Shetland Islands Health and Social Care Partnership

Shetland NHS Board	Shetland Islands Council

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16 January 2019

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Wednesday 23 January 2019 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 8 November 2018 (enclosed).
ITEM	
1.	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 2: July – September 2018 *CC-04*
2.	Financial Monitoring Report to 30 September 2018 *CC-03*
3.	Domestic Abuse and Sexual Violence Strategy 2018-2023 *CC-08*
4.	Mental Health Service Review: Findings and Directions *CC-05*
5.	IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker *CC-01*

Agenda Item

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Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Thursday 8 November 2018 at 2pm** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	**Voting Members** Natasha Cornick Allison Duncan Jane Haswell [Substitute for Shona Manson] Emma Macdonald Robbie McGregor Marjory Williamson **Non-voting Members** Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Maggie Gemmill, Patient/Service User Representative Jim Guyan, Carers Strategy Group Representative 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]	Claire Derwin, Self-directed Support Officer/Care Lead, SIC Sheila Duncan, Management Accountant, SIC Karen Hannay, Support Worker (Carer Projects), Voluntary Action Shetland Jan Riise, Executive Manager – Governance and Law, SIC Lisa Watt, Service Manager Primary Care, NHS Leisel Malcolmson, Committee Officer, SIC *[note taker]*
Apologies	**Voting Members** Shona Manson **Non-voting Members** Susanne Gens, Staff Representative Catherine Hughson, Third Sector Representative

	Sue Beer, Substitute for Third Sector Representative **Observers/Advisers** Ralph Roberts, Chief Executive, NHS
Chairperson	Marjory Williamson, Chair of the Integration Joint Board, presided.
Declarations of Interest	Mr Duncan declared an interests in item 3 "Carers Information Strategy Update" as he is a Director of Voluntary Action Shetland. Ms Watson declared an interest in item 4 "Intermediate Care Team Update" as she is the Service Manager responsible for the intermediate care team.
Minutes of Previous Meetings	The minutes of the meetings held on i) 5 September 2018 and ii) 21 September 2018 were confirmed on the motion of Mr Duncan, seconded by Ms Macdonald, with the exception of the following: 5 September 2018 - Min. Ref. 26/18 "Financial Monitoring Report to 30 June 2018" – Page 4 first paragraph last sentence change to read "…not possible to say…"; and 21 September 2018 – Sederunt – "… substitute for Catherine Williamson" should read "substitute for Catherine Hughson".
34/18	**Annual Chief Social Work Officer Report 2017/18**
Report No. CS-34-18-F	The IJB was presented with an Annual Report 2017/18 by the Chief Social Work Officer that provided information on the functions of the Chief Social Work Officer role and delivery of the local authority's social work services functions. The Vice-Chair expressed concern that the Chief Social Work Officer was not present to answer the many questions that would arise from this report and moved that consideration of the report be deferred to a future meeting where she can be available. Ms Cornick seconded stating that she too had questions to raise. A suggestion was made however that the Chief Social Work Officer's substitute was present and would be able to answer questions. In providing advice to the IJB, the Executive Manager – Governance and Law stated that the IJB do allow extensive powers of substitution and depending on how well Ms Morgan, Acting Chief Social Work Officer, had been briefed it would be appropriate for consideration of this item to proceed, and cautioned that there may be recommendations within the Annual Report that may require a decision. A further suggestion was made that future reports of this nature should focus on matters that were specific to the role and function of the IJB albeit drawn from the Annual Report.

	The Acting Chief Social Work Officer said that she had prepared a briefing for this meeting but did not have an opportunity to be briefed by the Chief Social Work Officer and may not be able to answer every question that might be asked. The IJB agreed that the report be deferred to a future date. The Executive Manager – Governance and Law added that it would be helpful and more efficient use of the IJB's time if a range of questions had been prepared that they were passed in advance to the Chief Social Work Officers so that she can liaise with colleagues and better prepare when the report is presented next to the IJB
Decision	The IJB **DEFERRED** consideration of the report to a future meeting of the IJB.
35/18	**Winter Plan for Ensuring Service Sustainability including the Festive Period 2018-19**
Report No. CC-48-18-F	The IJB considered a report, by the Director of Nursing & Acute Services and the IJB Chief Officer that presented the Winter Plan 2017-18 which described 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, through the winter period. The Chief Officer introduced the report and advised that the same format was used as had been presented before. In responding to a question he advised that although this Plan is considered operational, it is presented each year to the IJB as part of an explicit instruction from the Scottish Government. The Winter Plan is therefore presented to the NHS Board and the IJB to give assurance that services will be provided through the winter and festive season in a way that does not damage the performance of the IJB's Strategic Plan. The Chief Officer explained that a joint advert would be run to help the public understand how to access services over the festive period. He said that a lot of planning had gone into this Plan with good measures being put in place. The Chief Officer explained that a joint meeting will be held between Health and Social Care and Acute Services to do a test run through the Winter Plan. Concern was expressed that the North Isles no longer have their own Pharmacy Services and the Chief Officer was asked what would happen if there were occasions that the ferries do not run for a few days due to bad weather. The Chief Officer said that the Pharmacy Services work hard to ensure that there are sufficient stocks in place for such events. He said patients must take responsibility for ordering their medication to see them through the season but in the event of emergency situations there will be stocks of particular medicines held in the Island surgeries. In providing assurance, the IJB were reminded that emergency procedures are

	in place for any unforeseen situation throughout the year but by planning for the winter season the Plan provides a higher level of assurance that planning has been done. The IJB were reminded that there are other island areas that have no pharmacy service in place so there is experience in this area already. Reference was made to the gritting service and the issues that were raised following concerns expressed by staff working on public holidays. The IJB were informed that the Council's Road Service had presented a report to its Environment and Transport Committee on Interim Measures for this winter following last year's concerns. It was also noted that the Community Health and Care staff can call out the gritting service if there assistance is needed to get to vulnerable patients. In response to concerns regarding Mental Health Service provision over the festive and the IJB were advised that the mental health service will be supported by the out of hours Psychiatry Service this year. Following some discussion it was agreed that the Winter Plan would be amended to clarify this position. Reference was made to pages 19 and 20 of the Winter Plan and Community Care Services. Reassurance was given that the services provided to users over the winter period involves all parties including the client, their families, or anyone named as providing an alternative to 'normal service, to ensure that no one is left not cared for, as well as ensuring that there is not overprovision of care. It was acknowledged that communication is key and where circumstances may change for a family, they can contact the out of hours service and request a visit for their family member. It was acknowledged that this level of support has been well established for some time. It was suggested that more detail be included in the Winter Plan in the future. In terms of spare capacity in care homes, the Chief Officer confirmed that this is used for emergency respite where someone needs short term residential care initially. He said that Care Centres are used as a step up or a step down in the level of care required, as appropriate. In regard to this year's flu fair, the Chief Officer confirmed that there will be figures available on the uptake numbers. He said that there had been a real push to encourage staff working in the care sector to take the offer and flu fairs would be run in localities during the next month. The IJB unanimously approved the Winter Plan 2018-19.
Decision	The IJB **APPROVED** the Winter Plan 2018-19.

36/18	Carers Information Strategy Update
Report No. CC-46-18-F	The IJB considered a report by the Self-directed Support Officer / Carers Lead that provided an update on the progression of the Action Plan for the 2016 -2020 Carers Information Strategy. The Self-directed Support Officer / Carers Lead introduced Karen Hannay who is a Carers Support Worker with Voluntary Action Shetland and is the Chair of the Carer's Strategy Group. The Self Directed Support Officer introduced the report and commented on the good progress made against the previous action plan with new areas added to ensure carers are supported. She advised that the IJB will use the report to estimate local cost to implement the Carers Act over the next financial year with the Carer's Strategy Group. In responding to questions the Carers Support Worker advised that her service works with the Citizen's Advice Bureau to promote the improvements in benefits to carers and for new carers. She also advised that the Scottish Government had introduced a Carer supplement which is an increased carers allowance in line with job seeker's allowance which could amount to £200 over six months if caring since April 2018. The Carers Support Worker advised that there is to be a Carer's Rights Day and there could be more focus put on payments available to carers. Reference was made to the funding received as part of the new Carer's Act and that only £75k was put towards its implementation. It was stated that there are approximately 2000 unpaid carers (self-identified through census) entitled to support plans with only 400 of these formally identified through our recording systems. No consideration has been given to training staff to do the care plans as this is part of the existing With You For You training. The Chief Financial Officer reminded the IJB that £260k was received as part of the overall Scottish Government settlement and that £75k was only the notional sum suggested by the Scottish Government for the implementation of the Carers Act. He said that all known costs associated with the Act have been built into the 2019/20 budgets and that any additional costs will be monitored and factored into subsequent budget setting cycles. The IJB Carer's Representative advised that he would attend a Carer's Collaborative event on 20 November in Edinburgh and it was agreed that he would raise the issue of funding at that meeting. The Self Directed Support Officer advised that the Scottish Government have identified the need for an incremental increase over the first 5 years which will be significantly more than in the first year, and Shetland is likely to receive more funding next year. During further discussion the IJB considered the impact on a carer's work/life/care balance and the harm that being a carer can have on someone and the local economy. It was noted that employers are

	not always supportive and there is a piece of work to understand the impact on the local economy. It was noted that because adult support plans are personalised to individual carers therefore if work/life balance is identified as a need it would be included within the support plan. When discussing budgets and funding for the third sector the Chief Financial Officer said that it was important to consider what the outcomes should be and the best way to achieve that. He said that all future budgets will have Voluntary Action Shetland and Citizen's Advice Bureau services included if they are deemed to be the best value for money solutions to achieve required outcomes. The IJB went on to discuss how information is recorded in terms of who receives the carer benefit and it was acknowledged that young people are not counted as they are considered to be in full time education. The Carers Support Worker advised that there is a duty to provide information as part of a census and this is submitted twice a year. She said that it had created an impetus for stream lined data around carers. Members welcomed the next report that would include costs and activities in order to inform future budgeting. In response to a question on why recording had not been done in the past, the Acting Chief Social Work Officer informed the IJB that the definition of carer had changed and people have agree to be identified as a carer but they can also decline to do so. The Self-directed Support Officer said that improvements in record keeping will be made in light of the new Carers (Scotland) Act as it is now a duty to make census returns, information will be more accurate in the future. The Executive Manager – Governance and Law provided clarity around the decision required at paragraph 1.3 of the report and the importance around the issuing of a direction. He commented that the opportunity to issue a Direction, at the January meeting, should not be missed. At the request of the Chair, it was agreed that the future report would include census data and information on types of care, age and demographic. The IJB unanimously noted and accepted the Action Plan 2016-2020.
Decision	The IJB: • **NOTED** and **ACCEPTED** the progression of the Action Plan for 2016 -2020 Carers Information Strategy in line with enacting the Strategy itself.

	• **NOTED** the new duties it had in relation to Carers under the Carers (Scotland) Act 2016, (see 2.4); and • **NOTED** the funding mechanisms to support the Strategy and recognised 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.
37/18	**Intermediate Care Team Update**
Report No. CC-42-18-F	The IJB considered a report by the Chief Nurse (Community) which presented an update on the progress of the Intermediate Care Team from inception to current date. The Chief Nurse (Community) introduced the report and provided a summary of the update attached to the report. She also reported on the appointments made and the gaps that remain in staffing. In responding to a question she advised that the post of Advanced Nurse Practitioner would be re-advertised in January in the hope to attract someone looking for a new opportunity in the New Year. Reference was made to paragraph 2.5 of the report, and the Chief Nurse responded to a question and advised that in terms of positive outcomes for individuals that in addition to those who had a reduced dependency score following a period of reablement support, that those individuals who maintained their dependency score at a previous, pre illness level, were also recognised as having a positive outcome in that the individual had improved to the extent that they had regained their previous level of independence. Some discussion was held around the issue of car insurance for the NHS crown vehicle and the issues that have arisen as a result of local authority staff, who are part of the integrated team, not being able to drive the vehicle under crown indemnity. The IJB were advised that this was a national issue and that the Chief Financial Officer informed the IJB that a solution was actively being sought and it was agreed that once the issue had been resolved a briefing would be issued to members by email. The IJB commented on the positive report and noted that this demonstrated what integration was about. At the request of the Chair the Chief Nurse explained how the provision of services works across Shetland and the Isles when the core Team is Lerwick based. In considering the decision required the IJB agreed that 1.2 should read "…clinical and care pathways…". It was also noted at paragraph 1.3 that the Intermediate Care Team updates would now be provided in the standard quarterly performance reports.

Decision	The IJB: • **NOTED** the update provided on the progress of the Intermediate Care Team from inception to current date; • **AGREED** the Intermediate Care Team had become a key part of the clinical and care pathways locally for supporting the shifting the balance of care agenda and as such should be considered as business as usual; • **AGREED** any further reporting to the Integration Joint Board should be provided in the standard quarterly performance reporting.
38/18	**Primary Care Improvement Plan Update**
Report No. CC-43-18-F	The IJB considered a report by the Service Manager Primary Care that presented the updated Primary Care Improvement Plan, as per the requirements of the Scottish GP Contract (the contract), which came into effect on 1 April 2018. The Service Manager Primary Care introduced the report and explained the purpose of presenting the plan that had not changed and advised that the Action Plan had been presented to provide an update. The Service Manager Primary Care informed the IJB that there had been a lot of data gathering and analysis from the data coming from services and a Health Care Support Workers had been appointed as per the initial actions in the plan. She explained that the funding had gone through without issue and the intention would be to do work around primary care premises and provision with a report brought forward in January 2019. The Senior Clinician – Senior Nurse advised that during a visit from the Scottish Government's General Practice Nursing Team there had been very positive comments made about the work in progress and they were holding Shetland up as an exemplar. Concern was raised in regard to the vaccination services set out in page 7 of the appendix and how that service would be administered and how the workload can be accommodated. The Service Manager Primary Care advised that the Hillswick Surgery is already the Yellow Fever Centre for Shetland so vaccines are not only administered in Lerwick. She said that the issue with travel vaccines is the number of staff that have retired and on the face of it, it appeared that there was not enough throughput to keep skills up. She explained that in places such as Aberdeen vaccines are carried out through a community pharmacy service but Shetland is not equipped for that. She explained that demand needs to be met in a structured way, and that the Senior Clinician – Senior Nurse was heading a team that had highlighted that the demand is greater

	than expected but there is a need for one person to have oversight of the process. In responding to a further question the Service Manager – Primary Care said that there is no specific obligation on the NHS to provide this service but if there is no provider and someone were to contract malaria, for example, it was in the interest of the health service to provide the vaccine service. The Senior Clinician – Senior Nurse explained that the Team Leader who is currently providing the Travel vaccination service assesses all the patients and prescribes the vaccines but it would then be administered by a practice nurse. She explained the numbers of people waiting to be treated and said that there is not currently sufficient capacity to provide this service and therefore further staff would undergo training at the end of November and the service model reviewed to provide a Shetland wide service. She added that this service had the potential to be income generating for the IJB. Reference was made to the Asset and Property implications paragraph and it was suggested that there were implications as there is a need to use other buildings. It was noted that there were no implication on the existing properties but there are implication in terms of financial risks due to the costs of using other buildings. The Service Manager - Primary Care said that she would amend the wording of the paragraph for clarity in the future. The IJB discussed the matter of training required for GPs and other professionals. It was agreed that the matter of training for GPs and other professionals would be raised as an issue for future budgeting. In responding to a question regarding Practice core hours, referred to at page 156 it was noted that the matter of extended hours had been raised with the Scottish Government. The Service Manager – Primary Care advised that Shetland is unable to attract all the funding available whereas independent practices can. She said however that opening hours will be looked at and how the service can be delivered to help working people and carers who need a service that is fit for 2018. At the request of the Chair the Senior Clinician – Senior Nurse provided an update on the key priorities in Appendix 2 and she advised that she would provide a briefing on general practice nursing. The Chair further requested that more detail be included in future reporting of Appendix 2, on how far along towards completion the actions are.
Decision	The IJB: • **NOTED** the submitted Primary Care Improvement Plan;

	• **COMMENTED** on the progress outlined in the Action Plan; • **INSTRUCTED** 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.

The meeting concluded at 4pm.

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Chair

Shetland Islands Health and Social Care Partnership

Agenda Item
1

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	23 January 2019
Report Title:	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 2: July – September 2018	
Reference Number:	CC-04-19-F	
Author / Job Title:	Simon Bokor-Ingram, Director of Community Health and Social Care / IJB Chief Officer and Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board:

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

b) APPROVE the retention of the current performance objectives and targets in respect of the Ministerial Strategic Group Key Performance Indicators 2019-20 (Appendix 3).

2.0 High Level Summary:

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

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

2.2 This Report presents an overview of progress towards delivering on the Strategic Plan.

2.3 The key areas highlighted this quarter are listed below:

Strategic Planning	**Service Performance**
Update of Strategic Plan	Key Performance Indicators
	Focus on Links to the Shetland Partnership Plan's 'Participation' ambitions
	Focus on .... Psychological Therapies
	Focus on .... Alcohol Brief Interventions
	Publication of the National Performance Framework
	Review of Ministerial Strategic Group Key Performance Indicators 2019-20
Risks	
Brexit – New Risk	

3.0 Corporate Priorities and Joint Working:

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

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

3.3 Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.

4.0 Key Issues:

4.1. **Strategic Planning**

Update of the Strategic Plan

4.1.1 The refresh of the Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan is currently subject to consultation through a range of committees and professional groups. The Chair of the Clinical Care and Professional Governance Committee has arranged for a comprehensive assessment of the process and content of the plan to be carried out in order to support the IJB in its deliberations on the final version of the Plan, once submitted for approval (scheduled for the March 2019 cycle of meetings).

4.1.2 The exercise to align the Strategic Plan with the Financial Plan – especially with regard to NHS Shetland's finances – is ongoing.

Service Performance

4.2 Key Performance Indicators and Trends

4.2.1 The detailed quarterly performance report for Quarter 2 of 2018-19, July – September 2018, is included at Appendix 1 (A-E), as follows:

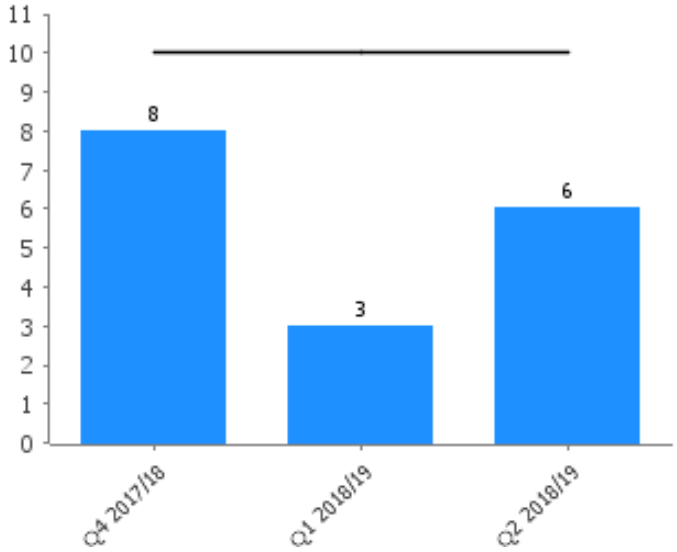
- Appendix 1 (A) – Projects and Actions
- Appendix 1 (B) – Council Wide Indicators
- Appendix 1 (C) – Annual Operational Plan
- Appendix 1 (D) – Directorate Performance Report
- Appendix 1 (E) – National Integration Indicators

4.2.2 Percentage of people who have achieved, or mostly achieved, their agreed outcomes

A new indicator is being developed by the Adult Social Work service to assess the % of people who have achieved, or mostly achieved, their agreed outcomes after assessment.

4.2.3 Number of people waiting for a permanent residential placement

The target is to have less than 10 people waiting for a permanent residential placement and the service is currently operating within target.



4.2.4 Decay experience of children in P1: Percentage of children with no obvious cavities in deciduous teeth

This data gives the prevalence of dental decay in one age group (P1 or P7) each year, as a percentage of the total child population. Shetland has recorded the 2nd best performance in Scotland (81.9%) for the latest reporting period and is well ahead of the Scottish rate of 71.1% and the local target of 75%.

4.2.5 Overall, how would you rate your help, care or support services?

This data is from the national Health and Care Experience Survey which is undertaken every 2 years. Shetland has recorded a rate of 86%, which is well above the national rate of 80%.

4.3 Focus on Shetland Partnership Plan and 'Participation'

4.3.1 At the IJB Meeting on 20 June, an action was agreed to:

"Report back how the IJB are clearly engaging with Shetland Partnership in planning and public engagement in a cohesive and efficient way at locality level".

4.3.2 Representatives were invited to attend the Shetland Public Engagement Network on 22 October 2018. It was an opportunity to share ideas and work out ways to work collaboratively towards the over-arching ambition to ensure that 'People participate and influence decisions on services and use of resources', as set out in the Participation section of the approved Plan. The Shetland Partnership is currently in the process of developing a 'Delivery Plan' to set out clearly how the ambitions in the Plan will be taken forward.

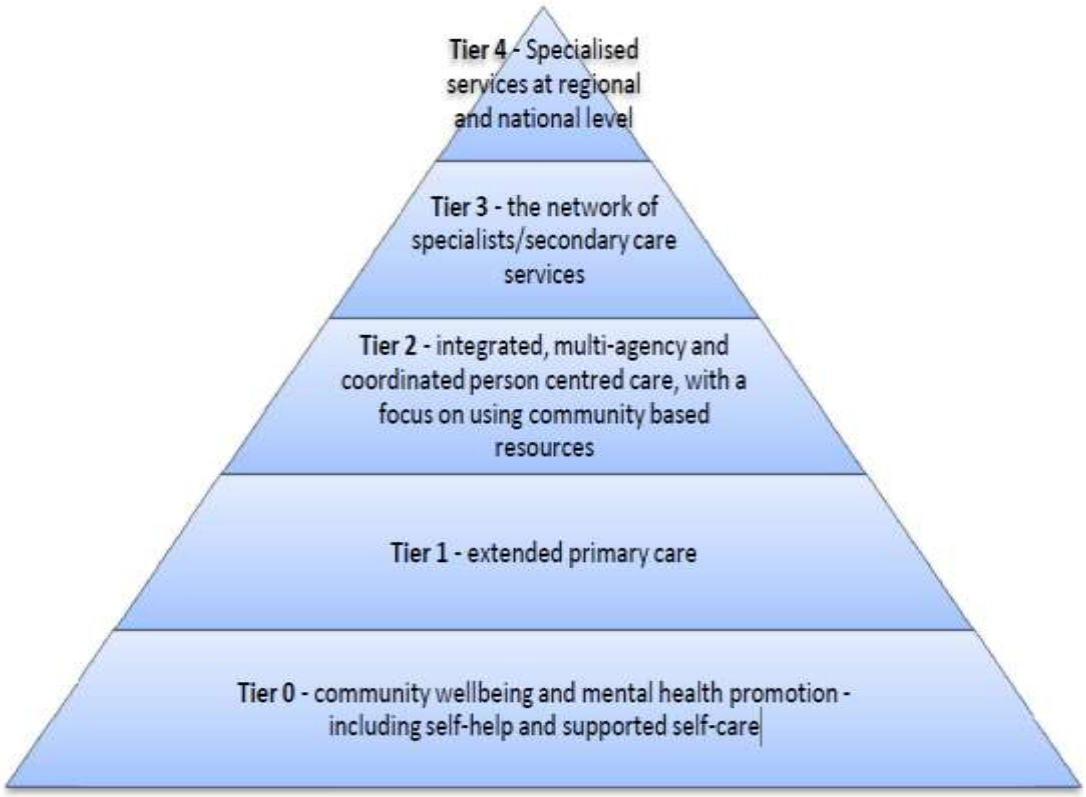
4.4 Focus on .... Psychological Therapies

4.4.1 The IJB requested more detail on the actions being taken to address performance on Psychological Therapies and the current key actions and activities, provided by the Head of Mental Health, are set out below.

"There has been a steady increase in referrals to the Psychological Therapies team in Shetland over the last 3 – 4 years. This is due to a number of factors:

- Appointment of a Consultant Clinical Psychologist – there is now a service to refer to for complex cases.
- Increase in the population's awareness of mental health issues and the need to ask for help.
- Lack of understanding for referrers that lower level cases can self manage and/or be signposted to the 3rd sector.

The diagram below sets out the levels of service for Mental Health – known as Tiers of service.



Actions taken within the above Tiers: -

Tier 0 –

- Menu of services highlighting local provision within the Tiers to enable mainstream referrers to signpost to the most appropriate service at the right time – COMPLETED
- Evidence based self help support materials to be distributed widely – BY MARCH 2019
- Guided self help support – BY MARCH 2019

Tier 1 –

- Behavioural Activation; currently being evaluated and reviewed – FEB 2019
- Safety and Stabilisation training – COMPLETED
- Stress Control; possible delivery in July 2019 – subject to evaluation of delivery within other Boards.

Tier 2 –

- Review of Mental Health services and implementation of action plan – ONGOING and see separate Report on agenda
- Exploring possibility of telephone triage for Talking Therapies Service – March 2019

Tier 3 –

- Survive and Thrive group therapy – first delivery FEB 2019 (group names

currently being established)

- Fixed term therapist to work through waiting list – advert out JAN 2019
- Funding to be secured for permanent additional 8a Clinical Psychologist – APRIL 2020"

4.5 Focus on .... Alcohol Brief Interventions

4.5.1 At the September IJB meeting, members asked for more detailed information on the action to 'Sustain and Embed Alcohol Brief Interventions', especially with regard to on-line training. More detail has been provided by the Public Health Principal, as set out below.

> "On-line training courses have been identified in England. The Public Health Department is waiting for similar programmes to be developed in Scotland which reflect the Chief Medical Officers' low-risk drinking guidelines and which are suitable for delivery through local training systems.
>
> NHS Shetland is back on target for delivery of ABIs this financial year. Work is still needed to ensure delivery is done in Primary Care settings (which is where most of the evidence of effectiveness comes from).
>
> There is a long term issue with recording of data for which there is no obvious solution at present. There is currently no systematic method of recording ABIs in some settings, including dental and community nursing.
>
> The new Govt 'Changing Our relationship with Alcohol' publication contains commitment to review the evidence on current delivery of Alcohol Brief Interventions to ensure they are being carried out in the most effective manner. This will look at how they are working in primary care settings – where the evidence is strongest – and whether there would be benefit in increasing the settings in which they are delivered.
>
> Training continues to be delivered to front line staff".

4.6 Publication of the National Planning Framework

4.6.1 The Scottish Government has recently published an update of the National Planning Framework which sets out their vision for the country as a whole and the outcomes that public, private, third sector and communities can work together on to deliver improvements across all sectors – social, economy and the environment. There are 11 Outcomes and 81 Indicators, included at Appendix 2. Whilst there is a specific outcome on Health – 'We are Healthy and Active' - health and care services will also contribute to most of the 11 Outcomes. The national Indicators specific to health are:

- Healthy Life Expectancy
- Mental Wellbeing
- Healthy Weight
- Health Risk Behaviours
- Physical Activity
- Journey by Active Travel

- Quality of Care Experience
- Work Related Ill Health
- Premature Mortality

4.6.2 The refresh of the Strategic Plan includes 6 key indicators which are aligned with the national approach. It would seem reasonable to include most of the 9 indicators in the refresh of the Strategic Plan to acknowledge the range and depth of issues which contribute to our population's health.

4.7 Review of Ministerial Strategic Group Key Performance Indicators 2019-20

4.7.1 The IJB are invited to review the Targets and Objectives for the Ministerial Strategic Group's Key Performance Indicators for 2019-20. The Scottish Government supports a focus on six key service areas through the use of ten performance indicators covering:

- Number of emergency admissions
- Admissions from Accident and Emergency
- Number of unscheduled hospital bed days; acute specialties
- Number of unscheduled hospital bed days; long stay specialties
- Accident and Emergency Attendances
- Percentage of attendances at Accident and Emergency seen within 4 hours
- Delayed discharge bed days
- Percentage of last six months of life by setting
- Number of days by setting during the last six months of life
- Balance of care: Percentage of population in community or institutional settings

4.7.2 Shetland generally performs well across these indicators. Appendix 3 analyses the trends on each of the indicators in turn and provides a note of the improvement actions in place to maintain, or improve, performance. These indicators are also included at Appendix 1 (E) and reported on a regular basis to the IJB. It should be noted that our numbers are low so statistical variation is expected and an adverse event can significantly alter the performance trends. The conclusion reached is that the current performance targets and objectives remain valid and appropriately challenging.

4.8 **Complaints**

4.8.1 Appendix 1 (F) includes a report on complaints.

4.9 Risks

4.9.1 Appendix 1 (G) shows the Risk Register and the status of each of the strategic risks.

4.9.2 A new risk has been identified with regard to the operational risk on continued service delivery due to the uncertainty surrounding the UK leaving the EU, the so called 'Brexit' arrangements. Each partner organisation is working up plans in

response to various scenarios to mitigate as far as possible any impact on service delivery. However, many arrangements are determined at a national level so there is limited opportunity for local organisations to influence planning activities beyond providing good information and maintaining clear lines of communication with staff and through established procurement routes.	
5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Strategic Commissioning Plan sets out several strategic change programmes. This work is intended to put in place service models which are equitable, affordable and sustainable, during the life of the Plan. This work is in recognition of the increasing demand for services, alongside reducing resources and staff recruitment challenges.
6.2 Human Resources and Organisational Development:	There are no specific issues to address for HR.
6.3 Equality, Diversity and Human Rights:	There are no specific issues to address with regard to equality, diversity and human rights.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services. The IJB must monitor performance with regard to the functions delegated to the IJB by SIC and NHSS (the Parties) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB and the Parties must share information in this regard. Performance monitoring allows the IJB to measure performance and monitor progress against delivery of the Strategic Plan and achieving agreed national and local outcomes.
6.5 Finance:	Regular and effective monitoring of service delivery and funding arrangements will allow the IJB to make strategic commissioning decisions regarding the choices over which services should be provided, at what level and in what location in accordance with the financial allocations made available by the funding partners.
6.6 Assets and Property:	There are no specific issues to address with regard to assets and property.

6.7 ICT and new technologies:	There are no specific issues to address for ICT and new technologies.	
6.8 Environmental:	There are no specific environmental implications to highlight.	
6.9 Risk Management:	There are no specific risks to address in the consideration of this Report.	
6.10 Policy and Delegated Authority:	The IJB is responsible for the oversight of service delivery of its delegated functions through the Chief Officer.	
6.11 Previously considered by:		

Contact Details:
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7January 2019

Appendices
Appendix 1 Performance Report (A-E Performance, F Complaints, G Risks)
Appendix 2 National Performance Framework
Appendix 3 Review of Ministerial Strategic Group Key Performance Indicators

Appendix B - Council-wide Indicators - Community Health & Social Care

Shetland Islands Council

Generated on: 03 January 2019 12:41

Code & Short Name	Previous Years		Quarters			(past) Performance & (future) Improvement Statements
	2016/17	2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	
	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2231	2235	2235	2259	2236	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-E Staff Numbers (FTE) - Community Health & Social Care Directorate	532	532	532	526	522	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4A-E+NHS Staff Numbers (FTE) - Community Health & Social Care Directorate inc. NHS	743.82	712.37				These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sickness Percentage - Whole Council	3.1%	4.0%	5.2%	3.9%	3.5%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	5.2%	6.3%	6.9%	5.0%	5.5%	Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.
OPI-4E Overtime Hours - Whole Council	87,608	102,909	24,699	23,018	23,976	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-E Overtime Hours - Community Health & Social Care Directorate	2,231	7,184	888	581	898	Continues to be actively monitored
OPI-4G Employee Miles Claimed - Whole Council	1,284,834	1,244,630	313,216	311,688	278,015	
OPI-4G-E Employee Miles Claimed - Community Health & Social Care Directorate	667,557	640,990	155,699	152,743	146,714	
E01 FOISA responded to within 20 day limit - Health & Social Care Services	95%	94%	93%	96%	82%	Continue to strive to meet target.

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

Shetland Islands Council

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

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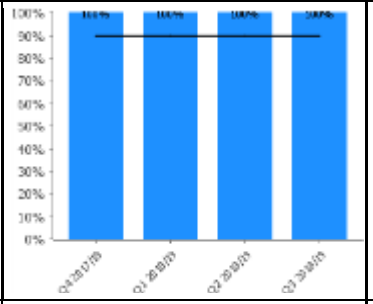
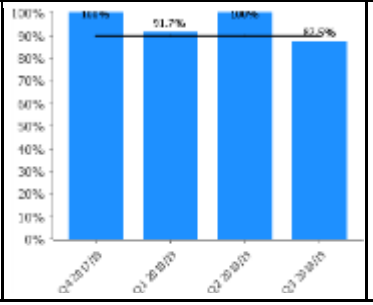
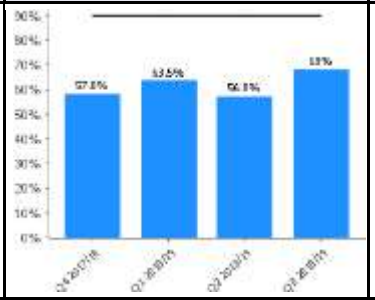
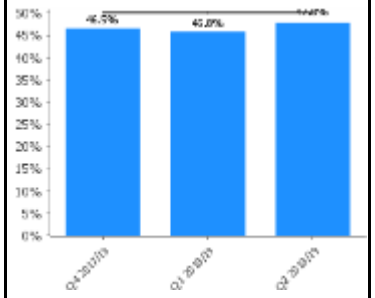
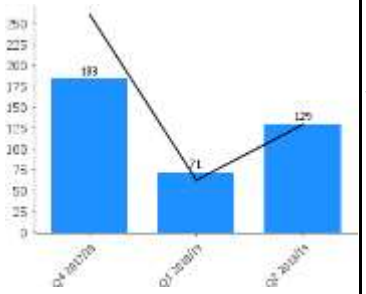
	Previous Years				Last year	This year	
Code & Short Name	2014/15	2015/16	2016/17	2017/18	Q2 2017/18	Q2 2018/19	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	
OPI-4C Sickness Percentage - Whole Council	4.2%	3.7%	3.1%	4.0%	3.4%	3.5%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.0%	5.6%	5.2%	6.3%	5.6%	5.5%	Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.

Appendix C - Directorate Performance Report - Annual Operational Plan: Quarterly Measures

Generated on: 03 January 2019

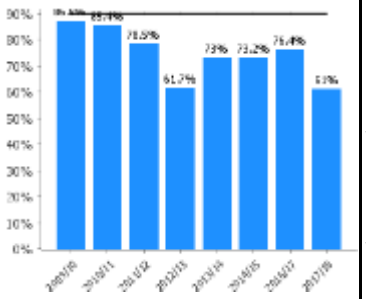
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	91.3%	90%	97.1%	90%	100%	100%	100%	90%			
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	88.9%	90%	96.6%	90%	100%	91.7%	100%	90%			

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	77.6%	90%	55.4%	90%	57.8%	63.5%	56.8%	90%			
CH-MH-04 People with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker)	44.9%	50%	46.5%	50%	46.5%	45.8%	47.8%	50%			25-Oct-2018 Note: this is an interim measure showing the percentage of people with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker) as national data is not yet available. 129 of 270 cases. Continuing to promote the value of having this support to all patients at point of diagnosis, but it is down to individual choice as to whether they take up the offer.

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	207	261	183	261	183	71	129	129			01-Nov-2018 Improved recording of ABIs delivered during other interventions (eg Counterweight) means that our numbers have increased and we are back on trajectory. The additional training that is being delivered should start to show results soon; however we are still struggling with recording issues in A&E. Split is as follows: Primary Care = 37, A&E = 4, Antenatal = 1 and Other Settings = 87.

Appendix C (cont)- Directorate Performance Report - Annual Operational Plan: Annual Measures

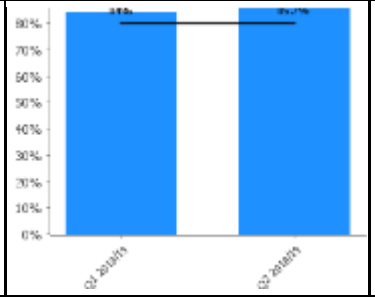
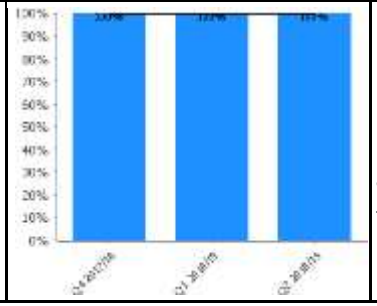
Generated on: 03 January 2019

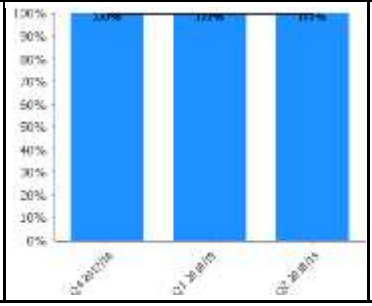
Indicator	Years			Current Target	RAG Status	Graphs	Note
	2015/16	2016/17	2017/18	2017/18	2017/18		
	Value	Value	Value	Target	Status		
CH-PC-02 Advance booking - GP Practice Team	N/A	76.4%	61%	90%			04-Jun-2018 Large decreases seen nationally and locally in 2017-18 survey, but a more significant decrease locally. Patients who need to speak with a clinician within 48 hours can do so and practices also all offer advance appointments with a member of the practice team. National data only produced every 2 years - next publication due in May 2020.

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

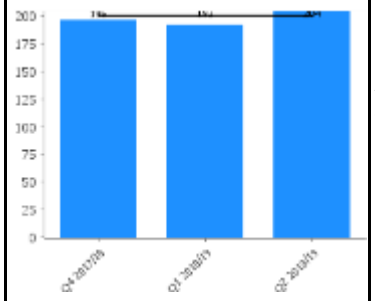
Generated on: 03 January 2019

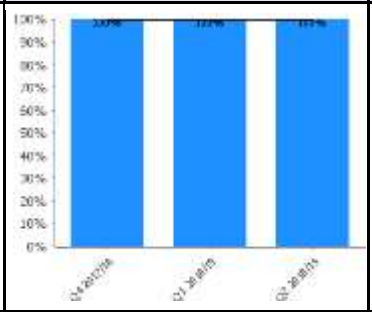
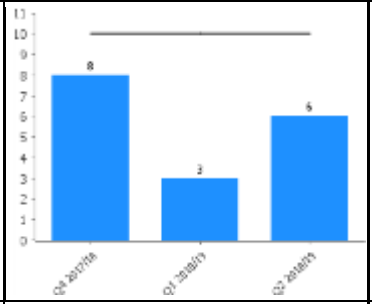
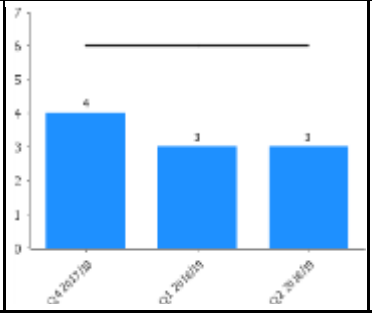
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

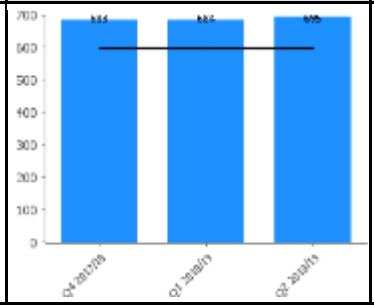
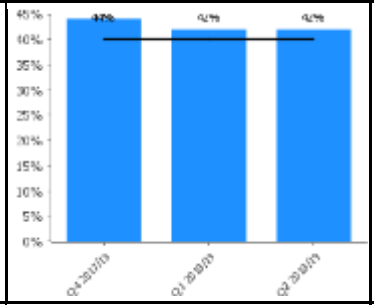
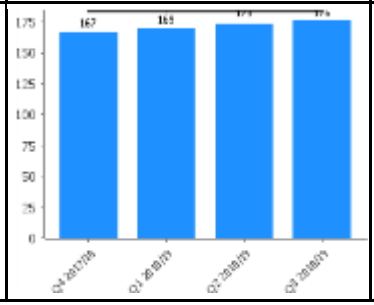
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
ASW003 Percentage of outcomes for individuals are met	N/A	N/A	N/A	N/A		84%	85.7%	80%			12-Oct-2018 New indicator under development - the % of people who have achieved, or mostly achieved, their agreed outcomes after assessment.
PC002 Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre	100%	100%	100%	100%	100%	100%	100%	100%			23-Nov-2018 Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day.

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PC004 Percentage access to a Primary Care health professional for an appointment within 48 hours at any Shetland Health Centre	100%	100%	100%	100%	100%	100%	100%	100%			23-Nov-2018 Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours.

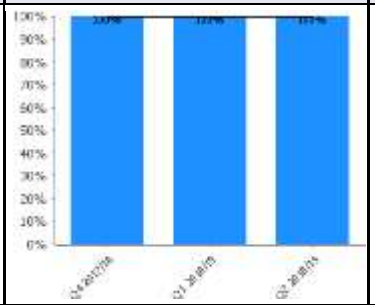
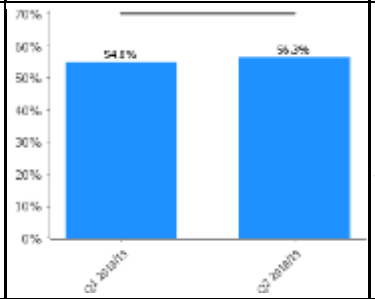
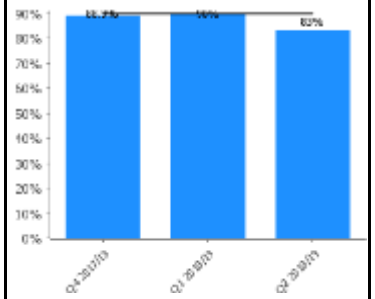
Outcome 2 - People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CCR007 Number of 65 and over receiving Personal Care at Home.	204	200	196	200	196	192	204	200			12-Oct-2018 Personal care is offered to those who need it. Assessments are thorough and the Council's policy of reablement, which includes a six week period of free support, has helped us to achieve good performance over a number of years.

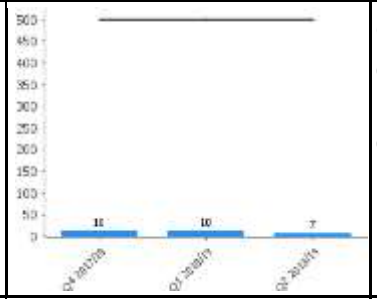
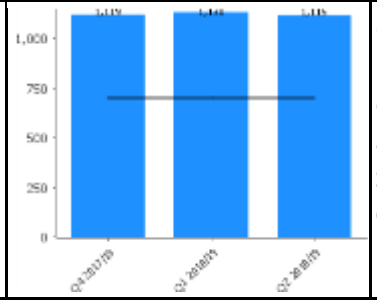
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CN002 Percentage of early supported discharges with no readmission in 30 days by Intermediate Care Team	90%	100%	100%	100%	100%	100%	100%	100%			07-Jan-2019 12 patients discharged by the Team in this quarter. Of these 12, 4 were Early Supported Discharge from Hospital, 4 were Discharge Home from Care Home and 4 were Prevention of Admission to Hospital.
CCR009 Number of people waiting for a permanent residential placement.	5	10	8	10	8	3	6	10			12-Oct-2018 Target to have less than 10 people waiting for a permanent residential placement. Currently within target.
MH002 Admissions to Psychiatric Hospitals	18	24	20	24	4	3	3	6			

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)	653	599	683	599	683	684	695	599			18-Oct-2018 Technology enabled care continues to be used wherever possible to support people to live as independently as possible.
CH-SC-01 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home	51%	40%	44%	40%	44%	42%	42%	40%			13-Aug-2018 Enabling people to be as independent and safe as possible remains one of our primary aims. We continue to provide appropriate support in people's own home to assist in achieving this.
MD-MH-01 People with a diagnosis of dementia on the dementia register	170	184	167	184	167	169	173	184			

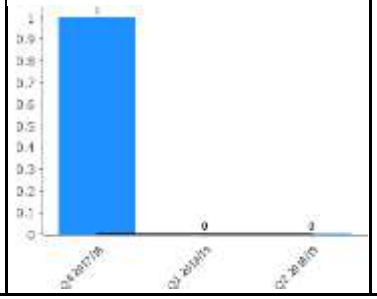
Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ002 Percentage of new Community Payback Orders (Supervision) seen within 5 working days of the order being made	90.9%	100%	93.75%	100%	100%	100%	100%	100%			
ASW001 Percentage of assessments completed on time	91%	100%	79.5%	100%		54.8%	56.3%	70%			12-Oct-2018 Assessment data is now extracted from our recording system and completion rates should rise when recording issues are resolved.
ASW002 Percentage of reviews completed on time	89%	100%	88.9%	100%	88.9%	90%	83%	90%			12-Oct-2018 Percentage of all reviews completed within 7 days of due date. Reviews often miss target dates due to a number of factors such as availability of client or family member or a change of circumstances. Target reset to more realistic 90%

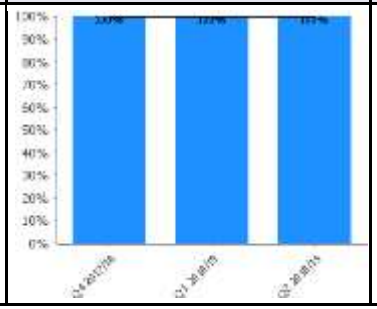
Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users

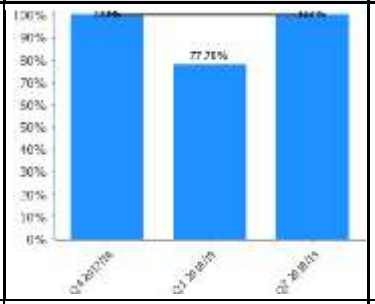
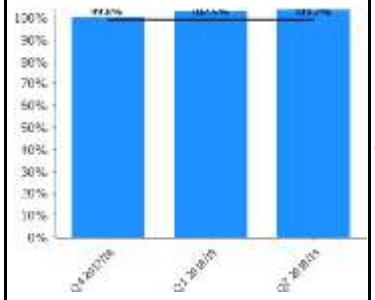
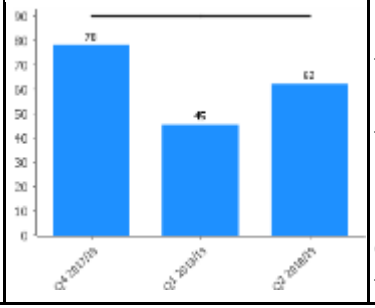
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing Care	572	500	10	500	10	10	7	500			06-Dec-2018 Source: Local data. Despite waiting, all these people are able to access NHS dental care elsewhere.
CN001 Number of Anticipatory Care Plans in Place	1,061	700	1,119	700	1,119	1,130	1,115	700			07-Jan-2019 Continued progress with implementation of Anticipatory Care Plans across the Partnership. End of Sept 1115 eKIS Anticipatory Care Plans in place.

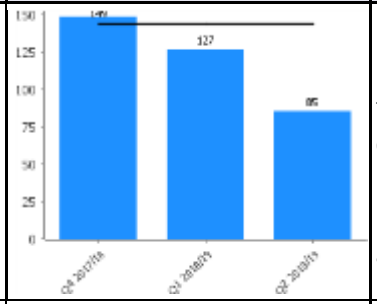
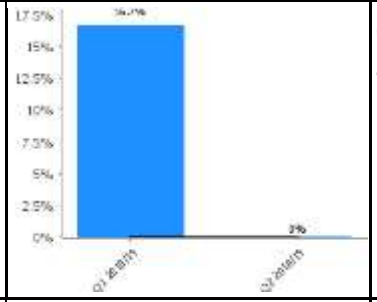
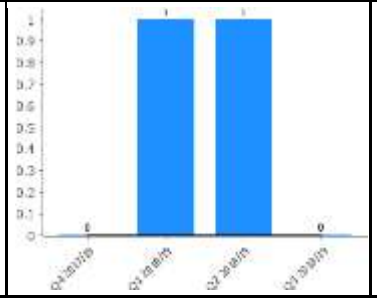
Outcome 6 - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder	2	0	4	0	1	0	0	0			

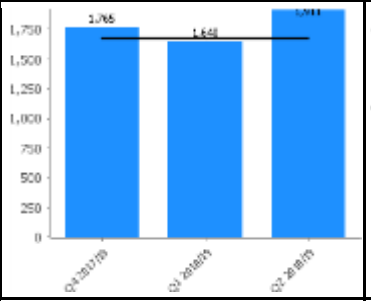
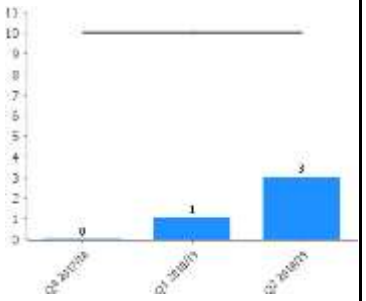
Outcome 7 - People who use health and social care services are safe from harm

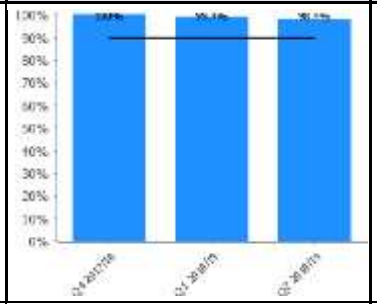
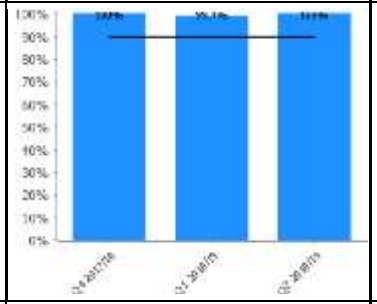
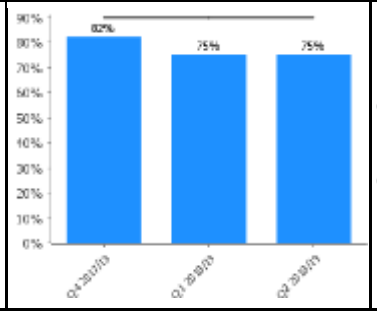
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ001 Percentage of Criminal Justice Social Work Reports submitted to Courts on time	100%	100%	100%	100%	100%	100%	100%	100%			

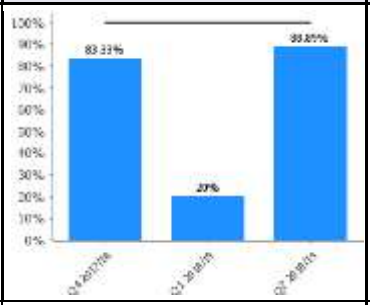
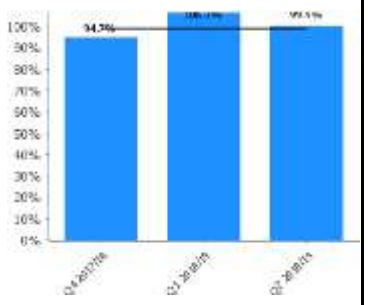
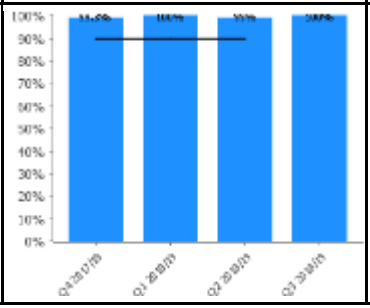
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ004 Risk and need assessment completed and case management plans in place within 20 days	100%	100%	94.29%	100%	100%	77.78%	100%	100%			
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average	101.2%	99%	99.8%	99%	99.8%	102.5%	103.2%	99%			12-Dec-2018 In general we are expecting less antibiotics to be prescribed in Shetland than in the Scottish population. This is not always achievable and prevalence of infection in Shetland does not always coincide with national prevalence figures.
PPS003 Number of polypharmacy reviews completed	383	360	298	360	78	45	62	90			12-Dec-2018 We are below target due to training of new member of staff, and covering the hospital pharmacist maternity leave. Primary care pharmacist being trained to deliver polypharmacy reviews throughout 2018-19.

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff	164	192	496	576	149	127	85	144			12-Dec-2018 Good discharge planning continues to reduce the need for nurses to dispense medicines out of hours. Dispensing by pharmacy is always more appropriate.
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter	0%	0%	0%	0%	0%	16.7%	0%	0%			07-Jan-2019 No catheter associated infections identified in latest audit cycle
CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	0	0	0	0	1	1	0			

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

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS002 The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	2,083	1,670	1,765	1,670	1,765	1,640	1,911	1,670			06-Dec-2018 Increase due to retirement of one of our PDS dentists.
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	1	10	0	10	0	1	3	10			12-Oct-2018 To achieve the nationally agreed referral to assessment timescales we have initiated a number of initiatives including streamlining our referrals and screening processes, reviewing all processes, and reconfiguring the team into a north and a south team to gain staff efficiency

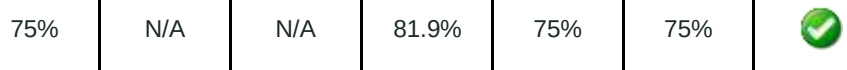
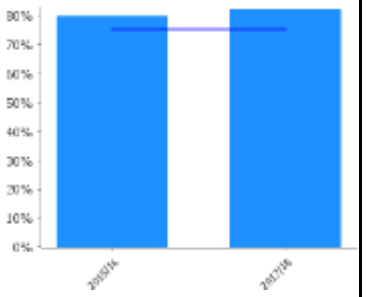
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP002 Percentage Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	99.4%	90%	100%	90%	100%	99.4%	98.4%	90%			
AHP004 Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	98.6%	90%	100%	90%	100%	99.4%	100%	90%			
CCR005 Occupancy of care homes	85.75%	90%	82.9%	90%	82%	75%	75%	90%			12-Oct-2018 Increased use of permanent beds for enablement and respite care means occupancy levels decrease. Effectiveness of care provided at home results in less demand for residential beds.

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ003 Unpaid Work commenced within 7 working days	80.9%	100%	71.05%	100%	83.33%	20%	88.89%	100%			
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average	95%	99%	94.7%	99%	94.7%	106.3%	99.9%	99%			12-Dec-2018 Shetland has traditionally spent less on medicines per patient. The costs per patient are increasing and there will be a need to undertake additional prescribing efficiency work to maintain the current position.
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	99.3%	90%	99.3%	90%	99.3%	100%	99%	90%			

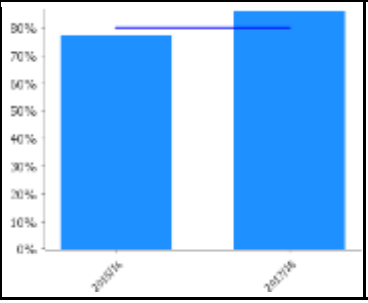
Appendix D (cont) - Directorate Performance Report - Outcomes 1-9: Annual Measures

Generated on: 03 January 2019

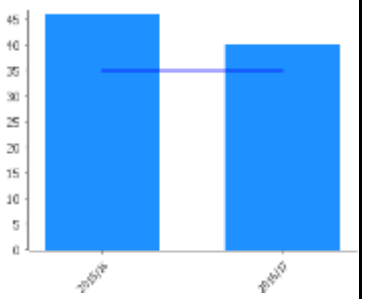
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2015/16		2016/17		2017/18		2017/18	2017/18		
	Value	Target	Value	Target	Value	Target	Target	Status		
DS001a Decay experience of children in P1: Percentage of children with no obvious caries in deciduous teeth	79.4%	75%	N/A	N/A	81.9%	75%	75%			23-Oct-2018 Source: NDIP data. Gives prevalence of dental decay in one age group (P1 or P7) each year, as a percentage of the total child population. 2nd highest rate in Scotland and well ahead of the Scottish rate of 71.1%. Next P1 data release due Oct 20.

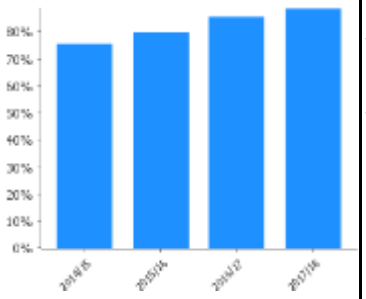
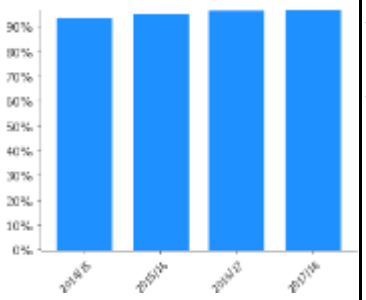
Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2015/16		2016/17		2017/18		2017/18	2017/18		
	Value	Target	Value	Target	Value	Target	Target	Status		
ASW004 Overall, how would you rate your help, care or support services?	77%	80%	N/A	N/A	86%	80%	80%			23-Nov-2018 Health & Care Experience Survey 2 yearly data. Well above the national rate of 80%.

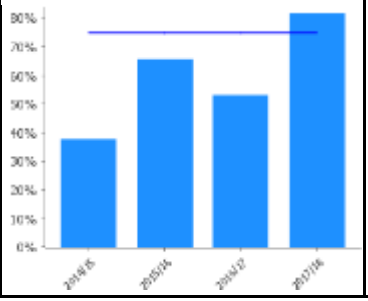
Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users

Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2015/16		2016/17		2017/18		2017/18	2017/18		
	Value	Target	Value	Target	Value	Target	Target	Status		
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills	46	35	40	35	TBC	35	35			14-Dec-2018 Adults with learning disability, autistic spectrum disorder and/or complex needs supported to have a safe, healthy, active life. Self-care and enablement approaches are promoted. Certificates issued to 40 adults. Note: academic year is Aug to Sept. 2017/18 data to be published in Q3 report.

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

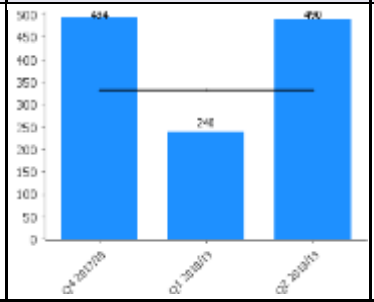
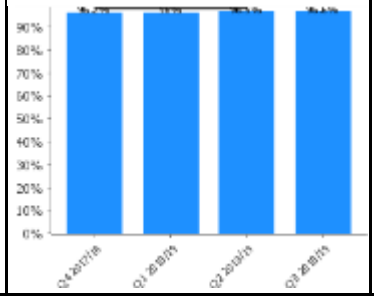
Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2015/16		2016/17		2017/18		2017/18	2017/18		
	Value	Target	Value	Target	Value	Target	Target	Status		
DS003a The percentage of the adult populations who are registered with Shetland dentists for NHS dental care	79.8%	80.0%	85.2%	80.0%	88.3%	80.0%	80.0%			03-Sep-2018 Target is to see a net rise in registration figures. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity. Next data available January 19.
DS003c The percentage of the child populations who are registered with Shetland dentists for NHS dental care	94.85%	90.0%	96.45%	90.0%	96.8%	90.0%	90.0%			03-Sep-2018 Target is to see a net rise. Registration brings with it the responsibility to provide on-going care, for which the PDS alone does not have sufficient capacity. Larger rises are therefore dependent on an independent NHS practice opening alongside the Public Dental Service to increase capacity. Next data available Jan 19.

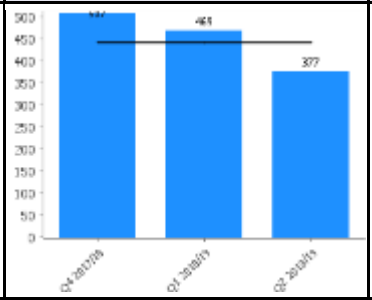
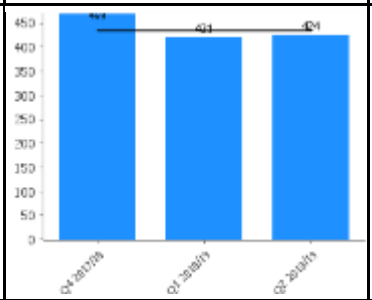
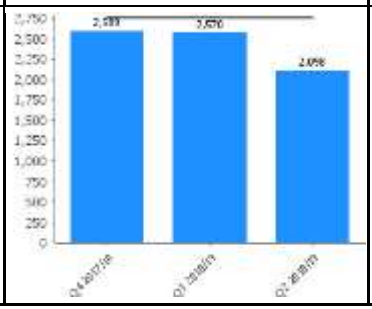
Outcome 7 - People who use health and social care services are safe from harm

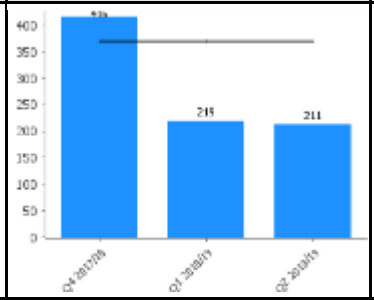
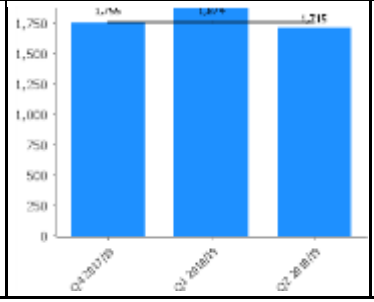
Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2015/16		2016/17		2017/18		2017/18	2017/18		
	Value	Target	Value	Target	Value	Target	Target	Status		
CJ005 Percentage of individuals showing a decrease in assessed risk and need at end of order	65.4%	75%	52.94%	75%	81.48%	75%	75%			

Appendix E - National Integration Performance Indicators: Quarterly Measures

Generated on: 03 January 2019

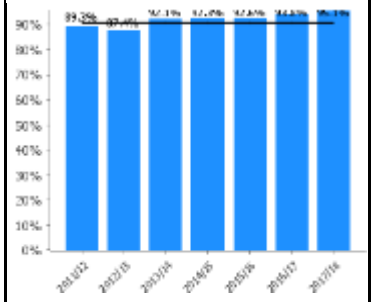
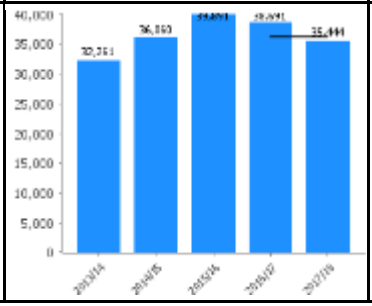
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
E19 Number of days people spend in hospital when they are ready to be discharged (NIPI04)	N/A	N/A	1,499	333	494	240	490	333			
NA-EC-01 A&E 4 Hour waits (NIPI03b)	96.1%	98%	96.5%	98%	96.2%	96%	96.5%	98%			

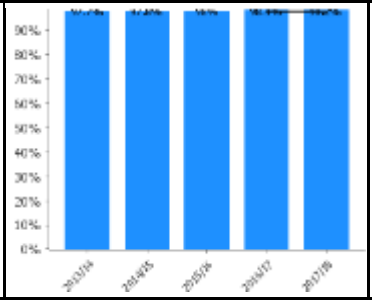
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
NIPI01a Number of emergency admissions	N/A	N/A	1,997	1,764	507	469	377	441			30-Nov-2018 Objective - maintain current position within Peer Group. (Monthly average was 147 over 12 months Jan to Dec 2017)
NIPI01b Number of admissions from A&E	N/A	N/A	1,774	1,740	469	421	424	435			30-Nov-2018 Objective - maintain current position within Peer Group. (Monthly average was 145 over 12 months Jan to Dec 2017)
NIPI02a Number of unscheduled hospital bed days; acute specialties	N/A	N/A	10,963	2,760	2,589	2,570	2,098	2,760			30-Nov-2018 Objective - maintain current position within Peer Group. (Monthly average was 920 over 12 months Jan to Dec 2017)

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		Q4 2017/18	Q1 2018/19	Q2 2018/19	Q2 2018/19	Q2 2018/19		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
NIPI02b Number of unscheduled hospital bed days; long stay specialties (mental health)	N/A	N/A	1,623	1,476	416	219	211	369			30-Nov-2018 Objective - maintain current position within Peer Group. (Quarterly average was 369 over 12 months Jan - Dec 17)
NIPI03a A&E attendances	N/A	N/A	7,110	7,044	1,755	1,874	1,715	1,761			30-Nov-2018 Objective - maintain current position. (Monthly average was 587 over 12 months Jan - Dec 17)

Appendix E (cont) - National Integration Performance Indicators: Annual Measures

Generated on: 03 January 2019

Indicator	Years			Current Target	RAG Status	Graphs	Note
	2015/16	2016/17	2017/18	2017/18	2017/18		
	Value	Value	Value	Target	Status		
E15 Proportion of last 6 months of life spent at home or in community setting (NIPI05a)	92.6%	93.8%	95.1%	90.8%			29-May-2018 Note: provisional data. Best performing partnership in Scotland by some margin. Managed Clinical Network for Palliative Care established in 2015. Note: Next data available May 19.
NIPI05b Number of days spent at home or in community setting during the last six months of life	39,891	38,691	35,444	36,276			29-Aug-2018 Objective - maintain current position. (Average is 36,276 over past 4 years.)

Indicator	Years			Current Target	RAG Status	Graphs	Note
	2015/16	2016/17	2017/18	2017/18	2017/18		
	Value	Value	Value	Target	Status		
NIPI06 Balance of care: Percentage of population living unsupported in the community	98%	98.1%	98.2%	98%			23-Nov-2018 Objective - maintain current position. (Average is 98% over past 3 years.)

Shetland Islands Council

Appendix F - Complaints - Community Health & Social Care

Generated on: 02 January 2019

Standard of service received

ID	Stage Title	Received Date	Status	Closed Date	Service /Directorate	Days Elapsed	Complaint Upheld?
COM-18/19-822	Frontline	17-Aug-2018	Closed	17-Dec-2018	Adult Social Work	86	Partially Upheld
COM-18/19-839	Frontline	24-Sep-2018	Closed	27-Sep-2018	Community Care	3	Upheld
COM-18/19-844	Frontline	24-Sep-2018	Closed	05-Oct-2018	Community Care	9	Not Upheld

Behaviour/Attitude of staff

ID	Stage Title	Received Date	Status	Closed Date	Service /Directorate	Days Elapsed	Complaint Upheld?
COM-18/19-823	Frontline	03-Sep-2018	Closed	13-Sep-2018	Community Health & SC	8	Upheld

Shetland Islands Council

Date: **7 January, 2019**

Appendix G - Risk Register - Integration Joint Board

Risk & Details	Current Likelihood	Current Impact	Current Risk Profile	Current and Planned Control Measures	Target Probabilty		Target Impact	Target Risk Profile	Responsible Officer
Category	**Corporate**								
Corporate Plan	*Integration Joint Board Strategic Plan*								
Failure of Governance Arrangements. The complexity of the governance arrangements may detract from rather than support a journey towards 'single system' working across health and care services. Trigger : Policy framework misunderstood. Policy framework ignored. Conflict of interest between professional, organisational and IJB roles. Decisions are taken outwith the IJB arrangements. Consequences : Strategic Plan not implemented. NHS Shetland and Shetland Islands Council interests take priority to IJB: IJB unable to fulfil its remit. Risk type : Partnership working failure Reference - IJB20001	Almost Certain	Major	High	• Integration Scheme, Scheme of Administration and Delegations, Standing Orders and Financial Regulations. IJB Committees and supporting groups / forums established and predominantly working effectively. Liaison Group of senior representatives from each organisation meeting regularly to resolve issues. Corporate Services Support Group established and working effectively. Formal Induction Programme. Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Budget and Financial Plan approved by each of the partners. Formal agenda management arrangements including Report Templates	Unlikely		Minor	Low	Simon Bokor-Ingram Integration Joint Board

Failure of Governance Arrangements. The individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered. Trigger : Policy framework misunderstood. Policy framework ignored. Conflict of Interest between professional, organisational and IJB roles. Decisions are taken outwith the IJB arrangements. Consequences : Strategic Plan not implemented. NHS Shetland and Shetland Islands Council interests take priority to IJB: IJB unable to fulfil its remit. Risk type : Partnership working failure Reference - IJB20002	Almost Certain	Major	High	• Integration Scheme, Scheme of Administration and Delegations, Standing Orders and Financial Regulations.IJB Committees and supporting groups / forums established and predominantly working effectively. Liaison Group of senior representatives from each organisation meeting regularly to resolve issues. Corporate Services Support Group established and working effectively. Formal Induction Programme. Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Budget and Financial Plan approved by each of the partners. Formal agenda management arrangements including Report Templates.	Unlikely		Minor	Low	Simon Bokor-Ingram Integration Joint Board
Failure of Governance Arrangements. Failure to implement the Strategic Programmes. Trigger : Lack of strategic direction. Lack of resources to deliver the change programmes and projects. Consequences : National and local priorities not achieved. Failure to redesign services to secure equitable, sustainable and affordable services. Not achieve financial balance in 2017-18. Diminished reputation from failure to deliver. Risk type : Strategic priorities wrong Reference - IJB20003	Likely	Major	High	• Timetable for Delivery was agreed as part of the Strategic Plan. Transformational Change Board established within NHS Shetland and Service Redesign programme established within SIC to support delivery of the Strategic Programmes.	Possible		Minor	Medium	Simon Bokor-Ingram Integration Joint Board

Lack of leadership. The Strategic Commissioning Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland (NOTE this includes making sure that the plan addresses need) Trigger : Options for change do not adequantely address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcome to meet service needs. Scale and scope of options for change not sufficiently challenging. Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver. Risk type : Strategic priorities wrong Reference - IJB20004	Possible	Major	High	• Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes, and Service Redesign programme in SIC.	Unlikely		Minor	Low	Simon Bokor-Ingram Integration Joint Board

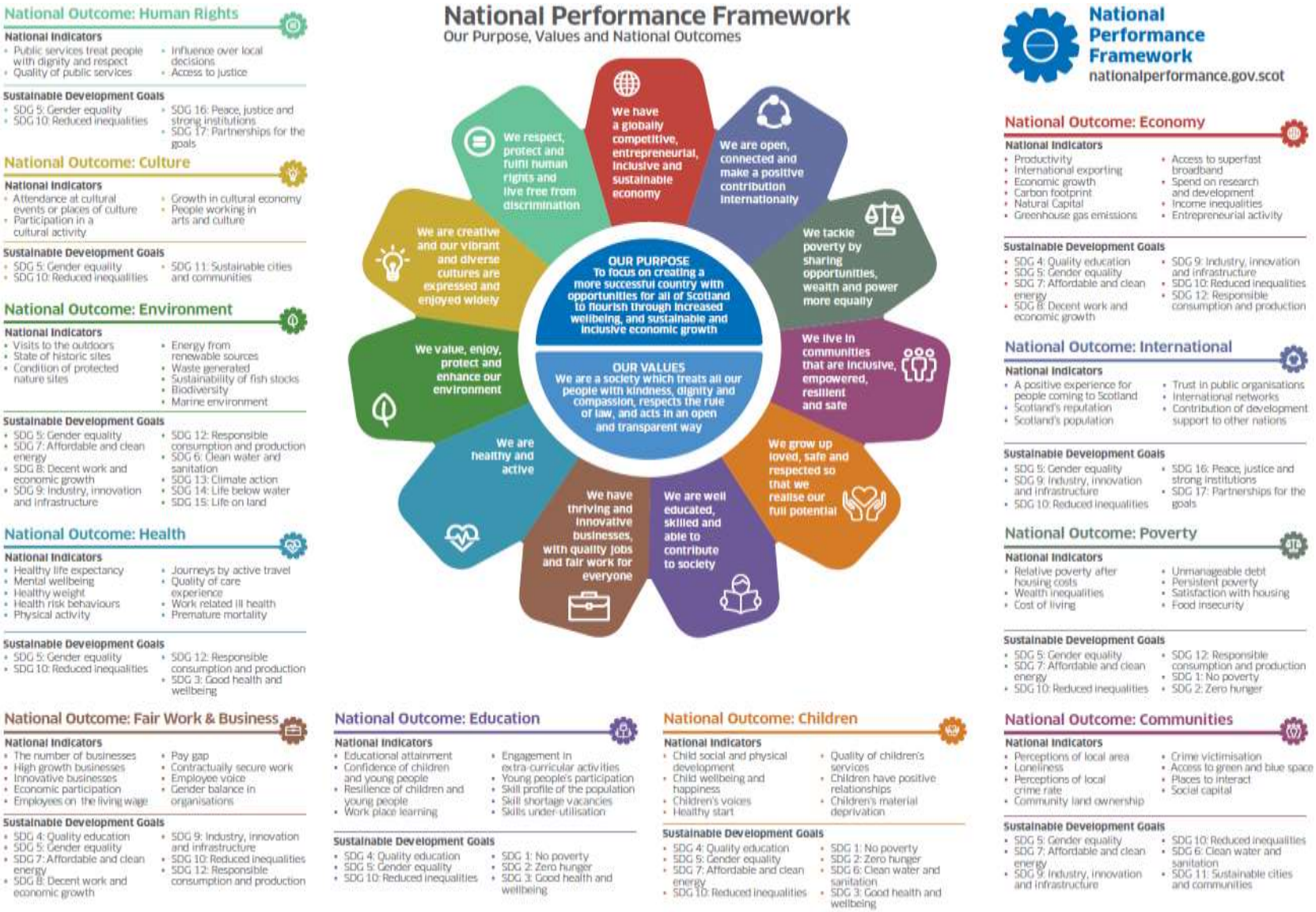
Lack of leadership. The need for transformational change not being effectively understood or communicated to all stakeholders with resulting lack of support for change. Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcomes to meet service needs. Scale and scope of options for change not sufficiently challenging. Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver. Risk type : Strategic priorities wrong Reference - IJB20005	Almost Certain	Major	High	• Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland and Service Redesign programme with SIC, to support delivery of the Strategic Programmes.	Likely		Significant	High	Simon Bokor-Ingram Integration Joint Board
Lack of leadership. Failure to investigate, explore, invest in and implement new and sustainable service models. Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcomes to meet service needs. Scale and scope of options for change not sufficiently challenging. Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver. Risk type : Partnership working failure Reference - IJB20006	Almost Certain	Major	High	• Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes, and Service redesign programme established within SIC.	Unlikely		Significant	Medium	Simon Bokor-Ingram Integration Joint Board

Lack of leadership. Lack of leadership in the transformational change agenda, including insufficient clarity of purpose. Trigger : Options for change do not adequately address issues of equity, sustainability and affordability. Resistance to change; campaigns for 'status quo' to remain. Options for change modelled on inputs and resources and not outcomes to meet service needs. Scale and scope of options for change not sufficiently challenging. Consequences : Failure to redesign services to secure equitable, sustainable and affordable services. Issues are addressed piecemeal with no strategic overview. Diminished reputation from failure to deliver. Risk type : Strategic priorities wrong Reference - IJB20007	Almost Certain	Major	High	• Strategic Plan approved by each of the partners - IJB, NHS Shetland and Shetland Islands Council. Participation and Engagement Strategy is part of core suite of policies. Working towards alignment of Strategic Commissioning Plan, Strategic Change Programmes and Budget. Transformational Change Board established within NHS Shetland to support delivery of the Strategic Programmes.	Unlikely		Significant	Medium	Simon Bokor-Ingram Integration Joint Board

Insufficient Finance, or funding not being applied to strategic plan objectives. When the fixed costs of maintaining the current model of service is factored into the financial planning process, the savings may have to fall disproportionately on community health and social care and health improvement services, which is contrary to the Government guidance on where investment should be targeted to achieve the best outcomes for individuals. Trigger : Contuined reliance on non-recurring (one-off) savings to balance financial plan. Financial Plan remains out of balance; potential need for Recovery Plan. Inability of parnters to agree on Financial Plan and Savings Plans. Consequences : Strategic Plan and Financial Plan not aligned; inability to meet strategic objectives. Existing service needs not met. Emerging and new service needs not met. Inability to meet Government targets on investment in primary care. Ability to function as a 'going concern'. Risk type : Govt. Funding issues Reference - IJB20008	Likely	Major	High	• SIC funded services, aligned to Strategic Commissioning Plan and allocation of funding meets identified service needs.NHS funded services, aligned to Strategic Commissioning Plan and allocation of funding meets 90% of current service models. Pace of redesign will need to increase so that funding can match delivery requirements.	Unlikely		Significant	Medium	Simon Bokor-Ingram Integration Joint Board
Failure to Direct service delivery. Failure to adequately direct service delivery to meet the outcomes required. Trigger : Strategic Plan, Financial Plan and Service Plans are not aligned. Formal Directions are insufficient. Consequences : Service needs (existing, unmet and future demand) not met. Strategic direction from IJB not implemented by delivery partners (NHS Shetland and Shetland Islands Council). Risk type : Strategic priorities wrong Reference - IJB20009	Likely	Significant	High	• Quarterly reporting arrangements in place for performance, risk and finance. Strategic Plan includes detailed Service Plan, performance framework, financial plan and strategic change programmes upon which to base detailed 'Directions' from the IJB to the Health Board and Council to deliver the services as required. The IJB is an active member of the Shetland Partnership, and the Strategic Plan supports the work to make Shetland the best place to live and work.	Possible		Minor	Medium	Simon Bokor-Ingram Integration Joint Board

The underpinning requirement for resilient and complete broadband coverage to take advantage of technological solutions might not be secured within the timescale of this Plan. Trigger : Technology solutions that rely on broadband not robust or unable to take advantage of full functionality. Consequences : Service needs (existing, unmet and future demand) not met. Risk type : Missed opportunities Reference - IJB20010	Almost Certain	Significant	High	• Strategic objective of the Shetland Partnership's Local Outcome Improvement Plan. Activity ongoing to secure funding and prioritisation of Shetland's requirements.	Likely		Significant	High	Simon Bokor-Ingram Integration Joint Board
Category	**Strategic**								
Corporate Plan	*Not Set*								
A No Deal Brexit has the potential to severely disrupt the operational delivery for the NHS and SIC which will adversely impact on the ability of the IJB to deliver its strategic aims and objectives. Trigger : Disruption to the supply of goods and services which support the operational delivery of the NHS and SIC. Consequences : Inability to deliver outcomes for individuals and communities. Supply chain issues. Recruitment challenges. Risk type : Govt policy - failure to meet Reference - IJB20011	Almost Certain	Major	High	• Active planning by Council and NHS Risk identification and plans to mitigate where possible with both organisations working in partnership, to ensure service continuity.	Unlikely		Minor	Low	Simon Bokor-Ingram Integration Joint Board

Appendix 2 National Performance Framework



Appendix 3, Review of Ministerial Strategic Group Key Performance Indicators

Purpose

The purpose of this paper is to review the Targets and Objectives for the Ministerial Strategic Group's Key Performance Indicators for 2019-20.

The Scottish Government supports a focus on six key service areas through the use of ten performance indicators covering:

- Number of emergency admissions
- Admissions from Accident and Emergency
- Number of unscheduled hospital bed days; acute specialties
- Number of unscheduled hospital bed days; long stay specialties
- Accident and Emergency Attendances
- Percentage of attendances at Accident and Emergency seen within 4 hours
- Delayed discharge bed days
- Percentage of last six months of life by setting
- Number of days by setting during the last six months of life
- Balance of care: Percentage of population in community or institutional settings

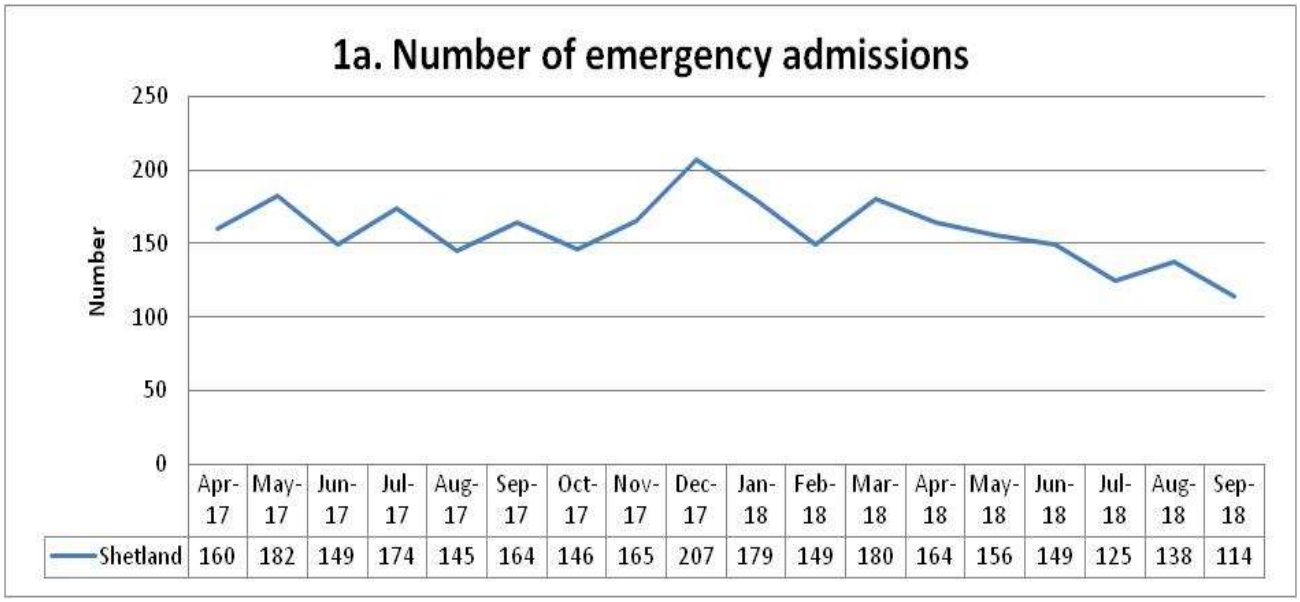
Shetland performs well across these indicators. The section below shows the trends on each of the indicators in turn, together with an explanation of the IJB's target performance.

The latest data available has been used from the ISD spreadsheets circulated each month.

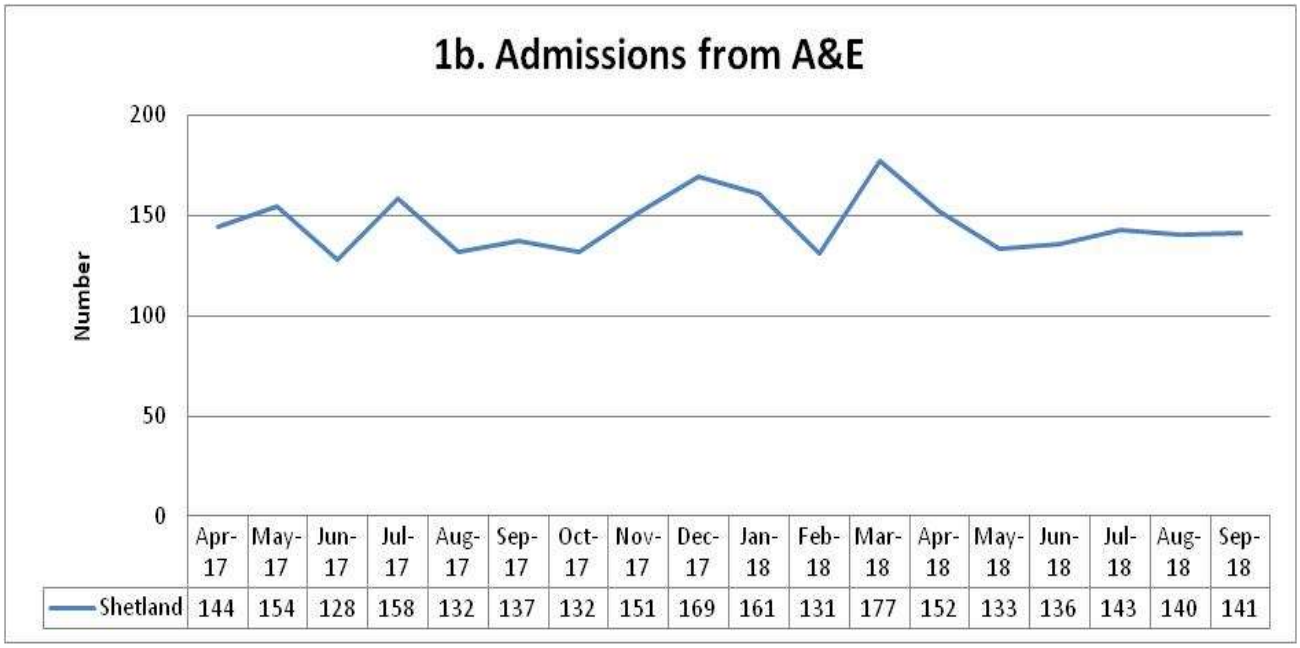
1) Unplanned admissions	2) Unplanned bed days	3) A&E attendances	4) Delayed discharge bed days	5) Last 6 months of life	6) Balance of Care
Number of emergency admissions Admissions from Accident and Emergency	Number of unscheduled hospital bed days; acute specialties Number of unscheduled hospital bed days; long stay specialties	Accident and Emergency Attendances Percentage of attendances at Accident and Emergency seen within 4 hours	Delayed discharge bed days	Percentage of last six months of life by setting Number of days by setting during the last six months of life	Balance of care: Percentage of population in community or institutional settings

1 Unplanned Admissions

Performance Target - Maintain current position within Peer Group.



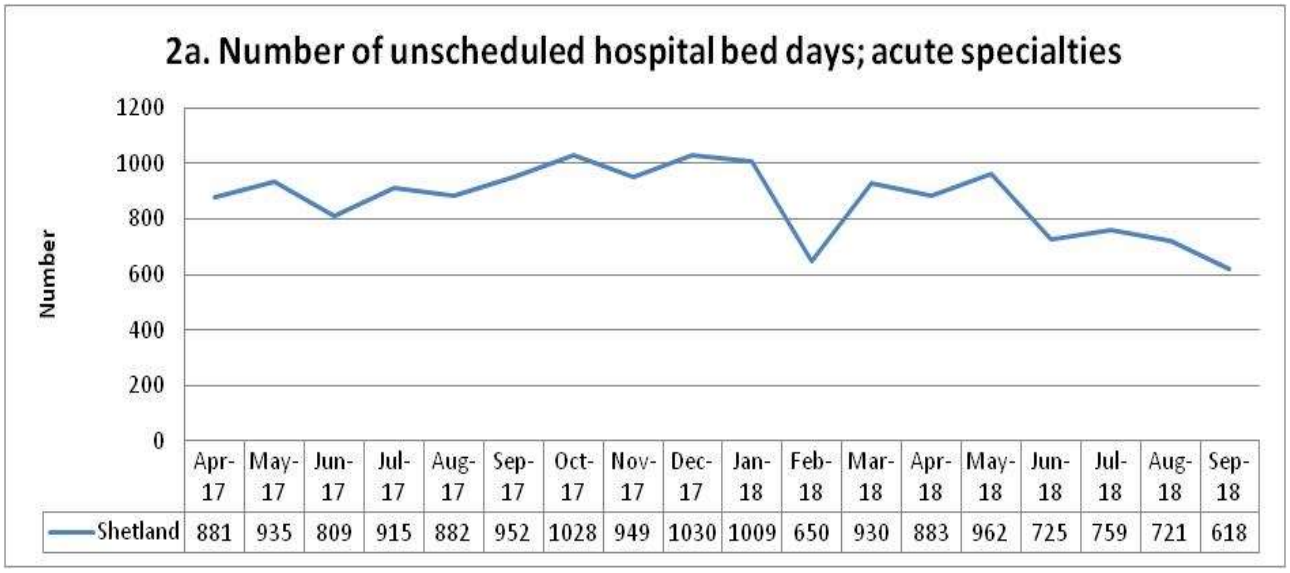
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Shetland	160	182	149	174	145	164	146	165	207	179	149	180	164	156	149	125	138	114



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Shetland	144	154	128	158	132	137	132	151	169	161	131	177	152	133	136	143	140	141

2 Unplanned bed days

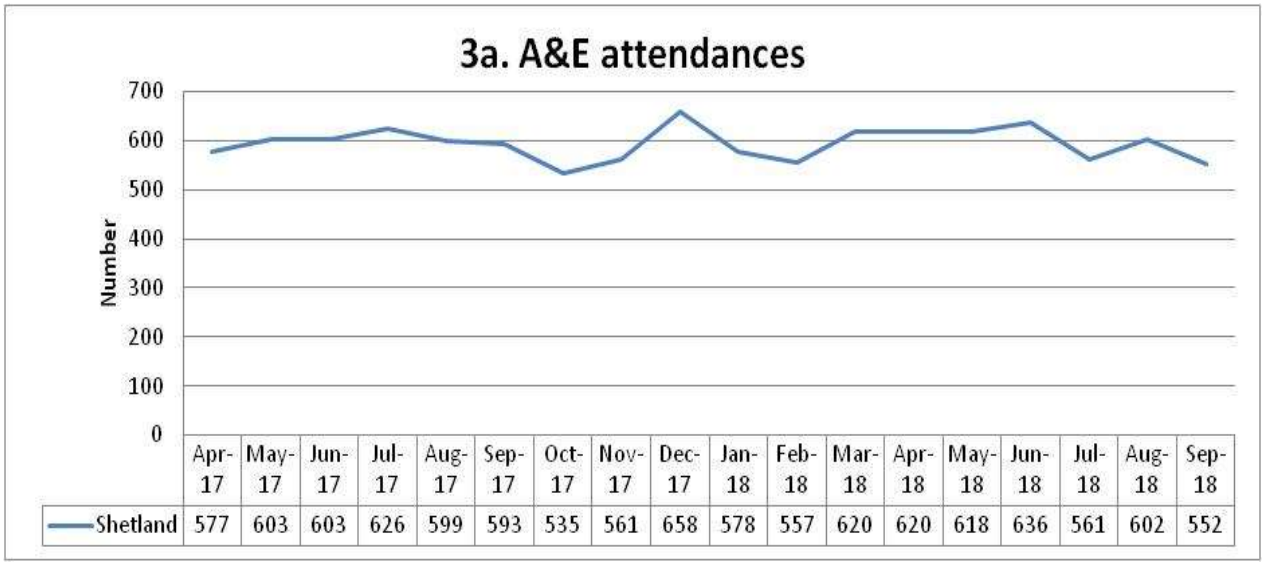
Performance Target - Maintain current position within Peer Group



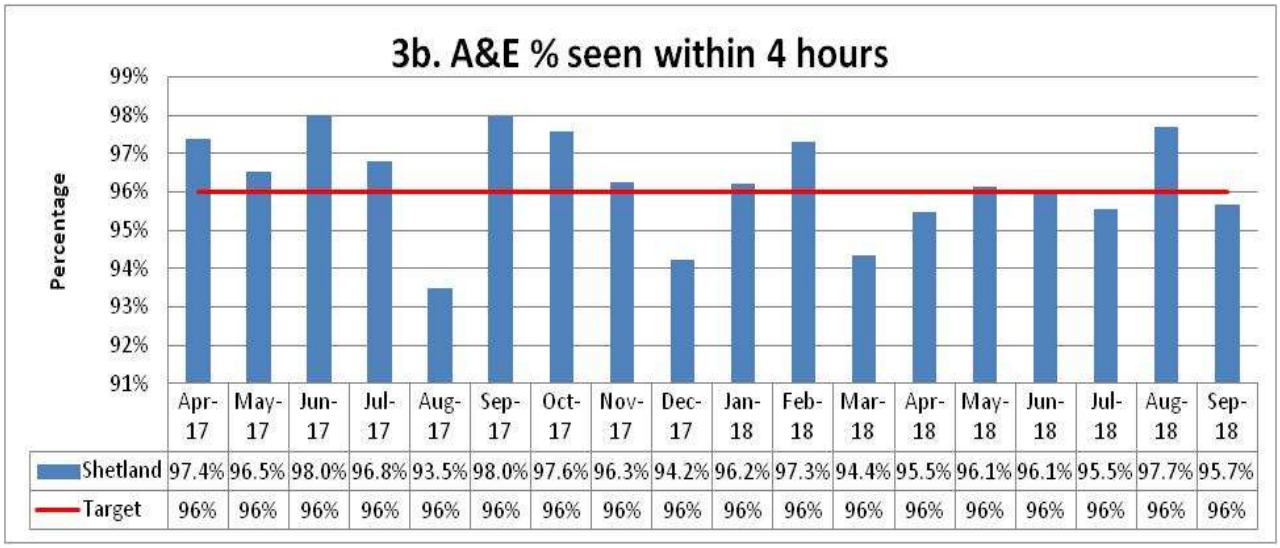
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Shetland	881	935	809	915	882	952	1028	949	1030	1009	650	930	883	962	725	759	721	618

3 A&E Attendances

Performance Target - To maintain current position and achieve the 96% target by March 2019



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Shetland	577	603	603	626	599	593	535	561	658	578	557	620	620	618	636	561	602	552

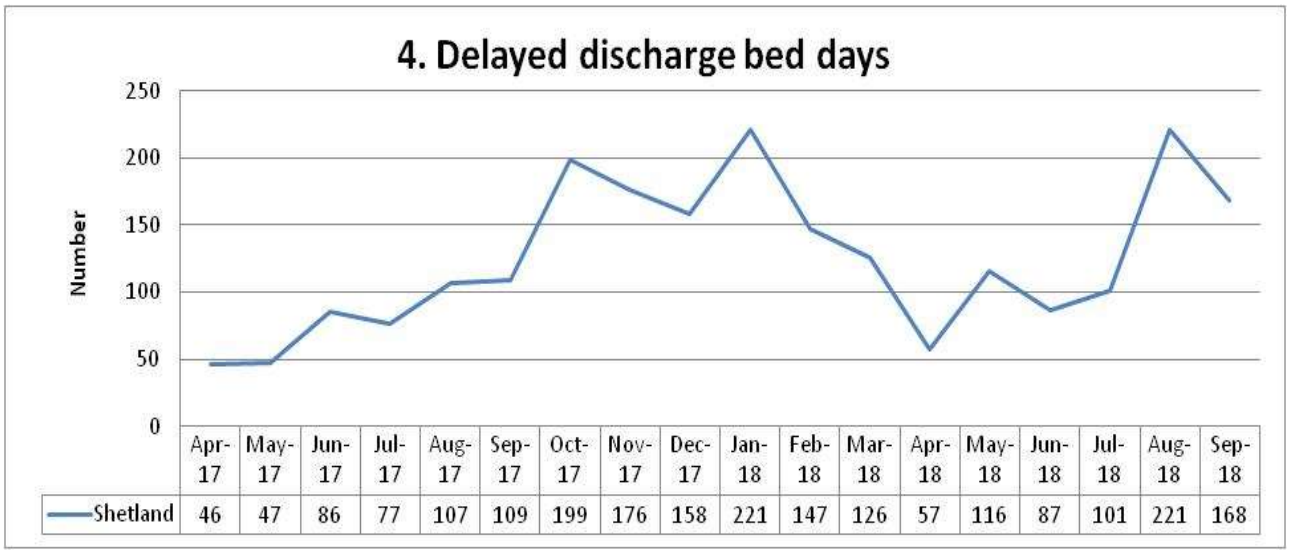


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Shetland	97.4%	96.5%	98.0%	96.8%	93.5%	98.0%	97.6%	96.3%	94.2%	96.2%	97.3%	94.4%	95.5%	96.1%	96.1%	95.5%	97.7%	95.7%
Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

4 Delayed Discharge

Performance Target - Maintain current performance

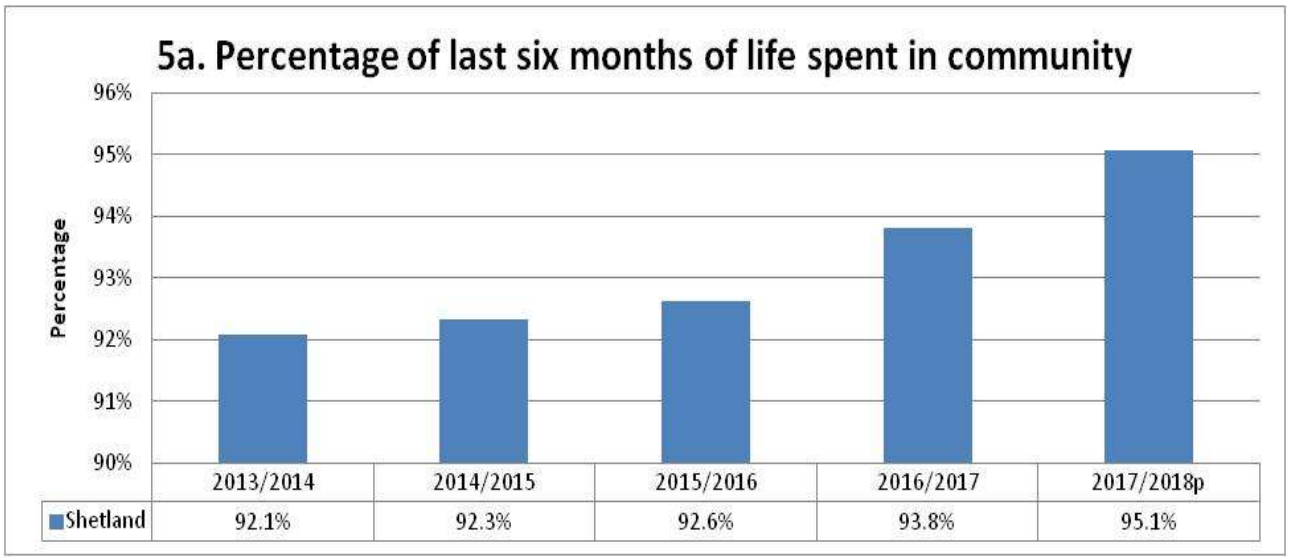
Note: Whilst our target is zero, 3 in number is the point at which managerial action is taken.

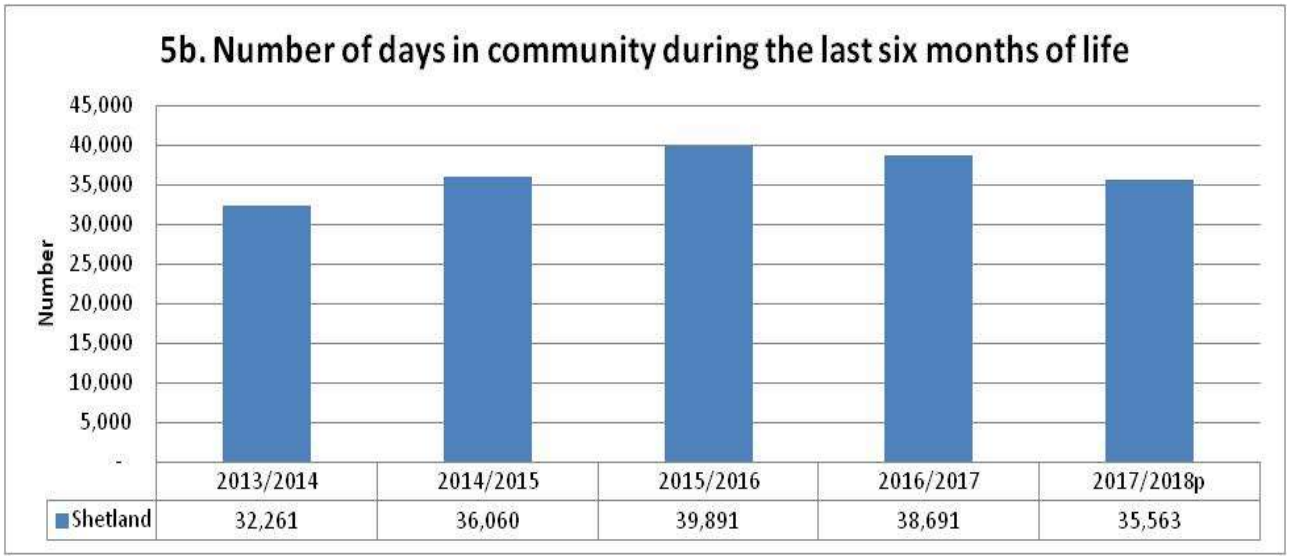


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Shetland	46	47	86	77	107	109	199	176	158	221	147	126	57	116	87	101	221	168

5 Last 6 months of life

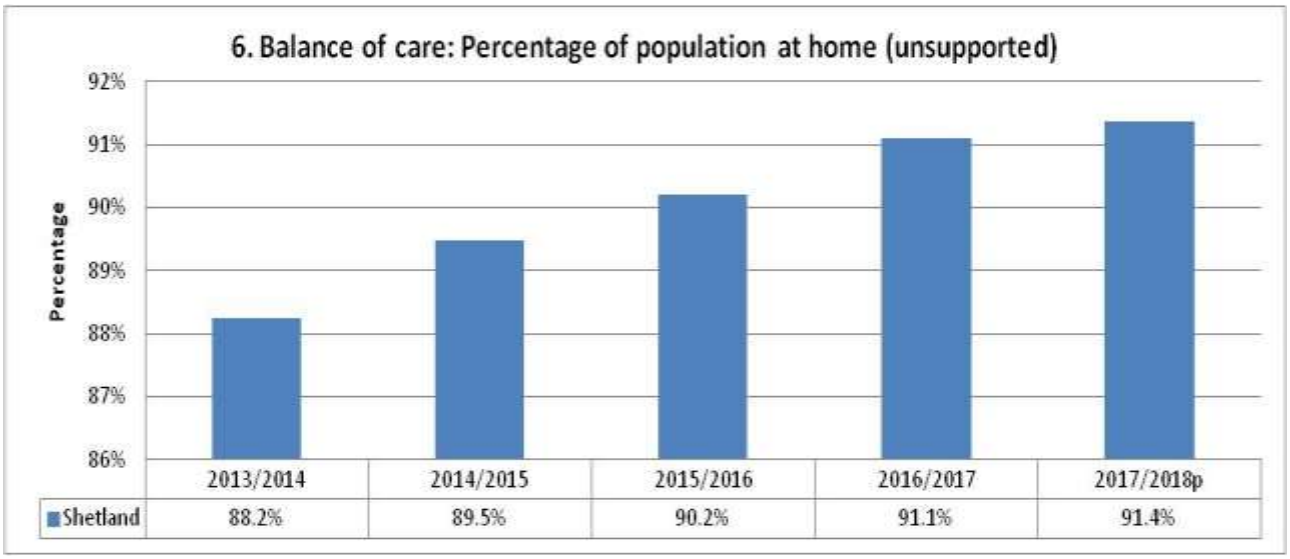
Performance Target - Maintain current performance





6 Balance of Care

To improve this outcome to be in line with peer group average of 86%.



Improvement Plan

The work carried out to date with the health and social care partnership has allowed a recent reduction of 6 acute hospital beds. Evaluation of our ongoing hospital capacity demonstrates the sustainability of the shift that took place, with a community reablement focus where that activity took place in the past in the acute setting.

Over 75 years of age acute admissions have shown a marked decrease in recent months. The number of bed days attributable to delayed discharges has been at a lower number on a monthly basis over the past year, where the investment in dedicated social work time in the hospital is now demonstrating its effectiveness on an ongoing basis.

Small variations can be magnified in terms of effect. The care centre occupancy for residential beds in Shetland is now at 75% (Q2, 2018-19) which is indicative of the success in caring for people to their own homes. This bodes well for further opportunities to shift the balance of care to the community setting.

Further work underway to continue the shifting the balance of care includes:

- Robust and responsive community services and hospital admissions only happen where appropriate.
- Focus on reducing lengths of stay in hospital and better liaison between community and hospital.
- Clear pathways for further/specialist assessment of conditions of old age in the community setting
- Further develop the advanced practitioner model to support primary care settings
- Determine how best to deliver healthcare services OOHs and overnight – with greater integration of hospital and primary care teams.

- Further developing locality based services (multi-agency) where 24/7 care is delivered, including support if a person has escalating care needs.
- Using the pilots for locality working to redefine the care at home services, using integration as the driver for improving capacity and responsiveness.
- Further developing intermediate care pathways to enhance the availability of community based rehabilitation.
- Further developing early supported discharge from and co-ordination of the discharge planning process to reduce patient flow pressures.
- Further developing the model for anticipatory care planning to support locality based decision making and consistent delivery of care plans already agreed.
- Putting a local emphasis on developing shared information systems, records and assessments to reduce duplication and support decision making.
- Continuing to work with the Scottish Ambulance Service to put into place the actions agreed in the Strategic Options Framework, to explore how paramedic practitioners could enhance the local service
- Third sector organisations are active in reducing isolation and loneliness, and supporting vulnerable groups including those with dementia
- The local authority are seeking to quicken the roll out of broadband capacity which will allow a number of initiatives to be viable for supporting more people at home with technology enabled care, including rapid clinical and practitioner decision making to avoid a pathway into hospital or residential care.
- The roll out of a falls programme, and a move to intervention both in peoples own homes and the front door of the hospital has the potential to further reduce the likelihood of hospital admission and subsequent residential care.

ENDS

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	23 January 2019
Report Title:	Financial Monitoring Report to 30 September 2018	
Reference Number:	CC-03-F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 That the IJB NOTE the 2018/19 Management Accounts for the period to 30th September 2018.

2.0 High Level Summary:

2.1 The current projected outturn to the end of March 2019 for the services delegated to the IJB is an overall adverse variance of £4.193m which represents an over spend in the Shetland Island Council's (SIC) arm of the budget of £445k and an over spend in NHS Shetland's (NHSS) arm of £3.748m. Please note NHSS figures have changed from those reported to SIC Policy and Resource Committee on 11 Dec 2018. These changes reflect current projections, which are considered of more relevance to the IJB at today's date. A table of changes is included at Appendix 2.

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

2.3 NHSS reported a £3m forecast year-end overspend to its December Board meeting but this position is under review following recent developments and discussions with the Scottish Government. Irrespective of whether brokerage is required NHSS will provide a one-off payment to balance its arm of the budget should the projected overspend materialise. The latest information from the Scottish Government is that all brokerage up to the end of 2018/19 will be written off so the impact of brokerage on the IJB is expected to be minimal going into 2019/20.

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

2.5 The IJB currently has a General Reserve balance of £364k which can be used in line with the IJB Reserve Policy. This policy was approved at the IJB meeting on 06 September 2017 (Min. Ref. 40/17). Funding of £51k for a Falls Prevention Co-ordinator was approved on 08 March 2018 (Min. Ref. 11/18) so the remaining available reserve balance is £313k.

2.6 NHSS needed to identify £2.077m savings in 2018/19, but to-date no recurrent or non-recurrent savings has been achieved. NHSS began a Scenario Planning

exercise in January 2018 to look at alternative models for the delivery of health and social care services in Shetland. The exercise recognises that identifying and implementing savings and efficiency targets is increasingly challenging and aims to take a whole system approach to establish a best value, safe and sustainable model which can inform the development of the IJB Strategic Plan for 2019-2022 and beyond.

2.7 Redesign proposals are being developed and the first of these reports concerning Primary Care will be presented to the IJB at today's meeting for review and decision-making. It is vitally important that these proposals are SMART (specific, measurable, attainable, realistic and timely) as recommended by audit.

2.8 SIC incorporated several service redesign projects in their 2018/19 budgets, including a projected £200k savings from the redesign of social care mental health services. A report 'Mental Health Service Review: Findings and Directions' will be presented at today's meeting.

3.0 Corporate Priorities and Joint Working:

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

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

4.0 Key Issues:

Background

4.1 The 2018/19 Integration Joint Board (IJB) budget was noted at the meeting of 08 March 2018 (Min. Ref. 10/18).

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

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

Executive Summary

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

4.5 Appendix 1 details the consolidated year-end outturn forecast for the services delegated to the IJB. Current projected outturn to the end of March 2019 is an adverse variance of £4.193m. It is important to note that the adverse variance relates to the services delegated to the IJB but the IJB itself will show a breakeven position in its annual accounts for 2018/19 because of the additional one-off balancing payments from NHSS and SIC.

Financial Commentary

Significant variances explained below.

4.6 **Mental Health – projected outturn overspend of (£427k), (21%)**
Consultant Mental Health Locum commitment plus flights and accommodation to the end of March 2019 (£604k). Offset by underspend against NHS Grampian Mental Health SLA £177k due to reduced activity.

4.7 **Pharmacy & Prescribing - projected outturn underspend of £146k, 2%**
Under spend on the GP Prescribing budget based upon actual drug expenditure growth to September 2018 (-2.4%) being replicated over the final months of 2018-19.

4.8 **Primary Care – projected outturn overspend of (£1,037k) (24%)**
Yell, (£137k) due to continued locum requirement. Whalsay (£87k) due to cost of current SLA and locum cover required for a 14 week period. Unst, (£132k) due to continued locum requirement. Brae, (£143k) due to GP locum covering ANP post during sick leave. Scalloway, (£235k) due to (£149k) funding gap for TUPE staff plus (£77k) on additional GP WTE and locum costs. Bixter, (£172k) due to (£54k) funding gap on TUPE staff plus (£118k) on locums. GP post will be filled from January 2019. Walls, (£131k) due to (£35k) funding gap plus (£96k) on locums.

4.9 **Community Nursing – projected outturn overspend of (£88k), (3%)**
(£45k) overspend due to anticipated bank usage. Bank requirement should reduce as post holders return from sick leave and vacancies are filled. (£43k) overspend due to ANP sick leave being covered by GP locum from May to July 2018.

4.10 **Adult Social Work - projected outturn overspend of (£166k), (7%)**

- Estimated increase in grants payment to individuals for Self Directed Support, based on the current level of agreed packages (£148k). This is however difficult to predict as packages can vary greatly in value;
- An advised uplift in one of the Off-Island Placements this year (£30k).

4.11 **Community Care Resources – projected outturn overspend (£197k), (2%)**

- Increased costs of Off-Island Placements following the addition of 2 packages in year (£136k);
- The need to employ agency staff as a result of long term sickness and recruitment and retention difficulties in areas of the service, (£327k);
- Projected underspend in employee costs for the year, £110k, which relates to underspending at various locations, significantly £113k at Care at Home Central due to vacant posts which have been managed as a result of reduced demand for services at this time, £146k at North Haven and Overtonlea due to difficulties in recruitment and retention, leading to agency staff requirement and £69k at Islehavn as a result of care home capacity being reduced to 7 beds (budgeted 10 beds) due to inability to staff the unit to the correct level. The overall projected underspend in employee costs is offset by the unbudgeted costs of Seniors working off the floor part of their time (£160k), which is currently under review, together with the overspending at Montfield and Wastview in the early part of the year where the rota was increased for specific packages of care (£55k);
- Board and Accommodation charging income is projected to overachieve against budget by £186k. Charging income can fluctuate significantly during the year,

dependent on the individual financial circumstances of those receiving care.

4.12 **Unscheduled Care – projected outturn overspend (£700k), (24%)**
2 vacant medical consultant posts being covered by locums (£700k).

4.13 **Scottish Government Additionality Funding – projected outturn breakeven**
There are no significant variances in this service area.

General Reserve

4.14 The IJB currently has a General Reserve balance of £364k, which can be used in line with the IJB Reserve Policy. This policy was approved at the IJB meeting on 06 September 2017 (Min. Ref. 40/17). Funding of £51k for a Falls Prevention Co-ordinator was approved on 08 March 2018 (Min. Ref. 11/18) so the remaining available reserve balance is £313k.

Overall Year End Forecast Position

4.15 The projected financial outturn to the end of March 2019 for services delegated to the IJB is an overall adverse variance of £4.193m which represents an over spend in the SIC arm of £445k and an over spend in NHSS arm of £3.748m. It is important to note that these forecast figures are subject to change and are often difficult to predict due to a variety of factors outwith our control.

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

4.17 If NHSS do require extra funding from the Scottish Government in 2018/19 to achieve overall financial balance further discussion will be required around the implication this will have on future funding allocations to the IJB. The latest information from the Scottish Government is that all brokerage up to the end of 2018/19 will be written off so the impact of brokerage on IJB is expected to be minimal.

4.18 As savings targets have not been met during 2018/19 the unachieved target of £2.277m will be carried forward and added to next year's target of est. £0.473m resulting in a total savings target of 2.750m (6%) for 2019/20.

5.0 Exempt and/or confidential information:	
None	
6.0	
6.1 Service Users, Patients and Communities:	May be affected should services be redesigned. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.2 Human Resources and Organisational Development:	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	There are legal implications with regard to the delegation of

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

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
09th January 2019
Appendices:
1 – Year end forecast outturn position
2- Changes from Policy & Resource Committee (11/12/18)

Appendix 1

Consolidated Financial Monitoring Report
Forecast year-end outturn position

Service Headings	2018/19 Approved Delegated Annual Budget £000	2018/19 Revised Delegated Annual Budget £000	Projected Outturn at Quarter 2 £000	Budget v Proj. Outturn Variance (Adv)/ Pos £000
Mental Health	1,993	2,058	2,485	-427
Substance Misuse	582	587	580	7
Oral Health	3,177	3,124	3,124	0
Pharmacy & Prescibing	6,229	6,665	6,519	146
Primary Care	4,405	4,356	5,393	-1,037
Community Nursing	2,591	2,849	2,937	-88
Directorate	1,027	753	788	-35
Pensioners	78	78	78	0
Sexual Health	40	45	45	0
Adult Services	5,209	5,365	5,292	73
Adult Social Work	2,489	2,525	2,691	-166
Community Care Resources	10,989	11,093	11,290	-197
Criminal Justice	26	28	40	-12
Speech & Language Therapy	85	89	89	0
Dietetics	118	116	116	0
Podiatry	234	236	236	0
Orthotics	135	138	138	0
Physiotherapy	599	595	595	0
Occupational Therapy	1,601	1,658	1,633	25
Health Improvement	212	204	204	0
Unscheduled Care	2,800	2,903	3,603	-700
Renal	194	201	201	0
Intermediate Care Team	43	42	42	0
Scottish Government Additionality Funding	592	592	592	0
Integrated Care Funding	410	410	410	0
Contingency	541	539	44	495
Recovery Plan	-2,277	-2,277	0	-2,277
Total Controllable Costs	**44,122**	**44,972**	**49,165**	**-4,193**

Appendix 2

Changes from Policy & Resources Committee Report (11/12/18)

Service	P&R Variance (£000s)	This report Variance (£000s)	Difference	Explanation
Mental Health	-672	-427	245	Underspend now forecast against off island mental health SLA £177k due to reduced activity and revision of locum consultant forecast
Pharmacy & Prescribing	0	146	146	Underspend now evident based on a reduction in prescribing cost to the end of 2018.
Primary Care	-1,104	-1,037	67	Minor adjustment as a result of more information being available since P&R Committee
Community Nursing	-156	-88	68	Minor adjustment as a result of more information being available since P&R Committee
Unscheduled Care	-886	-700	186	Adjustment as a result of more information being available since P&R Committee
Contingency	0	495	495	NHSS released their 1% contingency reserve into IJB budgets
Total			**1,207**	

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB) Education and Families Committee Policy and Resources Committee NHS Board Community Safety and Resilience Board	23 January 2019 4 February 2019 11 February 2019 19 February 2019 TBC
Report Title:	Domestic Abuse and Sexual Violence Strategy 2018-2023	
Reference Number:	CC-08-19-F	
Author / Job Title:	Dr Susan Laidlaw, Consultant in Public Health Medicine, NHS Shetland	

1.0 Decisions / Action required:

1.1 That the Boards / Committees:

i. COMMENT and REVIEW any issues which they see as significant to meeting the objectives of the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020 with regard to Domestic Abuse and Sexual Violence; and

ii. APPROVE the Shetland Domestic Abuse and Sexual Violence Strategy 2018-2023, included as Appendix 1.

1.2 That the IJB APPROVES the Direction for Domestic Abuse and Sexual Violence, included as Appendix 2.

2.0 High Level Summary:

2.1 This Report seeks approval for a revised Domestic Abuse and Sexual Violence Strategy, on behalf of the Shetland Domestic Abuse Partnership. The Strategy has been updated to take account of latest evidence based best practice guidance in this field.

2.2 This Strategy sets out how the Shetland Domestic Abuse Partnership will continue to address and prevent domestic abuse; sexual violence and other forms of gender-based violence in Shetland over the next five years. Although this Strategy focuses

on the main areas of concern in Shetland: domestic abuse and sexual violence (rape and sexual assault); it does include all forms of gender based violence.

2.3 The overarching aim of this Strategy is to reduce the number of children, young people and adults affected by gender based violence, particularly domestic abuse and sexual violence, and to minimise the consequences. It therefore forms one of the key strategies in delivering the aims of the Integrated Children's Service Plan and the Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan.

2.4 The Strategy is also well aligned to the Shetland Partnership Plan and the ambition that,

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

2.5 The issues around Domestic Abuse and Sexual Violence may cause individuals and families not to be able to thrive. The actions and services set out in the Strategy are therefore designed to make a positive contribution to each of the key pillars of the Shetland Partnership Plan.

Four Pillars of Shetland Partnership Plan		**Contribution of Domestic Abuse and Sexual Violence Strategy**
People	Individuals and families thrive and reach their full potential	Yes, direct
Participation	People participate and influence decisions on services and use of resources	Yes, indirect
Place	Shetland is an attractive place to live, work, study and invest	Yes, indirect
Money	All households can afford to have a good standard of living	Yes, indirect

2.6 The Strategy is supported by a detailed Implementation Plan. The actions have been prioritised based on:

- supporting the individuals most at risk and in need of support / services
- evidence based practice
- realistic timescales – based on resources and funding available

2.7 The services for which an evidence based approach supports continued investment will include: Multi-Agency Risk Assessment Conference (MARAC) and safety planning; routine inquiry within specific healthcare settings; advocacy services; and some counselling and therapeutic interventions. These services may be provided within a universal setting, or secured through specialist services.

2.8 The IJB is invited to formalise the commissioning of relevant services and the

outcomes framework (in development) through the approval of a Direction for Domestic Abuse and Sexual Violence services (Appendix 2).

3.0 Corporate Priorities and Joint Working:

3.1 This Strategy contributes positively to delivering the objectives and ambitions of the Shetland Partnership Plan, the Integrated Children's Services Plan and the Health and Social Care Partnership: Joint Strategic Commissioning Plan.

3.2 The key delivery mechanism will be through the Shetland Domestic Abuse Partnership, which is connected to the Adult and Child Protection Committees, the Community Safety and Resilience Board, the Integrated Children and Young Peoples Strategic Planning Group and the Strategic Planning Group supporting the IJB. Delivery of the Strategy relies on agencies and staff working effectively together around the needs of people and families affected by Domestic Abuse and Sexual Violence.

4.0 Key Issues:

4.1 Domestic Abuse and Sexual Violence remains a significant concern within the Shetland community. Individuals, and families, can suffer significant immediate and long term consequences from abusive and violent relationships. For children, it is recognised as one of the causes of 'Adverse Childhood Events' which can cause trauma and impact significantly on a child's potential to learn and thrive.

4.2 Gender Based Violence (GBV) issues can affect both men and women, of any sexuality, but the majority of victims are women and the majority of perpetrators are men. Whilst GBV can affect anybody, the key risk factor is being female, with other factors such as ethnicity, disability, poverty, or other vulnerabilities also increasing the risk.

4.3 Any violence against women and children in particular is considered to be a Human Rights issue in terms of gender inequality.

4.4 The objectives of the Strategy are therefore:

- To raise public and professional awareness of, and challenges attitudes towards, gender based violence and its consequences on an ongoing basis through a local communications plan, a staff training plan and development of organisational Gender Based Violence policies.
- To protect and support those who experience or are affected by gender-based violence through:
    - increasing the proportion of people experiencing domestic abuse and sexual violence who report these incidents to the police and increasing the number of detections
    - ensuring the effectiveness and sustainability of the Multi-Agency Risk Assessment Conference (MARAC), including securing long term funding
    - developing and / or commissioning evidence based and cost effective services to meet the needs of the Shetland population.

- To reduce harm to children and young people as a result of gender based violence, through identification of those at risk and provision of appropriate dedicated services.
- To ensure local GBV work is inclusive i.e. including people of any age, gender identity, sexuality, faith, ethnicity, socio-economic background and ability.
- To support the wider local work on tackling the underlying causes of sexual violence and abusive relationships, specifically with children and young people.
- To prevent offending and re-offending through violence reduction programmes and criminal justice work.

4.5 The Strategy sets out the short term actions, to be completed by end March 2019. The actions cover:

- funding for the Multi-agency Risk Assessment Conferences (MARAC)
- Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.
- communications plan
- preventative work in schools (and other settings for young people)
- gender based violence policy review

4.6 The actions for later years include:

- Multi-agency training programmes
- Comprehensive education programmes for young people
- Signposting and referral pathways (linked to Mental Health)
- Review perpetrator programmes

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The overarching aim of this Strategy is to reduce the number of children, young people and adults affected by gender based violence, particularly domestic abuse and sexual violence, and to minimise the consequences.
6.2 Human Resources and Organisational Development:	There are no specific Human Resources issues to highlight. Training needs have been identified and incorporated into the Action Plan. Training costs will be met from a combination of existing budgets, in-house provision and from external resources for certain specialist training courses.
6.3 Equality, Diversity and	Human Rights are based on shared values like dignity, fairness, equality, respect and independence. This Strategy aims to support

Human Rights:	these values and comply with the Human Rights Act 1998. The underpinning principle of the strategy is to address inequity caused by gender based violence and abuse and to protect the victim's human rights in being able to participate in society and access services without fear of harm.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services, of which Domestic Abuse and Sexual Violence is part. That Act requires the IJB to issue Directions in writing, which must set out how each function is to be exercised and the budget associated with that function. Guidance is in place on the form and content of Directions, which Appendix 2 meets except for being able to specify the cost of universal services. The Strategy supports the terms of the Domestic Abuse (Scotland) Bill.
6.5 Finance:	For universal services, there is no separately identified budget for Domestic Abuse and Sexual Violence as services are provided by staff as part of their day to day functions. These services will include, but not be limited to: - Accident and Emergency - Maternity - Child Health - Adult Social Work - Primary Care - Community Nursing - Mental Health Budgets are separately identified for MARAC and for commissioned services from Shetland Women's Aid. The cost of the MARAC service is estimated to be £5,600 in 2019-20. The budget is split 50/50 between NHS Shetland and Shetland Islands Council. The cost of the payment to Shetland Women's Aid is estimated to be £70,000 in 2019-20 (for IJB delegated services). Shetland Women's Aid and Shetland Rape Crisis receive funds from external sources. NHS Shetland has secured an additional allocation specifically for Forensic Medical Services of £100,940 in 2019-20. The Strategy highlights an action to resolve the ongoing funding for the MARAC services (which currently relies on external sources).

6.6 Assets and Property:	The Strategy does not identify any issues with regard to Assets and Property.
6.7 ICT and new technologies:	There are no ICT or technology issues to address.
6.8 Environmental:	There are no specific environmental implications to highlight.
6.9 Risk Management:	The risks of not proceeding with the revised Strategy and approval of Directions will be that: - the significant personal, social and economic impacts of Gender Based Violence will not be fully acknowledged; and - service models and resources might not be fully aligned with the evidence based practice.
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the joint Strategic (Commissioning) Plan at its meeting in November 2015. The delegated functions are set out in the Integration Scheme and Domestic Abuse and Sexual Violence services are delegated functions. <u>SIC Policy and Resources Committee</u> Shetland Islands Council delegated functions, including the planning arrangements, to the IJB. The Policy and Resources Committee is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. Approval of strategic policies falls within this remit. <u>NHS Shetland Board</u> NHS Shetland delegated functions, including planning for acute and hospital services, to the IJB. The NHS Board has the overall authority for consideration and approval of strategic planning, taking guidance from its Standing Committees, as appropriate. Approval of the Domestic Abuse and Sexual Violence Strategy therefore rests with the NHS Shetland Board. <u>Education and Families Committee</u> Matters relating to the safety and protection of children come under the remit of the Education and Families Committee.

	Each functional committee also has responsibility for advising the Policy and Resources Committee on new strategies, policies and plans concerning service delivery. <u>IJB</u> The Integration Scheme states that, "The IJB has responsibility for the planning of the Integrated Services". Consideration and approval of relevant strategies and policies in support of delivery of the Strategic Commissioning Plan is therefore within the authority delegated to the IJB. <u>Community Safety and Resilience Board</u> One of the roles and remits of the Community Safety and Resilience Board is to, "engage and provide direction and support to the sub-groups in the development, co-ordination and implementation of...(plans) ... eg the Domestic Abuse Partnership".	
6.11 Previously considered by:	IJB Strategic Planning Group Mental Health Forum Integrated Children and Young People's Strategic Planning Group	16 January 2019 Tbc Tbc

Contact Details:
Dr Susan Laidlaw, Consultant in Public Health Medicine, NHS Shetland
On behalf of the Shetland Domestic Abuse Partnership

Appendices
Appendix 1 Draft Strategy for Approval
Appendix 2 Draft Direction for Domestic Abuse and Sexual Violence Services

Shetland Domestic Abuse and Sexual Violence Strategy

2018-2023

November 2018

Dr Susan Laidlaw, Consultant in Public Health Medicine, NHS Shetland
On behalf of the Shetland Domestic Abuse Partnership

1. Executive Summary

This Strategy sets out how the Shetland Domestic Abuse Partnership (SDAP) will continue to address and prevent domestic abuse; sexual violence and other forms of gender-based violence (GBV) in Shetland over the next five years, by building on the progress made by the previous two Domestic Abuse Strategies 2008-11 and 2013-16. Although this Strategy focuses on the main areas of concern in Shetland: domestic abuse and sexual violence (rape and sexual assault); it does include all forms of gender based violence.

The overarching aim of this Strategy is to reduce the number of children, young people and adults affected by gender based violence, particularly domestic abuse and sexual violence, and to minimise the consequences.

The objectives are:

- To raise public and professional awareness of, and challenges attitudes towards, gender based violence and its consequences on an ongoing basis through a local communications plan, a staff training plan and development of organisational GBV policies.
- To protect and support those who experience or are affected by gender-based violence through:
  - increasing the proportion of people experiencing domestic abuse and sexual violence who report these incidents to the police and increasing the number of detections
  - ensuring the effectiveness and sustainability of the MARAC, including securing long term funding
  - developing and / or commissioning evidence based and cost effective services to meet the needs of the Shetland population.
- To reduce harm to children and young people as a result of gender based violence, through identification of those at risk and provision of appropriate dedicated services.
- To ensure local GBV work is inclusive i.e. including people of any age, gender identity, sexuality, faith, ethnicity, socio-economic background and ability.
- To support the wider local work on tackling the underlying causes of sexual violence and abusive relationships, specifically with children and young people.
- To prevent offending and re-offending through violence reduction programmes and criminal justice work.

A series of short, medium and long term actions have been identified to be included in the Strategy Implementation Plan. A framework of indicators to monitor progress against outcomes is being produced, and will be reported through the Shetland Partnership governance processes and also through the Health and Social Care Partnership.

Further detailed information on national policy context and legislation, the local needs assessment and links to all the reference documents can be found on the Safer Shetland website.

2. Introduction

The Shetland Domestic Abuse Partnership has published two previous strategies, covering 2008-11 and 2013-16, which were primarily concerned with domestic abuse. This Strategy builds on that previous work but aims to tackle both domestic abuse and sexual violence , alongside other forms of GBV. This document and associated action plan and sets out how the Partnership will continue to address and prevent domestic abuse, sexual violence and other forms of gender-based violence (GBV) in Shetland over the next five years.

Gender based violence covers:

- Domestic Abuse
- Rape and Sexual Assault
- Harassment and Stalking
- Commercial Sexual Exploitation
- Childhood Sexual Abuse (CSA)
- Human Trafficking
- Harmful Traditional Practices (including forced marriage and female genital mutilation FGM)

Although this Strategy focuses on the main areas of concern in Shetland: **domestic abuse and sexual violence** (rape and sexual assault); it does include all forms of gender based violence. For definitions of domestic abuse and gender based violence refer to Appendix A.

GBV issues can affect both men and women, of any sexuality, but the majority of victims are women and the majority of perpetrators are men. Whilst GBV can affect anybody, the key risk factor is being female, with other factors such as ethnicity, disability, poverty, or other vulnerabilities also increasing the risk. However, because of the increased risk to women and underlying issues of gender inequality, the Scottish Government's current strategy (Equally Safe) focuses exclusively on violence against women and girls.[1]

Any violence against women and children in particular is considered to be a Human Rights issue in terms of gender inequality.

A summary of current national activity can be found in Appendix B of this Strategy and further detail on the national and international context can be found in the reference documents on the Safer Shetland website and on the Government's Violence against Women and Girls webpages.

2.1 Local context

The Shetland Domestic Abuse Partnership is a multi-agency partnership that has been running for a number of years (refer to Appendix C for the membership of the group whilst this strategy was being developed).

Within the Shetland Community Planning context, the SDAP has in the past reported to the Shetland Community and Safety Resilience Board, which in turn reports to the Community Planning Board. The Chairperson of the Partnership has also reported to the Chief Officers' Group.

With the change from the Local Outcome Improvement Plan to the Partnership Plan (see below) and changes to the governance of the Shetland Partnership , there will

be changes to the way partnerships, including SDAP , report within the Community Planning framework. This will also be influenced by the introduction of the Integrated Joint Board and the Community Justice Partnership; and the inclusion of 'domestic abuse' as a service within the remit of the IJB, and included in the Joint Strategic Commissioning Plan.

2.1.1 The Shetland Partnership and the Partnership Plan

The Shetland Partnership is made up of a wide range of partners and community bodies who work together to deliver our collective ambitions for the future. It is the Community Planning Partnership for Shetland. Previously there have been specific actions related to domestic abuse in Partnership's Single Outcome Agreement, and latterly in the Local Outcome Improvement Plan (LOIP).

During 2017 the LOIP was reviewed and developed into Shetland's Partnership Plan. The vision for the Plan is: "*Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges*"

Whilst there is no specific mention of domestic abuse or gender based violence in the high level Strategy, there is a priority entitled '*People: Individuals and families thrive and reach their full potential'*

By addressing this priority, the desired outcomes for Shetland are that:

- The number of disadvantaged people and households in Shetland will be considerably reduced as a result of people being enabled and empowered to address the issues they face and helping others to thrive in the same way.
- The Shetland Partnership will be prioritising prevention and working with households and communities to provide innovative solutions to the issues they face.
- Shetland will continue to be a safe and happy place, with more people feeling connected to their communities and benefitting from living in good places and keeping active.

Although no elements of GBV are mentioned specifically, tackling domestic abuse, sexual violence and other forms of GBV as described in this strategy will clearly contribute to achieving these outcomes. This strategy follows the underlying consistent themes in the Partnership Plan of partnership working, prevention, tackling inequalities, empowerment and community engagement and responsibility.[2]

2.1.2 Domestic Abuse: Multi-agency Risk Assessment Conference (MARAC)

The MARAC has been running in Shetland since 2013 and is the key process for supporting and protecting people at the highest risk of domestic violence. The MARAC is currently partially funded by the Government's Violence Against Women and Girls programme. To date MARAC has not been a statutory responsibility but there have been indications that this may change in Scotland.

There is a Core Group that meets regularly to undertake the conferences; and up until April 2016 there was a local Steering Group that reported to SDAP. The process was co-ordinated locally through the Shetland Islands Council: initially within Community Safety and then Child and Adult Protection. However, since April 2016, the process has been co-ordinated through Safer Highland, although the

Conferences are still held locally. The local Steering Group has been merged into the Partnership.

2.1.3 Rape and Sexual Assault

The Domestic Abuse Partnership has expanded its remit to consider the issue of rape and sexual assault. In 2015, a sub-group of the Partnership (The Rape and Sexual Assault Working Group) was set up to progress work on tackling the apparently increasing numbers of sexual assault and harassment in Shetland. The group then began working with Shetland Rape Crisis, when this local service was set up by Rape Crisis Scotland in 2016.

In early 2017 there was considerable political and media interest, both local and national, in the issue of provision of forensic medical examination for the victims of sexual assault. At this time, NHS Shetland was not able to provide round the clock provision of a forensic examination service and sometimes victims had to be flown south for the examination. At the same time there was significant ongoing regional and national work looking at the delivery of both custody healthcare and forensic medicine across Scotland.

As a result, NHS Shetland developed plans to improve custody healthcare and forensic medicine services, including identification of staff to do this work, sourcing of training, provision of accommodation and equipment; with an emphasis on delivering a trauma sensitive service. This will be alongside partnership working with Shetland Rape Crisis and the local Police.

2.1.4 Community Justice Partnership

Community Justice is about individuals, agencies and services working together to support, manage and supervise people who have committed offences. The local Community Partnership first met in 2016 following the introduction of the Community Justice (Scotland) Act 2016 and the partners are working together to

- Prevent and reduce further offending
- Reduce the harm that offending causes
- Promote social inclusion and citizenship

The CJP wants to work with people to give them the support they need to address the underlying causes of their offending behaviour, but at the same time it must make sure that the needs of victims and witnesses of crime are met. There are a number of programmes for working with people who are perpetrators of gender based violence, however these can be difficult to implement in a small community with limited resources.

2.1.5 Impact on Children and Child Protection

Domestic abuse is highlighted in Shetland's Integrated Children's Plan as having the potential to seriously harm children and young people. Children can experience domestic abuse or violence in different ways. The abuse might be seen, or it may be heard from a different room, injuries may be seen or distress may be apparent. Domestic abuse is one of the most frequent reasons for children being on the Child Protection Register, along with parental substance misuse, and one of the highest

categories of referrals to the Children's Reporter. There are small numbers of children who go on the Child Protection Register because of sexual abuse, in 2016-17 there were none, and there are low numbers nationally. There are children in Shetland who have been identified as being at risk of child sexual exploitation, but no children required to be registered which indicates that agencies are able to respond to such concerns at a preventative level.

There is currently local work on Adverse Childhood Experiences (ACEs) which include for example experience of domestic violence, being the victim of abuse, being in a household where others are in prison or experiencing drug and alcohol abuse, having a parent with mental health problems. There is now increasing evidence about the considerable psychological and physical health effects of ACEs. The Emotional Wellbeing and Resilience project will span five years and is focused on improving our approaches for those children who are affected by ACEs, along with making Shetland a trauma informed community and improving our children's emotional health and resilience. This will include how we identify children affected by ACEs, how services respond to them, evidence based practice, engaging with children, prevention and changing culture to create a trauma informed community.

2.1.6 Shetland Multi-agency Anti-bullying Framework

This Framework was launched in 2017. Domestic Abuse can be seen as a form of bullying within a relationship (or former relationship) and there are clear links with this domestic abuse strategy. Through the Framework, the Shetland Community Safety and Resilience Board and the Shetland Planning Partnership want to give a strong and clear message that there should be a zero tolerance approach to any form of bullying behaviour that harms children, young people and adults. The focus of the framework is on keeping people safe, supporting those harmed, challenging any form of bullying behaviour and if necessary using appropriate legal measures to tackle bullying behaviour.

3. Aims and objectives

3.1.1 Aim

The overarching **aim** of this Strategy is to reduce the number of children, young people and adults affected by gender based violence, particularly domestic abuse and sexual violence, and to minimise the consequences.

This is to support the Shetland Partnership **vision**: *"Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges"*

3.1.2 Objectives:

- To raise public and professional awareness of, and challenges attitudes towards, gender based violence and its consequences on an ongoing basis through a local communications plan, a staff training plan and development of organisational GBV policies.
- To protect and support those who experience or are affected by gender-based violence through:
  - increasing the proportion of people experiencing domestic abuse and sexual violence who report these incidents to the police and increasing the number of detections
  - ensuring the effectiveness and sustainability of the MARAC, including securing long term funding
  - developing and / or commissioning evidence based and cost effective services to meet the needs of the Shetland population.
- To reduce harm to children and young people as a result of gender based violence, through identification of those at risk and provision of appropriate dedicated services.
- To ensure local GBV work is inclusive i.e. including people of any age, gender identity, sexuality, faith, ethnicity, socio-economic background and ability.
- To support the wider local work on tackling the underlying causes of sexual violence and abusive relationships, specifically with children and young people.
- To prevent offending and re-offending through violence reduction programmes and criminal justice work.

These fit with the national priorities in the Equally Safe Strategy:

- Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls.
- Women and girls thrive as equal citizens: socially, culturally, economically and politically.
- Interventions are early and effective, preventing violence and maximising safety and wellbeing of women and girls.
- Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response

3.1.3 Indicators

Awareness raising

- Number of staff attending training / accessing online course

Protection & Support

- Number and rate of reports of domestic abuse and sexual assault /rape to Police Scotland
- Number and rate of detections of domestic abuse and sexual assault /rape
- Number of referrals and re-referrals to MARAC
- Number of referrals to Womens' Aid
- Number of women supported by Womens' Aid
- Number of women housed in refuge and number who could not be housed there.
- Number of referrals to Shetland Rape Crisis
- Number of adults supported by Shetland Rape Crisis
- Number of patients reporting rape or sexual assault at Sexual Health Clinic
- Number of people identified through routine enquiry in NHS settings
- Number of homeless presentations where applicant is citing reason for homelessness as relationship breakdown; violent or abusive

Reducing harm to children

- Number of children housed in refuge and number who could not be housed there.
- Number of children seen by Women's Aid
- Number of children supported by Shetland Rape Crisis
- Number of children referred for child protection concerns where domestic abuse or sexual violence is an issue
- Number of children on Child Protection Register where domestic abuse or sexual violence is an issue

Inclusivity

- Breakdown of MARAC figures

Tackling underlying causes of violence

- Indicators to be developed

Prevent offending and re-offending

- Indicators to be developed in line with Community Justice Partnership Outcome Improvement Plan.

4. How well do current services meet identified need

4.1 How many people in Shetland are affected by domestic abuse and sexual violence?

It is difficult to assess the true prevalence of domestic abuse and sexual violence in Shetland because many people affected are either unable to present to services, for many reasons, or choose not to. Figures tend to be based on the number of incidents reported to the police, the number of people presenting to specialised services and the number of people identified through routine enquiry or screening. We know that there will be some double counting in these figures, and also under-reporting. When figures increase over time this can be due to either a genuine increase in incidents (which is a poor outcome), or increased reporting (which is a good outcome).

As part of the implementation of this strategy we will be developing more systematic processes for data collection to report on the indicators described above.

4.1.1 Prevalence of domestic abuse - key points

- It is usually stated that around 1 in 4 women will experience some form of domestic abuse.
- WHO figures show that globally, the lifetime prevalence of physical and sexual intimate partner violence and abuse for women is around 30%. It is very difficult to know how many men are affected as reporting tends to be even less than for women.
- In Scotland, in 2016-17, there were 58,000 incidents reported.[3] Where gender information was recorded, 79% of all incidents of domestic abuse in 2016-17 had a female victim and a male accused: this is a decrease from 85% in 2007-08. 18% of incidents had a male victim and a female accused, a rise from 13% in 2007-08. These figures imply that more men are now victims, or more men are reporting incidents.
- In Shetland in 2016-17 there were 115 incidents reported to the police, a steady increase from 51 in 2007-08. 50% of these included a specific crime or offence (compared to 47% nationally).
- The rate of reporting in Shetland in 2016-17 was 50 per 10,000 population compared to 109 per 10,000 nationally, approximately 20 incidents.
- In 2017, there were 35 cases discussed at MARAC, which is 38 cases per 10,000 adult women compared to 21 per 10,000 for Scotland. All the individuals were female. There were 62 children involved in these cases.
- In 2017-18, 111 referrals were received by Shetland Women's Aid for their Women's Service. 42 women received specialist counselling and 69 specialist support. 64 referrals were received by the children and Young People's Service. 18 children and young people received specialist counselling sessions and 46 received specialist support. 32 women were supported by the Independent Domestic Abuse Advocate as part of the MARAC process.
- In 2017-18, Shetland Women's Aid supported 4 women and 9 children through the refuge and in 2017-18 and were at capacity for 70% of the year.

4.1.2 Prevalence of sexual violence – key points

- There were nearly 11,000 sexual offences reported in Scotland in 2016-17, the highest level since 1971 when comparable statistics are available.
- More than half were rape, attempted rape and sexual assault.
- However the rate in Shetland (9 per 10,000 population) was the lowest Scotland, the Scottish average being 20 per 10,000.
- Shetland Rape Crisis had 24 referrals and supported a total 51 adults in 2017-18 : including 6 through the Rape Crisis Scotland National Advocacy Project (NAP)
- Shetland Rape Crisis supported two children though NAP in 2017-18.

Further statistics and needs assessment data can be found on the Safer Shetland website.

4.2 Evidence based practice – what works?

4.2.1 Domestic Abuse

There have been are a number of reviews and sets of recommendations for dealing with domestic abuse, or intimate partner violence which is an increasingly preferred term.[4] [5] [6] The evidence base for the full range of interventions is patchy, however there are some consistent findings which can be applied to the local context.

Prevention

The evidence around prevention tends to focus on attitude or educational change rather than any impact on behavioural outcomes, which can be due to the difficulties in measuring outcomes. Most preventative work focuses on young people but there is limited evidence on what is most effective. Interventions aimed at adults are often awareness raising campaigns, but the evidence of effectiveness of these is inconsistent, some but not all seem to work.

Identification of domestic abuse

There is evidence that routine enquiry, or screening, within specific healthcare settings and situations can improve identification and disclosure of domestic abuse, particularly routine enquiry in pregnancy. There does not seem to be one tool that is better than another, or any specific training programme for staff. However organisational support and policies promote identification and referral. System centred interventions, with some degree of training and supportive materials have been shown to increase referral rates in the short term (in health settings).

Interventions for those who have experienced domestic abuse

A number of interventions have been shown to be effective including advocacy along with a range of skills-based, counselling and therapeutic interventions. Demonstrated outcomes have included reduced rates of intimate partner violence and abuse, increased safety, improved mental health and wellbeing, improved pregnancy and

child outcomes and increased access to community resources. However research in this area has tended to be with specific groups of women, often in refuge accommodation, and not the broad range of people who may be affected.

- Advocacy has been shown to be effective particularly for women who have actively sought help from professional services or are in a refuge setting, can reduce abuse, increase social support and quality of life and lead to increased use of safety behaviours and accessing of community resources.
- Group interventions have been shown to reduce abuse and improve psychological outcomes, including self esteem and coping with stress
- There is some evidence that psychological interventions are effective in reducing depression in women with a history of partner violence. The WHO recommendations for health interventions for intimate partner violence include
  - Appropriate mental health services for specific mental health conditions (either pre-existing or as a consequence of intimate partner abuse)
  - Cognitive behavioural therapy (CBT) or eye movement desensitization and reprocessing (EMDR) interventions are recommended for women who are no longer experiencing violence but are suffering from posttraumatic stress disorder (PTSD).
  - Psychotherapeutic interventions for children affected by intimate partner violence
- Multi-agency case conferences have been shown to have a positive effect on outcomes.

Perpetrators

A range of interventions are available but there is no clear evidence regarding the best approach. The main focus for interventions Individual and group programmes, both short term and long term, have been studied but with no consistent results. However, it is acknowledged that in order to prevent and improve the safety and quality of lives for women and children, perpetrators must be included in intervention work. Most long terms structured programmes will include equipping perpetrators with techniques to better control their behaviour and reactions; helping them learn to communicate more positively with their (ex) partners; improved understanding of the nature of abuse and of appropriate behaviour in relationships; a greater awareness and understanding of the inequalities that exist between men and women; and a more 'positive mindset' about both their relationships and themselves.

4.2.2 Sexual violence

According to the World Health Organisation[7], the evidence base is extremely limited in terms of effective interventions for **preventing** sexual violence. The evaluation of interventions such as registration of local sex offenders, residence restrictions on sex offenders (e.g. not living near schools) and electronic monitoring of sex offenders suggests they are largely based on myths about sexual violence and coercion, rather than evidence, and have been ineffective in preventing sex crimes or protecting children.

Other approaches have been more successful including:

- Strategies to prevent dating violence among young people in high-income countries have been rigorously evaluated, and some evidence suggests they may be effective.
- Some school-based initiatives in low- and middle-income countries have also demonstrated promise for reducing levels of sexual harassment and abuse, particularly those that use comprehensive, 'whole-school' and community outreach approaches.
- Prenatal and postnatal home-visiting programmes have been shown to reduce the risks of physical and psychological child maltreatment and neglect: these forms of abuse are known risk factors for both sexual violence perpetration and victimisation later in life.
- Other promising initiatives include strategies to promote changes in gender norms and behaviours, and community-based efforts to improve the social and economic status of women.

In addition to the limited evidence for effective interventions, the literature also provides some principles of good practice for **addressing sexual violence**.

These principles include:

Provide a comprehensive response to the needs of survivors

This response should include:

- psychological support (and referral for mental health care if needed)
- emergency contraception
- treatment and prophylaxis for sexually transmitted infections
- prophylaxis for HIV as appropriate
- information on safe abortion
- forensic examination (if a woman decides to pursue prosecution).

Build the knowledge base and raise awareness about sexual violence

This includes using data on prevalence and patterns to engage governments and policy-makers in addressing this issue and convince them of the public health impact and costs of sexual violence.

Promote legal reforms

This includes:

- strengthening and expanding laws defining rape and sexual assault
- sensitising and training police and judges about sexual violence
- improving the application of existing laws.

4.3 What works well in Shetland

The range of services available in Shetland can be found in the Directory of Services on the Safer Shetland website.

We do have a number of services and initiatives in place currently and planned, that should be effective according to the evidence base described above, and several are indeed working well in Shetland. These include:

- MARAC process - a multi-agency case conference as described in 2.1.2 above.
- Advocacy – there are specialist advocacy workers in both Women's Aid and Shetland Rape Crisis
- Forensic Medical Examination services - as described in 2.1.3 above
- Psychological support - within Women's Aid and Shetland Rape Crisis
- Children and Young People's counselling service at Women's Aid
- Routine Enquiry in NHS Settings -specifically Maternity and Accident & Emergency Department
- Delivery of workshops in schools by both Women's Aid (Healthy Relationships and Domestic Abuse awareness sessions with all S3s) and Shetland Rape Crisis (Rape Crisis Scotland National Prevention Programme)

4.4 Gaps in service provision in Shetland

However, there are a number of gaps in service provision which have been identified by the partners within the SDAP.

4.4.1 Capacity

There are capacity issues across all services but specifically

- Refuge capacity - there is currently provision for just one family in the local Women's Aid refuge, and this could be used by a woman fleeing domestic abuse from any part of the UK.
- Women's Aid needs increased staff capacity to avoid a waiting list. There is no waiting list for high risk clients and support service currently, but there is still a capacity issue. However there is currently a waiting list for children's service and adult counselling.
- Shetland Rape Crisis currently has a waiting list for specialist trauma psychotherapy and needs to increase capacity across all its services to meet increasing demand.
- Mental health services for specialist psychological support.

4.4.2 Clear referral pathways

Whilst there is good inter-agency working Shetland, referral pathways are not always clear and consistent.

4.4.3 Training

Training to date has been largely ad hoc and dependant on external funding pots; there needs to be a sustainable rolling training programme, based on best practice and incorporating trauma informed practice.

4.4.4 Prevention

Although there is already input to secondary schools, Women's Aid are keen to deliver preventative work in primary schools, and Shetland Rape Crisis is aiming to increase their capacity for preventative work.

4.4.5 Specialist support services for men affected by domestic abuse

Women's Aid is unable to work with men affected by domestic abuse at present, and therefore we are reliant on national helplines and organisations for specialist support. Victim Support does provide a generic support to victims, but not a specialist domestic abuse service. Shetland Rape Crisis provides services for all genders affected by sexual violence.

4.4.6 Appropriate media reporting

There have been issues with media reporting in relation to gender based violence (and also in relation to the reporting of stories relating to mental health and criminal justice). Being a very small community, media reporting can be an extremely sensitive issue which is exacerbated by the widespread use of social media for commenting on local press stories.

4.4.7 Ongoing work on awareness raising with both professionals and public

Awareness raising is a key underlying activity to support prevention, recognition of GBV and access to services. This has to be ongoing with messages targeted to different audiences. Whilst there has been significant awareness raising work, this has tended to be opportunistic since the loss of dedicated funding for the Partnership. There is a gap in having a planned programme to ensure that both the community and professionals maintain an awareness and understanding of the issues.

4.4.8 Lack of organisational Gender Based Violence Policies

NHS Shetland is the only local organisation with a policy at present, this is based on national guidance for the NHS which is currently being reviewed. In common with many other local authorities, Shetland Islands Council does not currently have a dedicated policy but work is underway to take this forward. The Partnership is not aware of any other local organisations that have such a policy.

4.4.9 Work with perpetrators

There are a number of programmes for working with people who are perpetrators of gender based violence, however these can be difficult to implement in a small community with limited resources. In Shetland we use the Respect programme with men who have been convicted of violence against women. However locally we do not have the resources to work with perpetrators who have not been convicted and referred on a Court Order.

4.5 Funding

There is currently no single budget for domestic abuse and sexual violence services.

Shetland Islands Council and NHS Shetland services and activities are all funded from individual departmental budgets, and not specifically earmarked for GBV work. There are no dedicated staff for this work, but it is picked up within individual remits.

Shetland Women's Aid receives grant finding from the Big Lottery (until 2019), Scottish Government Violence Against Women and Girls (VAWG) Fund and through a Service Level Agreement with the Integration Joint Board. One element of this is for Children and Young people counselling and the other element is for refuge provision and work with adult victims.

Shetland Rape Crisis receives funding from the Government, but no local funding from public bodies.

Survivors of Sexual Childhood Abuse Information and resources (SSCHAIR) has received grants for a number of different funding bodies.

Up until July 2017, the MARAC had been funded through the VAWG fund– which covered management costs at Women's Aid; co-ordination through Safer Highland; a dedicated Advocate at Women's Aid; training and publicity materials. However, VAWG funding has been withdrawn for MARAC and now only funds the Independent Advocacy post.

The co-ordinator role was funded by the Integration Joint Board (Community Health and Social Care services) in 2017-18, and will be funded through to 2019, but there is still an identified gap going forward in the funding required to run the MARAC. However, if MARAC becomes a statutory function then there may be a clearer route for local funding.

5. Actions

These are the key actions to be included in the Strategy Implementation Plan for the next five years.

5.1 Criteria for prioritising actions

Actions have been prioritised based on

- Supporting the individuals most at risk and in need of support / services
- Evidence based practice
- Realistic timescales – based on resources and funding available

5.2 Short term actions (by end March 2019)

- Secure funding for the continuation of MARAC for 2018-19 and beyond.
- Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.
- Develop and implement a communications plan to raise awareness amongst public and professionals, utilising social media and other platforms, in the context of the Safer Shetland Communications Strategy.
- Map current preventative work in schools (and other settings for young people), in context of wider violence reduction education and relationship work to identify gaps and duplication.
- Develop and adopt a gender based violence policy for the Shetland Islands Council.
- Review the NHS Shetland gender based violence policy, including evaluation of its use to date.
- Provide support and guidance (e.g. simple checklists) for organisations not yet ready to adopt a policy.

5.3 Medium term actions (by end October 2020)

- Further development of forensic medical examination and healthcare services for the victims of rape and sexual assault (informed by the work of the Chief Medical Officer's Taskforce and also regional work) to ensure maintenance of high standards and sustainability into the future.
- Through a training sub-group, develop and implement a rolling multi-agency training programme, in line with the NES Transforming Psychological Trauma Framework. This will need to incorporate training needs as a result of changes in legislation (for example inclusion of psychological abuse and controlling behaviour into Scottish domestic abuse law).
- Develop and implement a comprehensive programme for preventative work in both primary and secondary schools (and other settings for young people) covering domestic abuse and sexual violence primarily, along with other elements of GBV (in line with the Curriculum for Excellence). This will incorporate the workshops already delivered by Shetland Rape Crisis and

Shetland Women's Aid and compliment the programmes already being delivered around sexual health, relationships and parenting.

- Develop and implement consistent and clear signposting and referral pathways, including into appropriate mental health services.
- Support other organisations in the development / adoption of a gender based violence policy for their staff and clients.
- Explore feasibility of including a wider range of perpetrators in perpetrator programmes where appropriate

5.4 Longer term actions (by end March 2022)

- Evaluation of training programme.
- Evaluation of the preventative work programme in schools (and other settings for young people).
- Evaluation and ongoing development of communications plan.
- Implementation of evidence based and cost effective interventions for a wider range of perpetrators, if deemed feasible and affordable.

6. References

[1] Scottish Government's Equally Safe Strategy
https://beta.gov.scot/publications/equally-safe/

[2] Shetland's Partnership Plan (2018)
www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf

[3] Police Scotland statistics
https://beta.gov.scot/binaries/content/documents/govscot/publications/statistics-publication/2017/10/domestic-abuse-recorded-police-scotland-2016-17/documents/00526358-pdf/00526358-pdf/govscot:document/?inline=true/

[4] Dr Eileen Scott, NHS Health Scotland (2015) A Brief Guide to Intimate Partner Violence and Abuse
www.healthscotland.scot/media/1166/brief-guide-to-intimate-partner-violence_5466.pdf

[5]NICE Guidance (2014) https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621

[6] WHO (2013) Responding to intimate partner violence and sexual violence against women
http://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf?sequence=1

[7] WHO (2012) Understanding and addressing violence against women: Sexual violence
http://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf;jsessionid=FA266EA93F6895A4499497DFBFBD850D?sequence=1

Appendices

A. Definitions of Gender Based Violence

B. Current National Work on Gender Based Violence

C. Membership of Strategy Group during 2018

Appendix A Definitions of Gender based violence

The previous Domestic Abuse Strategy contained the following definition of domestic abuse:

"**Domestic abuse** (as gender-based abuse), can be perpetrated by partners or ex partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends)."

However, domestic abuse is now often included within a wider range of issues under the heading 'Gender based Violence' (GBV).

Gender based violence covers:

- Domestic Abuse
- Rape and Sexual Assault
- Harassment and Stalking
- Commercial Sexual Exploitation
- Childhood Sexual Abuse (CSA)
- Human Trafficking
- Harmful Traditional Practices (including forced marriage and female genital mutilation FGM)

Some definitions have a far greater emphasis on gender (female) inequality and the fundamental issue of male power and female subordination. This is alongside an acknowledgement that men can be victims. Whilst more women than men are victims of all forms of GBV, the difference in rates varies: FGM is solely violence against women but CSA is estimated to affect up to 13% of boys and 30% of girls. It is also acknowledged that under-reporting is often greater for males than females.

The Scottish Government defines **gender-based violence** as:

"a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly or exclusively carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as "gender-based", this definition highlights the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms and social structure and gender

roles within the community, which greatly influence women's vulnerability to violence."

The United Nations uses the terms violence against women, intimate partner violence and sexual violence. Violence against women is defined as:

"any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Intimate partner violence refers to "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours".

Sexual violence is "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object".

Appendix B Current National Work on Gender Based Violence

1. **Implementation of Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls**

2. **Investment of funding for prevention and support projects**

3. **Strengthening the law to give victims better protection, improve courts' responses, hold those committing these crimes to account and improve public safety**

   The Abusive Behaviour and Sexual Harm (Scotland) Act 2016 modernises the law on domestic and sexual abuse. The following provisions came into force on 24 April 2017:

   - introduce a 'statutory domestic abuse aggravator' to ensure courts take domestic abuse into account when sentencing offenders
   - give courts power to make non-harassment orders in cases where they cannot do so at present
   - require judges to give juries specific directions when dealing with sexual offence cases to help improve access to justice for victims
   - extend Scottish courts extra-territorial jurisdiction over sexual offences committed against children to cover the other jurisdictions of the United Kingdom.

   The Act also makes provision to:

   - create an offence of sharing private intimate images without consent (commonly known as 'revenge porn') with a maximum penalty of five years' imprisonment
   - reform the system of civil orders to protect the public from people who pose a risk of sexual harm

   Following consultation on domestic abuse legislation in 2016, the First Minister launched the Domestic Abuse (Scotland) Bill in March 2017. The Domestic Abuse (Scotland) Act 2018 is intended to better reflect victims' experiences, particularly those who suffer ongoing coercive and controlling behaviour by their partner or ex-partner.

4. **Implementation of a Female Genital Mutilation (FGM) National Action Plan**

   The Prohibition of Female Genital Mutilation (Scotland) Act 2005 made it a criminal offence to have female genital mutilation carried out in Scotland or abroad, and increased the maximum penalty from five to 14 years imprisonment. Scotland's national action plan to prevent and eradicate FGM was produced in 2016 in partnership with Police Scotland, the NHS, councils and third sector organisations. A year one report on the FGM national action plan was published in October 2017.

5. Delivering increased protection for people trapped in, or under the threat of, forced marriage

The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 came into force in November 2011. This introduced Forced Marriage Protection Orders (FMPO) to protect people from being forced to marry, or who are already in a forced marriage. To extend protection to those at risk, forcing someone into marriage was made a criminal offence in Scotland in September 2014.

Statutory and practitioner guidance was produced in 2014. The Statutory guidance describes the responsibilities of chief executives, directors and senior managers in agencies that handle cases of forced marriage and roles and responsibilities, accountability, training, interagency working, information sharing, risk assessment and record keeping.

- Forced marriage statutory guidance 2014
- Forced marriage Scottish statutory guidance: supplementary guidance, published 2014

The Multi-Agency Guidance is for frontline staff and volunteers in agencies and organisations who are likely to come across adults, children or young people threatened with, or in, a forced marriage.

- Forced marriage practitioner guidance, updated 2014
- Summary multi-agency practice guidelines, published 2011

The Government also produced guidance to help legal professionals to work with victims of forced marriage sensitively and effectively, and also with other agencies involved with the victim.

6. Establishment of the Taskforce to Improve Services for Rape and Sexual Assault Victims

This was set up in 2017 by the Chief Medical Officer to consider what improvements were required for healthcare and forensic medical services for those who have experienced rape and sexual assault. The Taskforce intends to:

- drive improvements in the provision of healthcare and forensic medical services for victims of sexual assault
- provide the necessary leadership so that Health Boards commit to deliver trauma informed services to better meet the needs of victims
- reduce unnecessary delays
- address situations where victims have to travel unreasonable distances to be examined
- tackle issues around the availability of female doctors to contribute to the delivery of these services
- consider the HMICS report, HMICS Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime 2017, on current

arrangements for forensic medical examinations in sexual offences cases in Scotland, including the recommendations about consistency in the standards of care and support for victims

- ensure that NHS Boards are meeting the National Standards developed by Healthcare Improvement Scotland

Appendix C Members of the Shetland Domestic Abuse Partnership during 2017 and 2018 who contributed to development of this Strategy.

Ian Bray, Shetland Islands Council, Housing Services

Police Inspector Martyn Brill, Police Scotland

Kate Gabb, Shetland Islands Council, Adult & Child Protection

Linda Gray, Shetland Rape Crisis

Gordon Greenlees, Police Scotland, H&I MARAC Co-ordinator

Wendy Hatrick, NHS Shetland, Public Health

Laura Herculson, SSCHAIR

Janice Irvine, NHS Shetland, Child & Adult Protection Lead

Dr Susan Laidlaw, NHS Shetland, Public Health

Rachel McDill, Shetland Islands Council, Community Planning & Development

Phillip Morrison-Gale, Hjaltland Housing Association

Fiona Morton-Cluness, Shetland Islands Council, Criminal Justice Social Work

Stephen Renwick, Shetland Islands Council

Vaila Robertson, Anderson and Goodlad Solicitors

Leigh-Ann Sinclair, Hjaltland Housing Association

Melanie Smith, NHS Shetland, Health Improvement

Laura Stronach, Shetland Women's Aid

Chief Inspector Lindsay Tulloch, Police Scotland

Councillor Amanda Westlake, Shetland Islands Council

Not all individuals were members of the Partnership throughout the whole period of the strategy development. Not all members attended Partnership meetings, but all had the opportunity to comment on the development of the Strategy and to consult with their respective organisations (where applicable).

Appendix 2

Direction from the Integration Joint Board

Domestic Abuse and Sexual Violence Services

1.	**Reference Number**	CC-08-19
2.	**Date Direction issued by IJB**	23 January 2019
3.	**Date from which Direction takes effect**	23 January 2019
4.	**Direction to:**	Shetland Islands Council & NHS Shetland
5.	**Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number**	No
6.	**Functions covered by the Direction**	• Protection and support for those who experience or are affected by gender-based violence • Multi Agency Risk Assessment Conference (MARAC) • Custody Healthcare and Forensic Medicine Services (for rape and sexual assault) • Awareness raising - public, organisational and professional • Staff training and development of organisational policies and approaches to Gender Based Violence • Specialist commissioned services, including refuge accommodation, advocacy, counselling and support • (indirectly) to support the prevention of offending and re-offending through violence reduction programmes (primarily the function of the Criminal Justice service)
7.	**Full text of Direction**	• Deliver universal and specialist domestic abuse and sexual violence services • Implement the Shetland Domestic Abuse and Sexual Violence Strategy 2018-23
8.	**Budget allocated by IJB to carry out Direction.**	The cost of providing services, support and advice for people affected by Domestic Abuse and Sexual Violence forms part of the staff costs and time already accounted for in other Directions already approved. These services will include, but not be limited to:

		- Accident and Emergency - Maternity - Child Health - Adult Social Work - Primary Care - Community Nursing - Mental Health The cost of the MARAC service is estimated to be £5,600 in 2019-20. The budget is split 50/50 between NHS Shetland and Shetland Islands Council. The Social Care budget is held under Social Care – Commissioned Services and the NHS Budget is held under the Community Health and Social Care Directorate. The cost of the payment to Shetland Women's Aid is estimated to be £70,000 in 2019-20 and is included in the Social Care – Commissioned Services budget.
9.	**Outcomes**	• Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes
10.	**Performance monitoring arrangements**	Quarterly Reporting
11.	**Date of review of Direction**	By March 2023

Shetland Islands Health and Social Care Partnership

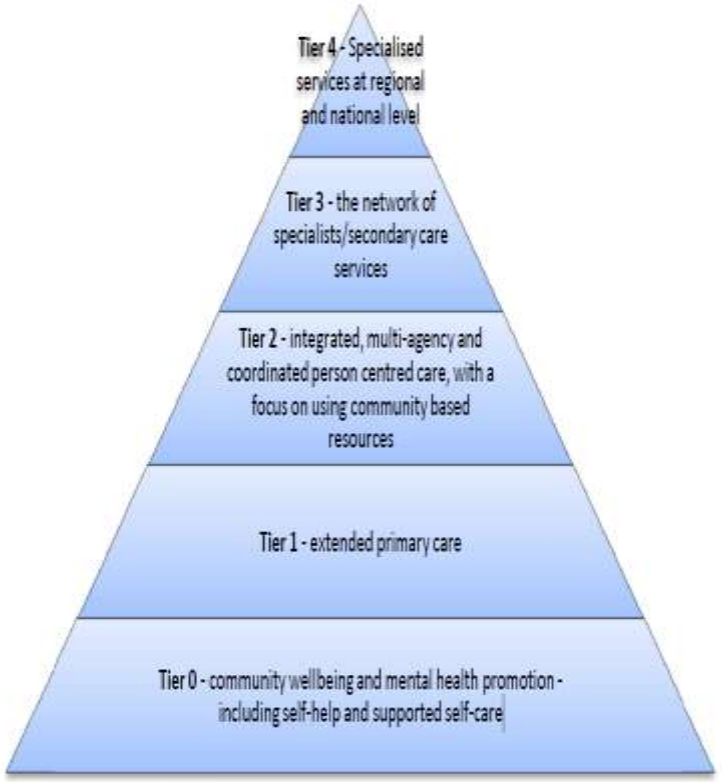
Direction for Domestic Abuse and Sexual Violence Services

Service Model
Outcomes Framework
Improvement Plans

January 2019

Service Model

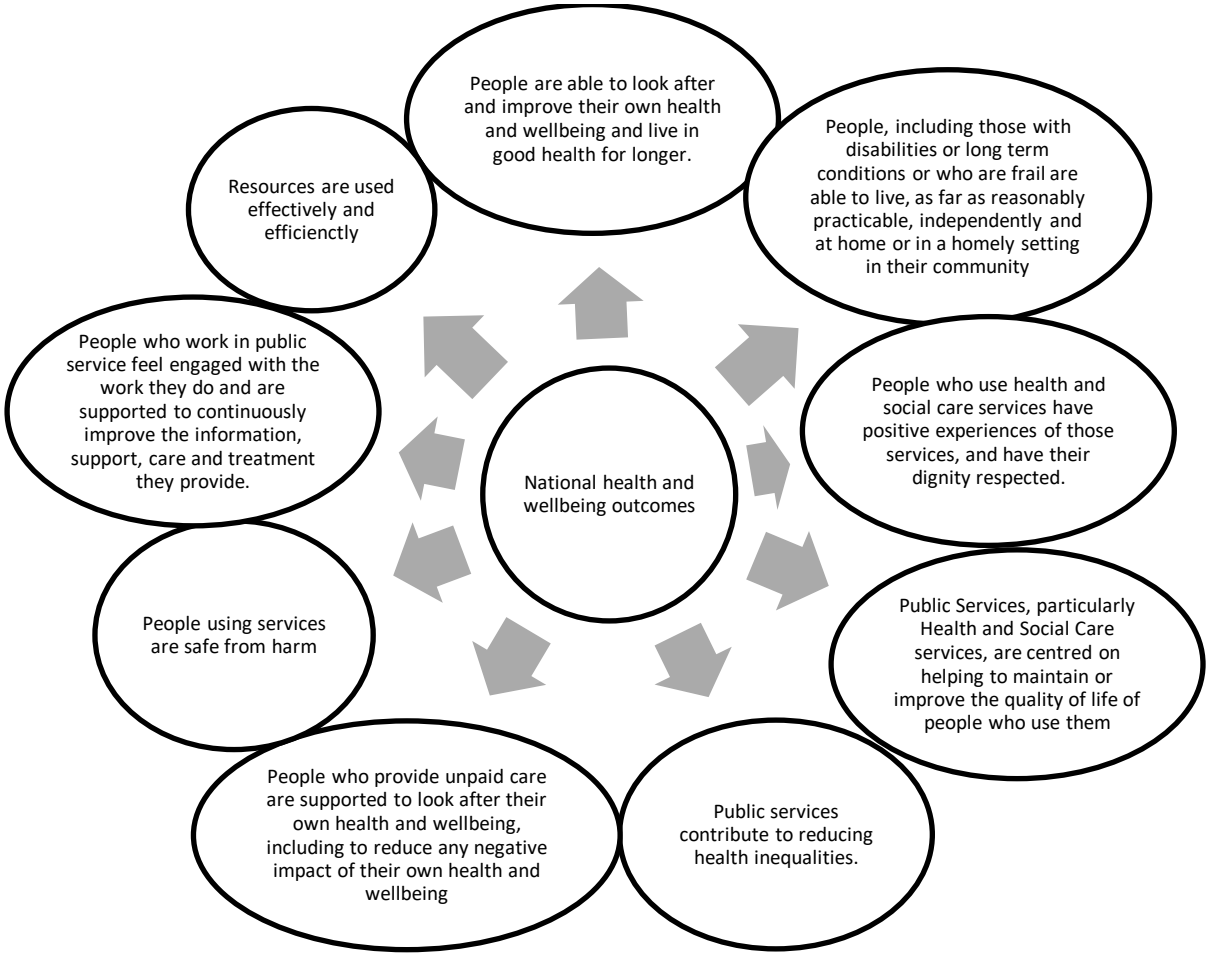
The service model and indicative activity levels (where available) for services to adults are shown below. This is the service model that the IJB is commissioning directly from NHS Shetland and Shetland Islands Council and through them from other NHS Boards and the voluntary sector.



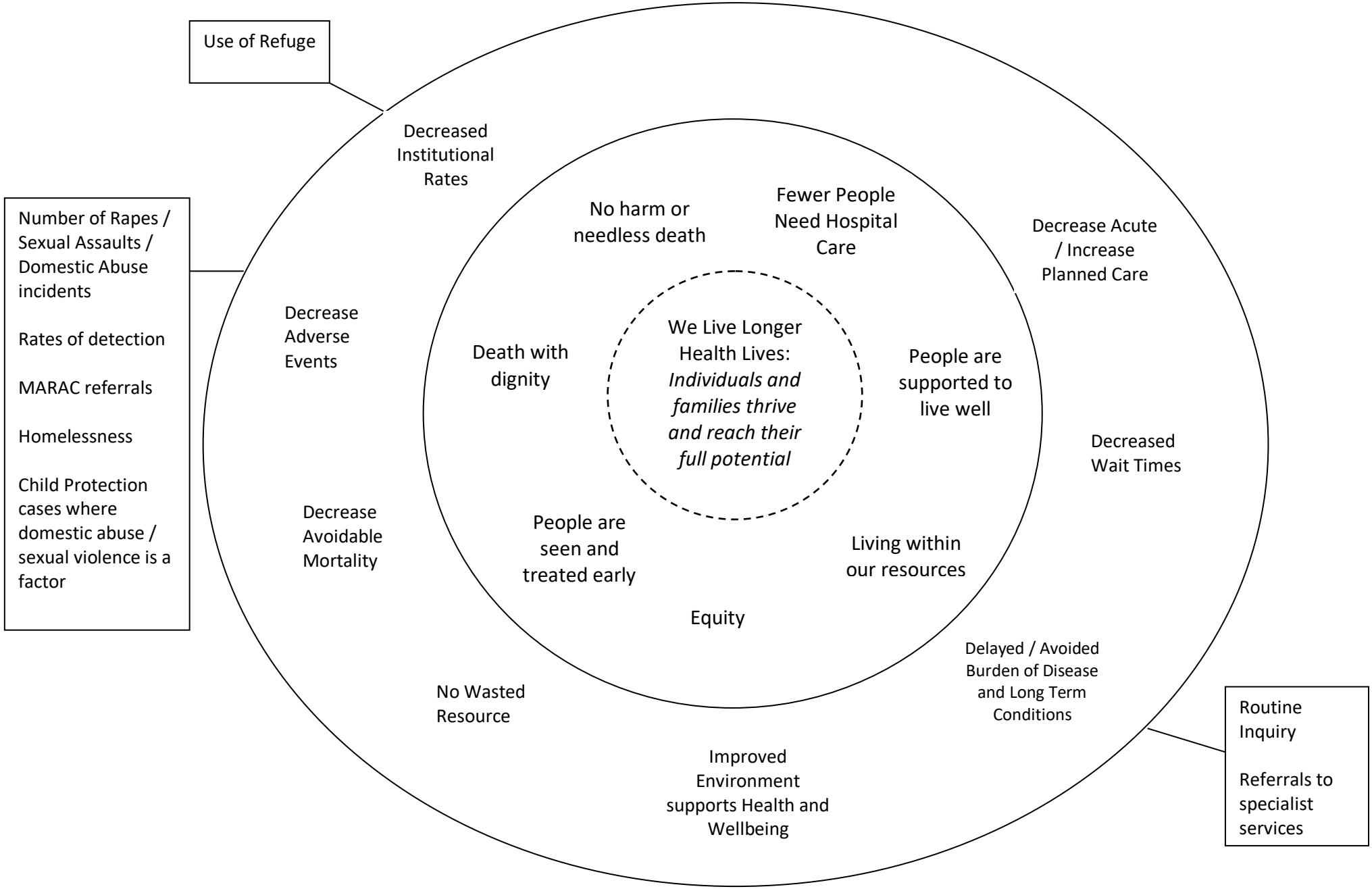
Current Activity	Numbers Patients / Service Users
Custody Healthcare and Forensic Medicine Services	
Referrals to Shetland Rape Crisis	24 Referrals, supported 51 adults (2017-18)
MARAC Case Conferences	35 cases (38 cases per 10,000) (2017)
Referrals to Shetland Women's Aid	111 to Women's Service (2017-18)
Refuge Service	4 women (and 9 children) 2017-18
Inquiry in Specific Healthcare settings (eg Maternity)	
Primary Care	
Social Work	

Outcomes Framework

The IJB Commissions Domestic Abuse and Sexual Violence Services in line with the general Health and Wellbeing Outcomes.



There are no specific outcomes in place for Domestic Abuse and Sexual Violence Services. This will be developed as part of the Improvement Plan in line with the Canterbury, New Zealand Health System Outcomes Framework (http://ccn.health.nz/Resources/OutcomesFramework.aspx) shown below, with examples of indicators.


Use of Refuge
Number of Rapes / Sexual Assaults / Domestic Abuse incidents
Rates of detection
MARAC referrals
Homelessness
Child Protection cases where domestic abuse / sexual violence is a factor
Decreased Institutional Rates
Decrease Adverse Events
Decrease Avoidable Mortality
No Wasted Resource
Improved Environment supports Health and Wellbeing
Delayed / Avoided Burden of Disease and Long Term Conditions
Decreased Wait Times
Decrease Acute / Increase Planned Care
No harm or needless death
Fewer People Need Hospital Care
Death with dignity
People are supported to live well
People are seen and treated early
Living within our resources
Equity
We Live Longer Health Lives: Individuals and families thrive and reach their full potential
Routine Inquiry
Referrals to specialist services

6

Improvement Plans

The evidence based review of the Domestic Abuse and Sexual Violence Strategy 2018-23 has identified a number of improvement actions as outlined below.

Criteria for prioritising actions

Actions have been prioritised based on:

- Supporting the individuals most at risk and in need of support / services
- Evidence based practice
- Realistic timescales – based on resources and funding available

Short term actions (by end March 2019)

- Secure funding for the continuation of MARAC for 2018-19 and beyond.
- Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.
- Develop and implement a communications plan to raise awareness amongst public and professionals, utilising social media and other platforms, in the context of the Safer Shetland Communications Strategy.
- Map current preventative work in schools (and other settings for young people), in context of wider violence reduction education and relationship work to identify gaps and duplication.
- Develop and adopt a gender based violence policy for the Shetland Islands Council.
- Review the NHS Shetland gender based violence policy, including evaluation of its use to date.
- Provide support and guidance (e.g. simple checklists) for organisations not yet ready to adopt a policy.

Medium term actions (by end October 2020)

- Further development of forensic medical examination and healthcare services for the victims of rape and sexual assault (informed by the work of the Chief Medical Officer's Taskforce and also regional work) to ensure maintenance of high standards and sustainability into the future.
- Through a training sub-group, develop and implement a rolling multi-agency training programme, in line with the NES Transforming Psychological Trauma Framework. This will need to incorporate training needs as a result of changes in legislation (for example inclusion of psychological abuse and controlling behaviour into Scottish domestic abuse law).
- Develop and implement a comprehensive programme for preventative work in both primary and secondary schools (and other settings for young people) covering domestic abuse and sexual violence primarily, along with other elements of GBV (in line with the Curriculum for Excellence). This will incorporate the workshops already delivered by Shetland Rape Crisis and Shetland Women's Aid and compliment the programmes already being delivered around sexual health, relationships and parenting.
- Develop and implement consistent and clear signposting and referral pathways, including into appropriate mental health services.

- Support other organisations in the development / adoption of a gender based violence policy for their staff and clients.
- Explore feasibility of including a wider range of perpetrators in perpetrator programmes where appropriate

Longer term actions (by end March 2022)

- Evaluation of training programme.
- Evaluation of the preventative work programme in schools (and other settings for young people).
- Evaluation and ongoing development of communications plan.
- Implementation of evidence based and cost effective interventions for a wider range of perpetrators, if deemed feasible and affordable.

ENDS

Shetland Islands Health and Social Care Partnership

Agenda Item

4

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	23 January 2019
Report Title:	Mental Health Service Review: Findings and Directions	
Reference Number:	CC-05-19-F	
Author / Job Title:	Simon Bokor-Ingram, Director of Community Health and Social Care	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board:

i. COMMENT and ADVISE on any issues which they see as significant to meeting the objectives of the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2017-2020 in respect of Mental Health Services; and

ii. DIRECT the Community Health and Social Care Partnership to deliver the Service Review as set out in Appendix 1.

2.0 High Level Summary:

2.1 In March and April 2017, the IJB, Council and NHS Shetland approved the Shetland Islands Health and Social Care Strategic Commissioning Plan for 2017-20. The Plan indicated an imbalance between the current model of delivery and the funding available to meet the cost of services. The Plan therefore outlined some key service reviews to explore 'sustainable service models'. The work on Mental Health Services Redesign is one of those projects.

2.2 The overall project aims focused on services which best achieve the Health and Wellbeing Outcomes for this particular group of service users and considered that from a 'whole system' point of view (that is to consciously consider the impact of any changes on other services and activities). Part of the project has a financial target of £200,000 (on Council funded services provided at Annsbrae, called the Community Mental Health Service). The Council funded the IJB for 2018/19 with a £200,000 reduction in expectation that the savings could be found from within Community Mental

Health.

2.3 Key issues which the overall project sought to address were identified as:

- a non-integrated approach, based around organisations and specific services, rather than wrapped around the needs of individuals;
- limited ability to respond to crisis interventions and respond overnight;
- support for transition between and into/out of care;
- inconsistent and unclear pathways, so service users may receive a different service offering depending on the referral route; and
- services are not always clearly aligned with individual's outcomes.

2.4 In August 2018, the Scottish Government provided additional funding to increase the workforce to give access to dedicated mental health professionals. NHS Shetland has received notification of additional funding of £53,907 to support gaps in services around: Cognitive Behavioural Therapy (CBT); Occupational Therapy; skill mix that utilises recovery pathways; and community links.

2.5 On 6 June 2018, the IJB approved the Primary Care Improvement Plan (Min Ref 14/11), which supports the approach of creating multi-disciplinary teams in each location and the mental health service will be an integral part of the services provided in this way.

2.6 Efficiency savings of £38K have been identified from a review of staffing levels which will secure the required outcomes for lesser cost. A further £38,000 has been identified from other services within the Community Health and Social Care Directorate, the details of which are included in the Finance Section below. The remaining £124,000 will continue to be sought from the Directorate for the remainder of 2018-19 and into 2019-20.

2.7 Initially, it was considered appropriate to utilise the Building a Better Business Case process. However, it quickly became apparent that there are a considerable number of improvement actions to take forward which are of a managerial rather than service redesign nature. These actions cover: referrals protocols; pathway redesign; working in multi-disciplinary teams and joint training. The Action Plan is included in full at Appendix 1.

2.8 For the Community Mental Health Service delivered at Annsbrae, the review concluded that the service was performing well, which is in line with recent Care Inspectorate reports, and that the needs of the service users are being appropriately met. An in-house model of service remains the best delivery mechanism, due to the complexity of the care packages and the level of skills required to meet needs. There are therefore no recommendations to significantly change the service models, beyond the improvement actions around 'ways of working' but some gaps in service have been identified. See further paragraph 4.4

3.0 Corporate Priorities and Joint Working:

3.1 The Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and

Social Care Partnership's Integration Scheme.

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

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

4.0 Key Issues:

4.1 Mental Health Services are one of the key priorities for the Scottish Government and they have recently published a 10 Year Strategy for Mental Health with a wide ranging action plan and a resource commitment.

4.2 The Review process has identified a wide range of improvement actions to be taken forward, mostly at a managerial level.

4.3 The specific recommendations on service provision have been highlighted in the amended Direction at Appendix 1 and cover mainly: waiting times; out of hours / crisis arrangements; and access to employment, training, social and leisure opportunities. The IJB is invited to approve the revised Direction to address these planned improvements to service outcomes and other issues.

4.4 The conclusions and issues from the review are set out below, listed under the key project objectives.

Ensure people who require services achieve better outcomes

4.4.1 For the most part, all the services can demonstrate from case files that they are delivering good outcomes for our service users. However, there are gaps in services which need to be addressed, around waiting times, access to services, out of hours and in crisis situations.

4.4.2 There is room for improvement in some aspects of social care provision, for example around access to social and recreational activities and employment opportunities. This will include working closely with third sector partners around support for people with long term conditions.

Assess service user's needs, outcomes and recovery plans

4.4.3 There is an identified need for all aspects of the service to focus on joint recovery plans.

Ensure that services are integrated, flexible and responsive to people's assessed need

4.4.4 The evidence highlights that the key improvement action is to work towards further integrating services around people's needs, with a particular need to focus on sharing assessments appropriately and developing single care plans.

Assess the extent to which services are supporting people to live safely and independently through a focus on recovery and / or maintenance of long term conditions / preventable relapse.

4.4.5 There is an identified gap for supported respite accommodation.

4.4.6 There are issues to address with regard to the service level agreement with NHS Grampian.

Ensure resources are used effectively and wisely

4.4.7 For the most part, resources are used effectively. Some parts of the buildings at Annsbrae are under-utilised and there is an identified need for additional multi-purpose space across the Directorate, especially as new staff are recruited through the new Scottish Government funding.

4.4.8 Staff are used effectively and work at a level appropriate to their skills. There will be further opportunities to find ways to work more effectively across health, social care and the third sector through the multi-disciplinary team approach. There is no evidence of duplication of effort; each service provides an appropriate intervention to meet specific aspects of individual's needs.

4.4.9 The opportunities to meet need through Self Directed Support Option 1 are under-utilised, however work is underway to promote increased uptake of Option 1 Direct Payment where appropriate.

Identify the options for securing £200,000 of savings.

4.4.10 There is an opportunity to make some small savings through changes in staffing without carrying the risk of any legal challenges, as all service users have their needs assessed in line with the Council's statutory obligations. It is also anticipated that increasing use of fleet vehicles will also generate savings as well as meeting the council's Lone Working obligations.

4.4.11 The staffing levels and skills mix are appropriate to the number of service users and the complexity of their needs. The opportunity for making an efficiency saving is from a reduction in 1.0 FTE social care worker post which does not impact on the ability of the service to meet identified needs and to deliver the required outcomes.

4.4.12 Over time, as the service works through the Action Plan of improvements, there may be opportunities to release savings and efficiencies from building costs and / or acute care costs.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	There is a specific performance outcomes framework for Mental Health. Some NHS service performance, around access to treatment times, is variable. Service users assessed care needs are being met. However, the review process has identified a significant number of improvement actions to help improve our services, especially around planning and managing care in a joined up way.
6.2 Human Resources and Organisational Development:	The staff teams have a high level of specialist skills and knowledge. Some additional training needs have been identified and are included in the improvement plan. The efficiency savings identified of £38,389 is in connection with 1 FTE social care worker post (plus annual leave cover) at the Community Mental Health Service, which will be addressed through an operational staffing review. Shetland's share of the investment towards the national target of 800 additional staff is to have in place an additional 3.92 whole time equivalent members of staff by 2021-22. This funding is specifically for new distress-related work. A further efficiency savings can be secured through not filling a vacant Project Manager post within the Directorate. This will secure a net saving of £38,125 (0.8 FTE) on an ongoing basis and the post will be deleted from the structure.
6.3 Equality, Diversity and Human Rights:	There are plans to improve the employment opportunities for individuals and this will have a positive impact on their equality.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services. That Act requires the IJB to issue Directions in writing, which must set out how each function is to be exercised and the budget associated with that function. Guidance is in place on the form and content of Directions, which Appendix 1 meets. On 30 June 2017 the majority of Parts 1 and 2 of the Mental Health (Scotland) Act 2015 came into force, which make changes to the existing 2003 Act. This will be a key driver for the Improvement Plan.
6.5 Finance:	The original budget for Mental Health Services is £2m (estimates for 2018-19). NHS Shetland services are estimated to cost £1.4m and Shetland Islands Council services are estimated to cost £0.6m. Some

	additional funding has been secured for the NHS (the Action 15 workforce funding) and some savings have been identified for the SIC. The changes to the budget are summarised in the Table below. **Budget 2018-19 (£)** / **Original** / **Revised** NHS: 1,353,000 / 1,406,907 SIC: 619,000 / 580,611 Total: 1,972,000 / 1,987,518 The Council applied a savings target of £200,000 in 2018-19. At the Policy and Resources Committee meeting on 12 February 2018, in approving the budget and charging proposals for the Community Health and Social Care Directorate for 2018-19, which included the £200,000 savings target for Mental Health Services, Members were advised by the Executive Manager – Finance that further detail was required to inform on the proposals and impacts, through the IJB. It was further agreed that a report on the impacts from the reduction in funding to Mental Health would be reported from IJB to Policy and Resources Committee. The savings target has only partially been met from the Community Mental Health Service. The identified efficiencies can be applied without significantly altering service outcomes. Some savings have been identified within the Directorate and the remainder of the savings will be secured from other parts of the Directorate during 2018-19 and into 2019-20. **Savings (£)** / **Original Proposal** / **Actual Savings** Community Mental Health Service: 200,000 / 38,389 Project Manager Post: 0 / 38,125 **Total**: **200,000** / **76,514** **Still to Find**: **123,486**
6.6 Assets and Property:	The review has highlighted some improvements with regard to the utilisation of assets.
6.7 ICT and new technologies:	Whilst there are no specific issues with regard to this service redesign project, the availability of technology, where robust, can be a tool to support individuals and services.
6.8 Environmental:	There are no specific environmental implications to highlight.
6.9 Risk Management:	The risks of not proceeding with the review conclusions and improvement plan will be: - that the services are not always aligned with people's outcomes; - that demand for services grows beyond the staffing resources to

	address need; and - that service models are not aligned to the available financial resources.
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the joint Strategic (Commissioning) Plan at its meeting in November 2015. The delegated functions are set out in the Integration Scheme and Mental Health Services is a delegated function. The Integration Scheme also states that, 'the detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan'. The IJB can therefore decide on any investment and disinvestment recommendations, as required, as the Business Case develops and, in particular, to address the funding decisions taken by the Council for resources available in 2018-19 (in the form of a £200,000 savings target for this service area).
6.11 Previously considered by:	None

Contact Details:
Simon Bokor-Ingram
Director of Community Health and Social Care and Chief Officer IJB

Appendices
Appendix 1 Draft Amended Direction

References

NHS Shetland and Shetland Islands Council Joint Strategic Commissioning Plan 2017-2020
http://www.shetland.gov.uk/coins/viewDoc.asp?c=e%97%9Dd%96p%81%8E

Mental Health Resources Services Review: Outline Business Case
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22692

Primary Care Improvement Plan
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22586

Mental Health Services: Response to National Mental Health Strategy on Increasing the Workforce (Action 15)
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22916

Appendix 1, Draft Amended Direction Mental Health Service

Direction from the Integration Joint Board

Mental Health

		Direction Approved December 2017	Proposed Direction January 2019
1.	**Reference Number**	CC-61-17	CC-05-19
2.	**Date Direction issued by IJB**	19 December 2017	23 January 2019
3.	**Date from which Direction takes effect**	19 December 2017	23 January 2019
4.	**Direction to:**	Shetland Islands Council & NHS Shetland	Shetland Islands Council & NHS Shetland
5.	**Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number**	No	Yes CC-61-17
6.	**Functions covered by the Direction**	• Community Psychiatry Services • Community Psychiatric Nursing Service • Psychological Therapies Service • Substance Misuse Recovery Service • Dementia Services • Provision of a comprehensive psychiatric service to adults (18+) by Consultant Psychiatrist, Community Psychiatric Nurses (CPNs), Specialist Social Worker / Mental Health Officer (MHO) • Provision of Psychological Therapies Service for patients who	• Community Psychiatry Services • Community Psychiatric Nursing Service • Psychological Therapies Service • Substance Misuse Recovery Service • Dementia Services • Provision of a comprehensive psychiatric service to adults (18+) by Consultant Psychiatrists, Community Psychiatric Nurses (CPNs), Specialist Social Workers / Mental Health Officers (MHOs) • Provision of Psychological Therapies Service for patients who

		have moderate to severe distress as a consequence of life events or health conditions (depression, anxiety, personality disorder, suicidal ideation, trauma) • Provision of Community Mental Health Support Services including supported accommodation, short break / respite services and Outreach Service and Skills Centre • Provision of a specialist diagnostic service for Dementia with development of locally based Dementia Care • Multi agency provision of services to violent / vulnerable mentally disordered offenders and Forensic Psychiatry (through North of Scotland Forensic Mental Health Network)	have mild to moderate and severe complex trauma as a consequence of life events or health conditions (depression, anxiety, personality disorder, suicidal ideation, trauma) • Provision of Community Mental Health Support Services including supported accommodation, Outreach Service and Skills Centre • Provision of a specialist diagnostic service for Dementia with development of locally based Dementia Care • Post Dementia Diagnostic support till 2020 • Multi agency provision of services to violent / vulnerable mentally disordered offenders and Forensic Psychiatry (through North of Scotland Forensic Mental Health Network)
7.	**Full text of Direction**	• Complete the production of a Psychiatric Emergency Plan • Complete the production of a Discharge Policy for patients returning to Shetland from Psychiatric Hospital • Provide suitale accommodation for managing mental health presentations in the Gilbert Bain Hospital • 24/7 availability of staff to de-escalate and	• Deliver services as set out in this Direction including the Improvement Plan

		physically intervene where disturbed / violet behaviours need to be managed • Further integration of the health and social care elements of mental health • Completion of the Implementation of the Triangle of Care	
8.	**Budget allocated by IJB to carry out Direction.**	NHSS £1,353,000 SIC £619,000 Total Budget £1,972,000	NHSS £1,406,907 SIC £580,611 Total Budget £1,987,518
9.	**Outcomes**	• Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes	• Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes and in line with the Mental Health and Wellbeing Outcomes Framework
10.	**Performance monitoring arrangements**	Quarterly Reporting	Quarterly Reporting
11.	**Date of review of Direction**	By March 2018	By March 2020

Shetland Islands Health and Social Care Partnership

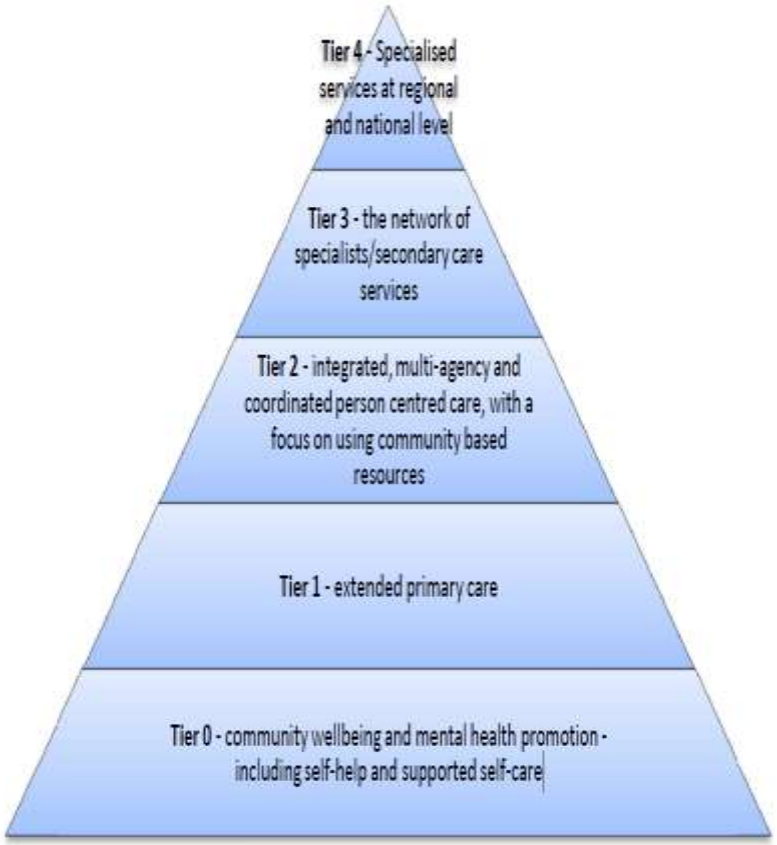
Direction for Mental Health Services

Service Model
Outcomes Framework
Resources
Improvement Plans

January 2019

Service Model

The service model and indicative activity levels are shown below. This is the service model that the IJB is commissioning directly from NHS Shetland and Shetland Islands Council and through them from other NHS Boards and the voluntary sector.



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

Access and Referrral Pathways to treatment is based on the following Pathways.

Intensity of Treatment

LEVEL 5: INPATIENT TREATMENT FOR SEVERE/COMPLEX DISORDER

Problems: e.g. risk to self or others, complex, co-morbid presenting problems.

Services: e.g. general psychiatrist inpatient services, highly specialised disorder specific services (e.g. eating disorders).

LEVEL 4: TREATMENT FOR SEVERE/COMPLEX DISORDER

Problems: e.g. chronic/severe depression, treatment resistant disorders, bipolar disorder, chronic psychosis, personality disorder, substance misuse, anorexia.

Services: e.g. community mental health teams, highly specialised multidisciplinary teams, tailored psychological therapies.

(TRADITIONAL PRIMARY/SECONDARY

LEVEL 3: TREATMENT FOR MODERATE DISORDERS

Problems: e.g. persistent anxiety/depression disorders (post traumatic stress disorder, obsessive compulsive disorder, generalised anxiety) bulimia.

Services: e.g. standardised substantive psychological therapies, individualised/tailored for specific patient group.

LEVEL 2: TREATMENT FOR MILD DISORDERS

Problems: e.g. anxiety (panic disorder, phobias), depression, disordered eating behaviours.

Services: e.g. brief psychological therapies, computerised CBT, guided self-help, manualised/protocolised psychological treatments, group therapies/psycho-educational interventions, counselling.

LEVEL 1: MANAGEMENT FOR SUBCLINICAL PROBLEMS

Problems: e.g. transitional/adjustment issues, marital, relationship problems, bereavements, stress, situational crises.

Services: e.g. counselling, community agencies (RELATE, CRUSE), individual/community, educational, programmes, bibliotherapy, social prescribing.

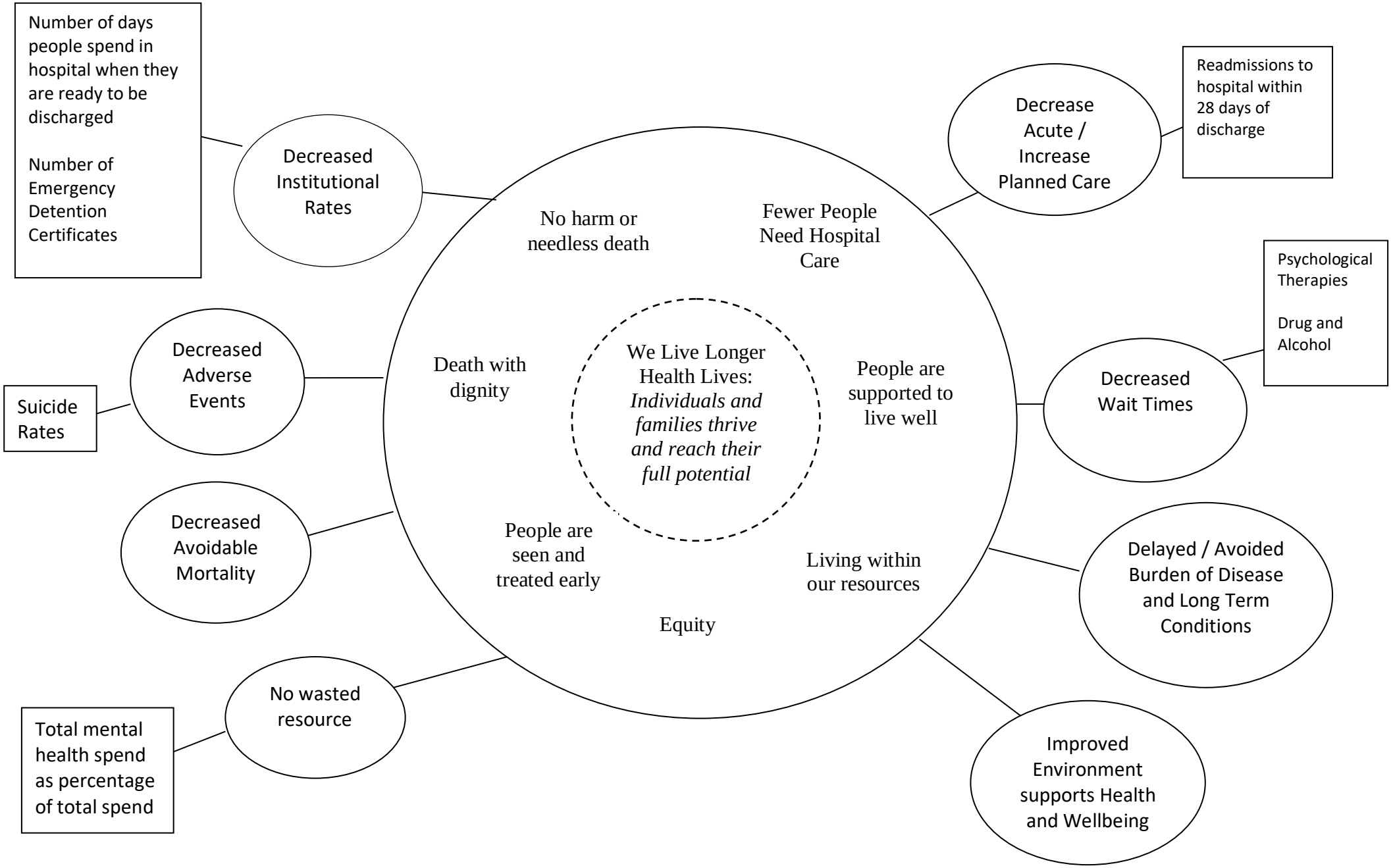
Number of Patients

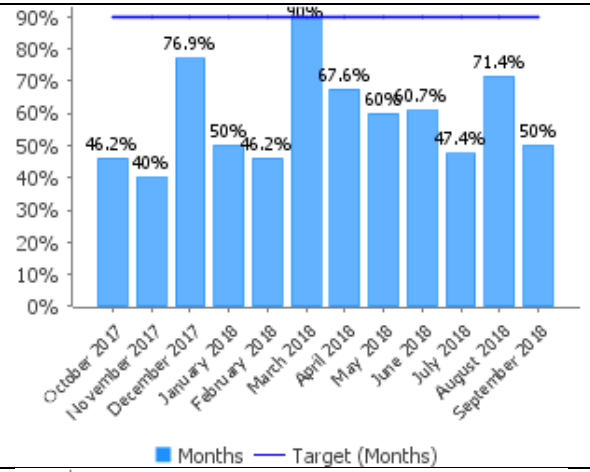
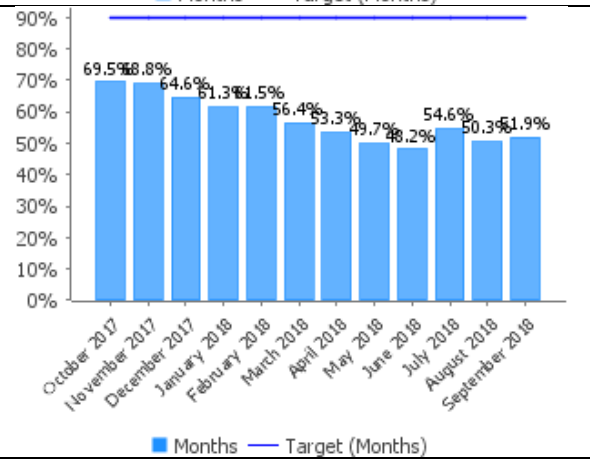
13

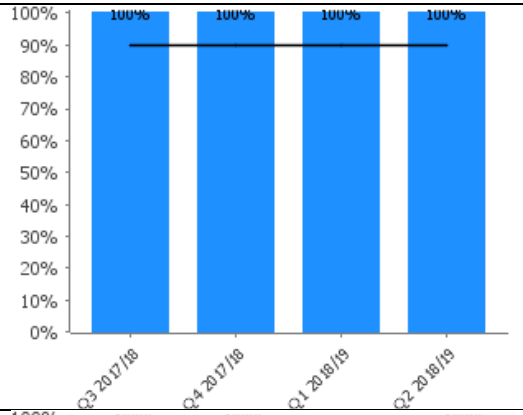
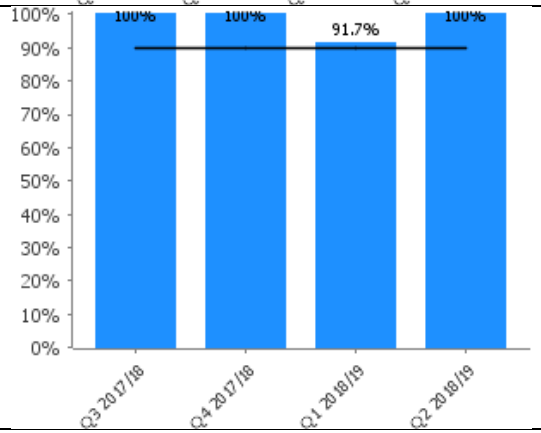
Outcomes Framework

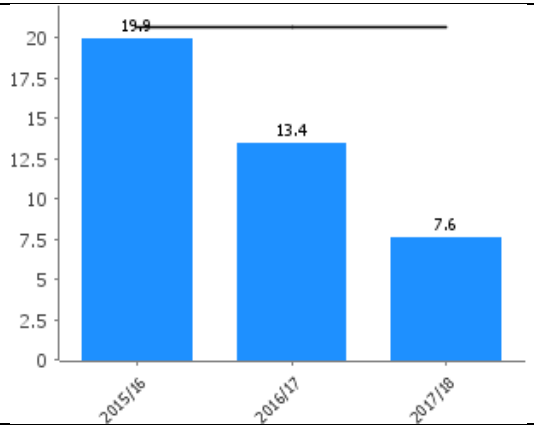
The IJB Commissions Mental Health Services in line with the general Health and Wellbeing Outcomes and specifically to deliver on the Mental Health Quality Indicator Outcomes.

This is shown diagrammatically below, based on the Canterbury, New Zealand Health System Outcomes Framework (http://ccn.health.nz/Resources/OutcomesFramework.aspx)


Number of days people spend in hospital when they are ready to be discharged
Number of Emergency Detention Certificates
Decreased Institutional Rates
Decrease Acute / Increase Planned Care
Readmissions to hospital within 28 days of discharge
No harm or needless death
Fewer People Need Hospital Care
Psychological Therapies
Drug and Alcohol
Decreased Adverse Events
Suicide Rates
Death with dignity
We Live Longer Health Lives: Individuals and families thrive and reach their full potential
People are supported to live well
Decreased Wait Times
Decreased Avoidable Mortality
People are seen and treated early
Living within our resources
Delayed / Avoided Burden of Disease and Long Term Conditions
Equity
No wasted resource
Total mental health spend as percentage of total spend
Improved Environment supports Health and Wellbeing

Category	Indicator	Evidence	Target	Current Performance	Improvement Actions /Notes
Decreased Wait Times	T1 Psychological Therapies 18 week waits	CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	18 weeks to Treatment		Demand remains high. Capacity exercise across adult mental health service being carried out to identify opportunities for managing demand using wider team. Action 15 funding earmarked for an additional Therapist post. Training being delivered during Sept/Oct for group work and specific individual interventions in order to provide alternatives for people on the waiting list. Group work to start in Feb 2019
		18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	18 weeks to Treatment		

Category	Indicator	Evidence	Target	Current Performance	Improvement Actions / Notes
Decreased Wait Times	T3 Drug & Alcohol 3 week waits	Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	3 weeks to treatment		
		Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	3 weeks to treatment		

Category	Indicator	Evidence	Target	Current Performance	Improvement Actions / Notes
Decreased Avoidable Mortality	S1 Suicide rates	Reduce suicide rate (per 100,000 population) - 5 year moving average	No target set		Issues around small number variation. This is the five year, age-standardised rate per 100,000. Currently below the national average rate for the first time since the late 1980s. Notes: This figure is for the period 2013-17. Next data due in July 2019.
Decreased Institutional Rates	E1 Number of days people spend in hospital when they are ready to be discharged	As indicator	No target set	2017-18 Shetland – 0% Scotland - 19%	
	Eq2 Number of Emergency Detention Certificates per 100,000 population	As indicator	No target set	2016-17 Shetland – 30.2 Scotland – 45.5	
Decrease Acute / Increase Planned Care	Ef2 Readmissions to hospital within 28 days of discharge	As indicator	No target set	2017-18 Shetland – 5% Scotland - 12.7%	
No wasted resource	Ef4 Total mental health spend as percentage of total spend	As indicator	No target set	2016-17 Shetland – 3.2% Scotland – 8.3%	

Resources

The original budget for Mental Health Services is £2m (estimates for 2018-19).

NHS Shetland services are estimated to cost £1.4m and Shetland Islands Council services are estimated to cost £0.6m. Some additional funding has been secured for the NHS (the Action 15 workforce funding) and some savings have been identified for the SIC. The changes to the budget are summarised in the Table below.

Budget 2018-19 (£)	Original	Revised
NHS	1,353,000	1,406,907
SIC	619,000	580,611
Total	1,972,000	1,987,518

The Council applied a savings /efficiency target of £200,000 in 2018-19.

The savings / efficiency target has only partially been met from the Community Mental Health Service.

Over time, as the service works through the Action Plan of improvements, there may be opportunities to release savings and efficiencies from building costs and / or acute care costs.

Improvement Plans

The Mental Health Service has been subject to an evidence based review. The conclusions from the review are set out below under the objectives set for the review. Where necessary, actions will be taken forward in the Improvement Plan.

Ensure people who require services achieve better outcomes

For the most part, all the services can demonstrate from case files that they are delivering good outcomes for service users. However, there are gaps in services which need to be addressed, around waiting times, access to services, out of hours and in crisis situations.

There is room for improvement in some aspects of social care provision, for example around access to social and recreational activities and employment opportunities. This will include working closely with third sector partners around support for people with long term conditions.

Assess service user's needs, outcomes and recovery plans

There is an identified need for all aspects of the service to focus on joint recovery plans.

Ensure that services are integrated, flexible and responsive to people's assessed need

The evidence highlights that the key improvement action is to work towards further integrating services around people's needs, with a particular need to focus on sharing assessments appropriately and developing single care plans.

Assess the extent to which services are supporting people to live safely and independently through a focus on recovery and / or maintenance of long term conditions / preventable relapse.

There is an identified gap for supported respite accommodation.

There are issues to address with regard to the service level agreement with NHS Grampian.

Ensure resources are used effectively and wisely

For the most part, resources are used effectively. Some parts of the buildings at Annsbrae are under-utilised and there is an identified need for additional multi-purpose space, especially as new staff are recruited through the new Scottish Government funding.

Staff are used effectively and work at a level appropriate to their skills. There will be further opportunities to find ways to work more effectively across health, social care and the third sector through the multi-disciplinary team approach. There is no evidence of duplication of effort; each service provides an appropriate intervention to meet specific aspects of individual's needs.

The opportunities to meet need through Self Directed Support are under-utilised.

Identify the options for securing £200,000 of savings.

There is an opportunity to make some small savings through changes in staffing without carrying the risk of any legal challenges, as all service users have their needs assessed in line with the Council's statutory obligations.

The staffing levels and skills mix are appropriate to the number of service users and the complexity of their needs. The opportunity for making an efficiency saving is from the reduction of 1.0 FTE social care worker post which does not impact on the ability of the service to meet identified needs and to deliver the required outcomes.

Improvement Plan

The Managers will take forward improvement to address the issues, gaps and performance identified, as below.

Topic	**Project**	**Detail**
Strategy	Update Local Strategy in line with Needs Assessment	
	Report to IJB on Commissioning for Outcomes	
	Clarify governance arrangements	
Service Improvements	Referrals	Referral Protocol
	Pathways	Grampian Royal Cornhill Hospital
		Gilbert Bain Hospital where primary need is Mental Health
		Social Care and Health
		Third and Private Sector
		Out of Hours
		Crisis Intervention
		Employability
	Out of Hours / Crisis (incl NHS 24)	
	Post Diagnostic Support	
	Distress Brief Intervention Programme	
	Psychiatric Emergency Plan	
	Choose Life Action Plan	
	No Health without Public Mental Health and See Me	
Staffing / Training	Recruit Consultant	
	Recruit 'Action 15' staff	
	Training Plan	
Ways of Working	Service User / Carers	
	Communication	
	Partnerships	
	Multi-Disciplinary Teams	
	Home Treatment Teams	
	Systems / Data Sharing	
	Technology	
	Single Care Plans	
	Self Directed Support	
	Clarify accommodation needs	

ENDS

Shetland Islands Health and Social Care Partnership

Agenda Item

5

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	23rd January 2019
Report Title:	IJB Business Programme 2019 and IJB Action Tracker	
Reference Number:	CC-01-19-F	
Author / Job Title:	Simon Bokor-Ingram, IJB Chief Officer	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board RESOLVES to consider and approve its business planned for the financial year to 31 March 2020 (Appendix 1).

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

2.0 High Level Summary:

2.1 The purpose of this report is to allow the IJB to consider the planned business to be presented to the Board during the financial year to 31 March 2020, and discuss with Officers any changes or additions required to that programme.

3.0 Corporate Priorities and Joint Working:

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

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

4.0 Key Issues:

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

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

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

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

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Appendices:
Appendix 1 Business Programme 2019-20
Appendix 2 IJB Action Tracker

Shetland NHS Board | Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board
Meeting Dates and Business Programme 2018/19

as at Wednesday, 16 January 2019

Integration Joint Board 2018/19		
Quarter 4 1 January 2019 to 31 March 2019	Wednesday 23 January 2019 at 2 p.m.	• Financial Monitoring Report to 30 September 2018 • Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 2 – July –September 2018 • Mental Health Service Review: Findings and Directions • Domestic Abuse and Sexual Violence Strategy 2018-23 • IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker
	Wednesday 13 March 2019 at 2 p.m.	• Financial Monitoring Report to 31 December 2018IJB Budget 2019/20 • Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 3 - October-December 2018 • Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, Refresh 2018-2021

Integration Joint Board 2019/20		
	Date of Meeting	**Business**
Quarter 1 - 1 April 2019 to 30 June 2019	Tuesday 14 May 2019 11 a.m.	
	Thursday 27 June 2019 *Special Meeting A/Cs only* 3 p.m.	• Draft 2018/19 Accounts • Financial Monitoring Report to 31 March 2019 – 27th June 2019
Quarter 2 – 1 July 2019 to 30 September 2019	Thursday 29 August 2019 3 p.m.	• Financial Monitoring Report to 30 June 2019
	Thursday 26 September 2019 *Special Meeting A/Cs only* 3 p.m.	• Final 2018/19 Accounts • 2018/19 Annual Audit Report
Quarter 3 - 1 October 2019 to 31 December 2019	Thursday 28 November 2019 3 p.m.	• Financial Monitoring Report to 30 September 2019

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Wednesday, 16 January 2019

Quarter 4 - 1 January 2020 to 31 March 2020	Tuesday 25 February 2020 11 a.m.	• Financial Monitoring Report to 31 December 2019 • IJB Budget 2020/21

Planned business still to be scheduled - as at Wednesday, 16 January 2019

- Code of Corporate Governance
- Carers Eligibility Criteria
- Right to Advocacy
- Joint Organisation and Workforce Development Protocol

END OF BUSINESS PROGRAMME as at Wednesday, 16 January 2019

	ACTIONS - IJB						
No	**Agenda Item**	**Responsible Post Holder**	**IJB Meeting Date**	**Target Date**	**Action**	**Update**	**R/A/G Status C (Completed)**
1	Non-voting Member Appointments to IJB	Executive Manager	05.09.18		NHS to note the expiry of the Chair's NHS term of office in March 2019, and to consider succession planning and induction at an early stage.		
2	Audit Report 2017/18	Chief Financial Officer - NHS	21.09.18		Jim Guyan to discuss the Health and Wellbeing Survey with the Carers Forum	Carers Strategy Group meeting in November it was asked that other agencies to help by encouraging carers to come to the Carers Forum. An update to come after next Carers Forum (to be confirmed).	
3	Performance Overview Quarter 1 – April – June 2018	Head of Planning and Modernisation	21.09.18		CCR005 Occupancy of care homes. Data to be provided in future reports to provide detail on change of use of beds. PH-HI-03 detail about online training to be included in next update Para 4.2.1 of the report more	Complete. Data provided to Board Member making the request. Information included in Performance Report (Jan 2019) Data included in Report on Mental Health Review (Jan	C

					information on outcome measures for mental health to be provided and the mental health outcome framework to be shared with members.	2019).	
4	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, Refresh 2018-2021	Head of Planning and Modernisation	21.09.18		The IJB APPROVED the Draft Joint Strategic Commissioning Plan 2018-21 for consultation; and invite comments from the relevant stakeholder groups in accordance with their remit using the exploratory questions at section 2.8.		C
5	Annual Chief Social Work Officer Report 2017/18	Chief Social Work Officer	11.11.18		Deferred until CSWO in attendance. Suggestion made that cover report makes more specific reference to IJB relevant aspects of the Annual report.		
6	Intermediate Care Team Update	Chief Nurse (Community)	11.11.18		Once resolved provide briefing by email about car insurance issue around the use of the NHS owned vehicle for SIC use/delivery Intermediate care team updates to be provided in quarterly performance reporting.	Ongoing issue which has been raised at a national level.	A
7	Winter Plan for Ensuring Service Sustainability including the Festive Period 2018-19	Director of Nursing & Acute Services and	11.11.18		Amend Plan to clarify out of hour mental health services supported by Psychiatry Services.		C

		the IJB Chief Officer					
8	Carers Information Strategy Update	Self-directed Support Officer / Carers Lead	11.11.18		Future report to include census data and information on types of care, age and demographic.		C
9	Primary Care Improvement Plan Update	Service Manager Primary Care/Chief Social Work Officer	11.11.18		Training Budget issues for GPs and other professionals to be raised as an issue for future budgeting Briefing to be provided on general practice nursing More detail on how far along towards completion of actions to be included in Appendix 2		C