Shetland Islands Health and Social Care Partnership

Shetland NHS Board	**Shetland Islands Council**

Enquiries to Leisel Malcolmson
Direct Line: 01595 744599
E-mail: leisel.malcolmson@shetland.gov.uk

1 November 2018

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Thursday 8 November 2018 at 2pm
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 meeting held on i) 5 September 2018 and ii) 21 September 2018 (enclosed).
ITEM	
1.	Annual Chief Social Work Officer Report 2017/18 *CS-34*
2.	Winter Plan for Ensuring Service Sustainability including the Festive Period 2018-19 *CC-48*
3.	Carers Information Strategy Update *CC-46*
4.	Intermediate Care Team Update *CC-42*
5.	Primary Care Improvement Plan Update *CC-43*

Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Wednesday 5 September 2018 at 3pm** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	**Voting Members** Natasha Cornick Allison Duncan Steven Leask [substitute for Robbie McGregor] Emma Macdonald Shona Manson 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 Catherine Hughson, Third Sector Representative Graham Laing [substitute for Edna Watson, Senior Clinician – Senior Nurse] Karl Williamson, Chief Financial Officer
In attendance [Observers/Advisers]	Ralph Roberts, Chief Executive – NHS Shetland Gary Robinson, Chairman – NHS Shetland Board Christine Ferguson, Director – Corporate Services, SIC Karen Smith, Head of Mental Health Services (Interim), NHS Shetland Jan Riise, Executive Manager – Governance and Law, SIC Sheila Duncan, Senior Accountant, SIC Anne Cogle, Team Leader - Administration, SIC *[note taker]*
Apologies	**Voting Members** Robbie McGregor **Non-voting Members** Susanne Gens, Staff Representative

	Ian Sandilands, Staff Representative Martha Nicolson, Chief Social Work Officer Edna Watson, Senior Clinician – Senior Nurse **Observers/Advisers** None.
Chairperson	Mrs Williamson, Chair of the Integration Joint Board, presided.
Declarations of Interest	Ms Maggie Gemmill declared an interest in relation to agenda item 2 [Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15)]. Ms Gemmill stated that she was a member of the Mental Health Forum and had a meeting planned for 19 September where this report is the sole matter for discussion. Ms Gemmill added that she was also an active member of Shetland Samaritans who are listed in the report as part of Voluntary Sector Services. She concluded that all of her interests were voluntary with no financial involvement.
Minutes of Previous Meetings	The minutes of the meeting held on 6 June 2018 were confirmed on the motion of Mr Allison Duncan, seconded by Ms Natasha Cornick. The minutes of the meeting held on 20 June 2018 were confirmed on the motion of Ms Emma Macdonald, seconded by Mr Allison Duncan.
Chairperson's ruling	The Chair ruled that, due to special circumstance namely due to the timescales involved, the following item of business is to be considered at this meeting as a matter of urgency in terms of paragraph 5.3.7 of the IJB's Standing Orders for Meetings – Agenda item (d) – Non Voting Appointments to the IJB.
25/18	**Appointment of Non-voting Members of the IJB**
Report No. GL-17-IJB	The IJB considered a report by the Executive Manager - Governance and Law, which sought to affirm the re-appointment of non-voting members to the IJB for a further period of 3 years, and to present a nomination for appointment to the vacant non-voting member representative of Senior Consultant – Local Acute Sector. The Executive Manager summarised the terms of the report, during which he indicated that, if re-appointed, the non-voting representative organisations would be asked to confirm their representative would be continuing and that he would report back if there were any changes to be made. Ms Shona Manson referred to section 4.5 of the report, and to the end of the Chair's NHS term of office, and suggested that the

	NHS give early consideration to succession planning and induction for the new member and Chair. The Chair noted, and asked the Chief Officer and Chief Executive of the NHS to follow up on this in early course. The IJB unanimously approved the terms of the report.
Decision	The IJB: 1.1 NOTED the re-appointment of existing NHS voting members to 30 June 2021; 1.2 APPROVED the re-appointment of existing non-voting Members to 19 July 2021; and 1.3 APPROVED the appointment of Non-Voting Member Senior Consultant – Local Acute Sector representative to the IJB, namely Dr Pauline Wilson, for a three-year period to 19 July 2021.
26/18	**Financial Monitoring Report to 30 June 2018 (Including proposed approach to addressing current and projected overspends)**
Report No. CC-33-18-F	The IJB considered a report by the Chief Financial Officer that presented the Management Accounts as at the end of the first quarter of the 2018/19 financial year. After hearing the Chief Financial Officer introduce the report, particular reference was made to paragraph 2.3 and more explanation was sought as to what was meant by the "further discussions required" with regard to the project overspend by NHS Shetland at year end, and how future funding allocations may be affected. The Chief Financial Officer explained that should NHS Shetland require brokerage there would be less funding available for the IJB in future years due to the loan repayment commitments faced by NHS Shetland. Mr Roberts advised that if NHSS was to consider venturing into brokerage, this would have to be contained within financial plans, and resourced in the long term until the accounts could be brought into balance, and those issues would require discussions with the IJB around service delivery and the impact of ongoing savings targets. Ms Macdonald suggested that the same situation had risen in previous years, and each year it appeared to have been resolved, and wondered why this year was expected to be any different. The Chief Officer agreed it had been the case that in previous years the IJB had been told that the accounts would not balance, but they had, but he said the general view was that the reliance on funding had grown each year, the issue of spending had not

	slowed down and all predictions so far were not showing a break even position. Mr Roberts added that the scale of the problem was bigger than last year, compounded by the fact that the allocations from the government were not known. The Chair asked whether these issues had been flagged up with the government and the difficulties they were causing. Mr Roberts confirmed that conversations about these issues were held at the end of each quarter, but the Government's position was still that NHSS was expected to make decisions that would allow the IJB to break even. He said that the Government had corrected a number of allocations made last year as they were incorrect, and these had reduced the overspend, and a number of fortuitous underspends had been made throughout the year, but at this point it was not possible to whether those scenarios would happen again. Ms Gemmill referred to paragraph 4.8 regarding the Primary Care overspends, and said that she had not reached the same amounts, particularly for the Bixter practice. The Chief Financial Officer was able confirm that this paragraph only contained the main issues, and there were a number of other small variations which made up the detailed figures. With regard to Lerwick Health Centre, the Chief Financial Officer explained that it had had no overspend and was aiming to break even. He explained that the reason for this was that locums were funded through vacancies and it had been easier to recruit in Lerwick compared to other areas. He confirmed that, with regard to Whalsay in particular, a Service Level Agreement was in place, and this came at a premium rate and cost more to recruit to, hence the budget, based on salaried grades, was less than actual costs. Mr Roberts said that the model run in Whalsay was more expensive, and if that model was to continue to run, then the IJB would have to consider that as part of its budget submission. He explained that for two to three years now, budgets had been inextricably linked back to funding from the Scottish Government, and so was not done on cost, which emphasised where there is a discrepancy between running a practice and what is funded. Mr Roberts said that a particular judgement would be made as part of that process, with an emphasis on the point that running medical practices based on different solutions, because NHSS have been unable to appoint substantive GPs for a number of years. In this regard, he said, there would be a need to think differently about how GPs are contracted, and SLAs was one way. In response to questions regarding project savings, the Chief Financial Officer advised that no specific plans had been developed, but the first such paper regarding the Primary Care improvement Plan was the most developed so far and would be coming to the IJB, but as yet the figures were not specific. The Chief Officer added that scrutiny of the projected overspend looks

	likely, and the level of confidence of recovering that position was currently very low. Mr A Duncan said that it had been made clear on many occasion that the Scottish Government had to fund these costs, and every effort should be made to continue raising this matter, especially for Shetland where fares and accommodations costs were more expensive than other areas. The Chair agreed, adding that it was down to all Shetland community partners to make the case for more funding. The Chair then referred to paragraph 4.17 of the report and asked when the projects currently underway would culminate in reports to the IJB. The Chief Officer advised that these projects would evolve over the next few months, and key actions would be reported to the IJB as they were developed. Regarding questions on recruitment, the Chief Officer explained the position in relation to gaps that still remained in Walls, Bixter and Whalsay, but that the Lerwick Health Centre had been a success. He said that there was a need to continue to try ad recruit, but look at alternative solutions. Mr Duncan referred to recent issues around Brexit and health services perhaps having to store medications, and asked if there had been any discussions about this. The Chief Officer said that NHSS would not be stockpiling medicines, and any issues regarding any Brexit impacts were being addressed by the Scottish Resilience Forum. With regard to Self Directed Support core funding, the Chief Officer said that, in some respects, self-care and self-management was considering the impact of traditional services versus private service, but these were still decisions that had to be made and there were still costs that arise from promoting Self Directed Support and creating internal capacity. The IJB otherwise NOTED the terms of the report.
Decision	The IJB NOTED the 2018/19 Management Accounts for the period to 30th June 2018 and the proposed approach to addressing current and projected overspends.
27/18	**Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15)**
Report No. CC-35-18-F	The IJB considered a report by the Director of Community Health and Social Care and Karen Smith, Head of Mental Health Services (Interim) that sought approval of the draft mental Health Action 15 Plan and for the continuation of action by the Chief Officer to draw down the Scottish Government allocation.

	After hearing the Head of Mental Health Services (Interim) introduce the report, the Chief Officer said that the report illustrated a really good piece of work by the staff involved. He said that, in particular, the directory of available services would help to signpost people to ensure they were getting the right level of support – so not necessarily getting people to higher levels, but having greater levels of earlier intervention. He said the directory would sit with GPs and others, and would mean that with a generic service, it can meet individual needs much earlier, then there's far more chance that those issues can be dealt with in Shetland. Ms Manson agreed that this was a really good piece of work. However, she said she had still had major concerns about talking therapies and the apparent stack of waiting lists for those, in some cases people waiting for a year. She asked if that would be part of a bigger enablement plan. The Head of Mental Health Services (Interim) said that the strategy was intended to ensure that individuals were dealt with at the right level and if people had complex and extreme symptoms they needed to be dealt with at a higher specialist or statutory level, but if they do not fit into that category they may go on a waiting list, but they were still receiving a service but at a lower level as required. She added that to assist with the numbers a member of staff would be trained to train other staff to run group therapy sessions, and this would have an impact on the waiting lists for those at the lower tiers and the waiting lists would start to decrease. Ms Hughson referred to Appendix 1 and the number of service users, and the Head of Mental Health Services (Interim) agreed that some of those could be individuals who were double counted as people would be committed to different services. Mr Leask referred to a recent funding announcement from the Scottish Government of £250m for mental health in Scotland over 5 years, and asked if this was new money in addition to what was already funded. The Chief Officer said the announcement had only recently been made, and it was not clear yet what it meant, and clarification was being sought and would be shared with the IJB when that was known. Ms Gemmill referred to Psychological staff and lone working, and asked how their own mental health was supported. The Chief Officer confirmed that there was a supervision arrangement in place so everyone had a person that they can go to. He said that a single handed practitioner may have someone off island, and they provided support for individuals and gave professional oversight of the cases that they are managing. In addition, the Head of Mental Health Services (Interim) said that individuals were also part of a wider team, and case discussions were held as well as other local team support mechanisms.

	With regard to the government funding, the Chief Officer said that a piece of work was being done to redesign and make efficiencies, and was driving the service to consolidate and integrate what was a disparate health and social care team. He said the opportunity around making the efficiency does allow the service to improve outcomes overall, and so there was a challenge around efficiencies which can improve quality, but making sure that we are getting the right outcomes for individuals. The Chief Officer said that the savings targets were still required, but by effectively redesigning it would create an efficiency as well as improving quality and outcomes for individuals. Ms Gemmill asked if the redesigned service would start to reduce the number of those waiting for services. The Head of Mental Health Services (Interim) said that group work in particular would have an impact, and efficiency savings would plug gaps in other areas where services in the past had not been able to. Regarding recruitment to new posts, the Head of Mental Health Services (Interim) said she remained optimistic, and discussions were ongoing with other island bodies, including discussions about regional working. She confirmed that any recruitment issues would be reported back if another solution was required. Regarding £250m funding over the next 5 years, the Chief Financial Officer said it had just been confirmed that some of that funding, around £60m, would be going to local authorities for use in schools. The Chair said that everyone was very happy with the report, and any additional external funding, the detail of which was to be clarified, would of course be gratefully received. Mr A Duncan moved that the IJB approve the terms of the report. Mr S Leask seconded, and the IJB unanimously agreed.
Decision	The IJB: • APROVED the draft Mental Health Action 15 plan, and • INSTRUCTED the Chief Officer to continue to take the necessary action to draw down the Scottish Government allocation.
28/18	**IJB Business Programme 2018/19 and IJB Action Tracker**
Report No. CC-34-18-F	The IJB considered a report by the IJB Chief Officer – NHS, which detailed the planned business to be presented to the Board during the financial year to 31 March 2019.

	The IJB Chief Officer introduced the report and suggested the following changes to the Business Programme: <u>21 September –</u> Add: • Draft Strategic Commissioning Plan • Q1 Performance Remove: • 2018/19 Winter Plan <u>8 November -</u> Add: • 2018/19 Winter Plan • Q2 Performance • Carers Strategy <u>13 March -</u> Add: • Q3 Performance Members noted that the timing for the final sign off of the Winter Plan and Strategic Plan may require a special meeting to be called during December. With regard to Right to Advocacy report, the Chief Officer advised that working had started on identifying gaps that have to be addressed jointly with community partners. He said it was hoped that a report could be presented to the IJB early in the new calendar year. Regarding the Winter Plan, Mr Duncan pointed out that there had been a few instances last year where lack of gritting on the roads had resulted in accidents involving staff, and asked if this was to be taken account of in the Winter Plan. The Chief Officer said that ensuring staff were ready for winter conditions, such as checking car tyres and ensuring that SIC and NHSS fleet cars are prepared adequately for winter. In terms of gritting, the Chief Officer advised that he was able to call upon the Roads Service for support at any time if required for a home visit for Health and Social Care reasons. However, he said that the general policy around gritting was not a matter which he, or the IJB, had any control over. The Executive Manager – Governance and Law advised that the Council also had a Winter Resilience Plan in place, which included responsibilities in the event that Business Continuity Plans had to be brought in for dealing with service impacts of severe weather conditions. With regard to the earlier report on the Mental Health Services response to the National Mental Health Strategy, the Board agreed that a report should be prepared by the Chief Officer to

	a future meeting, either 21 September or 8 December, on any Directions required from the IJB to implement the Action 15 plan. The IJB otherwise approved the Business Programme and noted progress as stated in the Action Tracker.
Decision	The IJB: • RESOLVED to approve its business planned for the financial year to 31 March 2019, taking account of the changes noted above; and • NOTED the IJB Action Tracker.
On the motion of Ms M Williamson, seconded by Mr A Duncan the IJB resolved, in terms of the IJB Standing Orders for Meetings, to exclude the public from this meeting during consideration of the following item of business, on the grounds that it is likely that, if the public were present, there would be disclosure of exempt information as defined in paragraph 9 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973.	
29/18	**Internal Audit Service**
	The IJB considered a report by the Director of Corporate Services, which presented information regarding proposals to change the internal audit service arrangements for the IJB in light of changes proposed to the Council's Internal Audit Service. On the motion of Mr A Duncan, seconded by Ms E Macdonald, the IJB unanimously approved the terms of the report.
Decision	The IJB: • CONSIDERED the information presented in the report; appendices and the decisions of the Council; and • AGREED that Shetland Islands Council continue to provide Internal Audit services for the IJB and AGREED that elements of this function may be provided through external procurement arrangements subject to the decisions of the Council in this regard.

The meeting concluded at 3.35 p.m.

.....
Chair

This page has been intentionally left blank.

Agenda Item

cii

Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Special Integration Joint Board (IJB)**
Date, Time and Place	**Friday 21 September 2018 at 10.40am** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	**Voting Members** Allison Duncan Jane Haswell [Substitute for Natasha Cornick] Andrea Manson [Substitute for Robbie McGregor] Emma Macdonald Lisa Ward [Substitute for Shona Manson] Marjory Williamson **Non-voting Members** Sue Beer, [Substitute for Catherine Williamson, Third Sector Rep] Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Maggie Gemmill, Patient/Service User Representative Susanne Gens, Staff Representative Jim Guyan, Carers Strategy Group Representative Denise Morgan, [Substitute for Martha Nicolson, CSWO] Ian Sandilands, Staff Representative Edna Watson, Senior Clinician – Senior Nurse Karl Williamson, Chief Financial Officer Pauline Wilson, Senior Clinician: Local Acute Sector
In attendance [Observers/Advisers]	Ralph Roberts, Chief Executive, NHS Gary Robinson, NHS Shetland Board Chairman Hazel Sutherland, Head of Planning and Modernisation, NHS Mary McFarlane, Pharmacist, NHS Christine Ferguson, Director of Corporate Services, SIC Jan Riise, Executive Manager – Governance and Law, SIC Sheila Duncan, Management Accountant, SIC Leisel Malcolmson, Committee Officer, SIC *[note taker]*
Also In Attendance	Connor Healy, Deloitte LLP James Corrigan, Deloitte LLP

Apologies	**<u>Voting Members</u>** Natasha Cornick Shona Manson Robbie McGregor **<u>Non-voting Members</u>** Catherine Hughson, Third Sector Representative Martha Nicolson, Chief Social Work Officer
Chairperson	Marjory Williamson, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.
30/18	**Annual Audit Report 2017/18**
Report No. CC-38-18-F	The IJB considered a report by the Chief Financial Officer - NHS, which presented Deloitte's Annual Audit Report on the 2017/18 Audit. Mr Corrigan and Mr Healy, of Deloitte LLP, introduced the Annual Audit Report and referred to the key messages and issues set out therein. Mr Healy commented on the two significant risks identified and how those would be addressed and taken on board for next year. He advised that an unmodified opinion had been given on the accounts. Mr Healy also drew attention to the insights and recommendations made to the wider audit dimensions and advised that the statement of audit accounts was ready to be signed. Mr Healy went on to comment on the financial stability of the IJB and stressed that it was the responsibility of the IJB to achieve a balanced budget and it was not for the NHS or the SIC to make that balance. Mr Healy said that the short term funding gap of £2.3 was not part of the IJB's approved budget and it was not appropriate for that to continue. He gave Tayside and North Ayrshire as examples where different options were considered. He advised that in one area it had been agreed that over the next two years both the NHS and the Local Authority would pay 50% each towards the funding gap. Mr Healy said that this may not be a route for Shetland but it was important to know that there are options. Mr Healy also commented on the change in membership and leadership as well as the high level of substitutions that take place at meetings. In response to a question Mr Healy explained how integrated budgeting would work in practice, where money would be given to the IJB and it becomes the IJB's money. He said that across the

	country there is a culture of us and them rather than the IJB being viewed as a distinct body. Further discussion was held on the complexities of funding the IJB and Mr Healy said that Audit Scotland was aware of this issue and the need to produce guidance on it. He said that he would share Audit Scotland's solution with the Board and management which he hoped would be available by the year end. The Director of Corporate Services, SIC, advised that there are ways for the Board to consider these issues before the Audit Scotland guidance becomes available. She said that there is the Strategic Plan and if that was fully costed the funding from either party could be in line with the plan, If the funding does not match the Strategic Plan, then the Council and NHS can ask the IJB to redo the Strategic Plan. The Director of Corporate Services added that as the IJB moves towards its own Medium Term Financial Plan it doesn't have to wait for Audit Scotland. She said that the key issue is that public bodies are strapped for cash in meeting the needs of the public, but formal sign off by the three bodies of a fully funded Strategic Plan means that an integrated budget is possible. The Chief Officer stated that there is a pooled budget for drugs and alcohol and said this was a good example of where the NHS and SIC have integrated budgets and this could be considered across the rest of the IJB business. There followed a number of questions that Officers and the Auditors responded to, as required. During discussions on the involvement of Third Sector in Scenario Planning, it was noted that it will be possible to identify where the Third Sector can be more efficient than providing services in house so it was important to look at who could provide the best outcomes. Following some discussion on the feedback from the Health and Wellbeing Survey, it was agreed that Jim Guyan, Carer's Representative, will discuss the Health and Wellbeing Survey with the Carers Forum.
Decision	The IJB NOTED Deloitte's Annual Audit Report on the 2017/18 Audit.
31/18	**Final Audited Accounts 2017/18**
Report No. CC-37-18-F	The IJB considered a report by the Chief Financial Officer - NHS that presented the Audited Annual Accounts for 2017/18. The Chief Financial Officer introduced the report and advised that there were no material change to the Unaudited Accounts presented to the IJB on 20 June 2018. During questions it was noted that the post title on page two of Appendix 1 for Kathleen Carolan was incorrect and it should read Senior Nurse – Senior Clinician. It was also noted that there was a change to the timetable, however the Board was advised that as

	the accounts were to be signed following the meeting it would not be amended but taken account of for next year. During further discussion comment was made around the need for better digital connectivity with outlying islands and remote areas as well as the need to ensure that Scottish Ministers understand the excessive additional cost when employing locums in terms of transport and accommodation. It was noted that Shetland is in line to receive wider broadband coverage by 2021. Mr Duncan moved that the Council approve the recommendations contained in the report, Ms Haswell seconded.
Decision	The IJB CONSIDERED and approved the audited Annual Accounts for 2017/18 and NOTED the Management Representation Letter.
32/18	**Performance Overview Quarter 1 – April – June 2018**
Report No. CC-36-18-F	The IJB considered a report by the Head of Planning and Modernisation – NHS that summarised the activity and performance within the functions delegated to the IJB. The Head of Planning and Modernisation introduced the report and explained the new style of reporting of information in Appendix C with additional graphs. The Head of Planning and Modernisation advised that Mary MacFarlane, Pharmacist, was in attendance to answer any questions on Appendix 2, the Focus on Pharmacy and Prescribing. In responding to a question regarding the frequency of filling patient prescriptions, the Pharmacist advised that there would be savings if prescriptions were provided to cover an increased period of time. She explained however that it is not unusual for medication to be stopped or changed which would result in greater waste. She explained that in Shetland a prescription is given for 28 days but in chronic cases medication can be prescribed for one year which means that there is a lot less work involved in that process. In terms of efficiency the Pharmacist explained that it was challenging for prescribers but they recognise that they need to be as efficient as possible. Following further questions and discussion it was agreed that future reports would include more detail in the following areas: • CCR005 Occupancy of care homes - include details on the change of use of beds. • PH-HI-03 – include detail about online training • Para 4.2.1 of the report – provide more information on outcome measures for mental health and, share with members the mental health outcome framework.

Decision	The IJB NOTED the content of the report.
33/18	**Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, Refresh 2018-2021**
Report No. CC-32-18-F	The IJB considered a report by the Head of Planning and Modernisation - NHS which presented a refresh of the Joint Strategic Commissioning Plan. The Head of Planning and Modernisation introduced the report and said that it was best practice to refresh the document annually. She said that this was not done last year as it was agreed to wait for the outcome of the scenario planning. The Head of Planning and Modernisation informed the IJB that the refresh was carried out in consultation with stakeholders providing a balance between safety, quality and cost. She advised that although scenario planning had been undertaken it had not been possible to align the strategic plan with the financial plan but it was important to provide a report at this time to seek approval to go to consultation. During discussion the Head of Planning and Modernisation took on board comments in regard to training for carers and those being cared for in order to fully understand what the individuals health problems are and what could happen, which could help with the level of professional involvement required. Comment was made on anticipatory care plans and whether there may be interesting models in other areas that could be considered. Reference was made to New Zealand and Faroe was suggested as an island area of interest where there is an integrated health and social care services, that could be relevant to Shetland's situation. The Head of Planning and Modernisation said that there are models in place that are working in other areas in the UK and beyond. The Head of Planning and Modernisation advised on the next steps in the consultation process. Ms Macdonald moved that the IJB approve the recommendations contained in the report. Mr Duncan seconded.
Decision	The IJB APPROVED the Draft Joint Strategic Commissioning Plan 2018-21 for consultation, to invite comments from the relevant stakeholder groups in accordance with their remit using the exploratory questions at section 2.8.

The meeting concluded at 12.20pm.

.....
Chair

Agenda Item

1

Shetland Islands Council

NHS Shetland

Meeting(s):	Education and Families Committee Integration Joint Board	4 October 2018 8 November 2018
Report Title:	Chief Social Work Officer Report	
Reference Number:	CS-34-18-F	
Author / Job Title:	Martha Nicolson, Chief Social Work Officer	

1.0 Decisions / Action required:

1.1 The Integration Joint Board is asked to CONSIDER and NOTE the Annual Report from the Chief Social Work Officer.

1.2 Education and Families Committee is asked to CONSIDER and NOTE the Annual Report from the Chief Social Work Officer.

2.0 High Level Summary:

2.1 The Chief Social Work Officer is required to prepare a summary annual report for the Council and the Integration Joint Board on the functions of the Chief Social Work Officer role and delivery of the local authority's social work services functions.

2.2 The report is divided into six key themes. Highlights include the following:

a) <u>CSWO's Summary of Performance</u>

- Quality assurance and self evaluation activity is improving and remains a priority. Improvements in the Child Plan document has supported child centred and strengths based assessments.

- A Corporate Parent Board to assist in the collaborative duties of the respective corporate parents was established.

- Work began to integrate Children & Families and Children's Resources into a single children's social work service with the aim that staff will work more collegiately and that service pathways are simplified.

- A decision made by Council in February 2017 to apply the Scottish Joint Council Standby Duty Allowance for Social Workers was welcomed by social workers.

- A review of youth justice in October 2017 recommended the establishment of the service within Children & Families and training in a new assessment

model is underway.

- Collaborative approaches continue to support a successful reduction in discharge waiting times, and re-ablement and support programmes continue to support a shift in people receiving care in their own home.

- There is evidence to indicate services are getting better at identifying what matters to individuals and 84% of people have achieved or mostly achieved their agreed outcomes.

- Unpaid Carers make a huge contribution to social care provision and outcomes for unpaid carers is now included with the Understanding You assessment framework. Work to further identify and formally record carers status will be prioritised, given the low number presently recorded.

- The replacement building for vocational activities for people with learning difficulties, autism spectrum disorder and complex needs, due for completion later in 2018, will provide a fully accessible hub.

- Improving dialogue with new and existing service providers to enhance the development of new service models to deliver more options for high quality care at home is key, with opportunities for increasing use of Self Directed Support.

- Improved use of technology in older people services is helping build community resilience and provide support to people in their own homes.

b) Partnership Working

- The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services.

- The CSWO role currently sits with the Executive Manager Children & Families, reporting directly to the Children's Services Director with a line of accountability to the Council Chief Executive. The CSWO meets regularly with the Director Community Health and Social Care and sits on relevant strategic planning groups in adult and children's services.

- Executive Managers for social work and social care comprise the Social Work Governance group. In the absence of the CSWO, a social work qualified and experienced Executive Manager deputises. However, in February 2018, the Chief Social Work Officer in Orkney provided cover.

- Shetland's Social Work and Social Care Professional Governance Framework was developed by the Chief Social Work Officer and approved by the Council and the Integration Joint Board early 2018.

- The appointment of interim depute Executive Manager in Children & Families social work has helped to ensure more appropriate distance from direct operational decision making.

- A new model for handling social work complaints was introduced in April 2017 providing a simple process for resolving complaints internally through frontline

resolution and investigation. The Chief Social Work Officer role now is one of overseeing the effective governance of social work services and promoting continuous improvement and best practice.

c) Social Services Delivery Landscape

- Unemployment is generally low and health, wellbeing and life expectancy is generally better than the rest of Scotland, however, 49% of households in Shetland do not earn enough to live well. 5.7% or our children live in low income families, a figure which has not changed over recent years.

- Our Integrated Children's Service Plan has a focus on three priorities aimed at improving the lives of children: improving emotional wellbeing and resilience, strengthening families and tackling inequalities.

- Earlier in 2018, a programme of scenario planning workshops across health and social care took place to review current models of care.

d) Resources

- In 2017/18 Children's Services budget totalled £40.3m. £5.6m of this budget related to children's social work. There was an overspend of £257k, mainly in relation to the use of agency staff to cover vacancies; additional staff, overtime and agency staff to temporarily open houses to accommodate children; legal fees for complex social work cases; and, accommodation and travel costs in relation to off island placements. In some areas there is growth, for example residential and foster care. In other areas demand can fluctuate from year to year.

- The budget for 2018/19 in Children's Services is £42.2m, £5.9m of which is for children's social work.

- In 2017/18 the budget for Community Health and Social Care in relation to social services, totalled £22.2m. This budget was underspent by £446k, mainly due to carry forward from the previous year being under utilised, and underspends in specific areas, including staff vacancies.

- The budget for 2018/19 in Community Health and Social Care is £21m.

e) Service Quality and Improvement

Children Services:

- Social workers are predominately engaged in fulfilling statutory duties in relation to children in need of care and protection. In the reporting year, there were fewer child protection referrals and fewer children placed on the child protection register.

- The number of looked after children at 31 March 2018 was slightly lower than previous years. National data indicates that Shetland has the lowest percentage of looked after children per population group aged 0-17.

- At the end of March 2018, a total of three young people were accommodated off island. Developing local resources still remains a priority so that whenever

possible, children can be supported to live in Shetland.

- Seven young people aged 17-24 are in continuing care. Demand is now on services to provide appropriate accommodation and support to young people transitioning out of care.

Adult Services:

- Encouraging social workers to undertake Mental Health Officer training will be essential to ensure sufficiency in capacity for the future.

- In Criminal Justice, case complexity and the average number of cases per social worker remains high. The Community Payback Order is the main community based sentence in Scotland and is a direct alternative to custody. Successful recruitment of a Community Payback Supervisor has led to an increase in the number of unpaid work hours completed.

- Social care services generally deliver very good quality care and support to people in their own homes, as well as in residential homes. The ambition to enable more people to stay at home in their own communities continues with a target set to achieve over 35%. This is currently 43%.

f) Workforce

- As a regulated workforce, there is an emphasis on continuing professional development. Managers in social work and social care, working closely with Workforce Development, have ensured effective staff training and development programmes are in place for staff groups as well as individuals.

- In October 2017, a Joint Organisational and Workforce Development Protocol was approved by the Integration Joint Board. An action plan to address the organisational development challenges is the basis of how the delivery of this strategy will be achieved.

- The development and approval of a single policy for the Support and Supervision for staff across health and social care registered with different regulatory bodies was welcomed and will further support professionals in meeting appropriate organisational and governance standards.

- A small working group has been set up with Human Resources to consider career grades, the development of career pathways, opportunities for newly qualified social workers and other succession planning solutions to address challenges and opportunities for a sustainable service.

3.0 Corporate Priorities and Joint Working:

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

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

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

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

'Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.'

3.3 The Integrated Children's Service Plan 2017-2020 has been developed around three key themes: improving emotional wellbeing and resilience, strengthening families and tackling inequalities, and is reflected in children's service plans.

3.4 The Joint Strategic Commissioning Plan 2018-2021 describes the way in which health and social care services can be delivered jointly across Shetland. It outlines projects intended to deliver change, which includes the development of a sustainable model of social care.

4.0 Key Issues

4.1 Early intervention, prevention and enablement, remains a focus for social work and social care services, working with others to empower, support and protect people.

4.2 Social services continue to adapt and evolve in line with new legislation, policy and best practice. Improved engagement with people using services and their carers, families and other partners is supporting people to achieve their agreed outcomes.

4.3 The quality of care delivered by our social care services is generally assessed by the Care Inspectorate as very good. The balance of care continues to shift towards supporting more people in their homes and communities with opportunities for increasing use of Self Directed Support and better use of technology.

4.4 There are opportunities being taken to develop and embed greater integrated working, supporting staff to work more collegiately. Small tests of change where processes can be complicated leading to unnecessary delays (for example, transitions within and across services) could deliver more effective services.

4.5 Across a varied and complex social services delivery landscape, embedding Shetland's Social Work and Social Care Professional Governance Framework will help support robust governance and accountability arrangements

4.6 The joint governance arrangements to give assurance on quality and risk management in adult and children's social work and social care requires a greater focus on channelling reporting through the Clinical, Care and Professional and Governance Committee. The Social Work Professional Group will drive this improvement.

5.0 Exempt and/or confidential information:

None

6.0 Implications	
6.1 Service Users, Patients and Communities:	Social services are delivered, often in partnership with other services, and takes account of the views of carers and service users.
6.2 Human Resources and Organisational Development:	Workforce planning and development is fundamental to ensuring there is the capacity and skills within the workforce to deliver services. Work is underway to consider career pathways and succession planning solutions.
6.3 Equality, Diversity and Human Rights:	Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the heart of social work practice.
6.4 Legal:	The legal framework in relation to the Chief Social Work Officer is provided by the Social Work (Scotland) Act 1968, which requires local authorities to appoint a single Chief Social Work Officer. The Public Bodies (Joint Working) (Scotland) Act 2014 is also relevant. Guidance on the Chief Social Work Officer role (Scottish Government, July 2016) summarises the scope of the role of the Chief Social Work Officer.
6.5 Finance:	There are no financial implications arising from this report.
6.6 Assets and Property:	No implications.
6.7 Environmental:	No implications.
6.8 Risk Management:	This report provides Members with information in relation to adult and child care and protection. Risk management of services is dealt with by the respective Directorates responsible for social services. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk. The CSWO is a member of the Council's Risk Management Board.
6.9 Policy and Delegated Authority:	In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the terms of this report concerning matters relating to Children and Families, are within the remit of the Education and Families Committee. Shetland's Integration Joint Board is responsible for the operational oversight of Integrated Services and through the Chief Officer is responsible for the operational management of Integrated Services, including Adult Social Work. The CSWO is required to ensure the provision of appropriate professional advice in the discharge of the Council's statutory

	social work duties. The CSWO is also required to assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.	
6.10 Previously considered by:	This report will be presented to: Social Work Governance Group Joint Governance Group Clinical Care and Professional Governance Committee	 17 September 2018 6 November 2018 27 November 2018

Contact Details:
Martha Nicolson, Chief Social Work Officer
martha.nicolson@shetland.gov.uk

Appendices
Appendix 1 - Chief Social Work Officer Annual Report 2017/18

Report Finalised: Monday 24 September 2018

Shetland Islands Council

CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT

2017-2018

Contents

Section		Page
1	Introduction	3
2	CSWO Summary of Performance	3
3	Partnership Working - Governance and Accountability Arrangements	7
4	Social Services Delivery Landscape	9
5	Resources	10
6	Service Quality and Performance	11
7	Workforce	16
8	Contact Details	17
Appendix 1	Shetland Social Work and Social Care Professional Governance Framework	18
Appendix 2	Social Services Inspection Grades	35

1 Introduction

This Annual Report from the Council's Chief Social Work Officer provides an overview of social work activity, performance and key achievements during the period 1 April 2017 - 31 March 2018. It provides information on the statutory responsibilities of the Chief Social Work Officer on behalf of Shetland Islands Council and highlights key challenges and priorities for services.

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

2 CSWO's Summary of Performance

Priorities and Challenges, Key Developments and Achievements

Quality assurance and self evaluation activity across services is improving and remains a priority. The Integrated Children's Services Quality Assurance Group has oversight of improvement work, with children's social work and social care performance reported to Education and Families Committee. The available data evidences good performance in meeting timescales for child protection case conferences and looked after children's reviews. Progress has been made in working towards fully incorporating the principles of GIRFEC (Getting it Right for Every Child) and working towards recording on a single Child's Plan. The Child Plan document has been revised and is being taken forward by the Children and Families team in response to internal and external feedback and comment. The initial feedback from families, partners and stakeholders has been positive as the format supports child centred, strength based assessments, and the identification and response to risks and needs are not lost in lengthy assessments. Action plans can be seen to be smarter and responding to the identified concerns. The GIRFEC Quality Assurance Group continues to monitor and quality assure the processes and format for recording and work needs to be done around the most effective way to gather data evidencing where outcomes are met and unmet need is highlighted.

The GIRFEC Quality Assurance Group agreed on the format of an integrated multiagency chronology, taking account of the revised Care Inspectorate guidance. This was tested in the Children and Families social work team and recently amended following evaluation. The aim is to roll out a standard single agency chronology across agencies, which will in turn support the task of collating the information into an integrated chronology when the need arises.

The Children and Young People (Scotland) Act 2014 places in law, the duties of the Local authority as Corporate Parents. Within that legislation is a duty to cooperate with other corporate parents to ensure the performance of actions necessary to uphold the rights and safeguard the wellbeing of our looked after children and care leavers, and through which physical, emotional, spiritual, social and educational development is promoted. To that end, the Shetland Partnership agreed that convening a Corporate Parent Board would assist in

the collaborative duties of the respective corporate parents. An inaugural meeting was held 1 March 2018.

A recurring theme amongst social work managers has been the lack of capacity, which impacts on services moving forward and progressing actions that are required to deliver on change. In recognition of this, the Chief Social Work Officer engaged the support of an external consultant to work towards the creation of a single Children's Social Work Service by integrating Children and Families and Children's Resources. This work is being overseen by a project team and taken forward in consultation with the staff teams. The aim is that staff will work more collegiately, that service pathways are simplified and that the approach taken will play an important role in further developing and embedding integrated working across services. Small tests of change where processes can be complicated leading to unnecessary delays, for example, transitions for children to adult services, could result in more effective service provision.

The Out of Hours Service is provided by social workers and managers, in addition to their contracted hours. A decision made by Council in February 2018 to apply the Scottish Joint Council Standby Duty Allowance for Social Workers was welcome. Vacancies in management posts placed strain on the service, especially in the earlier part of 2018.

The Shetland Community Justice Plan 2017-2020 http://www.shetland.gov.uk/communityplanning/documents/SCJOIP.pdf sets out how partners are going to work together to reduce offending and re-offending. Criminal Justice social work delivers a statutory function for those individuals awaiting sentence and for those subject to community based disposal or custodial sentences. The plan identified a number of outcome improvement actions. In response to one of these, a review of local Youth Justice arrangements was carried out to ensure young people (aged 8-18) involved in the justice system receive appropriate support when needed to improve their situation. This was completed in October 2017 with recommendations that Children and Families Social Work Services should develop their assessment training and adopt a structured risk assessment model for the assessment of young people engaged in criminal, self-harming and risk taking behaviours. Training social workers in the START-AV model, supported by the Scottish Government, is currently underway.

In adult social work there continues to be a steady increase in the number of people requiring assessment and case management, these being those cases that are complex and may well require adult support and protection interventions.

The designated hospital liaison social worker continues to contribute to coordination and management of patient planning, working collaboratively with colleagues towards a successful reduction in discharge waiting times, and re-ablement and support programmes continue to support a shift in people receiving care in their own home. Shetland has the highest percentage of people in Scotland who die in their own home as opposed to in hospital, demonstrating that we are working hard through integrated teams to ensure personalised care is offered in the setting the individual has chosen.

The improvements in the use of personal outcomes and asset based approaches in assessing individual support needs can be seen in the recent collection of data showing better

identification of what matters to individuals, and 84% of people have achieved or mostly achieved their agreed outcomes. This approach follows an exchange model of information about negotiating outcomes through working alongside carers, family members and other involved partner agencies, so that people are supported to get the best possible outcomes they need.

Since 2014, there has been significant increase locally in individuals choosing to direct their own support through Self-directed Support (SDS) Options 1 and 2. The expenditure on SDS Options 1 & 2 (packages only) has increased locally by over 200% since 2011/12, with the most significant increases seen since 2016. Work has been undertaken over the past few years to improve awareness and understanding of Self-directed Support amongst staff and the public, and this has contributed towards more people choosing to direct their own support. Over the next year, and beyond, we will need to consider how we continue to offer choice and encourage growth within the independent sector through community capacity building and co-production of services. One such example is the successful development of Shetland Community Connections, an independent support service for individuals looking to make meaningful connections in the community in order to undertake activities that help them meet their outcomes, which will become operational towards the end of 2018.

The Carers (Scotland) Act 2016 came into force in April 2018. The Local Authority recognises the huge contribution unpaid Carers makes to social care provision, without which our system could not manage. It is estimated that 1 in 8 people in Scotland are carers, this would equate to 2,875 people in Shetland. Currently, we have around 400 carers registered on our data systems. These figures are an under-representation of what we would expect and over the next year we will look to concentrate on the further identification and formal recording of carers status.

We have improved our engagement with unpaid carers and have also now updated our 'Understanding You' to include good practice recording regarding outcomes for unpaid carers themselves, offering Adult Carer Support Plans and access to SDS for those eligible. Young Carers Statements will be included in our GIRFEC process. Eligibility criteria has been produced, in line with the wider Adult Social Work eligibility criteria and will be presented for approval by the Integration Joint Board before the end of 2018.

The cost of implementing the Carers (Scotland) Act will be carefully monitored in order to ensure there is sufficient support in place to meet unpaid carers outcomes. Work is ongoing to monitor the number of support plans, cost of respite, waived charges, etc., across all SDS options. This information will assist budget and financial planning to continue this important work into the future

Increased birth survival rates in children with medical conditions and increased longevity, means that the breadth of complexity and co-morbidity issues experienced by people with learning disability, autistic spectrum disorder and complex needs will continue to increase. This is a local (and national) demographic trend and places increasing challenge on services to ensure that the statutory duties and desired personal outcomes of all adults with learning disability, autism and complex needs are met within available resources. An emerging associated issue is the number of carers reaching older age and continuing to provide care to adult children with disability.

Since the launch of Shetland's Autism Spectrum Disorder Strategy 2016-21 http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19212. Strategic and Focus Groups were established comprising of representatives from Community Health and Social Care, Children Services, NHS Shetland, Third Sector and Carers to develop an action plan and take forward delivery of the six local priority areas for development. Action maximises on resources and opportunity to support a whole life approach and to improve outcomes for people with autistic spectrum disorder, and their families and carers. The replacement building for vocational activities, which will provide a fully accessible and modern hub, continues to progress well with an anticipated date for completion in September 2018. Continued investment in preventive services is paramount to managing growth in demand, alongside supporting existing need. With the majority of specialist support centralised, providing services in the more rural areas is challenging.

The number of people aged 65 and over is set to rise from 17% to 29% in the next 20 years. Combined with increasing life expectancy, the number of residents aged 80+ will more than double. At the same time, the working age population is expected to decrease by around 8%. With the increased focus on home care provision, an internal review of home care provision was carried out. Improving dialogue with new and existing service providers to enhance the development of new service models to deliver more options for high quality care at home is key, with opportunities for increasing use of Self Directed Support. The increasing and better use of technology requires further development and a multi agency/multi disciplinary group was established to scope the variety of resources currently in use across Shetland with a view identifying integrated solutions with long term durability.

Otogo and the Counterweight Plus Programme and are two examples of preventative approaches that have been implemented. Otago is an evidence based strength and exercise programme designed to prevent falls and improve balance, strength and confidence. It has been successfully run in Unst and Yell and funding has been identified from the Integration Joint Board to fund the programme for another 3 years to roll out across Shetland. Recreational Trust staff have been trained in delivering ongoing maintenance sessions for people who have done the initial programme to ensure they maintain their function. The Counterweight Plus Programme, funded through spend to save funding, delivers a non-surgical weight management solution for individuals with greater weight loss needs and initial results are positive. It is intended that savings will be achieved over time through a reduction in need for hospital admissions, primary care services (e.g. prescription costs, appointments, etc.) and community care.

The EU funded RemoAge project identified three test sites (Yell, Unst and Fetlar) from 2014-18. This project aimed to utilise tablet based solutions to build community resilience and provide support to individuals in their own homes to provide teleconference facilities, task orientation, medication prompts, exercise plans and remote access to specialist staff. The community based project provided training for older people to increase confidence in technological solutions, provide peer support and reduce social isolation. Additional funding has been secured for 2018-19 to further test the functionality of the systems to link with Care at Home and Home Help visits. This project and Day Care Services at Wastview have been nominated for the Innovation and Team categories for the Scottish Health Awards 2018. The team at Wastview provide day care support offering a wide range of activities

including a programme for those with mild/moderate dementia to improve and maintain perception, cognition and communication skills. Staff were trained by an Occupational Therapy practitioner to deliver the programme and its use has been continued following positive evaluation.

Support at Home Central have secured a base at the old Scalloway Health Centre to ensure the best use of resources. Risks identified through staff engagement in relation to lone working, travel time, mileage waste, communication and administration have been addressed through this project to develop a service, which is both effective, efficient and able to meet increasing demand to maintain people in their own homes.

3 Partnership Working - Governance and Accountability Arrangements

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

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

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

Adult social work and social care sit within Community Health and Social Care and report to the Integration Joint Board. The Chief Social Work Officer is a member of the Integration Joint Board and the Clinical, Care and Professional Governance Committee. The joint governance arrangements to give assurance on quality and risk management in adult and children's social work and social care requires a greater focus on channelling reporting through the Clinical, Care and Professional and Governance Committee. The Social Work Professional Group will drive this improvement. The Chief Social Work Officer is a member of the Integration Joint Board Strategic Planning Group, which provides opportunity to engage with partners in strategic commissioning.

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

The Executive Managers for social work and social care comprise the Social Work Governance Group, which reports into the Joint Governance Group and the Clinical, Care and Professional Governance Group. In the absence of the Chief Social Work Officer, an appropriately qualified and experienced social work Executive Manager deputises. In February 2018, the Chief Social Work Officer in Orkney provided cover.

A professional governance framework for social work and social care (**Appendix 1**) was developed by the Chief Social Work Officer and approved by the Council and the Integration Joint Board. This summarises the role of the Chief Social Work Officer, the Social Work Governance Group and the respective professional leads and is intended to provide clarity on the key accountabilities of employers and practitioners, develop professional confidence and ensure safe and effective practice. Work to embed the framework across the workforce is underway.

The social services delivery landscape is varied and governance and accountability arrangements are complex. Chief Social Work Officers across Scotland are highlighting capacity issues in fulfilling their statutory role and function. The same applies in Shetland. The decision to develop an interim depute Executive Manager in Children & Families social work has helped to ensure more appropriate distance from direct operational decision making.

From 1 April 2017, a new model for handling social work complaints was introduced. It reflects arrangements across the public sector and aims to provide a simple process for resolving complaints internally through frontline resolution and investigation. The Chief Social Work Officer has an important role in the consideration of complaints information in line with the role of overseeing the effective governance of social work services and promoting continuous improvement and best practice. On occasion, the Chief Social Work Officer will need to consider the content of individual complaints and may have specific interest in complaints relating to individuals for whom they have decision-making responsibilities.

In the reporting year, one complaint investigated under the previous process, was referred to a Complaints Review Committee. It was not upheld. Under our new process there will no longer be a Complaints Review Committee for new complaints. If issues have not been resolved after investigation and the complainant remains dissatisfied, they can approach the Scottish Public Services Ombudsman.

4 Social Services Delivery Landscape

Shetland is the most northerly group of islands in the UK. On 30 June 2017, the population of Shetland Islands was 23,080. This is a decrease of 0.5% from 23,200 in 2016. Over the same period, the population of Scotland increased by 0.4%. Between 2016 and 2026, the population of Shetland Islands is projected to increase from 23,200 to 23,235 due to natural change i.e. more births than deaths (ref: National Records of Scotland, 2018).

Unemployment in Shetland has been very low for three decades although some fragile island communities experience higher rates. There is high average incomes and low levels of registered unemployment however, there are high levels of underemployment and average incomes are lower in remote areas. Health, wellbeing and life expectancy in Shetland are generally better than the Scottish average yet 49% of households in Shetland do not earn enough to live well (ref: Shetland's Partnership Plan 2018-2028). Affordable and accessible housing, fuel poverty, transportation and access to specialist services is challenging. Local data would indicate that 5.7% of children in Shetland live in low-income families, a figure which has not changed over recent years. The Integrated Children's Service Plan 2017-2020 http://www.shetland.gov.uk/childrenandfamilies/documents/ShetlandICSPFinal01.05.17v1.pdf is built around three priorities for improving the lives of children and young people: improving emotional wellbeing and resilience, strengthening families and tackling inequalities.

Most of our health and care services are provided by public services. Children's social work and social care encompasses a wide range of services including: statutory social work, family support services, early intervention, short breaks provision to children with additional support needs and disabilities, family placement services and residential and through care and after care support for 'looked after' children and young people.

Adult social work and criminal justice sit with a wide range of social care services delivering supported accommodation and outreach services, care at home, day care, respite care and residential care across ten care/support centres. The Joint Strategic Commissioning Plan http://www.shb.scot.nhs.uk/board/meetings/2017/0214/2017_07.pdf describes how health and care services can be can be delivered jointly across services as outlined in Shetland's Health and Social Care Partnership's Integration Scheme. In the earlier part of 2018, a programme of scenario planning workshops took place to review current models of care.

5 Resources

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

In 2017/18 Children's Services revised budget totalled £40.3m. £5.6m of this budget related specifically to Children's Social Work and showed an overspend of £257k. These overspends were mainly in relation to the use of agency staff to cover vacancies and to undertake specific work in relation to Youth Justice and Corporate Parenting; additional staff, overtime and agency staff to temporarily open two additional properties to provide residential care to young people; accommodation and travel costs for young people accommodated off island and off island mother and baby placements; and, legal fees for complex social work cases. It is recognised that some service areas are experiencing growth, for example, children's residential and foster care. Whereas in other areas demand can fluctuate from one year to another, for example, off island placements and direct payments, and any unexpected demand for these services may be costly.

The Council and the Shetland Health Board delegate responsibility for planning and resourcing service provision of adult health and social care services to the Integration Joint Board. The Council's Community Health and Social Care Directorate's revised budget for 2017/18 totalled £22.2m. This budget was underspent by £446k, mainly due to the one-off carry-forward funding from 2016/17 not being utilised; underspend in specific funding for Self-Directed Support; less than budgeted sums being paid out for commissioned services in the year; and, some reduction in charging income through the requirement placed by Carers legislation to waive charges in respect of care, which is for the benefit of the carer.

There were also notable underspends in employee costs budgets in some areas of the Directorate during the year due to vacant posts. The recruitment and retention of social care workers continues to be challenging, and there have also been vacancies at management level and in occupational therapy posts. Employee costs underspends were however, off-set by the additional cost of covering long-term sickness in residential care and the high cost of employing agency staff to fill the gaps.

The 2018/19 budget set for Children's Services was £42.2m, £5.9m of which was for Children's Social Work; and for Community Health and Social Care Services, it was £21.0m. For future years, the Medium Term Financial Plan identifies further savings of £20m to be achieved across the Council by 2021/22 in order to continue to set a financially sustainable budget. In order to meet the challenges of changing demographics and shrinking resources, services must have the ability to change and adapt, including exploring different models of service delivery.

6 Service Quality and Performance

Children's Social Work

Social workers in the Children & Families team are predominately engaged in fulfilling statutory duties in relation to children and young people in need of protection or additional care, including permanent alternative care. The best interests of children are paramount in any decisions that are made about them. Social workers work closely with colleagues in Schools, Health, Police, the Children's Reporter and Voluntary Services, essential for Getting it Right for Every Child. At the heart of good collaboration is an understanding and respect for the different professional roles and responsibilities. Social workers have statutory responsibilities and accountabilities when intervening in the lives of individuals and families. Decision making is often complex involving the balancing of risks, needs and rights and can have far reaching consequences. It is important that accountability rests with a registered social worker in these instances.

Child Protection

In the year 2017/18, there were 137 child protection referrals relating to 201 children, a reduction from the previous year. There were 33 joint police/social work investigations involving 44 children.

Where there are concerns that a child may be at risk of significant harm, a multiagency child protection case conference is held to identify the risk and consider how this can be reduced. At case conference, a decision is made about placing a child's name on the child protection register. The table below summarises child protection case conference activity over the past two years:

Table 1: Child Protection Case Conference Activity

Child Protection	No of children 2016/17	No of children 2017/18
Initial Child Protection Case Conferences	11	10
Review Child Protection Case Conferences	24	25
Number of children on the Child Protection Register	32	19
Number of children on the Child Protection Register on 31 March 2016	10	less than 5

Nationally, the majority of children have their names on the register for up to a year – some children may be registered for up to two years. In Shetland, children were registered for between 1 month and 1 year 5 months. On the rare occasions when registration continues for more than a year, close scrutiny of the protection plan would ensure that this decision is appropriate and is not indicative of drift in planning for children. (ref: Shetland Child Protection Committee Annual Report, 2017/2018).

Looked After Children

The local authority has a responsibility for the care of looked after children. On 31 March 2018, there were 28 looked after children in Shetland. National data indicates that Shetland has the lowest percentage of looked after children per population group aged 0-17.

Table 2: Looked After Children at 31 March

Looked After Children	No of children 2016/17	No of children 2017/18
Total number of Looked After Children	31	28
Looked After at Home	8	7
Looked After in Kinship Care	9	less than 5
Looked After in Foster Care	6	10
Looked After in Residential Care	6	5
Accommodated Off-Island	less than 5	less than 5

Children with additional support needs who access over-night stays with the Short Breaks for Children Service, are regarded as looked after for the period of time that they have respite for. A total of 16 children and young people received over-night stays. The service also provided day care, outreach and activity groups to a further 23 children and young people.

Accommodated Young People

When children are unable to remain safely within the family home, social work has a duty to explore placements with extended family and friends in the first instance. This type of arrangement is known as kinship care. In Shetland, there are 21 kinship care households.

Foster care is another way in which the care needs of children can be met. There are 15 approved foster carers in Shetland, 10 of which are fee paid carers. During the reporting year, a total of 2,983 nights were provided for children and young people requiring foster care. During this period, there were no new adopters but three foster carers were approved.

Windybrae reopened in 2016 and over this past year has become the second settled house, producing positive outcomes for young people. These homes have capacity to work flexibility to provide bespoke support to the diverse needs of some children and young people. For some young people that have needs that are not being met locally, off island placements are considered. Final plans for a new build is nearing completion which will help provide additional capacity and ensure that Shetland achieves the right balance of service delivery in the long term.

Our young people are encouraged and supported to remain within their placement (residential or foster care) for longer. A total of seven young people aged 17-24 are in continuing care. Demand is now on the service to provide appropriate accommodation and support to young people moving out of care. Two properties at Arheim and Brae are currently used to help young people to transition out of care.

Throughcare and Aftercare are supporting an increasing number of young people. At 31 March 2018 there were 28 fully engaged young people. The service never completely closes cases as young people will continue to return for support and guidance beyond 26 and they are not turned away. The team support young people from the age of 16 and will get involved prior to their 16th birthday if appropriate. Data collected on outcomes for this group of young people will be used to inform the corporate parenting plan to target vulnerabilities as well as recognise positive outcomes and achievements the young people have made.

Adult Social Work

The Adult Social Work team has a wide remit and covers all social work and statutory functions in relation to adults, apart from those functions that fall under Criminal Justice responsibility. This includes community care assessments and management, adult support and protection and Mental Health Officer functions. During 2017/18, 841 social work assessments were completed, 274 of these were With You for You assessments. During 2017/18 there were 127 adult support and protection referrals, one of which met the 3 point test, this is similar to the previous year.

Adult Social Work has a dedicated Substance Misuse social worker who also works as part of the Substance Misuse Recovery team and assesses people for rehabilitation where there are substance use issues.

Mental Health Officers (MHOs) are registered Social Workers who have been qualified for at least two years and undertake intensive post-qualifying training to secure their Mental Health Award. There are currently two Social Workers and two Senior Social Workers who are qualified as MHOs - all are based in the Community Care Social Work Team. No Social Workers undertook the MHO training last year and it is anticipated that another MHO will be reducing their hours later this year. The service will be fragile if there should be any further reduction in MHO capacity. Recent research by the Social Work Scotland Mental Health Sub Group highlighted that MHOs in Shetland continue to be amongst the lowest paid in Scotland. Pay rates will need to be considered as part of recruitment, retention and succession planning to ensure that the local authority continues to have sufficient numbers of MHOs in the future.

MHOs have extensive statutory duties. Under the Mental Health (Care and Treatment) (Scotland) Act 2003, anyone who is subject to compulsory measures must have a Designated MHO. In addition to undertaking assessments and making statutory applications, MHOs have to ensure that individuals rights are upheld. MHOs also undertake social work duties, which ensures continuity for individuals. Work related to the Adults with Incapacity (Scotland) Act 2000 has increased over recent years, as has been the case nationally.

MHOs participate in an informal out of hours rota whereby they attend in an MHO emergency, if available. This generally works well and MHO consent is consistently provided in a higher percentage of emergency detention certificates, than the national average. The number of completed statutory Social Circumstances Reports is also much higher than the national average.

There are two relief MHOs employed by Shetland Islands Council who are based in Aberdeen. This avoids Shetland MHOs having to frequently travel to Aberdeen at short notice to undertake planned MHO work. This provides a better service for Shetland patients in psychiatric hospital in Aberdeen as the MHOs can maintain regular contact during admissions. The table below summarises MHO activity:

Table 4: Mental Health Officer Activity

Category	2016/17	2017/18
MHO Contacts	76	62
Individuals subject to Compulsory Treatment Orders	9	9
Emergency Detentions	8	5
Short Term Detentions	6	9
Social Circumstances Reports	7	16
Other Mental Health Assessments	less than 5	6
Assessment Order	0	0
Adults With Incapacity Reports	9	5
Mental Health Reviews	19	12
Mental Health Tribunals	6	9
Welfare Guardianship Reviews	31	33
Consultations under the Mental Health (Care and Treatment) (Scotland) Act 2003	less than 5	less than 5
Individuals subject to Welfare Guardianships	19	20
Individuals CSWO Guardianship	less than 5	less than 5
Compulsory Treatment Order Applications	less than 5	6
Consultation under Adults with Incapacity (Scotland) Act 2000	less than 5	5
Mental Health Officer report for Compulsory Treatment Order Extension / Variation	less than 5	6

Criminal Justice

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

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

Table 5: Criminal Justice Service Activity

Category	2016/17	2017/18
Criminal Justice Social Work Reports/203's	128	132
Community Payback Orders	64	59
Offender Supervision Requirement	34	38
Unpaid Work Requirement	37	39
Other Requirements	less than 5	5
Unpaid Work Hours Imposed	4135	4460
Unpaid Work Hours Completed	2867	6158

There has been a slight reduction in new community payback orders over the past 12 months but an increase in the number of Requirements issued. Case complexity and the average number of cases per social worker remains high. The service is seeing an increase in intensive programme work such a sexual offending and domestic violence, which, hopefully, will lead to changes in individual behaviour. Over the year, unpaid work projects included painting and decorating at public halls, churches and other community venues. A variety of maintenance work was undertaken, for example, walking trail clearance, beach cleaning and grass cutting. Individual placements took place at the Salvation Army, Bike Project and the British Red Cross. The service was successful in recruiting to the Community Payback Supervisor post and this has led to a significant increase in the amount of unpaid work hours completed. All projects focus on assisting the individual to payback for their crimes and help build on practical skills and wellbeing. A reduction in criminal justice social work funding for 16/17 resulted in minor redesign of services with minimum impact on service delivery. The service continues to work closely with the Shetland Community Justice Partnership to ensure those involved in community justice receive the best possible service.

The management of sexual and violent offenders remains a priority for Criminal Justice Social Work. The Executive Manager Criminal Justice continues to report Multi Agency Public Protection Arrangements (MAPPA) to the Chief Officers' Group. The governance of MAPPA in relation to high risk offenders continues to be managed by the Public Protection Unit in Inverness.

Multiagency Risk Assessment Conferencing (MARAC) is established for people who are experiencing high risk domestic abuse. MARAC is provided for Shetland through the Highlands and Islands service. The Lead Officer for Adult and Child Protection represents Shetland as part of the Highlands and Islands Operating Group. In the year January to December 2017, there were 38 cases that went through MARAC.

Social Care

The purpose of Community Care Resources is to enable people to stay at home and in their communities by providing person centred care to maintain or increase levels of independence and self-care. During the last week of March 2018, social care services provided 267 clients over the age of 65 with 1706 hours of care at home.

The table below shows the overall position at March 2018:

Table 6: Local Improvement Target - intensive home care as an alternative to residential care

No of over 65's with >10 hours home care	59
No of over 65's with a requirement for residential care	76
(Target >35%)	**43%**

(Source: Community Health and Social Care Quality Assurance Report March 2018)

Many of our social care services for children and adults are registered with the Care Inspectorate and inspected against National Care Standards. The table below provides a summary of the inspections that took place during 2017/18.

Table 7: Inspection Activity of Registered Services (April 2017 to March 2018)

Grade	Care and Support	Environment	Staffing	Management and Leadership	Total	%
6 - Excellent	1	0	0	0	1	3
5 - Very Good	12	0	0	8	20	59
4 - Good	4	0	1	7	12	35
3 - Adequate	0	0	0	1	1	3
2 - Weak	0	0	0	0	0	0
1 - Unsatisfactory	0	0	0	0	0	0
Not Inspected	0	17	16	1	34	0

% shown is of graded scores

Individual service inspections are reported to relevant committees regularly and reports can be found at the Care Inspectorate website http://www.careinspectorate.com/index.php/inspection-reports. Shetland generally provides very good quality care services. Further detail is attached at **Appendix 2**.

Scottish Social Services Council are the regulator for the social service workforce in Scotland. Registration is a major part of the drive for higher standards in social services of and has an important role in improving safeguards for people using services and increasing public confidence in the social service workforce. Registration of social service workers is being phased across social services with the register opening for any remaining groups over the next few years.

7 Workforce

The Chief Social Work Officer has a responsibility to have an overview of workforce development across social services. As a regulated workforce, there is an emphasis on continuing professional development. Managers in social work and social care, working closely with Human Resources, have ensured effective staff training and development programmes are in place for staff groups as well as individuals. In addition to core training, a range of activities focussed to support continuous professional development and

workforce development as well as succession planning was provided. Over the year, there has been significant development in digital and on-line learning extending the use and availability of e-learning, which includes Child Protection and Nurture. In October 2017, a Joint Organisational and Workforce Development Protocol was approved by the Integration Joint Board. An action plan to address the organisational development challenges is the basis of how the delivery of this strategy will be achieved.

Policy reviews and developments that support the workforce included the Management of Occupational Violence and Aggression, Manual Handling and Physical Intervention. The review of Standby Allowances saw an increase in the allowance paid to Social Workers that brought to an end a period of discontent across the profession locally. The development and approval of a single policy for the Support and Supervision for staff across health and social care registered with different regulatory bodies, such as the Nursing and Midwifery Council, General Pharmaceutical Council, Health and Care Professions Council, as well as the Scottish Social Services Council, is intended to support professionals in meeting appropriate organisational and governance standards.

Recruitment continues to be a challenge especially in some areas of adult social care. In children's social work, agency staff have been required to fill key management posts. Workforce planning and development is fundamental to ensuring that we have both the capacity and the skills to meet the care and protection needs of our population. A small working group has been set up with Workforce Development to consider career grades, the development of career pathways, opportunities for newly qualified social workers and other succession planning solutions to address challenges and opportunities for a sustainable service. Shetland continues to participate in the Social Work Scotland Learning & Development group, which ensures that Shetland keeps in touch with national developments and sharing good practice.

10 Contact Details

For further information contact:

Martha Nicolson
Chief Social Work Officer
Shetland Islands Council
Hayfield House
Hayfield Lane
Lerwick
Shetland
ZE1 0QD

Email: martha.nicolson@shetland.gov.uk
Telephone: 01595744402

Appendix 1

SHETLAND'S

SOCIAL WORK AND SOCIAL CARE

PROFESSIONAL GOVERNANCE FRAMEWORK

October 2017

1 Introduction

1.1 Professional governance is an accountability framework that helps health and social care professionals working at the front line to collaborate effectively in the delivery of integrated services to ensure that people receiving services achieve improved outcomes. Fundamental to such a framework are professional ethics and values, codes of conduct, standards of practice, policies and procedures, evidence based practice, quality and performance improvement.

1.2 The Framework is underpinned by the principles of human rights and social justice. It reflects the aim of social care to promote the empowerment and inclusion, and enhance quality of life both though direct intervention and through increasing capacity to self help.

1.3 This Framework seeks to contribute to improving perceptions of the social work profession, which is frequently maligned in national media, by outlining key aspects of professional practice in relation to qualifications/ongoing development, professional standards and accountability.

1.4 This paper is based on the following documents:

Practice Governance Framework: Responsibility and Accountability in Social Work Practice, Scottish Government (2011) http://www.gov.scot/Publications/2011/03/24111247/0

Governance for quality social care in Scotland, Social Work Scotland http://www.socialworkscotland.org/What-we-do/Publications/

Code of Ethics for Social Work, British Association of Social Workers, 2012 https://www.basw.co.uk/codeofethics/

Codes of Practice, Scottish Social Services Council, 2009 http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers

Framework for Continuous Learning in Social Services http://lx.iriss.org.uk/sites/default/files/resources/res_CLFPDF.pdf

Shetland Islands Council's Values and Behaviours http://intranet2.shetland.gov.uk/Policy/SitePages/Our-Values.aspx

1.5 The national vision and strategy for social work and social care in Scotland set out in 2016 is:

> *'Our vision is a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.* (Social Services in Scotland – a shared vision and strategy 2015-2020, Social Work Strategic Forum, 2015)

In Shetland, social work and social care services are valued and viewed as central to the delivery of our strategic and associated service plans. Shetland Islands Council's Values are:

> *'Providing an excellent level of service, by making sure we understand, meet and manage our service users' needs'*
>
> *'Having a positive attitude and taking our responsibilities as employees of the council seriously. Working in an open and honest way, reflecting on our performance and looking for opportunities to improve and develop.'*
>
> *'Demonstrating a positive attitude by being open-minded, fair, respectful, trustworthy and honest.'*

1.6 This paper sets out the following:

- Governance for Social Work Practice
- Social Work Professional Leads
- Governance for Social Care Practice
- Role of the Social Work Governance Group

2 Governance for Social Work Practice

2.1 Effective social work requires a range of professional skills, in particular the ability to make and contribute to holistic, often multi-agency, assessments of the circumstances with people. It also requires co-operation and close working relationships between social workers, people who use services, carers, providers of care in the private and third sector and other professionals.

2.2 There are social work functions, which only registered social workers can fulfil. This does not in any way diminish the contribution of anyone else involved in an individual's support or supervision, nor mean that it is only in this way that registered social workers make a contribution. But rather it clarifies the lines of accountability for specific statutory social work functions. It is for Chief Executives, elected members, Chief Social Work Officers and line managers to ensure that, whatever the configuration of services or functions, only registered social workers are delegated accountability for the

exercise of these particular functions. This should be the case even where some tasks within the function may be carried out by other staff, the employer retains overall responsibility for the competence and performance of such The role of the registered social worker in statutory interventions is clearly set out in Guidance http://www.gov.scot/Publications/2010/03/05091627/2.

2.3 The purpose of a Professional Governance for Social Work Practice Framework (**Appendix 1**) is to:

- Outline the key accountabilities of employers and practitioners and what should be in place to discharge these.
- Provide a prompt or tool which employers and practitioners can use to assess whether the appropriate conditions are met to ensure safe and effective practice.

2.4 The Professional Governance for Social Work Practice Framework is intended to help:

- Develop and sustain a confident, competent and valued workforce;
- Ensure an environment and culture that promotes creativity, taking responsibility and the delivery of safe and effective practice;
- Promote wellbeing and retention of a healthy work/life balance;
- More effective working with colleagues, other agencies and with people who use services to improve outcomes for individuals, families and communities.

2.5 The Professional Framework covers five key areas:

Risk, Discretion and Decision Making

Risk is an essential and unavoidable part of everyday life. Social Workers are accountable for maintaining professional standards and the quality of their work. A focus on assessment and prevention helps to identify and manage risk. Social Workers need to be empowered and supported to make well informed decisions, using their professional judgement and discretion within a framework of accountability.

Self and Self Regulation

Social Workers must manage and prioritise work; justify and be accountable for practice; and evaluate their effectiveness in meeting organisational requirements and the needs for individuals, families and communities through safe, effective and personalised practice.

Developing Knowledge and Skills

Continuing learning and development of knowledge and skills is essential to improving practice and outcomes for individuals, families and communities. Engaging in learning and development, linked to organisational and individual priorities, support service improvement.

Guidance, Consultation and Supervision

Professional supervision provides opportunities for reflective practice and, coupled with an environment that promotes wellbeing, a healthy work/life balance and appropriate accountability, supports improving practice and ongoing professional development to deliver improved outcomes.

Information Sharing and Joint Working

Effective information sharing and joint working across different agency boundaries are essential to the provision of high quality integrated care and support. They are also an important aspect of local multiagency systems of child, adult and public protection.

2.6 Responsibilities of employers, the Chief Social Work Officer and social workers are described in the Framework (much of which is relevant to other practitioners also). It also provides a descriptor of what this looks like in operation. It can be used as a tool for assessment of whether everyone is clear on their responsibilities and key accountabilities, whether personal or corporate and, if the necessary conditions have been established, to promote safe, effective and personalised practice, meet performance objectives and make sure people get the sort of support and services we would like to see for ourselves and our families.

3 Professional Leads

3.1 Chief Social Work Officer

3.1.1 Each local authority is required by law to appoint a Chief Social Work Officer who has a key role in ensuring components are in place for developing good governance, for example, culture, systems, practices, performance, vision and leadership, and in overseeing compliance with these arrangements. The Chief Social Work Officer is accountable to the Chief Executive, Elected Members and the Integration Joint Board, providing professional advice on the discharge of statutory duties including corporate parenting, child and adult protection and managing high risk offenders. This includes providing comment on issues, which may identify risk to the safety of of vulnerable people or impact on the social work service and also on the findings of relevant service quality and performance reports, setting out:

- implications for the local authority, for the IJB, for services, for people who use services and support and careers, for individual teams/members of staff/partners as appropriate;
- implications for the delivery of national and local outcomes;
- proposals for remedial action;
- means of sharing good practice and learning;
- monitoring and reporting arrangements for identified improvement activity.

3.1.2 In July 2016, the Scottish Government issued revised Guidance on the Chief Social Work Officer role www.gov.scot/Publications/2016/07/3269 for local authorities and bodies/partnerships to which local authorities have delegated social work functions. In July 2015, the Scottish Social Services Council published the Chief Social Work Officer Standard in Scotland 2015 www.socialworkscotland.org/doc_get.aspx?DocID=1134. It is based around the core of modelling social work values with four standards: setting direction, achieving outcomes, self-leadership and working with others. The Standard is the foundation of the Post Graduate Diploma – Chief Social Work Officer.

3.1.3 The Chief Social Work Officer is responsible for:

- Providing professional leadership and ensuring that professional issues are considered as part of strategic, corporate and operational service delivery;
- Providing professional advice on the discharge of statutory duties including corporate parenting, child protection, adult protection and managing high risk offenders;
- Ensuring senior social work posts appropriately reflect professional leadership responsibilities to support the development and delivery of professional assurance arrangements across social work;
- Ensuring social work practice and standards across all social work functions;
- Ensuring only registered social works undertake functions that are reserved in legislation for this role;
- Taking a leading role in supporting the workforce;

- Taking the final decision on behalf of the local authority on a range of statutory matters including the adoption of children, secure accommodation and guardianship;
- Ensuring there are effective governance arrangements for the management of complex issues involving the balance of need, risk and civil liberties.

3.1.4 The Chief Social Work Officer has a role in:

- Providing professional advice and guidance to the Integration Joint Board to which social work functions are delegated;
- Promoting partnership working across professions and all agencies to support the delivery of integrated services;
- Promoting social work values across corporate agendas and partner agencies.

3.2 Social Work and Social Care Professional Leads

3.2.1 Social work and social care professional leads have specific responsibilities for:

- Providing professional leadership and ensuring that professional issues are considered as part of service delivery and service change;
- Ensuring that social workers and social care workers have access to professional advice to support safe practices;
- Ensuring that appropriate mechanisms are in place to support staff supervision and development;
- Social work and social care professional leads also have operational responsibilities for services.

3.2.2 The Social Work Professional Leads in Shetland are:

Executive Manager Children and Families
Executive Manager Children's Resources
Executive Manager Adult Social Work
Executive Manager Criminal Justice

3.2.3 The Social Care Professional Leads in Shetland are:

Executive Manager Community Care Resources
Executive Manager Children's Resources
Executive Manager Adult Services

3.2.4 Social Work and Social Care Professional Leads have professional lines of accountability directly to the Chief Social Work Officer.

4 Governance for Social Care Practice

4.1 Social care services are becoming more integrated with health services and agreed care governance arrangements are essential within this complex environment to ensure quality services and statutory responsibilities are effectively discharged.

4.2 Social care governance provides a framework to support all people working within social care services to take responsibility for continuously improving the quality of their services. It is based on good communication and requires everyone to have an understanding of their role and responsibilities. It connects practitioners, users and cares, social care managers and organisational leaders in a achieving a common goal – improving outcomes for people who use our services.

4.3 Key Principles of Social Care Governance:

4.3.1 The principles of effective care governance include the following:

- Involving service users/cares and the wider public on the development of quality care services;
- Ensuring safe and effective services with appropriate support and training for staff;
- Striving for continuous improvement with effective policies and processes in place;
- Ensuring accountability and management of risk.

4.4 The Social Care Governance Framework (**Appendix 2**) illustrates the key component parts that contribute to good social care governance.

5 The Role of the Social Work Governance Group

5.1 The Social Work Governance Group (SWGG) contributes to the overall Clinical Care and Professional Governance Framework (**Appendix 3**), which shows the way in which accountability for the quality of health and social care services is monitored and assured and how professional accountability is organised in Shetland. The SWGG comprises Social Work and Social Care Professional Leads and supports the discharge of the function of the Chief Social Work Officer by fulfilling a governance function for all social work and social care services.

5.2. Representatives from the SWGG attend the Joint Governance group and the Chief Social Work Officer is a member of the Clinical, Care and Professional Governance Committee, which provides clinical care and professional governance assurance for all health and social care services commissioned by the Council and Health Board.

Professional Governance for Social Work Practice — Appendix 1

1. Risk, Discretion and Decision Making	
Risk is an essential and unavoidable part of everyday life. Social Workers are accountable for maintaining professional standards and the quality of their work. A focus on assessment and prevention helps to identify and manage risk. Social Workers need to be empowered and supported to make well informed decisions, using their professional judgement and discretion within a framework of accountability.	
Employers, in conjunction with Chief Social Work Officers as appropriate, should ensure:	Social Workers should:
■Clear strategic objectives and a robust operational framework are in place to deliver social work services; ■There is clear guidance about balancing risk, needs and human rights; ■Social Workers are supported to exercise professional judgement and take risks; ■There is a structured approach to assessing and managing risk, drawing on evidence based approaches and supported by robust risk assessment and risk management systems that are routinely audited and monitored; and ■That a framework exists for the development of innovative personalised support informed by relevant risk assessment.	■Uphold professional social work values and ethics in their practice; ■Exercise, justify and record professional judgements and decision making; ■Use, as a basis for approach to risk, discretion and decision making: • legislation, protocols, codes, guidance; • social work theory, models, practice; • best knowledge based practice; • all available evidence; • informed opinion; and ■Develop and maintain knowledge, skills and competence, recognising and working within the limits of their competence.
What does this look like?	
■It is understood, including by elected members, that risk is inevitable and that there is a structure that promotes appropriate risk-taking supported by evidence-based risk assessment approaches; ■Considered risk taking weighs up the potential benefits or disbenefits of taking the risk against not taking the risk; ■Individuals' understanding and capability to share risk is routinely explored and taken into account in decisions made about social work intervention with them; ■Practice is openly reviewed when things go well or go wrong and learning is identified and shared; ■Social Workers demonstrate enhanced critical decision making skills, backed up by sound evidence and best practice; ■There is clear guidance and understanding of working with risk, including child and adult risk assessment and management; ■Social Workers have the appropriate skills and training to: • carry out risk assessment tasks;effectively use the discretion they have to develop innovative, personalised solutions in conjunction with partners and people who need support or services;	

• make, and be able to justify, their decisions; and ■There is an up to date and accurate chronology and analysis to support decisions made.

2. Self and Self Regulation	
Social Workers must manage and prioritise work; justify and be accountable for practice; and evaluate their effectiveness in meeting organisational requirements and the needs of individuals, families and communities through safe, effective and personalised practice.	
Employers, in conjunction with Chief Social Work Officers as appropriate, should:	Social Workers should:
■Ensure compliance with all relevant Codes of Practice; legislation; standards; training; organisational and inter-organisational guidance; ■Ensure Social Workers receive effective support, supervision, and feedback which supports ongoing self-regulation; ■Provide an effective line management structure that provides an escalation system; ■Provide effective audit of professional practice; ■Provide training and development opportunities for Social Workers; and ■Be accessible to all Social Workers who seek assistance, whether because they do not feel able, or adequately prepared or supported, to carry out any aspect of their work.	■Comply with all relevant Codes of Practice; legislation; standards; training; organisational and inter-organisational guidance; ■Maintain professional registration and comply with post registration training and learning requirements; ■Take responsibility for their own practice and learning and development; ■Reflect and critically evaluate their practice and be aware of their impact on others; ■Acknowledge and address risk to themselves and others; ■Maintain appropriate relationships and personal boundaries with people who use services; ■Demonstrate emotional resilience in working with challenging situations and behaviours; ■Use supervision and peer support to reflect on, and improve, practice; ■Seek assistance if not able to carry out an aspect of work, or not sure how to proceed; and ■Use the authority of their role in a responsible and respectful manner.
What does this look like?	
Social Workers: ■Carry out duties using accountable, professional judgement, based on social work knowledge, skills, practice and values, complying with relevant Codes of Conduct, legislation, guidance etc, working in a safe and effective manner; ■Are aware, and consider the impact, of their own values, prejudices, ethical dilemmas and conflicts of interest on their practice and on other people; ■Challenge discrimination, disadvantage and other forms of inequality and injustice; ■Maintain clear and accurate records and provision of evidence for professional judgements, in an accessible and appropriate manner; ■Use risk assessment policies and procedures to address whether behaviours of people who use services present a risk of harm to themselves or others; and	

<table>
<tr><td colspan="2">■ Proactively manage their own training and development needs as an integral part of their job.

<u>Employers/CSWOs</u>
■Have in place systems and approaches to promote a climate which supports, monitors, reviews and takes the necessary action to ensure Social Workers comply with professional, legal, organisational and operational requirements, and have the confidence and competence to deliver safe and effective practice.</td></tr>
<tr><td colspan="2">3. Developing Knowledge and Skills</td></tr>
<tr><td colspan="2">Continuing learning and knowledge and skills is essential to improving practice and outcomes for individuals, families and communities. Engaging in learning and development, linked to organisational and individual priorities and objectives, supports service improvement.</td></tr>
<tr><td>Employers, in conjunction with Chief Social Work Officers as appropriate, should:</td><td>Social Workers should:</td></tr>
<tr><td>■Ensure there are planned and strategic approaches to learning and development, within a learning culture which is open and fair;
■Provide access to, and actively promote, a wide range of formal and informal learning and development opportunities;
■Provide opportunities for involvement in research and putting this into effective practice; and
■Support arrangements for Social Workers to share and apply learning to their practice.</td><td>■Routinely review and update knowledge of legal, practice, policy and procedural frameworks;
■Use supervision to reflect on practice and use critical analysis to support social work interventions;
■Keep up to date with relevant research through reading the journals, learning from other professionals and listening to service users;
■Continually evaluate and learn from practice; and
■Engage in critical analysis and research.</td></tr>
<tr><td colspan="2">What does this look like?</td></tr>
<tr><td colspan="2">■There is a learning culture in the workplace which promotes and supports continuously improved practice and performance, including opportunities for critical feedback on that culture;
■Social Workers make effective use of the SSSC Continuous Learning Framework and involvement in professional networks;
■There is a strategy for learning and development based on the learning needs of social workers, workforce planning needs of the organisation and local and national priorities developed by CSWOs, Social Workers and people who use services and their carers;
■The impact of learning on practice is evaluated systematically and is used to inform planning;
■Social Workers at all levels contribute to the continuous improvement of practice which is encouraged and valued;
■There is a clear link between organisational and operational priorities and objectives, personal learning and development plans and activities; and
■There is an environment that promotes engagement in research and applying evidence and knowledge based practice.</td></tr>
</table>

<table>
<tr><th colspan="2">4. Guidance, Consultation and Supervision</th></tr>
<tr><td colspan="2">Reflective practice, coupled with an environment which promotes wellbeing, a healthy work/life balance and appropriate accountability, supports improving practice and ongoing professional development to deliver improved outcomes.</td></tr>
<tr><td>Employers, in conjunction with Chief Social Work Officers as appropriate, should:</td><td>Social Workers should:</td></tr>
<tr><td>■Provide effective supervision and employee development systems, that link individual performance to services and outcomes for people;
■Maintain effective systems to allocate work and manage workloads;
■Provide regular communication of priorities, policies and standards;
■Ensure regular audit of the quality of social work practice is carried out; and
■Ensure clear guidance on balancing risk, needs, human rights and consultation with manager is readily available to Social Workers who are making such judgements.</td><td>■Actively seek, and engage fully with, supervision on a regular basis to reflect on their practice and identify areas for development;
■Undertake regular analysis and assessment of the quality of their practice including reflection on engagement and interventions with people; what is
going well; what requires to change; and identifying and addressing barriers to safe and effective practice;
■Manage and prioritise their workload within organisational policies and priorities.</td></tr>
<tr><td colspan="2">What does this look like?</td></tr>
<tr><td colspan="2">■Organisational policies, priorities and standards are formally recorded, communicated, evaluated and audited on a regular basis which is specified and the results/response made known to managers and Social Workers;
■Casework is formally recorded and audited periodically by senior managers;
■The role of the Chief Social Work Officer in providing professional advice and guidance, and how these can be accessed, is clearly communicated and understood;
■Social Workers routinely consult with their peers and others to inform practice, share lessons learned and meet continuing professional development needs;
■There is a formal supervision policy which is communicated to, and understood, which requires that supervision be used to support effective professional practice that:
• reviews workload and associated stress levels, balances best practice requirements with organisational policies, procedures and priorities; and to support professional judgement and continuous development;
• specifies the minimum time and frequency of supervision for all Social Workers/other staff/staff with particular needs;</td></tr>
</table>

- requires managers to record when and why sessions are cancelled/cut short;
- makes clear that this is a reflective process and both managers and Social Workers should undertake appropriate preparation by analysing their practice, identifying challenges and potential solutions and considering development needs;
- requires the main points raised to be recorded and signed off by both manager and Social Worker.

■There is a clear process for handling professional disagreement, including the role of the line manager and CSWO in providing advice and support with respect to professional standards and decision-making. There is clear guidance on how this is recorded; and
■Social Workers are encouraged to raise issues/seek assistance and guidance from their supervisor outwith formal supervision, and the organisation has systems in place to allow the reporting of anything that might impede safe and effective practice.

5. Information Sharing and Joint Working

Effective information sharing and joint working across different agency boundaries are essential to the provision of high quality integrated care and support. They are also an important aspect of local multiagency systems of child, adult and public protection.

Employers, in conjunction with Chief Social Work Officers as appropriate, should:	Social Workers should:
■Ensure the value of joint working and information sharing is promoted amongst Social Workers and that confidentiality and a right to privacy in private life is understood and complied with; ■Provide clarity of accountability and responsibility for case management in any joint working arrangements; ■Ensure Social Workers have a clear and shared understanding with colleagues of other agencies of their respective responsibilities for the identification and management of risk; ■Have in place information sharing protocols with all relevant partnerships; ■Ensure IT systems are used, where appropriate, to provide integrated and single assessments, and speedy information sharing; ■Ensure Social Workers are appropriately trained, with other agencies, on the purposes and processes of information sharing; and that ■Professional supervision is provided to social workers where their line manager is a professional from another discipline.	■Take the necessary action to understand the roles and responsibilities of key colleagues in other agencies; ■Recognise significant information relating to child, adult and/or public protection and communicate it timeously to other key agencies; ■Acknowledge the value of, and respect, the contribution of colleagues from different disciplines; ■Actively promote and co-operate fully in joint working to ensure people receive personalised and appropriately integrated services; ■Understand and apply agency policy for handling and sharing sensitive or highly confidential data; and ■Identify dilemmas inherent in respecting confidentiality and the importance of information sharing and seek support to address these issues.

What does this look like?

■High quality integrated services are delivered through effective partnerships;

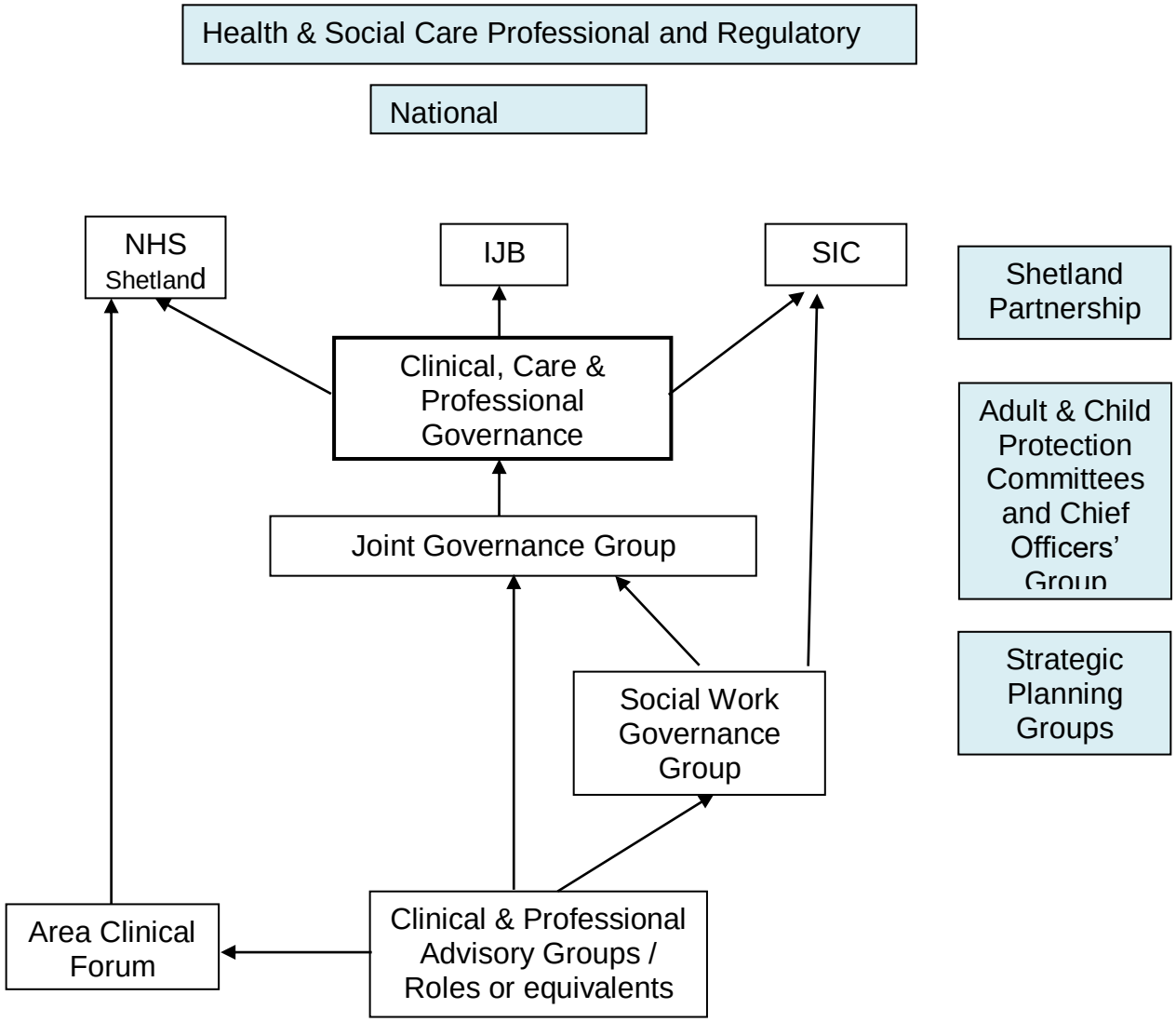
- Good, regular multi-agency training is in place;
- There are effective links within and across agencies to monitor and manage risk;
- There is good use of technology to support information sharing and joint working promoting integrated and single assessment processes such as MAPPA1 or SSA2 ;
- All agencies promote the uptake of “universal” supports and services where appropriate;
- Partners have good systems to resolve operational disagreements with appropriate recourse to senior managers when needed;
- Accessibility to services is straightforward and personalised; and
- Confidentiality and privacy are respected with due regard to legislation on Data Protection, Human Rights and Equalities.

1 Multi Agency Public Protection Arrangements
2 Single Shared Assessment

Chief Executives and Elected Members	**Chief Social Work Officer Responsibilities**
Elected members represent constituents and promote the interest of the local community With Chief Executives, Elected Members promote human rights, equalities, social justice Ensure planning, delivery and monitoring of social care services is informed by service user experience and views Have a duty to scrutinise public services Develop strategic and policy direction Create an environment that affirms the contribution of staff and support innovation Lead improvement and learning where challenge and risk has been identified	Accountable to the Chief Executive and Elected Members Provide professional advice to the corporate team and professional leadership to staff Act as final decision maker on certain matters Ensure components are in place for developing good governance e.g. culture, systems, practices, performance, vision, leadership Ensure there is clear guidance about balancing risk, needs and civil liberties Ensure robust processes are in place to assess and manage risk Ensure improved outcomes for individuals is a priority Ensure compliance with the all relevant Codes of Practice, legislation and standards Promote professional values and ethics in conjunction with SSSC and Care Inspectorate Ensure staff receive quality support, supervision, development and learning through an effective structure Develop a culture of openness, communication and accountability when learning from successes and critical incidents
Social Care Practitioners and Managers	**Service Users, Carers and Communities**
All staff are responsible for contributing to the delivery of social care governance arrangements Uphold social work professional values and ethics in their practice Work in partnership with services users, cares and other stakeholders to achieve positive outcomes Should be informed and empowered by the organisation and through learning and development enable the shift of power and control to people requiring support. Are responsible for continually improving by applying best practice, theory and judgement skills Maintain standards for registration (where required) and meeting SSSC Codes of Practice and applying the SSSC Continuous Learning Framework Maintain appropriate relationships and personal boundaries with people who use services Take responsibility for the safety of people who issue services and for themselves as staff members Use supervision to reflect on practice Ensure there is a link between organisational and operational priorities and personal learning and development plans	Be recognised as having expertise and encouraged/enabled to contribute to identifying individual and community goals and outcomes Be informed of rights and responsibilities and how this impacts on life and planning choices Contribute to the performance management system of the service and have the opportunity to shape services Have information on how to influence Have the opportunity to share views on what is essential to good quality life and influence the allocation of resources to meet this Inform organisational risk management/risk enablement activities

Appendix 3

Clinical, Care and Professional Governance Framework



Social Services Inspection Grades **Appendix 2**

Service	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Leadership & Management	
	2017/18	Previous Grade	2017/18	Previous Grade	2016/17	Previous Grade	2017/18	Previous Grade
Adoption		4 Good		N/A		4 Good		5 Very Good
Fostering		4 Good		N/A		4 Good		5 Very Good
Children's Residential	5 Very Good	5 Very Good	N/A	4 Good	4 Good	5 Very Good	N/A	4 Good
Short Breaks for Children	4 Good	4 Good	N/A	5 Very Good	N/A	5 Very Good	3 Adequate	4 Good
Short Breaks for Children Support Service		4 Good		5 Very Good		5 Very Good		4 Good
Edward Thomason & Taing	5 Very Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	5 Very Good	5 Very Good
Eric Gray Support Service		6 Excellent		5 Very Good		5 Very Good		6 Excellent
Fernlea	5 Very Good	4 Good	N/A	5 Very Good	N/A	4 Good	4 Good	4 Good
Fernlea Day Care	5 Very Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	4 Good	4 Good
Isleshavn	4 Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Isleshavn Support Service		4 Good		4 Good		4 Good		4 Good
Mental Health Support Service	5 Very Good	5 Very Good	N/A	N/A	N/A	5 Very Good	5 Very Good	5 Very Good
Montfield Support Service	5 Very Good	5 Very Good	N/A	4 Good	N/A	4 Good	5 Very Good	5 Very Good
Newcraigielea	5 Very Good	5 Very Good	N/A	4 Good	N/A	4 Good	5 Very Good	4 Good
Newcraigielea Support Service		5 Very Good		4 Good		4 Good		4 Good
Nordalea	5 Very Good	4 Good	N/A	5 Very Good	N/A	4 Good	5 Very Good	4 Good
Nordalea Day Care	6 Excellent	5 Very Good	N/A	5 Very Good	N/A	5 Very Good	5 Very Good	5 Very Good
North Haven	4 Good	4 Good	N/A	4 Good	N/A	3 Adequate	4 Good	4 Good
North Haven Support Service		4 Good		4 Good		4 Good		4 Good
Overtonlea	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Overtonlea Support Service	5 Very Good	5 Very Good	N/A	4 Good	N/A	4 Good	5 Very Good	4 Good
Support at Home Shetland	5 Very Good	4 Good	N/A	N/A	N/A	4 Good	5 Very Good	4 Good
Taing House Support Service	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Wastview	4 Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good
Wastview Support Service		5 Very Good		5 Very Good		5 Very Good		4 Good

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8th November 2018
Report Title:	Winter Plan for Ensuring Service Sustainability including the Festive Period 2018-19	
Reference Number:	CC-48-18-F	
Author / Job Title:	Kathleen Carolan - Director of Nursing & Acute Services Simon Bokor Ingram - Director of Community Health & Social Care	

1.0 Decisions / Action required:

That the Integration Joint Board:

1.1 **APPROVE** the Winter Plan 2018-19

1.2 **NOTE** that planning is a dynamic process and any emerging issues will need to be addressed. Any significant changes will be brought to the IJB's attention.

2.0 High Level Summary:

2.1 The Scottish Government directs winter planning, and it is the responsibility of Health Boards and Councils to ensure that there are robust and effective plans in place to ensure the continuity of service provision over the winter months, and especially over the festive season.

2.2 The Winter Plan 2018-19 describes the health and social care service provision and special arrangements that will be put in place during the festive season by NHS Shetland and Shetland Islands Council and through the winter period.

2.3 The Plan has been developed jointly by the Director of Nursing & Acute Services and the Director of Community Health & Social Care with input from Scottish Ambulance Service (SAS) setting out the patient transport arrangements that underpin effective planned and unscheduled care services.

2.4 The Plan will be presented to the NHS Board and the Integration Joint Board for approval (NHS Board approved 2nd October 2018).

2.5 The Winter Plan will be communicated/enacted by both the Council and NHS and sits alongside the national winter campaigns co-ordinated by NHS 24, which will be locally advertised to ensure our residents know what services are available over the festive season, and how to access them.

3.0 Corporate Priorities and Joint Working:

3.1 There is a particular emphasis on ensuring that elective services are sustained through the winter months and there is forward planning in January 2019 to deal

with any backlog from the festive period (e.g. increasing surgical capacity, outpatient services, diagnostics, availability of patient transport, and care packages to support timely discharge). The Plan describes the arrangements over the festive period and notes the need to monitor demand for services and develop plans to address them (e.g. using the patient flow protocol).

3.2 Enhanced monitoring of service performance has been in place since 2015 as part of the unscheduled care improvement action plan and redesign, which is being undertaken locally – the daily measures to support effective service delivery and patient flow also meet the requirements set out in the winter planning guidance issued in August 2018.

3.3 Unscheduled care, delayed discharge, integration fund and waiting time's allocations have been aligned to support the delivery of the Plan e.g. additional walk in clinics, increased publicity etc. The Plan meets the guidance 'Preparing for Winter 2018-19' issued by the Cabinet Secretary's Office in August 2018.

3.4 All of the operational plans (shown in the appendices) have been reviewed to ensure they are fit for purpose and a new operational procedure has been developed to ensure that we monitor staffing levels and have systems in place to ensure that they are safe and meet the requirements of our patients and customers.

3.5 The text shown in italics and in a text box, in sections 12 and 14 in Appendix A-Winter Plan, have not yet been agreed or validated and further changes will be added as information is received, recognising this is a dynamic plan and an operational document should be in place by the end of October 2018 when the Plan needs to be published.

4.0 Key Issues:

4.1 Content that remains outstanding is as follows:

- IT Department festive period rota and disaster recovery arrangements
- Business continuity planning arrangements (relevant to winter planning)
- Major alert, resilience arrangements (update on contingencies for Winter 2018)

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

6.1 Service Users, Patients and Communities:	Yes – ensuring continuity of delivery to residents.
6.2 Human Resources and Organisational Development:	Yes – planning ensures that individuals and teams are clear about their roles and responsibilities, and the organisations involved are able to respond to a range of situations. NHS Shetland and Shetland Islands Council have Adverse Weather policies in place for staff to refer to in regards to poor weather circumstances. These policies are accessible to staff online via Intranet, and also made available through Human Resources. The Council and NHS staff is made

	aware of policies upon joining the organisation, and are expected to read the policy and follow the procedures defined within them. There are appropriate HR policies in place in both organisations to support this including the provision of the flu vaccine to staff working with vulnerable clients.	
6.3 Equality, Diversity and Human Rights:	In general, a neutral impact is expected equality, diversity and human rights. Where there is an impact on disabled, older or vulnerable people due to difficult conditions, these will be managed by services that will ensure that resources are available to effectively support those affected, as explained within the Plan. A positive impact is expected from maintaining public safety, access to services and continuation of services in difficult conditions. A positive impact resulting from a reduction in the transmission of influenza is also expected. The plan provides opportunities to build capacity, cohesion, support networks and resilience within services and communities.	
6.4 Legal:	Yes – the Plan mitigates risk of service failure.	
6.5 Finance:	Yes - provision has been made to record the cost pressures of increasing health and social care capacity over the festive season.	
6.6 Assets and Property:	There are no assets and property issues arising from this report.	
6.7 ICT and new technologies:	IT Department festive period rota and disaster recovery arrangements.	
6.8 Environmental:	There are no environmental issues arising from this report	
6.9 Risk Management:	Business continuity planning arrangements (relevant to winter planning). Major alert, resilience arrangements (update on contingencies for Winter 2018).	
6.10 Policy and Delegated Authority:	The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland. These delegated functions are detailed in the Integration Scheme and the IJB is required to issue Directions to the parties to ensure services are delivered within the allocated budgets.	
6.11 Previously considered by:	NHS Board	2nd October 2018

Contact Details:
Simon Bokor-Ingram
Director Community Health & Social Care
Simon.bokor-ingram@shetland.gov.uk
24th October 2018

Appendices:
Appendix A Winter Plan NHSS 2018-19 151018
Appendix B Patient Flow Escalation Plan updated September 2018
Appendix C Daily Performance Metrics to Support Winter Planning September 2018
Appendix D Safe Staffing Escalation September 2018

WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER THE WINTER PERIOD 2018-19

Version 1 created 03/09/2018

Version 2 created 24/09/2018

Table of Contents

Chapter Number	Chapter Name	Page Number
1	Introduction	3
2	Primary Care Services	3
3	Patient Transport & Ambulance Services	7
4	Dental Services	10
5	Pharmacy Services	11
6	Clinical Support Services	13
7	Facilities	14
8	Community Mental Health Services	16
9	Hospital Bed Provision including Day Case Beds	17
10	Community Care Services	19
11	Access to Clinical Information	21
12	Bad Weather Contingencies	21
13	Preparation & Implementation of Norovirus OCM & Influenza Planning	22
14	Disaster Recovery Plans	24
15	Escalation Procedures/Management Control	24
16	Publicity	25
Appendix A	Escalation Protocol –Hospital Patient Flow	26
Appendix B	Winter Planning Daily Performance Metrics	27
Appendix C	Escalation Protocol – Safe Staffing	28

1. Introduction

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2017-18. Whilst there were events of extreme weather elsewhere in Scotland, there were not the heavy or prolonged snow conditions in Shetland which have been experienced in some previous winters. Winter 2018-19 has the potential to be challenging, with increased activity through elective and emergency services, planned changes to primary care provision, fragility of local staffing models and the threat of severe weather creating service disruption.

This winter plan for 2018-19 has been developed from critically appraising what went well and what lessons were learnt from previous winters, both from within the organisation and from debriefing with other health boards as part of the Scottish Government Health Directorate's winter planning programme for the NHS which also includes representation from local authorities.

2. Primary Care Services

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

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

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

Date	Day	Daytime Provision	OOHs Provision
December 22nd 2018	Saturday (Weekend)	Essential visits by one nurse, contact details via Community nursing answer phone	One nurse On-call on each island, contact details accessed via community nursing answer phone message
December 23rd 2018	Sunday (Weekend)	Essential visits by one nurse, contact details via community nursing answer phone	One nurse On-call on each island, contact details accessed via community nursing answer phone message

Date	Day	Daytime Provision	OOHs Provision
December 24th 2018	Monday (Normal business day)	Normal Working day	One nurse On-call on each island, contact details accessed via community nursing answer phone
December 25th 2018	Tuesday (PH)	On call service for Essential visits only, contact details via community nursing answer phone	One nurse On-call on each island, contact details accessed via community nursing answer phone
December 26th 2018	Wednesday (PH)	Essential visits only by one nurse, contact details via community nursing answer phone	One nurse On-call on each island, contact details accessed via community nursing answer phone
December 27th 2018	Thursday (Normal business day)	Normal Working day	One nurse On-call on each island, contact details accessed via community nursing answer phone
December 28th 2018	Friday (Normal business day)	Normal Working day	One nurse On-call on each island, contact details accessed via community nursing answer phone
December 29th 2018	Saturday (Weekend)	Essential visits only by one nurse, contact details via community nursing answer phone	One nurse On-call on each island, contact details accessed via community nursing answer phone
December 30th 2018	Sunday (Weekend)	Essential visits only by one nurse, contact details via community nursing answer phone	One nurse On-call on each island, contact details accessed via community nursing answer phone

Date	Day	Daytime Provision	OOHs Provision
December 31st 2018	Monday (Normal business day)	Normal Working day	One nurse On-call on each island contact via community nursing answer phone
January 1st 2019	Monday (PH)	Oncall and Essential visits only by one nurse contacted via community nursing answer phone	One nurse On-call on each island contact via community nursing answer phone
January 2nd 2019	Tuesday (PH)	Oncall and Essential visits only by one nurse working contacted via community nursing answer phone	One nurse On-call on each island contact via community nursing answer phone

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

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

The Community Nursing service provides a 24/7 service via a combination of shifts covering the time period 0830-2130hrs, with an oncall service overnight from 2130-0800hrs each day.

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

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

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

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

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

Date	Day	Daytime Provision	OOHs Provision
December 22nd 2018	Saturday (Weekend)	NHS24 Triaged clinic 1400-1600 at Gilbert Bain Hospital	24 hour cover by OOH GP
December 23rd 2018	Sunday (Weekend)	No clinic	24 hour cover by OOH GP
December 24th 2018	Monday (Normal business day)	Practices open 0830-1730	24 hour cover by OOH GP
December 25th 2018	Tuesday (PH)	24 hour cover by OOH GP	24 hour cover by OOH GP
December 26th 2017	Wednesday (PH)	Drop in clinic at Gilbert Bain Hospital, from 1000-1300	24 hour cover by OOH GP
December 27th 2018	Thursday (Normal business day)	Practices open 0830-1730	24 hour cover by OOH GP
December 28th 2018	Friday (Normal business day)	Practices open 0830-1730	24 hour cover by OOH GP
December 29th 2018	Saturday (Weekend)	NHS24 Triaged clinic 1400-1600 at Gilbert Bain Hospital	24 hour cover by OOH GP
December 30th 2018	Sunday (Weekend)	No clinic	24 hour cover by OOH GP
December 31st 2018	Monday (Normal business day)	Practices open 0830-1730	24 hour cover by OOH GP
January 1st 2019	Tuesday (PH)	No clinic	24 hour cover by OOH GP
January 2nd 2019	Wednesday (PH)	Walk in clinic 1000-1300 at Gilbert Bain Hospital	24 hour cover by OOH GP

3. Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 22nd 2018	Saturday (Weekend)	2 A&E Amb crews on shift	1 A&E Amb crew on shift + 1 on shift and on call	No PTS cover but A&E may be able to assist with local discharges
December 23rd 2018	Sunday (Weekend)	2 A&E Amb crews on shift	1 A&E Amb crew on shift + 1 on shift and on call	No PTS cover but A&E may be able to assist with local discharges
December 24th 2018	Monday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs
December 25th 2018	Tuesday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	*No PTS cover but A&E may be able to assist with local discharges
December 26th 2017	Wednesday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	* No PTS cover but A&E may be able to assist with local discharges
December 27th 2018	Thursday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 28th 2018	Friday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs
December 29th 2018	Saturday (Weekend)	2 A&E Amb crews on shift	1 A&E crew on Shift + 1 on shift and on call	No PTS cover but A&E may be able to assist with local discharges
December 30th 2018	Sunday (Weekend)	2 A&E Amb crews on shift	1 A&E crew on Shift + 1 on shift and on call	No PTS cover but A&E may be able to assist with local discharges
December 31st 2018	Monday (Normal business day)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	PTS cover AM & PM up to 1800hrs
January 1st 2019	Tuesday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	*No PTS cover but A&E may be able to assist with local discharges
January 2nd 2019	Wednesday (PH)	2 A&E Amb crews on shift	1 A&E crew on Shift 1 A&E crew on shift till 2300 then on call	*No PTS cover but A&E may be able to assist with local discharges

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

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

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

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

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

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

Patient Transport (Renal Service)

Date	Day	Daytime Provision	OOHs Provision
December 25th 2018	Tuesday (PH)	See table above for cover renal patients supported by PTS, retained and A&E where necessary	See above
December 26th 2018	Wednesday (PH)	See table above for cover renal patients supported by PTS, retained and A&E where necessary	See above

Date	Day	Daytime Provision	OOHs Provision
December 27th 2018	Thursday (Normal business day)	See above	See above
December 28th 2018	Friday (Normal business day)	See above	See above
January 1st 2019	Tuesday (PH)	See table above for cover renal patients supported by PTS, retained and A&E where necessary	See above
January 2nd 2019	Wednesday (PH)	See table above for cover renal patients supported by PTS, retained and A&E where necessary	See above

4. Dental Services

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

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

Date	Day	Daytime Provision	OOHs Provision
December 22nd 2018	Saturday (Weekend)	On Call via NHS 24	On Call via NHS 24
December 23rd 2018	Sunday (Weekend)	On Call via NHS 24	On Call via NHS 24
December 24th 2018	Monday (Normal business day)	Normal Service	On Call via NHS 24
December 25th 2018	Tuesday (PH)	On Call via NHS 24	On Call via NHS 24
December 26th 2018	Wednesday (PH)	On Call via NHS 24	On Call via NHS 24

Date	Day	Daytime Provision	OOHs Provision
December 27th 2018	Thursday (Normal business day)	Normal Service	On Call via NHS 24
December 28th 2018	Friday (Normal business day)	Normal Service	On Call via NHS 24
December 29th 2018	Saturday (Weekend)	On Call via NHS 24	On Call via NHS 24
December 30th 2018	Sunday (Weekend)	On Call via NHS 24	On Call via NHS 24
December 31st 2018	Monday (Normal business day)	Normal Service	On Call via NHS 24
January 1st 2019	Tuesday (PH)	On Call via NHS 24	On Call via NHS 24
January 2nd 2019	Wednesday (PH)	On Call via NHS 24	On Call via NHS 24

5. Pharmacy Services

The local pharmacies will be open at various times over the festive season. The opening hours will be advertised in the local press as part of the Health Board's advertising campaign; the opening hours are based on historical need and coincide with GP practice activities

Health Board Pharmacists are working at various times during the festive period, however, there is no on call service but in an emergency situation pharmacists will make themselves available at their discretion. Emergency medicines are always available in the hospital out of hours.

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

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

The on call doctors car is well stocked and will be checked on each occasion that it is made available before Christmas and before New Year.

The supplies of hospital oxygen cylinders will be increased over the festive season. Dolby Medical supplies all domiciliary oxygen and high use patients have oxygen concentrators. In addition concentrators are available in the hospital and high flow oxygen treatments are monitored and regularly reviewed

Weather conditions are regularly monitored by the pharmacy team over the winter period and stocks are routinely adjusted accordingly

Date	Day	Hospital Provision	Community Provision
December 22nd 2018	Saturday (Weekend)	No service	Normal business day
December 23rd 2018	Sunday (Weekend)	No service	No service
December 24th 2018	Monday (Normal business day)	Normal Service	Normal Service
December 25th 2018	Tuesday (PH)	No service	No service
December 26th 2018	Wednesday (PH)	Limited service	Pharmacy Rota arrangement
December 27th 2018	Thursday (Normal business day)	Normal Service	Normal Service
December 28th 2018	Friday (Normal business day)	Normal Service	Normal service
December 29th 2018	Saturday (Weekend)	No service	Normal Service
December 30th 2018	Sunday (Weekend)	No service	No Service
December 31st 2018	Monday (Normal business day)	Normal Service	Normal service
January 1st 2019	Tuesday (PH)	No service	No service
January 2nd 2019	Wednesday (PH)	Limited service	Rota arrangement

6. Clinical Support Services

(a) Laboratory Services

The Laboratory service

Date	Day	Daytime Provision	OOHs Provision
December 22nd 2018	Saturday (Weekend)	0900-1200	On Call
December 23rd 2018	Sunday (Weekend)	0900-1200	On Call
December 24th 2018	Monday (Normal business day)	0830-1700	On-Call
December 25th 2018	Tuesday (PH)	0900-1200	On Call
December 26th 2018	Wednesday (PH)	0900-1200	On Call
December 27th 2018	Thursday (Normal business day)	0830-1700	On-Call
December 28th 2018	Friday (Normal business day)	0830-1700	On-Call
December 29th 2018	Saturday (Weekend)	0900-1200	On Call
December 30th 2018	Sunday (Weekend)	0900-1200	On Call
December 31st 2018	Monday (Normal business day)	0830-1700	On-Call
January 1st 2019	Tuesday (PH)	0900-1200	On Call
January 2nd 2019	Wednesday (PH)	0900-1200	On Call

(b) Medical Imaging

The Medical Imaging service will be limited to an on call service for the four public holidays over Christmas and New Year (25th and 26th December 2018 and 1st and 2nd January 2019) and the weekend over the Christmas and New Year period. There will be the usual service on the normal business days and 24/7 rota available at other times

(c) Other Diagnostic Support Services

Physiology and Audiology will be closed from December 21st 2018 to January 2nd 2019 (inclusive), bar the normal business days. Both of these services are now delivered with a block of capacity each month (e.g. 1 week in 4 for routine tests).

As part of the routine review of waiting times we will look at the level of capacity that will be required in January 2019 in order to ensure that the impact of a prolonged shut down does not impact on patient flow and access to services.

Medical Physics

A member of the medical physics staff will be on site during the Xmas and New Year Public holidays.

(d) Public Health

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

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

7. Facilities

The Estates Team operates an on call rota which can be accessed via the GBH switchboard and this is in place 24/7

Other Facilities services will have a modified service over the festive season and availability is shown below:

Date	Day	Daytime Provision	OOHs Provision
December 22nd 2018	Saturday (Weekend)	No Change	No Change
December 23rd 2018	Sunday (Weekend)	No Change	No Change
December 24th 2018	Monday (Normal business day)	No Change	No Change
December 25th 2018	Tuesday (PH)	Domestics – reduced staffing Laundry – closed (on call arrangements in place if required) Public /Staff Servery – closed (staff arrangements in place	
December 26th 2018	Wednesday (PH)	Domestics – reduced staffing Laundry – closed (on call arrangements in place if required) Public /Staff Servery – closed (staff arrangements in place	No change
December 27th 2018	Thursday (Normal business day)	No change	No change
December 28th 2018	Friday (Normal business day)	No change	No change
December 29th 2018	Saturday (Weekend)	No change	No change
December 30th 2018	Sunday (Weekend)	No change	No change
December 31st 2018	Monday (Normal business day)	No change	No change

Date	Day	Daytime Provision	OOHs Provision
January 1st 2019	Tuesday (PH)	Domestics – reduced staffing Laundry – closed (on call arrangements in place if required) Public /Staff Servery – closed (staff arrangements in place	
January 2nd 2019	Wednesday (PH)	Domestics – reduced staffing Laundry – closed (on call arrangements in place if required) Public /Staff Servery – closed (staff arrangements in place	

8. Community Mental Health Services

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

The local team will have clear protocols in place for the management of mental health presentations to the hospital and in the community. The team will extend their day time operating hours to include on call during the weekends, so in effect providing a 7 day service.

Community Psychiatric Nurses (CPNs)

Date	Day	Daytime Provision	OOHs Provision
December 22nd 2018	Saturday (Weekend)	On call Duty CPN	Nil – access to duty MHO
December 23rd 2018	Sunday (Weekend)	On call Duty CPN	Nil – access to duty MHO
December 24th 2018	Monday (Normal business day)	Normal Service	Nil – access to duty MHO
December 25th 2018	Tuesday (PH)	On call Duty CPN	Nil – access to duty MHO

Date	Day	Daytime Provision	OOHs Provision
December 26th 2018	Wednesday (PH)	On call Duty CPN	Nil – access to duty MHO
December 27th 2018	Thursday (Normal business day)	Normal Service	Nil – access to duty MHO
December 28th 2018	Friday (Normal business day)	Normal Service	Nil – access to duty MHO
December 29th 2018	Saturday (Weekend)	On call Duty CPN	Nil – access to duty MHO
December 30th 2018	Sunday (Weekend)	On call Duty CPN	Nil – access to duty MHO
December 31st 2018	Monday (Normal business day)	Normal Service	Nil – access to duty MHO
January 1st 2019	Tuesday (PH)	On call Duty CPN	Nil – access to duty MHO
January 2nd 2019	Wednesday (PH)	On call Duty CPN	Nil – access to duty MHO

9. Hospital Bed Provision including Day Case Beds

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

Maintaining effective care and safe staffing levels

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

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

The safe staffing escalation plan is shown in Appendix C.

Monitoring whole system patient flow

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

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

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

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

Waiting times monitoring meetings will take place on December 22nd and December 29th 2018 to ensure that appropriate monitoring of shared services and pathways will continue seamlessly, including the organisation of cancer pathways.

Data from System Watch will also be used to identify any trends/forecast future pressures, although in reality it is easy to spot special cause variation in such a small system through routine root cause analysis of A&E breaches and the metrics noted in Appendix B.

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

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

As a result of the development and extension of community based services over the last three years, we have seen a down turn in bed occupancy (12 % across the

two acute units); particularly where it is associated with people delayed in hospital waiting for respite, residential or care at home packages (which peaked at the beginning of 2015, but steadily reduced and has been maintained).

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

Close working between Pharmacy, Community, Hospital and SAS is in place to ensure that planned discharges take place before 12 noon (whenever possible).

10. Community Care Services

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

(a) Social Work Service

The Social Work Offices will be closed for the four public holidays over Christmas and New Year (25th and 26th December 2018 and 1st and 2nd January 2019). A duty Social Worker (contactable via the main hospital reception) will be available to deal with **emergencies**.

(b) Care Centres for Adults

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

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

(c) Care at Home

This will operate at a reduced level as many service users get support from their families over the public holidays. It will be continue to be

available for those without family support. Some meals on wheels kitchens will not be open at all during the festive period. Additional Care at Home will be provided to those for whom this will be a problem. Any queries about Care at Home during the festive period (excluding public holidays) should be addressed to the local Care Centre. **Contact on public holidays should be via the duty social worker.**

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

(d) Mental Health Community Support Service, Annsbrae House

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

(e) Adult Services

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

Newcraigielea Day Service GOLD Group will be closing at the normal time on Wednesday 19th December 2018 and reopening on Thursday 3rd January 2019.

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

Vocational Activity
Eric Gray Resource Centre. Individual service users will be informed of the arrangements over the festive period.

f) Day Care – Community Care Resources

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

When Day Care is closed enquiries about existing service users should be directed to the relevant care centre (Newcraigielea for adults with Learning

Disabilities). Enquiries about emergency Day Care for people who are not known to a service should be made by contacting the local care centre directly or via the duty social worker.

(g) Customer Relations Function at CAB

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

11. Access to Clinical Information

The Key Information Summary (KIS) system is in place. The eKIS should provide key information to partner agencies e.g. Scottish Ambulance Service (SAS), as well as to NHS employees in primary and secondary care in the out of hours period and therefore will support the delivery of more appropriate care for individuals in the out of hours period.

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

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

12. Bad Weather Contingencies

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

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

Hospital based staff will be provided with accommodation, and would travel when able to do so. Staff wishing to remain in Lerwick who reside out with the town for the duration of a shift pattern will be entitled to the provision of accommodation and meal tokens[1], which will be managed by the Facilities Manager.

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

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

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

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

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

The HPS Norovirus Outbreak Guidance issued in September 2016 has previously been fully distributed by NHS Shetland. The Health Protection Team (HPT) is supporting the advance planning which care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that people contracting norovirus are well looked after in care homes.

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

The National Infection Prevention and Control Manual is available via the Infection Control Portal on the Intranet. Chapter 3 specifically provides guidance on Healthcare Infection Incidents, Outbreaks and Data Exceedance. In addition there is also a local Outbreak Folder containing all current guidance, protocols and flowcharts to be used in the management of an Outbreak available via the Infection Control Portal on the Intranet.

Staff have been reminded of the need to remain absent for 48 hours post last symptom of diarrhoea and vomiting. This message will be reiterated at the daily Hospital Huddle over the winter period to ensure all staff continue to adhere to this guidance. Information will also be made available via the NHS intranet 'message of the day', Team Brief and email distribution groups as appropriate.

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

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

Weekly Norovirus Reports are available on the NSS Discovery Dashboard which keep NHS Shetland up to date regarding the national norovirus situation.

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

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

Influenza Planning

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

- A local emergency plan which contains a general contingency plan which covers capacity to meet winter flu if it reaches epidemic proportions
- Local plans for implementation of the national seasonal flu immunisation programme to eligible individuals including people over 65, children, people in clinical risk groups, pregnant women, unpaid carers and social care workers.
- An Occupational Health delivered programme to promote and offer flu immunisation to NHS healthcare workers, which is continuing to increase uptake year on year.
- A winter flu campaign which includes media coverage
- A local Pandemic Influenza Plan in place, modelled on, and continually updated in the light of national guidance

Local plans include:

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

Tabletop exercises have been undertaken to test key procedures for Healthcare Associated Infection (HAI). The lessons learnt from a care home flu outbreak earlier in 2018 have been incorporated into revised procedures and planning.

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

14. Disaster Recovery Plans

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

Business continuity plans are in place to manage water ingress into the Hospital (which is a risk to elective service delivery and access to A&E).

15. Escalation Procedures & Management Control

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

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

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

Senior Managers on call will have access to NHS Shetland local media accounts so that they can update messages to staff and patients if escalation plans need to be enacted.

16. Publicity

The Council and NHS, in conjunction with its service partners will undertake a publicity campaign. This will describe the arrangements for over the festive period as well as specific information for patients on how best to use the out of hours services. It will include details on when to use the emergency services and when and how to use NHS 24. Our website, which includes information about access to services and health information 'Know Who to Turn to' will also, be included in promotional materials.

The publicity will include a full-page advertisement in the local press for the week prior to Christmas; press releases; information at health centres; dental clinics and community pharmacies.

This information will also be updated on social media e.g., Facebook and Twitter throughout the winter period, but particularly during the festive season over Christmas.

Local public health messages are also given out through the media and our local media diary content will reflect the run up to the festive season. In addition to this, NHS24 will contract with the local press and media to run a pre-festive publicity campaign.

Patient Flow Escalation Plan – NHS Shetland

Time	Bed State	Assessment	Action
08:00	Bed state is on Amber OR Red	The SCN* of each ward, identifies the EDD for all patients and key issues (e.g. vulnerable/high risk patients, inter hospital patient transfers, impact of elective work, patients delayed in hospital and likely discharges that day). This is passed to the Hospital Co-ordinator** so they can take an overview.	If the assessment shows that there will be flow issues, then the information should be captured on the ward EDD templates by the Nurse in Charge of the Hospital and stored on the senior nurse drive for ease of access. If bed state is Red for the Hospital, then the Hospital Co-ordinator should take remedial actions immediately e.g. alert Consultants and consider current staffing levels, consider if elective work can go ahead etc.
13:00	Bed state is ON Red	Hospital Co-ordinator reviews the situation post ward round. If the bed state remains on red then the SCN of each ward will be asked to consider which patients would be suitable for decant to other wards if necessary.	The <u>SCN for the ward contacts the Consultants to agree which patients can be transferred to another ward if necessary</u>* SCN notifies Nurse in Charge of the Hospital which patients can transfer if required. Hospital Co-ordinator decides if a bed planning meeting is necessary (to agree patient transfers/discharges etc). If yes, then the SCNs, Elective Service Manager, Consultants on call (as necessary) and the Duty SW, ICT will be asked to attend to plan next steps. Options are considered/agreed at the meeting include: accelerated discharge, cancellation of elective work, additional staffing, transfer of patients to other wards or fast track into community care etc
16:00	Bed state is ON Red	Hospital Co-ordinator reviews the current situation with the action plan agreed at 13:00 (e.g. progress of patient transfers, accelerated discharges etc).	If the plan is working and pressures are alleviating then keep a watching brief on patient flow through the evening and overnight. If patient flow issues are not alleviating (at 4pm) then the Hospital Co-ordinator will: • Contact the Consultants on call • Contact Director of Nursing & Acute Services OR Senior Manager on call if DNAS is unavailable, in order to agree contingency plans to be enacted for the rest of the day/night

*If the SCN is not on duty then it is the responsibility of the Nurse in charge of the ward for the shift.

** The Hospital Co-ordinator is denoted on the Nurse Management rota held in the Clinical Portal – and is available 24/7. At weekends this is the Nurse in Charge of the Hospital during the week it is either a senior nurse or a HoD.

NB Individual wards may be on RED
Trigger for actions is as follows:

Ward 3 = only 1 female, 1 male bed and 1 SR available
Ward 1 = only 1 female, 1 male bed

^Specific consideration should be given to patient care needs e.g. only transfer patients with confusion/dementia/high falls risk/complex discharge plans/palliative or terminal care if there are no other patients suitable for inter-ward transfer.
The Consultant must ensure that patients who are transferred to another ward continue to receive appropriate medical review. Patients will be reviewed according to clinical priority (patients transferred to other wards will be seen after patients with the highest acuity) in order that decisions can be made about treatment plans and EDD
Patients who have complex discharge requirements will remain the responsibility of the admitted ward.

Out of Hours/Weekends
Nurse in Charge of the Hospital <u>only</u> needs to contact the Senior Manager on Call IF:

- Beds are on RED and patient transfers are required and there is a need to move patients to beds not usually staffed e.g. decanting to Maternity Unit or surge capacity beds adjacent to Chemo Unit

NB: Consultants must be made aware if a patient is being considered for transfer to another ward before the move is completed

Version 7 Current from September 2018

Appendix B
Daily Performance Metrics to Support Effective Patient Flow[1]

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

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

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

Safe Staffing Escalation Plan – NHS Shetland

Time	Event	Assessment	Action
08:00 - 08:30	Hospital Huddle/ Community Huddle – Shift Handover	The SCN* of each ward, identifies if there are any skill mix or safe staffing*** issues that need to be addressed. This could be due to short term sickness, staff undertaking other duties e.g. patient transfer, or changes in patient acuity or dependency on the ward e.g. NEWS, close observations due to falls risk, paediatric care etc	**Hospital Co-ordinator/Team Leader takes remedial action: 1. Identifying if staff can be moved from one area to another to provide support 2. Identifying if on call staff can come in and provide support 3. Identifying if external input is needed e.g. CPN or MAPA team, senior nurses to provide clinical oversight etc 4. Identifying if discharge/transfer can be accelerated 5. Identifying if elective work needs to be reduced or cancelled to maintain patient safety
13:00	Hospital Huddle/ Community Huddle	Hospital Co-ordinator reviews the situation post ward round to assess if the remedial action plan is effective and/or if further actions need to be taken.	Hospital Co-ordinator/Team Leader**** decides if a patient safety review meeting is necessary (to agree patient transfers/discharges and staffing requirements etc). If yes, then the SCNs, Hospital Co-ordinator, Elective Service Manager, Consultants on call (as necessary) will be asked to attend to plan next steps. Options are considered/agreed at the meeting include: accelerated discharge, cancellation of elective work, additional staffing, transfer of patients to other wards/hospitals or fast track into community care etc Plan is communicated back to clinical teams to action before 5pm (e.g. Bank Manager is asked to call in additional staff, rosters are changed, elective work is postponed etc) Datix completed if residual risks remain
16:00	Hospital Huddle/ Community Huddle – Shift Handover	Hospital Co-ordinator reviews the current situation with the action plan agreed at 13:00	If the plan is working and pressures are alleviating then keep a watching brief on patient safety and staffing levels through the evening and overnight. If patient safety issues are not alleviating (at 4pm) then the Hospital Co-ordinator/Team Leader will: • Contact the Consultants on call • Contact Director of Nursing & Acute Services OR Senior Manager on call if DNAS is unavailable, in order to agree contingency plans to be enacted for the rest of the day/night

*If the SCN is not on duty then it is the responsibility of the Nurse in charge of the ward/department/team for the shift.

** The Hospital Co-ordinator is denoted on the Nurse Management rota held in the Clinical Portal – and is available 24/7. At weekends this is the Nurse in Charge of the Hospital during the week it is either a senior nurse or a HoD. The Team Leader is the designated person in the community nursing and mental health teams who will take a lead on ensuring there is safe staffing in place in these settings.

*** Safe staffing is determined by the professional judgement of the SCN on duty that day.

**** Team Leaders for Community Nursing and Mental Health will flag through their relevant service manager any safe staffing issues to the Director CH&SC

Specific consideration should be given to safe staffing levels to meet the needs of patients with: close observation requirements e.g. NEWS, high falls risk, acute psychiatric care, children admitted in an emergency, patients awaiting transfer to other hospitals, patients requiring daily visits, patients with end of life care or palliative care needs

The protocol shown is to assist with professional judgements for safe staffing issues that are expected to persist for 48 hours or less. Longer term safe staffing issues should be assessed using a formal risk assessment and escalated through line management to the respective Directors. Workforce plans, including remedial plans must be shared with and validated by the Director NMAHP as the executive lead for NMAHP

Out of Hours/Weekends
Nurse in Charge of the Hospital <u>should contact the Senior Manager on call if:</u>

- Assistance is needed in identifying additional staff (beyond usual protocol)
- Decisions about bed capacity need to be made to prioritise safe patient care e.g. cancelling elective work, decision to reduce bed numbers temporarily

Version 1 (Draft) Current from September 2018

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8th November 2018
Report Title:	Carers Information Strategy Update	
Reference Number:	CC-46-18-F	
Author / Job Title:	Claire Derwin Self-directed Support Officer / Carers Lead	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board **NOTES** and **ACCEPTS** the progression of the Action Plan for 2016 -2020 Carers Information Strategy in line with enacting the Strategy itself.

1.2 That the Integration Joint Board **NOTES** the new duties it has in relation to Carers under the Carers (Scotland) Act 2016, (see 2.4).

1.3 That the Integration Joint Board **NOTES** the funding mechanisms to support the Strategy and recognises the importance of monitoring costs over the next financial year in order to ensure continued progress to meet the needs of carers in terms of the new Carer (Scotland) Act 2016 (see 3.2 – 3.4), with a Direction to be brought to the next meeting that sets out costs and activity.

2.0 High Level Summary:

2.1 From the Carers Information Strategy 2016 – 2020 an action plan was developed. The Shetland Carers Strategy group is responsible for ensuring this action plan is completed. This report gives an update to the Integrated Joint Board on the progress against the Action Plan.

2.2 The strategy is required by the Scottish Government under The Carers (Scotland) Act 2016 and explains the principles and approach that will be used with unpaid carers to offer them suitable support for their caring role. The Action Plan gives us clear guidance on how we will do this.

2.3 The strategy commits the IJB to the six EPiC core principles for working with unpaid carers and young carers. These are:

- carers are identified,
- carers are supported and empowered to manage their caring role,
- carers are enabled to have a life outside of caring,

- carers are free from disadvantage and discrimination related to their caring role,
- carers are fully engaged in the planning and shaping of services,
- carers are recognised and valued as equal partners in care.

2.4 This strategy outlines how Shetland will continue to support positive outcomes for unpaid carers using these principles. In April 2018 the Scottish Government brought new legislation in to further support unpaid carers in Scotland. The duties the Local Authority and Health & Social Care partnership have in relation to carers are:

- Duty to prepare Adult Carer Support Plans and Young Carer Statements,
- Duty to set a local eligibility criteria for carers support,
- Duty to provide support to those eligible under Self-directed Support,
- Duty to involve carers in carer services,
- Duty to include carers in hospital discharge,
- Duty to prepare a local carer strategy,
- Duty to provide information and advice services for carers.

2.5 In this new Act the definition of Carer has changed from the "substantial and regular" test to "carer" meaning an individual who provides or intends to provide care for another individual (the "cared-for person"). This now means all carers will be eligible for a Carer's Support Plan.

2.6 This strategy and action plan will support Outcome 6 of the National Health and Wellbeing Outcomes which specifically refers to outcomes for carers 'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.'

2.7 The Carers Information Strategy is as Appendix A alongside the Carers Action plan as Appendix B. The Carers (Scotland) Act as Appendix C and Scottish Government Guidance as Appendix D are listed as background papers with links provided at the end of this report.

3.0 Corporate Priorities and Joint Working:

3.1 The strategy has been developed by the Shetland Carers Strategy Group, which is comprised of representatives from NHS Shetland, Shetland Islands Council, and third sector organisations, including VAS unpaid carers support service, Shetland Care Attendants Scheme, Shetland Befriending Service, Shetland Islands Citizens Advice Bureau, Mind Your Head, Shetland Advocacy, RVS, Alzheimer Scotland, as well as local carers. Together they are working to develop a shared vision for future service development, including developing eligibility criteria for carers; producing performance metrics; and defining the level of money that will be required in future years. This is all being carried out through a partnership approach.

3.2 The prime responsibility for provision of services to carers is held by the Single Accountable Officer in the Integration Joint Board. Progress will be monitored yearly by the IJB. Any registered services used by the carers are regulated by the relevant bodies. The Shetland Carers Strategy Group is accountable for the action plan developed from this strategy.

4.0 Key Issues:

4.1 Continued work on identification of Carers is required. According to our data systems, across VAS and Social Care there are 400 known carers. This falls short of the 2034 individuals who identified themselves as unpaid carers in Shetland in the 2011 census. Improvements in recording carer status and support needs to happen in order to produce reliable census returns.

4.2 Conducting Adult Carer Support Plans and Young Carers Statements needs embedding in frontline staff practice. This may have a resource implication but at this stage is difficult to estimate. Any identified resource or other pressures will be raised through existing management arrangements and to the Health and Social Care Partnership.

4.3 Funding resources for the implementation of the Carers (Scotland) Act needs to be monitored and confirmed for future planning. Executive Managers are undertaking a larger piece of work looking at the Social Care Eligibility Criteria and Resource Allocation System. The Carers Eligibility and these other pieces of work will come to the Integration Joint Board in due course.

4.4 In previous years the action plan was supported through ring-fenced funding from the Scottish Government to NHS Shetland (approx. £26k). This resource funded Voluntary Action Shetland (VAS), supporting part of the cost of their Carers Support Worker and ensuring information, advice and advocacy support to carers together with the cost of Citizens Advice Bureau (CAB) Carers Helpline. A further £30k one-off additional funding was provided through IJB Funding in 2017/18 to support Implementation of the Carers Act.

4.5 In 2018-19, funding to support the implementation of the Carers Act was included as part of the Council's Revenue Grant. Additional funding for Health & Social Care of £260k was detailed to be used as follows:

- Meet the cost of ensuring living wage for adult social care
- Meet the cost of Sleepover pressure
- Implement the Carers Act
- Meet the cost of Free personal care uplift

The additional funding was not ring-fenced and despite its inclusion the overall revenue grant allocation to the Council for 2018-19 was reduced in real terms.

4.6 A specific additional budget allocation was made to Community Health and Social Care Directorate (SIC Budgets) in 2018-19 of £109k in respect of expected waiving of charges where the care provided was for the benefit of the carer, as required by the Carers Act. It is estimated that the actual cost of waived charges for 2018-19 will be in the region of £140k.

4.7 It is also estimated that a further £31,824 will be spent in relation to carers in 2018-19 by SIC. This includes continued funding to VAS (£22,800), funding to CAB: Carers Helpline (£1,144) in addition to sponsorship for two carers to complete Partners in Policy Making Programme (£7,500). These costs will be supported in part by carry-forward funding from 2017-18 of £9,604. The residual cost was not budgeted for, so represents a projected budget overspend of £22,220 in 2018-19.

4.8 Provision has been made in the draft SIC budgets 2019-20 for £140,410 in respect of waived charges for carers, together with a further £26,224 for the cost of Carers Information Strategy work. This mainly relates to the continued engagement of VAS and CAB. 4.9 Section 28 of the Act: Duty to include carers in hospital discharge – Health & Social Care Partnership and Acute Sector has received additional funding from the Scottish Government to deliver a one year project for implementation. 4.10 Work on setting more appropriate performance targets in relation to the Carers (Scotland) Act 2016 will be undertaken by the Health and Social Care Partnership. 4.11 Ongoing funding to VAS and CAB with requirement to review; ensure information and advice service provision meets section 34 of the Carers (Scotland) Act 2016. 4.12 EPiC online training programme has been identified as an appropriate and effective learning opportunity for staff. Work is underway to have this course linked to SIC iLearn system and is already on NHS TURAS system. Other training activity will be delivered through existing resources.	
5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Carers Information Strategy contributes towards Outcome 6 carers 'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing'. By providing support to unpaid carers we will enable vulnerable people to be looked after in their own home / community. Research shows that providing support to unpaid carers not only improves people's outcomes but it also saves local authorities and health board's money.
6.2 Human Resources and Organisational Development:	Following the EPiC principles is complementary within the WYFY process which all of health and social care workers are familiar with. Therefore we are not expecting any significant changes to staff practice, however there is a likely increase on staff time due to the Carers Act. More staff time will be required to improve identification of carers and conduct Adult Carer Support Plans and Young Peoples Statements. If there are any developmental needs we will manage these from within existing resources.
6.3 Equality, Diversity and Human Rights:	One of the principles of the strategy is to ensure that unpaid carers are free from

		disadvantage and discrimination related to their caring role, the carers support plan and young carer's statement will identify and issues including equality, diversity, etc. and the resulting support will address this.
6.4	**Legal:**	Local Authorities and NHS Boards across Scotland are tasked with preparing and submitting Carer Information Strategies (CIS) to Scottish Ministers. The new Carers (Scotland) Act 2016 came into force on 1st April 2018, this means that all Health & Social Care Partnerships are responsible for providing carer support plans and young carer's statements for ALL unpaid carers.
6.5	**Finance:**	A report from Carers UK and the University of Sheffield reveals that the 509,796 people who provide unpaid care for a disabled, seriously-ill or older loved one in Scotland save the state £10.8 billion every year – close to the cost of a second NHS in Scotland. It is therefore financial beneficial for statutory services to take care of carers so that they can continue to make this huge saving into the future. The Scottish Government provided additional funding in 2018-19 to support the implementation of the Carers Act. This was not ring-fenced and formed part of an overall reduction to the SIC's revenue funding grant in real terms. The implementation of the Carers (Scotland) Act has placed additional cost pressures on local authorities. It is difficult to estimate the total cost of implementing the act, but provision has been made in the 2019-20 draft SIC budget for £166,634 of identified costs. The Scottish Government funding settlements to both NHSS and SIC for 2019-20 will not been known until December 2018.
6.6	**Assets and Property:**	No implications for major assets and property.
6.7	**ICT and new technologies:**	There are now requirements to make Carers Census returns to the Scottish Government twice this year.
6.8	**Environmental:**	No implications for the local environment.
6.9	**Risk Management:**	We have a statutory duty to have a Carers Information Strategy in place. New legislation gives Local Authorities and Health Boards

	additional powers and duties as stated above. By investing appropriately in unpaid carers we will increase their ability to support vulnerable people and in turn save considerable resource for both the Council and Health Board.
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board has delegated authority to determine matters relating to those services for which it has responsibility and oversight for, as set out in the Integration Scheme and the IJB Scheme of Administration [2015]. In exercising its functions the IJB must take into account the requirement to meet statutory obligations placed on the NHS and SIC, including those that pertain to delegated IJB functions.
6.11 Previously considered by:	This strategy has previously been presented at the following meetings before being presented to the IJB:- Shetland Carers Strategy Group, Unst & Yell Carers Group, Westside Carers Group, Carers Forum, NHS EMT, Patient Focussed Public Involvement Steering Group, Hospital Management team, Adult Services Managers Meeting, Community Health &Social Care Operational Management Team, Area Nursing & Midwifery Forum, Palliative Care and CSMT. The update on the Action Plan has been conducted by the Strategy Group members between April 2018 – September 2018.

Contact Details:
Claire Derwin, Self-directed Support Officer / Carers Lead 01595 744478
claire.derwin@shetland.gov.uk
Karen Hannay, Support Worker (Carer Projects), Voluntary Action Shetland,
karen.hannay@shetland.org 01595 743923

Appendices:
Appendix A Shetland Carers Strategy 2016-20
Appendix B Carers Action Plan2016-20

Background Documents:
Appendix C Carers (Scotland) Act 2016
http://www.legislation.gov.uk/asp/2016/9/pdfs/asp_20160009_en.pdf

Appendix D Carers (Scotland) Act 2016 – Statutory Guidance
https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/pages/1/

SHETLAND CARERS STRATEGY 2016 - 2020

Shetland Carers Attendant Scheme Ltd

Date: 26th July 2016
Version: 6.1
Author: Karen Hannay
Review Date: July 2017

Document Control

Title of Document	Shetland Carer Information Strategy 2016 - 2020
Committee Reference Number	
Author	Karen Hannay, Voluntary Action Shetland
Executive Manager	Stephen Morgan, Executive Manager Community Social Work

Document Clearance	**Date**
Adult Services Managers Meeting	18/5/16
Shetland Carers Strategy Group	26/4/16
Carers Forum	29/4/16
NHS EMT	11/8/16
Patient Focused Public Involvement Steering Group	29/8/16
Hospitality Management Team	25/8/16
Area Nursing & Midwifery Forum	9/8/16
Unst & Yell Carers Group	Sent out for comments Mar 16
Westside Carers Group	Sent out for comments Mar 16
Palliative Care	5/9/16
CSMT	1/9/16

Date	**Version**	**Group**	**Reason**	**Outcome**
January – May '16	V 1 - V 5	CIS Working Group	Amendments to text	V6
27th July '16	V6	CIS Working Group 26th July 2016	1. Change of title to SCIS 2016 - 2020 2. Update to Exec Manager Lead 3. Changes from presenting at various meetings	V6.1

1 Introduction 4
1.1 Terminology 4
2 Who Are Carers? 5
2.1 Who are Young Carers? 5
2.2 Carers in Shetland 5
3 Policy Context 6
4 Drivers for Change 8
5 Resources for Carers in Shetland 9
6 Governance 11
6.1 Funding 11
7 A Carer Speaks 12
8 National Perspective 13
9 NHS Shetland and Shetland Islands Council Overview 14
10 EPIC- Equal Partners in Care 16
11 EPiC Aims for Carers in Shetland 18
11.1 Carers to be identified 18
11.2 To be supported and empowered to manage my caring role 19
11.3 To be able to have a life outside caring 21
11.4 To be fully engaged in the planning and shaping of services 22
11.5 To be free from the disadvantage or discrimination related to my caring role 23
11.6 To be recognised and valued as an equal partner in care 23
12 Putting the Carer's Strategy into practice 25
12.1 Carers Strategy Implementation Plan 25
Appendix 1: Carers in Shetland– the 2011 Census 26
Appendix 2 Benefits Advice and Information 27
Appendix 3 - Funding and resources 28
Appendix 4: Linking to Carer Support plan and strategy 29

1 Introduction

Across Scotland today there are 759,000 unpaid carers, from the census in 2011, it has been identified there 2034 unpaid carers in Shetland. Shetland's first Carer Information Strategy was published in 2005 and since then the strategy has continued to be updated, most recently in January 2011.

The Health and Social Care Partnership in Shetland (Integration Joint Board (IJB)) is committed to six principles, which were developed by NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) which were commissioned by the Scottish Government to develop the Equal Partners in Care (EPiC) core principles for working with carers and young carers. The Core Principles are based on six outcomes for carers. These are:

- carers are identified
- carers are supported and empowered to manage their caring role
- carers are enabled to have a life outside of caring
- carers are free from disadvantage and discrimination related to their caring role
- carers are fully engaged in the planning and shaping of services
- carers are recognised and valued as equal partners in care.

This strategy outlines how Shetland will continue to support positive outcomes for carers using these outcomes.

1.1 Terminology

A range of terms is used to describe a person who cares for another including: 'unpaid carer,' 'carer,' 'family carer' and 'informal carer.' All partners involved in the development of this strategy prefer to use the term 'unpaid carer' or 'carer.' In this strategy we abbreviate 'unpaid carer' to 'carer,' as do many organisations and carers themselves. It is important that carers are not confused with paid workers, who are sometimes incorrectly called carers too: paid workers are support workers. Equally, carers are not volunteers. There may well be volunteers supporting the cared-for person and/or the carer, but they are not the carer.

2 Who Are Carers?

A carer is someone who provides unpaid care to a family member or friend. They may care for an older person, someone who is disabled, has a long-term illness, mental health problems or is affected by alcohol or drug misuse. They may be parents, spouses, grandparents, children, siblings, same sex partners, friends or neighbours. Carers can be any age, from children to older people, and from every community and culture.

Carers can be adults supporting adults; young carer caring for an adult or another young person; or can be a carer of a child with disability whether the carer is a parent or not. Some carers care intensively or are life-long carers. Others care for shorter periods. Some carers may be disabled or have care needs themselves. The carer does not need to be living with the cared-for person to be a carer.

Anybody can become a carer at any time, sometimes for more than one person.

2.1 Who are Young Carers?

Young carers are children and young people under the age of 18 years who in some way look after or support someone in their family who has an illness, a disability, or is affected by mental ill-health or substance misuse. Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult. The tasks and level of caring undertaken by young carers can vary according to the nature of the illness or disability, the level and frequency of need for care and the structure of the family as a whole. Sometimes young carers look after siblings, either because a parent is unable to due to their ill health or as respite for a parent who has a disabled child.

While we should not automatically assume that caring for others is a negative experience we must recognise that it can restrict young peoples' lives, and limit their experiences and opportunities as they grow up. Young carers are first and foremost young people and we should ensure that we have supports in place to enable them to enjoy as far as possible the same range of experiences as their peers, and to achieve their full potential in everything they do and aspire to.

2.2 Carers in Shetland

Procedures are in place to collect carers' contact details across the partnership. Carers are identified via a number of routes, the With You For You process for adults (Single Shared Assessment process) and GIRFEC for children. Information is shared on a case by case basis subject to the agreement of the client. GP surgeries have also been issued with a protocol for identifying carers. It is recognised that there is under-reporting of carers in Shetland, and work is currently underway to review the processes and identify unmet need.

3 Policy Context

A large amount of relevant legislation and policy documents shape services and support for carers. Below are some of key legislative and policy frameworks (this list is not exhaustive);

- Caring Together – The Carers Strategy for Scotland 2010-2015
- Getting it Right for Young Carers – The Young Carers Strategy for Scotland 2010-2015.
- The Care 21 Report – The Future of Unpaid Care in Scotland.
- UN Convention on the Rights of the Child
- Work and Families Act 2006
- Changing Lives: 21st Century Social Work Review (2006)
- Delivering for Health (2005)
- Community Care and Health (Scotland) Act 2002
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Children (Scotland) Act 1995
- Equality Act 2010
- Carers (Waiving of Charges for Support) (Scotland) Regulations 2014
- Getting it Right for Young Carer's, The Young Carer's Strategy for Scotland 2010-2015
- The Education (Additional Support for Learning) (Scotland) Act 2004, 2009
- The Children and Young People (Scotland) Act 2014
- GIRFEC - http://www.shetland.gov.uk/children_and_families/GIRFEC.asp
- WYFY documentation

Of particular note is the proposal from the Scottish Government to bring into law new legislation to further support carers in Scotland. This Bill was approved on 4/2/16 and the key elements within the legislation from April 2018 will be:

- To change the term Carer's Assessment. Many carers do not like the term, believing that it is judgmental and assesses their ability to provide care rather than considering what help they need to support their caring role. To address this issue and encourage carers to come forward, the Scottish Government have proposed a change of name to Adult Carer's Support Plan and Young Carer's Statement.
- To remove the "substantial and regular" test so that all carers will be eligible for a Carer's Support Plan. Under current legislation, local authorities only have to offer the assessment to carers who care on a regular and substantial basis. Currently there is no set definition for what is considered regular and substantial, and those carers providing low levels of support (no matter what the impact this has on them) are not eligible. This means that it can be more difficult to provide preventative support and carers may feel unable to access support until a crisis point is reached.
- To build in support for carers to ensure that there is a plan in place for emergencies.

- These proposals are supported by national Carers organisations.

The key strategy document within Shetland is the previous Shetland's Carer Information Strategy and we have also used a number of local strategy documents to help with the strategy.

4 Drivers for Change

Local research shows that by 2020 we can expect to see a 3-fold increase in the number of people with disabilities who will need Community Health and Social Care services from the numbers in 2000. Population projections for the next 15 years predict an increase in the numbers of older people of approximately 40% and simultaneously a 15% decrease in the adult working population. Consequently the need for unpaid and family carers is going to grow for the foreseeable future. Carers are key partners in care provision alongside the statutory agencies and organisations in the voluntary and independent sector.

Providing carers with the right support helps to prevent them reaching crisis. To put it simply the cost of small and inexpensive interventions at the right time is far less costly than providing full time replacement care when a carer becomes ill or the caring relationship breaks down due to carer strain. A preventative agenda is the main focus for the future.

Integration of Health and Social Care is one of Scotland's major programmes of reform. At its heart, health and social care integration is about ensuring that those who use services get the right care and support appropriate to their needs, at any point in their care journey. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people. Further information on Integration can be found here;

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

The 9 National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integrated working and ultimately through the pursuit of quality improvement across health and social care.
Outcome 6 specifically refers to outcomes for carers 'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.'

5 Resources for Carers in Shetland

Some of the services provided for carers are listed below:

- A carers group is facilitated by staff at Annsbrae House to support carers of people with mental health problems.
- A group of carers of people on the autistic spectrum is facilitated by Community Care with support from the Bruce Family Centre, with a bookable 'crèche' (wide age range) to assist parents to attend.
- As well as running groups for people with Alzheimer's, Alzheimer Scotland also runs a sons and daughters group.
- Voluntary Action Shetland (VAS) has developed and facilitates the Shetland Carers Strategy Group (a multi agency group with carer representation who meet every six weeks at Market House), Lerwick.
- Central Carers Support Group meet monthly in the Market House carers centre Tues mornings 10.00 – 12.00
- VAS outreach support project is now working in the North Isles of Shetland.
- VAS Carers Newsletter is now compiled and sent out quarterly to any carers on the VAS or NHS Carer data base.
- VAS short breaks for carers is a partnership project with Shetland Care Attendant Scheme (SCAS) where a small budget allows carers to access care cover through SCAS providing a short amount of time of 'me time' for the carer to help reduce stress.
- VAS are members of the young carers action group and have started a new Lerwick young carers group and facebook page with promotional work starting in schools and youth groups.
- VAS hosts a local virtual carers website through http://www.shetlandcarers.org/
- Westside carers' support group in the West of Shetland.

A "Short break" (or respite care) is a break from normal routine designed to be of benefit to a carer of a person with a disability, long term illness or need. The Scottish Government has set national targets for increasing the amount of short breaks available. In Shetland the level of short breaks is high and increasing year on year. There are a range of short breaks available including:

- local authority provided residential short breaks for older people; older people with dementia; adults and children with learning disabilities and adults with mental health problems

- local authority provided day services for older people; older people with dementia and children and adults with learning disabilities
- short breaks at home – Shetland Care Attendant Scheme
- short breaks in the community for children with disabilities provided by Shetland Islands Council.

Other services provided for vulnerable people in the community also help their carers by providing relief from caring tasks or by increasing the independence of the person for whom they provide care. These include:-

- care services delivered at home – such as personal care, community nursing, help with domestic tasks and meal preparation;
- occupational therapy;
- physiotherapy;
- speech and language therapy;
- psychological therapies;
- specialist equipment;
- adaptations to property;
- Community alarms & Telecare;
- Health Improvement – flu jabs and health and well being checks are offered

6 Governance

The prime responsibility for provision of services to carers is held by the Single/ joint Accountable Officer in the Integrated Joint Board. Progress is monitored each quarter by the Directorate Management Team and Committee Members as part of the quarterly reviews. Any registered services used by the carers are regulated by the relevant bodies. The Shetland Carers Strategy Group is accountable for the action plan developed from this strategy.

6.1 Funding

Many of the costs incurred by the statutory agencies in providing information, advice and support services for carers are included in generic service budgets.

A Carer Speaks

"I have been a carer for nearly nine years now in which there have been massive changes in Shetland in social care, with a reduction in both staff and in services. On the positive side, the co-ordination and co-operation between services has improved, but the timescales in waiting for, for example, Occupational Therapy assessment, can be extremely frustrating.

Carers' support services have improved a great deal over the period; we now have a Voluntary Action Shetland full-time carers' support worker and the Virtual Carers Centre, as well as the CAB carers' advice line and Advocacy Shetland provide advocacy services for carers; a counselling service is also available. Carers' groups are now up and running in the North Isles, Westside and Lerwick.
On the whole the process of the Carer's Assessment is increasingly understood both by those carrying it out and those they are supporting, but there is still a need for more training on the need for separate recording of the hopes and aspirations of the carer. Similarly there is a need for greater promotion of the advantages to the carer of an early support plan, enabling them to be signposted to advice and information so that the carer is well-prepared and informed once they have the need for more practical support; so much more effective than waiting until crisis point has been reached and the carer is no longer able to cope.
Identification of carers remains an issue, particularly in a culture such as ours where looking after your loved ones is just something that you do.
Finally back to peer' support, which is great for carers. As well as the relief of having someone to talk to in a carers' group who actually knows what you're going through, there is the opportunity for some 'me' time without feeling guilty. Through my local carers' group members have found out about practical things like C+ concession cards and free continence provision, saving them a lot of money. As the professionals gradually realise the economic value of carers, and the advantages of working in partnership with them, learning from each other will still be important."
Adult Carer

"Being a young carer is a challenge. It makes me feel different and alone. I didn't know I was a young carer until recently. Before that I just felt alone like no one understood how I felt. My mum has rapid cycling bipolar which means she experiences what we call highs and lows. My dad left us when I was six months old and he doesn't give us any support his family barely acknowledges my existence. I don't have any siblings living with me so I'm the only one who can really tell when she is going into an episode. Since I got young carer support my life has become a lot easier. I'm starting to do more independent things and I especially enjoy going on babble and sharing with people in the same situation. I no longer feel alone thanks to all the support."
Young Carer

7 National Perspective

Research carried out by Carers UK estimates that around 1.25 million carers spend over 50 hours a week caring, and 45% have been caring for longer than five years.
Source: Carers UK

The Scottish Government published the ***Caring Together: The Carers' Strategy for Scotland 2010 – 2015***, in July 2010**.** The key headline messages held within the strategy are the acknowledgment of the immense contribution that carers make to society and that without the valuable contribution of Scotland's carers, the health and social care system could not be sustained. It states that carers should be valued as equal partners in the planning and delivery of care and support. Activity should focus on identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis.

Nationally there have been many developments at a strategic level, with the current Scottish Government making a commitment to introduce new legislation to support carers through the Carers Bill. The Carers Bill was introduced to the Scottish Parliament in March 2015 and the Act will come into force April 2018. This aims to provide a framework for recognising and supporting carers, however there are some areas where improvements could be made and a few areas where significant changes need to be made to ensure the Bill delivers real rights and real change for carers.

The Bill will:

- Improve identification of adult carers and young carers, and identify carers' needs for support more consistently by improving and renaming the carers' assessment process
- Place a duty on local authorities to support carers (subject to eligibility criteria) and to publish a statement on short breaks; there is also a power to support carers in preventative manner who do not meet eligibility criteria.
- Place a duty on local authorities to develop and publish local carers' strategies, and make provision for carer involvement in local services, local planning and in services provided to the cared for person
- Place a duty on local authorities to provide information and advice services to all carers.
- Place a duty on Local Authorities to ensure carers have an arrangements for emergencies

The 2001 Census asked a question about carers for the first time, giving us access to more accurate information about the numbers of carers across the UK.

8 NHS Shetland and Shetland Islands Council Overview

Shetland's first Carer Information Strategy was prepared jointly by NHS Shetland, Shetland Islands Council and the third sector as part of the implementation of the Joint Future Agenda locally. This was published in April 2005. Since then the Strategy has been updated, most recently in January 2011, and a new section summarising progress made on the implementation of the strategy has been added.

The Strategy helps statutory bodies to:

- Meet their statutory duty under the terms of the Community Care and Health (Scotland) Act 2002 to inform carers of their potential right to an assessment of need; and
- NHS Shetland to meet the requirement of the Patient Focus Public Involvement (PFPI) Initiative to have a strategy that meets the information needs of patients, relatives and carers.

Shetland's Community Health and Social Care Partnership (IJB) and Third Sector Organisations all recognise the valuable contribution carers, including young carers, make to the lives of the people they care for in Shetland. NHS and VAS have been awarded the Carer Positive award at the "engaged" level. This means they are engaged in providing a working environment where carers are valued and supported.

The Carer's Link Group is composed of representatives from these agencies and carers, NHS, SIC and third sector organisations, including VAS carers support service, local carers, Shetland Care Attendant Scheme, Shetland Befriending Service, Shetland Islands Citizens Advice Bureau, Alzheimer Scotland and Psychological services. Together they are working to try and find a shared vision for future service development. This is all being carried out through a partnership approach. This has paved the way for the development of a clear carers strategy action plan that will clearly show how carers will be supported in Shetland and enable them to continue with the valuable contribution that they make to the lives of those that they care for.

The last four years we have seen developments in the carer support offered by our third sector partner Voluntary Action Shetland carers support service who have one full time and one part time member of staff. They now offer carers assessments, 1-1 support, carer support groups, online support & information through the virtual carers centre www.shetlandcarers.org crafty carers group, young carers group, short break grants and carer training. Shetland Islands Citizens Advice Bureau and Advocacy Shetland offer carer support & advice and are independent from other carer services. Shetland also now hosts its own AlzheimerScotland Centre in Lerwick.

Following the lead from other local authorities, Shetland has used the EPiC principles throughout the strategy and all the actions within the plan link back to the EPiC principles. It is also very important that carers felt that they could contribute towards this strategy so they have been consulted so that the views contained reflect the opinions of Carers across Shetland. The Shetland Carers Strategy Group has reached the conclusion that "*We can't afford not to care for carers"*

By 2018 the Shetland Carers Strategy Group would like to see the following for Carers in Shetland.

- Carers truly seen as equal partners
- Support plans put in place for all carers
- Quality implementation and review processes for carer support plans
- Measurable impacts on carer support plans
- Preventative investment in services for carers
- Help for carers when they need it
- Fast, responsive & flexible support
- The same support regardless of where you live

9 EPiC- Equal Partners in Care

The Shetland Carers Strategy Group adopted the EPIC model for our strategy. Equal Partners in Care (EPiC)1 - NHS Education for Scotland & Scottish Social Services Council. Alongside each aim, are the key outcomes that carers and partners wish to achieve.

EPiC Aim for Carers	Key themes for carers and their partners in Shetland
To be identified	▪ To be recognised as a carer ▪ Assistance for carers to recognise themselves as carers ▪ Assistance for parents of children with illness or disability to recognise themselves as carers ▪ Assistance for young carers to be recognised as Carers. ▪ To have information and support ▪ Carer awareness training for health and social care professionals ▪ Issues for disadvantaged and hard to reach carers with particular requirements
To be supported and empowered to manage my caring role	▪ To have appropriate, condition specific, training for carers ▪ Easy access to meaningful Carer Support Plan / Assessment ▪ Carer advocacy ▪ Emergency planning ▪ Supporting carers in their everyday lives (which could include working or school) ▪ General Carer support, including psychological support ▪ Condition specific information and support ▪ Information on sources of support ▪ Ensuring everyone aware of support resources for carers
To be enabled to have a life outside caring	▪ To have regular and appropriate respite using a Self Directed Support approach if appropriate ▪ Benefits advice & information ▪ Work/Home Life Balance and for young carers to be supported to access education and play. ▪ To be able to access social and community opportunities ▪ Increasing job and volunteering opportunities for carers ▪ Skilled, responsive and timely Care at Home service ▪ Skilled in the use of technology
To be fully engaged in the planning and shaping of services	▪ Carers experiences - as carers - to be better understood ▪ Involve carers in carer awareness training ▪ Involve carers in research ▪ Gather feedback from carers ▪ Involvement in strategic planning and improvement groups

To be free from disadvantage or discrimination related to their caring role	▪ Recognition of carers as a diverse group ▪ Rurality issues that impact on caring ▪ End of caring / Bereavement support ▪ Carers Own Health ▪ Young Carers transition to Adult Services ▪ Training for employers / Employability ▪ Poverty
To be recognised and valued as equal partners in care	▪ Right to choose level of care to provide ▪ Partnership approach ▪ Involved in support plan of the cared-for person ▪ To be listened to

1 www.knowledge.scot.nhs.uk/equalpartnersincare

10 EPiC Aims for Carers in Shetland

10.1 Carers to be identified

Early identification can mean that carers receive support in order to enable them to continue caring for longer, with better outcomes for them and the person they care for. It is essential that a carer is identified and referred at the earliest opportunity after interacting with one of our services. There are three key areas for identification.

- To recognise yourself as a carer and be recognised as a carer
- For professionals to be carer aware
- To have information and support available for carers

Current Position: Shetland is currently in the position where they are starting to recognise more carers. A number of carer assessments have been made over the previous year from different areas. GP's are flagging some patients as carers and there is some information sharing between the different organisations. Two years ago the practice managers all attended a meeting regarding carer awareness. Young carers packs have been distributed to all schools.

There is a large difference between the identified carers on the shared database (190) and the numbers for the census information (2034). There are still problems with people actually identifying themselves as the carer and knowing the differences between paid and unpaid carers and people thinking that is what you do for your partner / mother. There are often issues with the cared for person not understanding how this is affecting the carer.

VAS provide carer support service that offers assessments, provides a regular Carers Newsletter, runs groups including Unst & Yell Carers Support Group, Crafty Carers, Young Carers Support Group, and a new Stepping Out Together initiative in Yell.

Alzheimer Scotland have a number of initiatives happening around Shetland including Memory Cafes, Sons and Daughter groups, Art sessions and singing sessions. These are mainly targeted at carers and cared for people with a diagnosis of Alzheimer's and dementia but they do accept other people in the group.

200 Carers' assessments have been carried out since 2010 with 59 being carried out in 2015. 190 carers are on the joint carers database.

For Young carers there are 5 supported by VAS and the SEEMIS system is showing 2. This is a low baseline and more work is required to check if this is a true picture.

Issues to overcome: The major issue that needs to be overcome is carers identifying themselves as carers, this is particularly a problem for young carers, who are even less likely to self identify. Sharing the information between the different organisations, over-reliance on leaflets not personal communication.. Young carers should be identified through GIRFEC processes which bring together children, young people and their families with those closely involved in providing support. Through GIRFEC processes well-being needs are identified and addressed. Children and young people should

have their additional support needs, and this includes young carers recorded on the Schools database SEEMIS. all carers need to be encouraged to go on the shared database.

Outcome to achieve by 2020: To identify more carers at an earlier stage in their caring role, so that there is a truer picture of how many carers there are in Shetland. This will enable preventative strategies to be put in place to avoid carers reaching crisis point.

Goals

- Continue awareness raising to ensure earlier identification of carers from 2016-2020
- Develop a shared database between organisations by the end of 2016
- Make the referral process and updating of information clear, ensure that this is not dependent on which organisation the referral has been made through, by the end of 2016
- Continue to promote young carers in schools pack
- Ensure all Young carers are flagged on the SEEMIS and the information is shared with VAS to develop and agree and implement a recording system for identifying numbers of young carers.

10.2 To be supported and empowered to manage my caring role

Carers have the right to request an assessment and local authorities have a duty to inform carers of this right. Services need to get better at finding ways of forming relationships and communicating with carers in order to give the carer the support they require to continue their caring role. There is also an obligation for the Local Authority to provide emergency planning support.

Current position: There are a number of carers groups in Shetland that support carers, these help to build up resilience and enable carers to support each other. Carers Support Plans are being carried out by a number of people and this will be updated alongside the guidance for the "With You For You" changes. Encouraging more people to take up the direct payments aspect of self directed support so that the support can both meet the needs of the cared for person and that of the carer, in 2016 there were approximately 40 people in Shetland using this form of support.

Carers who have been identified all say that the services and people they come into contact with are usually very supportive. Alzheimer Scotland have increased awareness of local support groups and have dementia resource guides. Shetland Care Attendant Scheme have a service level agreement with the council that provides approximately 400 hours of respite for carers per month. The virtual carers centre is now up and running and new ways are being looked at to support people in the use of ICT. There is also work being carried out with the Telecare Project manager to use some Assistive Technology that can take some of the responsibility from the carer and provide a back-up if anything happens when the carer is absent. Some carers have excellent coping mechanisms and good network support and the groups help to build up this resilience even more.

The Young Carers identified by VAS are receiving 1:1 and peer support. It is increasingly important for them to receive appropriate information about the condition of the person.

Schools work to support children and young people with known or suspected caring roles by putting in place a range of strategies and interventions to support their access to education and learning. This includes support with homework, regular contact with key staff, increased communication between home and school and access to nurturing supports and activities where appropriate.

Issues to overcome: It is extremely important to ensure that all carers have access to carer support plan and emergency planning). This is included as part of the Carers Act and is essential for the peace of mind of the carer. Due to the lack of self identification, often the assessment and support is only offered once a carer is at breaking point. Carers are often not aware of the support planning process and there are some inconsistencies in how this is delivered, for example when are they offered and where they are signposted to, as sometimes professionals will focus on the cared for person rather than the needs of the carers. There needs to be a clear process for what happens to the Carer Support Plan or Assessment once it has been completed and it is essential that everyone in Shetland can access the same level of service. There are problems for carers accessing training support from SIC, NHS Shetland, e-learning access, independent providers. Some carers may not access support such as respite because of the cost, or a worry about the perceived or potential cost or due to a lack of transport or transport costs. Shetland has a number of challenges specifically with self directed support as there are no care agencies and employment is quite high; it can be particularly problematic in very rural areas.

Outcome to achieve: All identified carers to have been offered Carer Support Plan in place which covers support, training needs and emergency planning.

Goals

- Promote the Carer Support Planning service throughout the SIC and with carers to ensure clear guidance is available to ensure consistency amongst carer support plans and young carer statements by end of 2016
- Build resilience in all communities throughout Shetland by introducing local support groups and use of the Virtual Care Centre, ongoing from 2015-2020
- Idenitfy training needs of carers and implement a training programme for carers that begins to address these needs.
- Encourage carers to stay healthy by promoting well being checks for carers on-going throughout 2016
- Ensure carer support plans include an element of emergency planning so that there is an awareness of what would happen if the carer was not available.
- Continuing to raise awareness of the benefits of using self directed support for carers

10.3 To be able to have a life outside caring

Short breaks or respite care means a carer and the person they care for are supported so that the carer is able to have a break from their caring situation. This is an essential part of the support that families and carers need to continue caring. Short breaks should deliver positive outcomes for all involved in the caring relationship.

Current position: Some carers are being identified at an early stage which gives them access to the low level support they require and can help to ensure that they do not end up in crisis situation. Time away from caring can be the best stress relief and in Shetland there are some support services which are specifically being offered in order to give time out for carers from their caring situation. Shetland Care Attendant Scheme support gives carers a shortbreak, daycare is offered in the residential homes which again provides respite during the day. The GOLD Group is day care for older people with Learning Disability. All residential units have respite beds which are fully utilised, Newcraigielea is a local authority facility offering short break and respite to people with learning disability and autism. Also Laburnum offer short breaks for those with additional support needs. Money can often be a worry for carers in taking these short breaks but CAB provides a Carers advice line which can advise about the different benefits available and also in some cases self directed support is being offered which can help people to plan for their own personal circumstances. VAS applied for a "Time to Live" grant which can be used for carers caring for adults. In 2015 20 of these grants were given, with approximate value of £200 each. As part of the Young Carers group we have facilitated them receiving timeout from their caring role, this has either been through specific activities or reducing some of the barriers that they face, for example helping with transport.

Issues to overcome: Carers not planning respite and shortbreaks can lead to crisis situations for themselves which means services then have to respond to emergency unplanned situations which are a lot more difficult to manage. In Shetland, unlike the Scottish mainland there are a lack of Independent Community Care providers which can be a barrier to the uptake of direct payments from people who do not want the additional responsibilities of being an employer. It can initially make the role seem even more exhausting and complicated to take responsibility for everything. SCAS have some difficulties with recruitment of personal assistants which can sometimes mean there is less respite available through this organisation. Befriending uses volunteers and they also have experienced some recruitment problems. Finally for the carers there are problems when the cared-for person is not willing to attend respite.

Outcome to achieve: Enabling carers to be able to continue their caring role for longer with less use of emergency respite and more uptake of planned approaches.

Goals:

- Promote a range of social and networking opportunities to reduce carer isolation
- Ensure carers have appropriate respite breaks by promoting timeout activities for carers in conjunction with organising respite services for the cared for person.
- Promote self directed support and benefits advice through SIC and CAB, particularly working with CAB in their planned campaigns regarding maximizing incomes.

10.4 To be fully engaged in the planning and shaping of services

Engaging carers and the people they care for in planning and shaping services can result in better services and better outcomes for all involved.

Current position: Every carer should have the opportunity to input into WYFY process if the cared for person wishes this to happen. In Shetland there is an unpaid carer representative in the Scottish Carers Reference Group (and as a consequence the Carers Parliament), the Shetland Carers Strategy Group, Integrated Joint Board, IJB Strategic Planning Group, the Shetland Carers Strategy Group, and the Coalition of Carers in Scotland Rural group. A number of adult carers took part in the inspection into Older People Services in 2015. There is currently a Virtual Carers Centre set up and this website is being used to look at ways of offering distant support such carers chat, already a Carers Rights question and answer session has been held. In Shetland we are working with the Mental Health Forum to follow the Triangle of Care: A Guide to Best Practice in Mental Health Care in Scotland, which is an alliance between service user, carer and staff member that promotes safety, supports recovery and sustains wellbeing. It assists staff to look at how they are identifying and supporting carers, and what needs to be done to improve and increase this. It provides frontline staff with the tools to better support carers as part of the care team and to work in partnership with organisations supporting carers

Issues to overcome: There are always difficulties for carers in leaving their role, so there needs to be other ways for carers to engage especially with geographical issues and dispersed communities. This can happen when the cared-for person dies, but also when they transition to permanent residential care. It is therefore important to engage and support carers in other ways apart from face to face. There are also some worries for young people engaging as they believe that speaking-up could be detrimental to cared-for person. It is also important to be aware that many carers can feel guilty for asking for any help. and they may not understand that they have the choice to end their role as a carer.

Outcome to achieve: To ensure that carers are seen as an equal partner in the care delivered to the cared for person

Goals

- Involve carers in carer awareness training that will be developed and delivered in 2017
- Ensure there are a different opportunities for carers to feedback, particularly using technology where possible by 2017.
- Continue to involve carers in the WYFY process that is taking place for the cared for person and consult them regarding the level of support they are able to provide - ongoing.
- To continue working with the mental health forum with their triangle of care model.
- Work with schools and other community groups to raise awareness of young carers and facilitate engagement and access.

Link Young Carers to other children services groups looking at wider participation and engagement of children's services and planning.

10.5 To be free from the disadvantage or discrimination related to my caring role

Carers must be free from disadvantage or discrimination related to their caring role as this can have an impact on their health, finances, work and education

Current position: This is being supported through GP's flagging carers on their system to inform them when there are flu clinics or health checks available, Alzheimer Scotland and VAS are both offering outreach support to help overcome geographical boundaries and transport is being provided to attend carer groups in outlying areas. VAS will support carers for up to two years when their caring role has ended. VAS and CLAN are able to access counseling through the Shetland Bereavement Support Service. The virtual carer centre is being used to engage with carers from rural areas, as well as providing support groups for these areas. Citizens Advice Bureau is offering outreach and home visits. Alzheimer Scotland promote dementia Friendly communities initiatives; raising awareness of dementia in the community, helping to reduce stigma and supporting e.g. shops, businesses, schools and generic groups to become more inclusive for people with dementia and carers. Shetland Islands Council has implemented not charging carers for support which they are eligible for, including replacement care in residential settings.

Issues to overcome: More research is required into finding out how many carers in Shetland come from minority groups including, ethnic communities, male carers, carers who are Lesbian Gay Bisexual and Transgender and the barriers they face. People living in rural areas can be discriminated against if they do not have transport or the money for it. Caring can have adverse effects on the carer's health; high blood pressure, back problems, exhaustion, depression. Caring can be stressful as carers are constantly worrying about the cared-for person, their financial situation; 'the lack of a life for themselves' etc. Carers tend to ignore their own health and have no time to visit doctor which can then have an adverse effect on the health and well-being of those people for whom they are caring. When the Cared for person dies or moves to a different service provision, the carer often loses both their role and structure to their day.

Outcome to achieve: To ensure that all carers can access the services that are provided.

Goals:

- To produce and provide Carer Awareness Training programme for those supporting carers by 2017.
- Promote and raise awareness of Young Carers across Children's Services
- To continue promoting services that will support the health of carers

10.6 To be recognised and valued as an equal partner in care

One of the key areas for carers is to be considered a partner in the service being provided, as they

are playing a key role in this and benefit greatly if it is considered to be a partnership approach.

Current position: There is a carer on the Shetland Carers Strategy Group, two carers annually invited to attend the Carers Parliament. Carers are part of health and social care community plans. The recent Draft Carers Charter for Scotland gives national recognition to the right of carers to choose the level of care they can provide for the cared-for person. In Shetland there are now more Carer Support Plans in place and the integration of health and social work teams has resulted in more awareness of the need to plan with the carer and the cared-for person.

Issues to overcome: A lot of carers do not have time to commit to strategic roles as they are often too busy with their caring role to participate, other options need to be explored for how they can contribute to these processes. Carers do not always feel that they are given the opportunity to choose level of care provided and assumptions are sometimes made by professionals regarding the level of support available from carers. Some carers feel that support workers don't provide the same quality care as they can themselves, some carers can feel excluded from communication between professionals and cared-for person, especially Young Carers, also some Health and Social Care professionals fail to recognise that the carer may be the expert in understanding the needs of their cared-for person.

Outcome to achieve: All carers have the right to choose level of care that they provide in a partnership approach with Services and all carers are involved in the Support Plan of cared-for person

Goals

- Promote involvement and consultation with carers in all strategic groups
- Promote partnership involvement through the WYFY process
- Promote use of carer support plans

11 Putting the Carer's Strategy into practice

11.1 Carers Strategy Implementation Plan

This Carers Strategy Implementation Plan looks at the outcomes for Carers in the Carer Support Plan, and links these with the Carers Strategy proposals, to outline a programme of action. The Shetland Carers Strategy Group will be responsible for ensuring the implementation plan is auctioned and updated.

Appendix 1: Carers in Shetland– the 2011 Census

People providing Unpaid Care	Percentage of population	No. of people
% Providing 1 to 19 hours of care a week	5.8	1344
% Providing 20 to 34 hours of care a week	0.6	139
% Providing 35 to 49 hours of care a week	0.5	116
% Providing 50 or more hours of care a week	1.9	440
Additional information:	**Percentage**	**No. of people**
% Carers who are female	**58.2**	**1184**
% Carers who are employed (excluding full-time students)	**67.6**	**1375**
% Carers aged under 16	**1.6**	**33**
% Carers aged 65 and over	**17.4**	**354**
% Households with one or more carers resident (Total number of households with residents in Shetland is 9950)	**15.3**	**1522 households**

In terms of self-reporting, the **2011 census** shows **2034** people who identify themselves as carers. The following table provides more detail of this:

Source: Scotland's Census 2011 http://www.scotlandscensus.gov.uk/ods-web/area.html#!

Appendix 2 Benefits Advice and Information

Type of Issue	2014 to 2015 (12 months)	April 2015 to July 2015 (4 months)
Queries about Carer's Allowance	114	42
Health related carer queries (includes queries about carer's assessments, respite care queries, non-NHS concerns/complaints and other related issues)	122	58
Queries about community care	585	109
Queries about community care charges assessments	4	5
Mental capacity issues (PoA, Guardianship Order)	46	20

Appendix 3 - Funding and resources

The funding specifically allocated to carers through the Carers Information Strategy money is shown in the table below, marked with *. There are other allocated funds that are held within other services or which support carers and are also shown below:

Funding	£'000s 15/16
Respite care at home e.g. Shetland Care Attendant Scheme	87
Advocacy Scheme for Carers	13
Workforce Development	6 *
Carers Training, incl. Attendance at national events	3 *
Support for Carers Groups/ Outings/ Transport	5 *
Administration: Newsletters	1 *
Carers Helpline (CAB)	1 *
Support & Advice	11 *
Day services for older people	647
Short Break Provision inc. day time only breaks	702
Supported Vocational Activity (EGRC) for people with learning disabilities	1469
Short break services for children with disabilities	1043
Supported employment opportunities	312
Total	**4152**

Appendix 4: Linking to Carer Support plan and strategy

EPiC Aim	Carer Strategy Proposal	Carer Support Plan Outcome
To be identified	▪ Recognising carers ▪ Carer Awareness Training ▪ Information and support for carers	▪ Informed about my caring role
To be supported and empowered to manage my caring role	▪ General Carer Support ▪ Training for Carer ▪ Carers Support Plan ▪ Carer Advocacy ▪ Emergency Planning ▪ Carers in workforce	▪ Confident in Caring ▪ Healthy and well ▪ Appropriate work and caring role balance
To be enabled to have a life outside caring	▪ Respite/ Short Breaks ▪ Self Directed Support ▪ Benefits Advice and Information ▪ Work/Life Balance	▪ Appropriate Work and caring role balance ▪ Appropriate Work, education, training & caring role balance ▪ Appropriate Social Life and caring role balance
To be fully engaged in the planning and shaping of services	▪ Involve Carers in Carer Awareness Training ▪ Gather Feedback from Carers ▪ Involvement in strategic planning and improvement groups	▪ Confident in ability as a partner to shape services
To be free from disadvantage or discrimination related to their caring role	▪ Carers' Own Health ▪ Remote and Rural issues ▪ End of caring ▪ Poverty ▪ Carers as a diverse group ▪ Employability ▪ Young Carers Transition to Adult Services	▪ Healthy and well ▪ Confident in dealing with changing relationship ▪ Free from financial hardship ▪ Appropriate work, education, training & caring role balance
To be recognised and valued as equal partners in care	▪ Right to choose level of care ▪ Involved in cared-for person's support plan ▪ Partnership	▪ Confident in Caring ▪ Confident in ability as a partner to shape services

PUTTING THE CARER'S STRATEGY INTO PRACTICE

Carers Strategy Implementation Plan

This Carers Strategy Implementation Plan looks at the outcomes for Carers in the Carer Support Plan, and links these with the Carers Strategy proposals, to outline a programme of action. This plan will be monitored by the Shetland Carers Strategy Group.

Action	Lead	Date	Progress	Status
EPIC Principle 1: Identify Carers				
Continue to celebrate Carers Week and use to help identify carers at an earlier opportunity.	VAS	Annual event	Carers Week 2017 & 2018 completed.	Completed
Raise awareness by attending events for example flu fairs with leaflets and information for carers. **New 2018 Actions:** Extend this to provide info at **rural** area flu fairs	VAS	Continuous	Information will be at the flu fairs on the 7& 9 Oct 2018	Completed
Offer carer awareness training to all organisations with representatives on the Carers Strategy Group. **New 2018 Actions:** Collate a list of organisations/staff who have attend training on the carers act, emergency planning and Epic. Check if EPic can be put on the SIC i-learn & on the VAS website	All member of strategy group VAS/NHS/SIC VAS & Claire Derwin	September 2017	Share EPiC Level 1 & 2 resources. These have been refreshed with the implementation of the Carers' Act. The resources can be found on the Knowledge Network and on the Social Services Knowledge Scotland platform. Training on the Act and Emergency Planning has been delivered to staff through training from Enable and Carers Trust. Key staff groups targeted, Workforce development kept data on Social Care staff trained Permission to have the EPic course on SIC iLearn in SCORM format has been sought from	Ongoing

Updated: 01/10/2018

Shetland Carer Action Plan 2016 -2020

Action	Lead	Date	Progress	Status
			course owner. Link to course will be added to Carers website.	
Reissue the information pack for young carers, to all schools and present at a Head Teachers meeting. **New 2018 Actions:** Update information packs for young people in light of Act. Ensure Young Carers Statements are embedded in GIRFEC process.	VAS & Young Carer Lead Rhona Simpson & Lesley Simpson	June 2017 April 2018	Attended ASN meeting – Nov 17 to speak about young carers as awareness raising and with Young carer statement paperwork from other areas.	Completed
Embed the protocol for GP surgeries to encourage staff to take a proactive role identifying carers. **New 2018 Actions:** Audit numbers of GP surgeries familiar with and using the protocol. EPiC training be part of Health Centre staff induction, including non-clinical staff i.e. reception staff.	VAS & NHS Primary Care Lead VAS/ Primary Care Adam Czarnaby	June 2017 April 2019 April 2019	Use social workers to promote with multi disciplinary teams in localities	Completed
Ensure process for hospitals to encourage staff to take a proactive role identifying carers is included in Admissions and Discharge protocol.	Executive Manager Adult Social Work	June 2017	Health & Social Care Partnership and Acute sector successfully secured approximately £50k funding to deliver a one year project to ensure implementation of	Ongoing

Updated: 01/10/2018

Action	Lead	Date	Progress	Status
			section 28 of the Act.	
Ensure there are regular displays and poster campaigns in a varity of establishments including local shops,ferries, halls, ARI, GBH, Forrester Hill and all hospitals that Shetland residents use.	VAS	Quarterly from 2017	GBH are providing display space in the hospital – new boards have arrived but not aware if we can use them yet or not.	Ongoing
Deliver carer awareness training to Community Health and Social Care Directorate Team Meeting for dissemination to all staff.	VAS, Claire Derwin	September 2017	Session planned for IJB in Nov 18	Ongoing
EPiC Principle2: To be supported and empowered to manage my caring role				
Training for staff to carry out carer support plans (including Young Carer statements) including menu of info so all carers are aware of support available. **New 2018 Actions:** Further guidance for staff on conducting Carer Support Plans to be produced? Produce guidance on how to record Adult Carer Support Plans on SWIFT. Audit number of adult carer support plans conducted. Monitor quality and outcomes for carers support plans through existing WYFY process. Monitoring the amount of SDS resource to meet Carers outcomes.	VAS & Claire Derwin Claire Derwin Information Team	April 2018 Mar 2019	the EpiC level 1 & 2 course will be adopted to feed into the roll out of support planning training. Adult Carer Support Plans are now included as part of the WYFY assessment documentation.	Ongoing
Ensure that information about carer support plans are cascaded to their respective organisations.	Carers Strategy Group	April 2018	Developed a suite of Carers information in relation to the Act. Distributed across organisations.	Ongoing

Updated: 01/10/2018

Shetland Carer Action Plan 2016 -2020

Action	Lead	Date	Progress	Status
Promote the use of emergency toolkit and emergency cards for carers to carers **New 2018 Actions:** Social Care to promote use of emergency cards with Carers.	Carers Strategy Group	Continuous	Emergency planning training delivered in March 2018. VAS produced emergency cards for Carers	Ongoing
Promote income maximisation through referral to CAB for benefits checks at every opportunity.	Carers Strategy Group	Continuous	Figures from CAB show that an extra £54,000 was collected in benefits by carers from April 17 – Feb 18 due to CAB interventions	Ongoing
EPiC Principle 3 – To be enabled to have a life outside caring				
Third sector to continue applying for external funding for example the Shortbreaks Fund.	Third Sector	Measured by financial years	Better breaks money received for 17/18 Carers Act Transformation Support Fund- funding received Sept 18 £ 9500 to develop a shared database between VAS and SCAS to report on census Shortbreaks money received Oct 18 £3500 Creative Breaks money – not successful	Completed
Ensure carers are aware of the range of support services such as day care, respite Alzheimer Scotland activities, befriending and Shetland Care Attendant Scheme.	Strategy Group	Continuous	Duty of act to publish directory of services – Carers website updated to include this information, suite of carers information leaflets developed. Short Breaks Statement under development – due Dec 2018	Ongoing
Through support planning ensure carers who wish to access learning, volunteer and employment opportunities can do so by promoting in newsletter, and through website.	Assessors / Care Managers	Continuous	Cares Website underwent development to include this information. Support Planning training, Person Centred Planning training and Shetland Community Connections also support opportunities for	Ongoing

Updated: 01/10/2018

Shetland Carer Action Plan 2016 -2020

Action	Lead	Date	Progress	Status
			learning, volunteering and employment.	
EPiC Principle 4: To be fully engaged in the planning and shaping of local services.				
Seek views of carers and cared for people at their review and use this information in service planning. **New 2018 Actions:** Encourage more carers to come to the carer forum to discuss issues affecting them	Care Manager	Continuous	Service user and Carer feedback sought through WYFY review process. Requested nominitations from other strategy group member services that support carers.	ongoing
Increase carer representation on the Strategy Group.	Strategy Group	Continuous	Advertised in Autumn newsletter.	Ongoing
Ensure consultation of carers for any change in services which affect them.	All services	Continuous	Carers Act now includes this as a duty – see above actions.	Ongoing
EPiC Principle 5: To be free from disadvantage or discrimination related to their caring role				
This Strategy and good carer support planning will assist in carers being free from disadvantage or discrimination.	All Services	Continuous	Carers support plans now incorporated in WYFY process. UY tool has a section that covers looking at disadvantage and discrimination	Ongoing
EPiC Principle 6: To be recognised and valued as equal partners in care				
Explore the use of the principles of the "Triangle of Care" for all carers.	Strategy Group	Continuous	This approach is fostered through the exchange model within the WYFY. Have developed sub group including carers to take this forward.	Ongoing

Updated: 01/10/2018

Shetland Carer Action Plan 2016 -2020

Action	Lead	Date	Progress	Status
Publicise and promote Carers Advocacy service to carers and professionals/other services.	Strategy Group	Continuous	This is written intyo WYFY process. A Advocacy strategy/plan for Shetland is under development.	Ongoing

Updated: 01/10/2018

Shetland Islands Health and Social Care Partnership

Agenda Item

4

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8th November 2018
Report Title:	Update on the Intermediate Care Team	
Reference Number:	CC 42-18-F	
Author / Job Title:	Edna Mary Watson Chief Nurse (Community)	

1.0 Decisions / Action required:

That the Integration Joint Board is asked to:

1.1 **NOTE** the update provided on the progress of the Intermediate Care Team from inception to current date;

1.2 **AGREE** the Intermediate Care Team has become a key part of the clinical pathways locally for supporting the shifting the balance of care agenda and as such should be considered as business as usual;

1.3 **AGREE** any further reporting to the Integration Joint Board should be on an exception reporting basis to highlight any issue of particular importance or concern.

2.0 High Level Summary:

2.1 The local Intermediate Care Team was established in September 2014 and operates to the following aims:

Individuals will be supported to:

- remain at home, avoiding unnecessary admission to the hospital or care centre (including falls prevention assessment);
- return home from a hospital admission; and
- return home from a care centre interim placement.

2.2 The Intermediate Care Team comprises Nurses, team leader and an Advanced Nurse Practitioner position, Occupational Therapists and Rehabilitation support workers. The Team work closely with colleagues in primary care eg. pharmacy, podiatry, physiotherapy, audiology, social work, GPs, dietician etc. Despite initial staffing difficulties, the team has been fully staffed from November 2017.

2.3 The Intermediate Care Team work to the 4 principles of Person-centred care, namely:

- Care is personalised,
- Care is co-ordinated,
  Care is enabling; and
- The person is treated with dignity, compassion and respect.

2.4 The Intermediate Care Team develop a person centred and goal orientated plan for individuals, for a time period of 6-8 weeks. Intermediate care is provided on a Shetland wide basis via the Intermediate Care Team clinicians and practitioners supporting staff in the localities to create and provide an enabling program. At the end of a period of reablement, there may be onward referral to appropriate services, if required.

2.5 Since the service commenced, 259 individuals have had a period of reablement support. Of these, 200 (78%) have had a dependency score that either reduced or remained the same at the end of the intervention.

2.6 Only 12 individuals (5%) of the 259 were readmitted. Five (42%) of these readmissions were due to the individual being medically unwell and thus this is a factor outwith the control of the Intermediate Care Team.

2.7 Patient Experience information has been gathered since September 2014. The feedback received is always very positive.

2.8 The Intermediate Care Team have had a number of opportunities to share best practice and have been recognised for this at both a local and national level.

3.0 Corporate Priorities and Joint Working:

3.1 The Intermediate care team play a key role in the delivery of the following National Health and Well-being outcomes:

- People, including those with disabilities or with long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing;
- People using health and social care services are safe from harm; and
- Resources are used effectively and efficiently in the provision of health and social care services

3.2 In addition, the team supports the delivery of Shetland Islands Council Corporate Plan priorities which includes:

- Older people and people who are living with disabilities (including learning disabilities) or long-term conditions will be getting the services they need to help them live as independently as possible; and
- Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer.

3.3 The Intermediate Care Team also supports delivery of the following NHS Shetland's Board corporate objectives:

- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient; and
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service

4.0 Key Issues:

4.1 The Integration Joint Board are asked to consider

- the information provided in the Update;
- that the Intermediate Care Team is now a key part of local clinical pathways and therefore should be considered to be 'business as usual'; and
- only exception reports will be presented going forward.

4.2 The Integration Joint Board should also note that if the Advanced Nurse Practitioner (ANP) post within the team is unable to be recruited to, that how this level of support is provided going forward will be reviewed within the context of the wider community nursing services.

5.0 Exempt and/or confidential information:

5.1 None.

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

6.1 Service Users, Patients and Communities:	The Intermediate Care Team provide a reablement service for individuals on a Shetland wide basis either by delivering that service directly or by linking in with locality based teams and supporting those teams to deliver the previously agreed goal orientated action plan. This enables equity of access across Shetland. The Intermediate Care Team was the first integrated team, established between the Local Authority and NHS Shetland, with employees from both organisations working in partnership to deliver this service.
6.2 Human Resources and Organisational Development:	Whilst the Intermediate Care Team has a relatively stable workforce, due to the size of the team any vacancy or longterm absence has the potential to impact significantly on team delivery. Currently the Advanced Nurse Practitioner post is vacant and an initial recruitment campaign has not identified anyone suitably qualified to be appointed to this role.
6.3 Equality, Diversity and Human Rights:	There are no equalities issues arising from this report as the Intermediate Care Team support all individuals who would benefit from a time limited period of reablement irrespective of their clinical condition, personal equality or diversity issues or geographical location of their home area.
6.4 Legal:	There are no legal implications arising from this report.
6.5 Finance:	The Intermediate Care Team has been funded to date through the Integration Fund. It is recognised that alternative ways of funding this service need to be identified in order to free up Integration monies for alternative "test of change" projects.
6.6 Assets and Property:	The Intermediate Care Team is appropriately based in the Independent Living Centre which gives ready access to equipment to support individuals to live as independent a life as possible.

	Being the first integrated team a number of challenges have been experienced in relation to ways of working across NHS and Local Authority systems. One such challenge that remains is the issue of Insurance for the use of the crown vehicle by all team members. It may be necessary to review the Team in order to ensure the most efficient use of resources.	
6.7 ICT and new technologies:	The Intermediate Care Team use new technologies both to directly support individuals independence at home, as well as to remotely provide support for teams who are delivering an enabling service Shetland wide.	
6.8 Environmental:	A Strategic Environmental Impact Assessment is not required.	
6.9 Risk Management:	The relevant Risk Management structures are used within the service depending upon whether the issue raised is a Local Authority or NHS Shetland issue. All clinical issues are reported through Datix. An inability to recruit an ANP for the Intermediate Care team will require further consideration to be given from within Community Nursing services as to how this level of support is provided into the team, going forward.	
6.10 Policy and Delegated Authority:	Consideration of this report is a matter reserved to the IJB as set out in Section 6 of the IJB's Scheme of Administration.	
6.11 Previously considered by:	This report has not been considered at any other meeting.	

Contact Details:
Edna Mary Watson
Chief Nurse (Community)
Email edna.watson@nhs.net
29 October 2018

Appendices:
Appendix 1 – Intermediate Care Team Update.

Background Documents:
Scottish Government (2012) Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland accessible at https://www.gov.scot/Resource/0039/00396826.pdf

Home Sweet Home Winning Poster at NHS Scotland Event 2017 accessible at https://ihub.scot/media/3681/shetland-home-sweet-home-poster-nhsscotland-event-2017.pdf

Appendix 1

Update on Intermediate Care Team for Integration Joint Board – 8 November 2018

1.0 Background

1.1 "Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland" was published in 2012. This Framework described intermediate care as a continuum of integrated community services for assessment, treatment, rehabilitation and support for older people and adults with long term conditions at times of transition in their health and support needs.

1.2 The local Intermediate Care Team was established in September 2014 and operates to the following aims:

Individuals will be supported to:

- remain at home, avoiding unnecessary admission to the hospital or care centre (including falls prevention assessment);
- return home from a hospital admission; and
- return home from a care home interim placement.

1.3 The Intermediate Care Team comprises Nurses, team leader and an Advanced Nurse Practitioner position, Occupational Therapists and Rehabilitation support workers. The Team work closely with colleagues in primary care eg. pharmacy, podiatry, physiotherapy, audiology, social work, GPs, dietician etc. Despite initial staffing difficulties, the team has been fully staffed from November 2017.

1.4 The Intermediate Care Team work to the 4 principles of Person-centred care, namely:

- Care is personalised,
- Care is co-ordinated,
- Care is enabling; and
- The person is treated with dignity, compassion and respect.

1.5 This is delivered by ensuring that a comprehensive detailed assessment (including consideration of the use of telecare) with a focus on a strengths based approach is undertaken and then strong case management and good interdisciplinary communication is used to form a virtual team relevant to an individual clients needs.

1.6 The Intermediate Care Team develop a person centred and goal orientated plan for individuals for a time limited period of 6-8 weeks. Rehabilitation support workers deliver intensive enabling support on an 8am-10pm, 7 days a week basis for individuals resident on mainland Shetland, predominantly in and around the Lerwick Central area.

1.7 For individuals resident outside of Lerwick Central, the Intermediate Care Team clinicians will assess and support staff in their locality to create and provide an enabling program thus enabling the service to be provided on a

Shetland wide basis. Recently supported clients include individuals from the islands of Unst, Fetlar, and Yell.

1.8 At the end of a period of reablement, onward referral is made to the most appropriate services, as required.

2.0 Service Delivery & Outcomes

2.1 Since the implementation of the service, 357 individuals have been referred for an intervention from the Intermediate Care Team. This includes 259 individuals who received a 6-8 week period of reablement support, 50 who either personally declined the service or whom had no identifiable goals which therefore made them not a suitable candidate for this type of support, 27 individuals who had a Falls Assessment, and 21 who received an enhanced level of support for a period of time.

2.2 Of the 259 individuals who had a period of reablement support, 200 (78%) had a dependency score that either reduced or remained the same at the end of the intervention. For 20 individuals (8%) this data was not available as it was not collected when the service was first established. Five individuals (2%) had an increased score and this was as a result of deterioration in their overall health. Three individuals (1%) died during the time that they had input from the Intermediate Care Team and therefore no scores were collected.

2.3 The remaining 11% of individuals had no score recorded and the predominant reason for this was the individual did not have care services prior to an intervention by the Intermediate Care Team. In line with national data collection dependency scores are based on the amount of care hours an individual requires and therefore this means that for those with no care services initially there is no score recorded if the individual remains without care hours being required. This indicates that there could be individuals in this figure who actually may have had a reduction in their level of dependency through input from the Intermediate Care Team but it is not formally recorded based on the national data definitions.

2.4 The Intermediate Care Team play a key role in enabling the NHS Board and Health and Social Care Partnership to meet the delayed discharge target, and also in helping to deliver on the percentage of the last 6 months of life spent in a community setting. The latest figures show Shetland to be the best in Scotland with 95% of individuals supported to live their last 6 months of life at home or in a community setting.

2.5 Readmission

Since the introduction of the Intermediate Care Team only 12 individuals (5%) have been readmitted to the setting that they came from. Five (42%) of these readmissions were due to the individual being medically unwell and thus this was a factor outwith the control of the Intermediate Care Team.

2.6 In 2017/18 the Intermediate Care Team had 98 referrals. Of these 98, 74 (76%) were admitted to the caseload for an intermediate care intervention, 9 (9%) were declined, 8 (8%) were for Falls Assessment , 7 (7%) had additional support from the intermediate care staffing to enhance an existing care package for a period of time and 1 individual had an OT assessment only.

2.7 The data for 2017/18 continues to show good patient outcomes from interventions by the intermediate care team.
Of the 74 individuals who received an intervention this year

- 29 of these were to support discharge home from a care home
- 24 of these were early supported discharge from hospital
- 20 of these were as an alternative to admission

Only 2 individuals (2%) were readmitted within 28 days and both of these were as a result of the individuals being medically unwell.

3.0 Patient Experience

3.1 Since the start of the service, patient experience information has been gathered. Feedback received is always very positive. Examples of recent feedback are noted below:

3.2 *"I was treated with respect and kindness as a person and not a number. They listened to me and I felt I could discuss personal problems with them. I wanted to keep my independence and they encouraged me to do so. They suggested easy ways I could help myself. Made me realise I was not alone and help was there if I needed it. joined me to the lunch club which I go to three times a week and have made many friends. Contacted a member of the local church which I now go to every Sunday. I now feel confident to go on living and am very happy. Thank you for the support you gave me. God bless you all" (Client 1)*

3.3 *"I have nothing but praise for the Intermediate Care Team. Without their help I would have not recovered so well. They were all caring (firm when they had to be) supportive and friendly. Don't let any of them or their service go!!" (Client 2).*

3.4 *"What a wonderful service you have provided. The team are an incredible group of kind helpful and professional folk. My progress was encouraged at all points, and I now continue to make progress. A service which NHS should be so proud of. My husband and I cannot thank them enough" (Client 3).*

3.5 *"My dad was able to enjoy a greater level of independence at home with the support from the IC Team. The care, friendship and help of the team meant that my dad had a very good quality of life and was more ale to be part of his community. We were all very impressed by the work of the team. The IC Team are a very skilled group of people, ability led and are a great service to vulnerable people in our community". (Client 4).*

4.0 Sharing Best Practice

The Intermediate Care Team has had a number of opportunities over the last 12-15 months to highlight the work of the team and also to have this formally recognised. Some of the opportunities are listed below:

- Highlighted in the Island Medics BBC TV documentary program;
- Poster presentation “Home sweet Home” - successful winner at NHS Scotland event 2017 for Value and Sustainability;
- Nominated for the Scottish Health Awards 2017 Top Team category;
- Interviewed for the Daily Record national newspaper promoting the role of the Shetland Intermediate Care Team;
- Visits from Orkney and Western Isles ICT services;
- ICT Nurses visited NHS Tayside to understand their Extended Community Care Team model;
- Hosted table at ‘Big Brag’ NHS Scotland Sharing Event, 10 May 2018;
- Abstract submitted to NHSScotland Event 2018 - Journey Home to 60 Degrees North and Beyond; and
- Presentation of service as part of the Older People Acute Care Standards Peer Review visit, summer 2018.

All of these opportunities provided the chance to share good practice both locally and at a national level.

5.0 Future Plans

The Intermediate Care Team plans to continue to build on its success to date by undertaking the following actions:

- progressing the reablement ethos in services by sharing their knowledge and skills with health and social care teams throughout Shetland;
- promoting positive risk taking and enabling strategies to, and within, services;
- promoting good communication and smooth discharges from both hospital and care home settings;
- continue to promote and educate others on the role of the team; and
- focus on addressing individuals health and wellbeing needs through supporting a return to active participation in their community.

Shetland Islands Health and Social Care Partnership

Agenda Item

5

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	8th November 2018
Report Title:	Primary Care Improvement Plan - Update	
Reference Number:	CC-43-18-F	
Author / Job Title:	Lisa Watt, Service Manager Primary Care	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board is asked to:

(i) **NOTE** the submitted Primary Care Improvement Plan attached at Appendix 1;
(ii) **COMMENT** on the progress outlined in the Action Plan attached at Appendix 2.
(iii) **INSTRUCT** that a report on providing sustainable Primary Care services in Shetland will be presented to the IJB on 23 January 2019, with a proposed **DIRECTION** for IJB approval..

2.0 High Level Summary:

2.1 The purpose of the report is to present the updated Primary Care Improvement Plan, as per the requirements of the Scottish GP Contract (the contract), which came into effect on 1st April.

3.0 Corporate Priorities and Joint Working:

3.1 The new contract will support significant development in primary care. In Shetland we have one Integration Board, unlike some other areas in Scotland, and this means that there will be one co-ordinated Primary Care Improvement Plan, with a focus on local priorities and delivery where services are commissioned within the Health and Social Care Partnership (HSCP), based on population need. The agreed plan was submitted on 31st July 2018 and will be updated regularly.

4.0 Key Issues:

4.1 Existing work has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The Memorandum of Understanding agreed by the IJB on 22nd February 2018 (Minute reference 04/18) noted that a Primary Care Improvement Plan must be in place by 1st July 2018.

4.1 The plan was previously considered by the Integration Joint Board and was then formally submitted to Government on 31st July 2018.

4.3 The submitted plan sets out the priorities for year 1, as well as noting several scoping exercises under way to review needs for year 2 (2019/20) and year 3

(2020/21). It has been confirmed that funding for the next three years will see a year on year increase.

4.4 Appendix 2 sets out the action plan from the Year 1 actions, with progress to date.

4.5 The Primary Care Improvement Plan noted that there would need to be a review of Primary Care premises and provision throughout Shetland to ensure that services are resilient and sustainable. A proposal paper will be presented to the IJB on 23 January 2019..

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

6.1 Service Users, Patients and Communities:	The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.
6.2 Human Resources and Organisational Development:	The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development and there will be work undertaken locally to align to national data gathering tools.
6.3 Equality, Diversity and Human Rights:	There are no equality implications arising from the report.
6.4 Legal:	The central purpose of the 2018 GMS contract is to provide better service to patients by providing stability and sustainability to General practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible.
6.5 Finance:	The implementation of the 2018 General Medical Services contract for Scotland will see £250million per annum phased investment in support of General Practice. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament. Specific funding for the Primary Care Improvement Plan will be allocated to Boards on an NRAC basis. Funding will be provided up to and including 2021/22, in order to implement the plan.
6.6 Assets and Property:	There are no implications for major assets and property.

6.7 ICT and new technologies:	There are no ICT and new technology issues arising from this report at this moment, although it is acknowledged that a new GP IT system is expected in 2020/21. The Improvement Plan will be updated and developed as further information on ICT is known.	
6.8 Environmental:	There are no environmental issues arising from this report.	
6.9 Risk Management:	Achieving implementation of the Primary Care Improvement Plans will require a clear three year programme and funding profile and to date we await details on the funding allocation. The new contract seeks to address GP primary care sustainability. The IJB risk register will be updated to reflect the risks shown in the Primary Care Improvement Plan.	
6.10 Policy and Delegated Authority:	Consideration of this Primary Care Improvement Plan is a matter reserved to the IJB as set out in Section 6 of the IJB's Scheme of Administration.	
6.11 Previously considered by:	Integration Joint Board	6th June 2018

Contact Details:
Lisa Watt
Service Manager Primary Care
e.watt1@nhs.net
24th September 2018

Appendices:
Appendix 1: Updated Primary Care Improvement Plan
Appendix 2: Action Plan

Background Documents:
Primary Care Improvement Plan Report presented to IJB on 6 June 2018

http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22586

PRIMARY CARE IMPROVEMENT PLAN
2018-21

CONTENTS

	Page
Introduction	3
Background	3
Risks to Implementation Plan	6
Consultation	6
Key Priority Areas	7
Funding requirements	22
Action Plan	24

PRIMARY CARE IMPROVEMENT PLAN

Introduction

Following agreement in January 2018 to introduce a new General Medical Services (GMS) Contract in Scotland, an initial report was presented to the Integration Joint Board to advise of the context and content within the contract and associated Memorandum of Understanding (MoU). This report also outlined the requirement for Integration Authorities to develop a three year Primary Care Improvement Plan by 1 July 2018.

In Shetland we have one Integration Board, unlike some other areas in Scotland, and this means that there will be one co-ordinated Primary Care Improvement Plan, with a focus on local priorities and delivery where services are commissioned within the Health and Social Care Partnership (HSCP), based on population need. This will be an overall introductory plan that meets both the national and local Shetland requirements and will be updated following the agreed outcomes of our local scenario planning events. One of the outcomes will be to undertake a review of Primary Care premises and provision throughout Shetland to ensure that services are resilient and sustainable.

Background

Following the approval on 18 January 2018 to introduce a new GMS Contract in Scotland, Boards were advised of the content within the contract, as well as the requirement for a three year Primary Care Improvement Plan to be developed by 1 July 2018. The implementation of the 2018 General Medical Services contract for Scotland will see £250million per annum phased investment in support of General Practice. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament.

The funds will support the new practice funding formula, national support arrangements, premises support and the development of the multi-disciplinary team. Areas such as Pharmacy, Vaccination Services and Unscheduled Care were previously funded directly to the NHS Board and this funding will now be pooled. Work is being progressed to draw all these commitments together to determine what funds are required in 2018/19, as well as to identify if there are tests of change or roles where there should be disinvestment. The funding available will be mapped against the priorities over the next three years and will be aligned to the Primary Care Improvement Plan with annual investment aligned to each area of priority.

- The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19;
- A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m. No practice has a reduction in funding;
- A proportion (to be confirmed) of the £110m for 2018/9 will be allocated using the NRAC formula to support the development of multi disciplinary teams in line with the MoU.
- Primary Care Improvement Plans will set out how these funds will be used. There will be no premises funding allocated to Shetland as all of our practices operate from NHS Shetland owned premises.

In addition to information on funding, the MoU details the following information with regard to practices:

- Practice core hours will remain as 8am – 6.30pm (or in line with existing local agreements, which in Shetland are 8.30am to 5.30pm, with practices providing on call cover between 8am and 8.30am);
- Practices can opt in to provide Out of Hours services and there will be a new enhanced services specification – it has been advised this is still in development and there will be a "holding" position for existing services from 1st April;
- Practices will continue with extended hours directed enhanced service where they chose to do so. The intention is that there will be no more new enhanced services but as there is no alternative to delivering many of the current enhanced services, there is no intention of reducing these and the funding to practices would continue to be available. Any further changes will need to be carefully planned with a rate of change that ensures patient safety, quality of service and practice stability.
- Role and training of Practice Nurses – with the introduction of dedicated treatment and care services, General Practice nurses will be enabled to support holistic and person centred care supporting acute and chronic disease management enabling people to live safely and confidently at home – this will be further developed in nursing section;
- Role of Practice Managers and Receptionists will change. It is recognised that Practice Managers and other practice staff already have a wide range of skills that will continue to be essential for the future. In addition they will work more closely with the wider primary care system including GP clusters, NHS Boards, HSCPs and emerging new services;
- Information technology investments – it is intended that all GP practices will transition to a new clinical IT system by 2020 (please note, this will be "cloud" based and it is recognised nationally that appropriate Broadband infrastructure needs to be in place to facilitate this move; it is therefore likely that Shetland will be in the last tranche to transition);
- The contract will set out the roles and responsibilities of GPs and NHS Boards in relation to information held in GP records. The contract will recognise that contractors are not the sole data controllers of the GP patient's record but are joint data controllers along with their contracting NHS Board.
- Practices will be required to provide activity, demand and workforce data (through the new SPIRE system unless practices wish to collect the information themselves) and to participate in discussions at cluster level on sustainability and outcomes. There is currently no date for implementation but this plan will be updated as this work develops.

Primary Care Improvement Plan criteria

The Memorandum of Understanding for the GP contract notes the following for the development of the Primary Care Improvement Plan:

- IJBs will set out a Primary Care Improvement Plan to identify how additional funds are implemented in line with the contract Framework;
- The Plan will outline how these services will be introduced before the end of the transition period at March 2021, establishing an effective multi-disciplinary

team model at Practice and Cluster level;

- These plans will be developed in collaboration with local GPs and others and should be developed with GP Subcommittee (or representatives of by agreement locally) as the formally agreed advisors on general medical service matters. Any specific contractual elements must be agreed with the Local Medical Committee. In Shetland, the plan will also go to the Patient Focused Public Involvement group and the Shetland Partnership Engagement Network, to enable consultation with members of the public.
- IJBs have a statutory duty and the infrastructure established to consult in relation to Strategic Planning and stakeholders should be engaged in the plan's development;
- Local and Regional Planning will recognise the statutory role of IJBs as commissioners. IJBs will give clear direction to the NHS Board on its function to secure these primary care services;
- In developing and implementing these plans, IJBs should consider population health needs and existing service delivery;
- Integration Joint Boards will be accountable for delivery and monitoring progress for the local Plan

The MoU outlines the key priorities to be covered over a three year period (April 2018-March 2021) within the Primary Care Improvement Plan :

i. Vaccination services (staged for types of vaccinations but fully in place by April 2021)
ii. 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)
iii. 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;
iv. Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
v. Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
vi. 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).

- New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs;
- New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters).
- Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.

Each of the six key priority areas will be detailed further below, together with funding stream requirements where these have been identified. It should also be noted that,

where appropriate, areas of improvement will be undertaken jointly with Acute and Specialist Services e.g. in managing unscheduled and urgent care. This aspect will be expanded as the plan develops.

Risks to the Plan Implementation

Whilst consulting on the plan, several risks were highlighted, particularly in relation to funding. It was noted that owing to work already underway in Primary Care redesign, funding had been allocated in previous years to specific posts and these will need to continue. The Director of Pharmacy is having separate discussions in relation to Pharmacy funding, as the shift to the use of the NRAC formula in allocating the Primary care fund has reduced the Pharmacy funding received by NHS Shetland between the 2017/18 and 2018/19 financial years. This would prevent the continuation of work to extend our Pharmacotherapy services.

A risk was identified in relation to physical space within the existing health centres. NHS Shetland has developed good working relationships with the local Citizens Advice Bureau, who provide a regular visiting services to health centres and there has recently been a commencement of visiting services from the local CLAN team. As more services are delivered closer to the patient, this will undoubtedly have an impact on the physical space within health centres and discussions are already underway to consider whether there are other public buildings available to enable some of this outreach work to take place e.g. visiting physiotherapy services could potentially use space in local leisure centres.

It was also noted that there is a risk with regard to Information Technology, in particular with broadband speed and connectivity. Given that the new GP IT system will be cloud based and technologies such as Attend Anywhere are being considered for use in remote and rural areas, suitable broadband is considered a “must have” for the implementation of aspects of this plan.

Finally, while elements of the plan are intended to address some of the consequences of gaps in the workforce, a key risk to the plan will be our ability to continue to recruit and retain members of the Primary care multi-disciplinary team.

Consultation

This plan was presented to the following groups for discussion and approval:

Integration Joint Board
Local Medical Committee
NHS Shetland Executive Management Team
Shetland GP Cluster
Strategic Planning Group
Area Clinical Forum
Patient Focus Public Involvement Group
Shetland Patient Engagement Network

Comments received as part of this consultation process have been incorporated into the Plan.

KEY PRIORITY AREAS

i. **Vaccination services (staged for types of vaccinations but fully in place by April 2021)**

The Vaccination Transformation Programme (VTP) is a three year national programme to modernise how vaccinations are delivered to our communities which commenced in April 2018. The aim is to '*empower Health Boards and their local partners to deliver vaccinations rather than the current practice of contracting national delivery through General Practice*'.

Immunisations, alongside clean water, are the two public health interventions that have had the greatest impact on the World's health. Immunisation is an excellent example of PREVENTION that is essential to protect the Shetland community against infectious diseases, such as meningitis, flu, mumps, measles, polio and whooping cough. It is therefore vital that our local vaccination services are properly resourced and supported to protect the health of the local population.

The Scottish Immunisation Programme's schedule involves several different vaccination programmes, each of which provides protection against infectious disease to individuals or populations at different stages in the life course, including:

- Routine infant and childhood vaccinations
- School-age vaccinations (including HPV and childhood flu)
- Adult vaccinations such as flu and shingles
- Vaccinations delivered to 'at risk' individuals on the basis of specific clinical need or identified risk factors (for example, people who are immunocompromised)

In addition there are travel vaccines, which should be administered in the context of a travel health assessment. These are not part of the national routine programme, and often given privately, but are a significant workload in Shetland.

The national transformation programme has been prompted by a number of developments including the significant expansion in the vaccination schedule, the increasing complexity of vaccinations and the modernisation of the roles of those involved in delivering vaccinations.

Locally, we are in a different position to most other Boards in that 80% of our practices (covering 85% of the population) are already Board run. So although most of the immunisation programmes are delivered in GP practices, for most of the population the service is technically Board run.

However, there are a number of reasons why we must take this opportunity to change the way in which we deliver immunisation services in Shetland:

- There is currently variation in the organisation and delivery of immunisation services between practices. And, given the size of many of our communities and practices, there are a number of staff delivering the programmes who only see a small number of patients which makes it very difficult to keep up to date with the continuing increase in size and complexity of the immunisation programme. The VTP is therefore an excellent opportunity to redesign how

our services are delivered to ensure that we have a high quality, safe and equitable immunisation services across Shetland, whilst maintaining the good uptake rates that exist for most vaccines.

- It also gives us the scope to change the way services are delivered in order to improve uptake of specific vaccines that we struggle with in Shetland: specifically MMR and the pre-school booster.
- Currently the school nursing team deliver some of the immunisation programmes in school, and in 2018 we moved delivery of the teenage booster from GP practices to schools. However immunisation delivery is no longer within the new school nursing pathway and therefore we need to have a different process for delivery in schools.
- Travel health is a priority in Shetland as most of the practices have stopped providing this service. It has been picked up by community nursing whilst developing plans for a sustainable service into the future. This includes a better understanding of demand (numbers have been increasing since community nursing took on the service); what the Board should be providing, and training. There are added demands in Shetland because private travel health services can only be accessed via services on the Scottish mainland.
- Occupational health vaccination services are not part of the routine national programme, but there are national recommendations regarding vaccination and it is a significant workload for the Board run Occupational Health service. The service has made huge improvements to the delivery of the seasonal flu vaccination of NHS staff, resulting in a big increase in uptake. However, there has never been a pro-active service for social care workers (who are recommended by the Government to get seasonal flu vaccine in the same way as healthcare staff). The VTP is therefore an opportunity to address this area of work.
- BCG vaccination for eligible individuals is a very small element of the overall vaccination programme, but the service is currently fragile as it requires specific training and opportunities to maintain skills given the small number of BCG vaccinations done. We need to be able to deliver the BCG to eligible babies and children, healthcare workers and for public health purposes in the event of a single case or outbreak. The VTP is an opportunity to review how this service is delivered and who by.

All the health boards have appointed a Business Programme Manger (in Shetland this is the Immunisation Co-ordinator / CPHM) and started working on their VTP plans during 2017-18. In Shetland we have a steering group that has met regularly since May 2017 and includes representation from Public Health, Community and Practice Nursing, School Nursing, Health Visiting, Primary Care, Pharmacy and Finance. Although we had a small sum of money allocated to us last year for planning the programme, because of the timescales and the fact that the money stopped at end of March 2018, we have not employed any new staff locally. However part time staff including the Immunisation Co-ordinator and staff from Community Nursing, Public Health and School Health have been working additional hours funded by the VTP to progress this work in the past year.

We have identified that service delivery and practice in a number of areas varies between the individual GP practices including for example training requirements and opportunities, call-recall, operational procedures, recording and monitoring, use of

PGDs. None of the practices have traditionally run vaccination clinics other than for seasonal flu. Only two of the practices currently use SIRS for call recall. There are a number of governance related issues to address such as standardisation of procedures, training and CPD, reporting and managing incidents and errors etc. Furthermore, there has recently been a vaccine incident in Shetland due to issues with recording fridge temperatures over a significant period of time that resulted in revaccination being offered to 260 people. Although we do not yet have a final report for this incident, we know that there will be several lessons learnt from this incident which will inform our VTP plans.

The actions for the first year will include:

- Identify the main Governance issues for immunisation services (informed by Incident Report).
- Implement SIRS call recall for all practices / treatment centres (currently only 20% use it)
- Develop a training framework for staff, based on a training needs analysis that has been undertaken.
- Develop a local model for delivering travel health services (in light of national work that is ongoing)
- Develop a model for a 'virtual' immunisation team for vaccination in schools (comprising school nurses, practice and community nurses)
- Begin to develop a model for immunisation teams within primary care and the community taking into account the benefit that working in an immunisation team can bring to supporting staff maintain clinical skills for delivery of immunisations in more remote settings, local to patients home areas.
- Audit BCG immunisations to inform planning for a sustainable model
- Develop a plan for seasonal flu immunisation for social care staff (informed by a recent Care Centre flu outbreak).

ii. **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)**

Pharmacotherapy is generally understood as that function of multidisciplinary and direct patient healthcare associated with the safe, effective and economical ongoing use of medicines. The science underpinning pharmacotherapy is pharmacology. Pharmacists, supported by pharmacy technicians within modern healthcare lead in pharmacotherapy.

The transformation of primary care provides an opportunity to revisit the role of pharmacists and pharmacy technicians within general practice and develop the pharmacotherapy services to improve patient care within Multidisciplinary Teams.

What is emerging in Scotland is the need for a three tiered pharmacotherapy service, divided into core and additional activities, Level one activities are at a generalist level of pharmacy practice focused on a range of acute and repeat prescribing and medication management activities (technical and basic clinical). Level two (advanced) and level three (specialist) are additional services and describe a progressively input of clinical pharmacy practice and experience. Particular opportunities are associated with repeat prescribing and medication or polypharmacy reviews.

A key aim of the pharmacotherapy service is to release GP time to focus on their Expert Medical Generalist role by providing a first point of contact for prescription or medicine requests; delivering a range of activities and clinics related particularly to the management of a repeat prescribing related activities, this is now embedded in the new GP contract.

When established the GP practice-based pharmacist in Shetland will have a key role in supporting safe prescribing systems and processes including authorising repeat and serial prescribing. This includes dealing with discharge letters, authorising hospital outpatient requests, all acute and repeat requests, establishing serial prescriptions, medicines reconciliation and non-clinical medication review. These are core activities that should ultimately be provided to all GP practices, the level of which will initially be determined by the experience and training of the pharmacist however the practicalities of delivering this in Shetland will be challenging given the current spread of practices.

Pharmacotherapy services

	Pharmacists	Pharmacy technicians
Level one (core)	• Authorising/actioning[1] all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review Acute and repeat prescribing requests include: • Authorising/actioning hospital outpatient requests • Authorising/actioning non-medicine prescriptions • Authorising/actioning installment requests • Authorising/actioning serial prescriptions (STU) • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests	• Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	• Medication review (more than 5 medicines) • Resolving high risk medicine problems	• Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	• Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure)	• Medicines reconciliation • Telephone triage

[1] Pharmacist Independent Prescribers can action (instigate and sign) prescriptions, non-prescriber pharmacists can action prescriptions but they still require to be signed by a prescriber

The GP contract stipulates that practices across Scotland will, as a minimum, have access to a level one tier of core service by March 2021. Recruitment of pharmacists at any level is problematic in Shetland, and our best approach is to "grow our own pharmacists and technicians". At the moment both preregistration pharmacists and technicians are currently in training and there already is some level one support available to practices. In particular level one support has been available in Lerwick for two years and recently the appointment of a pharmacy technician mainly to support patients receiving care and their carers has facilitated the introduction of all levels of input by pharmacists

A GP practice-based pharmacist working at levels two and three increasingly provides medication and polypharmacy reviews/clinics for vulnerable patients and those with complex care needs and helps to resolve high risk medicine related problems. GP practice-based pharmacists who are independent prescribers are also be able to prescribe, monitor and adjust treatment as appropriate. This is already happening throughout Shetland and a regular hypertension clinic for example happens in Lerwick, and a chronic conditions clinic in Brae. Introduction of these activities is reached in agreement with the practices.

Evaluation of the practice pharmacist role nationally has demonstrated a significant saving on GP time, improvements in the quality and safety of services, a reduction in medication errors and better care of more complex cases of people with multi-morbidity. In Shetland we are already seeing a reduction in GP non face-to-face 'prescribing' workload since the summer of 2016. New guidance in areas such as Diabetes, Inhaler Guidance and standardisation of anticoagulation management is being implemented in Shetland with significant pharmacy input, with the aim improving patient safety.

A phased approach to recruitment of pharmacists for the service is underway. While there is likely to be an increase in funding each year for the next three years with potentially an additional new post in each of 2018-19, 2019-20 and 2020-21, .confirmation of funding for the next three years is expected shortly from Scottish government.

For consistency across the North of Scotland, the shape of the pharmacotherapy service will be led by the Directors of Pharmacy for the three year trajectory period until 2021. This will allow workforce planning to be supported regionally, and appropriate governance arrangements to be embedded. It is also important that successful initial momentum to be maintained. When the service reaches a level of maturity it is anticipated that funding arrangements will be directed towards the Integration Authority.

Meantime in Shetland provision of pharmacy support to care at home services and care homes will be enhanced by the appointment of a second primary care technician, who will concentrate more on the systems and processes within GP practices. Further early careers training will be offered to ensure that the new posts are manageable and that we have a sustainable service.

Appointment of a further 2 GP practice pharmacists over the next two years will be key providing a substantive named pharmacist service to all practices, with some degree of separation of the prescribing advisor role. The aim is to provide a consolidated approach while as far as possible avoiding disaggregation of the pharmacotherapy service across Shetland. This will be dependent on appropriate funding, recognising the issues associated with economies of scale in Shetland.

iii. **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**

The new GMS contract highlights the need for more nurses within the community setting to enhance the services available for the public as well as to support the delivery of right practitioner, right place and right time.

In Shetland, General Practice Nursing has traditionally seen a workforce which has been predominantly based on Registered Nurse postholders employed at Band 6 level. Now that the NHS Board is responsible for the provision of the Practice Nursing service at 8 out of the 10 practices, we have the opportunity to create a nursing team at each of the practices that can deliver the range of services envisaged in the GMS contract.

We have commenced the move to the development of community treatment and care services by introducing skill mix teams at each of the Health Centres. Each Health Centre will have a team of practice nursing staff that includes Band 3 healthcare support workers, Band 5 Community Treatment Nurses and Band 6 General Practice Nurses.

The Band 3 Healthcare Support Workers will predominantly perform core tasks e.g. venepuncture, recording of Electrocardiographs (ECGs), recording of baseline observations. This will enable us to ensure that we can meet the priority in stage 1 of the Implementation plan of ensuring that there is a phlebotomy service delivered at all practices by an appropriately skilled practitioner within this year.

The Band 5 Community Treatment Nurse will undertake a broad range of core Registered Nursing skills e.g. chronic disease monitoring, management of minor injuries, dressings, ear syringing, suture removal etc in line with the role and requirements of this service.

The Band 6 General Practice Nurse will focus on the management of long-term conditions. The Band 6 role will be reviewed against the Band 6 General Practice Nurse core role descriptor once this is published by the Transforming Nursing roles General Practice Nursing work-stream later in the year. Skill mixing the practice nursing team as noted above will enable the Band 6 postholders to have the time and capacity to focus on supporting individuals with long-term conditions.

Vacancies and other opportunities have enabled us to move forward with the creation of skill mix teams in a timely manner across the service. Unfortunately accurate activity data has been difficult to obtain from across the practices to date and therefore measures are being put in place to better understand demand and capacity at each of the Practices going forward. The ultimate size and shape of services throughout Shetland will be influenced by the results of this data collection and any future proposed structural change within Primary Care.

In terms of supporting the development of the practice nursing workforce, a workforce skills needs assessment has already been conducted. A successful funding bid in 2017/2018 from the NES General Practice Nursing Training and Development monies is supporting the provision of a 3 day Acute Assessment course, a generic long-term conditions module with condition specific days for Asthma and Diabetes care and a leadership module for all Practice Nurses.

A subsequent bid will be submitted in 2018/2019 to support the development of the postholders newly recruited into the service.

Funding from the local Transformational Change fund has also enabled, on a trial basis, the establishment of a single management and professional leadership structure for all of the Practice Nurses across the Health Centres by a qualified General Practice Nurse operating at Advanced Practice Level. The leadership position will be kept under review over this next 12 months with a view to considering making this a substantive arrangement going forwards. It will be necessary to secure additional funding to make this a substantive change.

iv. **Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care**

The New GMS contract identifies the use of Advanced Practitioners to provide urgent care, both providing urgent unscheduled care within primary care settings as well as providing a first response for home visits.

In NHS Shetland development to date in relation to Advanced Practice has been in Nursing. Advanced Nurse Practitioners have been employed in General Practice since March 2015 with their focus being on addressing the need for an on the day appointment. The national ANP Service and Educational Needs Analysis conducted in 2017 identified a need for approx. 30 Advanced Nurse Practitioner posts across the acute sector and the Health and Social Care Partnership.

Across the Health and Social Care Partnership we have the following Advanced Nurse Practitioner posts in place - 3 ANPs and 4 ANP Development positions in the largest practice at Lerwick, 1 development post at Scalloway and 1 development post at Brae. Whilst the postholders working at Scalloway and Brae are experienced practitioners we are utilising the term ‘development’ for all of the positions where the postholder is yet to fully satisfy the NHS Scotland criteria for definition of an Advanced Nurse Practitioner, namely having gained the clinical competencies necessary and achieved academic preparation at Masters Degree level in Advanced Clinical Practice. In addition to the ANPs working in General Practice we have 1 working as a Clinical Team Leader and 1 working within the Intermediate Care Team.

As advanced practice develops further in Shetland we will see some extensions to the roles that are in place currently which will align with the GMS contract position of ‘these practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits’.

We have already been piloting unscheduled care clinic sessions at the weekend staffed by ANPs or GPs and following review, anticipate moving to the provision of a shift based ANP service at the weekend for unscheduled primary care presentations. In the rural areas, Advanced Nurse Practitioners will have within their remit a responsibility for attending to the healthcare needs of individuals within the care homes within the locality as well as undertaking home visits as appropriate.

A review of the local out of hours unscheduled care services will be undertaken in 2018/2019. It is anticipated that this will lead to a more multi-professional response for both scheduled and unscheduled care presentations.

Under the Chairmanship of the Director of Nursing and Acute Services, we have put in place a role development group to support the development of Advanced Practice locally. This group will support the development of advanced practice across all of the professional disciplines as we move forward.

Through the local Transformational Change Fund we have secured funding to employ a Practice Educator to support the development of our local 'ANP Academy' model. This model will be formally aligned to the regional approach that is being taken to the development of an Academy model in the north of Scotland region. This model will be core to supporting the development of more Advanced Nurse Practitioners locally.

A bid for funding to support the academic development of candidates locally with the potential to develop into Advanced Nurse Practitioners has already been made to NHS Education for Scotland.

v. **Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)**

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 MDTs 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. There is no clarity as yet as to how many will be allocated to Shetland and what role they will play.

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.

Occupational Therapy

There is an initial proposal with regard to the provision of Specialist Mental Health Occupational Therapy practitioner time to primary care settings. A scoping exercise will be necessary to identify the demand in line with the GP contract proposal that community clinical mental health professionals (e.g. nurses, occupational therapists), based in general practice, can work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression.

The role of occupational therapy in mental health includes (but is not restricted to):

- Interventions support the client in developing or maintaining a satisfying personal and social identity.
- Interventions move the client in the direction of fuller participation in society through the performance of occupations that are appropriate to her or his age, social and cultural background, interests and aspirations.
- Interventions are designed to overcome physical, psychological, social and environmental barriers to participation.
- Interventions assist the client to achieve greater autonomy of thought, will and action.

In terms of strategic direction, vocational rehabilitation (as a component of mental health Occupational Therapy) is a key priority of the Scottish Government's Active and Independent Living Plan (2016). Provision of a mental health Occupational Therapy service would initially be likely to require a 1.0 WTE Band 7 OT, but would be subject to further exploration in Year 1, with a view to implementation in Year 2.

Physiotherapy

There is an initial proposal to enhance MSK services with a physiotherapist working in GP practices as a first contact practitioner taking on appointments which would previously have been seen by a GP. They would assess, diagnose and manage MSK problems. How much time is needed will depend upon demand e.g. how many MSK consultations already happen within GP practices.

A scoping exercise will determine probable demand, which will in turn determine the level and location of service delivery. There were 1758 MSK referrals to physiotherapy in 2017, 57% were self-referrals, 21.5% GP and 21.5% other. The MSK outpatient service is based at GBH covering all of Shetland and is provided by 5.2 WTE physiotherapists. An additional 0.2 WTE is allocated for supporting orthopaedic and rheumatology services.

Although the majority of referrals are self-referrals, anecdotally we are aware these aren't true self-referral but are at the recommendation of GP/other health professional. There is potential to reduce the demand for physiotherapy services by directing patients to self-management at initial consultation (rather than recommending/referring to physiotherapy).

Year 1 will involve a scoping exercise, with a view to implementation in Year 2. It is expected that an additional Band 7 practitioner will be required to augment the existing Physiotherapy Team and it should also be noted that there will be training requirements. Actual costs for Year 2 will be updated in the Improvement Plan following the scoping exercise.

vi. **Community Link Workers**

The health improvement practitioners work in localities across Shetland. Each team member is assigned to a geographical area of Shetland and linked to a local health centre. The amount of time they spend at each health centre is related to need and demand, so there is facility for increasing and decreasing the amount of time that each health centre receives, depending on need. Although each practitioner retains an area of specialist knowledge/interest (leading, for example, on smoking, healthy eating or mental health), they are trained in all topic areas. Each practitioner can deliver the following:

Individual patient based:

- Keep Well Health Checks
- Mental Health self-help resource information
- Smoking cessation
- Counterweight (Adult weight management programme)
- Child healthy weight programme
- Physical activity brief advice
- Alcohol brief advice
- Brief Behavioural Activation (low level psychological therapy for mild-moderate depression)
- Practical support in accessing Beating the Blues, a computerised CBT programme.

Locality/group based:

- Healthy Working Lives advice to workplaces
- Safe talk training
- Self-harm training

As well as being based in health centres, staff have also negotiated work spaces in local community venues including schools and community enterprise companies. Community health needs are being assessed through a number of methods including health profiles, community surveys and through direct conversations with the public and health professionals. It has brought the practitioners closer to other professionals on the ground so that issues around health improvement both at a community and individual level can be picked up and dealt with quicker due to the direct lines of communication. It also allows staff to deliver the right services in the right place at the right time, and a survey of primary care staff during 2017 demonstrated an overwhelming desire for this model to continue.

Although the NHS Shetland Health Improvement team locality model was developed prior to the establishment elsewhere in Scotland of Community Links Practitioners, it has become clear that what the local team can offer is an enhanced version of the Community Links model. Staff work with individuals from the practice list populations on a one-to-one basis to help identify and address issues that negatively impact their health, and central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence. They also network with these local community resources to

support the development of their own capacity and identify any gaps in local service provision.

Currently there are 2 Full time equivalent staff covering the primary care role within Health Improvement (although in practice the service is delivered by a number of different staff). 1.6 FTE staff are funded until end of September 2018 through a combination of Brief Behavioural Activation money, Paths for All funding and Deferred Income, but we have no further source of funding identified after this date. It is therefore proposed that funding be allocated through the Primary Care Improvement Plan funding to enable this work to continue and develop.

Information Technology

There are several strands of work within the e-health portfolio which will continue and develop over the course of the Primary Care Improvement Plan, namely the development of a North of Scotland Regional Portal and the replacement for the existing GP IT system across Scotland. This plan will be updated to reflect the ehealth work within Shetland as this progresses.

FUNDING REQUIREMENTS IDENTIFIED

Proposed funding requirements for 2019/20 are shown below but it should be noted that it is not known at this time what the funding allocation for 2019/20 will be. Nonetheless, these figures are included to show what will be required in order to implement the actions outlined in this paper. These figures will be amended and updated for 2020/21 as the plan develops.

As previously outlined in this paper, the Director of Pharmacy is having ongoing discussions regarding Pharmacy funding in addition to the baselined figure of £76,200. Owing to the posts already committed to from previous funding streams, the overall total for the plan exceeds the funding allocation letter, as per the figures below.

The table below has been prepared by the NHS Shetland Director of Finance, outlining the funding received in 17/18 and 18/19, and showing the expected shortfall given existing posts already funded. The Integration Joint Board and NHS Shetland are planning to fund up to the value of the Scottish Government allocation.

Expenditure Commitment Reconciliation

	17/18	18/19	18/19	19/20	19/20
Overall Funding:	**300,992**		**248,707**		**269,500**
Current Expenditure Commitments:					
Primary Care Transformation Fund					
Nursing ANP in Brae Band 7		57,084		58,797	
GP Out of Hours (OOH) Fund					
Nursing ANP LK - Band 6 developmental role **currently vacant** but intention to fill		42,129		43,393	
Community Treatment & Care					
BVC 1516 3 X 0.4 WTE (15HR) Band 3 Healthcare Support Workers (Part Year 18/19)		21,546		32,294	
Urgent care (advanced practitioners) 2 Band 6 x 37.5hrs (development posts)				81,739	
1 Band 7 x 37.5hrs				55,389	
Primary Care Transformation Vaccinations					
Consultant Public Health 1 additional session		13,639		13,775	
Band 7 Project Manager 1 day p/wk		9,876		10,172	
Nursing Input for BVG and flu vacs		5,084		6,053	

Non Pay	1,401		0	
Primary Care Community Link Workers				
1.6 wte Community Link Workers band 5 (Part year 18/19)	27,130		55,887	
Primary Care Fund - Pharmacy				
Pharmacists	108,536		117,000	
Pharmacy First	4,250		4,250	
Associated Employment Costs				
Relocation, travel, training, IT equipment	Unknown		Unknown	
		290,675		**478,749**
New Funding Available if Current Commitments Honoured		**-41,968**		**-209,249**

ACTION PLAN

Key Priority Area	Year 1	Year 2	Year 3
Vaccination Transformation Programme	• Identify the main Governance issues for immunisation services (informed by Incident Report). • Implement SIRS call recall for all practices / treatment centres (currently only 20% use it) • Develop a training framework for staff, based on a training needs analysis that has been undertaken. • Develop a local model for delivering travel health services (in light of national work that is ongoing) • Develop a model for a 'virtual' immunisation team for vaccination in schools (comprising school nurses, practice and community nurses) • Begin to develop a model for immunisation teams within primary care and the community • Audit BCG immunisations to inform planning for a sustainable model • Develop a plan for seasonal flu immunisation for social care staff (informed by a recent Care Centre flu outbreak).	• Fully develop and agree immunisation team model within primary care and the community, to include staffing and travel considerations; • Audit SIRS call recall system following implementation; • Audit travel health services service delivery model to ensure it is meeting local requirements; • Develop BCG immunisation model;	• Implement immunisation team model within primary care and the community;

Pharmacotherapy Services	Directors of Pharmacy to develop consistent approach across North of Scotland	Funding permitting, additional 2 Practice Pharmacists to be employed	Pharmacist time in practices embedded
Community treatment and care services	Implement Skill Mix Practice Nursing team at all 8 of the Board provided Health Centres by August 2018. Implement Phlebotomy service at each Health Centre/ Practice area by August 2018 Conduct workload analysis across the service by October 2018 Develop general practice nursing workforce in alignment with future service model by March 2019 Host training for nursing workforce as per outcome of NES funding bid by June 2018 Review leadership/ management of general practice nursing by 31 March 2019	Bid for further NES funding to support development of general practice nursing workforce by August 2018 Implement leadership structure for general practice nursing from 1 April 2019 Consider further refinement of service provision across Shetland to ensure capacity meets demand with appropriately skilled practitioners available to deliver to service model by 31 March 2020	Skill mix General Practice Nursing team in place providing a safe and sustainable service delivery model, appropriate to local service design.
Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care	Review current unscheduled care weekend clinics to determine future service model by August 2018. The Strategic nurse group will agree how to take forward a programme of work to support primary care advanced practice role development and liase with AHP Leads to ensure the work programme also reflects	Work plan to be developed and agreed	In collaboration with NHS Boards there will be a sustainable advance practitioner provision in all HSCP areas, based on appropriate local service design.

	role development for these professions.		
Multi disciplinary team: Mental Health Workers	Redesign of services currently underway to implement an integrated service	Development of Mental Health Plan	Implementation of agreed actions from Mental Health Plan
Multi disciplinary team: Occupational Therapy	Exploration of mental health occupational therapy input including vocational rehabilitation within General Practice	Implementation of Mental Health Occupational Therapy service	
Multi disciplinary team: Physiotherapy	Scoping exercise for roll out of Physiotherapy provision to General Practice	Implementation of additional Physiotherapy support to General Practice	
Community Link Workers	Continue existing Health Improvement input to GP Practices	Audit of workload, demand and potential requirements for expansion of service	

Appendix 1

	Service Area	Project Sponsor	Year 1	RAG Status	RAG Commentary	Main Risks
1.	Vaccination Transformation Programme (VTP)	Susan Laidlaw/Susan Webb				
2.	Pharmacy	Chris Nicolson				
3.	Community Treatment & Care Services	Edna Mary Watson				
4.	Urgent Care	Edna Mary Watson Lisa Watt Dylan Murphy				
5.	Additional Professional Roles					
a.	MSK Physiotherapy	Jo Robinson				
b.	Community Mental Health Services	Karen Smith				
6.	Community Links Worker (CLW)	Elizabeth Robinson				
7.	I.T & Data/Information Collection	Craig Chapman				

Key Priority Area	Year 1 2018/19	Status
Vaccination Transformation Programme	• Identify the main Governance issues for immunisation services (informed by Incident Report). • Implement SIRS call recall for all practices / treatment centres (currently only 20% use it) • Develop a training framework for staff, based on a training needs analysis that has been undertaken. • Develop a local model for delivering travel health services (in light of national work that is ongoing) • Develop a model for a 'virtual' immunisation team for vaccination in schools (comprising school nurses, practice and community nurses) • Begin to develop a model for immunisation teams within primary care and the community • Audit BCG immunisations to inform planning for a sustainable model • Develop a plan for seasonal flu immunisation for social care staff (informed by a recent Care Centre flu outbreak).	Ongoing – multi strand work, with training needs being identified. Flu immunisations under way across Health & Social Care
Pharmacotherapy Services	Directors of Pharmacy to develop consistent approach across North of Scotland	In hand
Community treatment and care services	• Implement Skill Mix Practice Nursing team at all 8 of the Board provided Health Centres by August 2018. • Implement Phlebotomy service at each Health Centre/ Practice area by August 2018 • Conduct workload analysis across the service by October 2018 • Develop general practice nursing workforce in alignment with future service model by March 2019 • Host training for nursing workforce as per outcome of NES funding bid by June 2018 • Review leadership/management of general practice nursing by 31 March 2019	Ongoing – skill mix implementation underway and services being developed. Workload analysis in hand and general practice nursing training has commenced.
Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care	• Review current unscheduled care weekend clinics to determine future service model by August 2018. • The Strategic nurse group will agree how to take forward a programme of work to support primary care advanced practice role development and liase with AHP Leads to ensure the work programme also reflects role development for these professions.	Data collated and analysis being completed; Reporting on a quarterly basis
Multi disciplinary team Mental	Redesign of services currently underway to implement an integrated service	In hand, as part of Action 15 workplan

Health:		
Multi disciplinary team OT:	Exploration of mental health occupational therapy input including vocational rehabilitation within General Practice	Initial scoping underway, more data analysis required.
Multi disciplinary team Physio:	Scoping exercise for roll out of Physiotherapy provision to General Practice	Data analysis underway looking at Primary Care type presentations.
Community Link Workers	Continue existing Health Improvement input to GP Practices	This work is continuing, as evidenced by the recent nature prescriptions initiative