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Date: 27 October 2017

Dear Sir/Madam

You are invited to the following meeting:

**Shetland Islands Council**  
**Council Chamber, Town Hall, Lerwick**  
**Wednesday 1 November 2017 at 10am**

Apologies for absence should be notified to Louise Adamson at the above number.

Yours faithfully

Executive Manager – Governance and Law

Convener: M Bell  
Depute Convener: B Wishart

## **AGENDA**

- (a) Hold circular calling the meeting as read.
- (b) Apologies for absence, if any.
- (c) Declarations of Interest - 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.

- (d) Confirm the minutes of the meetings held on: (1) 28 June 2017; (2) 16 August 2017 [restricted]; (3) 30 August 2017 and (4) 20 September 2017 (enclosed).

1.	Joint Chairs' Report: Development Committee – 3 October 2017 Policy and Resources Committee – 23 October 2017 Participation Requests Policy <i>SIC-1101-DV-49</i>
2.	Chair's Report – Policy and Resources Committee – 23 October. Asset Investment Plan – Business Cases <i>SIC -1101 CPS-06</i>
3.	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, Refresh 2018-2021 <i>CC-48</i>
4.	Syrian Vulnerable Person's Relocation Scheme – Refugee Resettlement <i>DV-50</i>
5.	Transfer of Functions to the Shetland Transport Partnership Order 2006 - Implications and Reappraisal of Current Understanding <i>DV-54</i>
6.	Appointment of Religious Representative to the Education and Families Committee <i>GL-46</i>
7.	Education and Families Committee – MSYP Observers <i>GL-47</i>
<b><i>The following item contains EXEMPT information</i></b>	
8.	BP Request for consent to the transfer of SVT Operatorship to Enquest NNS <i>ISD-07</i>



<b>Meeting(s):</b>	<b>Shetland Islands Council</b>	<b>1 November 2017</b>
<b>Report Title:</b>	<b>Joint Chairs' Report Development Committee – 3 October 2017 Policy and Resources Committee – 23 October 2017  Participation Requests Policy</b>	
<b>Reference Number:</b>	<b>SIC-1101-DV-49</b>	

## **1.0 Decisions / Action required:**

- 1.1 That the Council RESOLVES to adopt the Participation Requests Policy, in the terms proposed.

## **2.0 Report:**

- 2.1 The purpose of this report is to consider recommendations from the Chair of Development Committee, and the Chair of Policy and Resources Committee, in relation to a report requiring a decision of Council.
- 2.2 A Participation Requests Policy has been developed in line with the Council's obligations under Part 3 of the Community Empowerment (Scotland) Act 2015 (the Act) – Participation Requests. This Part of the Act is now in force, as of 1 April 2017.
- 2.3 The Policy sets out the steps that the Council will take when a community body makes an enquiry about starting a dialogue about Council services.
- 2.4 Key issues to consider include:
- The Council's obligations under the legislation and the Policy's role in ensuring that these are upheld
  - The potential for all parties to benefit from community participation where a well-structured outcomes improvement process is put in place
  - The links to wider programmes such as the Business Transformation Programme and the implementation of Part 2 of the Act – Community Planning
- 2.5 Designing the outcomes improvement process will be the responsibility of the relevant service lead(s), with support where required from staff in the Community Planning and Development Service.
- 2.6 During discussion at Development Committee, it was agreed that further information would be made available on promoting participation requests (see Sections 2.6.1 and 2.6.2 below). This information was presented in an additional appendix when the full report was presented to Policy and Resources Committee.

2.6.1 The Council has a duty to promote Participation Requests alongside developing policy to deliver the process set out in legislation. Once the Policy is agreed, promotion will be undertaken by the Community Planning and Development Service. In line with the Scottish Government guidance on Participation requests, this activity will include:

- Acting as the single point-of-contact for all outcomes improvement and community empowerment related enquires from community bodies – this includes the Council and Community Planning partners covered by the legislation
- Publishing the Policy and supporting materials on the Shetland Islands Council website
- Promoting the single point-of-contact and the community empowerment tools available to community bodies via social media and free media sources such as the Shetland News banner
- Encouraging Community Planning partners and Community Learning and Development partners to promote community empowerment in their own dealings with community bodies – with a particular emphasis on working with Voluntary Action Shetland to raise awareness across Shetland’s Third Sector
- Targeted promotion carried out by Community Planning and Development staff with key community groups – this will have a particular emphasis on reaching those community groups who may struggle to have their voices heard

2.6.2 Furthermore, this work links strongly to the development of Community Planning under Part 2 of the Community Empowerment (Scotland) Act 2015. As this work develops, the Shetland Partnership will be promoting, facilitating and encouraging effective community participation as a key element in helping to deliver the Community Planning priorities set out in the refreshed Local Outcomes Improvement Plan.

2.7 The Chairs will present any further information to the Council as to the debate or issues that the Committees considered.

### 3.0 Implications :

- 3.1 Detailed information concerning the proposals was contained within the report, which includes the strategic and resources implications for the Council.
- 3.2 Copies of the report can also be accessed via the Council’s website at the links shown below, or by contacting Committee Services.
- 3.3 There are no additional implications to be considered by the Council.

**Previously considered by:**

Development Committee  
Policy and Resources Committee

3 October 2017  
23 October 2017

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For further information please contact:

Mr A Cooper, Chair of Development Committee  
Mr C Smith, Leader

23 October 2017

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Background documents:

Report to Development Committee – 3 October 2017

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=5441>

Report to Policy and Resources Committee – 23 October 2017

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=5423>

END





<b>Meeting(s):</b>	<b>Shetland Islands Council</b>	<b>1 November 2017</b>
<b>Report Title:</b>	<b>Chair's Report</b> <b>Policy and Resources Committee – 23 October 2017</b> <b>Asset Investment Plan – Business Cases</b>	
<b>Reference Number:</b>	<b>SIC-1101-CPS-06</b>	

### 1.0 Decisions / Action required:

1.1 That the Council RESOLVES to approve the following proposals and that they are incorporated into the 2017-22 Asset Investment Plan:

**1.1.1 Business Justification Case – Hamarsness & Ulsta Ferry Terminals – Wind Turbine Project**

- Installation of a 10kW wind turbine at each terminal, connected to the local grid;
- Project cost £128k to be funded as a Spend to Save project with payback in 7 years;
- Decision to approve funding in 2017/18 is sought to enable continuing financial savings and carbon reduction to be realised as soon as possible;
- AIG recommended approval;

**1.1.2 Business Justification Case – Household Waste Recycling – Sorting and Storing**

- Allows waste sorting and storage, maximising income from recycled materials collected;
- Covers procurement of new building and associated machinery;
- Building cost estimated at £485K;
- Machinery cost estimated at £267K – to be funded as a Spend to Save project with payback projected in less than 5 years;
- Decision to approve funding in 2017/18 is sought to ensure facilities are commissioned prior to full recycling collections beginning in July 2018;
- AIG recommended approval.

**1.1.3 Full Business Case – Scalloway Fishmarket**

- Demolition of existing fishmarket and construction of larger replacement;
- Project includes provision of temporary decant facility;
- Total project cost estimated at £5.6 million;
- Marine Scotland European Maritime and Fisheries Fund (EMFF) funding of £2.8 million being sought;
- Council contribution to be funded from borrowing;
- AIG recommended approval.

## **2.0 Report:**

- 2.1 The purpose of this report is to consider the recommendation from the Chair of Policy and Resources Committee, in relation to a report requiring a decision of Council.
- 2.2 The report presented three asset investment proposals for approval, which have been considered by the Council's Asset Investment Group (AIG) based on the submission of business case documentation. Two are Business Justification Cases and the other is a Full Business Case. The AIG has assessed the submissions for completeness and confirmed that a sound business case has been made in each instance.
- 2.3 These proposals are not currently funded within the Council's Asset Investment Plan (AIP) 2017-22, however a total of £2.9m is provisionally included in the AIP for the Scalloway Fishmarket project, subject to Council approval of a Full Business Case
- 2.4 The Chair will present any further information to the Council as to the debate or issues that the Committee considered.

## **3.0 Implications :**

- 3.1 Detailed information concerning the proposals was contained within the report, which includes the strategic and resources implications for the Council.
- 3.2 Copies of the report can also be accessed via the Council's website at the links shown below, or by contacting Committee Services.
- 3.3 The Business Cases were provided as Appendices to the report, namely Hamarsness and Ulsta Ferry Terminals – Wind Turbine Project (Appendix A); Household Waste Recycling – Sorting and Storing (Appendix B); and Scalloway Fishmarket (Appendix C).
- 3.3 There are no additional implications to be considered by the Council.

**Previously considered by:**

Policy and Resources Committee

23 October 2017

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For further information please contact:

Mr C Smith, Leader

23 October 2017

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### Background documents:

Report to Policy and Resources Committee – 23 October 2017

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=5423>

END



 <p><b>Shetland NHS Board</b></p>	 <p><b>Shetland Islands Council</b></p>
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<b>Meeting(s):</b>	Integration Joint Board NHS Shetland Board Joint Staff Forum Policy and Resources Committee Shetland Islands Council	21 September 2017 3 October 2017 6 October 2017 23 October 2017 1 November 2017
<b>Report Title:</b>	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, Refresh 2018-2021	
<b>Reference Number:</b>	CC-48-17 F	
<b>Author / Job Title:</b>	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

## 1.0 Decisions / Action required:

- 1.1 That the Integration Joint Board (IJB) APPROVES the process of updating the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2018-21.
- 1.2 That NHS Shetland Board APPROVES the process of updating the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2018-21.
- 1.3 That Shetland Islands Council Policy and Resources Committee recommends that Shetland Islands Council APPROVES the process of updating the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2018-21.
- 1.4 That the Joint Staff Forum advise that the process of updating the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan 2018-21 is in line with the principles of engaging and consulting with staff in developing the proposals.

## 2.0 High Level Summary:

- 2.1 In March and April 2017, the IJB, NHS Shetland and Shetland Islands Council approved, the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2017-20.
- 2.2 It is best practice to undertake a refresh of the Plan each year, to make sure that it still addresses all the relevant issues and responds to need and demand in an

effective way.

- 2.3 The process of updating the Strategic Commissioning Plan needs to be aligned to the budgeting process, to make sure that the planning and budgeting arrangements are complementary to one another. The planning process describes what services should be delivered; the budgeting process puts in place the resources to make that happen. A diagram of the planning and budgeting cycle is set out at Appendix 1, which involves an iterative negotiation process between the three partner organisations.
- 2.4 The needs assessment has been updated, to take account of current activity levels and any emerging trends and issues being faced by each service area. A summary overview is set out in Appendix 2 but the general consensus is that the needs assessment which underpinned the current plan has not changed significantly enough to warrant any major shift in strategic direction.
- 2.5 In 2016, the Scottish Government undertook an overview of strategic commission plans by each of the Integration Authorities for 2016-19. That analysis has been used to indicate where the current plan may be improved, to strengthen its content and intent. A self evaluation summary has been included at Appendix 3. Some areas where improvements could be made include:
- Use the Plan as a communication and engagement tool, to all stakeholders;
  - Be clearer on implementation plans;
  - Be produced under the principles of coproduction, including with localities;
  - Have better clarity on the service impact of resourcing decisions.
- 2.6 The refresh of the Plan will be done in consultation with supporting groups and committees, including those listed in the table below.

Entity	Purpose
The Area Clinical Forum	<ul style="list-style-type: none"> <li>Professional Advice from all staff groups</li> </ul>
The Strategic Planning Group	<ul style="list-style-type: none"> <li>How will the proposals improve people's lives (Health and Wellbeing Outcomes)?</li> <li>How will the proposals contribute to the Strategic Commissioning Plan's objectives?</li> <li>Have all appropriate delivery mechanisms been considered?</li> <li>Do the proposals represent the best mix of service, quality and cost?</li> </ul>
The Joint Staff Forum	<ul style="list-style-type: none"> <li>That appropriate consultation and engagement with affected staff (direct and indirectly affected) has taken place at all stages</li> <li>That effective engagement with staff has informed the proposal</li> <li>That all relevant employment law and policies have been considered in the development of the proposals</li> </ul>
The Local Partnership Finance Team	<ul style="list-style-type: none"> <li>Is the proposal in line with the Strategic Financial Plan, including any savings plans / efficiencies?</li> <li>Have all the financial risks been identified and</li> </ul>

	<p>addressed?</p> <ul style="list-style-type: none"> <li>• Has the funding mechanism been agreed by all parties?</li> <li>• Does the proposal represent value for money?</li> </ul>
The Clinical Care and Professional Governance Committee	<ul style="list-style-type: none"> <li>• That the proposals are based on sound evidence that best meet the identified needs</li> <li>• That the proposals are safe and will secure appropriate levels of quality</li> <li>• That all the relevant risks have been identified and managed</li> <li>• That effective engagement with service users and staff have informed the proposal</li> </ul>

2.7 In 2016, NHS Shetland's Internal Auditors undertook a study to ensure that:

- Strategic planning forms part of a formal, robust framework, with clearly documented protocols and explicit linkage to the vision and objectives.
- Strategic planning is informed by robust evidence and via input from a range of appropriate stakeholders and partners, and subject to periodic review and update.
- NHS Shetland strategic planning arrangements and accountabilities are appropriately integrated with the IJB framework.
- Actions to achieve strategic objectives are documented and agreed, taking cognisance of the internal resources available and the external environment in which NHS Shetland operates.
- There is clear and direct linkage between the narrative and financial aspects of strategic planning and reporting.
- Sufficient and appropriate arrangements are in place to track progress with delivering the strategy, including management and Board reporting.

2.8 The study reported back on some **Areas for improvement** as follows:

*"Whilst NHS Shetland has identified a number of actions to improve the SCP, further work is required to ensure that it is fully compliant with Scottish Government guidance, including the following areas:*

- *The SCP does not set out clear objectives that cover the aims of both NHS Shetland and the IJB;*
- *There are a number of strategies in place, such as the Clinical Strategy, that cover the same activity as the service plans, but at a more strategic level, these strategies are not considered during the strategic planning process;*
- *NHS Shetland has not identified where they will document the actions required to achieve the strategic objectives and how these will be monitored by management and the Board;*
- *No financial context has been provided for NHS Shetland or the IJB, and limited financial information was available during planning; and*
- *No performance measures were identified within the SCP, which has resulted in there being no mechanism in place for NHS Shetland to measure and demonstrate achievement against the strategic objectives."*

2.9 Good progress has been made in completing the first 3 improvement actions.

Work still needs to be done on aligning strategic planning with financial planning, and with being more explicit about the impact that any changes might have on performance.

### **3.0 Corporate Priorities and Joint Working:**

- 3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.
- 3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Community Partnership's Local Outcome Improvement Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Delivery Plan.
- 3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.
- 3.4 It supports a fundamental shift in the philosophy of how public sector services should be designed and delivered with and for each community, based on natural geographical areas, or localities, and integrated around the needs of service users, rather than being built around professional or organisational structures.

### **4.0 Key Issues:**

- 4.1 The Plan sets out a Vision for integrated health and care services in Shetland, as follows:  
"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".
- 4.2 The Plan includes a number of priorities, including:
  - people will be supported to look after and improve their own health and well-being, helping them to live in good health for longer
  - older people and people who are living with long-term conditions will be getting the services they need to help them live as independently as possible
  - increased use of technology is helping us provide care for the most vulnerable and elderly in our community
  - healthcare is provided by multi-professional teams, with reliance on single handed practitioners kept to a minimum
  - attendance at hospital for diagnostic tests and investigations, outpatient consultations and minor procedures is kept to a minimum
  - patients are only sent outwith Shetland for healthcare if it cannot be provided safely and effectively locally
  - care is only provided in a hospital setting if it cannot be provided safely and effectively in the community

<p>– emergency care is maintained in Shetland, including medicine, surgery and maternity services</p>	
4.3	It will be useful to explore, as part of the refresh of the Plan, whether the Vision and Priorities are still appropriate and able to be applied to help with key decisions, especially around resource allocation and proposed changes to service models.
4.4	The current Plan has a number of ‘Transformational Change’ projects and over the next while there are some key activities which will help to give shape to future service models, such as the work on out of hours services, the hospital, and for primary care services. The Plan can be updated as that work comes to fruition.
4.5	It has not yet been possible to fully align the budgeting process with the planning process in the current year. However, the timetable set out in Appendix 1 shows that there is a continuing ambition to work to close the funding gap between the cost of the current model of service and available resources for 2018-19.
<b>5.0 Exempt and/or confidential information:</b>	
5.1	None.
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The Strategic Commissioning Plan sets out the services to be delivered over the next 3 years. Any significant changes to services will be of interest to services users, patients, unpaid carers and communities, particularly in respect of quality, equality, accessibility and availability. It is expected that the current models of delivery will continue to evolve and change to reflect the policy direction of shifting the balance of care from hospital to community settings and supporting people to live independently at home. The service focus will also be on finding ways to help people to help themselves and by increasing self-help and self-care to help people to live in good health for longer.
<b>6.2 Human Resources and Organisational Development:</b>	At this stage, there are no direct impacts on Human Resources and Organisational Development. However, any significant changes to existing service models and methods of delivery may, in time, affect staffing – both in terms of the number of staff and the skills mix required – in order that service costs can be accommodated within the total budget allocation.
<b>6.3 Equality, Diversity and Human Rights:</b>	The refresh of the Plan will include an updated Impact Assessment.
<b>6.4 Legal:</b>	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.
<b>6.5 Finance:</b>	In 2017-18, the cost of the current service model exceeds the funding made available to the IJB, in respect of NHS funded services. The funding arrangements for 2018-19 have not yet been formally notified to the IJB but indications, from the

	medium term financial plans, is that the funding gap is likely to continue to grow and effort needs to be made to find sustainable models of service within the available funding levels.
<b>6.6 Assets and Property:</b>	At this stage, there are no implications for Assets and Property. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall estate in order that service costs can be accommodated within the total budget allocation.
<b>6.7 ICT and new technologies:</b>	The Plan outlines the need to continue to modernise our working practices – both internally and with our patients / service users / customers – by maximising eHealth, Telehealthcare and Telecare opportunities.
<b>6.8 Environmental:</b>	At this stage, there are no specific environmental implications. Any changes to services models which result in changes to access points and transport arrangements may, in time, result in environmental considerations.
<b>6.9 Risk Management:</b>	The risk of not updating the Plan to take account of best practice guidance and changing need and demand might mean that the Strategic Commissioning Plan is not as effective as it might be in shaping the future health and social care service models, to best meet the needs of the community with the resources made available.
<b>6.10 Policy and Delegated Authority:</b>	<p>Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations.</p> <p>The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the joint Strategic (Commissioning) Plan at its meeting in November 2015. The delegated functions are set out in the Integration Scheme.</p> <p><u>IJB</u> The Integration Scheme states that, "The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan....The IJB will be responsible for the planning of Acute Hospital Services delegated to it....". Consideration and approval of the annual update of the Strategic Commissioning Plan is therefore within and the authority delegated to the IJB.</p> <p>The Integration Scheme also states that, 'the detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan'.</p> <p><u>NHS Shetland Board</u> NHS Shetland delegated functions, including planning for acute and hospital services, to the IJB. The NHS Board retains the</p>

	<p>overall authority for consideration and approval of strategic planning, taking guidance from its Standing Committees, as appropriate. Approval of the Strategic Commissioning Plan therefore rests with the NHS Shetland Board.</p> <p><u>SIC Policy and Resources Committee and Council</u> Shetland Islands Council delegated functions, including the planning arrangements, to the IJB. The Policy and Resources Committee is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. Approval of strategic policies, including the Strategic Commissioning Plan, within the remit of the Shetland Islands Council.</p> <p><u>Joint Staff Forum</u> The Joint Staff Forum has a dual role. It is both part of the staff consultation and engagement mechanism and also acts as one of the bodies which makes sure that staff engagement has been suitable and adequate for the matter under consideration. The Joint Staff Forum will therefore require to reassure themselves, using their network of consultation mechanisms, that:</p> <ul style="list-style-type: none"> <li>• appropriate consultation and engagement with affected staff (direct and indirectly affected) will be done, or has taken place, at all stages;</li> <li>• effective engagement with staff will, or has, informed the proposal; and</li> <li>• where appropriate, all relevant employment law and policies have been considered in the development of the proposals.</li> </ul>		
<p><b>6.11 Previously considered by:</b></p>	<table> <tr> <td data-bbox="531 1272 1043 1417">Strategic Planning Group</td><td data-bbox="1043 1272 1481 1417">31 August 2017, discussion on how best to undertake consultation and engagement</td></tr> </table>	Strategic Planning Group	31 August 2017, discussion on how best to undertake consultation and engagement
Strategic Planning Group	31 August 2017, discussion on how best to undertake consultation and engagement		

#### Contact Details:

Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland  
hazelsutherland1@nhs.net

11 September 2017

#### Appendices:

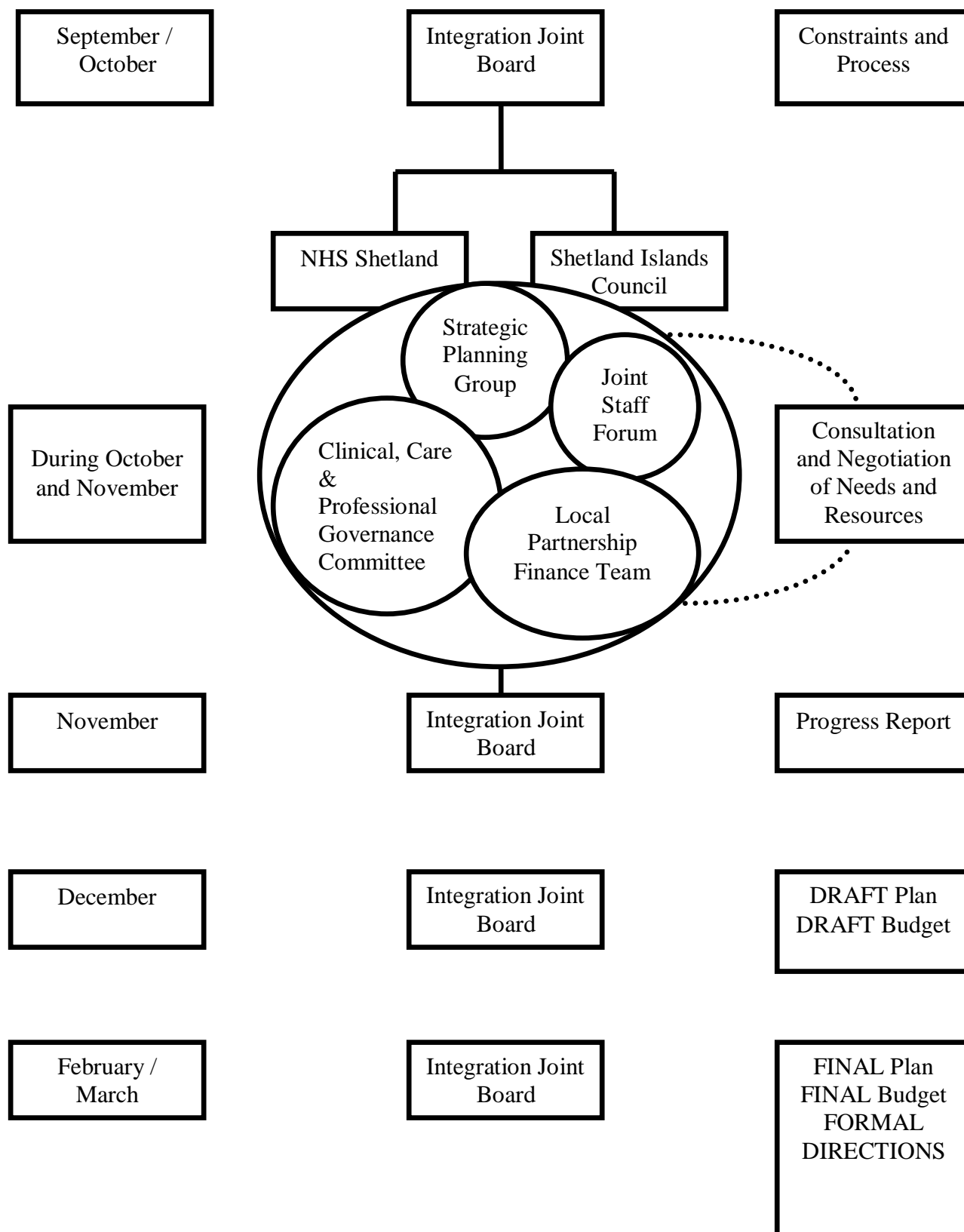
Appendix 1 Planning and Budgeting Cycle  
Appendix 2 Overview of Needs Assessment  
Appendix 3 Self Analysis of 'best practice' in the content on Strategic Commissioning Plans

#### Background Documents:

Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan 2017-2020.

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=20744>

# Integration Joint Board – Planning and Budgeting Cycle





## Shetland Islands Health and Care Partnership

### Joint Strategic Commissioning Plan 2018-19

#### Summary Needs Assessment

##### Population Profile

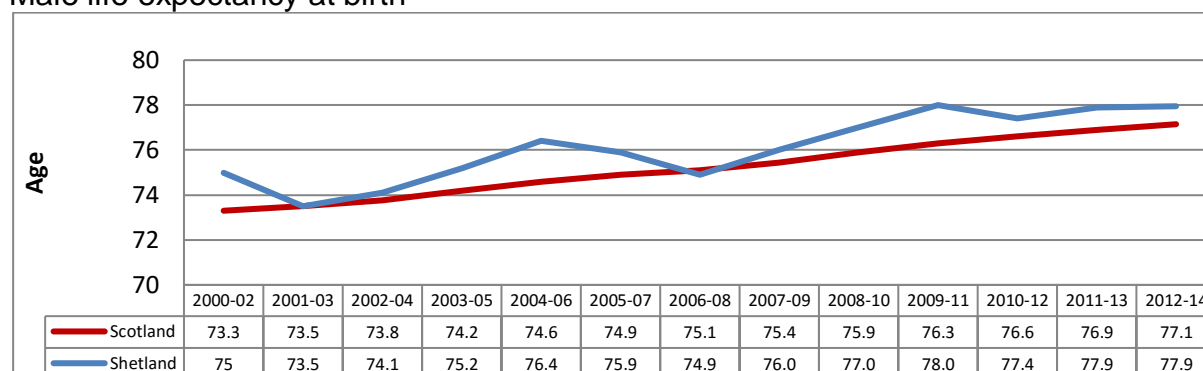
The Scottish Government has a key purpose to increase healthy life expectancy. This is so that people live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.

Shetland's life expectancy is reasonable for females at 81.9 years life expectancy from birth (5<sup>th</sup> in Scotland by Health Board area) but lower for males at 77.6 life expectancy at birth (10<sup>th</sup> in Scotland by Health Board areas).

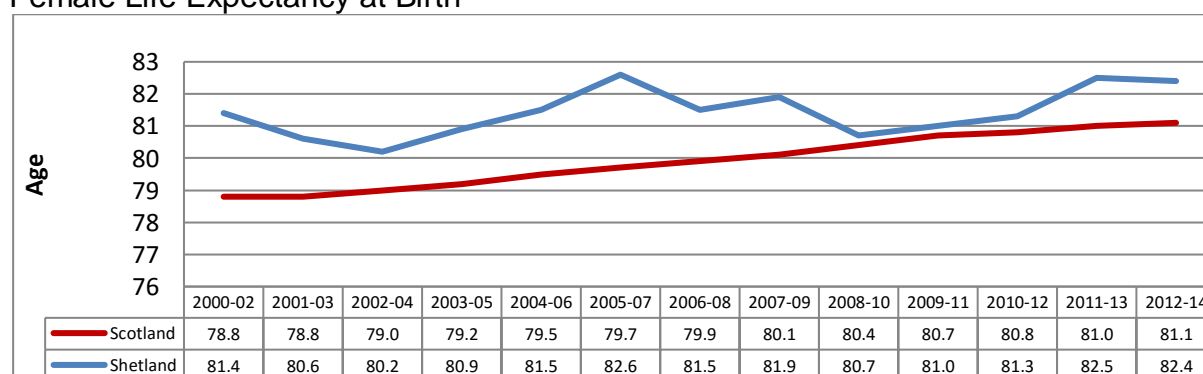
Life Expectancy at Birth (2012-2014)	Male	Female
<b>Scotland</b>	77.1	81.1
<b>Shetland</b>	77.8	82.4
<b>Position by Health Board</b>	10 <sup>th</sup>	5 <sup>th</sup>

Shetland's Life expectancy continues to improve for males and females and both are above the national average, as shown graphically using data from 2000-01.

##### Male life expectancy at birth



##### Female Life Expectancy at Birth



Our population is ageing fast at a rate higher than the national average and the fourth highest rate of change across Scotland's 32 local authorities.

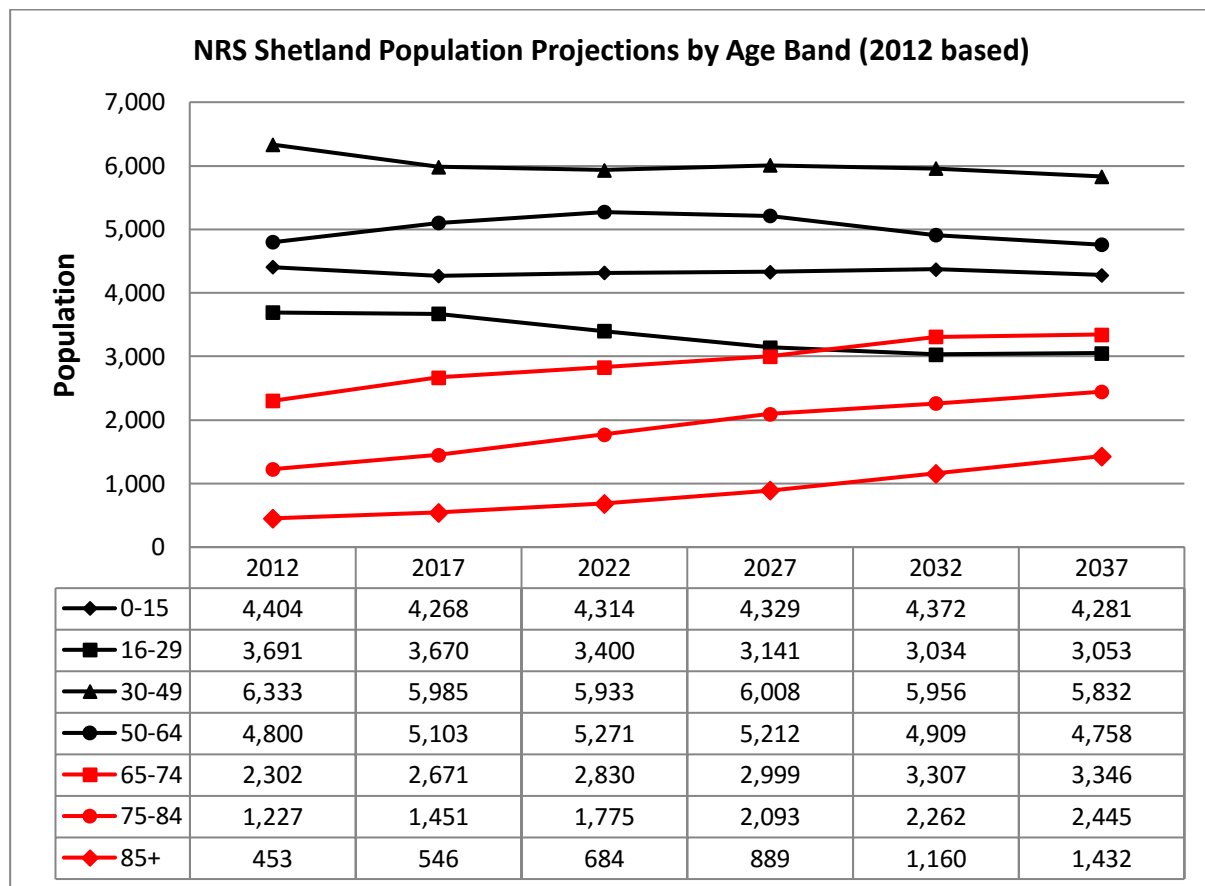
Between 2017 and 2037, the number of people in the 0-15 age bracket is predicted to remain fairly stable (4,268, 2017 to 4,281, 2037).

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

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

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

This is likely to increase demand on adult health and social care services.



The population of the majority of the outer islands has fallen. Exceptions to this are Whalsay whose population has grown and Fair Isle where the population has remained relatively stable.

## Deprivation and Inequality

The standard definitions of Multiple Deprivation do not indicate any areas of concern for Shetland. However, the way in which the index is calculated does not take account of specific issues of deprivation which occur in more remote and rural areas. This was the reason that the Commission for Tackling Inequality was established.

## Scottish Index of Multiple Deprivation (SIMD) 2016

[Visit the IMD Maps homepage for maps of other UK countries and additional guidance](#)

Select the overall index or a domain:

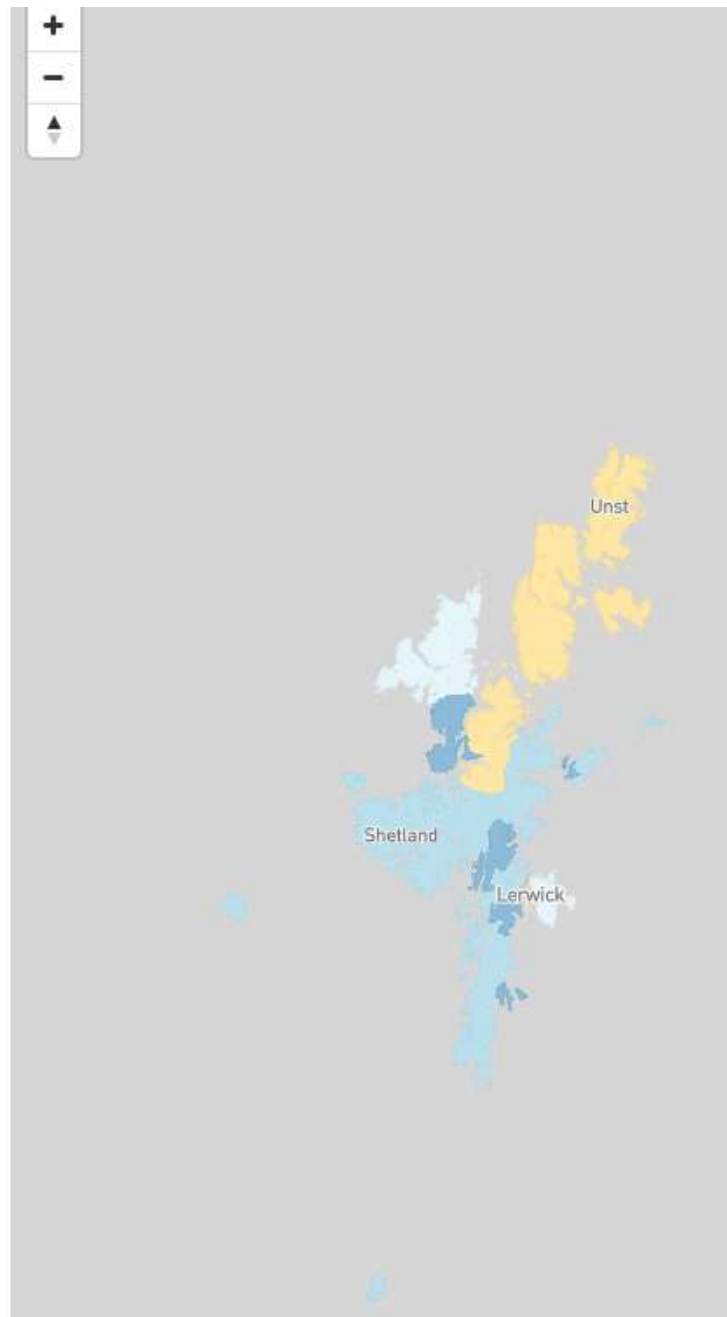
Overall SIMD
Income
Employment
Health
Education, Skills and Training
Housing
Geographic Access to Services
Crime

Opacity:

Colour scale:

10% bands (deciles)
20% bands (quintiles)
Most deprived 25%, in 5% bands

Most deprived      Least deprived



<https://jamestrimble.github.io/imdmaps/simd2016/>

The Commission on Tackling Inequalities in Shetland<sup>1</sup> heard evidence relating to socio-economic equalities and geography in Shetland. The Foreword states that,

“Shetland doesn’t exhibit the extreme disparities in wealth, health and other indicators that characterise some communities. Nevertheless, the evidence gathered by the Commission confirms that, in 2016, inequality is an inescapable feature of Shetland life. Some of our fellow citizens are struggling. Their circumstances differ, but lack of sufficient money to live a decent life is a common factor. The causes of their difficulties are not simple but it’s clear that a variety of influences, including changes in welfare policies, are making their position steadily more precarious.

Inequality can take many forms. It is frequently thought of as economic and characterised in terms of wealth and poverty. However, there are also

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<sup>1</sup> On Da Level, Achieving a Fairer Shetland, Report and Recommendations from Shetland’s Commission on Tackling Inequalities, March 2016

manifestations of inequality in education, environmental quality, ethnicity, gender, geography, health, social status and in power and influence.

... those individuals and families in Shetland who are particularly vulnerable are those:

- with poor educational experiences: engagement is difficult, attainment may be low;
- unable to achieve or maintain employment;
- at risk of homelessness;
- with poor mental health;
- with chronic illness;
- with experience of substance misuse;
- not involved in their local community (this may include not attending pre-school);
- living in remote areas, where employment opportunities are limited and the cost of transport or running a private vehicle can be prohibitive.

And:

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

## Activity Data

The tables below show the current demand for services, and any emerging trends or themes which have been identified.

Service	Description	Number of Service Users / Activity Levels	Emerging Trends																								
Adult Protection	Protection of adults who may be at risk.																										
Adult Services	<div>For Learning Disability and Autism Spectrum Disorder client, including Supported Vocational Activity (EGRC); Supported Living, Short Break and Respite; GOLD Group and Day Care; Health; Supported Employment, Training and Volunteering Opportunity and Leisure</div> <div>RESPITE NIGHTS NCL July 2017</div> <table><tr><td>Autism Spectrum Disorder 2016/17</td><td></td></tr><tr><td>Number of adults referred for assessment/ diagnosis for ASD in adulthood</td><td>18</td></tr><tr><td>Waiting list at August 2017</td><td>2 (both have undergone pre-assessment. Diagnosis anticipated to be formalised in Nov/Dec 2017)</td></tr></table>	Autism Spectrum Disorder 2016/17		Number of adults referred for assessment/ diagnosis for ASD in adulthood	18	Waiting list at August 2017	2 (both have undergone pre-assessment. Diagnosis anticipated to be formalised in Nov/Dec 2017)	<div>2016 figures–147 adults;</div> <table><tr><td>Service</td><td>Service Users at 13.9.17</td></tr><tr><td>EGRC</td><td>69</td></tr><tr><td>NCL Respite</td><td>27 (+ 3 people in transition from school)</td></tr><tr><td>NCL GOLD &amp; Day Care</td><td>7 (GOLD) 1 (Day care)</td></tr><tr><td>Supported Living Tenants</td><td>41</td></tr><tr><td>Supported Living Outreach</td><td>3</td></tr></table> <div>RESPITE NIGHTS NCL July 2017</div> <table><tr><td>Assessed nights req'd</td><td>142</td></tr><tr><td>Nights accessed</td><td>125</td></tr><tr><td>% Uptake of entitlement</td><td>93%</td></tr></table>	Service	Service Users at 13.9.17	EGRC	69	NCL Respite	27 (+ 3 people in transition from school)	NCL GOLD & Day Care	7 (GOLD) 1 (Day care)	Supported Living Tenants	41	Supported Living Outreach	3	Assessed nights req'd	142	Nights accessed	125	% Uptake of entitlement	93%	<div>52 Children in education between 5 - 16 recorded with LD or ASD; 21 Children between 16 – 19 years in education at Stage 3 of intervention With increased birth survival rates and increased longevity, the population of people with a learning disability and autism spectrum disorder grows larger and will experience issues associated with (complex) medical conditions and older age (ie. dementia; menopause; etc).</div> <div>Emerging risk – the number of carers reaching older age and continuing to provide care to adult children with disability.</div>
Autism Spectrum Disorder 2016/17																											
Number of adults referred for assessment/ diagnosis for ASD in adulthood	18																										
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% Uptake of entitlement	93%																										

Adult Social Work	Adult Support and Protection, Community Care Assessments, Mental Health Interventions.	220	
	Number of Social Work Assessments Number of With You For You Assessments  Specific Assessments: Eg Dementia	841(2016) 274 (2016)	
Community Care Resources	Overall number of clients Of whom, aged >65  Care at Home: Clients receiving personal care Clients receiving domestic care Intensive home care as an alternative to residential care	306 (Dec 2016) 284 (Dec 2016)  223 171 72	Shetland's Older People's Strategy evidences the demographic changes that Shetland is facing with an ageing population, increasing prevalence of long term conditions and increasing multiple morbidity.  The service is seeing an increase in requests for carer support, particularly respite care and day care. The service is seeing unmet need in day care provision and its ability to respond to immediate unscheduled care.  Difficulties with recruitment and retention in some areas.  Levels of
	Residential Care Number of permanent beds Permanent Occupancy Percentage (September 2016) Waiting List for Residential Care (September 2016)	117 75% 15	
	Respite Care and Short Breaks Number of respite beds Respite Occupancy Percentage (September 2016)	29 156%	
	Overall Care Home occupancy	Measured Monthly	
	Day Care No of available places Utilisation Rates Waiting Lists	78	

			Dependency??
	Direct Payments No Direct Payments		
Community Nursing	District Nurses, Practice Nurses, Advance Practitioner Nurses, Specialist Nurses, Non Doctor Islands, Out of Hours and Intermediate Care Team	33,000	
Criminal Justice	Assessment and Supervision of Offenders, court reports, rehabilitation.	175	<p>Overall people feel safe and crime rates are relatively low.</p> <p>There has been a significant increase in the number of Supervision and Unpaid Work requirements compared to the previous years.</p> <p>Over the past year we have seen an increase in offences that involve violence, domestic abuse, sexual offences and public disorder and we are working with partners to ensure our joint working processes remain effective.</p> <p>Supervision and Unpaid Work Requirements remain the</p>

			most frequently used disposals and this allows the service to work in a proactive manner with offenders.
Domestic Abuse	Advice, support and counselling for women and families affected by domestic abuse. Refuge accommodation	477	
Intermediate Care	Reduce unplanned admissions to hospital or long term care, enhance discharge planning from hospital		
Mental Health	Community Psychiatry Services, Community Psychiatric Nursing Service, Psychological Therapies Service, Substance Misuse Recovery Service, Dementia Services.	220 patients with CMHT 178 within SMRS ( 79 Drugs the rest alcohol) 7 under the Mental Health Act	Prevalence increasing.  Key priority for the Shetland Partnership in the Local Outcome Improvement Plan (LOIP) and Tackling Inequality is around loneliness and stigma.
Oral Health	Primary Dental Care will be provided predominantly through independent NHS practices. Public Dental Service will cover: special needs; remote and rural; public health; oral health promotion; specialist services.	23,076 (approximate, services are delivered to all Shetland residents, plus temporary residents e.g. People on holiday, cruise ships etc)	
Pharmacy and Prescribing	Community Prescribing Services	23,076 (approximate, services are delivered to all Shetland residents, plus temporary residents e.g. People on holiday, cruise ships etc)	Realistic Medicine  Culture and Behaviours  Systems and Efficiencies; avoid wastage.
Primary Care	GP Services and Ophthalmic Services (Pharmacy and Dental included elsewhere)	23,076 (approximate, services are delivered to all Shetland	Increased number of residents with



		<p>residents, plus temporary residents e.g. People on holiday, cruise ships etc)</p>	<p>long term conditions (asthma, diabetes, high blood pressure); increased numbers of frail elderly in the community requiring additional support to remain at home.</p> <p>Analysis of Lerwick Health Centre appointments alone has shown that the number of GP and ANP appointments increased by 26% from 23,773 in 2014-15 to 29,933 in 2015-16.</p> <p>Difficulty with recruitment and retention in some areas; reliance on locum cover.</p> <p>Realistic Medicine</p>
Substance Misuse	Information and advice, screening and referrals, treatment, residential treatment (outwith Shetland) and aftercare	<p>200 in Substance Misuse Recovery Service</p> <p>12 in the Employability Pathway (Bike Project)</p>	<p>People living longer with long term health and social needs caused by drug misuse</p> <p>Rapidly changing landscape due to new psycho-active</p>

			<p>substances (such as legal highs / research chemicals).</p> <p>Alcohol continues to be the most significant cause of social, health, financial issues which individuals/ families and communities face (key priority in the LOIP).</p> <p>When comparing against Scotland the male prevalence of problem drug use in Shetland is significantly worse</p>
Speech and Language Therapy	Treatment, support and care for adults who have difficulty with communication, or with eating, drinking or swallowing (eg from stroke, injury, disease, dementia, cancer, learning or physical disabilities, stammering)	1,773 (of whom 34 with learning disabilities)	
Nutrition and Dietetics	Diabetes; Gestational, Gastro Intestinal and Weight Management; Eating Disorders; Cancer; Weight Loss; Gastrostomies; PEG and Nasogastric Feeds; protein requirements.	699 349 Referrals	
Occupational Therapy	Advice and Information; Assessment and Treatment; Rehabilitation; Home Adaptations; Specialist Equipment; Electronic Monitoring Equipment in	437(NHS) No data available (SIC)	

	Homes		
Orthotics	Avoiding pain, return on function, preventing deformity and protecting 'at risk' body parts.	1,577 766 Referrals	
Physiotherapy	Help to restore movement and function when someone is affected by injury; illness or disability.	7,338 2680 Referrals	Increase year on year of 35% since 2010.
Podiatry	Routine podiatry; nail management and surgery; vascular and neurological assessment and screening; MSK assessment and orthoses prescriptions, footwear advice; fall prevention advice; diabetic assessment and screening; wound care.	4,103 686 Referrals	
Unpaid Carers		190	

## Performance

Shetland's performs well in many areas, against peer group comparators and the Scottish average. Some areas worth highlighting are:

- Shetland is the best in Scotland for the percentage of the last six months of life spent at home or in a community setting
- The percentage of adults with intensive needs receiving care at home is well above the Scotland average.
- The emergency admission to hospital rate is lower than the Scottish average
- The rate of emergency bed days is also low indicating fewer days are spent in hospital after an emergency admission.
- The readmission rates to hospital within 28 days of discharge is low, indicating that services are working at discharging people when they are ready and then keeping them in the community thereafter.

## Performance against National Health and Wellbeing Outcomes

Indicator	Shetland	Peer Group Average	Scotland
1. Percentage of adults able to look after their health very well or quite well. (2015-16)	95%	95%	94%
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. (2015-16)	78%	86%	84%

3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. (2015-16)	81%	80%	79%
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. (2015-16)	60%	77%	75%
5. Percentage of adults receiving any care or support who rate it as excellent or good. (2015-16)	79%	83%	81%
6. Percentage of people with positive experience of care at their GP practice. (2015-16)	89%	90%	87%
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (2015-16)	84%	87%	84%
8. Percentage of carers who feel supported to continue in their caring role. (2015-16)	54%	45%	41%
9. Percentage of adults supported at home who agree they felt safe. (2015-16)	79%	86%	84%
11. Premature mortality rate (per 100,000 population) (2015)	407		441
12. Rate of emergency admissions for adults. (per 100,000 population) (2016-17)	9,566		12,037
13. Rate of emergency bed days for adults. (per 100,000 population) (2016-17)	69,612		119,649
14. Readmissions to hospital within 28 days of discharge. (per 1000 population) (2016-17)	65		95
15. Proportion of last 6 months of life spent at home or in community setting. (2016-17)	94%		87%
16. Falls rate per 1,000 population in over 65s. (2016-17)	20		21
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. (2015-16)	84%		83%
18. Percentage of adults with intensive needs receiving care at home. (2015-16)	73%		62%
19. Number of days people spend in hospital when they are ready to be discharged. (per 1,000 pop) (2016-17)	528		842
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. (2016-17)	13%		23%

Note: using latest available data; some national surveys are only undertaken every 2 years.

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

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

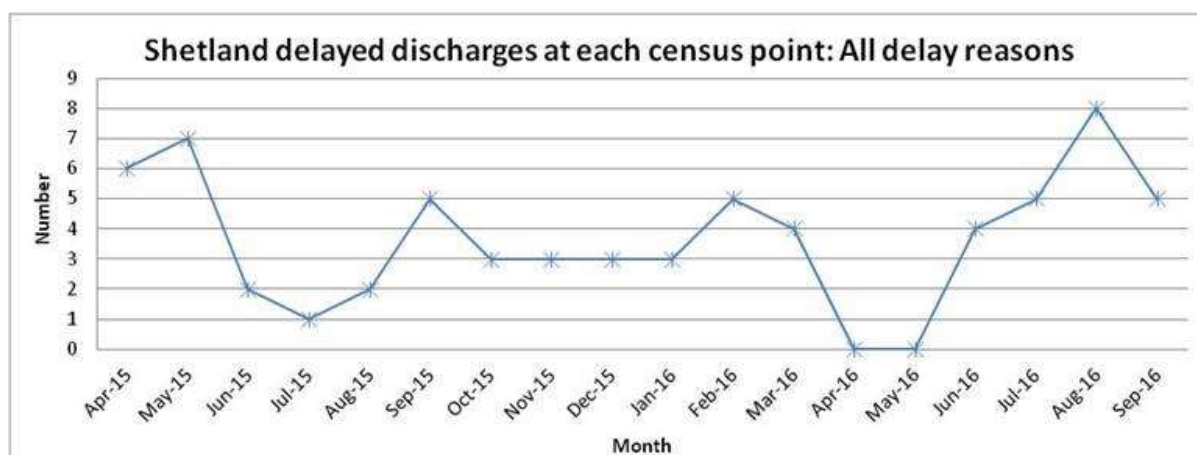
Shetland continued to perform well across all categories, recording 'first in Scotland' on four of the eight key performance indicators.

Unplanned admissions 2015-16 unplanned admission rates 75+ all specialities	First
Occupied bed days for unscheduled care 2015-16 unplanned bed day rates 75+ all specialities	Second
A&E Attendance rate per 1,000 population 2015-16	Twelfth
A&E % seen within 4 hours, November 2016:	Fifth
Delayed Discharge Census November 2016 Standard Delays over 3 days, by type of delay	First
Proportion of the last six months of life spent at home or in a community setting for people who died in 2015-16	First
2015-16 Bed Days in the last six months of life by partnership	First
2014-15 Balance of Care 75+ by Intensive Care at Home; Care Home and Hospital	Eleventh

## Delayed Discharge

There is a measure for the total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.

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



## Summary of Key Issues

The population is aging rapidly and it is therefore likely that demand for adult health and care services will increase.

Continued investment in preventive service is paramount to managing growth in demand, alongside supporting existing need.

The working age population is predicted to reduce.

There is difficulty in recruiting to some jobs, in some areas.

Ageing can be an indicator for a potential associated rise in conditions such as sensory impairments, mental ill-health, hypertension, asthma, diabetes, dementia and multiple chronic disorders.

Deprivation and inequality is multi-dimensional, with key factors to consider including the cost of living, loneliness and stigma.

Overall crime rates and perception of likelihood of crime is low.

Alcohol continues to be the most significant cause of social, health, financial issues which individuals, families and communities face.

When comparing against Scotland the male prevalence of problem drug use in Shetland is significantly worse.

High Resource Individuals consume a significant proportion of health resources.

Ninety two percent of all homecare delivered in 2016 was for adults aged 65 and above. Take up of Direct Payments (including self directed support) continues to grow.

The use of Community care alarms and Telecare packages continues to grow.

There are 190 identified unpaid adult carers.

## **Priority Areas**

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

- individuals with long term conditions; helping them to better help themselves and using minimally disruptive interventions
- individuals with assessed community care and identified health needs; working to integrate health and care services around their needs in multi-disciplinary teams
- individuals requiring hospital appointments; better co-ordination of care and avoidance of unnecessary travel
- individuals who face health inequality; by working to bridge the gap in health outcomes caused by social, geographical, biological or other factors
- individuals who fall within the priorities services identified through the Local Outcome Improvement Plan (currently being updated):
  - reduce the percentage of adults who smoke
  - reduce premature mortality from Coronary Heart Disease among under 75s
  - increase physical activity levels
  - reduce obesity levels
  - address issues associated with mental health, wellbeing and resilience
  - promote suicide prevention
  - recognise and respond to public protection issues e.g. domestic violence
  - reduce harm caused by alcohol; and

- address issues caused by substance misuse

## **Locality Issues**

The key issues with regard to delivering health and care services in each locality are:

### **North Isles**

Primary Care – current GP Recruitment and Retention issues, sustainable Primary Care Provision, Dental Provision, Out of Hours services, Community Nursing on Non Doctor islands  
Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable  
Sustainable care models and, in particular, the building issues for Isleshavn Care Centre

### **Whalsay and Skerries**

Primary Care – Sustainable Primary Care arrangements, Out of Hours services, Community Nursing on Non Doctor islands  
Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

### **North Mainland**

Primary Care - Sustainable primary care arrangements  
Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

### **West Mainland**

Primary Care - Sustainable primary care arrangements, Community Nursing on Non Doctor islands  
Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

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

Ensuring that we deliver the best and most appropriate balance of specialist services in Shetland (e.g. models for hospital and specialist services in Shetland versus mainland service provision)  
Primary Care – Lerwick Health Centre demand and capacity management  
Community Nursing on non doctor islands, intermediate care team

### **South Mainland**

Primary Care – community nursing on Non Doctor Islands  
Using technology to ensure that access to specialist services (e.g. in a hospital setting) is equitable and achievable

**The Scottish Government, Strategic Commissioning Plans**

**An overview of strategic commission plans by Integration Authorities 2016-19, 2016**

**A Self Evaluation of Shetland Islands Health and Social Care Partnership against the key findings, September 2017**



Key Messages	Self Evaluation
<p><b>OVERVIEW</b></p> <p>Functions of strategic commissioning plans include setting the vision and direction of travel, providing a means of communication, promoting effective and on-going engagement, building consensus, making linkages across a range of plans, services, different parts of the system, sectors and people, and determining strategic priorities.</p>	<p>Partially met; we could do better at using the plan as a means of communication and building consensus (particularly around challenging decisions).</p>
<p>All Partnerships completed strategic commissioning plans by 1st April 2016 and these are high level and strategic. Further work is needed in a few plans and in supporting implementation plans to raise the scale of ambition and the pace at which it will be achieved, but most are aiming high.</p>	<p>Partially met. Implementation Plans could be strengthened.</p>
<p>All plans include a list of functions that have been delegated by the Local Authority and by the NHS Board. A number of plans use tables and graphics to good effect in order to communicate this information.</p>	<p>Partially met. Our Plan could make better use of graphics to tell the story.</p>
<p>The reach and quality of engagement in the development of strategic commissioning plans is comprehensive and generally of good quality across Scotland. Strong engagement and working on a co-production basis needs to become the norm, not just in agreeing the vision and setting direction. This is emerging in a number of the Partnerships.</p>	<p>Partially met. Whilst the drafts of the plan were consulted on with a number of staff groups, it was not prepared using coproduction principles and the focus was primarily on staff consultation.</p>
<p>Some plans describe how the Partnership is working with the Community Planning Partnership (CPP). This will ensure a common approach between key public sector agencies and optimise opportunities for joint work on shared priorities.</p>	<p>Partially met. Could explain the links better, especially with regard to key outcomes.</p>
<p>Strategic Planning Groups have been established in each Partnership but this is not well covered in many of the strategic commissioning plans and should be given more prominence in subsequent iterations.</p>	<p>Agreed.</p>
<p>Accessibility of plans and accompanying documents was generally good but there were sometimes difficulties in locating these. Scottish Government is currently working with a small number of Partnerships to identify good practice in engagement strategies, including publishing documents and improving accessibility.</p>	<p>The latest version of the Plan has not yet been uploaded onto the IJB web-site; available on SIC and NHS websites in Board papers.</p>
<p>All Partnerships have undertaken a strategic needs assessment that considers needs, population dynamics and projections, service activity, supply and demand and gaps in provision to inform their strategic commissioning plan. Some are being further developed.</p>	<p>Ours is not documented as fully as it could be, for example, see Orkney Health and Care: <a href="http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/2016/29-06-2016/I11_03_App1_Draft_JSNA.pdf">http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/2016/29-06-2016/I11_03_App1_Draft_JSNA.pdf</a></p>

<b>Key Messages</b>	<b>Self Evaluation</b>
Some plans include Market Facilitation Plans, and it is essential that these are completed in all Partnerships. Third and independent sector partners and procurement staff should actively participate in the development of these plans.	A Market Facilitation Plan is being developed.
Strategic commissioning plans do not deal with procurement arrangements. Effective procurement of care and support services is a crucial aspect of strategic commissioning and Partnerships must plan for how this will be developed and improved, using best available evidence and guidance for implementing new approaches.	Noted, and is linked to the Market Facilitation Plan.
There is little evidence that data from the third and independent sectors is included in strategic needs assessments. This is an area for development and work is underway through Source and in some Partnerships to address this.	Noted, of limited impact in Shetland due to most services being directly provided.
A brief analysis of deprivation in the Partnership's population is a particular feature of some plans. Deprivation constitutes a serious issue for many parts of Scotland and its impact should be considered in plans. Tackling health inequality is a strategic priority in almost all plans. This needs further development in some plans in order to move beyond identifying the issues to what action will be taken, often acting in collaboration with others such as community planning partners.	Agreed. We could do more to set out the actions to be taken (linked to the 'On Da Level' Action Plan).
A number of plans include equality impact assessments and outline the work the Partnership is doing to develop and publish equality outcomes. All Partnerships must publish robust Equality Outcomes and undertake an Equality Impact Assessment to ensure they are meeting their statutory obligations.	Noted; we could be more explicit about the outcomes we are hoping to achieve.
All plans identify strategic priorities and there are a number that are broadly consistent across Partnerships. Where Partnerships have children's services and community justice social work services delegated, specific strategic priorities relating to these services are included	Noted.
Plans contain varying levels of financial information. To assist with the production of Annual Financial Statements in future years, the Scottish Government has published an advice note on the scope of these and what they should contain ( <a href="http://www.gov.scot/Publications/2016/09/1985">http://www.gov.scot/Publications/2016/09/1985</a> ). We will also work with COSLA to produce a suggested pro-forma that will be issued in late Autumn of 2016.	Noted.

Key Messages	Self Evaluation
<p>The financial impact of re-modelling services is not considered in many plans nor is the method made clear for how decisions will be made about the allocation of resources. This has been challenging for Partnerships to do ahead of finalising budgets and is an area for development across plans. To assist Partnerships with work required on prioritisation, the Scottish Government has published an advice note on the key characteristics that should be incorporated in this process (<a href="http://www.gov.scot/Publications/2016/09/9980">http://www.gov.scot/Publications/2016/09/9980</a>).</p>	<p>Agreed; this is a key challenge and one that is part of the Organisational Issues part of the Transformational Change Programme Board (decision making arrangements, including where and how investment and disinvestment decisions get made).</p>
<p>An area requiring specific attention is the financial planning for the sum set aside for hospital services. The Scottish Government is working with Partnerships, Health Boards and Local Authorities to draft guidance on good practice for budget setting, so that the processes will be better aligned for 2017/18.</p>	<p>Noted; this is on the work programme for the Local Partnership Finance Team.</p>
<p>The number of localities in each Partnership ranges from two to nine. The size of localities ranges from a large urban population of 219,422 to a small island population of just 1,264. In all, 128 localities have been established in Partnerships to take forward work on a local basis. Further work is required across Partnerships to fully develop their locality arrangements and maximise the potential of the structured involvement of communities, and local professionals in planning and decision making.</p>	<p>Noted; we could do more in using the planning process for the 'structured involvement' of key stakeholders (including staff) in each area.</p> <p>We are trialling this with the North Isles Health and Care project.</p>
<p>Some plans contain a high level summary of workforce issues. It is imperative that emergent integrated workforce plans carefully consider and seek to address the panoply of issues for staff in health and social care services, including in the third and independent sectors.</p>	<p>Noted; there is a specific requirement from the National Health and Care Delivery Plan to produce a joint workforce plan which could be referenced in the Planning process.</p>
<p>Many plans emphasise the key role of primary care services in health and social care integration. Some explore the need to develop stronger and more innovative links with primary care, where most patient contact takes place. All plans identify GPs and primary care as a key component of local service delivery and locality planning.</p>	<p>Noted.</p>
<p>A number of plans clearly outline the relationship between the Partnership and acute care and identify the Partnerships' statutory role in strategic planning for emergency care services delivered in acute hospitals. In some plans, responsibility for planning for the emergency care pathway is low key and not well covered. Future iterations must pay more attention to this.</p>	<p>Noted; this has been highlighted as an issue at recent national conferences and is being addressed through the clarification of financial processes as well (through the Local Partnership Finance Team).</p>

<b>Key Messages</b>	<b>Self Evaluation</b>
<p>Housing is recognised in most plans as a key component of effectively shifting the balance of care from institutional care to community based services and supports. Some plans contained information on the local Housing Plan and its fit with health and social care delivery. Just over half of plans contain a housing contribution statement.</p>	<p>Noted; our Plan includes a Housing Contribution Statement.</p>
<p>All partnerships have developed a performance framework that includes national and local outcomes and measures. Where appropriate, performance frameworks include children's outcomes and criminal justice outcomes as well as the National Health and Wellbeing Outcomes. Although not a requirement, first iterations of performance reports have been published by Partnerships established last year.</p>	<p>Noted; these arrangements are in place and the annual performance report has been approved and published.</p>

**ENDS**



<b>Meeting(s):</b>	<b>Shetland Islands Council</b>	<b>1 November 2017</b>
<b>Report Title:</b>	<b>Syrian Vulnerable Person's Relocation Scheme - Refugee Resettlement</b>	
<b>Reference Number:</b>	<b>DV-50-17-F</b>	
<b>Author / Job Title:</b>	<b>Neil Grant, Director of Development Services</b>	

## 1.0 Decisions / Action Required:

1.1 That the Council RESOLVES to:-

- (a) Progress with plans for the resettlement of 2 families in Shetland as part of the Scottish Government's Syrian Vulnerable Person's Relocation (SVPR) scheme; and
- (b) Grant delegated authority to the Director of Development Services (or his nominee) to procure two suitable homes in the Lerwick area, to be added to the Council's housing stock.

## 2.0 High Level Summary:

- 2.1 At its meeting on 22 September 2015 (Min Ref 52/15), the Council resolved to volunteer to participate in the Syrian Vulnerable Person's Relocation scheme and to work with the Scottish Government and its Community Planning Partners to deliver the scheme.
- 2.2 Council Officers have been in dialogue with both Orkney and Western Isles Councils who have housed 2 families and 4 families, respectively, through the scheme and have advised on arrangements for housing, translator, care and support services and Home Office funding.
- 2.3 This report provides proposals for accommodation which if secured would put the Council in a position to contact the Home Office to formally offer to resettle two families under the Syrian Vulnerable Persons Resettlement Scheme.
- 2.4 In a recent COSLA update (September 2017), Scottish Local Authorities were praised for their progress in achieving the Scottish Government's target of 2,000 refugees through the Syrian Resettlement Programme and urged local authorities to continue their efforts beyond the original targets.

## 3.0 Corporate Priorities and Joint Working:

- 3.1 The Council has committed in its Corporate Plan (Our Plan 2016 – 2020) to ensure that the vulnerable children and young people in need of care and support will continue to be protected from harm.

- 3.2 The Shetland Partnership Board has also committed to promote health, wellbeing, social inclusion and provide support to the most vulnerable in our society.
- 3.3 Further, on 17 September 2015, the Shetland Partnership Board agreed “To support a whole community approach to the emerging situation with regard to the Syrian Resettlement Scheme and recommended to individual partners that they in turn recommend agreement to this approach through their organisations.”

#### **4.0 Key Issues:**

- 4.1 The Council has maintained dialogue with the Scottish Government, the Home Office and Orkney and Western Isles Councils, to understand both the Home Office scheme and experience of other island communities. Suitable housing in the correct location and in close proximity, dedicated support and translator services are key factors which have helped the successful settlement of families in these other communities.

#### **Housing Options**

- 4.2 Regarding housing options, consideration needs to be given to the most suitable area for resettlement. It is important that there is good access to all support services, healthcare, transport, etc., and it is also important that the homes are in close proximity for mutual support. The experience of Orkney and Western Isles has been to provide accommodation centrally in Kirkwall and Stornoway, respectively.
- 4.3 Some Local Authorities who have housed refugees have had available housing stock. The Council is not in this position and there is particularly strong demand for social housing in the Lerwick and central areas. In Orkney, they used two student accommodation flats which were not available for waiting list demand. Using existing Council stock in Lerwick and central areas will have an impact on people already on the housing waiting list.
- 4.4 Housing Options Appraisal:
- Option 1: Allocate 2 units of accommodation in areas where housing stock is available. Currently this is likely to only be available in the North Isles. This would make access to key services difficult to deliver for all agencies.
- Option 2: Allocate 2 units of accommodation from existing stock in Lerwick. This would put pressure on existing stock and would have a direct impact on our waiting list and ability to rehouse tenants who are currently in temporary accommodation waiting for a permanent allocation.
- Option 3: Seek to purchase 2 suitable units of accommodation in Lerwick on the open market to add to existing housing stock. This would add to the existing housing supply and would not directly impact on our waiting lists. Government funding would be available to assist with part of the cost. This would be the preferred option.
- Option 4: Seek agreement with Hjaltsland Housing Association to make available 2 units of accommodation from their housing stock in Lerwick area. This will also impact on the waiting list as the Council and Hjaltsland Housing Association operate a shared waiting list.

Option 5: Seek a long term private let in the Lerwick area. This could be difficult to fit with Home Office scheme as the refugees are entitled to secure tenancies with the legal rights these offer in terms of quality and standard of accommodation and security or rights to occupy. This loss of rent may be mitigated by external funding from either the Home Office or Scottish Government.

- 4.5 If housing of Syrian refugees is to be undertaken by the Council's Housing Service, there will require to be an amendment to the normal lettings process to ensure transparency and fairness. Properties would then have to be held vacant for this process, while the Home Office respond with details of families of the relevant household size, who had indicated a desire to live in a rural area. This will incur a rental loss accordingly.
- 4.6 Housing with the Council will be in the form of a Scottish Secure Tenancy. Any property purchased will have to meet the Scottish Housing Quality Standard, this may involve additional costs before it is suitable for allocation.

### **Housing and Welfare Support**

- 4.7 The process of housing refugees will require joint working between a range of services, particularly Housing Services, Schools Services and NHS Shetland.
- 4.8 In addition to the provision of housing, the Council will need to provide intensive specialist housing support to enable families to settle into a new environment, understand the requirements of holding a tenancy in Scotland and to manage their daily lives appropriately.
- 4.9 While the Council has a Community Housing Support service as part of Housing Services, resettlement of refugees under the Scheme will require specialist housing support, at least on a temporary basis. Home Office funding will need to be used to support this additional temporary post(s) and the relevant officer would be required to hold certain skills and knowledge.
- 4.10 Crucial to the process is translation services and a full time translator will be required, particularly in the first year. Accessing translator services was found to be a challenge in both Orkney and Western Isles.

### **Home Office Arrangements**

- 4.11 The Home Office ensures anyone arriving as part of the Scheme meets the UK's eligibility criteria. As part of this, the refugees go through a thorough 2-stage vetting process. The Home Office retains the right to reject individuals on security grounds including where there is insufficient information to undertake effective screening. Those with a criminal past or links to war crimes or extremism are excluded from the SVPR scheme.

### **Timing and Next Steps**

- 4.12 If the Council were minded to proceed with the recommendations in this report, it is estimated that the time to procure and make available two suitable housing units in Lerwick is likely to take around 6 months, subject to suitable properties being on the market.

4.13	The point at which the housing is available, the Home Office can be informed and, it is understood that the process of allocating families and the families actually arriving can take a further 3 months.
4.14	During these processes the Council would be updated regularly on progress.
<b>5.0 Exempt and/or Confidential Information:</b>	
5.1	None.
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	<p>It is recognised that there is a visible community willing to support the resettlement of refugees in Shetland. However, the impact of increased service demand within already stretched services such as housing and mental health services may create resentment if it was perceived that refugees were prioritised for services where there are already long waiting lists. Community Planning Partners will develop management plans for each service which is mindful of managing such stakeholder perceptions.</p> <p>A successful resettlement programme relies on positive engagement of the community to provide support networks for refugees and help them to feel part of the community. Engagement with community groups is, therefore, key to the successful plans for any individuals proposed by the Home Office for resettlement in Shetland.</p>
<b>6.2 Human Resources and Organisational Development:</b>	<p>Additional full time Housing Support Officer and translator will require to be recruited on a fixed term basis.</p>
<b>6.3 Equality, Diversity and Human Rights:</b>	<p>It is recognised that the refugees to be supported in the SVPR scheme will be the most vulnerable individuals who may have suffered torture and have significant health issues.</p>
<b>6.4 Legal:</b>	<p>Housing applications will require to be dealt with in line with legislative requirements.</p> <p>Section 20(1) of the Housing (Scotland) Act 1987 as amended, requires that, in selecting tenants for their houses, all local authorities and Registered Social Landlords must give reasonable reference –</p> <p>To persons who:</p> <ul style="list-style-type: none"> <li>- Are occupying houses which do not meet the tolerable standard; or</li> <li>- are occupying overcrowded houses; or</li> <li>- have large families; or</li> </ul>



	<ul style="list-style-type: none"> <li>- are living under unsatisfactory housing conditions; or</li> <li>- to homeless persons and persons threatened with homelessness (defined in Section 24 of the Housing (Scotland) Act 1987 as amended which includes homelessness in Scotland or elsewhere.</li> </ul>
<b>6.5 Finance:</b>	<p>In year one, funding will be available to the Council from the Overseas Development Aid budget to fund the costs of Syrian refugees on a per person tariff basis. The tariff is £8,520 per person for direct local authority costs. There is also additional support for educational and medical needs. In addition, the refugee will be able to access welfare benefit payments (subject to the statutory limit) and other public services. In years two to five funding would be allocated on a tariff basis over four years, tapering from £5,000 per person in year two to £1,000 per person in year five.</p> <p>The proposed purchase of the two housing units which will be added to the Council stock will be funded from the Housing Revenue Account capital programme. It is proposed that the ceiling on purchase should be fixed at £160k per unit. Scottish Government housing grant funding of £57k per property will be accessed.</p>
<b>6.6 Assets and Property:</b>	Procurement of 2 suitable properties in Lerwick will be required.
<b>6.7 ICT and New Technologies:</b>	None.
<b>6.8 Environmental:</b>	None.
<b>6.9 Risk Management:</b>	<p>In developing the plans, Officers have considered the risks for the Council in participating in the SVPR scheme and will consider steps required to best mitigate those risks in responding to individual requests from the Home Office, if any, for resettlement in Shetland.</p> <p>There is a risk to the successful resettlement outcomes of individual refugees if the Home Office and Scottish Government do not recognise the need to mitigate the impacts to ensure that a refugee in Shetland can attain the same minimum living standard as those living elsewhere in the UK and develop a suitable response to support the resettlement scheme in Shetland.</p>
<b>6.10 Policy and Delegated Authority:</b>	The Council's constitution states that the approval of any plan which introduces new policies of major significance rests with the Council. The Council has previously agreed to take part in the SVPR scheme and, therefore, the decision to progress this matter, as detailed in this report, rests with the Council.

<b>6.11 Previously Considered by:</b>	N/A	
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**Contact Details:**

Neil Grant, Director of Development Services  
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23 October 2017

**Appendices:**

None

**Background Documents:**

None

END



<b>Meeting(s):</b>	Shetland Islands Council	1 November 2017
<b>Report Title:</b>	Transfer of Functions to the Shetland Transport Partnership Order 2006 - Implications and Reappraisal of Current Understanding	
<b>Reference Number:</b>	DV-54-17-F	
<b>Author / Job Title:</b>	Neil Grant, Director of Development Services	

## 1.0 Decisions / Action Required:

### 1.1 That the Council notes:

- 1.1.1 The content of this report;
- 1.1.2 The Minute of Agreement between Shetland Islands Council and the Shetland Transport Partnership dated 1 November 2006 attached as Appendix 1 to this report;
- 1.1.3 The Transfer of Functions to the Shetland Transport Partnership Order 2006 appended as Appendix 2 to this report; and
- 1.1.4 That in terms of law the Shetland Transport Partnership has, since 1 November 2006, been functionally responsible for securing the provision of such public passenger transport services as it considers appropriate to secure to meet any public transport requirements within their area which would not in their view be met apart from any action taken by them for that purpose, [to include public bus, ferry and air services].

## 2.0 High Level Summary:

- 2.1 In its formative years the Scottish Parliament considered transport to be a high priority. It introduced legislation to create new bodies to be known as Regional Transport Partnerships, which bodies would be responsible for the preparation of Regional Transport Strategies and, in the case of "Model 3" Partnerships (ZetTrans, Swestrans and Strathclyde Partnership for Transport), for securing such provision of public transport requirements as was transferred to them.
- 2.2 Regional Transport Partnerships (RTPs) were established by Order of the Scottish Ministers in exercise of powers conferred upon them by the Transport (Scotland) Act 2005. Coming into force on 1 December 2005 the Regional Transport Partnerships (Establishment, Constitution and Membership) (Scotland) Order 2005 created the Shetland Regional Transport Partnership which subsequently decided to change its name to Zetland Transport Partnership with the working name of ZetTrans.

- 2.3 Shetland Islands Council Chief Executive reported to the Council on 14 December 2005 [Min Ref: 205/05] on the establishment of Shetland Transport Partnership. The Transport Act 1985 placed a duty on Shetland Islands Council to secure the provision of public passenger transport services in certain circumstances. The report stated that RTPs were expected to take responsibility for delivering functions by 1 April 2006. The report stated that the Act gave an illustrative list of some of the functions that could be transferred including subsidised bus services, operating ferry services, operating airports and air services. It was considered that in the first instance bus services would be transferred in 2006 with air services and ferry services to be transferred in 2007 and 2008 respectively.
- 2.4 A report to Shetland Transport Partnership on 24 March 2006 [Min. Ref: 3/06] by the Acting Head of Transport attached a draft of the Transfer Order that included wording that made it clear only bus services were transferring at that time. However, Acting Head of Transport reported to the Council's Infrastructure Committee on 13 June 2006 [Min. Ref: 29/06] appending a draft Transfer Order that was different to the draft presented to the Shetland Transport Partnership. The 13 June report said: "However due to some technical issues the wording of the transfer order has been changed"; and "The rewording however does not change the functions that have already been proposed for transfer". It was still in mind that only certain bus functions would transfer at that time.
- 2.5 However, the reworded draft Transfer Order before the Council on 13 June was, as is now properly understood, significantly different and did not exclude air or ferry services. During the next few weeks the draft Transfer Order was subject to further amendment but was not restricted to bus services as originally expected. In particular the Scottish Executive forwarded a revised draft Order to the Council under cover of email dated 19 June 2006. The Scottish Executive stated in the email that "the changes are really related to the legal drafting approach rather than matters of policy and substance" and in their aim to be consistent with other draft Orders for other Transport Partnerships states that these "are a tried and tested formula for these types of orders". On 1 November 2006 the Transfer Order came into force.
- 2.6 All parties involved continued to act as though only certain bus functions had transferred. ZetTrans took over the functional responsibility for public bus services and entered into contracts with a number of service providers for routes throughout Shetland. Shetland Islands Council continued to provide inter-island ferry services primarily in house but with one route contracted out to an external service provider. The Council also continued to engage service providers to operate the inter-island air service.
- 2.7 After the Transfer Order came into force the Council and Shetland Transport Partnership worked very closely together. That should be unsurprising given that Shetland Transport Partnership has no employees and all its work is carried out by Council officers acting under the authority of the Minute of Agreement.
- 2.8 The Shetland Transport Strategy was published by the Shetland Transport Partnership in April 2008 and approved by the Scottish Minister for Transport, Infrastructure and Climate Change on 28 July 2008. The strategy states that until transferred the responsibility for inter-island ferry service delivery remains with the Council. It also states that consideration was being given to the transfer of inter island air service functions from the Council to the Shetland Transport Partnership.

- 2.9 It is important to note that inter-island ferry service provision is not affected by the changed understanding of where functional responsibility for its provision lies. The Council has specific powers to provide those services.
- 2.10 None of the parties, including those drafting the Transfer Order and making changes to it, appear to have grasped the significance of the changes and seem quite genuinely to have believed that they had no impact on the functions originally proposed for transfer.
- 2.11 Following the coming into force of the Transfer Order discussions continued to take place between the Council and Transport Partnership officers and the Scottish Government about the transfer of further functions, namely air services and ferry services, from the Council to the Transport Partnership. Reports were presented to both the Transport Partnership [21 November 2006] and the Council [28 November 2006]. Advice was sought on the need for a further Order to transfer functions but the Scottish Government at that time were not in a position to progress it. No further action was taken to seek another Order and life continued on the basis that only certain functions for bus provision lay with ZetTrans.
- 2.12 In the course of a governance review a question was raised about the functions transferred. On reading the Transfer Order with fresh eyes it appeared that all transport functions had transferred, not just certain bus service functions. Given that this was at odds with the decision making and delivery of air and ferry services since 2006 a specialist legal opinion was sought from Queen's Counsel. The Council shared this with ZetTrans Lead Officer.
- 2.13 The QC's opinion was clear. All section 63 and 64 Transport Act 1985 functions held by the Council had, with certain restrictions as detailed in the Transfer Order itself, transferred to the Shetland Transport Partnership on November 1 2006.
- 2.14 There is a close working relationship between the Council and ZetTrans, underpinned by the Minute of Agreement. There is no need to alter or amend it unless any recommendations arising from the ongoing governance review make it necessary.
- 2.15 Members are being asked to note the content of the report and to rectify the situation by providing retrospective authority to the Council for the actions taken by officers on ZetTrans behalf, as allowed for in the Minute of Agreement.

### **3.0 Corporate Priorities and Joint Working:**

- 3.1 The current Shetland Transport Strategy is in the process of being refreshed and the process is undertaken on consultation with Shetland Islands Council which is a formal requirement. The Strategy as it stands acknowledges the need to address future service and infrastructure needs as well as establishing a sustainable means of funding revenue needs of service delivery and capital needs for new infrastructure within the financial constraints that Shetland Islands Council faces.
- 3.2 Shetland Islands Council's "Our Plan 2016 to 2020" states '*We will have a clearer understanding of the options and the investment needed to create a sustainable internal transport system over the next 50 years*'.

3.3	On 21 September 2017 ZetTrans' external auditor, Deloitte, presented their Final report to the Partnership and the Controller of Audit on the 2016/17 audit.
3.4	In the report Deloitte states <i>"We have confirmed that appropriate disclosure in relation to the governance review which is expected to clarify and fully describe the relationship with Shetland Islands Council. This includes a review of the statutory powers that have been transferred to ZetTrans. The outcome of this work will be followed up as part of our 2017/18 audit work."</i>
3.5	It is crucial that ZetTrans in undertaking its duties works very closely with Shetland Islands Council to effectively develop and implement medium and long term plans that are aligned with available Shetland Islands Council resources as well as alignment with the Shetland Partnership's outcomes as expressed through the Local Outcomes Improvement Plan.
<b>4.0 Key Issues:</b>	
4.1	The purpose of this report is to provide information to the Council on the true legal position regarding functional responsibility for securing the provision of public transport services and to ensure that Shetland Transport Partnership is clear about where that responsibility lies.
<b>5.0 Exempt and/or Confidential Information:</b>	
5.1	None.
<b>6.0 Implications:</b>	
<b>6.1 Service Users, Patients and Communities:</b>	Provided that ZetTrans and Shetland Islands Council agree to regularise the transfer of functional responsibility to secure transport services in accordance with the recommendations in this report and the corresponding report to ZetTrans, there will be no impact on service users, patients or communities.
<b>6.2 Human Resources and Organisational Development:</b>	There will be no change. No employees will be affected by the provisions of this report. There will be no transfer of staff.
<b>6.3 Equality, Diversity and Human Rights:</b>	No implications.
<b>6.4 Legal:</b>	Section 63 of the Transport Act 1985 placed a duty on Shetland Islands Council "to secure the provision of such public passenger transport services as the council consider it appropriate to secure to meet any public transport requirements within their area which would not in their view be met apart from any action taken by them for that purpose". That duty clearly lay with the Council until the Transfer of Functions to the Shetland Transport Partnership Order 2006 was made and came into force on 1 November 2006.

	<p>The legal position of the Transfer of Functions to the Shetland Transport Partnership Order 2006 is different to the position as understood by all parties concerned at the time of its coming into force.</p> <p>A Memorandum of Agreement (MOA) between ZetTrans and the Council was entered into on 1 November 2006, the same date as the Transfer Order. The MOA governs the relationship between the parties and tells us, amongst other things, that:</p> <p>“Certain functions relating to public transport currently undertaken by the Council are to be transferred to the Transport Partnership by virtue of the Transfer Order, or may be undertaken by the Council and the Transport partnership concurrently.”</p> <p>“Those Council staff who have hitherto carried out the administrative, professional and technical services associated with the functions transferring to the Transport Partnership will, after commencement of the Transfer Order, continue to carry out those services on behalf of the Council acting as agent for the Transport Partnership.”</p> <p>“The parties agree that they may both achieve best value in the carrying out of their respective functions by such supply of goods and/or materials and the provision of services by the Council to the Transport Partnership.”</p> <p>“In the provision of services under this Agreement, the Council shall act as agent of the Transport Partnership, and Council officers providing services to the Transport Partnership shall have the authority to enter into contracts on behalf of the Transport Partnership.”</p> <p>The MOA is not restricted to bus services and therefore does not require to be amended in order to allow the future relationship between the parties to proceed in alignment with the true meaning of the Transfer of Functions to the Shetland Transport Partnership Order 2006.</p>
<b>6.5 Finance:</b>	It is anticipated that there will be no financial implications arising from this proposal, however VAT adjustments have yet to be verified. The financial accounting implications of this proposal were high-lighted in the 2016/17 Annual Accounts for both ZetTrans and Shetland Islands Council, where it clearly states that “... any changes arising from this [governance review] will be addressed in financial year 2017/18.
<b>6.6 Assets and Property:</b>	None.
<b>6.7 ICT and New Technologies:</b>	None.

<b>6.8 Environmental:</b>	None.	
<b>6.9 Risk Management:</b>	<p>Shetland Transport Partnership and Shetland Islands Council have worked closely together since the creation of the transport partnership to ensure public transport services are secured to meet the public's needs. The parties have between them, since 1 November 2006, delivered such transport requirements in accordance with the statutory obligations placed upon them. However, the Transfer Order transferred more functional responsibility to Shetland Transport Partnership than had been understood at that time.</p> <p>By not addressing the issues noted in this report namely by granting retrospective approval for actions taken by Council and carrying out accounting and contractual adjustments and accepting the legal position as it is now properly understood there is a risk of: the Council acting ultra vires in terms of the power to provide subsidy or public transport services; discord between the two parties which could have a negative impact on the delivery of services; reputational damage; misalignment of objectives in terms of the transport strategy; upsetting future discussions between the parties on delivery of transport requirements; and challenges to the strong unified voice that both parties have in discussing and negotiating with government and its agencies on both internal and external transport provision.</p>	
<b>6.10 Policy and Delegated Authority:</b>	<p>ZetTrans' policy is to seek to have in place transport arrangements that meet people's needs and that can be afforded in the medium term. To achieve this policy ZetTrans works closely with Shetland Islands Council. Both parties must now act in accordance with the true meaning of the Transfer of Functions to the Shetland Transport Partnership Order 2006.</p> <p>This report is presented to the Council for information and, therefore, there are no policy and delegated authority issues to be considered.</p>	
<b>6.11 Previously Considered by:</b>	Not previously considered.	

#### **Contact Details:**

Neil Grant – Director of Development Services

Telephone: 01595 744968

Date Written: 27 October 2017

#### **Appendices:**

Appendix 1 – The Memorandum of Agreement between Shetland Islands Council and the



Shetland Transport Partnership dated 1 November 2006

Appendix 2 – The Transfer of Functions to the Shetland Transport Partnership Order 2006

**Background Documents:**

None



**Minute of Agreement  
Between  
Shetland Islands Council  
And  
Shetland Transport Partnership**

**WHEREAS:**

- The Council is the local authority for the area of Shetland Islands;
- The Transport Partnership is the Transport Partnership for the region of Shetland;
- Certain functions relating to public transport currently undertaken by the Council are to be transferred to the Transport Partnership by virtue of the Transfer Order, or may be undertaken by the Council and the Transport Partnership concurrently;
- The Transport (Scotland) Act 2005 imposes other functions on the Transport Partnership;
- No employees of the Council will transfer to the Transport Partnership by virtue of the Transfer Order, notwithstanding the terms of Section 15 of the Transport (Scotland) Act 2005;
- The Transport Partnership must make arrangements for the carrying out of their functions;
- The Council may, in terms of the Local Authorities (Goods and Services) Act 1970, enter into an agreement with the Transport Partnership for (a) the supply by the Council to the Transport Partnership of any goods or materials, and (b) the provision by the Council to the Transport Partnership of any services;
- Those Council staff who have hitherto carried out the administrative, professional and technical services associated with the functions transferring to the Transport Partnership will, after commencement of the Transfer Order, continue to carry out those services on behalf of the Council acting as agent for the Transport Partnership;
- The parties agree that they may both achieve best value in the carrying out of their respective functions by such supply of goods and/or materials and the provision of services by the Council to the Transport Partnership;

**NOW THEREFORE** the Council and the Transport Partnership agree as follows:-

**1. Definitions**

1.1 In this Agreement (including the foregoing preamble) where the context so admits the following expressions shall have the following meanings:-

Agreement	Means this Minute of Agreement together with the Schedule annexed and signed as relative hereto, and any Variation of the Agreement, Schedule, Annexe or other writing subscribed on behalf of the Council and the Transport Partnership and relating to this Agreement
Council	Means Shetland Islands Council established in terms of the Local Government etc. (Scotland) Act 1994 and having their principal offices at the Town Hall, Lerwick, Shetland, ZE1 0HB

Transfer Order	Means the Transfer of Functions to the Shetland Transport Partnership Order 2006
Transport Partnership	Means the Shetland Transport Partnership established with that name by the Regional Transport Partnerships (Establishment, Constitution and Membership) (Scotland) Order 2005

## **2. Duration**

2.1 This Agreement shall endure until terminated by written agreement of the Council and the Transport Partnership, or on the expiration of a period of 6 months after the service of written notice by one party served on the other.

2.2 The provision of any service provided by the Council to the Transport Partnership in terms of the Schedule to this Agreement may be terminated by written agreement of the Council and the Transport Partnership, or on the expiration of a period of notice of 6 months relative to that service.

## **3. Services**

3.1 The Council shall provide to the Transport Partnership the administrative services specified in Part One of the Schedule hereto in accordance with the clauses of this Minute of Agreement and the conditions specified in the said Part One of the Schedule.

3.2 At the request of the Transport Partnership, the Council shall provide to the Transport Partnership the professional and technical services specified in Part Two of the Schedule hereto in accordance with the clauses of this Minute of Agreement and the conditions specified in the said Part Two of the Schedule.

3.3 In the provision of services under this Agreement, the Council shall act as agent of the Transport Partnership, and Council officers providing services to the Transport Partnership shall have the authority to enter into contracts on behalf of the Transport Partnership.

## **4. Goods and Materials**

4.1 At the request of the Transport Partnership, the Council shall supply or procure the supply of all necessary goods and materials, including office equipment, stationery etc.

## **5. Accommodation**

5.1 At the request of the Transport Partnership, the Council may make serviced and maintained office accommodation available for the occupation of the Transport Partnership.

5.2 At the request of the Transport Partnership, the Council may make meeting rooms available for meetings of the Transport Partnership.

## **6. Staff**

6.1 If requested by the Transport Partnership, the Council may employ administrative, professional, technical and clerical services staff to carry out the functions of the Transport Partnership. If the Council accede to such a request the Transport Partnership will have to bear all costs

## **7. Quality of Service Provision**

7.1 The Council will provide the services under the Agreement with reasonable skill, care and diligence. Services of a professional nature will be provided by the Council in accordance with relevant generally accepted professional standards.

## **8. Costs**

The Council will record time spent and outlays in connection with the provision of goods and services under this Agreement, and shall account to the Transport Partnership for same. The Transport Partnership shall make payment to the Council in respect of all costs, including any VAT applicable, for such provision as detailed in invoices submitted periodically by the Council to the Transport Partnership.

## **9. TUPE**

9.1 As structured the parties do not consider that this Agreement gives rise to TUPE rights.

## **10. Dispute Resolution**

10.1 Both parties shall aim to resolve any dispute by discussion but, failing resolution, any dispute between the Transport Partnership and the Council regarding the subject of this Agreement, shall be referred to an Arbiter to be appointed by agreement, failing which, by appointment by the chairman of the Chartered Institute of Arbitrators Scottish Branch.

## **11. Notices**

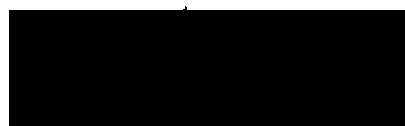
11.1 Any notice to be served in terms of this Agreement may be served in the case of the Transport Partnership by being sent to the offices of the Head of Transport, 11 Hill Lane, Lerwick, Shetland, ZE1 0HA and , in the case of the Council, by being sent to the offices of the Chief Executive, Town Hall, Lerwick, Shetland, ZE1 0HB.

## **12. Laws of Scotland**

12.1 This Agreement shall be governed by and construed in accordance with Scottish Law and the parties hereby submit to the exclusive jurisdiction of the Scottish Courts.

**IN WITNESS WHEREOF** these presents consisting of this and the two preceding pages together with the schedule annexed are signed on behalf of the parties, at Lerwick, as follows:

 (sd)  
Jan-Robert Riise, Legal Officer for Shetland  
Transport Partnership

 (sd)  
Michael Craigie, Head of Transport for  
Shetland Islands Council

1 November 2006 (Date)

1 November 2006 (Date)

## **SCHEDULE**

### **PART ONE**

#### **Administrative and Clerical Services**

all administrative and clerical services, as currently carried out by the Transport and other sections of the Council, as may be required to support the following functions:

- The preparation, delivery and updating of the Regional Transport Strategy
- Securing the provision of socially necessary public transport services
- Administering and managing travel concession schemes
- Promoting and securing quality partnership and quality contract schemes
- Administering and managing ticketing schemes and ticketing arrangements
- Promoting and publishing information about bus services
- Provision and maintenance of bus shelters
- Administering and managing grants for transport facilities and services

### **PART TWO**

#### **Professional Services**

**Accountancy and Financial, including Internal Audit**

**Architectural**

**Engineering, including traffic and transportation engineering**

**Governance**

**Human Resources**

**Legal**

**Procurement and Tendering**

**Project management**

**Property management**

**Technical Services**

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SCOTTISH STATUTORY INSTRUMENTS

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**2006 No. 527**

**TRANSPORT**

**The Transfer of Functions to the Shetland Transport Partnership  
Order 2006**

<i>Made</i> - - - -	<i>31st October 2006</i>
<i>Coming into force</i>	<i>1st November 2006</i>

The Scottish Ministers, in exercise of the powers conferred by sections 10(1) and 52(4) of the Transport (Scotland) Act 2005(a) and all other powers enabling them in that behalf, and following consultation in terms of section 10(8) of that Act, hereby make the following Order, a draft of which has, in accordance with section 52(3) of that Act, been laid before and approved by resolution of the Scottish Parliament:

**Citation and commencement**

1. This Order may be cited as the Transfer of Functions to the Shetland Transport Partnership Order 2006 and shall come into force on the day after the day on which it is made.

**Interpretation**

2. In this Order—

“Shetland Islands Council” means the council of that name constituted under section 2 of the Local Government etc. (Scotland) Act 1994(b); and

“the Shetland Transport Partnership” means the Transport Partnership established with that name by the Regional Transport Partnerships (Establishment, Constitution and Membership) (Scotland) Order 2005(c).

**Transfer of functions to the Shetland Transport Partnership**

3. The functions which are exercisable by Shetland Islands Council by virtue of the enactments specified in column 1 of Schedule 1 shall, subject to any restriction in the corresponding entry in column 2 of that Schedule, be exercisable by the Shetland Transport Partnership instead of by Shetland Islands Council.

**Functions exercisable concurrently by the Shetland Transport Partnership**

4. The functions which are exercisable by Shetland Islands Council by virtue of the enactments specified in column 1 of Schedule 2 shall, subject to any restriction in the corresponding entry in column 2 of that Schedule, be exercisable by the Shetland Transport Partnership concurrently with Shetland Islands Council.

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(a) 2005 asp 12.  
(b) 1994 c 39.  
(c) S.S.I. 2005/622.

### **Transitional and saving provision**

5.—(1) The transfer, by virtue of this Order, of any function exercisable by Shetland Islands Council to the Shetland Transport Partnership shall not affect the validity of anything done (or having effect as if done) by or in relation to Shetland Islands Council before the date on which the transfer takes effect.

(2) Anything (including legal proceedings) which, at the time when that transfer takes effect, is in the process of being done by or in relation to Shetland Islands Council may, so far as it relates to any function transferred, be continued by or in relation to Shetland Transport Partnership.

(3) Anything done (or having effect as if done) by or in relation to Shetland Islands Council for the purposes of or in connection with any function transferred to the Shetland Transport Partnership by virtue of this Order shall, if in force at the time when that transfer takes effect, have effect as if done by or in relation to Shetland Transport Partnership in so far as that is required for continuing its effect after that time.

St Andrew's House,  
Edinburgh  
31st October 2006

*TAVISH SCOTT*  
A member of the Scottish Executive



# SCHEDULE 1

Article 3

## FUNCTIONS TRANSFERRED TO THE SHETLAND TRANSPORT PARTNERSHIP

<i>Column 1 Enactment</i>	<i>Column 2 Restrictions</i>
The Transport Act 1985 (c.67)	
(a) sections 63(a) and 64(b); and	(a) only so far as the functions do not relate to Shetland Islands Council as— <ul style="list-style-type: none"> <li>(i) an education authority for the purposes of the Education (Scotland) Act 1980 (c.44); or</li> <li>(ii) a local authority for the purposes of the Social Work (Scotland) Act 1968 (c.49);</li> </ul>
(b) sections 93 to 100(c).	(b) —
The Transport (Scotland) Act 2001 (asp 2), sections 3, 5(d) to 10, 13 to 21, 23 to 25, 28 to 31, 33 to 35 and 47.	—

- (a) Section 63 was amended by the Transport (Scotland) Act 2001 (asp 2) ("the 2001 Act"), Schedule 2, paragraph 4(3) and the Local Government in Scotland Act 2003 (asp 1) ("the 2003 Act"), section 60(3)(a).
- (b) Section 64 was amended by the Transport Act 2000 (c 38), Schedule 11, paragraph 12.
- (c) Section 93 was amended by the 2003 Act, section 44(1). Section 94(4) was amended by the 2001 Act, Schedule 2, paragraph 4(5).
- (d) Section 5 was amended by S.S.I. 2001/218.

## SCHEDULE 2

Article 4

### FUNCTIONS EXERCISABLE CONCURRENTLY BY THE SHETLAND TRANSPORT PARTNERSHIP AND SHETLAND ISLANDS COUNCIL

<i>Column 1 Enactment</i>	<i>Column 2 Restrictions</i>
The Local Government (Omnibus Shelters and Queue Barriers) (Scotland) Act 1958 (c.50), sections 1 to 4(a) and 6.	
The Road Traffic Regulation Act 1984 (c.27)–	
(a) sections 1 to 4(b); and	(a) only so far as the functions are exercisable by Shetland Islands Council as the local traffic authority for facilitating the passage on the road or any other road of–
	(i) public service vehicles within the meaning of the Public Passenger Vehicles Act 1981 (c.14); and
	(ii) taxis and private hire cars for which a licence is required by virtue of section 10(1) of the Civic Government (Scotland) Act 1982 (c.45).
(b) section 19(c).	(b) –
The Transport Act 1985 (c.67), section 106(d)	–

- (a) Section 1 was amended by the Roads (Scotland) Act 1984 (c.54) ("the 1984 Act"), sections 49, 156(1) and Schedule 9, paragraph 48(2)(a)(b). Section 2 was amended by the 1984 Act, sections 49, 156(1) and Schedule 9, paragraph 48(3). Section 3 was amended by S.I. 2003/2155. Section 4 was amended by the 1984 Act, section 49.
- (b) Section 1 was amended by the 2001 Act, Schedule 2, paragraph 3. Section 2 was amended by the New Roads and Street Works Act 1991 (c.22) ("the 1991 Act"), Schedule 8(II), paragraph 18(4). Section 3 was amended by the 1991 Act, Schedule 9, paragraph 1. Section 4 was amended by S.I. 1996/1553.
- (c) Section 19 was amended by the 1991 Act, Schedule 9, paragraph 1.
- (d) Section 106 was amended by S.I. 1996/974.

## **EXPLANATORY NOTE**

*(This note is not part of the Order)*

This Order provides for certain statutory functions of Shetland Islands Council relating to transport to be exercisable by the Shetland Transport Partnership instead of, or concurrently with, that Council.

Article 3 and Schedule 1 provide for the transfer of certain statutory transport functions exercisable by Shetland Islands Council to the Shetland Transport Partnership, subject, in certain cases, to specified restrictions. The functions transferred include functions relating to local travel concessionary schemes, making quality partnership and quality contract schemes, ticketing arrangements and ticketing schemes.

Article 4 and Schedule 2 provide for the concurrent exercise of certain statutory transport functions by Shetland Islands Council and the Shetland Transport Partnership, subject, in certain cases, to specified restrictions. The functions transferred include the function of making traffic regulation orders and functions relating to the provision and maintenance of bus shelters.

Article 5 makes general transitional and savings provisions to facilitate the transfer of functions provided for in the Order.

**2006 No. 527**

**TRANSPORT**

**The Transfer of Functions to the Shetland Transport Partnership  
Order 2006**

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# Shetland Islands Council

Agenda  
Item

**6**

<b>Meeting(s):</b>	<b>Shetland Islands Council</b>	<b>1 November 2017</b>
<b>Report Title:</b>	<b>Appointment of Religious Representative to the Education and Families Committee</b>	
<b>Reference Number:</b>	<b>GL-46</b>	
<b>Author / Job Title:</b>	<b>Jan-Robert Riise, Executive Manager - Governance and Law</b>	

## **1.0 Decisions / Action required:**

- 1.1 That the Council RESOLVE to appoint Ms Helen Rankine as the nominated representative of the Shetland Inter Faith Group to the Education and Families Committee.
- 1.2

## **2.0 High Level Summary:**

- 2.1 This report addresses the statutory requirement to have religious representation on the Education and Families Committee, and seeks agreement to appoint the nominated representative from the Shetland Inter Faith Group.

## **3.0 Corporate Priorities and Joint Working:**

- 3.1 In addition to the statutory requirement, the appointment of religious representatives would meet the outcomes of the Council's Equality Statement in relation to the need to ensure that democratic bodies better reflect the diversity of Shetland's communities, and would assist the Council in meeting its objective of ensuring high quality education services.

## **4.0 Key Issues:**

- 4.1 At its meeting on 18 May 2017, Shetland Islands Council noted the arrangements being put in place to seek nominations from the relevant organisations for the statutory appointment of Religious Representatives to the Education and Families Committee.
- 4.2 The Council subsequently appointed two representatives on nominations from the Church of Scotland and the Shetland Churches Council Trust, namely Rev Tom Macintyre and Mr Martin Tregonning.
- 4.3 This third nominee would complete the Council's requirement under Section 124 of the Local Government (Scotland) Act 1973 to appoint three representatives of religious interests to the committee which discharges its education function.
- 4.4 Ms Rankine's Personal Statement is attached as Appendix 1.

## **5.0 Exempt and/or confidential information:**

5.1	None.	
<b>6.0 Implications :</b>		
<b>6.1 Service Users, Patients and Communities:</b>	None.	
<b>6.2 Human Resources and Organisational Development:</b>	None.	
<b>6.3 Equality, Diversity and Human Rights:</b>	None.	
<b>6.4 Legal:</b>	None.	
<b>6.5 Finance:</b>	All members of the Council's Committees are entitled to claim legitimate expenses. There are no significant financial implications arising from this report.	
<b>6.6 Assets and Property:</b>	None.	
<b>6.7 ICT and new technologies:</b>	None.	
<b>6.8 Environmental:</b>	None.	
<b>6.9 Risk Management:</b>	Failure to make the remaining appointments to Committee would be in breach of the Council's Constitution, and the statutory requirement to appoint three representatives of religious interests to its Education and Families Committee.	
<b>6.10 Policy and Delegated Authority:</b>	The appointment of non-councillor members is provided for within the Council's Constitution, and is a matter reserved to the Council.	
<b>6.11 Previously considered by:</b>	N/A	

**Contact Details:**

Anne Cogle, Committee Officer

[anne.cogle @shetland.gov.uk](mailto:anne.cogle@shetland.gov.uk)

16 October 2017

**Appendices:**

1        Personal statement from Ms H Rankine

**Background Documents:**

SIC Constitution - Part A – Governance

END







## 2 STATEMENT

Please provide a brief pen picture describing the skills, experience and special characteristics that you would bring to the position and a statement of the contribution you would hope to make if appointed.

I have lived in Shetland almost all my life. I care passionately about the community I was raised in and the one I choose to raise my children in. I have two sons, one in primary education and one in secondary education therefore as a parent I am very interested in the remit of this committee.

In my role as manager of Advocacy Shetland I am well aware of the needs of our local community and the challenges for the Council in delivering appropriate services to meet those needs whilst at the same time balancing complex situations with ever decreasing financial resources.

I believe that through my current studying (BA Theology) and my current role as volunteer chaplain for the NHS I can bring to this role a logical, compassionate, empathetic and thorough perspective whilst being mindful that difficult decisions need to be made.

I am respectful of the place of religious representative on this committee and believe that a benefit of being not ward constrained is that I can look at the Shetland wide perspective for education.

Continue if necessary on a separate sheet.





<b>Meeting(s):</b>	Shetland Islands Council	1 November 2017
<b>Report Title:</b>	Education and Families Committee – MSYP Observers	
<b>Reference Number:</b>	GL-47-F	
<b>Author / Job Title:</b>	Executive Manager – Governance and Law	

## 1.0 Decisions / Action required:

- 1.1 That the Council RESOLVE to amend the Council’s Constitution to allocate the two Shetland MSYPs official Observer status at meetings of the Education and Families Committee, for matters being considered in public by that Committee.

## 2.0 High Level Summary:

- 2.1 The purpose of this report is to consider the establishment of the Shetland MSYPs as official Observers at meetings of the Education and Families Committee.
- 2.2 Section 1.2.1(2) of the Council’s Constitution states that the Education and Families Committee, will comprise “... 11 Councillors, being one councillor from each Ward, the relevant Senior Councillor Chair mentioned in Article 7 of Part A of the Constitution and the relevant Vice Chair, the Leader of the Council, and 1 further Councillor having regard to relevant skills and expertise.” The Constitution goes on to state that “When the Education and Families Committee is considering any of the functions of the Council as **education authority**, 3 persons interested in the promotion of religious education will be voting members of the Committee.”
- 2.3 In this regard, there is no provision within the Council’s Constitution to appoint any other non-elected members to the Committee.
- 2.4 In terms of Section 57 of the Local Government (Scotland) Act 1973, as amended, the Council may establish positions for other non-elected members on the Committee, provided they are not disqualified for being elected or being a member of a local authority. However, a person under the age of 18 is not qualified to be a member of a local authority.
- 2.5 Accordingly, affording official Observer status provides a recognition of the valuable contribution that the MSYPs can make, but does not extend them the same rights that other, voting, members of the Committee have. It also means that the MSYPs would not be subject to the Code of Conduct nor be required to complete a Register of Interests.
- 2.6 For the avoidance of doubt, official Observer status would not provide a right to speak at Committee [as Members do], nor would Observers be permitted to receive or participate in discussion regarding exempt items.

<b>3.0 Corporate Priorities and Joint Working:</b>	
3.1	<p>The terms of this report directly contribute towards achieving the Council's priorities and aims in relation to young people as set out in Our Plan 2020, in particular:</p> <p style="padding-left: 40px;">“Young people will feel that their voices are being heard by the council, having regular opportunities to have a say on the issues that affect them.”</p>
<b>4.0 Key Issues:</b>	
4.1	<p>The Chair of the Committee has recently held discussions with the Shetland Members of the Scottish Youth Parliament, who have expressed an interest in becoming more involved in local decisions that impact on young people. In this regard, and considering the legal disqualifications regarding membership, the Chair has requested that the Shetland MSYPs be given formal Observer status at the Education and Families Committee.</p>
4.2	<p>In practice, this would mean that the Shetland MSYPs would be formally invited to attend and observe each meeting of the Committee, and the Chair would afford them the opportunity to contribute to discussion on any matters within the public part of the agenda, if he is of the view that it would be appropriate to do so.</p>
<b>5.0 Exempt and/or confidential information:</b>	
5.1	<p>There are no issues concerning exempt or confidential information in this report.</p>
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	<p>Shetland MSYPs are democratically elected representatives of young people [aged 12 to 25], and therefore would be representing a large majority of young people who receive the wide range of educational and children's social work services for which the Committee has functional responsibility.</p>
<b>6.2 Human Resources and Organisational Development:</b>	<p>There are no HR or organisational development implications regarding this report.</p>
<b>6.3 Equality, Diversity and Human Rights:</b>	<p>There are no equality, diversity or human rights implications related to the decision in this report.</p>
<b>6.4 Legal:</b>	<p>In terms of Section 57 of the Local Government (Scotland) Act 1973, as amended, the Council <u>may</u> establish positions for other non-elected members on the Committee, provided they are not disqualified for being elected or being a member of a local authority. A person under the age of 18 is not qualified to be a member of a local authority. Having official Observer status would not be regarded as a member of the Committee.</p>

<b>6.5 Finance:</b>	There are no financial implications associated with the terms of this report.
<b>6.6 Assets and Property:</b>	There are no assets or property implications regarding this report.
<b>6.7 ICT and new technologies:</b>	There are no ICT implications regarding this report.
<b>6.8 Environmental:</b>	There are no environmental implications regarding this report, and an environmental impact assessment is not required.
<b>6.9 Risk Management:</b>	There is no legal requirement for the Council to make the positions of Shetland MSYPs official Observer status. However, a failure to address the matter may have reputational and political implications for the Committee and the Council in general.
<b>6.10 Policy and Delegated Authority:</b>	The designation of any non-councillor position, and any changes to the Council's Constitution, are matters reserved to the Council.
<b>6.11 Previously considered by:</b>	None.

**Contact Details:**

Anne Cogle, Team Leader – Administration [anne.cogle@shetland.gov.uk](mailto:anne.cogle@shetland.gov.uk)  
24 October 2017

**Appendices:**

None.

**Background Documents:**

None.