Shetland Islands Health and Social Care Partnership

Shetland NHS Board	**Shetland Islands Council**

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24 August 2018

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Wednesday 5 September 2018 at 3pm
Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick

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

Yours sincerely

S. Bokor Ingram.

Simon Bokor-Ingram
Chief Officer

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

AGENDA

A	Welcome and Apologies
B	Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.
C	Confirm minutes of meetings held on i) 6 June 2018 and ii) 20 June 2018 (enclosed).
ITEM	
1	Financial Monitoring Report to 30 June 2018 (Including proposed approach to addressing current and projected overspends) *CC-33*
2	Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15) *CC-35*
3	IJB Business Programme 2018/19 and IJB Action Tracker *CC-34*
	The following items of business contains EXEMPT information
4	Internal Audit Service *CRP-13*

Agenda Item

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Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Wednesday 6 June 2018 at 2pm** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	**Voting Members** Natasha Cornick Allison Duncan Jane Haswell [substitute for Shona Manson] Emma Macdonald Marjory Williamson **Non-voting Members** Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Susanne Gens, Staff Representative Maggie Gemmill, Patient/Service User Representative Jim Guyan, Carers Strategy Group Representative Catherine Hughson, Third Sector Representative Ian Sandilands, Staff Representative Edna Watson, Senior Clinician – Senior Nurse Karl Williamson, Chief Financial Officer
In attendance [Observers/Advisers]	R Roberts, Chief Executive, NHS Lisa Watt, Service Manager Primary Care, NHS Claire Derwin, Self Directed Support Implementation Officer, SIC Lorraine Hall, Director of Human Resources and Support Services, NHS Susan Brunton, Team Leader – Legal, SIC Sheila Duncan, Management Accountant, SIC Leisel Malcolmson, Committee Officer, SIC *[note taker]*
Apologies	**Voting Members** Robbie McGregor Shona Manson **Non-voting Members** None **Observers/Advisers**

	None
Chairperson	Marjory Williamson, Chair of the Integration Joint Board, presided.
Declarations of Interest	Ms Hughson and Ms Haswell declared an interest in item 2 "Self Directed Support Costs", as they are part of the Communications Bid. The advised that they would remain in the room during consideration of this item.
Minutes of Previous Meetings	The minutes of the meeting held on 22 February 2018 were confirmed on the motion of Mr Duncan, seconded by Ms Watson. The minutes of the meeting held on 8 March 2018 were confirmed on the motion of Ms Cornick, seconded by Mr Duncan, with the exception of the following: 11/18 "Falls Prevention Initiative" – Page 20 first sentence of paragraph 2 "first had" should read "first hand". 10/18 "2018/19 Budget Update" – As there are no matters arising on the IJB agenda the Chair advised that queries regarding the £109k for the carers' fees should be directed to the Chief Financial Officer following the meeting.
14/18	Primary Care Improvement Plan
Report No. CC-17-18-F	The IJB considered a report by the Service Manager Primary Care that presented the Primary Care Improvement Plan, as per the requirements of the Scottish GP Contract (the contract), which came into effect on 1st April. The Service Manager Primary Care introduced the main terms of the report and commented that a number of activities in the plan were already in place. In referring to the section on funding she advised that there was no information available at the time of writing the report but there had since been some information received and an update would be provided on the 2018/19 funding as matters develop. She said that there was no information available on the 2019/20 budget but Officer would indicate to the Scottish Government what is needed when a submission is made. She explained that the Development Action Plan was split into three years and was being called "a plan for a plan" and as it was a living document it would change over time. The Service Manager Primary Care advised that the Plan had been reported to the Strategic Planning Group, Area Clinical Forum and the GP Cluster meeting. Feedback from the GP cluster meeting was that they wanted to see the travel vaccines programme moved to year 1. She said that there would be a lot

	of contributions made before the Plan is completed by 1 July 2018. The Chief Officer added that the Plan would be presented to the IJB again in October and would continue to evolve over a number of years. During discussion concern was expressed that there may not be sufficient space in Health Centres to accommodate the health improvement workers attending different locations. The Service Manager Primary Care assured the IJB that discussions were underway. It was agreed that reference should be included in the Plan that made it clear that consideration is being given to availability of suitable clinical space for any increase in activity to happen in the community. The Service Manager Primary Care also confirmed that independent practices are aware that the GP contract services are available to all and that the 8 salaried practices are being offered support but if they do not take that after they have to evidence that service users do have access to the same services. In responding to a question in regard to the flexibility of the plan and how the teams will deliver services within Health Centres, the Senior Clinician – Senior Nurse explained that there has to be an understanding of health needs in each area and staff will look at the skills and how the services can be enhanced. She confirmed that through this process Social Care Workers will be able to work more with nursing staff and explained that the new Executive Manager in Community Care Resources comes from a nursing background so she looks forward to working with her in a collaborative way. The Chief Officer confirmed that the funding for Mental Health Workers would be for 3 years with incremental rise during that time and is estimated to cover the salary costs for up to three Mental Health Workers in Shetland. He advised that the additional staff resources would be deployed in a planned way. Reference was made to travel immunisations and the Service Manager Primary Care further advised that there would be a period of training required as there is only one member of staff trained at this time, which is not sufficient for Shetland. The Senior Clinician – Senior Nurse added that the limited skills and contingency is due to retirements. She said that travel medicine is a private type service but Shetland's location means that the public health service needs to provide that service. Clarification was sought on the use of multi discipline teams and the inability for patients to build a relationship with staff who move around. The Service Manager Primary Care and the Senior Clinician – Senior Nurse provided assurance that staff would not be moved around unless for specific activities such as vaccinations but that would likely be the same member of staff

	each time. It was to ensure that the appropriate skilled staff are in place and to invest in expert practitioners. The IJB were advised that where there have been gaps across practices it is intended to have a team structure in the plan and to fill vacancies. It was also acknowledged that where someone travels to Lerwick for a specialist clinic the service will be in addition to their normal appointments not in place of it. A question was asked as to whether consideration had been given to transport of patients locally to attend appointments. The Service Manager Primary Care advised that conversations with ZetTrans are taking place but there were also conversations around community interaction and it was acknowledged that in some areas residents are good at looking after each other in the community. It was noted that this could be built on further. Reference was made to the GP Practice opening hours and the Service Manager Primary Care advised the text had been taken from the National Memorandum of Understanding which served as an aide memoire, but that it was intended that this would be looked at in terms of what is needed locally. During further questions the Chief Financial Officer confirmed that the estimated £150k for Year 1 was an estimation and although some figures had been received he had not received all the information he required to update the IJB. Following some discussion in regard to the allocation of funding for unscheduled care, it was agreed that the risk section should include the need for the Government to understand that it is difficult to manage funding from the overall pot when also being required on pump priming projects. Concern was also expressed that Shetland was likely to be in the last tranche for improved broadband infrastructure and the implications that some systems will not be implemented until then. It was acknowledged that the need for improved infrastructure went beyond care and clinical systems but that in order to encourage people to live and work in Shetland improved broadband links were essential. It was agreed that reference to the need for better broadband be included in the risk section. The Chief Financial Officer added that everyone involved with the IJB should take the opportunity to raise this matter at all meetings they attend. In referring to the 5th bullet on page 4 of the Plan, the Chair asked the Service Manager Primary Care to provide a brief summary of how she envisaged the role of Practice Managers and Receptionists would change going forward. Before the IJB considered the decisions required, the Chief Executive NHS said that the IJB had to be mindful of two things, firstly that clarity around funding was likely to be different to what

	is expected, and secondly that the "plan for a plan" was likely to evolve and that the next version of the Plan would look different. *(Mr Sandilands left the meeting)* The Service Manager – Primary Care concurred with the Chief Executive's comments and said that it was important that the plan does change as matters progress. She said that every GP had received a copy to feed back their views and explained the next steps in terms of consultation before submission the Scottish Government by 1 July. The IJB unanimously approved the decision required at section 1 of the report and noted that an update would be provided to the IJB at its meeting in November 2018.
Decision	The IJB: • APPROVED the draft Primary Care Improvement Plan attached at Appendix 1; and • INSTRUCTED the Chief Officer to progress the necessary actions within Shetland to further develop the Primary Care Improvement Plan and present an update to the IJB in November 2018.
15/18	Self Directed Support Costs
Report No. CC-18-18-F	The IJB considered a report by the Self-directed Support (SDS) Implementation Officer that presented an update on the demand and associated costs for the provision of local Self-directed Support (SDS) The Self-Directed Support (SDS) Implementation Officer introduced the main terms of the report. The Chief Financial Officer provided clarity around the £260k overall settlement figure, following concern around the use of the funding. It was agreed that the Chief Financial Officer would provide an up to date financial position to the Carers Rep on how the funding has been allocated this year. The SDS Implementation Officer responded to a number of questions and advised that the shift in staff resources would be monitored using figures for Option 1 and 2 and in looking across Option 3 to determine if there are underutilised resources. The Chief Officer added that monitoring would also involve looking at shifts in demand and a test overall to see if there are decreases in use of other resources and what can be done about that. In terms of net budget it was explained that the when the Act was implemented there was a need to project what the take up

	would be once the choice was offered. The Chief Officer said that the Net Actual Expenditure was not too far from these projections. The Chief Officer was asked what was being done to spread the word about SDS as at a recent Community Council meeting were SDS had been discussed it was clear that there was a lack of understanding about this service. The Chief Officer said that there is more that can be done. He said it is not a service you would expect the general public to know about. The SDS Implementation Officer advised that Ministers were cautious and did not have an advertising campaign nationally in order to avoid a surge of applications. She said that more could be done to get the message out there. Credit was given to staff in terms of efforts made to recruit staff into Yell. It was noted however that the knock on effect was that managers were finding it difficult to attract relief staff as they are carrying out personal assistant work. The IJB acknowledged that this was a cultural shift and that people were not looking for carers as much as people to support their needs. Caution was expressed as complex needs require consistency of support therefore joint working was key as people need guaranteed hours to be provided. The IJB were advised that the Scottish Government Ministers would consider the Communications Bid and it was anticipated that Shetland would hear if they had been successful by the end of July with funding distributed by October. During further discussion, the Chief Executive, NHS said that SDS was welcome as it gives clients more choice. He said that it was the same care but individuals would be paying for the services. The SDS Implementation Officer responded to a further question on staff resources required to administer the increase in SDS packages. She explained that SDS funding had been provided for posts to do the work and advised that the level of work was manageable as long as there was no further substantial increase. The IJB unanimously approved the recommendations contained in the report.
Decision	The IJB NOTED the paper and AGREED: • That Officers will explore the mechanisms by which, over time, the growth in demand over recent years for SDS Options 1 & 2 will be met from within the Integration Joint Board core budget.
16/18	IJB Business Programme 2018/19 and Action Tracker

Report No. CC-19-18-F	The IJB considered and unanimously approved a report by the IJB Chief Officer that presented the business planned for 2018/19. The IJB Chief Officer introduced the report it was agreed that the following updates would be made to the Business Programme and Action Tracker: Add the following reports to the business programme: Primary Care Improvement Plan – November Winter Plan 2018/19 – business to be planned Add the following to the Action Tracker: Outcomes from the Scenario Planning event. All completed items to be removed. Under item 17 remove all text under "Update" but leave in "Carer's Strategy Review – Date to be allocated".
Decision	The IJB: • RESOLVED to consider and approve its business planned for the financial year to 31 March 2019 (Appendix 1); and • REVIEWED the IJB Action Tracker (Appendix 2).

The meeting concluded at 4pm.

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Chair

Agenda Item

Cii

Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Wednesday 20 June 2018 at 3pm** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	**Voting Members** Allison Duncan Jane Haswell [substitute for Natasha Cornick] Emma Macdonald Shona Manson Robbie McGregor Marjory Williamson **Non-voting Members** Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Maggie Gemmill, Patient/Service User Representative Jim Guyan, Carers Strategy Group Representative Ian Sandilands [substitute for Edna Watson, Senior Clinician – Senior Nurse] Lorraine Hall [substitute for Ian Sandilands, Staff Representative] Karl Williamson, Chief Financial Officer
In attendance [Observers/Advisers]	Jonathan Belford, Executive Manager- Finance, SIC Jan Riise, Executive Manager – Governance and Law, SIC Hazel Sutherland, Head of Planning and Modernisation, NHS Emma Cripps, Internal Auditor, SIC Leisel Malcolmson, Committee Officer, SIC *[note taker]*
Apologies	**Voting Members** Natasha Cornick **Non-voting Members** Edna Watson, Senior Clinician – Senior Nurse Catherine Hughson, Third Sector Representative Susanne Gens, Staff Representative **Observers/Advisers** Ralph Roberts, Chief Executive, NHS

Chairperson	Marjory Williamson, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.
17/18	**Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, January - March 2018**
Report No. CC-25-18-F	The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland that presented the strategic overview of all elements of progress towards delivering on the strategic plan. The Head of Planning and Modernisation introduced the main terms of the report. In responding to a question regarding IJB Member involvement in the scenario planning process she said that this was a mechanism that would provide a broad understanding of key issues around staffing resources, demand, health improvement and prevention. She said that in terms of changes from the IJB perspective she was looking for the IJB to take ownership of the process. The Head of Planning and Modernisation added that for the events she had invited a broad range of stakeholders. The Chief Officer advised that there had been good representation at the workshops from the Strategic Planning Groups, and it was now important to use the experience in the run up to the Strategic Plan Refresh to engage with the IJB Members in seminars to provide the opportunity of getting into more detail. During discussion questions were responded to in regard to the proactive approach of the Public Health Service to alcohol intervention; lessons learned around self-directed support and the way individuals interpret the guidance which had now been rectified; and the best practice work being undertaken to address complaints regarding miss-sent invoices. In responding to a question on the diagnosis of dementia register, the Chief Officer said his response would be considered operational detail and he agreed to provide a response outwith the meeting. Further discussion included polypharmacy and the improvements made in reviewing what has been prescribed over the last year or so. It was noted that more work is being done to roll out polypharmacy into communities and that there is funding for this within Primary Care. The IJB agreed that the Director of Pharmacy be asked to report on indicators of interest at the next meeting, including polypharmacy.

	The Chief Officer advised that Appendix F incorrectly recorded the responsible officer clarifying that it should state his name in each case.
Decision	The IJB noted the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020.
18/18	**Shetland Islands Health and Social Care Partnership Annual Performance Report 2017-18**
Report No. CC-23-18-F	The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland that provided an overview of performance in planning and carrying out integrated functions. The Head of Planning and Modernisation introduced the main terms of the report. The IJB were advised that although the reference to self-directed support indicated a steady growth in packages, it was the case that the figures provided were still lower than the national percentage of 6.5%. The Chief Officer said that this was really positive as it is more challenging in a rural context in terms of finding Personal Assistants. It was however acknowledged that how the packages are offered may be the reason Shetland is lagging behind. The Chief Officer agreed, stating that locally a choice is offered but in some other areas there might be less choice given at the start on options. During discussion Members commented on the downward trend of care beds available, and in responding to a question the Chief Officer said that he hoped this trend would see a reversal to an increase. He advised that there had been success in shifting the balance of care and the re-enablement programme means that care can be provided in people's homes. He added that the preference indicated by the public is that people wish to be cared for at home. The Chief Officer also reported on the Alcohol Brief Interventions and advised that it was important that this was covered by every service and ensure that clinicians deliver the brief intervention. He said that work was ongoing in this regard within Public Health. In addressing a comment on Community Care Resources use of agency staff, the Chief Financial Officer agreed to provide the Vice-Chair with a note of the cost of agency cover, following the meeting. At the request of the Chair, the Chief Officer provided an update on progress in regard to doctor recruitment and advised that a permanent Psychiatrist is now in post with the second post being covered by a locum. He said it was important to identify people in need of these services early on but reported that there were less clients going to Cornhill and commented that Shetland has good links with the Grampian health service. The Chief Officer said that

	an area identified for improvement was the Out of Hours Service as it was not sustainable for two Psychiatrists to provide a 24/7 service. He said that work was ongoing with other Island areas who understand the complexities in providing services in remote areas. The IJB unanimously approved the recommendations contained in the report.
Decision	The IJB approved the Shetland Islands Health and Social Care Partnership's Annual Performance Report for 2017-18 for publication.
19/18	**Financial Monitoring Report to 31 March 2018 (Including Financial Recovery Plan Update)**
Report No. CC-24-18-F	The IJB considered a report by the IJB Chief Financial Officer that provided information on the Management Accounts as at the end of the 2017/18 financial year The Chief Financial Officer introduced the main terms of the report highlighting areas of overspend and underspend in Appendix 1, and he also explained the main variances and carry forwards presented. During the discussion, the Chief Officer confirmed that the delay in starting some projects referred to in paragraph 4.13 was due to the issues around recruitment. He said that there was a problem in attracting qualified staff but also in retaining staff. In terms of what the IJB could do to help at an operational level the Chief Officer said that it was helpful for the IJB Members to be visible within the service and to help staff feel supported and valued. A further suggestion was made that the Scottish Government be presented with the figures relating to the cost of locum doctors in rural areas, unable to return to their home each night and have the added cost of transport. The Chief Officer agreed, stating that the cost of locum doctors is at a premium for Shetland. He said however that Officers regularly present the Scottish Government with figures. It was acknowledged that it is not just to costs associated with locum doctors but the cost of the extra work for officers to make the arrangements for locums. Following further discussion the Chief Officer gave assurance that this would continue to be raised with the Scottish Government. Following some discussion on how £6m saving can be found over the next 4 years, the IJB agreed that an update on the next steps will be provided to Members following presentation of a report on the final Accounts that describes the funding gap, to the NHS Board meeting on Friday.
Decision	The IJB noted the 2017/18 Management Accounts for the year ended 31st March 2018.

20/18	**Unaudited Accounts 2017/18**
Report No. CC-31-18-F	The IJB considered a report by the IJB Chief Financial Officer, which presented the 2017/18 Unaudited Accounts for the Shetland Integration Joint Board and sought approval for the Annual Governance Statement 2017/18 that forms part of the accounts. The IJB Chief Financial Officer introduced the main terms of the report and advised that the IJB Audit Committee had considered the Unaudited Accounts and approved the Governance Statement. During consideration of the report it was noted that the reference within the accounts to “carer” required to be changed to “unpaid” carer”, where appropriate, before it is finalised. The Mr McGregor moved that the IJB approve the recommendations contained in the report, seconded by Ms Macdonald. The IJB concurred.
Decision	The IJB: • CONSIDERED the 2017/18 Unaudited Annual Accounts for the Shetland Integration Joint Board; • CONSIDERED the information that highlighted the key issues from the 2017/18 accounts; and • APPROVED the Annual Governance Statement 2017/18 that forms part of the accounts.
21/18	**Shetland's Partnership Plan 2018-2028 - the Local Outcome Improvement Plan**
Report No. CC-21-18-F	The IJB considered a report by the Head of Planning and Modernisation that required the IJB to agree that contributing the necessary resources to deliver the improvement activity to improve local outcomes through the Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan, must be one of the priorities in the annual budgeting process. The Head of Planning and Modernisation introduced the report, and provided an update on the feedback from the Strategic Planning Group stating that apart from the comments received the Strategic Planning Group were supportive of the Plan and looked forward to the next stage in the process. Reference was made to Appendix 2, “People who feel they want to be more involved in decision making” where it was noted the % reduces at each target. Comment was made that these targets be increased, and not reduced by 2028. The Head of Planning and Modernisation agreed to have this checked.

	During discussion comment was made on the need to focus on early intervention and prevention and it was suggested that this could help with "tackling alcohol" referred to in paragraph 4.3. The point was made that drugs was also a problem and comment was made on the effects of drugs and alcohol on employment. The suggestion was made that a zero tolerance approach with random testing should be applied by the NHS and SIC. The Chief Officer said that this would not be directed by the IJB. A further suggestion was made that reference to 4.2 "tackling alcohol misuse" be changed to "substance misuse" to encompass all. However, following advice from the Head of Planning and Modernisation and the Executive Manager – Governance and Law, the IJB approved the recommendations contained in the report on the motion of Ms Macdonald, seconded by Ms Haswell. The IJB concurred.
Decision	The IJB: • APPROVED the Shetland's Partnership Plan 2018-2028, at the Appendix ; and • AGREED that contributing the necessary resources to deliver the improvement activity to improve local outcomes through the Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan, as updated, must be one of the priorities in the annual budgeting process.
22/18	**Mental Health Resources: Strategic Outline Case**
Report No. CC-22-18-F	The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland on behalf of Director of Community Health and Social Care and Head of Mental Health Services that sought approval of the Strategic Outline Case for the Mental Health Services Redesign. The Head of Planning and Modernisation introduced the main terms of the report and advised that the report had been presented to the Strategic Planning Group who were supportive of this approach. The IJB unanimously approved the recommendations contained in the report.
Decision	The IJB: • Noted the report on the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020; and

	• APPROVED the Strategic Outline Case for the Mental Health Services Redesign.
23/18	**Audit Scotland Report - What is Integration?**
Report No. CC-26-18-F	The Director of Community Health and Social Care presented the Audit Scotland Report for the Board to consider how the report could be used to improve local knowledge of health and social care integration. The Chief Officer introduced the main terms of the report, and during discussions the IJB noted that Lanarkshire Council had provided a video on their website that visually illustrates "integration". The Executive Manager – Governance and Law advised that he was responsible for bringing governance issues affecting integration forward through the IJB Governance Review and he invited members to approach him and he would feed back to the Chair and Chief Officer on issues to focus discussion topics for a seminar. A further suggestion was made that a simple questionnaire could be issued to the public to gauge their understanding of Integration. The IJB unanimously agreed that comments be provided through the Executive Manager – Governance and Law to the Chair and Chief Officer with a view holding a focused seminar to inform the Code of Corporate Governance Review to include how this report can be used to improve local knowledge of health and social care integration.
Decision	The IJB: • NOTED the Audit Scotland Report "What is Integration? A short guide to the integration of health and social care services in Scotland"; and • AGREED that comments be provided through the Executive Manager – Governance and Law to the Chair and Chief Officer with a view holding a focused seminar to inform the Code of Corporate Governance Review to include how this report can be used to improve local knowledge of health and social care integration.
24/18	**IJB Business Programme 2018/19 and Action Tracker**
Report No. CC-29-18-F	The IJB considered a report by the Chief Officer that allowed the Board to consider the planned business to be presented during the financial year to 31 March 2019.

	The Chief Officer introduced the main terms of the report and following discussion it was agreed that the following changes be made: • IJB Business Programme: "Planned business still to be scheduled" move Joint Strategic Commissioning Plan" to the September meeting. • "Outcomes to Scenario Planning event" to be removed as this is to be provided in an email to Members. • Action Tracker: No 18 "Update column" add, "email to be provided to Members advising of outcomes".
Decision	The IJB: • APPROVED its business planned for the financial year to 31 March 2019 (Appendix 1); and • REVIEWED the IJB Action Tracker.

The meeting concluded at 4.50pm.

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Chair

Shetland Islands Health and Social Care Partnership

Agenda Item

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Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	5 September 2018
Report Title:	Financial Monitoring Report to 30 June 2018 (Including proposed approach to addressing current and projected overspends)	
Reference Number:	CC-33-18	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 That the IJB NOTE the 2018/19 Management Accounts for the period to 30th June 2018 and the proposed approach to addressing current and projected overspends.

2.0 High Level Summary:

2.1 The current projected outturn to the end of March 2019 for the services delegated to the IJB is an overall adverse variance of £4,861k which represents an over spend in the Shetland Island Council's (SIC) arm of the budget of £427k and an over spend in NHS Shetland's (NHSS) arm of £4,434k.

2.2 SIC will provide a one-off payment to balance its arm of the budget should the projected overspend in the Council arm of the IJB budgets come to fruition.

2.3 NHSS is currently forecasting a £3m overspend at year-end and may have to discuss the possibility of additional funding (brokerage) with the Scottish Government should short-term solutions not be found. Irrespective of whether brokerage is required NHSS will provide a one-off payment to balance its arm of the budget should the projected overspend materialise. Further discussion will have to take place between NHSS and IJB to understand the implications this may have concerning future funding allocations from NHSS.

2.4 As a result of the above it is anticipated that the IJB, as a separate legal entity, will reach a break-even position for the financial year 2018/19.

2.5 The IJB currently has a General Reserve balance of £364k which can be used in line with the IJB Reserve Policy. This policy was approved at the IJB meeting on 6th September 2017 (Min. Ref. 40/17). Funding of £51k for a Falls Prevention Co-ordinator was approved in March 2018 so the remaining available reserve balance is £313k.

2.6 NHSS need to identify £2.077m savings in 2018/19, but to-date no recurrent or non-recurrent savings have been realised. NHSS began a Scenario Planning exercise in January 2018 to look at alternative models for the delivery of health and social care services in Shetland. The exercise recognises that identifying and

implementing savings and efficiency targets is increasingly challenging and aims to take a whole system approach to establish a best value, safe and sustainable model which can inform the development of the IJB Strategic Plan for 2019-2022 and beyond.

2.7 SIC incorporated several service redesign projects in their 2018/19 budgets, including a projected £200k savings from the redesign of social care mental health services. A project team has been established and a timetable agreed to undertake a review of current provision to identify options for service redesign. Implemention of any change is not expected until February 2019 so there is currently no expectation of these savings being realised in 2018/19.

3.0 Corporate Priorities and Joint Working:

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

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

4.0 Key Issues:

Background

4.1 The 2018/19 Integration Joint Board (IJB) budget was noted at the meeting of 8 March 2018 (Min. Ref. 10/18).

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

4.3 This report represents the Management Accounts as at the end of the first quarter of the 2018/19 financial year.

Executive Summary

4.4 The Management Accounts for the period ended 30 June 2018 have been compiled following financial analysis and budget monitoring at SIC and NHSS.

4.5 Appendix 1 details the consolidated year-end outturn forecast for the services delegated to the IJB. Current projected outturn to the end of March 2019 is an adverse variance of £4,861k. It is important to note that the adverse variance relates to the services delegated to the IJB but the IJB itself will show a breakeven position in its annual accounts for 2018/19 because of the additional one-off balancing payments from NHSS and SIC.

Financial Commentary

Significant variances explained below.

Mental Health – projected outturn overspend of (£371k), (18%)

4.6 Consultant Mental Health Locum commitment plus flights and accommodation to the end of September 2018.

Pharmacy & Prescribing – projected outturn overspend of (£51k), (1%)

4.7 £45k underspend due to dispensing drugs surplus of tariff over cost price. (£44k) overspend due to specialist high cost drugs. (£49k) overspend due to specialist medical equipment and consumables including insulin pumps and continious glucose monitors.

Primary Care – projected outturn overspend of (£1,104k) (26%)

4.8 Yell, (£137k) due to continued locum requirement. Whalsay (£87k) due to cost of current SLA and locum cover required for a 14 week period. (Unst, £132k) due to continued locum requirement. Brae, (£143k) due to GP locum covering a 0.6WTE vacancy. Scalloway, (£235k) due to (£149k) funding gap for TUPE staff plus (£77k) on additional GP WTE and locum costs. Bixter, (£172k) due to (£54k) funding gap on TUPE staff plus (£118k) on locums. GP post will be filled from January 2019. Walls, (£193k) due to (£35k) funding gap plus (£194k) on locums.

Community Nursing – projected outturn overspend of (£122k), (5%)

4.9 (74k) overspend due to anticipated bank usage. Bank requirement should reduce as potholders return from sick leave and vacancies are filled. (£43k) overspend due to ANP sick leave being covered by GP locum from May to July 2018.

Community Care Resources – projected outturn overspend (£190k), (2%)

4.10 The projected overspend is mainly due to:

The need to employ agency staff as a result of recruitment and retention difficulties in areas of the service, with the net projected impact after off-setting minor employee cost underspend in the affected localities of (£134k);

Back-fill costs to allow senior social care workers to spend 50% of their time off the floor working on other duties. This was not budgeted for in 2018/19 but having been funded through carry-forward funding in 2017/18 has continued in the current year (£167k);

Projected underspends in employee costs at Support at Home Central and Isleshavn of £106k and £88k, respectively, due to recruitment and retention issues. Support at Home Central currently has no unmet need, but demand for services fluctuates throughout the year so a recruitment exercise is underway to ensure staff are in place should demand increase. If staff are appointed and there is no immediate demand to meet, given vacancies across the service they will be utilised elsewhere in the short-term. Difficulty in recruiting staff at Isleshavn has led to the care home temporarily only operating 7 of their 10 beds.

Unscheduled Care – projected outturn overspend (£709k), (25%)

4.11 Two vacant medical consultant posts being covered by locums (£709k) for the remainder of the financial year.

Scottish Government Additionality Funding – projected outturn breakeven

4.12 There are no significant variances in this service area. A summary of the planned expenditure is detailed in the table below.

Summary

Funding	Budget £000s	Projected Outturn £000s	Variance £000s
SG Additionality 16/17 (recurrent)	512		

SG Additionality 17/18 (recurrent – From NHSS baseline funding)	80		
Total	**592**		
Planned Expenditure			
Self Directed Support (SIC)	348	348	0
Social Work Hospital Discharge Liaison (SIC)	78	78	0
Reablement Programme to support Care Centres (NHS)	86	86	0
Enhanced Intermediate Care Team	80	80	0
Total	**622**	**622**	**0**

General Reserve

4.13 The IJB currently has a General Reserve balance of £364k, which can be used in line with the IJB Reserve Policy. This policy was approved at the IJB meeting on 6th September 2017 (Min. Ref. 40/17). Funding of £51k for a Falls Prevention Co-ordinator was approved in March 2018 so the remaining available reserve balance is £313k.

4.14 Proposed approach to addressing current and projected overspends

4.15 A scenario planning exercise took place between February and April 2018, which produced an overall vision on how health and social care services may look in the future. The summary is included at Appendix 2.

4.16 Project plans must now be developed which will enable us to reach this vision. These plans must be SMART (Specific, Measurable, Achievable, Realistic and Time Bound) and complement each other to achieve a safe and sustainable healthcare system in Shetland. These plans will then inform the refresh of the Joint Strategic Commissioning Plan.

4.17 The projects which are currently underway include:

- Primary Care Redesign
- Community Nursing Redesign
- Mental Health Services Redesign
- Sustainable Service Models Social Care
- Review and Redesign of Services for Adults with Learning Disabilities and Autistic Spectrum Disorder
- Effective Prescribing

4.18 Various meetings and seminars have now been arranged through which these plans will be further developed:

- 01/08/2018 IJB Seminar on Strategic Planning
- 22/08/2018 IJB Seminar on Strategic Planning
- 28/08/2018 NHSS EMT Finance Meeting
- 18/09/2018 NHSS Board Development Session

4.19 Output from these projects will be shared with the IJB in due course. It is envisaged that options will be developed and presented to the IJB for consideration.

4.20 The Chief Officer is working alongside the health and social care management team on both longer term plans and short term savings opportunities. In order to mitigate the later arrival of savings, and cost pressures that are building, there are short term measures being instigated. These include delays to recruitment where this is manageable, and a more forensic examination of vacancies that are not front line delivery. Whilst redesign around these vacancies is considered, non-recurrent savings will be generated by having them unfilled. All efforts will be made to limit non pay expenditure, along with ensuring that all income is secured. Medium term work on transformational redesign, particularly in adult social care, primary care, and adult learning disability services, continues at pace to secure viability over a longer time frame.

Overall Year End Forecast Position

4.21 The projected financial outturn to the end of March 2019 for services delegated to the IJB is an overall adverse variance of £4,861k which represents an over spend in the SIC arm of £427k and an over spend in NHSS arm of £4,434k. It is important to note that these forecast figures are subject to change and are often difficult to predict due to a variety of factors outwith our control.

4.22 Despite the variances in the operational budgets of both SIC and NHSS the IJB is expected to break even at the end of the financial year 2018/19. This break even position will only be achieved through additional one off payments from the funding partners. This is not sustainable in the long term.

4.23 If NHSS do require extra funding from the Scottish Government in 2018/19 to achieve overall financial balance further discussion will be required around the implication this will have on future funding allocations to the IJB.

5.0 Exempt and/or confidential information:	
None	
6.0	
6.1 Service Users, Patients and Communities:	May be affected should services be redesigned. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.2 Human Resources and Organisational Development:	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and the Health Board to the IJB and the budget allocated to the IJB by each Party in order to deliver the delegated functions for that Party. These are set out

	in the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance. The Council, the Health Board and the IJB must adhere to the terms of the Integration Scheme approved by the Scottish Government under the terms of the Public Bodies Act. This includes a section on Finance with details regarding the treatment of under/over spends.
6.5 Finance:	NHSS and SIC has agreed to provide the IJB with one off additional payments to cover the projected year end over spends in their respective arms of the IJB budget. It is important to note that this arrangement is not sustainable and may not be available in future years.
6.6 Assets and Property:	None arising directly from this report. There may be implications for assets and property depending on the projects/ options considered to meet the NHSS budget overspend.
6.7 ICT and new technologies:	None arising directly from this report. There may be implications for ICT depending on the projects/ options considered to meet the NHSS budget overspend.
6.8 Environmental:	None arising directly from this report. There may be implications for the environment depending on the projects/ options considered to meet the NHSS budget overspend e.g. regarding carbon footprint.
6.9 Risk Management:	There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management. The IJB has a Risk Management Strategy in place and considers the risks regarding the activities of the IJB itself as a body corporate and also the risks associated with the services provided to meet the obligations of the IJB with regard to the functions delegated by the Council and NHSS on a regular basis. Specific issues and risks to the IJB associated with this report are those concerning failure to deliver the Strategic Plan within the budget allocation specifically regarding the delegated functions and budget allocation from NHSS. These risks are articulated in the IJB Risk Register and the Health and Social Care Risk Register.
6.10 Policy and Delegated Authority:	This report presents information with regard to the budgets allocated to the IJB including the NHSS "set aside" allocation. The IJB has delegated authority to deliver the approved Strategic Plan within the budget allocated.
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation.

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
14th August 2018

Appendices:

1 – Year end forecast outturn position
2 – What will health and care services look like in the future

Appendix 1

Consolidated Financial Monitoring Report
Forecast year-end outturn position

Service Headings	2018/19 Approved Delegated Annual Budget £000	2018/19 Revised Delegated Annual Budget £000	Projected Outturn at Quarter 1 £000	Budget v Proj. Outturn Variance (Adv)/ Pos £000
Mental Health	1,993	2,029	2,400	(371)
Substance Misuse	582	587	580	7
Oral Health	3,177	3,176	3,176	-
Pharmacy & Prescibing	6,229	6,630	6,681	(51)
Primary Care	4,405	4,279	5,383	(1,104)
Community Nursing	2,591	2,652	2,774	(122)
Directorate	1,027	866	897	(31)
Pensioners	78	78	78	-
Sexual Health	40	44	44	-
Adult Services	5,209	5,222	5,244	(22)
Adult Social Work	2,489	2,520	2,510	10
Community Care Resources	10,989	11,001	11,191	(190)
Criminal Justice	26	27	38	(11)
Speech & Language Therapy	85	84	84	-
Dietetics	118	113	113	-
Podiatry	234	230	230	-
Orthotics	135	135	135	-
Physiotherapy	599	577	577	-
Occupational Therapy	1,601	1,648	1,638	10
Health Improvement	212	218	218	-
Unscheduled Care	2,800	2,838	3,547	(709)
Renal	194	196	196	-
Intermediate Care Team	43	43	43	-
Scottish Government Additionality Funding	592	592	592	-
Integrated Care Funding	410	410	410	-
Reserve	541	221	221	-
Recovery Plan	(2,277)	(2,277)	-	(2,277)
Total Controllable Costs	**44,122**	**44,139**	**49,000**	**(4,861)**

What will health and care services look like in the future:

We will have in place seamless services, wrapped around the needs of individuals, their families and communities, which are not restricted by organisational or professional boundaries. Where possible we aim to deliver a 'one stop shop' approach to health and care.

We will support people to have the knowledge and skills to stay healthy. There is an increased emphasis on community-led health promotion and ill-health prevention, including at school. This is also supported by an increasing emphasis on self-care and self-management, alongside providing additional support to unpaid carers.

All stakeholders use compatible Information Technology systems and share information and data easily and readily. This will be supported by robust but appropriate rules around how we use personal and health and care data. We will use technology to explore new ways of working, especially around self care, advice and information, 'virtual' appointments to minimise travel and maximise access to services, within Shetland and outwith Shetland for specialist treatment.

Services share facilities and accommodation with less "names on doors". The concept of local "hubs" is developed that have a wider focus than just health. Service providers increasingly work out of shared buildings. Services will, where appropriate, share spaces, utilise shared reception and administrative staff, with teams co-located in some areas. Accommodation is being developed in the context of a wider public sector plan, with appropriate rationalisation and cost reduction but without any detriment on service delivery.

Training systems better reflect the needs of remote and rural practice, with at least some "generalists" available, supported by increased investment in rural training and local recruitment. New roles are also created that combine some of the historical roles of Advance Nursing Practitioners and junior medical staff. Effective clinical networks of professional staff will be in place to provide support for complex treatment and care needs.

We will organise for diagnosis and treatment to be provided as locally as possible to minimise travel from home. There is faster and earlier intervention of the "right service" supported by effective service "sign-posting" which includes social care and third sector services. Clients have a better sense of where to go through improved service marketing. There is also a less obvious barrier between primary and acute care with clinicians coming together more where it is in the best interest of the overall service. We will ensure that the stay in, or visit to, hospital is as short as possible to give the best treatment outcome. Out-patient, ambulatory and day care services will be the norm, and in-patient stays will be minimised.

We will support people with health and care needs to live and be cared for in their own home. Where people cannot be cared for in their own home, we will support them to live in a community setting that is not 'institutional' care.

Service delivery is characterised by improved collaboration or "family" approach with the "not my job" mentality largely gone.

This is further enhanced by policies that seek to remove barriers and a political dimension that increases the rural focus and voice in line with the principles of the Islands (Scotland)

Act 2018.

Funding is increasingly spent on the core establishment – not supplementing it or filling gaps through expensive agency costs – with monies from all stakeholders increasingly seen as Shetland-wide resources rather than agency specific. The overall impact is to improve value for money and significantly reduce the recurring deficit.

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Joint Staff Forum Integration Joint Board (IJB)	24 August 2018 5 September 2018
Report Title:	Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15)	
Reference Number:	CC- 35-18-F	
Author / Job Title:	Simon Bokor-Ingram, Director of Community Health and Social Care and Karen Smith, Head of Mental Health Services (Interim)	

1.0 Decisions / Action required:

1.1 That the Joint Staff Forum CONSIDER, REVIEW and provide COMMENT, as required, on the draft Mental Health Action 15 Plan, attached at Appendix 1.

1.2 That the Integration Joint Board:

I. APPROVE the draft Mental Health Action 15 Plan, attached at Appendix 1; and
II. INSTRUCT the Chief Officer to continue to take the necessary action to draw down the Scottish Government allocation.

2.0 High Level Summary:

2.1 The Scottish Government recently approved and published a Mental Health Strategy for 2017-2027. The guiding ambition in the Strategy is that, "we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems".

2.2 The Action 15 in the Plan states an aim to, "increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings". NHS Shetland has received notification of additional funding towards this aim; it has been confirmed by Finance colleagues that it is extra funding (and not a reallocation of existing funding). NHS Shetland was required by the Government to submit a Draft Plan by 31 July 2018, which has been done. No feedback on the Draft has yet been received.

2.3 Thirty percent of the funding has been received. In order to secure the remaining 70%, there is a requirement to prepare an Action Plan to set out how the money will

be used and how the additional staffing resources will be applied. This Plan is known as the Action 15 Plan.

2.4 The key policy driver is The Scottish Government's Mental Health Strategy: 2017-2027 which states that:

"The scale of the challenge to achieve parity is considerable:

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.
- People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department".

2.5 The allocation letter sets out some broad principles to inform local improvements, including the recognition that:

- The application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22. Later correspondence from the Scottish Government indicated that the corresponding number of additional Mental Health Workers for Shetland, based on the NRAC share of money, will be 3.92 whole time equivalent by 2021-22.
- The nature of the additional capacity will be very broad ranging – including roles such as peer and support workers.
- Prospective improvements may include the provision of services through digital platforms or telephone support.
- Improvement may include development for staff who are not currently working in the field of mental health.

2.6 The proposed Action Plan for Shetland covers:

- Additional core staff
- Training
- Technology
- Backfill for learning from other areas

3.0 Corporate Priorities and Joint Working:

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

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

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers. For Mental Health Services, there is a Service Level Agreement in place with NHS Grampian for

specialist services.

3.4 Mental Health Services for adults in Shetland are supported by a range of partnerships. There is in place a Mental Health Partnership and a Mental Health Forum. There are connections to a range of related services and initiatives, including: unpaid carers; domestic abuse; adults with disabilities; the Criminal Justice service; and substance misuse/ addictions. There is a dedicated Child and Adolescent Mental Health Service, provided by NHS Shetland.

3.4 A formal needs assessment has been undertaken by NHS Shetland's Public Health Department to support the development of these services and this is nearing completion.

3.5 Shetland Islands Council recently approved a Strategic Outline Case for a service review for the Community Mental Health Service, with a target saving to be achieved of £200,000 in 2018-19.

4.0 Key Issues:

4.1 The additional Scottish Government funding in support of adult Mental Health Services is welcome.

4.2 There are specific demands and gaps in service which will be able to be addressed through the additional investment. Due to small numbers and fluctuations in demand it is not possible in Shetland to have dedicated services to cover day time and out of hours services, especially for crisis support.

4.3 Our aim is therefore to established a multi-disciplinary team in each locality, supported by the specialist Mental Health Team based in Lerwick and accessing specialist support through regional service delivery arrangements (predominantly with NHS Grampian through an Obligate Network).

4.4 The following gaps in core service has been identified and this is what forms the core of the Action 15 Plan for Shetland:

- Cognitive Behavioural Therapy (CBT)
- Occupational Therapy
- Skill mix that utilises recovery pathways
- Community links

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

6.1 Service Users, Patients and Communities:	Current service performance, as measured predominantly through access to treatment times, is variable. There is in place an improvement plan to address waiting times targets. The overall aim of the additional Scottish Government resources will be to improve services to people affected by mental health issues around:

<table>
<tr><td></td><td>

prevention and early intervention;
access to treatment, and joined up accessible services;
the physical wellbeing of people with mental health problems; and
rights, information use, and planning.

</td></tr>
<tr><td>6.2 Human Resources and Organisational Development:</td><td>Shetland's share of the investment towards the national target of 800 additional staff is to have in place an additional 3.92 whole time equivalent members of staff by 2021-22.</td></tr>
<tr><td>6.3 Equality, Diversity and Human Rights:</td><td>There are no specific issues to address with regard to equality, diversity and human rights.</td></tr>
<tr><td>6.4 Legal:</td><td>There are no specific legal issues to consider.</td></tr>
<tr><td>6.5 Finance:</td><td>
The funding award for Shetland is set out below.
<table>
<tr><th>£</th><th>2018-19</th><th>2019-20</th><th>2020-21</th><th>2021-22</th></tr>
<tr><td>Allocation</td><td>53,907</td><td>83,311</td><td>117,615</td><td>156,821</td></tr>
</table>
There is a need to have a degree of flexibility around the new funding. In response to a request for clarification, the Minister for Mental Health responded to MSP Tavish Scott to say,
<blockquote>"In terms of the current ask of IAs, I can confirm that this funding is not solely aimed at those who are in distress. What the H&JCIB is seeking to ascertain is how each IA would wish to use this additional resource. This would include detail on, for example the type of mental health workers to be recruited, the settings they would be based in and what innovative or collaborative approaches would be used in order to provide the best support to those who have a mental health problem in that area".</blockquote>
</td></tr>
<tr><td>6.6 Assets and Property:</td><td>There are no Asset and Property issues associated with this Action Plan.</td></tr>
<tr><td>6.7 ICT and new technologies:</td><td>There are no ICT and new technology issues arising from this report at the moment, although it is acknowledged that working in multi-disciplinary teams will require a shared approach to systems and information.</td></tr>
<tr><td>6.8 Environmental:</td><td>There are no specific environmental implications to highlight.</td></tr>
<tr><td>6.9 Risk Management:</td><td>The risks of not proceeding with the recommendations in this Report will be:

that the services are not always aligned with people's outcomes; and
that demand for services grows beyond the staffing resources to address need.

</td></tr>
</table>

6.10 Policy and Delegated Authority:	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. <u>IJB</u> 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 and Mental Health Services is a delegated function. The Integration Scheme also states that, 'the detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan'. The IJB can therefore decide on any investment and disinvestment recommendations, as required, in respect of the Mental Health Service. <u>Joint Staff Forum</u> The Joint Staff Forum is one of the groups which support the IJB in its decision making. The Joint Staff Forum is the forum where staffing issues, professional issues and concerns relevant to joint working can be raised and discussed, where difficulties can be explored and resolved and where shared routes forward can be agreed. One of the Forum's remit's is "to support effective leadership as core and central to leading a changing environment and that leaders are particularly responsive to the move to a more joined up service in order to develop the Health and Social Care Integration agenda and to develop closer partnership working between the Council and the Health Board generally" so views are specifically sought on the proposal with regard to multi-disciplinary teams.
6.11 Previously considered by:	The short timescale for submission of the Draft Plan did not allow time for full consultation with stakeholders. Comments are being sought from the following stakeholder groups and committees: Strategic Planning Group Clinical, Care and Professional Governance Committee Joint Staff Forum Local Partnership Finance Team Area Partnership Forum Mental Health Forum Project Team for the Service Redesign Process Community Justice Partnership

Contact Details:
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Karen Smith
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15 August 2018

Appendices
Appendix 1: Action 15 Plan

References
Scottish Government's Mental Health Strategy: 2017-2027
https://www.gov.scot/Resource/0051/00516047.pdf

Shetland Islands Health and Social Care Partnership

Scottish Government Mental Health Strategy

Action 15 Increase the Workforce Plan

Access to treatment and joined-up, accessible services

15. Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings

For comments and queries, please contact:
Karen Smith, Head of Service Mental Health (Interim)

Mental Health Department, Lerwick Health Centre, South road, Lerwick ZE1 0RB

Telephone: Direct Line 01595 743006 or Mobile 0796 6146043

Email: karenk.smith2@nhs.net

Contents

Introduction

This Plan is in response to the Ministerial Letter dated 23 May 2018 on Action 15 of the Mental Health Strategy – Planning and Funding from 2018-19.

The letter sets out some broad principles to inform 'local improvements', including the recognition that:

- The application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22. Later correspondence from the Scottish Government indicated that the corresponding number of additional Mental Health Workers for Shetland, based on the NRAC share of money, will be 3.92 whole time equivalent by 2021-22.
- The nature of the additional capacity will be very broad ranging – including roles such as peer and support workers.
- Prospective improvements may include the provision of services through digital platforms or telephone support.
- Improvement may include development for staff who are not currently working in the field of mental health.

Each Integration Authority is invited to develop a plan (by 31 July 2018) that sets out the goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy for adults. The relevant section of the Mental Health Strategy is set out below.

Workforce

One of the keys to ensuring that the principle of 'ask once, get help fast' is met is ensuring the right workforce is in place. We will be working at a local and national level, through Community Planning Partnerships, Integration Authorities, NHS Boards, training bodies, and local and national government. As well as increasing the supply of the mental health workforce with different skill mixes across different services, we need to make careers in mental health more attractive with clear career pathways.

- **Action 15: Increase the workforce** to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years **increasing additional investment** to £35 million for 800 additional mental health workers in those key settings.

The Plan will set out:

- How we contribute to the broad principles of 'local improvement's set out above;
- How we will take account of the views of local Justice and other Health partners in the area about what improvements should be introduced;
- How it fits with other local plans currently in development; and
- Initial scoping of potential staffing changes over the next 4 years as a result of this additional funding, towards the commitment of an additional 3.92 whole time equivalent posts.

Background and Context

Shetland is a collection of over 100 islands that lie north east of mainland Scotland. In total, Shetland covers an area of 567 square miles (or 1,468 square kilometers) with over 900 miles of coastline. Of the 100 + islands, only 15 are inhabited.

Shetland is remote and isolated and as close to Bergen in Norway as Aberdeen, our principle communication link for health care services.

Our Mental Health Services therefore need to be safe and robust to deal with crisis and emergency situations, prior to transfer to specialist centres (mainly in Aberdeen).

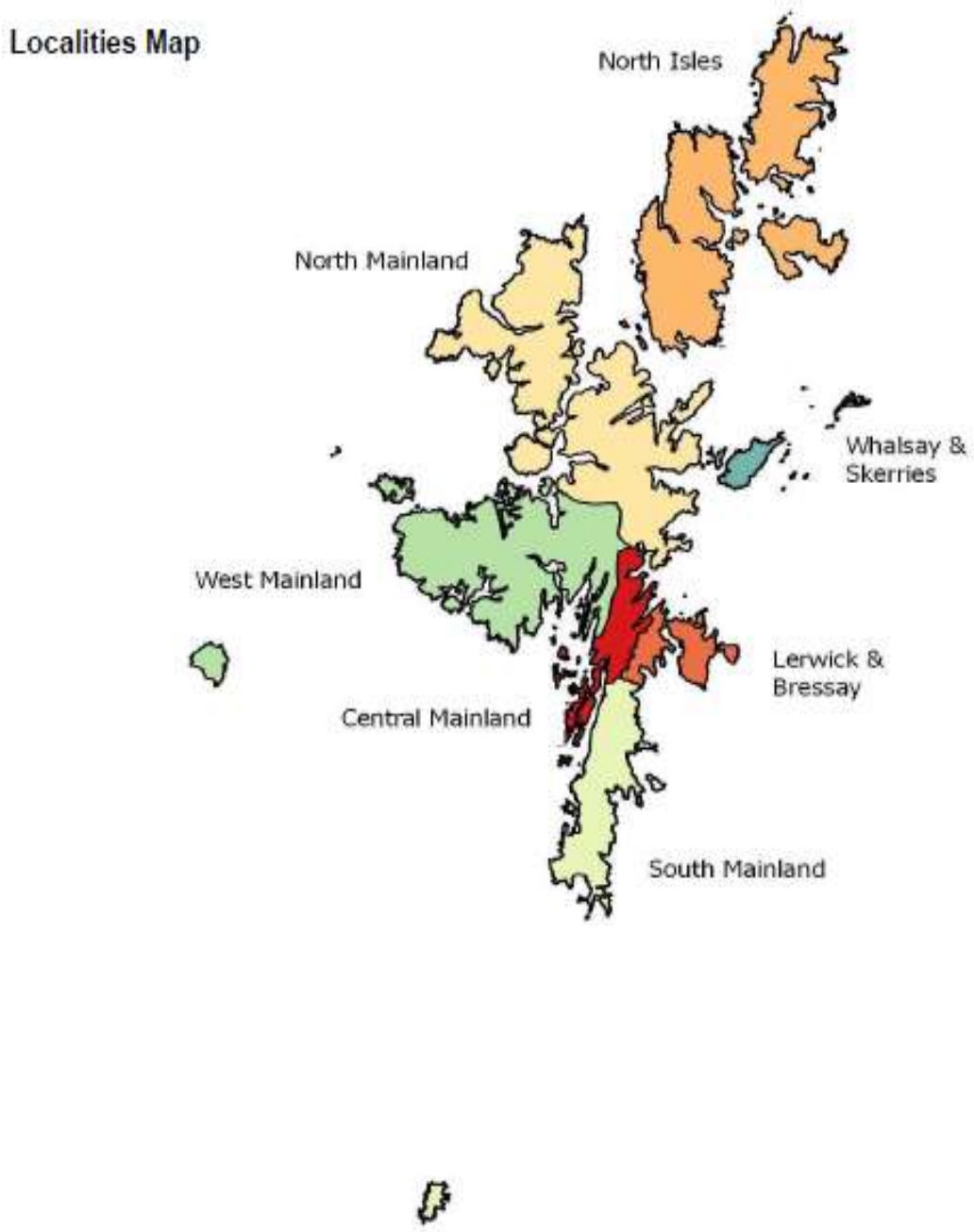
The population of Shetland is just over 23,000 people. Lerwick, the capital, serves a population of about 7,500 (about a third of the population).

Health and Care services in Shetland are arranged around seven localities based on geography and ward boundaries. The same arrangements are in place for all Shetland's strategic plans, including the Shetland Partnership's Local Outcome Improvement Plan.

The seven localities in Shetland are:

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

These are shown on the map below.



The Gilbert Bain Hospital, a rural general hospital, is located in the main town in Lerwick.

Shetland does not currently, and has never previously provided, a dedicated in-patient psychiatric facility. This is due to the inability for such low patient numbers to support the specialist staff and facilities that would be required to offer safe, high quality services in Shetland. Patients requiring specialist psychiatric treatment are instead managed short-term in the medical ward of the Gilbert Bain Hospital, and, if appropriate, transferred to the Royal Cornhill Hospital in Aberdeen.

Each locality consists of:

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

alongside a broad range of voluntary activity to support individual and community wellbeing.

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

There is in place a considerable range of voluntary and community provision in each area to support well being. Examples of this will include: support for individuals with dementia; befriending; lunch clubs; craft circles; leisure and learning opportunities. These deliver invaluable social benefits to those attending and form an intrinsic part of the network of provision to support individual health and wellbeing and community resilience.

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

Five or our islands are classified as Non-Doctor islands, where healthcare is provided by the community nursing service or a residential or visiting basis.

There is a dedicated Mental Health Team for Shetland, and a range of community based support, including third sector provision and a supported accommodation facility.

Strategic Priorities, including links to the Primary Care Improvement Plan

Health and care services in Shetland are delivered to a consistently high standard, in most areas. However, there are many factors which make the current models of service delivery difficult to sustain.

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

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

The ‘National Clinical Strategy for the NHS in Scotland 2016’, summarised the position as:

> “*Our population is growing older, and some older people will need increasing amounts of health and social care. More people are living with long-term conditions such as diabetes, high blood pressure, cancer and dementia, each of which requires ongoing treatment and care. And we still have a high level of health inequality – a person living in the most socially deprived community in Scotland can expect to live at least 10 years less than someone living in a well-off area. All of this means that demand for health and care services will increase over the next 15–20 years.* ”

NHS Shetland recently facilitated a ‘Scenario Planning’ exercise to understand more fully the issues which we are facing and what we need to do about it. The participants identified the key variables that are likely to impact on health and care services in the future and the key themes and issues which emerged were:

- Demographics
- Workforce and Training
- Demand Management
- Whole System Approach
- Connectedness
- Communications
- Technology and Systems
- Prevention
- Money
- Self Care / Self Management
- Culture and Risk
- Decision Making
- Clinically Led Changes
- Stakeholder Involvement
- Politics

Scottish Government 2020 Vision

The Government’s overall Vision is that, “By 2020, everyone is able to live longer, healthier lives, at home or in a homely setting”.

The National Health and Care Delivery Plan states that the Government’s aim,

> “... is a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so”
>
> Where there is in place “a health and social care system that:
>
> - is integrated;
> - focuses on prevention, anticipation and supported self-management;
> - will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
> - focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and

- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission".

Shetland Partnership (Shetland's Community Planning Partnership)

The overall purpose of the Shetland Partnership's approach is to work together to improve the lives of everyone in Shetland. The key focus will be to reduce inequality of outcome by tackling issues that mean some people and groups have poorer quality of life than others.

The shared vision of the Shetland Partnership, as set out in Shetland's Partnership Plan 2018-28, is,

> "Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges."

Effective community planning focuses on where partner's collective efforts can add most value for their local communities, with particular emphasis on reducing inequalities. Shetland's Partnership Plan therefore focuses on a small number of local priorities where we will make the most difference for our most vulnerable individuals, families and communities and by moderating future demand for crisis services. The shared priorities are:

People	Individuals and families thrive and reach their full potential
Participation	People participate and influence decisions on services and use of resources
Place	Shetland is an attractive place to live, work, study and invest
Money	All households can afford to have a good standard of living

Regional Planning

The North of Scotland Health and Social Care Delivery Plan, Plans and Propositions for the future 2018-2023, sets out the strategic intent of the partners across the north of Scotland, the need for change, the model of care and the workstreams that will make the changes happen.

The key proposals for changing how we work – called 'propositions' - in the North of Scotland Health and Care Plan centre around:

- Changing Demand and Improving Efficiency – focusing on closing the demand and capacity gap for elective care
- Developing Effective Alliances – forging partnerships and focusing on improvement
- Transforming Care through Digital Technology – shrinking distances and improving access to services
- Developing World Class Health Intelligence - supporting change, quality improvement and efficiency
- Making the North the Best Place to Work – recruiting and developing the best staff

The Draft North of Scotland Health and Social Care Delivery Plan submitted to the Scottish Government has a specific section on Mental Health, set out below. The needs to provide specialist services to support Islands Boards, included NHS Shetland, is recognised in the Plan.

Mental Health:

Across Scotland, the vision for mental health is that everyone can access the right care at the right time for them, and to expect to recover free from stigma and discrimination. Scotland's Mental Health Strategy 2017-2027 recognises a number of challenges to be faced and have set out a range of actions in the following areas:

- Prevention and early intervention
- Access to treatment and joined up accessible services
- Physical wellbeing of people with mental health problems
- Rights, information use and planning
- Data and measurement

Actions range from increasing support for specific patient groups, investing £35 million in appropriately skilled, additional workforce; collaboratively working with 3rd sector group Scottish Association for Mental Health on their physical activity programme; working with employers to help them better support employees; and carrying out a full progress review of the work of the Strategy at the halfway point in 2022.

As we implement the national strategy in the North it will be important to focus on a number of issues that are fundamental to the sustainability of services. The areas of focus will include:

- a review of access to inpatient beds, including the location of those beds in order that they can serve the North as a whole
- services for learning disabilities which currently represent a significant resource with various bed bases across the region
- services which will most benefit from a collaborative and regional approach including the Eating Disorder Service and services related to Psychotherapy or Personality Disorders. Such services may not be sustainable within a single Board and a collaborative approach is therefore essential
- current and emerging gaps in Forensic Services such as Medium and High Secure Care for Women, forensic services for elderly patients and services for those with long term physical needs who are also high risk. A North of Scotland approach will add value to the organisation and delivery of these services
- for people with complex needs that cannot be met in a single area out-of-area placement arrangements are made and are less than ideal given the distance from home communities. A focused feasibility study is proposed for a specialist unit to meet these needs within the North of Scotland
- an agreed approach to management and leadership of specialist services on a regional basis, which will support Island Boards.

Primary Care Improvement Plan

Shetland's Primary Care Improvement Plan also recognises Mental Health Serivces as being a key component of working towards locally based services delivered in mulit-disciplinary team.

The Memorandum of Understanding outlines the key priorities to be covered over a three year period (April 2018-March 2021) within the Primary Care Improvement Plan, as follows:

1. Vaccination services (staged for types of vaccinations but fully in place by April 2021)
2. Pharmacotherapy services – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
3. Community treatment and care services (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage;
4. Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
5. Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
6. Community Link Workers (please note, in Shetland, Health Improvement colleagues have been undertaking much of this role in recent years and we would be looking for this to continue).

The Primary Care Improvement Plan includes a specific section on Mental Health, as below:

Mental Health Workers

Currently the Community Mental Health Team (CMHT) is based predominately in Lerwick in its own Mental Health base. The Talking Therapies Service provides Therapists across 5 of the Health Centres in Shetland; for a minimum of 1 day per week. The Community Psychiatric Team works across 6 of the Health Centres.

There is an aim to have Mental Health Multi Disciplinary Teams across localities within the next 5 years. The Scottish Government have stated via the new Mental Health Strategy that 800 new Mental Health Workers will be made available across Scotland.

CMHT is undertaking a redesign of both Health & Social Care services to develop and implement an integrated service. This will continue throughout year 1 of the Primary Care Improvement Plan.
Year 2 will see the development of the Mental Health Plan – taking into account the new Mental Health Workers, the redesign process/identified gaps etc. This will detail how we take the identified actions forward throughout year 3.

Working to improve people's wellbeing

Our work is to improve the wellbeing of service-users, in line with the nine national health and wellbeing outcomes[1] and integration principle.

We have also aligned our work with the Mental Health Quality Indicators:

Outcome 1. Timely
Outcome 2. Safe
Outcome 3. Person-centred
Outcome 4. Effective
Outcome 5. Efficient
Outcome 6. Equitable

Our redesign project seeks to put in place services modes where:

- Service users are safe from harm
- Service users have the level of service appropriate to their own assessed level of risk
- Services promote people living independently at home
- Services promote people living in a community setting, where they are unable to live at home
- Services help people to overcome barriers to access and participation
- Services help people to access vocational rehabilitation and /or undertake purposeful occupation
- Services work with people to anticipate their needs and prevent needs arising
- Service users have choice
- Services are integrated around the person's needs
- Service users are in control of the decisions affecting how they live
- Service users have flexible and responsive services
- The IJB makes best use of all resources (overall funding and within envelope of the Council's medium term financial plan)
- The model of health and care is able to be adequately staffed with individuals with correct skill level/mix.

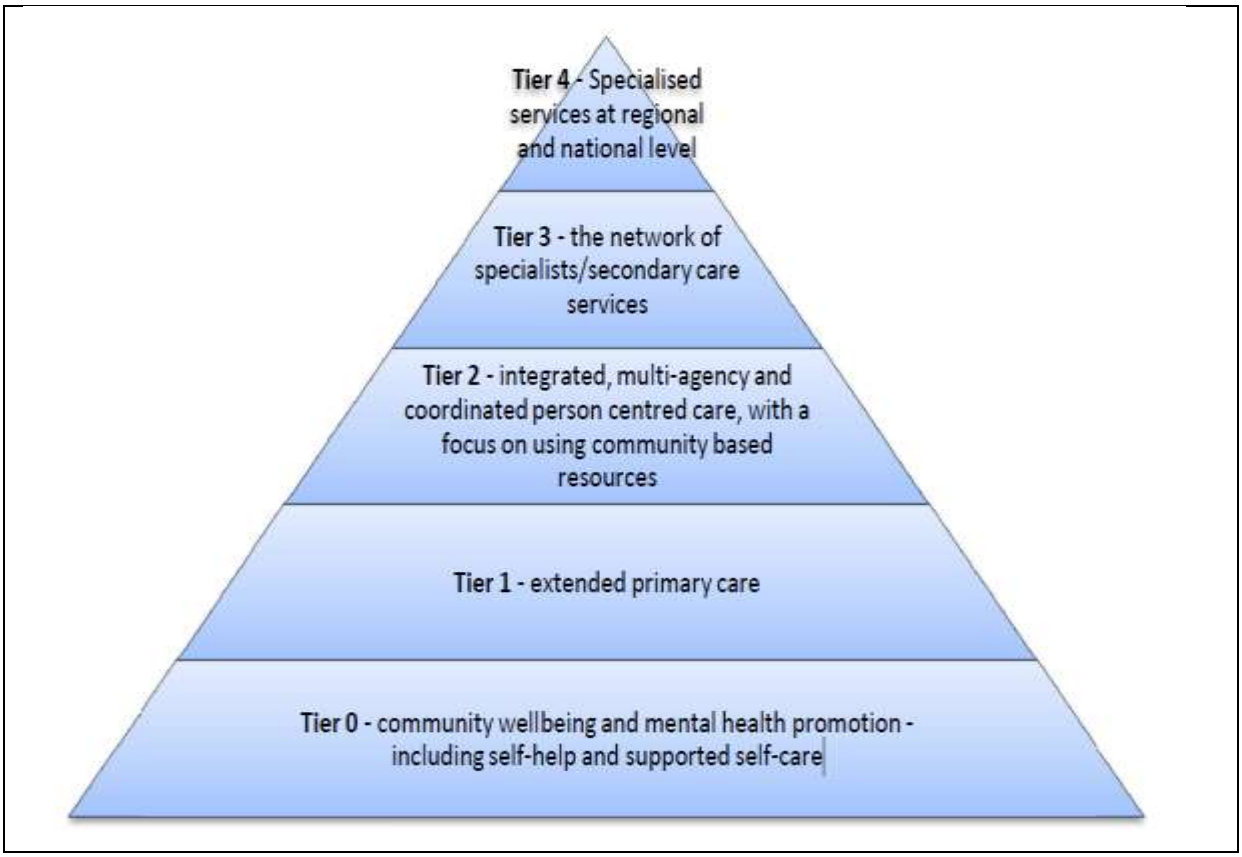
[1] Public Bodies (Joint Working) National Health and Wellbeing Outcomes (Scotland) Regulations 2014

Shetland Mental Health Strategy 2014 – 2024

The key elements of the local Mental Health Strategy covers

- Tackling Stigma and discrimination
- Self management, self help and social prescribing
- Employability
- Crisis Prevention
- Crisis services
- Access to Psychological Therapies
- Mental Health of Older People
- Mental Health of Children and Adolescents
- Alcohol, Drugs and Mental Health
- Carers
- Mental Health and Offending
- Suicide Prevention
- Recovery

One helpful way of describing mental health services is to use the Tiered Approach described in the National Framework on Mental Health, reproduced here:



This tiered model helps us to understand the principle of dealing with mental health issues and problems at the lowest possible level. There is a strong evidence base for the prevention of mental ill health and a general acceptance from policy makers, service deliverers and stakeholders that we should be doing all we can to prevent mental ill health and distress wherever possible. There is also a strong recognition now that we should focus on recovery from mental health illness or mental health problems.

The Strategy aims:

- to provide direction in the way forward for mental health services in Shetland;
- to provide a vehicle for developing Shetland as a place that is free from stigma and disadvantage in relation to mental health issues;
- that promotes positive mental health and increases our resilience as individuals, families and communities to live positively and free from mental illness wherever possible;
- to deal sensitively and effectively with mental illness when it does occur,
- working with people living with mental illness towards recovery.

The local priorities detailed within the strategy are:

- Ensuring people can access information to maintain their own mental health
- Promoting resilience and mental health promotion to prevent mental illness
- and distress.
- Early recognition and treatment of mental illness and disorder
- Providing person centred care which can only be achieved through well integrated services focussing on an individual's needs including their carer(s)
- and families.
- Ensuring service users are at the centre of care and treatment
- Effective engagement of families and carers to support care and treatment
- Embedding recovery approaches within services
- Redesign of the mental health service in line with the service review.

The Mental Health Strategy is being updated in line with the national Strategy and guidance, a revised local needs assessment and will address other relevant plans, such as the Suicide Prevention Plan and the Primary Care Improvement Plan.

Delivering quality services

We will deliver services in line with the Healthcare Quality Strategy for Scotland:

> Safe - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time
>
> Person-Centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making
>
> Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

Current Service Model

The Shetland Islands Council, Shetland NHS Board, and the voluntary sector continue to work together to deliver mental health services to meet the needs of people who require care, treatment and support as a result of their mental health issues.

In Scotland between 25% and 30% of all General Practitioner (GP) consultations involve depression, stress or anxiety. It is anticipated that the incidence of stress related health problems including mental health issues will increase in the current economic climate as people experience financial pressures / job losses. The reduction in funding for public services will pose a significant challenge to services. It is now generally accepted that good mental health underpins all other aspects of health. People with mental health problems have greater risk of, and higher rates of, heart disease, diabetes, respiratory disease and infections. They also have higher rates of smoking, alcohol consumption and drug misuse. They die younger and have a poorer quality of life. In addition there are growing numbers of people with dementia. Evidence shows that people with a mental illness are the highest “at risk" group for suicide, with a rate of suicide 10 times that of the general population.

Dementia is the name given to a group of organic psychiatric/mental illnesses that affect the normal working of the brain. These illnesses interfere with memory and the ability to think and reason. It is recognised that dementia has profound consequences for those affected and their families. The numbers of people in Shetland with dementia are expected to continue to increase as the population ages.

The services that make up Shetland’s Adult Mental Health Service are:

- Community Psychiatry Service
- Community Psychiatric Nursing Service
- Psychological Therapies Service (includes Talking Therapies Service and Clinical Psychology Service)
- Substance Misuse and Recovery Service (2 x Specialist nurses, 1 x Dual Diagnosis Nurse, 3 x Recovery Worker; a GPwSI and the Speciality Doctor provide 2 sessions a week)
- Dementia Service (2 x Nursing staff)
- Community Mental Health Support Service (13 FTE Social Care Staff)

Referrals for General Adult (16/18-65 years old), Old Age (65+) and Emergency/Liaison categories are received from GPs, Hospital Consultants and, for some elements of the service, Social Work.

The duties of the service are:

- To provide a clinical service in community psychiatry for adults and older people including; out-patient consultations; assessment and treatment of

patients in the community and a range of care settings, emergency assessment and treatment.
- To provide assessments and advice on patients in the care of medical and surgical colleagues and those attending accident and emergency with mental health problems.
- To assess patients in police custody on request of a police surgeon (Consultant Psychiatrist).
- Fulfil the duties associated with the Mental Health (Care and Treatment) (Scotland) Act, 2003.
- To contribute to the teaching and training of students, trainees and multidisciplinary staff groups as appropriate.

The service does not provide specialist “in person” care in the areas of Eating Disorder, Forensic Psychiatry, Old Age Psychiatry or Perinatal Psychiatry. Advice and treatment in these areas is available from NHS Grampian. Additionally, an NHS National Service for Treatment Resistant Depression & Obsessive Compulsive Disorder can be accessed, where referral criteria are met. Specialist psychotherapy services are accessed through NHS Grampian as a “tertiary” level service.

The Community Mental Health Team provides a comprehensive service to adults (18+).

Services are provided by:

- Consultant Psychiatrist (1 x Consultant Psychiatrist & 1 x Speciality Doctor)
- Community Psychiatric Nurses (6.5 FTE CPNs)

They work closely with two social workers / Mental Health Officers.

The Psychological Therapies Service provides access to specialist “talking therapies” for people with mental health needs. The service currently provides a range of psychological interventions, via GP referral, for patients who have mild to moderate symptoms or severe distress as a consequence of life events or health conditions e.g. depression, anxiety, personality disorder, suicidal ideation, trauma. The service is delivered by:

- Talking Therapists(2.5 Therapists in Primary Care)
- NHS24 Telephone Service for Guided Self Support and Cognitive Behaviour Therapy (Administrative Support via Health Improvement Practitioners)
- Consultant Clinical Psychologist (1 x Clinical Psychologist in Secondary Care)

The Community Mental Health Support Service based at Annsbrae House delivers a range of community support services for people who have mental health needs and is proactive in seeking and promoting the views of all those who access this service. Services include:

- Supported Accommodation

- Outreach Service

There are 8 supported tenancies for people living with severe and enduring mental health conditions. The Outreach Service provides support to people with mental health conditions in their own homes. This service is tailored to individual needs supporting people to live as independently as possible. Support may be provided with a variety of life and social skills, such as cooking, shopping, budgeting and working towards self-help and recovery in daily life.

Dementia is the name given to a form of organic psychiatric/mental illnesses that affect the normal working of the brain. Characteristics of these illnesses are memory deterioration and a reduced cognitive function. The findings of a local Dementia Redesign Project in 2005 highlighted that the number of people in Shetland who will develop dementia will increase. Locality based provision of dementia care and wherever possible in the person's own home remains core to current and future planning.

A specialist diagnostic service for dementia was established in January 2010. The service receives referrals directly from GPs. All referrals are assessed locally by the lead nurse prior to formal diagnosis by an NHS Grampian Consultant specialist in Old Age Psychiatry. The service uses video conferencing facilities to provide "on island" shared care. This model has gained national and international recognition.

Criminal Justice Social Work Services

The Shetland Islands Council has had a statutory duty to provide criminal justice social work services for individuals awaiting sentencing; subject to community based disposals or custodial sentences.

The service comprises a small team of professionally qualified social workers and support workers who undertake a range of statutory social work functions.

The Service ensures that all people who are referred to the service are appropriately assessed, supervised and risk managed. The service works predominantly with individuals over the age of 16 years and is responsible for the delivery and development of all criminal justice social work services throughout Shetland. This includes the production of court reports and risk assessments to aid the Court in making effective sentencing decisions; reducing reoffending and public protection through supervision and management of offenders who are subject to community based sentences and rehabilitation of offenders who have been subject to custodial sentences. The service also offers support and advice to family members.

The percentage of individuals with mental health issues who commit offences is high. Mental health needs are addressed in partnership with mainstream mental health services.

Specific arrangements are in place for patients requiring specialist Forensic Psychiatry input through NHS Grampian.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS team is a multi disciplinary team providing a service to the population of Shetland.

The team consists of:

- Psychiatric Nurse;
- Primary Mental Health Worker;
- Clinical Associate in Applied Psychology;
- 2 Visiting Specialists - a Consultant Psychologist and a Consultant Psychiatrist - who hold monthly clinics over 4 sessions

The service provides consultation, assessments and interventions; treatment can include different types of individual therapy: behavioural; cognitive; systemic; psychodynamic, family work of various kinds, and where needed prescribed medication.

The type of referrals include:

- psychosis
- depressive disorders
- attention deficit hyperactivity disorder (ADHD)
- autistic spectrum disorders (as part of the pathway to diagnosis only)
- tourette's syndrome and complex tic disorders
- self-harm and suicide attempts
- eating disorders
- obsessive compulsive disorder (OCD)
- phobias and anxiety disorders
- mental health problems secondary to abusive experiences

Voluntary Sector Services

Shetland Link-Up - provides support, advice and drop in facilities to those with mental health issues throughout Shetland.

Advocacy Shetland – provides independent advocates to support and represent vulnerable people. There is a specialist support service for those with mental health problems.

Moving On - (supported employment scheme) identifies work placements and provides support to people on the scheme who have a wide range of needs including mental health difficulties.

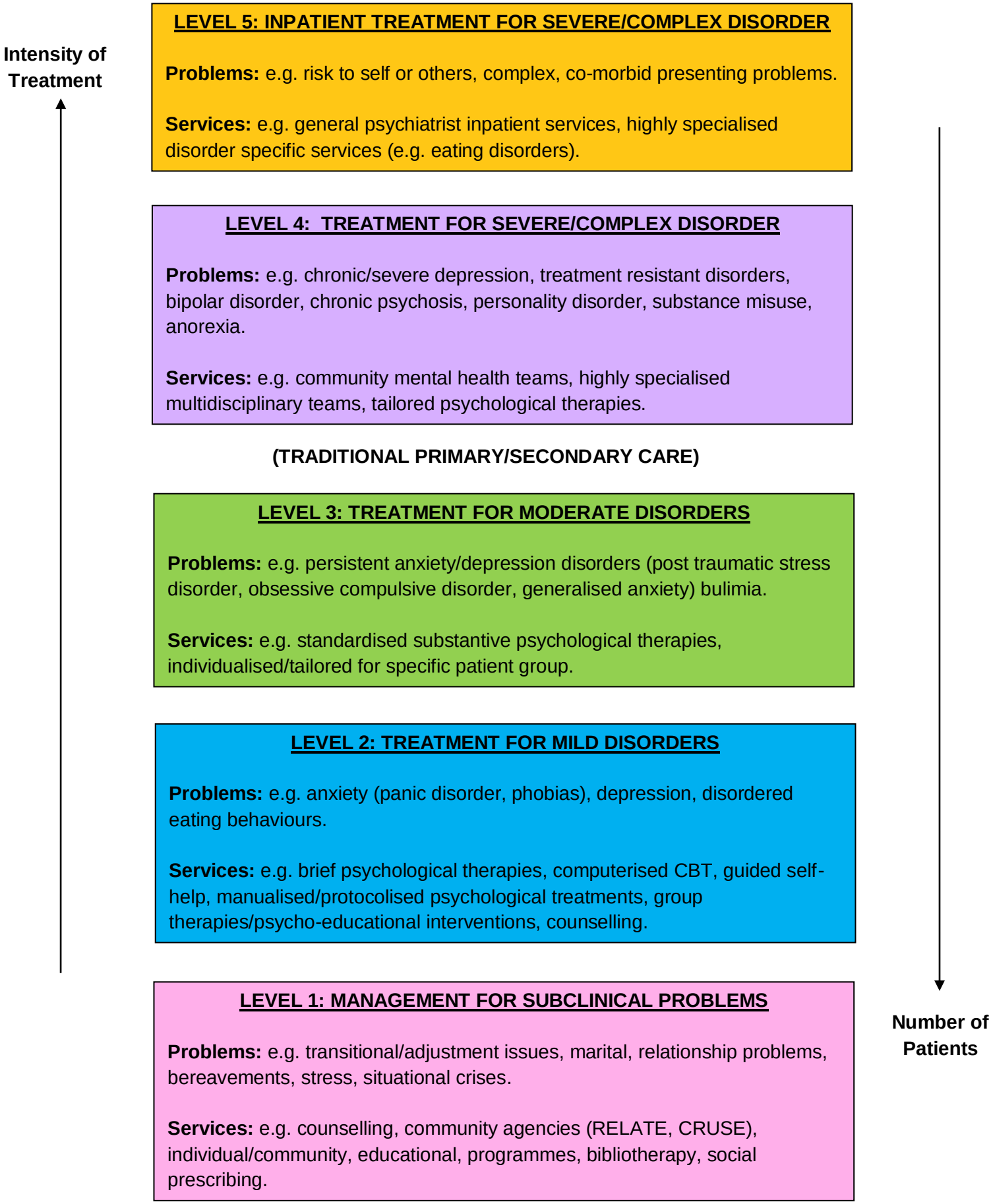
Survivors of Sexual Childhood Abuse Information and Resources (SSCHAIR) - is a self-help group, facilitated by a professional care worker, with a help line available.

Mind Your Head - a local charity that aims to promote positive mental health throughout Shetland. Key aims include raising mental health awareness in Shetland; reducing the stigma of mental ill health and promoting positive mental health and well-being. The service provides time limited support to individuals who self refer with mild anxiety and depression.

Alzheimers Scotland - Shetland Branch- local advice, support and organisation of activities that provides for people with Dementia and their carers. The post diagnostic support is a major contributor to the success in Shetland of people with Dementia being able to remain in their own home for as long as possible.

The Samaritans – a national charity with a local branch which offers a safe place for people to talk any time – about any issues of concern.

The current service model is shown diagrammatically below, the Stepped Care Model. This links to a menu of services, to assist practitioners to refer to the appropriate service, at the appropriate time.


Intensity of Treatment
LEVEL 5: INPATIENT TREATMENT FOR SEVERE/COMPLEX DISORDER
Problems: e.g. risk to self or others, complex, co-morbid presenting problems.
Services: e.g. general psychiatrist inpatient services, highly specialised disorder specific services (e.g. eating disorders).
LEVEL 4: TREATMENT FOR SEVERE/COMPLEX DISORDER
Problems: e.g. chronic/severe depression, treatment resistant disorders, bipolar disorder, chronic psychosis, personality disorder, substance misuse, anorexia.
Services: e.g. community mental health teams, highly specialised multidisciplinary teams, tailored psychological therapies.
(TRADITIONAL PRIMARY/SECONDARY CARE)
LEVEL 3: TREATMENT FOR MODERATE DISORDERS
Problems: e.g. persistent anxiety/depression disorders (post traumatic stress disorder, obsessive compulsive disorder, generalised anxiety) bulimia.
Services: e.g. standardised substantive psychological therapies, individualised/tailored for specific patient group.
LEVEL 2: TREATMENT FOR MILD DISORDERS
Problems: e.g. anxiety (panic disorder, phobias), depression, disordered eating behaviours.
Services: e.g. brief psychological therapies, computerised CBT, guided self-help, manualised/protocolised psychological treatments, group therapies/psycho-educational interventions, counselling.
LEVEL 1: MANAGEMENT FOR SUBCLINICAL PROBLEMS
Problems: e.g. transitional/adjustment issues, marital, relationship problems, bereavements, stress, situational crises.
Services: e.g. counselling, community agencies (RELATE, CRUSE), individual/community, educational, programmes, bibliotherapy, social prescribing.
Number of Patients

Service Redesign Process and Emerging Service Needs

The IJB has recently agreed a Strategic Outline Case to take forward a whole system service redesign for Mental Health Services in Shetland.

The purpose of the Project is to review and redesign the Council funded community mental health support services, provided from Annsbrae. The project aims are to:

- Ensure people who require services achieve better outcomes;
- Assess service users needs, outcomes and recovery plans;
- Ensure that services are integrated, flexible and responsive to people's assessed need;
- Assess the extent to which services are supporting people to live safely and independently through a focus on recovery and / or maintenance of long term conditions / preventable relapse; and
- Ensure resources are used effectively and wisely

This links to the Primary Care Improvement Plan action on Mental Health, as set out below.

Currently the Community Mental Health Team (CMHT) is based predominately in Lerwick in its own Mental Health base. The Talking Therapies Service provides Therapists across 5 of the Health Centres in Shetland; for a minimum of 1 day per week. The Community Psychiatric Team works across 6 of the Health Centres.

There is an aim to have Mental Health Multi Disciplinary Teams across localities within the next 5 years. The Scottish Government have stated via the new Mental Health Strategy that 800 new Mental Health Workers will be made available across Scotland.

CMHT is undergoing a redesign of both Health & Social Care services to develop and implement an integrated service. This will continue throughout year 1 of the Primary Care Improvement Plan.
Year 2 will see the development of the Mental Health Plan – taking into account the new Mental Health Workers, the redesign process/identified gaps etc. This will detail how we take the identified actions forward throughout year 3.

The current service configuration demonstrates:

- A non-integrated approach, based around organisations and specific services, rather than wrapped around the needs of individuals;
- Inconsistent and unclear pathways, so service users may receive a different service offering depending on the referral route; and

- Services are not always clearly aligned with individual's outcomes and need to become more recovery focused.

Emerging Service Needs

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

- A growing demand for services (an increasing number of people being referred or assessed for services).
- A growing demand for services from an increasingly elderly population, living well longer but often with complex and multiple conditions.
- An increase in referrals to mental health services for assessment of anxiety and depression.
- Demographic change placing demands on centres of population, leaving remote and rural services more difficult to sustain.
- Significant financial savings and efficiencies to be realised.
- More people living alone.
- The need to tackle health inequality barriers.
- Lifestyle choices, eg substance use and the impact on personal health and population health.
- The changing nature of availability of unpaid carers and informal support networks putting pressure on statutory services.
- Rising expectations of services – a more demanding public and expectation of more engagement about individual health and care options.
- Medical advances, changing the nature of treatment for diseases.
- The potential for home or community based technology to transform interactions between professionals and patients / service users, including living safely at home and managing long term conditions.
- The use of video conferencing facilities, social media and smart phone applications to transform our relationship with patients / services users and help them to look after and improve their own health and wellbeing.
- An increase in focus on community based provision and primary and social care - working in partnership with local communities, enhancing roles in primary care, and helping people to help themselves.

- A persistent, and perhaps widening, inequality gap.

> *"The Commission on Tackling Inequalities in Shetland[2] heard evidence relating to socio-economic equalities and geography in Shetland. The Foreword states that,*
>
> *"Shetland doesn't exhibit the extreme disparities in wealth, health and other indicators that characterise some communities. Nevertheless, the evidence gathered by the Commission confirms that, in 2016, inequality is an inescapable feature of Shetland life. Some of our fellow citizens are struggling. Their circumstances differ, but lack of sufficient money to live a decent life is a common factor. The causes of their difficulties are not simple but it's clear that a variety of influences, including changes in welfare policies, are making their position steadily more precarious.*
>
> *Inequality can take many forms. It is frequently thought of as economic and characterised in terms of wealth and poverty. However, there are also manifestations of inequality in education, environmental quality, ethnicity, gender, geography, health, social status and in power and influence.*
>
> *Inequalities in Shetland are more keenly felt, where the differences between those with resources and without are well defined; the relatively prosperous community and cost of housing adds to the pressures faced by those who are struggling to make ends meet. In summary, those individuals and families in Shetland who are particularly vulnerable are those:*
>
> - *with poor mental health;*
> - *with poor educational experiences: engagement is difficult, attainment may be low;*
> - *unable to achieve or maintain employment;*
> - *at risk of homelessness;*
> - *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.*

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

And:

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

There are a number of cross-cutting plans to address these issues, supported by the local community planning arrangements. This includes looking at many social factors as well as health specific initiatives and will include, for example, welfare reform, fuel poverty and social isolation.

Specific mental health service needs which have been evidenced through case reviews and current activity include:

- higher levels of long term mental health conditions, ie schizophrenia, per head of population
- higher prevalence of emotionally unstable personality disorder presentations
- although anecdotal, practitioners observe higher prevalence of historic childhood sexual abuse incidents
- higher than average presentations at primary care for mental health consultations
- high prevalence of co-morbidity, including substance misuse

Service Redesign Vision and Ambition

Our aim is to established a multi-disciplinary team in each locality, supported by the specialist Mental Health Team based in Lerwick and accessing specialist support through regional service delivery arrangements (predominantly with NHS Grampian through an Obligate Network).

In order to deliver that Vision, using local performance data and trends, the Service has identified the following gaps in core service:

- CBT Therapy
- Occupational Therapy
- Skill mix that utilises recovery pathways
- Community links

In order to achieve the Stepped Care Model (appendix 1) we need to establish MDTs. We currently have limited service being delivered in Tier 3 (green). The CPNs pick up this work but it should really be Therapists with support from Recovery Workers and OTs.

Vision

Each CPN would have a Recovery Worker attached to them and work from a Locality (not necessarily based there but attached to a Health Centre). They would work closely with the Community Link Workers (Health Improvement). These link workers, with additional funding and training could potentially undertake triage assessments – ensuring every patient is seen and passed to the right Tier at the right time – better access for patients and less inappropriate referrals to CMHT.

Additional core staff to join the small multi-disciplinary team, will help to address known and specific gaps in service to help us grow a resilient and sustainable crisis response team, specifically to address one of the purposes of the Action 15 funding around A&E and police custody.

Additional core staff will also add to our ability to share expert knowledge around with non-medical staff in order to share knowledge, expertise, and upskill non-mental health staff, who will be work with mental health patients and service users in a generic setting.

Consultation and Engagement

Due to timescales, other commitment and holiday periods, it has not been possible to fully engage with all our partners on these plans in time for the submission deadline of 31 July 2018.

As part of the process of presenting the Report to the IJB in September 2018, the Plan will be submitted for consultation and review to the following groups:

- Strategic Planning Group
- Clinical, Care and Professional Governance Committee
- Joint Staff Forum
- Local Partnership Finance Team
- NHS Area Partnership Forum
- Mental Health Forum
- Project Team for the Service Redesign Process
- Community Justice Partnership

Funding Arrangements for Shetland Integration Authority

The funding award for Shetland is set out below.

£	2018-19	2019-20	2020-21	2021-22
Allocation	53,907	83,311	117,615	156,821

For staffing, the assumption is for Shetland to have an additional 3.92 whole time equivalent posts by 2021-22.

The funding requirements cover:

- Additional core staff
- Training
- Technology
- Backfill for learning from other areas

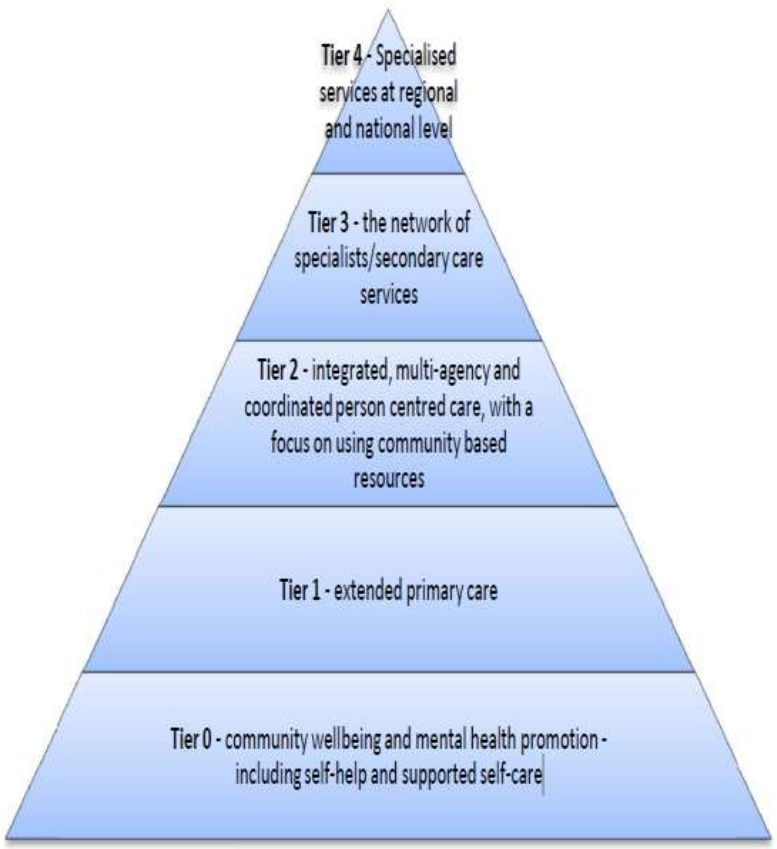
Summary of Agreed spending breakdown for 2018-19 with anticipated monthly phasing.

£	2018-19	Staff	Training	Technology
Allocation	**53,907**			
September				
October				
November				
December				
January				
February				
March				
Total				

Action Plan

	Year 1	Year 2	Year 3
Service Redesign	Needs Assessment and Gap Analysis	Implementation Plan	
Staff	Identify gaps in core services and recruit accordingly	Identify gaps in core services and recruit accordingly	Identify gaps in core services and recruit accordingly
Training	Implement Training Plan in line with NES and other providers best practice	Implement Training Plan in line with NES and other providers best practice	Implement Training Plan in line with NES and other providers best practice
Technology	Explore alternative and effective technology based national interventions, to suit remote / rural locations		

Appendix 1: Current Activity – Snapshot July 2018



Current Activity	Numbers Patients / Service Users
Off-island placements	Average 12 per annum (multiple-visits)
Local Acute Bed Days	Average 10 per month
Psychiatry Service	Approximately 200 Case Load
Psychiatric Nursing Service	Approximately 520 Case Load
Psychology Service (Tier 4)	Approximately 15 Case Load Waiting List 70 + Waiting Duration 12 months plus
Talking Therapies Service (Tier 2)	Approximately 45 Case Load Waiting List 50 + Waiting Duration 22-25 weeks
Substance Misuse Recovery Service	Approximately 200 Case Load Waiting List zero
Dementia Diagnostics Service	176 Live Cases with approximately 15 new referrals a month
Post Diagnostic Service	Capacity to support 45 cases with the 5-tier model
Community Mental Health Support Service	7 tenants 44 Outreach Clients
Primary Care	+9,000 presentations recorded
Social Work	160 live cases with ‘mental health illness’
Community Care Resources	Currently 44 clients

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	5 September 2018
Report Title:	IJB Business Programme 2018/19 and IJB Action Tracker	
Reference Number:	CC-34-18-F	
Author / Job Title:	Simon Bokor-Ingram, IJB Chief Officer	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board RESOLVES to consider and approve its business planned for the financial year to 31 March 2019 (Appendix 1).

1.2 To REVIEW the IJB Action Tracker (Appendix 2).

2.0 High Level Summary:

2.1 The purpose of this report is to allow the IJB to consider the planned business to be presented to the Board during the financial year to 31 March 2019, and discuss with Officers any changes or additions required to that programme.

3.0 Corporate Priorities and Joint Working:

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

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

4.0 Key Issues:

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

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

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

	Any costs associated with the development and maintenance of the IJB Business Programme will be met from within existing budgets of the Council and the Health Board.
6.6 Assets and Property:	There are no implications for major assets and property. It is proposed that all meetings of the IJB will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board.
6.7 ICT and new technologies:	There are no ICT and new technology issues arising from this report.
6.8 Environmental:	There are no environmental issues arising from this report.
6.9 Risk Management:	The risks associated with setting the Business Programme are around the challenges for officers meeting the timescales required, and any part of the Business Programme slipping and causing reputational damage to the IJB, the Council or the NHS. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the IJB's Business Programme with the objectives and actions contained in its Strategic Plans could mitigate against those risks.
6.10 Policy and Delegated Authority:	As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf. Having in place a structured approach to considering key planning, policy and performance documents at the right time is a key element of good governance. Regular Business Planning reports are already prepared for each IJB meeting.
6.11 Previously considered by:	NA

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22nd August 2018

Appendices:
Appendix 1 Business Programme 2018/19
Appendix 2 IJB Action Tracker

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Friday, 24 August 2018

Integration Joint Board		
	Date of Meeting	**Business**
Quarter 1 1 April 2018 to 30 June 2018	Wednesday 6 June 2018 at 2 p.m.	• Self Directed Support Costs • Primary Care Improvement Plan • 2018/19 Business Programme
	Wednesday 20 June 2018 at 3 p.m.	• Financial Monitoring Report to 31 March 2018 • Shetland Islands Health and Social Care Partnership Quarterly Performance Overview – January - March 2018 • Annual Performance Report • 2017/18 Unaudited Annual Accounts • Mental Health Resources – Strategic Outline Case • Shetland's Partnership Plan 2018-2028 – The Local Outcome Improvement Plan • Audit Scotland Report – What is Integration? • 2018/19 Business Programme
Quarter 2 – 1 July 2018 to 30 September 2018	Wednesday 5 September 2018 at 2 p.m.	• 2018/19 Q1 Management Accounts • Mental Health Action 15 Plan • Internal Audit Service
	Friday 21 September 2018 at 10.30 a.m.	• 2017/18 Audited Annual Accounts • 2017/18 Annual Audit Report • 2018/19 Winter Plan
Quarter 3 - 1 October 2018 to 31 December 2018	Wednesday 8 November 2018 at 2 p.m.	• 2018/19 Q2 Management Accounts • Intermediate Care Team Update • Primary Care Improvement Plan Update • Child Protection Committee Annual Report 2017/18 • Carers Eligibility Criteria • Code of Corporate Governance
Quarter 4 1 January 2019 to 31 March 2019	Wednesday 23 January 2019 at 2 p.m.	• Joint Organisation and Workforce Development Protocol
	Wednesday 13 March 2019 at 2 p.m.	• 2018/19 Q3 Management Accounts • IJB Budget 2019/20

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Friday, 24 August 2018

Planned business still to be scheduled - as at Friday, 24 August 2018

- Code of Corporate Governance – Approval
- Joint Strategic Commissioning Plan
- Social Care Model
- Right to Advocacy
- Outcomes from Scenario Planning Event (Paper to be submitted)

END OF BUSINESS PROGRAMME as at Friday, 24 August 2018

	ACTIONS - IJB						
No	**Agenda Item**	**Responsible Post Holder**	**IJB Meeting Date**	**Target Date**	**Action**	**Update**	**R/A/G Status C (Completed)**
17	IJB Business Programme 2017 *CC-60*	Chief Officer	19.12.17		The IJB approve its business planned for the financial year to 31 March 2018, including any changes or additions identified; and APPROVED the dates for the 2018/19 Board and Audit Committee meetings, with the exception of 22 June 2018 which will be rescheduled and advised in due course.	Carers Strategy Review – refresh to come back to IJB	
18	Outcomes from the Scenario Planning event.	Head of Planning	06.06.18		Outcomes and way forward to be articulated for the IJB to consider at a future meeting.	Paper to come to future IJB meeting	
19	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, January - March 2018 *CC-25-18*	Head of Planning	20.06.18		Seminar(s) to be arranged in run up to the Strategic Plan Refresh	In place	C
20	Shetland Islands Health and Social Care Partnership Annual Performance Report 2017-	Head of Planning	20.06.18		Chief Financial Officer to provide Vice-Chair with a note of the cost of agency cover	Completed	C

	18 *CC-23-18*						
21	Financial Monitoring Report to 31 March 2018 (Including Financial Recovery Plan Update) *CC-24-18*	IJB Chief Financial Officer	20.06.18		Update on the next steps to be provided to Members following the presentation of a report on the final Accounts that describes the funding gap, to the NHS Board meeting on Friday.	Incorporated into seminar process and quarterly updated to the IJB	C
22	Unaudited Accounts 2017/18 *CC-31-18*	IJB Chief Financial Officer	20.06.18		Within the accounts change “carer” to “unpaid” carer, where appropriate, within the document before it is finalised.	Remitted to Chief Financial Officer	C
23	Shetland's Partnership Plan 2018-2028 - the Local Outcome Improvement Plan *CC-21-18*	Head of Planning	20.06.18		Check Appendix 2 “People who feel they want to be more involved in decision making” the % reduces at each target. Comment made that this should be increased not reduced by 2028. Report back how the IJB are clearly engaging with Shetland Partnership in planning and public engagement in a cohesive and efficient way at locality level	Remitted to Development	C
24	Audit Scotland Report - What is Integration? *CC-26-18*	Director of Community Health and Social Care	20.06.18		Consider how report can be used to explain integration to wider audiences	Incorporated to communications with staff/public	C

25	IJB Business Programme 2018/19 and Action Tracker *CC-29-18*	IJB Chief Officer	20.06.18		IJB Business Programme: "Planned business still to be scheduled" move Joint Strategic Commissioning Plan" to September meeting	Paper to be presented at future meeting	