for each community, based on localities and integrated around service user needs.
4.4	Organisational Development describes the actions that organisations take to achieve significant and continuous improvement in delivering corporate aims and objectives. It is not only about learning, development and training; it is about taking a whole organisation approach which draws together all of the elements that contribute to building an effective and high performing organisation.
4.5	Within this joint Protocol, organisational development initiatives seek to support and raise understanding and awareness across four themes: Sharing our Vision; Leadership; Capacity for Change, Improvement and Innovative Approaches; and Working with Communities.
4.6	This supports the development and delivery of a joint workforce development/training plan. Understanding what will be required to support staff to carry out their roles in the future as services are redesigned to support integration is critical. Training may also be required by third sector organisations and community volunteers so increasing joint training provision that all partners can access is important for Shetland.
4.7	Staff engagement and experience surveys are carried out and action plans developed to empower teams and individuals to make improvements that are meaningful to them.
4.8	An Action Plan has been included within the Protocol at table 1. This plan provides the focus for a number of short, medium and longer term interventions which includes: developing new and efficient ways of working; implementing

organisational capacity and resilience building initiatives; establishing locality working arrangements; developing participative approaches that involve communities in service redesign; creating a shared culture based upon shared values and expectations; and developing collaborative and authentic leadership as the norm.	
5.0 Exempt and/or confidential information:	
5.1	None
6.0 Implications :	
6.1 Service Users, Patients and Communities:	Building and managing community relationships is going to be an integral skill for staff and communities involved in the co-production, planning and delivery of health and social care services.
6.2 Human Resources and Organisational Development:	<p>This joint Protocol will contribute to staff who work as an integrated workforce, feeling supported and valued. It will ensure that all organisational and workforce development activities add value and support the delivery of the Strategic Commissioning Plan objectives.</p> <p>Governance and professional standards are embedded across health and social care through: the SIC Values and Behaviour Framework, Viewpoint and iMatter staff engagement & experience surveys, NHS Governance Standards, National Care Standards and appropriate professional/governing bodies.</p> <p>The joint Protocol was considered by the Joint Staff Forum at its meeting on 9 October. The JSF supported the Protocol and suggested that it be presented to the IJB for noting, but to encourage discussion on it, which would be beneficial in terms of culture shift.</p>
6.3 Equality, Diversity and Human Rights:	This joint Protocol ensures that organisational and workforce development takes into account the individual needs of staff in both organisations to ensure they are given the opportunity to develop and grow in a safe and well managed working environment.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnership IJBs to produce a strategic commissioning plan and update it annually. This joint Protocol supports the objectives of that plan.
6.5 Finance:	There are no financial implications arising directly from approving this joint Protocol.
6.6 Assets and Property:	None arising directly from this report.
6.7 ICT and new technologies:	There are no requirements for new technologies to directly support this joint Protocol at this time.

6.8 Environmental:	None arising directly from this report.	
6.9 Risk Management:	By approving this joint Protocol, the IJB will ensure that measures are in place to develop and sustain an effective and engaged integrated workforce who can deliver fundamental change in the way health and social care services are delivered. Failure of governance arrangements is identified as a key risk in the IJB Risk Register and one of the control measures to mitigate this risk is the completion of Training Needs Assessment and delivery of a Training Programme, including organisational development support.	
6.10 Policy and Delegated Authority:	Shetland's IJB has delegated authority to determine matters relating to those services for which it has responsibly and oversight for, as set out in the Integration Scheme and the IJB Scheme of Administration [2015]. In exercising its functions the IJB must take into account the requirement to meet statutory obligations placed on the NHS and SIC, including those that pertain to delegated IJB functions. This particular report is presented to the IJB in terms of its responsibility for the planning of integrated services.	
6.11 Previously considered by:	Joint Staff Forum	9 October 2017

Contact Details:

Jackie Watt, Team Leader – Workforce Development: jackie.watt@shetland.gov.uk
Sally Hall, Organisational Development, NHS Shetland; sally.hall13@nhs.net

Appendices: Appendix 1 – Joint Organisational and Workforce Development Protocol 2017-20

Background Documents:

10 October 2017



Shetland Integration Joint Board

Joint Organisational and Workforce Development Protocol 2017-2020

Introduction

This joint Organisational and Workforce Development Protocol supports the objectives of the Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan 2017-20 which describes how health and care services can be delivered, jointly, across the services

described in Shetland Islands Health and Social Care partnership's Integration Scheme. It supports a fundamental shift in the philosophy of how public sector services should be designed and delivered with and for each community, based on natural geographical areas, or localities, and integrated around the needs of service users, rather than being built around professional or organisational structures.

Shetland Islands Health and Social Care Partnership vision:

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

Building and managing community relationships is going to be an integral skill for staff and communities involved in the planning and delivery of health and social care services. Therefore, in order to create the right framework for ¹co-production to flourish, our joint workforce will benefit from capacity building to engage and collaborate in all stages of development.

Drivers, Purpose and Priorities

Integration is designed to bring about fundamental change in the way services are delivered in order to achieve the National Health and Wellbeing outcomes², for instance in shifting the balance of care from institutions to the community.

The nine National Health and Wellbeing outcomes are:

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

¹ Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities. <http://www.coproductionsotland.org.uk/about/what-is-co-production/> (Accessed October 2016)

² Scottish Government, Integration of Health and Social Care; Core Suite of Integration Indicators, March 2015

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care

Staff are at the heart of all service delivery models and this Protocol describes the actions that will be taken to enable employees within Shetland's Health & Social Care Services to make their contribution to the achievement of the Strategic Commissioning Plan. In it, specific actions are set out that will ensure that the workforce is well led, well managed, supported and developed, motivated and engaged to deliver on-going change.

This joint Organisational and Workforce Development Protocol describes the priorities and actions that will ensure all employees are able to access support and development relevant to their needs and understand how they can play their part in delivering necessary change.

Areas of Focus for Organisational Development

The need to support and develop the workforce at all levels has to be balanced against the requirement to consistently deliver high quality services within our communities. NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are committed to supporting new ways of working and will:

- Work with staff to build on what's already working well locally, drawing on resources and assets that already exists.
- Share knowledge, skills and tools related to the five workforce outcomes³ and support staff to share their knowledge and experience.

NES, SSSC and the Scottish Government have an activity plan based around the following five **workforce outcomes**, which were developed with stakeholders:

1. Understand and promote and achieve better outcomes for people
2. Engage in meaningful co-production with people and communities
3. Affirm professional values and identify, and to take responsibility for career long development
4. Demonstrate authentic and collaborative leadership behaviours
5. Actively engage in locality planning and service improvement

A national workforce project group of health and social care champions have identified the themes and areas of concern linked to the five work outcomes. A local Organisational Development (OD) priorities plan (Table 1) has been developed to support the national themes over the short, medium and long term according to our local priorities.

³ http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/IWDSG (accessed Sept 2016)

The Wider Context

The Integrated Joint Board – An integrated workforce

The integration of health and social care is one of the biggest structural changes within the public sector in Scotland for many years. The Shetland Integration Joint Board (IJB) was established under the provisions of the Public Bodies (Joint Working Scotland) Act 2014. A number of other initiatives will impact on how services are planned, commissioned and delivered and as a result impact on the size, structure and organisation of the workforce. These include:

- Public Service Reform⁴
- Community Empowerment⁵
- National Health & Wellbeing Outcomes⁶
- NHS Scotland 2020 vision⁷
- Healthcare Quality Protocol for NHS Scotland⁸
- Shifting the Balance of Care for Older People⁹
- One Scotland – Programme for Government¹⁰
- Francis/Keogh Reports¹¹
- Financial pressures and health Protocol¹²

In addition to these drivers and pressures, we need to recognise factors that will impact on recruitment and retention of the workforce:

- Labour market constraints and increasing competition for skilled staff. This can be particularly acute in Shetland as a remote and rural area
- Regulator, Royal College and Professional Body staffing guidelines
- Rigidity of reward and the NHS/Local Government arrangements to determine pay and terms and conditions
- Changing NHS and wider pension arrangements

The Local Context

The Shetland IJB, like all others, faces significant financial challenges and is required to operate within tight fiscal constraints due to the difficult national economic outlook and increasing demand for services. Pressure continues on public sector expenditure at both UK and Scottish levels with unprecedented restrictions in resources expected over the next three years.

How then, against this backdrop, are we to support our workforce to meet rising standards and expectations of care?

⁴ Public Bodies Public Services Reform (Scotland) Act 2010 Duties to Publish Information; Public Services Reform (Scotland) Act 2010: Duties to Publish Information Guidance

⁵ Community Empowerment (Scotland) Act 2015

⁶ Scottish Government, Integration of Health and Social Care; Core Suite of Integration Indicators, March 2015

⁷ Route Map to the 2020 Vision for Health and Social Care, 2012

⁸ NHS Scotland Quality Protocol - putting people at the heart of our NHS, May 2010

⁹ Improving Outcomes by Shifting the Balance of Care; Shifting the Balance of Care Delivery Group; 2009

¹⁰ One Scotland: the Government's Programme for Scotland 2014-15

¹¹ The Francis Enquiry; 2013

¹² http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151022_nhs_overview.pdf (Accessed Oct 2016)

It is intended that, as part of improving business performance and efficiency, a review of staffing numbers, ratios and skills mix will take place for each service area. Within this, professional boundaries will be respected whilst also supporting multi-disciplinary team working.

Staff will be supported to be the best they can be through positive leadership and creating a culture of openness and trust which will allow staff to grow, learn and develop in a safe working environment albeit in rapidly changing service areas. There will be specific support arrangements to build organisational capacity and resilience to focus on staff health and well-being, including aspects of leadership, values and behaviours and clear communication.

Staff will be expected to be champions of transformational change and this Protocol aims to increase opportunities for employees to be involved in driving that change by developing their talents and expertise to manage the health and social care issues and challenges facing the Shetland community.

Our Approach

Learning & Organisational Development

Organisational Development describes the actions that organisations take to achieve significant and continuous improvement in delivering their corporate aims and objectives. It encompasses the aspects of system, people and process development in a holistic and person centred way and emphasises the significant features of culture and the impact of culture on the workplace.

It is not only about learning, development and training; it is about taking a whole organisation approach which draws together all of the elements that contribute to building an effective and high performing organisation. Learning and development is the delivery of ongoing educational activities within an organisation designed to enhance the fulfilment and performance of employees.

Alongside support to staff, there will be a programme to redesign integrated business and organisational systems, so that staff can focus on tasks which support front line service delivery and are not wasteful. This might involve working locally with partners in Shetland to make the best use of systems and resources. The programme will cover:

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

Our Approach to Organisational Development

Organisational Development initiatives seek to support and raise understanding and awareness across four themes;

1. Sharing Our Vision

Engaging across our partnership at all levels to share understanding and ownership of our aims and ambitions for Health & Social Care Integration.

(Linked to National health and wellbeing outcomes – 1, 5)

2. Leadership

Supporting and developing our leaders and managers to inspire and mobilise innovation, improvement and collaboration across our integrated working.

(Linked to National health and wellbeing outcomes – 3, 8, 9)

3. Capacity for Change, Improvement and Innovative Approaches

Creating and nurturing a culture where change, improvement and innovation are central to creating better outcomes.

(Linked to National health and wellbeing outcomes – 1, 4)

4. Working with Communities

Recognising that real improvements can only be achieved with the support and involvement of local people and providing our workforce with the tools and opportunity to effectively work with and within our communities.

(Linked to National health and wellbeing outcomes – 2, 5, 6)

Organisational Development Challenges

The most significant OD challenge for Health and Social Care services will be in developing and transforming how staff work together and contribute to the creation of a shared culture that delivers effective integrated services, which have been co-produced with the public and other stakeholders.

This challenge has been broken down into a number of short, medium, and long-term priorities (Priorities Plan - Table 1) and provides the focus for a number of interventions.

These interventions include;

- Developing new and efficient ways of working
- Implementing organisational capacity and resilience building initiatives
- Establishing locality working arrangements
- Developing participative approaches that involve communities/the public in service re-design
- Creating a shared culture based upon shared values and expectations
- Developing collaborative and authentic leadership as the norm

Values, Behaviours, Governance & Standards

We will develop our workforce in a way that will continue to be compliant with relevant governance and professional standards applicable for those employed in regulated health and social care occupations and practice settings.

The list below outlines how governance and professional standards are embedded locally across health and social care:-

1. Shetland Islands Council Values and Behaviour Framework

The values and behaviours create the culture within Shetland Islands Council, a 'behaviour' framework (Appendix 1) has been developed, describing how we should all approach our work, as well as what we should expect from colleagues.

“Excellent Service is at the heart of everything we do. We deliver excellent service by taking personal responsibility and working well together”.

2. Viewpoint and iMatter – Staff engagement and experience

Teams are encouraged to respond to the Viewpoint and iMatter staff engagement and experience questionnaires. The action plans that are developed should empower teams and individuals to make improvements that are meaningful for them. The expectation is that improving staff engagement and experience will help staff feel more connected to the vision of their organisation and improve working life and ultimately improve the quality of work delivered by staff.

3. NHS Staff Governance Standards

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently: with dignity and respect, in an environment where diversity is valued and
- Provided with a continuously improving and safe working environment

4. National Care Standards

Services regulated by the Care Inspectorate are required to ensure that the services they deliver meet National Care Standards. The standards are mandatory for both in-house and externally commissioned providers and include elements that relate to practice and the competence and management of the workforce.

5. Appropriate Professional/Governing Bodies

In addition staff will be expected to meet the standards set out by their appropriate professional/governing body. It is the responsibility of the individual that these standards are maintained.

Workforce Development

The development of a joint workforce plan will enable the creation of a new joint training plan. It will involve identifying the right staffing numbers, ratios and skill mix for each service. Understanding what will be required to support staff to carry out their roles in the future as services are redesigned to support integration is critical. Training may also be required by third sector organisations and community volunteers so increasing joint training provision that all partners can access is important.

A list of what is currently delivered through a joint training approach is attached as Appendix 2. A more detailed joint training plan will be developed as training, learning and development priorities emerge.

Priorities and key principles of integrated culture change

The principles and outcomes that have been developed for integration are designed so that the people in Shetland's communities have the best possible services which are tailored to local circumstances and deliver high quality results¹³.

Executive Leads will have responsibility for the overall development and delivery of action plans that link to the priorities.

Development and improvement through actions taken from the OD priorities will be reported to the Joint Staff Forum and the IJB.

DRAFT

¹³ Facilitating the Journey of Integration – A guide for those supporting the formation of integrated joint boards

Action Plan - Table 1

Table 1: OD priorities based on the key principles of integrated culture change

Organisation Development priorities	Workforce Outcome	Suggested Lead
<p><i>Short-term (2017)</i></p> <ol style="list-style-type: none"> 1. Establish a baseline understanding of what integration means to staff across the Integrated Joint Board 2. Establish what concerns and challenges there are 3. Identify the right staffing numbers, levels of engagement and skills required to support Integration for staff, leaders and communities 4. Build relationships and raise the profile of the Integrated Joint Board 5. Identify and develop opportunities to embed the required culture of openness and trust to allow staff to grow, understanding the strengths and areas for development in the current culture 6. Identify and develop new and efficient ways of working and establish locality working arrangements 7. Consult with the Joint Staff Forum for decisions about priorities and processes for change 8. Identify specific support arrangements to build organisational capacity and resilience to focus on staff health and well-being. 	<p>1,3</p> <p>2, 1,3</p> <p>2, 4</p> <p>1,4</p> <p>1,3</p> <p>1, 2</p> <p>3</p> <p>5</p>	<p>Managers IJB & Managers HR/Workforce Development/Managers</p> <p>IJB</p> <p>HR/Workforce Development</p> <p>Director and Managers</p> <p>IJB/Director/HR</p> <p>Managers/HR/Workforce Development</p>

<p><i>Medium-term (by 2018)</i></p> <ol style="list-style-type: none"> 1. Measure the success and impact of the short term priorities 2. Build capacity within the joint workforce, individuals and communities by increasing skills and identifying waste variation and risks 3. Build confidence in the new skills and initiatives that will support Integration 4. Continue to develop an organisational culture that is conducive to transformational change and provides a safe working environment when doing so. Creating a shared culture based upon shared values and expectations 5. Develop new and innovative ways of thinking that will support Integration and change 6. Develop a framework for participative approaches that involve communities/the public in service re-design 7. Develop collaborative and authentic leadership as the norm 8. Implement initiatives to build organisational capacity and resilience 	<p>1 2 3 1,4 1 2 4 3</p> <p>5</p>	<p>IJB HR/Workforce Development/ Managers Managers Workforce Development/ Managers (2,3,4) Managers IJB & Managers Workforce Development/ Managers Managers/HR</p>
<p><i>Long-term (by 2020)</i></p> <ol style="list-style-type: none"> 1. Measure the success and impact of the medium term priorities 2. Fully embed integrated working across Shetland's health and care services and expect staff to be the champions of the transformational change 3. Fully embed the localities model across Shetland's health and care services 	<p>1 1,3 1,4 1,4</p> <p>5</p>	<p>IJB HR/Workforce Development/ Managers</p>

4. Culture change across all partner organisations is evident in attitudes and behaviours	2,3	IJB/Managers (2,3,4)
5. Communities have fully embraced the joint workforce and are active in co-producing fully integrated services		IJB

Appendix 1- SIC Values and Behaviour Framework

Our values statement:

Excellent service is at the heart of everything we do. We provide **excellent service** by **taking personal responsibility** and **working well together**.

Excellent service

Value:

Providing an excellent level of service, by making sure we understand, meet and manage our service users' needs.

I demonstrate this value by doing the following.

- I listen properly to our service users to understand their needs.
- I put myself in others' shoes and show empathy.
- I find the best practical solutions while managing expectations.

Taking personal responsibility

Value:

Having a positive attitude and taking our responsibilities as employees of the council seriously. Working in an open and honest way, reflecting on our performance and looking for opportunities to improve and develop.

I demonstrate this value by doing the following.

- I find solutions to problems.
- I do what I say I will do.
- I take pride in my work.

Working well together

Value:

Demonstrating a positive attitude by being open-minded, fair, respectful, trustworthy and honest.

I demonstrate this value by doing the following.

- I support my colleagues and treat everyone – service users and work colleagues – fairly and with respect.
- I listen to the views of others and accept they may be different to mine.
- I am aware of my own behaviour and how it affects others.



Appendix 2 – Current Joint Training

Child Protection Level 2

Child Protection Level 3

Child Protection Refresher for Level 3

Child & Adult Protection - Chairing Case Conferences

Adult Support & Protection Level 2

Adult Support & Protection Level 3

Adult Support & Protection Level 4 - Officer

Moving and Handling

MAPA (Management of Actual or Potential Aggression)

GIRFEC (Getting it Right for Every Child)

Mental Health for Managers

With You for You

Leading for Outcomes (Leadership development programme)

Dementia - various levels

Autism - various levels

WRAP (Workshop to Raise Awareness of Prevent)

Medication

Drug & Alcohol Awareness

Epilepsy

ASIST (Applied Suicide Intervention Skills Training)

Scottish Mental Health First Aid

Self-Harm Awareness

Move



Meeting(s):	Integration Joint Board	25 October 2017
Report Title:	IJB Business Programme 2017	
Reference Number:	CC-54-17 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:	<p>The IJB is advised to establish a Business Programme, but there are no legal requirements to do so.</p> <p>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.</p>
6.5 Finance:	<p>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.</p> <p>Any costs associated with the development and maintenance of the IJB Business Programme will be met from within existing budgets of the Council</p>

	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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9 October 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 Wednesday, 18 October 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.	<ul style="list-style-type: none"> • Appointment of IJB Committees • Decision Making Structures • Strategic Risk Register • Annual Business Programme
	Friday 23 June 2017 at 2 p.m.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • CSWO Annual Report • Code of Corporate Governance - Approval • Joint Organisational and Workforce Development Protocol • Winter Plan • 2017/18 Business Programme
	Thursday 14 December 2017	<ul style="list-style-type: none"> • Joint Strategic Commissioning Plan - Approval • Q2 Management Accounts



Shetland NHS
Board



Shetland Islands
Council

Shetland Health and Social Care Partnership
Integration Joint Board
Meeting Dates and Business Programme 2017/18
as at Wednesday, 18 October 2017

	at 2 p.m.	<ul style="list-style-type: none"> Q2 Key Performance Indicators Performance Overview July 2017 – September 2017 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.	<ul style="list-style-type: none"> Directorate Service Plan 2018/19 Budget Setting - final budget funding proposals 2017/18 Business Programme
	Thursday 8 March 2018 at 2 p.m.	<ul style="list-style-type: none"> Q3 Management Accounts Q3 Key Performance Indicators Service Risk Registers

Planned business still to be scheduled - as at Wednesday, 18 October 2017

- **Directions to SIC and NHSS**

END OF BUSINESS PROGRAMME as at Wednesday, 18 October 2017