

Shetland Islands Council



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Date: 8 May 2019

Dear Sir/Madam

You are invited to the following meeting:

**Shetland Islands Council
Council Chamber, Town Hall, Lerwick
Wednesday 15 May 2019 at 10am**

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

Yours faithfully

Executive Manager – Governance and Law

Convener: M Bell
Depute Convener: B Wishart

AGENDA

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

- (c) Declarations of Interest - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any Member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place
- (d) Confirm the minutes of the meetings held on (i) 20 February 2019, (ii) 6 March 2019, and (iii) 27 March 2019 (enclosed).

- 1 Notice of Motion – State Pension Arrangements for Women
- 2 Management Accounts for Community Health and Social Care 2018-19 – Projected Outturn at Quarter 4
F-033
- 3 SIC Overall Management Accounts 2018/19 Projected Outturn at Q4
F-031
- 4 Fund Management Annual Investment Report 2018/19
F-035
- 5 Taxi Tariff Review
DV-12-19
- 6 Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan 2019/2022
CC-14-19
- 7 Local Government Boundary Review – Local Government Boundary Commission Initial Proposals
GL-06
- 8 Appointments to the Audit Committee and the Harbour Board
GL-04-19
- 9 Corporate Risk Register
CRP-10
- 10 Shetland Islands Council Business Programme
CRP-09

The following item contains EXEMPT information

- 11 Confidential Corporate Risk Register
CRP-12-19



MINUTES

A&B - PUBLIC

**Shetland Islands Council
Council Chamber, Town Hall, Lerwick
Wednesday 20 February 2019 at 10.00am**

Present:

M Bell	M Burgess
P Campbell	A Cooper
S Coutts	A Duncan
J Fraser	C Hughson
S Leask	E Macdonald
A Priest	D Sandison
I Scott	D Simpson
C Smith	G Smith
T Smith	R Thomson
A Westlake	B Wishart

Apologies:

A Manson	R McGregor
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In Attendance (Officers):

M Sandison, Chief Executive
N Grant, Director of Development Services
D Coupe, Executive Manager - Roads
I McDiarmid, Executive Manager – Planning
R Sinclair, Executive Manager – Capital Programme
J Manson, Executive Manager – Finance
J Riise, Executive Manager – Governance and Law
J Holden, Team Leader – Development Management
J Sutherland, Deputy Executive Manager - Children's Social Work
R MacNeill, Planning Officer
P Sutherland, Solicitor
C Anderson, Senior Communications Officer
L Adamson, Committee Officer

Also in Attendance:

A Smith, Viking Energy/SSE
J Watt, Viking Energy/SSE
P Bruce, Managing Consultant, Ramboll

Chairperson

Mr Bell, Convener of the Council, presided.

Circular:

The circular calling the meeting was held as read.

The Convener ruled that in accordance with Section 43(2) of the Local Government in Scotland Act 2003, the attendance of Councillor Mark Burgess during the proceedings would be permitted by telephone link.

Convener's Opening Remarks

Tribute to the Late Former Councillor Mr Peter N Guy.

The Council stood while the Convener paid tribute to the late former Councillor Peter Guy.

"We were deeply saddened to hear, late last year, about the passing of our former colleague Peter Guy. Peter passed away in North Yorkshire aged 79.

Peter was born in London at the outbreak of World War 2 and during the Blitz moved with his family to Yorkshire. After retiring from a career in the RAF, during which he served for a short time at RAF Saxa Vord, Peter returned to Shetland in 1979 to become the external relations officer for BP at Sullom-Voe Oil Terminal.

Peter was known for his people skills, and they were put to good use during negotiations with the Council. He also edited the award winning industry magazine 'Sullom-Voe Scene', wrote a regular column on local landmarks and customs and began writing the first of seven books on walks around Shetland.

Peter stood for the Council at a by-election in 1993 for the seat of Yell South. He was elected with 208 votes against his opponent's 89. The following year at the election in May 1994, his constituents in Yell South returned Peter and he served the full term before standing down at the next election in May 1999. During this period he served with distinction on numerous committees and was Chair of the Leisure and Recreation Committee. Outside Shetland, he represented the SIC on the CoSLA Education Forum. After leaving the Council, Peter returned to North Yorkshire but maintained his connections with Shetland and Yell in particular by maintaining a house in Burravoe.

Peter will be remembered by all who knew him as a warm, friendly man who had a particular skill with the written word. I am sure you will join with me in extending this Chamber's sympathy to his wife Catherine and family. I move that an extract of the minute of this meeting be sent to Peter's family." Members concurred.

Declarations of Interest

Mr Fraser declared an interest in Item 3, "Asset Investment Plan – Business Case – Residential Childcare", as a tenant of Hjaltdland Housing Association, a representative on the Tenants Forum and on the Scrutiny Panel. Mr Fraser added that having taken advice he had concluded that his declaration should not exclude him from participating on this occasion.

Mr Cooper declared an interest in Item 4, "2018/335/ECUCON - To vary the consent by increasing the maximum tip height of the turbines from 145 metres (m) to a maximum of 155 m and increasing the maximum rotor diameter of the turbines by 10 m to a maximum of 120 m. The installed capacity of the proposed generating stated would be greater than 50 MW. (Viking Wind Farm)", being a former Director of Viking Energy. He advised that that given that he had ceased to be a Director more than 8 years ago and, therefore, due to the passage of time, he now intended to take part in the discussion.

Mr T Smith declared an interest in Item 3, Asset Investment Plan – Business Case – Residential Childcare", as a Board Member of Hjaltdland Housing Association. Mr T Smith

advised that he would take no part in the discussion. Mr T Smith also declared an interest in item 4, “2018/335/ECUCON - To vary the consent by increasing the maximum tip height of the turbines from 145 metres (m) to a maximum of 155 m and increasing the maximum rotor diameter of the turbines by 10 m to a maximum of 120 m. The installed capacity of the proposed generating stated would be greater than 50 MW. (Viking Wind Farm)”, advising as follows “As Chair of the Planning Committee I feel it only right and proper that I consider applications in an impartial and objective manner. Unfortunately, in this case I feel unable to reach an unbiased view. I have been an opponent of the Viking project since I became a Councillor in 2012 and nothing said over the intervening years has changed my mind. Therefore I feel I am compromised and will take no part in the discussion or decision of this item and will leave the Chamber. Obviously, if any further applications from Viking come before the Planning Committee or Council I will be making the same declaration while I remain Chair of Planning”.

Minutes

The minutes of the meeting held on 12 December 2018 were approved on the motion of Ms Wishart, seconded by Mr Thomson.

The minutes of the meeting held on 19 December 2018 were approved on the motion of Mr Leask, seconded by Mr Fraser.

The minutes of the meeting held on 16 January 2019 were approved on the motion of Ms Wishart, seconded by Mr Thomson.

5/19 Notice of Motion - Street Lighting

The Council considered a Notice of Motion, in the following terms, “That part-night lighting, i.e. switching streetlights off between midnight and 6am Sunday to Thursday, and currently applied to the following areas is rescinded, and that street lighting is left on during those hours/days: Blydoit, Scalloway; Underhoull, East Voe; and Ingaville, Scalloway”.

Mr Scott introduced his motion, advising on safety concerns following a number of incidents in Scalloway when streetlighting has been switched off during the night. He said that while he was aware that a review of the streetlighting was to be undertaken, a decision of Council would be required to rescind the decision for part-time lighting as set out in his motion. Mr Scott moved that the Council adopt the motion. In seconding, Mr Sandison advised on concerns raised by a number of residents, and said that the lighting being kept on should reduce any incidents of petty crime in the areas.

During discussion, some Members spoke in support of the motion, highlighting a number of other areas of Shetland where there are safety issues and petty crime concerns with the streetlighting being switched off between midnight and 6am. It was concluded therefore the issues were wider than Scalloway, and that any review should cover the whole of Shetland. During the discussion it was also reported that light pollution can be an issue in certain areas of Shetland.

During further discussion, the Executive Manager – Roads advised that a Review of the Streetlighting Reduction Policy would be reported to Environment and Transport Committee in March 2019. The report will include proposals to replace the current streetlighting with an LED programme, where lighting can be dimmed during the night, rather than lights being switched off.

Decision:

The Council RESOLVED to adopt the following motion:

“That part-night lighting, i.e. switching streetlights off between midnight and 6am Sunday to Thursday, and currently applied to the following areas is rescinded, and that street lighting is left on during those hours/days: Blydoit, Scalloway; Underhoull, East Voe; and Ingaville, Scalloway”.

6/19

Appointment of a Member of the Employees Joint Consultative Committee to the Joint Staff Forum

The Council considered a report by the Executive Manager – Governance and Law (GL-02-19-F) that sought confirmation of the nomination made by the Employees Joint Consultative Committee (EJCC) for a Council representative on the Joint Staff Forum (JSF).

In introducing the report, the Executive Manager – Governance and Law advised that Mr R McGregor had been nominated by the EJCC to the JSF.

On the motion of Mr Coutts, seconded by Mr Duncan, the Council confirmed the appointment of Mr R McGregor to the JSF.

Decision:

The Council CONFIRMED the appointment of Councillor R McGregor to the Joint Staff Forum .

(Mr T Smith left the meeting).

7/19

Asset Investment Plan - Business Case - Residential Childcare

The Council considered a report by the Executive Manager – Capital Programme (CPS-01-19-F) presenting the Full Business Case for Residential Childcare for Looked After Children.

In introducing the report, the Executive Manager – Capital Programme provided background to the project. He advised that the Full Business Case had included further detail on the financial, management and commercial cases. Comparisons had also been made between the Council procuring the facility at a site in Lerwick, and the Council procuring the facility with the HHA at the Tingwall site. He advised that the latter continued to be the preferred option (Option 3) and was the recommendation as presented in the report, which he confirmed had been fully supported at recent meetings of the Education and Families Committee and Policy and Resources Committee.

In responding to a question, the Deputy Executive Manager - Children's Social Work advised from the proposed staffing model for the new build at Tingwall, that additional staff will be utilised during the evenings, weekends and at the busier times of the year, to support service users attend out of school activities, which will predominately be in Lerwick.

During the discussion, assurance was sought that the annual savings to be achieved following completion of the project will be directed to the long term strategic goal for there would be no children or young people in Shetland in needs of care, support or protection from the Council. The Chief Executive

referred to the genuine savings in terms of revenue costs. She advised that the focus that will be on early intervention and prevention to meet the long-term strategic goal, through the Emotional Well-Being and Resilience project, that forms part of the Service Redesign Programme.

During the discussion, comment was made that the project was to be commended. Reference was however made to the funding constraints which has impacted on the number of youth workers employed, and on the need for numbers to be increased for the benefit of young people in Shetland.

In response to a question, the Deputy Executive Manager - Children's Social Work advised on the intention that the residential care facilities at Grodians and Windybrae would continue to operate following completion of the new build at Tingwall.

During debate, Mr G Smith advised on the huge amount of work undertaken by officers and partners to develop the proposals. He said that the project will consolidate support to young people less fortunate to some others, and to provide opportunities that all young people should have. He advised on the ambition to support young people on-island, and to reduce off-island placements, however in that regard he acknowledge that the requirement to go off-island would never be eliminated. In commenting that he would look forward to the day that the residential care facility opened at Tingwall, Mr G Smith moved that the Council approve recommendation 1.3 in the report. Mr Leask seconded.

Decision:

The Council RESOLVED to ADOPT the recommendations from the Policy and Resources Committee, namely to:

- (a) instruct the Director of Children's Services to implement the preferred Option 3 for Residential Childcare for Looked After Children as described in Appendix A to this report;
- (b) to procure the facility in partnership with HHA; and
- (c) approve an associated budget in the Council's 5-year Asset Investment Plan

8/19

2018/335/ECUCON - To vary the consent by increasing the maximum tip height of the turbines from 145 metres (m) to a maximum of 155 m and increasing the maximum rotor diameter of the turbines by 10 m to a maximum of 120 m. The installed capacity of the proposed generating stated would be greater than 50 MW. (Viking Wind Farm).

The Council considered a report by the Planning Officer – Development Management (PL-01-19-F) for a decision.

The Convener confirmed that it had been appropriate and correct for this report to be submitted initially to the Planning Committee, which he said follows the Council's Constitution, approved by Members and Scottish Ministers. Therefore any suggestion that the matter should have been taken straight to the Council is inappropriate. He said that the Council is now sitting as the Planning Authority, and Members of the Planning Committee understand the importance

for decisions of the Authority to follow a quasi-judicial process, and to reach a decision in that manner. The Convener advised Members that their personal views on renewable energy should be set aside, and consideration should only be given to the facts in the report and during the presentation. Members must also disregard any representations they may have received for or against this application for variation. He advised also that Members are not to revisit the principle of the development nor is this an opportunity to strike a blow for or against the development. The Council is to make a recommendation to the Scottish Ministers, who will ultimately make the final decision.

In referring to advice provided to all Members from the Executive Manager – Governance and Law, Mr Scott said that while he was not a member of any group opposing the Windfarm, he has for some years been a staunch critic of the Viking Energy project. In that regard, Mr Scott said that as he could not be objective in taking a decision, he would leave the meeting.

(Mr Scott left the meeting).

In response to question from the Convener, Members present indicated that they were clear on the process to be followed.

The Convener invited the Executive Manager – Planning to introduce the application.

The Executive Manager – Planning confirmed that the role of the Council was as a statutory consultee to the application for variation. The Executive Manager – Planning then advised the Council on the following “ Scottish Planning Policy (SPP) (2014) supports sustainable economic growth and has a presumption in favour of development that contributes to sustainable development aiming to achieve the right development in the right place supporting the transformational change to a low carbon economy. The main issue therefore to be considered in the determination of the response to make to the consultation to the Energy Consents Unit (ECU) on this application for a proposed variation of the Section 36 Consent is whether the principle of the proposed varied development on this site is acceptable, and if so can the area be developed without any unacceptable adverse impact on the environment and the amenity of the surrounding area. Also whether there is merit in making a balanced judgement between the potential for environmental impact against the economic benefits and providing support for climate change mitigation.

The previous decision of the Scottish Ministers was that the economic benefits provided by the wind farm outweighed the impact on the environment. The Ministers caveat this by adding that the benefits of the proposed Habitat Management Plan would help mitigate the impacts. The Environmental Impact Assessment (EIA) Report has concluded that the revision will not result in any further harm over and above that previously assessed with the 2009 EIA and subsequent 2010 Addendum.

A number of consultation responses and representations have raised concerns and objections to the proposed variation. Conditions which are capable of resolving or mitigating these concerns have been recommended to be applied that would allow the Planning Service to recommend that there are no conflicts with the Shetland Local Development Plan (SLDP) 2014.

The Planning Service has not reconsidered the principle of the development, and recognises that this development proposal, like its predecessor will result in an impact on Shetland in terms of landscape and habitat interests.

There is also an economic benefit that will accrue together with a major advance in terms of contributing to a reduction in CO2. On balance it is considered that the economic benefits and the environmental benefits of carbon reduction outweigh the impact on the landscape and habitat interests tempered with the knowledge that well designed mitigation measures will go some way to reduce any negative impacts.

What is considered to be important to the delivery of a development which will contribute to the provision of a sustainable energy source and contribute to the aim to reduce carbon impact is a well-managed project. This leads to the conclusion that a thorough and well considered revised Habitat Management Plan (HMP) linked to the other mitigation measures such as a Peat Management Plan, Bird Protection Plan, Otter Survey etc. required by conditions which are appropriate and enforceable to be approved by the Planning Authority should be applied. The revised HMP should take into account all the potential beneficial effects and measures that were proposed for all of the land areas in the original decision and which was instrumental in influencing the Scottish Ministers decision, to at the very least provide for the equivalent of the counterbalancing of positive effects in the revised smaller “red line” area for the proposed variation.

On balance it is considered that the economic and environmental benefits of carbon reduction outweigh the impact on the landscape and habitat interests tempered with the knowledge that well designed mitigation measures will go some way reduce any negative impacts.

Therefore it is recommended:

1. that the Shetland Islands Council as Planning Authority ‘Offer no objections’ to the application, subject to modifications and/or the imposition of appropriate conditions or legal obligations as are considered necessary to make the development acceptable, in compliance with Shetland Local Development Plan (2014) policy; and that
2. delegated authority is given to the Executive Manager – Planning and his nominated officer(s) to take part in and act on behalf of the Council in any discussions and negotiations involving the ECU and the applicant that take place with regards to planning conditions as might be presented to the Scottish Ministers for consideration.

The Executive Manager – Planning advised that the planning conditions had been the subject to a significant level of debate at Planning Committee, and Members had raised concern that the proposed conditions were ‘sprinkled’ through the report. The Planning Committee decided to defer to Council to make the decision and that the conditions be attached to the report, for clarification purposes, being the draft conditions in the original report as being the most important areas. He said that the ECU do not have to accept the Council’s proposed conditions. However, if approved, the Council needs to ensure that the conditions are complied with and any change to the conditions

will come back to the Council. He added that the minutes and papers will form part of the submission to the ECU for their consideration.”

The Convener advised that representatives of the developer were in attendance, should there be any technical questions on the application.

Mr G Smith thanked the Planning Officers for compiling the proposed conditions at Appendix 4, which he said makes the conditions much more easier to understand. He said that as far as he was concerned, the matter being referred to the full Council to make a decision, and the collation of the draft conditions were two separate matters. Mr G Smith then referred to the proposed condition relating to Aviation Lighting, and enquired whether the proposal to provide for the use of radar activated lighting (RAL) was the only system being proposed, or could another system achieve the same results. The Executive Manager – Planning explained that the proposal was part of the application for variation and will be suggested to the ECU to recommend to the Scottish Ministers to be applied. He said that any other different proposal for aviation lighting will need to come back to the Council, as Planning Authority. Mr A Smith, a representative of Viking Energy/SSE, reported that RAL was not the only option, and that other options will be considered to reduce the intensity of the lighting. He said that discussion will take place with Scatsta Airport and the Civil Aviation Authority (CAA) for a cardinal lighting system, where proposals are for lighting at the extremities, and the highest part of the site. He added that, if acceptable, there could only be a requirement for lighting on 8-10 turbines, rather than on all the turbines. In response to a further question as to whether RAL would be on all the turbines or only a small number of turbines, Mr A Smith, reported that the circumstances around RAL is not known at this time, with the scheme still to be approved by the CAA and therefore he could not quantify numbers at this time.

Mr Fraser referred to the comments in the report, that SEPA do not agree with the conclusion of the Environmental Impact Assessment (EIA) report, and have asked that the developer follow up-to-date best practice, otherwise SEPA will object to the application for variation. Mr Fraser asked whether should the Council approve the application for variation, whether SEPA’s request will be articulated in the Council’s proposed modifications. The Executive Manager – Planning advised that this is what we have tried to convey in the draft conditions, however he said that any areas where legislation or technology has moved on will be incorporated in the next suite of planning conditions and the area will be covered.

Mr Fraser commented that it would appear that any perceived negative effect on tourism from the variation is subjective, and in that regard he questioned whether the recommended independent tourism assessment would form part of the Council’s draft conditions of approval. The Executive Manager – Planning said that it was for the Council to put in any recommended conditions, however he added that the variation to increase the height of the turbines by 10m, and the maximum diameter of the turbines by 10m, should not make any significant change to the already recognized impact on tourism.

In referring to the proposed increase in size of the turbines, Mr Duncan sought reassurance on any impact in terms of safety to flights approaching or departing from Scatsta airport. Mr A Smith advised that the potential for impact on flights at Scatsta airport was being explored in an aviation mitigation

scheme. In responding to a further question as to whether there would be any additional excavation works to take place or additional hardcore/concrete required to be used to build the turbines, Mr J Watt advised that the turbine foundation requirements as set out in the EIA would still apply to the revised application.

In responding to a comment, the Chief Executive advised that the statement in Section 2.3 of the report applied to the earlier decision by Scottish Ministers and was not in relation to this variation.

In responding to a question, the Executive Manager – Planning advised from the Planning Service’s assessment of the EIA, that there will be no further impacts from the proposal to increase the size of the turbines.

Mr Cooper commented that he welcomed the reassurance in the report, that bird mortality would be reduced by new technology, which he presumed would be covered in the Bird Protection Plan. The Executive Manager – Planning advised that the Bird Protection Plan and Habitat Management Plan are in place to mitigate impacts, and he confirmed that the relevant conditions being proposed take cognisance of the latest knowledge.

In responding to a question regarding the visual impact of the turbines and in terms of any change to rotation frequency with the proposed increase in rotor diameter, Mr P Woods advised that any change in the speed of the turbines would not be noticeable, however he added that there was currently nothing to compare rotation speeds against.

Mr Burgess noted that during the consultation, a number of the statutory consultees had reconsidered the development as a whole, rather than purely the variation. In that regard, Mr Burgess questioned whether the Council as a statutory consultee in this instance, rather than the decision maker, whether it was a call or a deeper quasi-judicial principle that has excluded the Council from considering the development as a whole, as other statutory consultees have duly done. The Convener responded advising that the Council, under Planning procedures, are obliged to make a recommendation in a quasi-judicial manner, and if found to have not followed that process any recommendation made by the Council could be legally challenged.

Mr Burgess referred to a further element that sits within Scottish Planning Policy, in terms of the potential effects on hard standing water and cumulative effects. In that regard he questioned whether there are any measures of this application for variation that invokes the recommendation for cumulative effects as part of the decision. The Executive Manager – Planning advised that cumulative impacts was a planning consideration and has been covered in the context of the report and will be considered by the ECU when making a recommendation to Scottish Ministers. Mr P Bruce advised that cumulative effects are a key consideration and are reinforced under the EIA regulations. He added that the EIA report presented covers all cumulative effects, and there are no additional impacts with this application for variation.

During debate, Mr Cooper confirmed that he had studied the report, and he welcomed the addition of the detailed conditions at Appendix 4. He commented that the proposed conditions are what the Planning Service believe can protect the Shetland environment and deal with the issues raised

by the strongly held beliefs and objections made. Mr Cooper referred to the already consented wind farm in Shetland, and advised on the need to deal with the matter in a realistic context. In that regard, Mr Cooper moved that the Council approve the recommendation at Section 1.4 of the report.

In seconding the motion, Ms Hawick questioned any need for the decision to be referred from the Planning Committee to the Council, other than for Appendix 4 to be made available to Members.

Mr Fraser moved as an amendment, that the Council approve the recommendation at Section 1.4 of the report, with the addition that an independent tourism assessment is included as a recommended condition from the Council to the ECU.

In responding to a question from the Convener, as to whether Mr Cooper would be willing to add that additional condition into his motion, Mr Cooper said that he would first require clarity on how the condition could be achieved.

The Convener asked for a seconder to Mr Fraser's amendment. There was however no seconder.

During the discussion that followed, Mr Sandison advised that, as a Member of the Planning Committee, he considered that the decision taken last week to refer the matter to the Council was correct. He said that Members are now able to identify the specific conditions in full, and have been supplied with all the information required. Mr Sandison confirmed that he supported the motion. Mr Leask also advised that he supported the motion.

In referring to the comment made by Ms Hawick on the matter being referred from the Planning Committee to the Council, Mr G Smith explained that at the Planning Committee he had asked for the proposed conditions to be pulled together to ease understanding, which he advised now forms Appendix 4 to the report. He said that the Planning Committee would have been capable of making a decision on this matter, had the information now presented at Appendix 4 been available to Committee.

Mrs Hughson reiterated the concerns she raised at Planning Committee, relating to visual impact and on the proposed increase in size of the turbines, which she said due to their size will now require lighting. She stated that nothing has allayed her fears in those areas. The Convener asked Mrs Hughson if she wished to make an amendment to the motion. She replied that she did not.

Mr Cooper clarified his position, advising that in the absence of the Chair and Vice-Chair of Planning Committee, it had fallen to him as Chair of Development Committee, and in complying with the Local Development Plan, to support the application for variation, with the proposed conditions. He also referred to the importance of the Shetland Windfarm Environmental Advisory Group to deal with the challenges of the project going forward.

Mr C Smith spoke in support of the decision to refer to the matter from the Planning Committee to the full Council. He said that there were only 6 Members at Planning Committee and he noted that 7 Members who were not on Planning Committee had asked questions at today's meeting. The

Convener confirmed that the correct route for reporting was to Planning Committee, as it follows the Council's Constitution, as it was for the Planning Committee to revert the matter to Council. Any implied criticism towards officers for taking the matter initially to the Planning Committee, was, therefore, unfair and unjustified.

Mr Cooper confirmed that his motion included the adoption of the proposed conditions as set out in Appendix 4.

Decision:

The Council RESOLVED to:

- 'Offer no objections', subject to modifications and/or the imposition of appropriate conditions (as set out in Appendix 4) or legal obligations as are considered necessary to make the development acceptable, in compliance with Shetland Local Development Plan (2014) policy; and
- delegate authority to the Executive Manager – Planning and his nominated officer(s) to take part in and act on behalf of the Council in any discussions and negotiations involving the Energy Consents Unit and the applicant that take place with regards to planning conditions as might be presented to the Scottish Ministers for consideration.

The meeting concluded at 11.15am.

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Convener



MINUTES

B - PUBLIC

**Shetland Islands Council
Council Chamber, Town Hall, Lerwick
Wednesday 6 March 2019 at 2pm**

Present:

M Bell	M Burgess
P Campbell	A Cooper
S Coutts	J Fraser
A Hawick	S Leask
E Macdonald	A Manson
A Priest	I Scott
C Smith	G Smith
T Smith	R Thomson

Apologies:

A Duncan	C Hughson
R McGregor	D Sandison
D Simpson	B Wishart

In Attendance (Officers):

M Sandison, Chief Executive
J Manson, Executive Manager – Finance
J Riise, Executive Manager – Governance and Law
R Sinclair, Executive Manager - Asset, Commissioning and Procurement
L Malcolmson, Committee Officer

Chairperson

Mr Bell, Convener of the Council, presided.

Circular:

The circular calling the meeting was held as read.

The Chair ruled, that in accordance with Section 43 (2) of the Local Government in Scotland Act 2003, the attendance of Councillor Mark Burgess during the proceedings be permitted by telephone link.

Declarations of Interest

None

11/19 Management Accounts for Community Health and Social Care 2018/19 - Projected Outturn at Quarter 3

The Council considered a report by the Executive Manager – Finance (F-019-F) that presented the projected outturn position for 2018/19 as at the end of the third quarter for revenue and capital.

The Executive Manager – Finance introduced the main terms of the report and highlighted areas for Member's attention set out in Section 4.

During the discussion a number of questions was asked in regard to the outturn position for Community Health and Social Care Directorate. The Executive Manager – Finance advised that the Director of Community Health and Social Care had responsibility for that budget and Members were assured that measures would be put in place to mitigate overspends. The Chief Executive added that at the last Council meeting each Directorate presented service redesign proposals to deliver a sustainable Directorate budget. She advised that some spend to save projects were required to assist transformation however those would take time. She said that actions were in progress and Members would receive updates on these redesign projects.

The Leader advised that Policy and Resources Committee had considered this report and the overall settlement. He stated that it was clearly disappointing that there would be an overspend within the Community Health and Social Care Service but Members recognised the challenging environment for staff, and the importance of ensuring that services continue to be delivered. The Leader added that the Committee had been content that mitigation was being done wherever possible without causing harm to service users.

Mr Coutts moved that the Council approve the recommendations contained in the report. Mr Leask seconded.

During further consideration of the report comment was made that overspends were happening in hard to predict areas, therefore there was less concern around covering these additional costs. It was suggested that in living within its means, the Council would have the ability to set budgets and it was acknowledged that Officers were trying to deliver the level of service that Members instructed. Further comment was made on the importance of the redesign process, but it was noted that it would take time to progress and that any changes should be person centred and outcome focussed. There was disagreement with the comment above regarding hard to predict costs and that there was always concern in terms of overspends and the need for a drawdown from reserves but the redesign process was welcomed.

Decision:

The Council RESOLVED to approve an increase in the payment for 2018/19 to the Community Health and Social Care Partnership Integration Joint Board of £120k, recognising the transfer of Cost Pressure and Contingency budget held by the Council and other budget changes, as detailed. This will increase the payment for 2018/19 to £21.075m.

12/19

SIC Overall Management Accounts 2018/19 - Projected Outturn at Quarter 3

The Council considered a report by the Executive Manager – Finance (F-005-19-F) that set out the overall Council projected financial position as at Quarter 3.

The Executive Manager – Finance introduced the main terms of the report and the projected overspend on service delivery. He advised that as the end of the financial year was still a few months away, there may be a change in position. He advised on the anticipated £15m draw on reserves and took Members through the Appendices attached.

There being no questions, the meeting entered into debate. The Leader commented on the consideration of the report by the Policy and Resources Committee, where the report had been given a high degree of scrutiny.

Mr Coutts moved that the Council approve the recommendations contained in the report. Mr Thomson seconded.

Decision:

The Council RESOLVED to:

- REVIEW the Management Accounts showing the overall projected outturn position at Quarter 3.
- NOTE that each Director will continue to monitor spend and take actions to mitigate any projected overspends as set out in the service committee reports; and
- APPROVE an increase in the contribution to ZetTrans of up to £0.484m to fund the additional cost of running the public bus and air services; and consultancy costs to carry out the public transport network re-design.

13/19

Asset Investment Plan - Progress Report

The Council considered a report by the Executive Manager – Assets, Commissioning and Procurement (CPS-02-19-F) that informed on the progress of the projects within the Asset Investment Plan currently underway in 2018/19.

The Executive Manager – Assets, Commissioning and Procurement introduced the report and advised of a typographical error in the date entered for work programmed for Sound Early Learning Provision that should read “2019/20” not “2020/21”.

Assurance was sought that the early learning extensions at schools would be complete as stated. The Executive Manager – Assets, Commissioning and Procurement advised that as with any programme there was no guarantee, but he assured that every effort would be made to achieve the targets set. The Chief Executive added that the Expansion of Early Learning and Child Care was a key Service Redesign project, and she gave assurance that progress would be monitored and the necessary resources put in place. There were risks but those would be paid attention to and the intention was to deliver on time. She said that this was a crucial project for the Scottish Government and therefore there would be regular reports required to the Scottish Government. The Chief Executive also advised that the Scottish Government recognise the pressure and challenges on Local Authorities in delivering this commitment, advising on the challenge in terms of staff resources and the need to grow the workforce and fill jobs.

The Chief Executive explained that the Council can decide not to do the external works immediately to ensure that the buildings are made ready for use.

In responding to further questions, the Executive Manager – Assets, Commissioning and Procurement confirmed that the tender documents for the 4 projects would be issued on 18 March 2019. He advised that he would provide the lead in date for the Cunningsburgh project by email. Comment was made that information is being provided to Members to give them confidence that the projects are being delivered.

Decision:

The Council NOTED the progress of the projects within the Asset Investment Plan.

14/19

Annual Investment Strategy for 2019-20

The Council considered a report by the Executive Manager – Finance (F-028-F) that presented the proposed Annual Investment and Treasury Strategy for the Council for the financial year 2019/20.

The Executive Manager – Finance summarised the main terms of the report.

Reference was made to the table at paragraph 4.09, on page 14 of the Appendix, and the Executive Manager – Finance advised that the figures related to specific grants and assumptions. He confirmed that the figure for the Fair Funding for Ferries Project had been based on an assumption.

There being no debate Mr Coutts moved that the Council approve the recommendations contained in the report. Mr G Smith seconded.

Decision:

The Council RESOLVED to:

- APPROVE the Annual Investment Strategy Statement to be followed for the financial year 2019/20;
- APPROVE the Treasury Management Strategy to be followed for the financial year 2019/20, as set out in Appendix 1; and
- APPROVE the Treasury Management Prudential Indicators for 2018/19 to 2021/22 as set out in Appendix 1.

15/19

Corporate Risk Register

The Council considered a report by the Director of Corporate Services (CRP-03-19-F) that presented the current Corporate Risk Register, and highlighted recent changes and current relevant information.

The Executive Manager – Governance and Law summarised the main terms of the report.

In responding to a question on the “Shortage of Foster Carers” the Executive Manager – Governance and Law agreed that information would be circulated, by email to Members, on whether there is a shortage of Foster Carers locally.

Decision:

The Council NOTED the content of the report.

In order to avoid the disclosure of exempt information, Mr Bell moved, Mr Thomson seconded, and the Council RESOLVED to exclude the public in terms of the relevant legislation during consideration of the following item of business.

16/19 **Confidential Corporate Risk Register**

The Council noted a report by the Director of Corporate Services that presented the current Confidential Corporate Risk Register which complements the Corporate Risk Register report, as presented earlier on this meeting’s agenda.

The Executive Manager – Governance and Law introduced the report and the risks listed in the appendix.

Decision:

The Council NOTED the content of the report.

The meeting concluded at 2.40pm.

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Convener



MINUTES

B - PUBLIC

**Special Shetland Islands Council
Council Chamber, Town Hall, Lerwick
Wednesday 27 March 2019 at 10.00am**

Present:

M Bell	P Campbell
A Cooper	S Coutts
A Duncan	J Fraser
A Hawick	C Hughson
S Leask	A Manson
D Sandison	I Scott
C Smith	G Smith
T Smith	R Thomson
B Wishart	

Apologies:

E Macdonald	R McGregor
A Priest	D Simpson

In Attendance (Officers):

M Sandison, Chief Executive
N Grant, Director of Development Services
J Smith, Director of Infrastructure Services
J Manson, Executive Manager – Finance
J Riise, Executive Manager – Governance and Law
R Sinclair, Executive Manager - Assets, Commissioning and Procurement
A Edwards, Executive Manager – Quality Improvement
B Robb, Management Accountant
P Wishart, Solicitor
L Geddes, Committee Officer

Also in Attendance:

E Mellor, Brodies LLP
A Spence, Consultant

Chairperson

Mr Bell, Convener of the Council, presided.

Circular:

The circular calling the meeting was held as read.

Declarations of Interest

Mr Bell, Mr Coutts, Ms Manson and Mr Cooper declared non-financial interests as directors of Sullom Voe Association (SVA) Limited. However as the appointments were *ex officio* appointments, they would remain in the room during the discussion.

Ms Wishart advised that as a close family member worked for Enquest, she would take no part in the discussion and leave the meeting.

Ms Hawick advised that as a family member worked at Sullom Voe Terminal, she would take no part in the discussion and leave the meeting.

(Ms Wishart and Ms Hawick left the meeting)

In order to avoid the disclosure of exempt information, Mr Bell moved, Mr Coutts seconded, and the Council RESOLVED to exclude the public in terms of the relevant legislation during consideration of the following item of business.

17/19 **Future of Sullom Voe Terminal**

The Council considered a report by the Director of Infrastructure Services.

The Chief Executive and the Director of Infrastructure Services introduced the report to Members.

Mr Spence then gave a PowerPoint presentation to the Council and responded to questions.

Mr Mellor then gave a PowerPoint presentation to the Council.

(Mr C Smith left the meeting)

Mr Spence, Mr Mellor and the Chief Executive then responded to questions from Members.

Following some discussion, Mr Cooper moved that the recommendations in the report be approved, subject to the inclusion of the addition suggested by Mr G Smith.

Mr Coutts seconded.

Decision:

The Council approved the recommendations in the report, subject to the addition included in the motion.

The meeting concluded at 11.25am.

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Convener

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Notice of Motion to Shetland Islands Council - 15 MAY 2019

Shetland Islands Council calls upon the UK Government to make fair transitional state pension arrangements for all women born in the 1950s, who have unfairly borne the burden of the increase to the State Pension Age (SPA) with lack of appropriate notification. This translates into "bridging" pension to provide an income until State Pension Age- not means tested- and with recompense for losses for those who have already reached their SPA. There are no specific age groups within the period mentioned above that are favoured above others.

Mover- Councillor George Smith

Ge L1-

Seconder- Councillor Beatrice Wishart

Beatrice Wishart-

Date

8 April 2019.

RECEIVED

- 8 APR 2019



Meeting(s):	Policy and Resources Committee Shetland Islands Council	13 May 2019 15 May 2019
Report Title:	Management Accounts for Community Health and Social Care Directorate 2018/19 – Projected Outturn at Quarter 4	
Reference Number:	F-033	
Author / Job Title:	Jamie Manson, Executive Manager - Finance	

1.0 Decisions / Action required:

- 1.1 The Policy and Resources Committee RESOLVES to review the Management Accounts for the Community Health and Social Care Directorate showing the projected outturn position at Quarter 4.
- 1.2 The Policy and Resources Committee RECOMMEND to the Council that it approves an increase in the payment for 2018/19 to the Community Health and Social Care Partnership Integration Joint Board of £56k, recognising the transfer of Cost Pressure and Contingency budget held by the Council and other budget changes, as detailed at 4.3 below. This will increase the payment for 2018/19 to £21.131m.
- 1.3 That the Policy and Resources Committee agree the actions set out by the Director of Community Health and Social care in paragraph 4.6 to mitigate the projected overspend.

2.0 High Level Summary:

- 2.1 The purpose of this report is to enable the Policy and Resources Committee to monitor the financial performance of services within the Community Health and Social Care (CH&SC) Directorate to ensure that Members are aware of the forecast income and expenditure and the impact that this will have with regard to delivering the approved budget. This report shows the projected financial consequences of the service performance detailed in the CH&SC Directorate performance reports, and allows the Committee the opportunity to provide instruction to officers to address any forecast overspends in order that the budget is delivered by year-end.
- 2.2 On 14 February 2018 (SIC Min Ref: 5/18) the Council approved the 2018/19 revenue and capital budgets for the Council (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £11.734m. It is vital to the economic wellbeing of the Council that the financial resources are managed effectively and expenditure and income is delivered in line with the budget, as any overspends will result in a further draw on reserves and would be evidence that the Council is living beyond its means.

- 2.3 This report forms part of the financial governance and stewardship framework which ensures that the financial position of the Council is acknowledged, understood and quantified on a regular basis. It provides assurance to the Corporate Management Team and the Committee/Council that resources are being managed effectively and allows corrective action to be taken where necessary.
- 2.4 Since the approval of the 2018/19 budget, revisions to the budget have been incorporated for the Council's budget carry-forward scheme. Therefore this report refers to the revised budget that is now in place for each of the services.
- 2.5 The Council delegated the functions of the CH&SC Directorate to the Integration Joint Board (IJB). The Council and NHS Shetland approve a contribution to the IJB, and then receive a distribution of those resources from the IJB to carry out services as directed by it. Management accounts showing the financial position for all delegated functions of the IJB are prepared and presented by the Chief Financial Officer (CFO) to the IJB on a quarterly basis to ensure adequate financial monitoring can be performed by the IJB.

3.0 Corporate Priorities and Joint Working:

- 3.1 There is a specific objective in the Corporate Plan that the Council will have excellent financial management arrangements to ensure that it continues to keep a balanced and sustainable budget, and is living within its means; and that the Council continues to pursue a range of measures which will enable effective and successful management of its finances over the medium to long term. This involves correct alignment of the Council's resources with its priorities and expected outcomes, and maintaining a strong and resilient balance sheet.
- 3.2 The IJB's vision, aims and strategic objectives are set out in the Integration Scheme and the Strategic Plan 2017-20. The IJB is provided with quarterly financial monitoring reports to enable the IJB to manage in year financial performance of the integrated budget and to monitor performance against its Strategic Commissioning Plan.

4.0 Key Issues:

- 4.1 This report presents the projected outturn position for 2018/19 as at the end of the fourth quarter for revenue and capital. The forecasts have been determined by Finance Services after consultation with the relevant budget responsible officers. The capital budgets are not delegated to the IJB.
- 4.2 The Council approved a contribution to the IJB of £20.807m in February 2018, forecasting that it would receive £22.070m in order to deliver the range of services, as defined by the IJB's Strategic Plan. Increases to the contribution of £18k, £130k and £120k, were approved during the year to recognise carry-forward funding allocated as per the Council's budget carry-forward scheme (SIC Minute Ref: 63/18) and transfer of Cost Pressure and Contingency budget (SIC Minute Refs: 90/18 and 12/19), increasing the contribution to the IJB to £21.075m.
- 4.3 It is proposed that a further increase of £56k is made to the Council contribution to the IJB, recognising;

- The transfer of Cost Pressure and Contingency Budget in recognition of the Apprenticeship Levy and Relocation and Recruitment expenses for 2018/19, this is £82k and £10k respectively; and
- Budget transfers from CH&SC Directorate Revenue Budgets to fund the capital cost of the Edward Thomason & Taing House Call System replacement (£27k), and ICT equipment (£7k).

This will increase the Council contribution to the IJB to £21.131m.

- 4.4 The projected revenue outturn position against revised budgets delegated to the IJB is an underspend of £52k, which means the services in the CH&SC Directorate are collectively projected to spend less than their approved revenue budget.
- 4.5 Included within the budget is the following service redesign proposal:
- Redesign – Mental Health (£200k) – The findings and directions from the Mental Health Service Review were reported to the IJB on 23rd January 2019. Savings of £79k have been identified by the project team and will be recognised from 1 April 2019.
- 4.6 The Director of CH&SC Directorate instructed a review be undertaken of the operational decision to provide 50% back-fill of senior social care workers' time allocated in residential care rotas, for which there was no budget in 2018/19. In order to mitigate the later arrival of savings through Mental Health Redesign and projected cost pressures, there were short-term measures also instigated. These included delays to recruitment where this is manageable, and more forensic examination of vacancies that are not front line delivery. Whilst redesign around these vacancies was considered, non-recurrent savings have assisted in keeping the Directorate within budget. Every effort has been made to limit non pay expenditure and ensure all income is secured.
- 4.7 The projected capital outturn position for the CH&SC Directorate is an underspend of £154k in 2018/19, which means the services in this Committee area are collectively projected to spend less than their Council approved capital budget.
- 4.8 See appendices 1 and 2 (attached) for detailed information on the revenue and capital outturn positions.
- 4.9 Provision was made in the Council's 2018/19 Budget for cost pressures and contingencies. It is held centrally by the Executive Manager - Finance.
- 4.10 Cost pressures are recurring in nature and increase the base cost of the service being delivered, e.g. apprenticeship levy, whereas contingency items are deemed non-recurring and likely to vary year on year e.g. ferry breakdowns.
- 4.11 This approach assists the Council to mitigate any spending risks. However, it is expected that services will endeavour, in the first instance, to meet any additional costs from within existing resources.

- 4.12 The strategic planning and distribution of funding for the services of the CH&SC Directorate for 2018/19 has been delegated to the IJB. The focus of this report is to allow Members to understand the Council's performance in managing the financial aspects of service delivery. This is different from the overall financial position of the IJB. The overall position of the IJB is relevant however in terms of the impact that its financial position might have on the Council. An example of this is where overspending has occurred by one, or both the partners, then with reference to the Integration Scheme, there is a process that is required to be followed. This is of relevance to the Council, as a partner and a funder.
- 4.13 The projected outturn position for Q4 for the IJB overall is attached at Appendix 3 for reference.
- 4.14 Members will note there is a projected overspend in the NHS Shetland (NHSS) arm of the IJB budget (£3.082m) and an underspend of £52k in the Council arm of the IJB budgets, as detailed above.
- 4.15 The Integration Scheme sets out how over/under spends affecting the budgets allocated for the delegated functions will be addressed.
- 4.16 The IJB has a Recovery Plan in place (see Appendix 4) to address the efficiency savings required in both the NHSS and Council arms of the budget in 2018/19. Savings of £2.276m are required by the Plan and savings of £456k have been identified against this target for the year-to-date.
- 4.17 Any overspend in the NHSS arm of the operational budget will be funded from NHSS underspends in other directorates and/or its central contingency budget as a one-off additional payment to the IJB. If NHSS cannot achieve overall financial balance it may need to seek Brokerage from the Scottish Government.
- 4.18 Any overspend in the Council arm of the operational budget will be initially sought from non-recurrent savings within CH&SC Directorate budgets and if that is unsuccessful will be met from the Council's central contingency budget as a one-off additional payment to the IJB.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

**6.1
Service Users,
Patients and
Communities:**

None

**6.2
Human Resources
and Organisational
Development:**

None

6.3

None

Equality, Diversity and Human Rights:	
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and NHSS 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, NHSS 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/overspends.
6.5 Finance:	<p>The 2018/19 Council Budget does not require a draw on reserves in excess of the returns that the fund managers can make on average in a year, and therefore demonstrates that the Council is living within its means.</p> <p>For every £1m of reserves spent in excess of a sustainable level will mean that the Council will have to make additional savings of £73k each year in the future as a result of not being able to invest that £1m with fund managers to make a return. It is therefore vital that the Council delivers its 2018/19 budget.</p> <p>This report demonstrates that the services within the Community Health and Social Care Directorate are collectively projecting to spend less than their Council approved budget.</p>
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None
6.9 Risk Management:	<p>There are numerous risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.</p> <p>From a financial perspective, risks are an integral part of planning for the future, as assumptions are required to be made. These assumptions can be affected by many internal and external factors, such as supply and demand, which may have a detrimental financial impact.</p> <p>The most significant financial risk for services within the Community Health and Social Care Directorate relate to</p>

	<p>unexpected demand for services, which may be costly depending on the circumstances.</p> <p>There are other risks, which arise as a result of the integrated approach that is now required, particularly where it may impact on the Council financially.</p> <p>The Recovery Plan in place due to the projected overspends of both parties, poses a risk to the Council. If CH&SC Directorate are unable to find the required savings within their delegated budgets, the Council will be required to make a one-off payment to balance its arm of the budget. The overspends inherent in NHSS delegated budgets also pose a risk to the Council as a partner, because the level of savings required has not been achieved in successive years, with reliance on non-recurring savings each year in order for NHSS to breakeven. The risk was mitigated in previous years as NHSS agreed to make additional contributions to cover this overspends, however NHSS have indicated that they may not be able to do so in future years.</p> <p>This report is part of the framework that provides assurance, or recognition of any deviation from the budget that may place the Council in a financially challenging position and requires remedial action.</p> <p>The Council makes provision within its budget for cost pressures and contingencies that may arise. This approach provides additional confidence for the Council to be able to mitigate any adverse financial circumstances.</p> <p>A strong balance sheet and the availability of usable reserves ensure that the Council is prepared for significant unforeseen events.</p> <p>Any draw on reserves beyond the Council's sustainable level would have an adverse impact on the level of returns from the Council's long-term investments. This situation would require to be addressed quickly to ensure no long term erosion of the investments.</p> <p>The Community Health and Social Care Directorate maintains its own Risk Register.</p> <p>The Integration Scheme includes a dispute resolution mechanism which should be followed where either of the Parties fails to agree with the other on any issue related to the Integration Scheme, including financial issues.</p>
<p>6.10 Policy and Delegated Authority:</p>	<p>Section 2.1.2(3) of the Council's Scheme of Administration and Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved both revenue and capital</p>

	<p>budgets for the 2018/19 financial year. This report provides information to enable the Committee to ensure that the services within its remit are operating within the approved budgets.</p> <p>The Council's Financial Regulations state that the Executive Manager - Finance has a responsibility to ensure that detailed monitoring by Directors and Executive Managers is carried out and that the Council will determine the reporting content, timescale, frequency and receiving committee(s) required for monitoring statements and the Executive Manager - Finance will be responsible for ensuring compliance with this.</p>	
6.11 Previously considered by:	<i>n/a</i>	<i>n/a</i>

Contact Details:

Sheila Duncan, Management Accountant, sheila.duncan@shetland.gov.uk, 26 April 2019

Appendices:

Appendix 1 – Community Health and Social Care Directorate Projected Revenue Outturn Position 2018/19

Appendix 2 – Community Health and Social Care Directorate Projected Capital Outturn Position 2018/19

Appendix 3 – Overall Projected Outturn Position for the Integration Joint Board for 2018/19

Appendix 4 – Projected Outturn Position for the IJB Recovery Plan.

Background Documents:

SIC Budget Book 2018/19, SIC 14 February 2018

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22032>

Community Health and Social Care

1. Projected Revenue Outturn Position 2018/19

2018/19 Approved Delegated Budget £000	Cost Pressure & Contingency Applied Qtr 4 £000	Other Budget changes Qtr 4 £000	IJB Service Heading	2018/19 Revised Delegated Budget £000	2018/19 Projected Outturn Qtr 4 £000	Budget v Projected Outturn Variance Qtr 4 £000
621	2	-	Mental Health	623	544	79
185	-	-	Substance			
541	(1)	(123)	Misuse	185	138	47
78	-	-	Directorate	417	224	193
5,397	19	23	Pensioners	78	78	-
			Adult Services	5,439	5,366	73
2,528	3	(2)	Adult Social Work	2,529	2,563	(34)
11,227	21	101	Community Care			
56	1	1	Resources	11,350	11,535	(185)
			Criminal Justice	58	23	35
1,479	11	-	Occupational			
			Therapy	1,489	1,445	44
426	-	-	Government			
			Additionality	426	426	-
(200)	-	-	Redesign - Mental			
			Health	(200)	-	(200)
22,338	56	-	Total	22,394	22,342	52
			Controllable			
			Costs			

The above table shows the projected outturn variance as at Quarter 4.

Contingency budget has been applied in Q4 in respect of Apprenticeship Levy and Relocation and Recruitment costs incurred in 2018/19, amounting to £82k and £10k, respectively. Further budget changes have been made to reflect the transfer of budget from CH&SC Directorate Revenue Budgets to fund the capital cost of the Edward Thomason & Taing House Call System replacement (£27k) and ICT equipment (£7k).

The Council delegated a budget of £22.338m to the IJB in December 2018 but as above proposes an increase to the budgets at Q4 of £56k bringing the total delegated budget to £22.394m.

An explanation of the significant projected outturn variances by service at Quarter 4 are set out below:

1.1 Mental Health – Projected underspend of £79k (13%)

The projected underspend is mainly due to two members of staff at Annsbrae, currently being on secondment and relief staff only being provided when required, £78k.

1.2 Adult Services – projected underspend of £73k (1%)

The projected underspend is mainly due to vacant posts at Eric Gray Resource Centre & Supported Living and Outreach, £122k. Some of this underspend is offset by overspend in employee costs at Newcraigielea (£44k) and Supported Living & Outreach Managers (£7k).

1.3 Adult Social Work – projected overspend of £34k (1%)

The projected overspend is mainly related to:

- An estimated increase for Self Directed Support, based on the current level of agreed packages (£67k). This is however difficult to predict as packages can vary greatly in value, so the addition of further packages or changes to existing packages can have significant financial impact;
- An advised uplift in one of the Off-Island Placements the year (£49k);
- Some of this overspend is offset by underspend in employee costs due to various vacancies throughout the year £81k.

1.4 Community Care Resources – projected outturn overspend of (£185k) (2%)

The projected overspend is mainly due to:

- Increased costs of Off-Island Placements following the addition of 2 new packages of care this year (114k);
- The cost of employing agency staff to provide cover for long term sickness and recruitment and retention difficulties in areas of the service, (£534k);
- Employee costs are projected to be at breakeven for the year. This is related to underspending and overspending at various locations, significantly £87k at Care at Home Central due to vacant posts, which it has been possible to manage as a result of current reduced demand for services. North Haven and Overtonlea are also underspending by

£75k due to difficulties in recruitment and retention, leading to agency staff requirement. Islehavn have projected underspend of £73k as a result of care home capacity being reduced to 5-6 beds (budgeted 10 beds) due to inability to staff the unit to the correct level. Wastview and Montfield are projected to overspend for the year by (£149k) and (£78k), respectively, due to increasing the rota at the start of the year for specific packages of care. The projected breakeven position in employee costs includes the estimated cost of seniors working off the floor for part of their time (£183k), which was not budgeted for in the year and is currently under review.

- Board and Accommodation charging income is projected to overachieve against budget by £524k. Charging income can fluctuate significantly during the year, dependent on the individual financial circumstances of those receiving care.
- There is a projected underspend in mileage costs across the service of £94k, due to efficiently planning routes, the use of Council fleet vehicle in Yell, instead of employees own vehicles and the impact of the change to HRMC mileage rates from 1 April 2018.

1.4 Scottish Government Additionality Funding – projected breakeven

The IJB was allocated £1.474m 'Additionality Funding' from the Scottish Government (SG) for 2018/19, which has been added to NHS Shetland's baseline funding. As per SG guidance, £852k of the overall funding will be used to help meet a range of continuing cost pressures faced by local authorities in the delivery of effective and high quality health and social care services. This allocation represents a reduction to the proposed payment to the IJB from the SIC for 2018/19. The remaining £592k will support additional spend on expanding social care to support the objectives of integration. In 2018/19, £426k of the remaining funding has been allocated to the Council.

It was agreed that £348k of this funding would be used to support the increased demand for Self-Directed Support packages. It is currently estimated that Self-Directed Support packages in 2018/19 will exceed budget by (£67k) so this funding is expected to be spent in full.

A further £78k allocation of this funding has been allocated to cover the cost of one full-time social worker and one full-time administration worker who specifically focus on expediting timely hospital discharges. It is anticipated that this funding will be fully spent.

1.5 Redesign – Mental Health – projected overspend of (£200k) (100%)

IJB Members considered the findings and directions resulting from the Mental Health Service Review on 23 January 2019. Savings of £79k have been identified from the Review and will be recognised from 1 April 2019.

Community Health and Social Care

2. Projected Capital Outturn Position 2018/19

Service	2018/19 Revised Budget Qtr 4 £000	2018/19 Projected Outturn Qtr 4 £000	2018/19 Projected Variance Qtr 4 £000	Slippage Required in 2019/20 £000	Overall Projected Outturn Variance Qtr 4 £000
Adult Services	1,724	1,545	179	0	179
Community Care Resources	0	25	(25)	0	(25)
Total Controllable Costs	1,724	1,570	154	0	154

An explanation for the main projected outturn variances by service are set out below.

2.1 Adult Services - projected outturn underspend of £179k (10%)

The Eric Gray Replacement build project is on schedule with the overall project on track to be delivered on budget. The projected outturn variance recognises that there was an overspend of 179k in 2017/18 due to the project running ahead of schedule, which is not reflected in the 2018/19 approved budget.

2.2 Community Care Resources – projected outturn overspend of (£25k) (100%)

The projected overspend relates to the Edward Thomason and Taing House Final Account being higher than anticipated and Capital Programme time allocated to the project for snagging and preparation of the final account. The overspend is to be funded as part of the spend to save project.

Community Health and Social Care

3. Projected Overall Outturn Position for the Integration Joint Board

Service Headings	2018/19 Approved Delegated Annual Budget £000	2018/19 Revised Delegated Annual Budget £000	Projected Outturn at Quarter 4 £000	Budget v Proj. Outturn Variance (Adv)/ Pos £000
Mental Health	1,993	2,071	2,519	(448)
Substance Misuse	582	543	496	47
Oral Health	3,177	3,084	3,071	13
Pharmacy & Prescribing	6,229	6,477	6,561	(84)
Primary Care	4,405	5,675	5,537	138
Community Nursing	2,591	2,862	3,039	(177)
Directorate	1,027	913	797	116
Pensioners	78	78	78	-
Sexual Health	40	45	43	2
Adult Services	5,209	5,472	5,388	84
Adult Social Work	2,489	2,529	2,563	(34)
Community Care Resources	10,989	11,350	11,535	(185)
Criminal Justice	26	58	23	35
Speech & Language Therapy	85	81	78	3
Dietetics	118	116	98	18
Podiatry	234	236	232	4
Orthotics	135	138	125	13
Physiotherapy	599	570	561	9
Occupational Therapy	1,601	1,663	1,623	40
Health Improvement	212	259	211	48
Unscheduled Care	2,800	2,964	3,782	(818)
Renal	194	202	261	(59)
Intermediate Care Team				-
Scottish Government Additionality				
Funding	622	622	563	59
Integrated Care Funding	410	410	444	(34)
Reserve			-	-
Recovery Plan	(2,276)	(2,276)	(456)	(1,820)
Total Controllable Costs	43,569	46,142	49,172	(3,030)

3.1 Projected outturn overspend at 31st March 2019 (£3.030m) (7%)

The current projected outturn at the end of March 2019 for the IJB is an overall adverse variance of £3.030m which represents a projected underspend of £52k in the Council arm of the budget, and a projected overspend in NHS Shetland arm of (£3.082m).

Community Health and Social Care

4. Draft Outturn Position for the IJB Recovery Plan for 2018/19

	Directly Managed Services £000	Set-Aside Services £000	TOTAL £000
Full savings required by Recovery Plan	2,135	141	2,276
Savings achieved	(456)	-	(456)
Unachieved savings	1,679	141	1,820

- 4.1 The IJB has a Recovery Plan in place to address the efficiency savings required in both the NHSS and Council arms of the budget in 2018/19.
- 4.2 NHSS need to identify £2.076m savings in 2018/19. To date £247k recurrent savings and £209k non-recurrent savings have been identified. 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 recognised that identifying and implementing savings and efficiency targets is increasingly challenging and aimed to take a whole system approach to establish a best value, safe and sustainable model to inform the development of the IJB Strategic Plan for 2019-2022 and beyond.
- 4.3 The IJB Strategic Plan 2019-2022 was approved by the IJB on 13 March 2019.
- 4.4 Any overspend in the NHSS arm of the operational budget will be funded from NHSS under spends in other directorates and/or its central contingency budget as a one-off additional payment to the IJB.
- 4.5 The Council incorporated several service redesign projects in their 2018/19 budgets, including a projected £200k savings from the redesign of mental health services. The findings and directions from the review were presented to the IJB on 23 January 2019. Recurring savings of £79k were identified and will be recognised from 1 April 2019. It is hoped as the service works through the improvement actions identified in the review that there may be opportunities to release savings and efficiencies from building costs and/ or acute care costs.
- 4.6 Any overspend in the Council arm of the operational budget will be funded by a one-off additional payment funded from underspend elsewhere in the Council and/or corporate contingency.



Meeting(s):	Policy & Resources Committee Shetland Islands Council	13 May 2019 15 May 2019
Report Title:	SIC Overall Management Accounts 2018/19 Projected Outturn at Quarter 4	
Reference Number:	F-031-F	
Author / Job Title:	Jamie Manson Executive Manager - Finance	

1.0 Decisions / Action required:

1.1 That the Policy & Resources Committee RECOMMENDS that the Council RESOLVE to:

- 1.1.1 note the Management Accounts showing the overall projected outturn position at Quarter 4.
- 1.1.2 retrospectively approve the capital expenditure on the 2018/19 Ferry Life Extension Budget as set out in Appendix 5
- 1.1.3 approve the changes to the 2019/20 Council Schedule of Charges as set out in Appendix 6

2.1 The report sets out the overall Council projected financial position as at quarter 4. The draft outturn report for the year will be presented on 11 June 2019.

2.2 On 14 February 2018 (SIC Min Ref: 5/18) the Council approved the 2018/19 revenue and capital budgets for the Council (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £11.734m. It is vital to the economic wellbeing of the Council that the financial resources are managed effectively and expenditure and income is delivered in line with the budget, as any overspends will result in a further draw on reserves and would be evidence that the Council is living beyond its means.

2.3 This report forms part of the financial governance and stewardship framework which ensures that the financial position of the Council is acknowledged, understood and quantified on a regular basis. It provides assurance to the Corporate Management Team and the Committee that resources are being managed effectively and allows corrective action to be taken where necessary.

2.4 Since the approval of the 2018/19 budget, revisions to the budget have been incorporated for the Council's budget carry-forward scheme and spend to save, and changes to the Asset Investment Plan this in total amounts to £9.948m, resulting in an additional budgeted draw on reserves of £8.518m for both revenue and capital. This report refers to the revised budget that is now in place for each of the services.

- 2.5 Included in the capital expenditure in this report is spending on Ferry Life Extension Works. The Gateway Process for the Management of Capital Projects states that where projects fall within a programme of capital maintenance, an annual budget may be included in the Council's Asset Investment Plan. A Business Justification case is required to establish such a programme. As no business case has been formally presented for approval of this programme of capital works through the Gateway Process, retrospective approval of the capital spend in 2018/19 is required. A Business Case for this ongoing works programme has now been prepared and will be presented to endorse the proposed spend in 2019/20. Appendix 5 of report sets out the breakdown of expenditure for the 2018/19 financial year.
- 2.6 On 26 February 2019, the Council approved a Schedule of Charges for 2019/20. Services have been reviewing this Schedule and have identified changes. Details for each revised charge and the reasons for change is set out in Appendix 6. Some are new charges others are amendments to existing charges and some are to be removed, as they no longer apply. This is the first opportunity to report these changes for approval. Should these changes be approved they will apply from the Council meeting date of 15 May 2019.

3.0 Corporate Priorities and Joint Working:

- 3.1 There is a specific objective in the Corporate Plan that the Council will have excellent financial management arrangements to ensure that it continues to keep a balanced and sustainable budget, and is living within its means; and that the Council continues to pursue a range of measures which will enable effective and successful management of its finances over the medium to long term. This involves correct alignment of the Council's resources with its priorities and expected outcomes, and maintaining a strong and resilient balance sheet.
- 3.2 The Medium Term Financial Plan also includes a stated objective to achieve financial sustainability over the lifetime of the Council.

4.0 Key Issues:

- 4.1 At quarter 4 the combined revenue and capital outturn projections by fund (details are set out in Appendices 1,2 and 3) results in a projected underspend as follows:

Fund	Revised Budget £000	Projected Outturn £000	Variance under/(over) £000
General Fund incl. Spend to Save	130,313	122,453	7,860
Harbour Account	(8,914)	(12,957)	4,042
Housing Revenue Account	1,320	1,588	(267)
TOTAL	122,719	111,084	11,635

- 4.2 The following table shows the projected variance of each of the funds by revenue and capital expenditure.

Fund	Revenue Projected Variance under/(over) £000	Capital Projected Variance under/(over) £000	Total Projected Variance under/ (over) £000
General Fund (including Spend to Save)	(1,889)	9,749	7,860
Harbour Account	1,885	2,157	4,024
Housing Revenue Account	(291)	24	(267)
TOTAL	(295)	11,930	11,635

- 4.3 The net underspend is achieved due to underspending on capital budgets. The General Fund revenue budget is the main area of overspending. The 2019 Asset Investment Plan has taken account of most of the slippage, any residual slippage required to be carried forward will be included in the SIC Draft Outturn report.
- 4.4 Included within the General Fund revenue budget was £1.89m of service redesign savings, of which £649k has been achieved in 2018/19. Progress on the individual service redesigns are set out below. It should be noted that the Accommodation Rationalisation savings have been realised through the purchase of SLAP by the Council. For 2018/19, it was still a wholly owned subsidiary of the Council. The impact on the General Fund will not be realised until 2019/20 but for the Council as a whole it has achieved more than the £750k savings. The hive up of SLAP into the Council took place on the 30 April 2019.

Description	Budget £000	Saving £000	Variance £000	Notes
Insurance Redesign	(500)	(537)	37	Achieved.
Promote Shetland Redesign	(40)	(33)	(7)	Achieved.
Accommodation Rationalisation	(750)	0	(750)	Achieved but not in the 2018/19 General Fund
Mental Health Redesign	(200)	(79)	(121)	Will not be achieved in 2018/19
Tertiary Sector Redesign	(250)	0	(250)	Will not be achieved in 2018/19
Waste Recycling Redesign	(150)	0	(150)	Will not be achieved in 2018/19
TOTAL	(1,890)	(649)	(1,241)	

- 4.6 The 2018/19 projected total draw from reserves on both revenue and capital expenditure is £12.734m, which is under the revised budgeted draw of £20.252m by £7.519m (see Appendix 4). This is the combined position for the General Fund (including Spend to Save), Harbour Account and Housing Revenue Account.

4.7	Appendices 1-4 set out this information in detail. Directorate performance reports for 2018/19 will be presented to the July cycle of meetings. These will contain details of the final outturn position for 2018/19 and variance analysis.
5.0	Exempt and/or confidential information:
5.1	None.
6.0	Implications :
6.1 Service Users, Patients and Communities:	There are no implications arising from this report.
6.2 Human Resources and Organisational Development:	There are no implications arising from this report.
6.3 Equality, Diversity and Human Rights:	There are no implications arising from this report.
6.4 Legal:	There are no implications arising from this report.
6.5 Finance:	<p>Overall, the projected underspend for the Council for 2018/19 is £11.635m.</p> <p>Total revenue budgets are overspent by £295k, the main fund which is overspent is the General Fund (£1.889m) this is offset by underspending on the Harbour Account revenue budget £1.885m.</p> <p>Total capital budgets are underspent by £11.930m, the main underspend is on the General Fund of £9.749m followed by the Harbour Account by £2.157m.</p> <p>The Ferry Life Extension Works budget of £2.0m with a projected spend of £1.7m forms part of the capital budgets contained within this report.</p> <p>The overall projected draw on reserves at quarter 4 is £12.734m, which is £7.519m less than the revised draw of £20.252m.</p> <p>The projected draw equates to a daily draw on reserves of £35k.</p> <p>It is difficult to predict what the net impact on the 2019/20 budget will be for the changes contained in Appendix 6. However, this will be managed within the approved 2019/20 budget.</p>

<p>6.6 Assets and Property:</p>	<p>There are no implications arising directly from this report.</p> <p>Expenditure incurred on the Ferry Life Extension Works budget did not have an approved Business Justification Case, which is contrary to the Gateway Process.</p> <p>The impact of not spending on the Ferry Life Extension Works budget would have resulted in non-operational assets, which in turn would have a negative impact on the delivery of ferry services to the public.</p>
<p>6.7 ICT and new technologies:</p>	<p>There are no implications arising from this report.</p>
<p>6.8 Environmental:</p>	<p>There are no implications arising from this report.</p>
<p>6.9 Risk Management:</p>	<p>There are numerous risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.</p> <p>From a financial perspective, risks are an integral part of planning for the future, as assumptions are required to be made. These assumptions can be affected by many internal and external factors, such as supply and demand, which may have a detrimental financial impact.</p> <p>The main variable assumptions are around anticipated income levels, returns on investments and cost pressures and demands.</p> <p>This report is part of the framework that provides assurance, or recognition of any deviation from the budget that may place the Council in a financially challenging position and requires remedial action.</p> <p>The Council makes provision within its budget for cost pressures that may arise. This approach provides additional confidence for the Council to be able to mitigate any adverse financial circumstances.</p>
<p>6.10 Policy and Delegated Authority:</p>	<p>Section 2.1.2(3) of the Council's Scheme of Administration and Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved both revenue and capital budgets for the 2018/19 financial year.</p> <p>The Policy & Resources Committee has delegated authority for securing the co-ordination, control and proper management of the financial affairs of the Council, and has referred authority to make recommendations to the Council as to the level of any expenditure not provided for in the annual budgets.</p>

	<p>The power to fix the level of charges for any service is reserved to the Council.</p> <p>The Council's Financial Regulations state that the Executive Manager - Finance has a responsibility to ensure that detailed monitoring by Directors and Executive Managers is carried out and that the Council will determine the reporting content, timescale, frequency and receiving committee(s) required for monitoring statements and the Executive Manager - Finance will be responsible for ensuring compliance with this.</p>	
6.11 Previously considered by:	n/a	

Contact Details:

Hazel Tait, Team Leader Accountancy, Hazel.Tait@Shetland.gov.uk, 30 April 2019

Appendices:

Appendix 1 – 2018/19 General Fund Projected Revenue and Capital Outturn at Q4

Appendix 2 – 2018/19 Harbour Account Projected Revenue and Capital Outturn at Q4

Appendix 3 – 2018/19 Housing Revenue Account Projected Revenue and Capital Outturn at Q4

Appendix 4 – 2018/19 Projected Outturn for Use of Reserves at Q4

Appendix 5 – Capital Life Extension Budget Spend for 2018/19

Appendix 6 – Changes to the 2019/20 Schedule of Council Charges

Background Documents:

SIC Budget Book 2018/19, SIC 14 February 2018

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22032>

General Fund Revenue - Projected Outturn Position for 2018/19

2018/19 Projected Variance Qtr 3 £000	General/Support	2018/19 Revised Budget Qtr 4 £000	2018/19 Projected Outturn Qtr 4 £000	2018/19 Projected Variance Qtr 4 £000
66	Chief Executive	1,813	1,745	68
(785)	Children's Services	42,116	42,818	(702)
(214)	Community Care	19,916	19,867	49
6	Corporate Services	10,136	10,968	(832)
(434)	Development	14,415	14,501	(87)
(314)	Infrastructure	14,593	15,559	(967)
55	Fund Managers Fees	895	845	50
(33)	Energy	3,004	3,214	(210)
(25)	Water	371	381	(10)
2	Building Maintenance	2,492	2,492	
0	Grass Cutting	171	179	(9)
61	Fleet Management Unit	728	713	15
24	Training	580	540	39
0	Contingencies & Cost Pressures	444	0	444
175	Financing Costs	1,577	1,577	0
316	Economic Development Investment Income	(1,035)	(1,348)	313
0	Interest on Revenue Balances	(14)	(14)	0
0	Spend to Save (Unallocated)	221	221	0
(95)	Net Recharges to Other Fund	(2,495)	(2,444)	(52)
13,117	Other Investment Income*	0	(13,630)	13,630
(13,117)	Other Investment Income transfer to Reserves*	0	13,630	(13,630)
(1,197)	Total Net Expenditure/(Income)	109,925	111,814	(1,889)
	<i>Funded by:</i>			
81	Government Grants	(80,482)	(80,515)	33
0	Council Tax	(9,363)	(9,398)	35
0	Spend to Save	(674)	(674)	0
1,116	Contribution from General Fund Reserve	(19,406)	(21,227)	1,821
1,197	Total Funding/Contribution	(109,925)	(111,814)	1,889
0	Balanced Budget	0	0	0

* This income is transferred to Reserves and is used as part of the contribution from General Fund Reserve which funds the Revenue Budget.

General Fund Capital - Projected Outturn Position for 2018/19

2018/19 Projected Variance Qtr 3 £000	General Fund	2018/19 Revised Budget Qtr 4 £000	2018/19 Projected Outturn Qtr 4 £000	2018/19 Projected Variance Qtr 4 £000
669	Children's Services	3,192	646	2,546
288	Community Care	1,752	1,597	155
1,588	Corporate Services	2,435	879	1,556
4,247	Infrastructure	13,009	7,517	5,492
6,792	Total Costs	20,387	10,639	9,749
	Funded by:			
0	General Capital Grant	(6,612)	(6,612)	0
(38)	Capital Grants Unapplied	(48)	(10)	(38)
(3,566)	External Grants	(3,890)	(389)	(3,501)
(348)	External Borrowing	(1,494)	(716)	(778)
(326)	Spend to Save Reserve	(1,530)	(204)	(1,327)
(2,514)	Capital Fund Reserve	(6,045)	(1,980)	(4,065)
0	Capital Receipts	(596)	(596)	0
0	General Fund CFCR	(173)	(132)	(41)
(6,792)	Total Funding & Financing	(20,387)	(10,639)	(9,749)
0	Balanced Budget	0	0	0

Harbour Account

Revenue and Capital - Projected Outturn Position for 2018/19

2018/19 Projected Variance Qtr 3 £000	Harbour Account	2018/19 Revised Budget Qtr 4 £000	2018/19 Projected Outturn Qtr 4 £000	2018/19 Projected Variance Qtr 4 £000
	REVENUE:			
(63)	Sullom Voe	(9,452)	(10,477)	1,026
(172)	Scalloway	64	205	(141)
(147)	Other Piers	(2)	(71)	69
0	Jetties & Spur Booms	0	0	0
566	Terminals	(1,431)	(1,983)	552
182	Ports & Harbours Net Expenditure/(Income)	(10,821)	(12,326)	1,505
276	Shetland Gas Plant	(1,024)	(1,404)	380
276	Other Income	(1,024)	(1,404)	380
458	Total Net Revenue Expenditure/(Income)	(11,845)	(13,730)	1,885
	CAPITAL:			
(82)	Capital Expenditure	13,875	9,253	4,623
312	Capital Receipts	(21)	(21)	0
0	External Borrowing	(10,924)	(8,459)	(2,466)
230	Total Net Capital Expenditure/(Income)	2,930	774	2,157
(689)	Contribution to/(from) Reserve Fund	8,914	12,957	(4,042)
0	Balanced Budget	0	0	0

Housing Revenue Account

Revenue and Capital - Projected Outturn Position for 2018/19

2018/19 Projected Variance Qtr 3 £000	Housing Revenue Account	2018/19 Revised Budget Qtr 4 £000	2018/19 Projected Outturn Qtr 4 £000	2018/19 Projected Variance Qtr 4 £000
	REVENUE:			
58	Supervision & Management	854	773	81
(203)	Repair & Maintenance	2,164	2,575	(412)
(60)	Void Rents & Charges	167	194	(26)
(5)	Garages	31	32	(1)
62	Capital Charges - Dwellings	1,330	1,268	62
(148)	Total: Expenditure	4,545	4,842	(297)
0	Interest on Revenue Balances	(1)	(4)	3
0	Rents - Dwellings	(6,730)	(6,694)	(36)
16	Rents - Other ie garages/sites etc	(229)	(267)	38
16	Total: Income	(6,960)	(6,965)	5
(132)	Total Net Revenue Expenditure/(Income)	(2,415)	(2,123)	(291)
	CAPITAL:			
0	Capital Expenditure	3,735	3,711	24
23	Capital Receipts	(31)	(125)	95
23	Total Net Capital Expenditure/(Income)	3,704	3,585	119
109	Contribution to(from) HRA Reserve	(1,290)	(1,462)	173
0	Balanced Budget	0	0	0

Use of Reserves in 2018/19

(includes General Fund/Harbour Account/Housing Revenue Account/Spend to Save)

2018/19 Projected Variance Qtr 3 £000	Draw on Reserves	2018/19 Original Budgeted £000	2018/19 C/Forwards & Revisions Revisions £000	2018/19 Revised Budgeted Qtr 4 £000	2018/19 Projected Outturn Qtr 4 £000	2018/19 Projected Variance Qtr 4 £000
2,242	Revenue & Capital Draw on Reserves	11,734	8,518	20,252	12,734	7,518
2,242	Total Budgeted Draw on Reserves	11,734	8,518	20,252	12,734	7,518



Shetland Islands Council

Agenda Item

4

Meeting(s):	Shetland Islands Council	15 May 2019
Report Title:	Fund Management Annual Investment Report 2018/19	
Reference Number:	F-035-F	
Author / Job Title:	Executive Manager - Finance	

1.0 Decisions / Action required:

That the Council RESOLVES to:

- 1.1 approve the Annual Investment Report for 2018/19 for the purposes of the consent issued by the Scottish Ministers by virtue of section 40 of the Local Government in Scotland Act 2003;
- 1.2 note the underperformance of the benchmark and target by Baillie Gifford in 2018/19;
- 1.3 note the performance of BlackRock which was close to the benchmark in 2018/19;
- 1.4 note the underperformance of the benchmark and target by Insight in 2018/19.

2.0 High Level Summary:

- 2.1 The purpose of this report is to inform Members on the position and performance of the Council's external investments with fund managers for the financial year 2018/19.
- 2.2 The Council has three fund managers, with total investments under management at the end of March 2019 of £341 million.
- 2.3 During 2018/19 the value of the Council's investments decreased by £4 million, which was made up from £26 million of investment returns less £30 million of cash withdrawals from the investments. The overall Council investment return in 2018/19 was 7.4%. See additional information in Appendix 1.
- 2.4 Over the 2018/19 financial year BlackRock were close to their aim of equalling the benchmark return, while the two active fund managers Baillie Gifford and Insight both underperformed their respective benchmarks.
- 2.5 The conclusion of the annual review is that the fund managers have, over the 2018/19 financial year, had mixed results in a volatile investing environment. Market volatility is to be expected over short time periods but over the long term the general market trend is positive. There is no immediate action recommended to be taken from these results.
- 2.6 A new investment strategy was approved by the Council on 22 August 2018. The

<p>new investment strategy required tender exercises for new investments, which resulted in two new investment mandates being awarded by the Council on 16 January 2019, a direct lending mandate to Partners and a diversified alternatives mandate to BlackRock. Funds will be transferred to the new mandates during 2019 to complete the new investment strategy. As per the new investment strategy Insight's bond mandate will end, not because of their performance over the years but due to the projected future low returns from bonds.</p>	
3.0 Corporate Priorities and Joint Working:	
3.1	The Council's overall investment strategy is important to the Council's long term financial resilience, and investment performance plays a key role in helping the Council deliver its corporate objectives, as described in the Community Plan, the Corporate Plan and other strategic documents.
4.0 Key Issues:	
4.1	This report is an annual review of how the markets and fund managers have performed. All of the Council's investments are invested for the long term as per the investment strategy but review of the investments and the fund manager's management of those investments are essential to ensure that investments are managed for the long term benefit of the Council.
5.0 Exempt and/or confidential information:	
5.1	None
6.0 Implications:	
6.1 Service Users, Patients and Communities:	The performance of the Council investments has a direct impact on the level and volume of services that it can afford to provide to the people and communities of Shetland. Therefore monitoring of performance provides assurance that the additional funding that is created through the investments is sustainable.
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	This report complies with the consent issued by the Scottish Ministers under the Local Government Investments (Scotland) Regulations 2010, to give an Annual Investment Report after the year end on the investment position to the Council.
6.5 Finance:	It is recognised that the actual investment performance each year will be different to what is expected or required however

	<p>over the long term this will be monitored and reviewed to ensure that the Council is working towards meeting its long term investment objectives.</p> <p>It is not likely that the Council can expect a positive investment return from its investments every year but having robust governance and monitoring in place, alongside a diversified investment strategy, mitigates the financial risks and enables the Council to take action at appropriate times to address poor performance by the fund managers. This report is part of that governance and monitoring framework, and compliments the reporting requirements of the CIPFA Code of Treasury Management that requires a Mid Year Review report and an Annual Year End Performance Review Report.</p>
6.6 Assets and Property:	<p>Long term investments are assets of the Council and represent money given to fund managers to manage on its behalf for sustainable long term benefit. The Council relies upon each fund manager's fiduciary duty and to buy and sell appropriate assets in accordance with the mandate awarded to them and to report regularly on the value and performance of the fund in which Council money is invested. The value of long term investments under these mandates can go down as well as up.</p>
6.7 ICT and new technologies:	<p>None</p>
6.8 Environmental:	<p>Whilst the fund managers have delegated powers for the acquisition and realisation of investments, fund managers are expected as part of their investment process to consider all factors, including the social, environmental and ethical policies of companies in which they may invest, to the extent that these may materially affect the long term prospects of such companies. The fund managers will also be expected to enter into dialogue with companies in which they invest, in relation to the pursuance of socially responsible business practices, and report on these activities.</p> <p>Corporate Governance is a key responsibility for institutional shareholders and as a matter of principle the Council will seek to exercise all of its voting rights in respect of its shareholdings. It is recognised however that in practical terms this may not always be possible for overseas holdings. However for UK stocks all voting rights will be exercised in a positive fashion, i.e. no abstentions.</p> <p>The fund managers, who will act in accordance with this policy, will exercise voting.</p> <p>All of the Council fund managers have signed up to the United Nations Principles on Responsible Investment. The principles reflect the view that environmental, social and corporate governance (ESG) issues can affect the performance of</p>

	investment portfolios, and therefore must be given appropriate consideration by investors, if they are to fulfil their fiduciary (or equivalent) duty. The Principles provide a voluntary framework by which all investors can incorporate ESG issues into their decision-making and ownership practices, and so better align their objectives with those of society at large.	
6.9 Risk Management:	All investments carry risk. Risks, such as market risk are mitigated and actively managed through diversification of fund managers, asset classes, markets, size of holdings and through performance monitoring against benchmarks. This risk framework is laid out in the Annual Investment and Treasury Strategy report for 2019/20, which was approved by the Council on the 6th March 2018.	
6.10 Policy and Delegated Authority:	<p>In accordance with section 2.2 of the Council's Scheme of Administration and Delegations, the Policy and Resources Committee has delegated authority to secure the co-ordination, control and proper management of the financial affairs of the Council.</p> <p>However, in accordance with section 2.1.3 of the Council's Scheme of Administration and Delegations, the approval of any annual investment strategy or annual investment report required by any consent issued by Scottish Ministers by virtue of Section 40 of the Local Government in Scotland Act 2003, is reserved to the Council.</p>	
6.11 Previously considered by:	None	

Contact Details:

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Appendices:

Appendix 1 - Fund Management Annual Investment Report 2018/19

Background Documents:

None

Fund Management Annual Investment Report 2018/19

1.0 Background

- 1.1 This report forms part of the Council's governance arrangements where the Council will receive an annual investment report for 2018/19 on the external investments.
- 1.2 This report also complies with the consent issued by the Scottish Ministers under the Local Government Investments (Scotland) Regulations 2010, and with the requirements of the CIPFA Code of Practice for Treasury Management in Public Services, in respect of the requirement to report to the Council an annual investment report, which evaluates the Council's investment performance for the previous financial year.
- 1.3 This report concentrates on the financial year 2018/19. The report looks at the performance of the Council's fund managers, the overall investment performance relative to the markets, the physical movement of funds, any changes from the investment strategy, and any other relevant issues relating to the investments over the period.
- 1.4 The current investment strategy was approved by the Council on 26 June 2013 (SIC Min. Ref. 58/13) with performance monitoring of the new strategy commencing at the start of October 2013. The investment strategy saw a new Passive Equity mandate being awarded to BlackRock, and a new Diversified Growth Fund mandate being awarded to Baillie Gifford.
- 1.5 Investment consultants, KPMG, were appointed as the Council's advisers during 2016/17. KPMG were asked to look at the current investment strategy and suggest proposals for any changes required to ensure the investment strategy remained fit for purpose over the next few years. The review resulted in a new investment strategy that was approved by the Council on 22 August 2018. Two new mandates were required and these were tendered with the Council awarding a direct lending mandate to Partners and a diversified alternatives mandate to BlackRock on 16th January 2019. As per the new investment strategy Insight's bond mandate will end, not because of their performance over the years but due to the projected future low returns from bonds. The new strategy should be in place during 2019.

2.0 Investment Position and Market Performance

- 2.1 The Council has three fund managers with total investments under management at the end of March 2019 of £341 million. The fund managers investment funds and current percentage allocations at the end of March 2019 are as follows:

Fund Manager	Fund	% of Assets
Baillie Gifford	Active Equities	33%
	Diversified Growth	22%
BlackRock	Passive Equities	33%
Insight	Bonds	12%

2.2 The initial investment allocations were set when the investment strategy was put in place at the end of September 2013. The percentage allocations at 2.1 are a reflection of the market movements, investment management by fund managers and funds that have been recalled and injected since September 2013. These movements have altered the initial investment percentages. No movement of funds between fund managers occurred during 2018/19 and none are planned in 2019/20, apart from the reorganisation of the investments into the new allocations as per the new investment strategy.

2.3 Investment values are constantly changing but the market value at 31 March 2019, and for comparison March 2018, for the mandates are as shown below:

Manager	Market Value £ million	
	2019	2018
Baillie Gifford	187	181
BlackRock	112	123
Insight	42	41
Total	341	345

2.4 The external investments of the Council (i.e. other than those invested in the local economy) are co-ordinated by the Council's Treasury function. The Pension Fund and Charitable Trust's reserves (as per a Service Level Agreement) are also co-ordinated by the Council's Treasury function. This approach provides the opportunity to share experience and benefit from knowledge in a specialist subject area built up over a number of years.

2.5 At section 3 this report presents a review of each fund manager in turn and a comparison of their performance in 2018/19 against the relevant market's performance where they were asked to invest, and also against any additional out performance target they were asked to achieve.

2.6 Due to the nature of the investments the fund managers are investing into, a long term investment view is appropriate, generally a five year period. The report therefore looks not only at each manager's performance over 2018/19

but also at their performance over a five year period, or from inception of the mandate if that is shorter.

- 2.7 This report concentrates on the fund manager's performance relative to the markets but there is a need to consider the effect of any cash withdrawals or injections to the funds, and the performance of the markets themselves. These influences can easily alter the absolute fund value.
- 2.8 The following table shows the effect on the Council investments due to withdrawals/additions and the investment return over the financial year to March 2019 and as a comparison the previous financial year.

	Council Investments £ million	
	2018/19	2017/18
Opening Value	345	334
Additions/(Withdrawals)	(30)	(10)
Investment Return	26	21
Closing Value	341	345

- 2.9 During 2018/19 the overall value of the Council's investments decreased by £4 million.
- 2.10 There was a positive investment return over the 2018/19 financial year of £26 million. The main contributing asset class to this investment return was equities, invested with BlackRock and Baillie Gifford.
- 2.11 During the financial year to March 2019 £30 million was withdrawn from the Council's investments; this was withdrawn in three amounts from BlackRock's passive funds. The largest withdrawal of £18 million was required to support the purchase of Shetland Leasing and Property Limited. The other two withdrawals were required to support the Council's cash flow needs, which cover both revenue expenditure and the capital programme.
- 2.12 The 2018/19 market performance by asset class is set out below:

		%
Equities:	UK	6.4
	North America	16.8
	Europe (Ex UK)	2.2
	Japan	-0.8
	Pacific	12.6
	Emerging Market	-0.3
Bonds:	UK Index Linked Gilts	5.7
	UK Corporate	3.7
Property		4.8
Cash		0.7

- 2.13 The best performing sector in 2018/19 was North America equities with a return of 16.8%, followed by the Pacific region at 12.6%. Equity markets overall produced very mixed returns with Japan and Emerging Markets having negative returns over the year. Bonds had a quiet year in 2017/18 but the volatility in equity markets saw investments move to bonds, and index linked bonds benefitted with a 5.7% return for 2018/19. Cash returns are still low as UK interest rates remain low.
- 2.14 The main constituent of a fund's performance is the market return, i.e. where the fund is invested. A number of fund managers are asked to outperform the market return, a UK equity scenario in 2018/19 where a fund manager is asked to outperform the UK market by 2% would equate to an 8.4% target return.
- 2.15 While this report reviews performance in 2018/19, the start of the 2019/20 financial year has seen equity markets rise and at the end of April 2019 the Council's investments had a value of £353 million (unaudited).

3.0 Fund Manager Review

- 3.1 This section of the report takes each mandate in turn and discusses manager performance.
- 3.2 A fund manager's performance is measured against a specific fund benchmark, which is made up of market indices of the countries where they invest.
- 3.3 Some fund managers are passive managers (in general they match their investment profile to the indices (benchmark) they are compared to, with the objective being to achieve investment returns that are the same as the index, and is a common equity mandate); while other fund managers are active managers (they make choices and investment decisions that move their investment profile away from a particular index and look to exceed the index by taking account of various investment decision making factors, for example future dividend or growth prospects. Active management will often involve research activities and involve a higher level of risk – it incorporates Manager risk).
- 3.4 Where the Council decides, a fund manager's target is a level of outperformance above the benchmark that is seen as achievable with a low level of measured risk on a given mandate. The manager will seek to produce investment returns in order to achieve the stated target. Performance at or above target is desirable but any returns above the benchmark will add value to the fund above the market return that was achieved for the period.

Baillie Gifford

- 3.5 Baillie Gifford has managed this fund since 2001.
- 3.6 Baillie Gifford's fund was reorganised in line with the investment strategy at the end of September 2013. From this reorganisation Baillie Gifford's mandate has a benchmark of 30% UK Alpha Fund, 30% Global Alpha Fund and 40% in a Diversified Growth Fund.
- 3.8 The performance target for this fund is to beat its benchmark by 2.5% per annum.
- 3.9 The following table sets out in summary the performance of Baillie Gifford versus the benchmark and the performance target in 2018/19, also on a cumulative basis over a five-year investment period plus annualised return figures.

Fund Performance versus Benchmark and Target

	Fund Return (%)	Performance v Benchmark (%)	Performance v Target (%)	Annualised Fund Return (%)
2018/19	7.1	-0.2	-2.7	7.1
Five years 14/15 to 18/19	56.7	9.5	-3.3	9.4
The performance v benchmark figure gives the percentage that the fund has out or underperformed the benchmark return (market indices).				
The performance v target figure gives the percentage that the fund has out or underperformed the set target.				

- 3.10 Baillie Gifford returned 7.1% in 2018/19, which was 0.2% below the benchmark return and 2.7% below the target return. This return is a combination of Baillie Gifford's investments in UK equities, Global equities and their Diversified Growth Fund.
- 3.11 The three investment sectors of this fund had mixed fortunes. The UK equity fund performed well returning 12.1% and outperforming a benchmark of 6.4%. The Global equity fund and the Diversified Growth Fund both underperformed their respective benchmarks. The Global equity fund returned 10.4% against a benchmark of 11.3% while the Diversified Growth Fund returned 0.9% against a benchmark of 4.2%. Baillie Gifford's equity funds performed well but the Diversified Growth Fund struggled and just managed a positive return.
- 3.12 On a cumulative basis over the five-year rolling monitoring period Baillie Gifford are above the benchmark and below the target. The fund has over the five-year period increased in value by 56.7%, which equates to a return of 9.4% per annum.

- 3.13 Baillie Gifford has over the long term outperformed the benchmark and is close to the target adding value to the fund during mainly a rising market environment.

BlackRock

- 3.14 BlackRock has managed this fund since October 2013.
- 3.15 BlackRock was initially a large US fund management business but over the past few years they have acquired Merrill Lynch and BGI, to become one of the largest global fund managers.
- 3.16 BlackRock's benchmark for this fund is based on 75% Global Equities and 25% Emerging Market Equities. The fund is passively invested, removing the manager risk, therefore the benchmark and the target are the same, i.e. one aim the index return. For performance comparison purposes the fund return is only compared against the index return.
- 3.17 The following table sets out in summary the performance of BlackRock versus the benchmark in 2018/19, also on a cumulative basis since inception plus annualised performance figures.

Fund Performance versus Benchmark

	Fund Return (%)	Performance v Benchmark (%)	Annualised Fund Return (%)
2018/19	9.1	0.2	9.1
Five years 14/15 to 18/19	68.3	0.1	11.0
The performance v benchmark figure gives the percentage that the fund has out or underperformed the benchmark.			

- 3.18 BlackRock returned 9.1% in 2018/19, which was close to the benchmark return. This shows that the fund has mirrored the returns of the markets the fund invests into.
- 3.19 BlackRock's mandate is split 75%:25% between Global and Emerging Market equities. These two investments produced very different results with Global equities returning 12.1% and Emerging Market equities returning -0.3%. These are passive investments which track their respective market returns, and Emerging Market equities struggled in 2018/19 after being the best returning asset class in 2017/18.

- 3.20 On a cumulative basis over the five year monitoring period the fund is close to the benchmark return. Over this period the fund has increased in value by 68.3% which equates to a return of 11.0% per annum.

Insight

- 3.21 Insight has managed this fund since 2001. Insight is owned by Bank of New York Mellon (BONYM). BONYM have various investment businesses throughout the world but generally leave the companies alone to continue with their specialist services.
- 3.22 Insight's fund was reorganised in line with the investment strategy at the end of September 2013. From this reorganisation Insight's benchmark comprises a bond portfolio with 33.3% in UK Corporate Bonds, 33.3% in Index Linked Gilts and 33.4% in a bond fund benchmarked against a 3 month cash index.
- 3.24 Insight's performance target for this fund is to beat its benchmark by 1.2% per annum.
- 3.25 The following table sets out in summary the performance of Insight versus the benchmark and the performance target in 2018/19, also on a cumulative basis over a five-year investment period plus annualised performance figures.

Fund Performance versus Benchmark and Target

	Fund Return (%)	Performance v Benchmark (%)	Performance v Target (%)	Annualised Fund Return (%)
2018/19	2.0	-1.5	-2.7	2.0
Five years 14/15 to 18/19	31.2	1.3	-3.2	5.6
<p>The performance v benchmark figure gives the percentage that the fund has out or underperformed the benchmark return (market indices).</p> <p>The performance v target figure gives the percentage that the fund has out or underperformed the set target.</p>				

- 3.26 Insight returned 2.0% for 2018/19, which was 1.5% below the benchmark return and 2.7% below the target return.
- 3.27 Insight's mandate is split equally between three investment sectors; Index Linked Bonds, UK Corporate Bonds and a Bonds Plus product which incorporates slightly more diversified bond investments. All three investment sectors underperformed their respective benchmarks in 2018/19. UK Corporate Bonds and Index Linked Bonds produced positive returns of 2.8% and 5.3%, but the Bonds Plus Fund returned a negative 2.3%, which pulled down the overall return.

- 3.28 On a cumulative basis over the five-year rolling monitoring period Insight are above the overall benchmark return, but below target. The fund has over the five-year period increased in value by 31.2%, which equates to 5.6% per annum.
- 3.29 Insight has over the long term outperformed the benchmark, and has added value to the fund.

4.0 Investment Governance

- 4.1 During 2018/19 the Policy and Resources Committee received quarterly investment performance reports covering all of the Council's fund managers. This reporting framework incorporates the statutory Annual Review and Mid Year review.
- 4.2 The Policy and Resources Committee on reviewing the quarterly report can if they believe it would be beneficial request a presentation from a fund manager, to find out more about a specific mandate or question that manager about their performance.
- 4.3 In the Autumn of 2019 all of the Council's fund managers will come to Shetland and give presentations to the Council on their respective mandates. A six monthly review visit to the fund managers is also conducted by a smaller Council group that includes both Councillor and officer representation.

5.0 Conclusions

- 5.1 Baillie Gifford underperformed the equity benchmark and target during 2018/19. Over the five year period Baillie Gifford are above the benchmark but below the target.
- 5.2 BlackRock remained close to their aim of equalling the equity benchmark during 2018/19. Over the five year period of their mandate BlackRock are close to the equity benchmark return.
- 5.3 Insight underperformed the bond benchmark and target during 2018/19. Over the five year period Insight are above the bond benchmark but below the target.
- 5.4 The bond and property investment markets produced positive returns in 2018/19 while the equity markets had mixed results, with America and the Pacific Region equity markets producing the best returns. This along with the fund manager's management of the funds helped to contribute £26 million in investment income to the Council's investments over the 2018/19 financial year. The Council's investments returned 7.4% over 2018/19 and ended the financial year with a valuation of £341 million.



Meeting(s):	Environment and Transport Committee Policy and Resources Committee Shetland Islands Council	7 May 2019 13 May 2019 15 May 2019
Report Title:	Taxi Tariff Review	
Reference Number:	DV-12-19-F	
Author / Job Title:	Robina Barton – Transport Policy and Projects Officer	

1.0	Decisions / Action Required:
1.1	That the Environment and Transport Committee and the Policy and Resources Committee RECOMMENDS that the Council APPROVE the taxi tariffs changes as set out in Appendix 1.
2.0	High Level Summary:
2.1	Shetland Islands Council, as Licensing Authority, is required in terms of section 17 of the Civic Government (Scotland) Act 1982 to review at intervals not more than 18 months the maximum tariffs that may be charged by taxis and private hire cars fitted with taxi meters.
2.2	This report sets out the revised table of tariffs proposed, subsequent to consultation with the Shetland Taxi Owners Association, which has now been out to statutory consultation, with no responses received.
2.3	If subsequently approved by the Shetland Islands Council at its meeting on 15 May 2019, the proposed Taxi Tariffs will come into effect on 14 June 2019, unless an appeal is received.
3.0	Corporate Priorities and Joint Working:
3.1	The Licensing Function helps to make Shetland safer, contributing to the Shetland Partnership Plan 'People' priority outcome 'Shetland will continue to be a safe and happy place'.
3.2	The Council's Corporate Plan 2016-2020 states that we will 'Provide quality transport services within Shetland' as a top priority.
3.3	The recommendations in this report would contribute to the Corporate Plan aim to ensure that 'there will be transport arrangements in place that meet people's needs'.
3.4	The local Taxi Trade re-established a representative and consultative body in October 2018. The Shetland Taxi Owners Association (STOA) held their first meeting on 17 October 2018. The Tariff changes were proposed by this body.

4.0 Key Issues:	
4.1	Shetland Islands Council, as licensing authority is required, after carrying out a review, to set Taxi Tariffs. The licensing authority must fix scales for the fares and other charges within 18 months beginning with the date on which the scales came into effect.
4.2	The last change in Taxi Tariffs was approved by Council on 17 December 2014 (Min. Ref 101/14). The last Taxi Tariff Review began in August 2017.
4.3	The timetable for the current review is contained in Appendix 2.
4.4	Appendix 1 to this report contains a table of the proposed tariffs as presented to Environment & Transport Committee on 5 February 2019 [Min Ref 02/19] and Policy & Resources Committee on 11 February 2019 [Min Ref 02/19].
4.5	The proposed tariffs were published in the Shetland Times on 22 February 2019 with a deadline for representations on 22 March 2019. No representations were received.
4.6	Given the lack of representation it is recommended that the proposed tariffs be adopted.
4.7	All Taxi Trade consultees will be notified of the decisions taken by the Council at its meeting on 15 May 2019.
4.8	Taxi Vehicle licensees will have the right to appeal the Council's decision to the Traffic Commissioner for Scotland within 14 days of notice being given of said decision. Any such appeal will have the effect of suspending the process until the appeal has been settled.
4.9	If no appeal is made, the approved Taxi Tariffs will be published in The Shetland Times on Friday 7 June 2019 and come into effect on Friday 14 June 2019.
5.0 Exempt and/or Confidential Information:	
5.1	None.
6.0 Implications :	
6.1 Service Users, Patients and Communities:	As well as being used by the general public, Taxis and Private Hire Cars are frequently used both under contract and on an ad hoc basis by service providers such as the NHS and SIC. They form a vital part of Shetland's transport network.
6.2 Human Resources and Organisational Development:	None.

6.3 Equality, Diversity and Human Rights:	None.
6.4 Legal:	<p>The decision of the Council is the final stage in the process of reviewing and/or fixing the Taxi Tariffs. Any Shetland Islands Council Taxi vehicle licensee will be able to appeal the Council's decision through the Traffic Commissioner for Scotland.</p> <p>In the event of such an appeal, the process of implementing the Council's decision upon the taxi Tariffs will be suspended pending the outcome of the appeal.</p>
6.5 Finance:	None arising from the licensing function of the Council.
6.6 Assets and Property:	None.
6.7 ICT and New Technologies:	None.
6.8 Environmental:	None.
6.9 Risk Management:	If Taxi tariffs are set at too high a level it can impact on social inclusion with secondary effects such as increased risk of drink driving for example. On the other hand, if tariffs are too low then operators can have difficulty in terms of financial sustainability with risks of falling standards of vehicles and services, through to businesses failing resulting in inadequate provision to meet economic and social needs. It is felt that the proposed tariffs adequately address these risks.
6.10 Policy and Delegated Authority:	<p>In accordance with Section 2.3.1 of the Council's Scheme of delegations, the Environment and Transport Committee has responsibility for discharging the powers and duties of the Council within its functional area.</p> <p>In accordance with Section 2.3.1 of the Council's Scheme of delegations, the Environment & Transport Committee has responsibility for advising the Policy & Resources Committee on policies, plans and service delivery within its functional area.</p> <p>Section 2.2. confirms the role of Policy & Resources Committee in advising the Council in the development of its strategic objectives, policies and priorities.</p> <p>The setting of charges is matter reserved to the Council</p>

6.11 Previously Considered by:	Environment & Transport Committee Policy & Resources Committee	5 February 2019 11 February 2019
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Date Cleared: 29 April 2019

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Appendices:

Appendix 1 – Proposed Taxi Tariffs

Appendix 2 – Taxi Tariff Review Timetable 2018-19

Proposed Tariff Rates

STANDARD RATES		
Rate 1: 0600-2159	For the first 0.7 of a mile or part thereof	£4.00
	For each additional 0.1 mile or part thereof	£0.20
Rate 2: 2200-0559	For the first 0.7 of a mile or part thereof	£4.50
	For each additional 0.1 mile or part thereof	£0.22
FESTIVE RATES		
Times of operation	00:00 25th December - 05.59 27th December 00:00 1st January - 05.59 3rd January	
Rate 3: 0600-2159 (Rate 1 + 50%)	For the first 0.7 of a mile or part thereof	£6.00
	For each additional 0.1 mile or part thereof	£0.30
Rate 4: 2200-0559 (Rate 2 + 50%)	For the first 0.7 of a mile or part thereof	£6.75
	For each additional 0.1 mile or part thereof	£0.33
OTHER CHARGES		
Passenger Surcharge	For carriage of 5 or more passengers for the 5th and subsequent passengers	£2.00
Waiting Time	£0.50 per minute or £30 per hour	
Cleaning Charge	If vehicle soiled by passenger	£60.00
Excursion Rate When offering an excursion trip or service to an individual, group, or acting on behalf of an agent. <i>(Taxi operators / drivers may not describe themselves as a "tour guide" unless appropriately trained and certified)</i>	Taxi operators/drivers must use the taximeter on all hires, including excursions. Taxi operators/drivers are free to offer a lesser amount than displayed on the meter, expressed in monetary terms or as a percentage of the maximum fare at the commencement of the hire. This may be done on an individual basis, or as part of an agreement between the taxi operators and the contracting agent.	
	Car carrying up to 4 passengers	£45 per hour
	MPV carrying up to 8 passengers	£50 per hour

Current Tariff Rates

STANDARD RATES		
Rate 1: 0600-2159	For the first three quarters of a mile or part thereof	£3.80
	For each additional quarter mile or part thereof	£0.45
Rate 2: 2200-0559	For the first three quarters of a mile or part thereof	£4.00
	For each additional quarter mile or part thereof	£0.55
FESTIVE RATES		
Rate 3: 0600-2159 (Rate 1 + 50%)	For the first three quarters of a mile or part thereof	£5.70
	For each additional quarter mile or part thereof	£0.60
Rate 4: 2200-0559 (Rate 2 + 50%)	For the first three quarters of a mile or part thereof	£6.00
	For each additional quarter mile or part thereof	£0.75
OTHER CHARGES		
Passenger Surcharge	For carriage of 5 or more passengers for the 5th and subsequent passengers	£2.00
Waiting Time		£0.40 per minute or £24.00 per hour
Cleaning Charge	If vehicle soiled by passenger	£40.00
Excursion Rate When offering an excursion trip or service to an individual, group, or acting on behalf of an agent. (Taxi operators/drivers may not describe themselves as a "tour guide" unless they are properly trained and certificated to do so)	Taxi operators/drivers must use the taximeter on all hires, including excursions. Taxi operators/drivers are free to offer a lesser amount than displayed on the meter, expressed in monetary terms or as a percentage of the maximum fare at the commencement of the hire. This may be done on an individual basis, or as part of an agreement between the taxi operators and the contracting agent.	

Shetland Islands Council Taxi tariffs Review Timetable 2018-19

The timetable for the 2018-19 review of Shetland Islands Council's taxi Tariffs is as follows –

1. Taxi Trade licensees were invited to a Taxi Trade Forum on 30 October 2018 and the Tariff Review was launched.
2. A report detailing the draft Taxi Tariff proposals received and recommendations will be submitted to the Environment and Transport Committee at its meeting to be held on Tuesday 5 February 2019
3. A report seeking approval of the recommendations made by the Environment and Transport Committee on 5 February will be submitted to the Policy and Resources Committee at its meeting on Monday 11 February 2019
4. Dependent upon the decision of the Policy and Resources Committee on 11 February, an advertisement will appear in the Shetland Times on Friday 15 February 2019 detailing the proposed Taxi Tariffs and the date they will take effect.
5. Written representations on the proposals will require to be received no later than 17:00 on Friday 15 March 2019.
6. A report detailing the written representations received, final Taxi Tariff proposals and recommendations will be submitted to the Environment & Transport Committee at its meeting to be held on Tues 7 May 2019.
7. A report seeking approval of the recommendations made by the Environment and Transport Committee on 7 May and Policy and Resources Committee on Monday 13 May 2019 will be submitted to the Council on 15 May 2019.
8. All Taxi Trade consultees will be notified of the decisions taken by the Council at its meeting on 15 May 2019.
9. Taxi Vehicle licensees will have the right to appeal the Council's decision to the Traffic Commissioner for Scotland within 14 days of notice being given of said decision. Any such appeal will have the effect of suspending the process until the appeal has been settled.
10. If no appeal is made, the approved Taxi Tariffs will be published in the Shetland Times on Friday 7 June and come into effect on Friday 14 June 2019.

 <p>Shetland NHS Board</p>	 <p>Shetland Islands Council</p>
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Meeting(s):	Integration Joint Board (IJB) NHS Board Policy and Resources Committee Shetland Islands Council	13 March 2019 16 April 2019 13 May 2019 15 May 2019
Report Title:	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan 2019-2022	
Reference Number:	CC-14-19-F	
Author / Job Title:	Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland on behalf of Simon Bokor-Ingram, Chief Officer of the IJB	

1.0 Decisions / Action required:

- 1.1 That the IJB approve the Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan, 2019-2022 (the Strategic Plan) at Appendix A.
- 1.2 That the NHS Board, SIC Policy and Resources Committee and Shetland Islands Council consider whether or not they are minded to consult with the other Party with a view to requiring the IJB to rewrite the Strategic Plan.

2.0 High Level Summary:

- 2.1 In March and April 2017, the IJB, NHS Shetland and Shetland Islands Council approved the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2017-20. A web-link to the current Plan is included below under Background Documents.
- 2.2 It is best practice to regularly refresh the Strategic Plan, to make sure that it still addresses all the relevant issues and responds to need and demand in an effective way. In September / October 2017, the three partner organisations approved the process of updating the Strategic Plan. The timescale was delayed in order to take account of the outputs from the North of Scotland Regional Discussion Paper, the Shetland Partnership Plan and the knowledge gained from Scenario Planning workshops on the future of health and care services. The purpose was to address the agreed improvement actions, including to make sure that the Plan is:
 - the 'backbone' of decision making;
 - more explicit about the implementation plan and any specific changes which were planned;
 - drawn up in consultation with stakeholders;

- aligned to the financial budget; and
- clear on the impact of change on service delivery / performance.

- 2.3 The health and care needs assessment has been reviewed, to take account of current activity levels and any emerging trends and issues being faced by each service area. The consensus is that, at a whole population level, the needs assessment which underpinned the current plan has not changed significantly enough to warrant any major shift in strategic direction.
- 2.4 The Clinical, Care and Professional Governance Committee sought and received reassurance that delivery of the Plan will provide safe, effective and quality services to meet the health and care needs of our population. That assessment is attached at Appendix B. The Impact Assessment has been strengthened to reflect the positive contribution to health and care that it is hoped can be achieved through delivery of the Strategic Plan.
- 2.5 The Health and Social Care Partnership Strategic Planning Group has supported the development of the Draft Plan and the consultation process and has endorsed the Draft Strategic Plan now presented for approval.
- 2.6 The consultation exercise has been predominantly internal at this stage. A Consultation Log has been maintained, and is included at Appendix C. The main changes to the draft plan presented for consultation are:
- the inclusion of a new section on Delivering the Best Start for Children and Families, in recognition that the plan is for all health and care services and children make up about 17% of our population;
 - the inclusion of a new section on Our Approach to Mental Health at all Ages, in recognition of the Scottish Government revised strategy and investment in this service area; and
 - an extended Public Health section to better reflect national policy direction.
- 2.7 There is a complementary exercise in hand to communicate the intention of the Strategic Plan, based on themes and stories and using a variety of tools and techniques.
- 2.8 The Chief Financial Officer to the IJB has developed a Medium Term Financial Plan for the IJB, which sets out the financial scenarios and forecasts. At this point, there remains a significant gap between the cost of the current model of service and the allocations made available from the funding parties.
- 2.9 If the IJB are content with the Strategic Plan and the proposed Budget for 2019-20, a report on updated Directions will be prepared for the next cycle of meetings.

3.0 Corporate Priorities and Joint Working:

- 3.1 The IJB Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.
- 3.2 The Plan is a significant part of public sector delivery in Shetland and supports Shetland's Partnership Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Local Operational Plan.

3.3	Delivery of the Strategic Commissioning Plan relies on partnership working between Shetland Islands Council, NHS Shetland, Shetland Charitable Trust, other regional and national organisations (such as the Scottish Ambulance Service, NHS Grampian and other specialist Health Boards) and voluntary sector providers.
3.4	It supports a fundamental shift in the philosophy of how public sector services should be designed and delivered with and for each community, based on natural geographical areas, or localities, and integrated around the needs of service users, rather than being built around professional or organisational structures.
4.0	Key Issues:
4.1	The Strategic Plan is ambitious in its scope and intent and is built on current and evolving best practice, from national, regional and local sources. There is a recognition that health and care services need to constantly evolve, as they have always done, to meet changing demand, demographics and technology.
4.2	A formal communication and engagement framework has been established to make sure that the messages are clear and understandable. A variety of mechanisms will be adopted – written, visual and spoken.
4.3	Whilst change can be difficult, there are many positive aspects in the models of services we aim to deliver, for example around better health outcomes, choice, flexibility, access to specialists, resilience, appropriate use of technology, etc. We therefore need to build capacity to be able to think creatively and innovatively about new ways of working and support the resilience of staff to deal with constant change.
4.4	One of the underpinning principles will be to use an ‘Asset Based’ approach to working with individuals, families and communities. An asset based approach is one which builds on the assets that are found in the community and mobilises individuals, associations, and institutions to come together to realise and develop their strengths. The identified assets from an individual are matched with people or groups who have an interest in or need for those strengths by using what is already in place in each community. This approach sees health and care solutions being developed with communities and often outwith the formal health and care settings. In this respect, the Plan is closely aligned with the Shetland Partnership Plan.
4.5	A significant number of programmes and projects to deliver the Strategic Plan can best be described as ‘business as usual’ where managers continuously improve and evolve their ways of working to respond to changing needs and new technology. The one area where there is a specific programme of change is in response to the Primary Care Improvement Plan. There is also a requirement to address issues around Unscheduled Care and continue to support the investment in repatriating services back to Shetland where it is safe and appropriate to do so.
4.6	There is a continuing ambition to work to close the funding gap between the cost of the current models of service and available resources.
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 how services might change over the next 3 years. Any significant changes to services will be of interest to services users, patients, unpaid carers and communities, particularly in respect of quality, equality, accessibility and availability. It is expected that the current models of delivery will continue to evolve and change to reflect the policy direction of shifting the balance of care from hospital to community settings and supporting people to live independently at home. The service focus will also be on finding ways to help people to help themselves and by increasing self-help and self-care to help people to live in good health for longer. The overall objective of the Strategic Plan is to continue to provide safe, high quality and effective services to meet the needs of the population.
6.2 Human Resources and Organisational Development:	At this stage, there are no direct impacts on Human Resources and Organisational Development. However, any significant changes to existing service models and methods of delivery may, in time, affect staffing – both in terms of the number of staff and the skills mix required – in order that service costs can be accommodated within the total budget allocation. There are difficulties in being able to recruit to some posts, in some areas and several services rely on agency and locum staff to deliver the current service models. The need to support and train staff is an integral part of the Plan. Engagement with staff will be an integral part of the Communication Plan.
6.3 Equality, Diversity and Human Rights:	The Impact Assessment is included as an Appendix to the Strategic Plan (Appendix 5).
6.4 Legal:	<p>The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnership IJBs to produce a strategic commissioning plan and update it annually.</p> <p>Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that:</p> <p>(1)The integration authority for the area of a local authority must prepare strategic plans in accordance with this section.</p> <p>(2) A strategic plan is a document—</p> <p>(a) setting out the arrangements for the carrying out of the integration functions for the area of the local authority over the period of the plan,</p> <p>(b) setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and</p> <p>(c) including such other material as the integration authority thinks fit.</p> <p>Section 38 of the Public Bodies (Joint Working) (Scotland) Act 2014 explains the circumstances which will ensue should the IJB, NHS Board and Local Authority not all agree the Strategic</p>

	<p>Plan.</p> <p>(2) If it appears to a constituent authority that the strategic plan is preventing, or is likely to prevent, the constituent authority from carrying out any of its functions appropriately or in a way which complies with the integration delivery principles and contributes to achieving the national health and wellbeing outcomes, the constituent authorities acting jointly may direct the integration authority to prepare a replacement strategic plan.</p> <p>(3) A direction under subsection (2) must— (a) be in writing, (b) include a statement summarising the reasons for giving it.</p> <p>(6) An integration authority must comply with a direction given to it under subsection (2).</p>
6.5 Finance:	<p>There is a significant current and forecast funding gap between the cost of services and available funding. Effort needs to be made to find sustainable models of service within the available funding levels. This is addressed in separate Reports by the Chief Financial Officer to the IJB.</p>
6.6 Assets and Property:	<p>At this stage, there are no implications for Assets and Property. However, any significant changes to existing service models and methods of delivery may, in time, affect the overall estate in order that service costs can be accommodated within the total budget allocation.</p>
6.7 ICT and new technologies:	<p>The Strategic Plan outlines the need to continue to modernise our working practices – both internally and with our patients / service users / customers – by maximising eHealth, Telehealthcare and Telecare opportunities.</p>
6.8 Environmental:	<p>Any changes to services models which result in changes to access points and transport arrangements may, in time, result in environmental considerations. On balance, the use of technology to support repatriation of services back to Shetland, and avoid unnecessary travel within Shetland, has a positive environmental impact.</p>
6.9 Risk Management:	<p>The risk of not updating the Plan to take account of best practice guidance and changing need and demand might mean that the Strategic Plan is not as effective as it might be in shaping the future health and social care service models, to best meet the needs of the community with the financial resources made available and availability of staff.</p>
6.10 Policy and Delegated Authority:	<p>Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations.</p> <p>The IJB assumed responsibility for the functions delegated to it</p>

	<p>by the Council and the Health Board when it (the IJB) approved and adopted the joint Strategic (Commissioning) Plan at its meeting in November 2015. The delegated functions are set out in the Integration Scheme.</p> <p>The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. If both the Parties, ie the local authority and the health board, require the IJB to rewrite the Strategic Plan, then the IJB must do so. The Strategic Plan is therefore presented to the IJB for approval and to the Council and Health Board to consider whether or not they are minded to consult with the other Party with a view to requiring the IJB to rewrite the Strategic Plan.</p> <p><u>IJB</u> The Integration Scheme states that, "The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan....The IJB will be responsible for the planning of Acute Hospital Services delegated to it....". Consideration and approval of the annual update of the Strategic Commissioning Plan is therefore within the authority delegated to the IJB.</p> <p><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. Consideration of the Strategic Commissioning Plan therefore rests with the NHS Shetland Board.</p> <p><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. Consideration of strategic policies, including the Strategic Commissioning Plan, falls within this remit.</p> <p>The <u>Joint Staff Forum</u> enables consultation on issues affecting the workforce within integrated services.</p>		
6.11 Previously considered by:	<table border="1"> <tr> <td data-bbox="531 1825 1082 1895">Strategic Planning Group</td><td data-bbox="1082 1825 1481 1895">13 February 2019</td></tr> </table>	Strategic Planning Group	13 February 2019
Strategic Planning Group	13 February 2019		

Contact Details:

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26 February 2019

Appendices:

Appendix A: Shetland Islands Health and Social Care Partnership: Joint Strategic
Commissioning Plan, Refresh 2019-2022
Appendix B: Assurance Process
Appendix C: Consultation Log

Background Documents:

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

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

Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan
2018-22 Draft for Consultation.

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=21384>



Shetland Islands Health and Social Care Partnership

Joint Strategic Commissioning Plan 2019- 2022

For comments and queries, please contact:

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Foreword

“We are the community, and they are us¹”

Shetland, in keeping with other areas in the UK, is facing a period of unprecedented change in its public services. Investment in health and care services has been hugely successful, with people living longer and being able to live longer even though they may have more complicated health and care needs. Shetland has an excellent reputation for delivering high quality, safe and effective services. However, the pressures before us continue to grow and our financial challenges are significant, never mind dealing with increasing demand. We therefore need to set out clearly how we can deliver services into the future that meet need, and continue to be safe, effective and of quality. It goes without saying that individuals, families, unpaid carers, volunteers, staff and communities will be at the heart of the changes – after all that is why we are all in the business of public service. Our challenge is to genuinely change the way that we work to and make sure that services are integrated around the needs of individuals, their families and unpaid carers and are not built around the convenience of organisations.

It is a hugely exciting challenge to be at the forefront of modernising public sector service in Shetland and to help individuals enjoy a good quality of life. We want to grow a system where skilled staff and volunteers are trusted to do the best they can for the individuals that we serve within a safe and open learning environment and we look forward to working with the Shetland community to make that happen.

Marjorie Williamson
Chair of Shetland Islands Health and
Social Care Partnership Integration
Joint Board

Gary Robinson
Chair
Shetland Health Board

Steven Coutts
Leader
Shetland Islands Council

¹ Feedback from member of staff 2015

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Executive Summary

In line with the Integration scheme this is a plan for the whole of the health and care system in Shetland which sets out the changing models of health and care services. The Plan is supported by more detailed plans and policies.

The partners are:

- Shetland Islands Health and Social Care Partnership, through the formal arrangements of the Integration Joint Board (IJB);
- NHS Shetland; and
- Shetland Islands Council.

There are competing issues around increasing demand and diminishing resources which makes it not possible to continue to deliver services in the same way we do at the moment into the future. Our population is growing older and there are more people living with lifelong conditions, including people with learning disability, complex needs and autistic people. With that comes increasing demand for services associated with older age and throughout life.

Alongside that, our working age population is expected to decrease and there will not be enough working age people to maintain the same services models into the future. We also face particular challenges around the recruitment and retention of staff.

Health and care services will continue to face a real term restriction in resources over the next three years.

We therefore need to find a way, collectively, to develop the mix of hospital, primary care, community care and health improvement services that best meet the needs of our population.

We consider that there are opportunities to change how we deliver our services which may provide the same – and sometimes better – services, but at a lower cost. That might seem counter-intuitive but we believe by working together collaboratively to reduce the boundaries between all the different parts of the health and care system, we can find a way to make sure that citizens are seen by the right person, at the right time and in the right place.

The change projects that we want to work on to do this includes:

- working with individuals to help them to look after their own health and care needs;
- primary care;
- repatriation of care back to Shetland where it is safe to do so;
- unscheduled, or emergency, care;

- managing long term conditions, such as diabetes, respiratory disease and stroke;
and
- working with people to maintain or increase independence and quality of life.

This Plans sets out why we want to make those changes. More details on any of these issues are included in supporting plans and documents, all of which are referenced at the back of this Plan.

DRAFT

Why do we need to change?

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

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

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

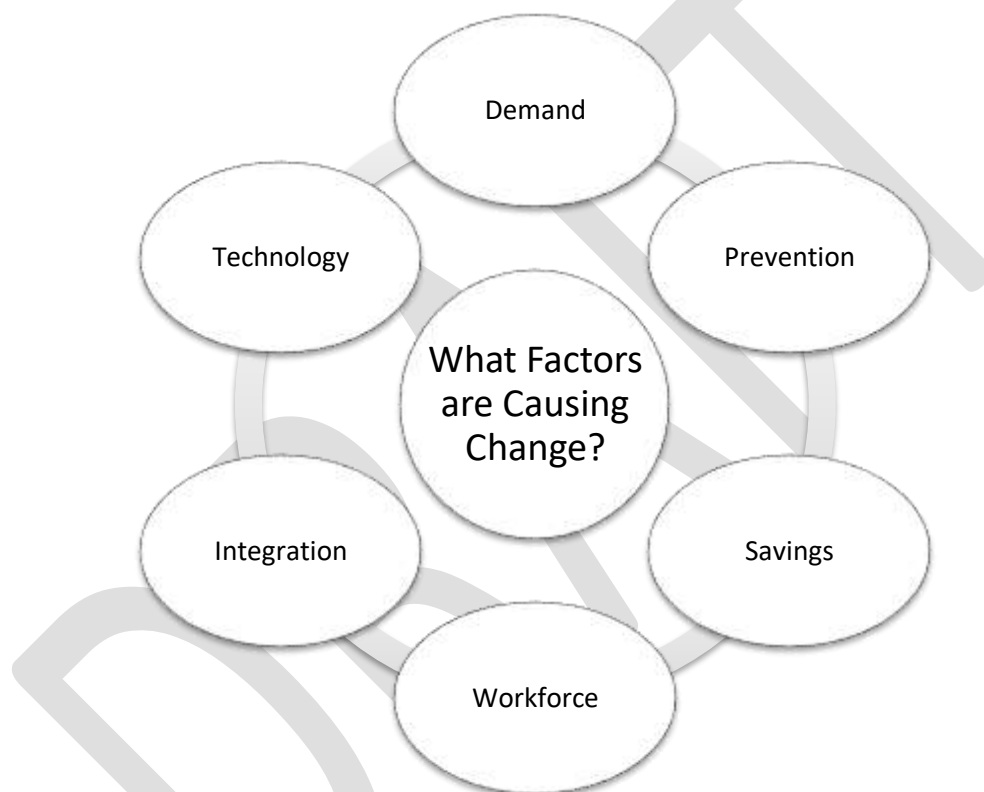
The 'National Clinical Strategy for the NHS in Scotland 2016', summarised the position as:

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

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

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

The key factors identified are explored in more detail below.



- Demand
- The population is aging rapidly and it is therefore likely that demand for adult health and care services will increase.
 - With advances in medical science, there is an increase in the number of people surviving birth issues and living with complex and lifelong conditions
 - Longevity is improving for people with lifelong conditions, including people with learning disabilities, who now also experience age related issues, for example, learning disability and dementia.
 - The Regional Discussion Paper estimates that the gap across the north of Scotland between demand and resources for outpatient referrals to be 9% per year and for inpatient and day case treatment to be 13% per year.
 - Ageing can be an indicator for a potential associated rise in conditions

such as sensory impairments, mental ill-health, hypertension, asthma, diabetes, dementia and multiple chronic disorders.

- There is a trend towards more people living nearer to centres of population, making sustaining services in the more rural areas challenging.
- There is evidence of more people living longer, with long term conditions.
- Determining actual levels of future need is difficult, as there are so many factors at play, especially with a relatively small population.

Prevention

- There is a need to continue to invest time in helping people to help themselves in order to tackle the causes of ill health.
- Continued investment in preventive services is paramount to managing growth in demand, alongside supporting existing need.
- Many preventative services will be outwith health and care so we need to work with individuals, communities and partners to get better at early intervention and preventative services.
- There is a specific need to work with our partners in sign posting people to more appropriate services outwith health and care.

Economics

- The wider economic and political environment has restricted the availability of investment in the health and care system. This has led to a challenging financial environment and an ongoing need to identify efficiencies and savings
- The financial efficiency savings that need to be addressed over the next 5 years is £7.6m for the NHS.
- The Council has set out its financial aims in the medium term financial plan but there is no specific detail - as yet - in how the £15.6m savings target will be applied to individual service areas but it is expected that social care will not be exempt from the need to find savings.
- Opportunities and ideas for the NHS to work more efficiently have been identified by the Government (using national metrics) in line with the annual efficiency targets expected to be achieved.
- There are significant diseconomies of scale associated with the current service model which is compensated for, to some extent, by the financial support from the Government.

Workforce

- The working age population is predicted to reduce.
- There is difficulty in recruiting to some jobs, in some areas.
- A number of our services have been categorised as 'at risk' where either recruitment to key posts is difficult, the service relies on a single person or there is an aging workforce.
- It is likely that there will be insufficient staff to address future care needs, if the current models of service stay the same. In some areas, use of locum or agency staff is already required to meet current need.
- Our staff are highly skilled, often with skills beyond the job that they

actually do, so we need to find a way to build multi-disciplinary teams that work flexibly and makes the best use of everyone's skills so that people get seen by the 'right person' to meet their need.

- | | |
|-------------|--|
| Integration | <ul style="list-style-type: none">- For any area, and especially for an area the size of Shetland, we need to find a way to progress a 'whole system approach'.- There is a need to stop considering secondary care, primary care, social care, health improvement and the third sector as separate services and find a way to seamlessly wrap services, advice and support around the needs of individuals and families.- Services often work in a 'fragmented' way so there is a need for staff to work more collaboratively – and avoid silo working.- Our services users see one health and care system; there is a need for us to respond to that. |
| Technology | <ul style="list-style-type: none">- We need to get better at using technology for routine appointments and advice.- There is a need to accelerate the use of technology, to save people having to travel.- Our data systems do not easily talk to each other so there is a need to work towards a series of compatible systems that wrap around the patients', staff and citizens' needs.- We need to get better at using technology to support positive risk taking and risk enablement as a core part of placing people at the centre of their own care and support.- Developing technology will provide new opportunities to change and redesign the way and type of service we provide |

What we are trying to Achieve

This section sets out the various legislative and policy statements, to describe what we are trying to achieve.

Scottish Government 2020 Vision

The Government's overall Vision is that,

"By 2020, everyone is able to live longer, healthier lives, at home or in a homely setting".

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

"... is a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so".

Where there is in place "a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission".

Shetland Partnership (Shetland's Community Planning Partnership)

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

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

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

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

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

Whilst all areas need to continue to deliver effective services for the Plan to work as a cohesive whole, the focus of activity for health and care will be in the following areas.

For the 'People' dimension, the focus will be on:

- tackling alcohol misuse;
- healthy weight and physical activity;
- social isolation and loneliness; and
- reducing health and wellbeing inequalities

For the 'Participation' part of the plan, activity will be centred on:

- satisfaction with public services;
- community participation activity and impact; and
- people's ability to influence and be involved in decisions which affect them.

For the 'Place' priority, the focus will be on:

- service innovation;
- recruitment and underemployment; and
- balancing our working age population.

For the 'Money' priority, the focus will be on:

- households earning enough to have an acceptable standard of living.

Public Health Priorities

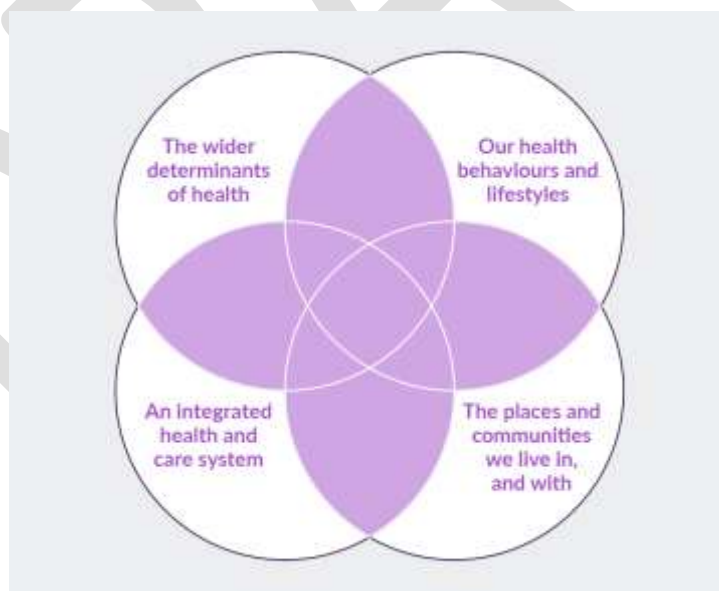
Substantial improvements in life expectancy over the past 100 years mean that people are living longer, healthier lives than ever before; however Scotland still has the lowest life expectancy in the UK. Within Scotland, Shetland has traditionally had a good life expectancy

and a level of health amongst the best in Scotland, reflecting the high quality of life in Shetland, as well as the quality of local services. Recently, the year on year improvements in life expectancy have slowed down across the UK, including Shetland. The reason for this slowdown is under investigation by universities and other academic institutions. For men the life expectancy at birth using the three year rolling average for 2013-15 was 77.6 years, down from 78 and for women was 81.9 years, down from 82.45.

Life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas **healthy life expectancy (HLE)** is an estimate of how many years they might live in a 'healthy' state. HLE is a key summary measure of a population's health.

Men in Shetland have one of the shortest periods expected to be spent in 'not healthy' health (LE minus HLE); around 11-12 years. By contrast, the figure for Greater Glasgow and Clyde was 15.1 years. Women in Shetland can expect to spend the last 13.5 years of their lives in poor health compared to 17.8 in Greater Glasgow and Clyde and 11 in Orkney. (ScotPHO).

We recognise that NHS Shetland and the Shetland Health and Social Care Partnership cannot influence these outcomes alone. The King's Fund has developed a useful framework for planning actions to tackle population health (an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population).



- There is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure.
- **Our health behaviours and lifestyles** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the

1950s, obesity rates have increased and now pose a significant threat to health outcomes.

- There is now increasing recognition of the key role that **places and communities** play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health.
- Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs rather than within organisational silos.

We are clear that work needs to be balanced across the four pillars and that work in one area alone will not be effective. A more balanced approach is required that distributes effort across all four pillars and, crucially, makes the connections between them.

The Scottish Government and COSLA, working with a range of partners and stakeholders, have developed a set of public health priorities for Scotland. The six priorities are:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

The agreed priorities reflect public health challenges that are important to focus on over the next decade to improve the public's health. Underpinning these priorities are health protection activities such as ensuring the safety and quality of food, water, air and the general environment and preventing the transmission of communicable diseases.

Regional Planning

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

The partners in the North of Scotland Health and Care system are set out in the diagram below.



The key proposals for changing how we work – called ‘propositions’ - in the North of Scotland Health and Care Discussion Paper centre around:

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

The proposed Model of Care for the North of Scotland is set out below.

- Create opportunities for the prevention of illness and promotion of health and wellbeing
- Support people to have the knowledge and skills to stay healthy
- Provide people with different ways of getting advice, treatment and care
- Provide as much support to allow people to live at home, or as close to home as possible, if ill, frail or living with long term health conditions
- Organise for diagnosis and treatment to be provided as locally as possible to minimise travel from home

- Ensure that the stay in, or visit to, hospital is as short as possible to give the best treatment outcome
- Ensure that the return home from hospital is organised and coordinated with community services
- Organise effective clinical networks of professional staff to provide support for those complex treatment and care needs
- Provide specialist services in the North of Scotland as far as possible
- Coordinate the treatment and care effectively if the condition or illness requires travel outside the North of Scotland

Working to improve people's wellbeing

Our work is to improve the wellbeing of service-users, as described in the nine national health and wellbeing outcomes² below:

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

The strategic outcomes³ relating to the vision, values and goals of the *Scottish Strategy for Autism and the Keys to Life: Scotland's learning disability strategy*, contribute to all of the National Health and Wellbeing Outcomes and resonate strongly with the ambitions set out in *A Fairer Scotland for Disabled People*. The strategic outcomes are:

² Public Bodies (Joint Working) National Health and Wellbeing Outcomes (Scotland) Regulations 2014

³ <https://www.gov.scot/publications/scottish-strategy-autism-outcomes-priorities-2018-2021/>
<https://keystolife.info/>

- A Healthy Life
- Choice and Control
- Independence
- Active Citizenship

How we will work

The following integration planning principles⁴ “will underpin how we shape our services and find innovative solutions to meet our communities’ needs and improve the wellbeing of service-users so that our services:

- are integrated from the point of view of service-users
- take account of the particular needs of different service-users
- take account of the particular needs of service-users in different parts of Shetland
- take account of the particular characteristics and circumstances of different service-users
- respect the rights of service users, whilst ensuring they understand and respect their responsibilities
- take account of the dignity of service-users
- take account of the participation by service-users in the community in which service-users live
- protect and improve the safety of service-users
- improve the quality of the service
- are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- best anticipate needs and prevent them arising
- make the best use of the available facilities, people and other resources”.

Delivering quality services

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

Safe - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time

Person-Centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values

⁴ Section 4 of the Public Bodies (Joint Working) (Scotland) Act 2014

and which demonstrates compassion, continuity, clear communication and shared decision-making

Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

We will deliver services in line with Scotland's Care Inspectorate standards as the national regulator for care services in Scotland. Care Inspectorate inspect the social work (and social care) services provided by local authorities and carry out joint inspections with partner organisations.

The Care Inspectorate⁵ exists to:

- provide assurance and protection for people who use services, their families and carers and the wider public
- play a key part in improving services for adults and children across Scotland
- act as a catalyst for change and innovation
- promote good practice.

People have the right to expect the highest quality of care and their rights promoted and protected. It is the Care Inspectorate's job to drive up standards of care and social work services through regulation and inspection.

Shetland's Health and Care Vision

Our Vision is that by 2025 everyone is supported in their community to live longer, healthier lives and we will have reduced health inequalities.

⁵ <http://www.careinspectorate.com/>

Developing the Future of Health and Care

NHS Shetland has facilitated a series of workshops to map out possible futures for health and care services in Shetland, using a management tool called Scenario Planning. This is one strand of our approach to making sure that the Strategic Plan is developed and owned by a range of stakeholders. There were representatives from:

- NHS Shetland Board
- Service user representatives
- NHS staff
- IJB Board
- Shetland Islands Councillors
- Council staff
- Third sector partners
- Community planning partners

Services being available at a local level is really important to people – and local can mean at home, in local communities or in Lerwick at the Gilbert Bain Hospital. The Scenario Planning exercise therefore placed ‘local services’ at the heart of the discussion on what the future should look like.

Two scenarios were explored in detail to determine what impact a change to where services might be delivered from, as follows:

- a lower level of local healthcare provision in 5-10 years than we have now on Shetland - a ‘step down’ from where we are now in terms of local service delivery.
- a higher level of local healthcare provision in 5-10 years than we have now on Shetland - a ‘step up’ from where we are now in terms of local service delivery.

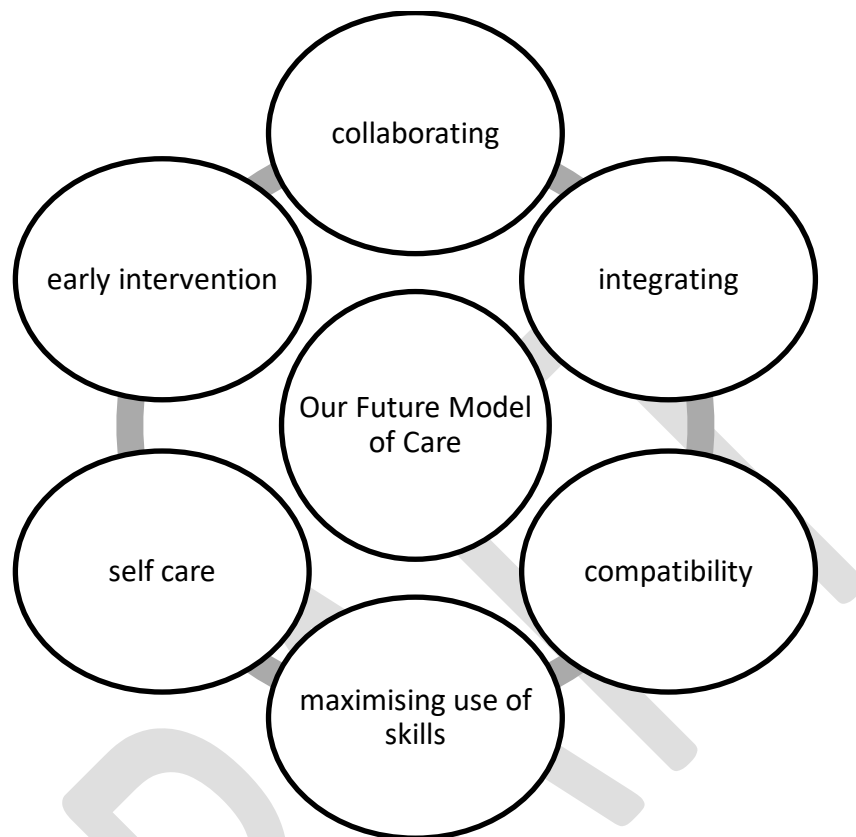
This was considered from the point of view of a continuum, from a more ‘centralised’ model, to a more ‘locally based’ model.

It was strongly felt that a ‘step down’ scenario of less local access (ie more care being provided on the Scottish mainland, with less local access across Shetland and a reduced emphasis on prevention and self care) was undesirable and likely to lead to poorer patient outcomes, reduced health in the population and less effective use of resources. It was recognised that if proactive steps are not taken, it would be perfectly possible for this scenario to become the reality.

However, there was a clear preference to work towards a future based on the ‘step up’ scenario where it would be possible to provide more services on mainland Shetland and reduce the need for patients to travel to the UK mainland. This scenario would reduce the need for care to be provided in hospital settings and there would be a significant increase in

focus on prevention and developing alternative approaches to support patients to control and improve their own health.

A description of that Model of Care is centred on a suite of enablers and principles:



The participants stated that what is important to them is an approach where we:

- put the person or service user at the centre of our decision making (person centred care);
- enable clinical leadership, based on evidence;
- maximise opportunities to support self care and self management;
- empower an early intervention and preventative agenda along with our service users and partner organisations;
- collaborate with each other to make sure that services are delivered by the right person, with the right skills;
- work to maximise how people can use their skills to best effect;
- integrate how we work to blur boundaries between organisations, buildings, systems and resources;
- create seamless systems – including ICT systems - for the purpose of data and decision making.

The Scenario Planning process helped to refocus thinking around the need for:

- clinical leadership;
- a whole system, or single system approach;
- communication and community engagement;
- seeing the wider impact of health and care from a community planning perspective;
- positive engagement of partners and the third sector; and
- opportunities through the Islands (Scotland) Act 2018.

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What will our health and care services look like in future?

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

Our underpinning principle will be to use an 'Asset Based' approach to working with individuals, families and communities. An asset based approach is one which builds on the assets that are found in the community and mobilises individuals, associations, and institutions to come together to realise and develop their strengths. The identified assets from an individual are matched with people or groups who have an interest in or need for those strengths by using what is already in place in each the community. This approach sees health and care solutions being developed with communities and often outwith the formal health and care settings.

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

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

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

Training systems better reflect the needs of remote and rural practice, with at least some generalists available, supported by increased investment in rural training and local recruitment. Effective clinical and care networks of staff will be in place to provide support for treatment and care needs.

We will organise for diagnosis and treatment to be provided as locally as possible to minimise travel from home. There is faster and earlier intervention of the “right service” supported by effective “sign-posting” - which includes social care and third sector services – so that people know where to go to access services. There is also a less obvious barrier between primary and acute care with staff coming together more where it is in the best interest of the patient or service user.

We will ensure that the stay in, or visit to, hospital is as short as possible to give the best treatment outcome. Out-patient, ambulatory and day care services will be the norm, and in-patient stays will be minimised.

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

Service delivery is characterised by improved collaboration with the “not my job” mentality largely gone.

This is further enhanced by policies that seek to remove barriers and a political dimension that increases the rural focus and voice in line with the principles of the Islands (Scotland) Act 2018.

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

Our Priorities for the next 3 years

The service models have changed over the years, as the population's needs have changed and new medicines and technology have evolved. This Plan represents a continuation of the approach to continually develop services to best meet our communities needs and make the best use of scarce resources.

Taking all the national, regional and local drivers for change, we intend to continue to evolve our service models to:

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

Maximise population health and wellbeing – people will be supported to look after and improve their own health and well-being, helping them to prevent ill health and live in good health for longer

Develop a unified primary care service with multi-disciplinary teams working together to respond to the needs of local populations

Streamline the patient's journey in hospital – we will work to make sure that people get the right care in the right place at the right time by maximising outpatient, ambulatory, day care services and minimising in-patient stays

Achieve a sustainable financial position by 2023

Delivering the Best Start for Children and Families

Obstetric, Maternity and Neonatal Care in Shetland

The health, development, social, and economic consequences of childbirth and the early weeks of life are profound; and the impact, both positive and negative, is felt by individual families and communities as well as across the whole of society. Therefore, high quality maternity and neonatal care and services are vitally important to the health and wellbeing of Scotland's people. The importance of this is reflected in the Scottish Government 'Best Start: Five Year Forward Plan to improve maternity and neonatal care', which was published in January 2017.

The 'Best Start' plan focuses on developing models to support continuity of care, locally delivered services, person centredness and keeping families together. Thus, recognising the relationship between these factors and the impact on positive health and socio-economic outcomes for women, their babies and the wider family.

In 2017-18, 219 live births were registered in Shetland that year (National Records Scotland, 2018), 50% of women delivered their baby out with Shetland. The birth rate in Shetland is in line with the national average and has remained static over the last 10 years with 217 births registered in 2008.

The delivery of the plan is a key priority for local services over the next five years. NHS Shetland employs a team of Midwives who provide an integrated midwifery service (i.e. the same midwives work in the hospital and the community setting) offering support from pre-conception through to postnatal care.

NHS Shetland has used the funding made available so far to implement the Best Start plan to:

- Further extend the telemedicine options available so fewer women and their families need to travel to Aberdeen for ante-natal or post natal care;
- Continue to train senior Healthcare Support Workers (HCSWs) to provide ante-natal health improvement advice and signposting to other services and support including welfare advice e.g. Best Start Grants;
- Support Midwives to develop expert skills in a range of disciplines e.g. sexual health, obstetric sonography and public health so that more services can be offered locally;
- Support Midwives to develop enhanced skills to support neonatal care, working in a multi-disciplinary team which does not have a Neonatal Unit on site;

- Worked with NHS Grampian to ensure that families who are separated are able to stay in contact e.g. using technology to link in with the nursing team on the Neonatal Unit;
- Supporting volunteers to provide breast feeding support and advice to new mothers.

The Maternity Service is part of the wider obstetric care model in Shetland, which includes medical staff based in Shetland and Aberdeen, multidisciplinary Theatre and A&E teams as well as the Scottish Ambulance Retrieval services. The extant model for obstetric care in Shetland has been a 'GP with special interest' (GPwSI) approach. However, due to the changing landscape in medical training over last 15 years and the need to implement Keeping Childbirth Natural and Dynamic (KCND) published in 2009; there has been a greater emphasis placed on the role of the Midwife in leading maternity care for low risk women.

In 2010, we formally reviewed the obstetric model recognising the growing challenge for GPs to maintain obstetric skills and in line with our need to implement (KCND) which set out the pathway for normal maternal care.

The conclusion of the review was that the GPwSI model provided the best degree of fit for us as an Island Board. The rationale for this was the continued need to provide a safe model of care for low risk women; but also the recognition that our geographical distance from Aberdeen Maternity Hospital means that we also need to be equipped to manage obstetric emergencies and the needs of high risk women. Between 2010 and 2018, we have maintained a model including GPwSI, albeit that we have found it difficult to recruit and train new doctors as others have left during that time.

However, the other Island Boards have now shifted to a Consultant Obstetrician led model of care because of the difficulty in recruiting GPwSI and so now NHS Shetland is also transitioning to that model. We are looking at options for developing an intra-Board or regional model to help sustain access to Consultant Obstetricians in Shetland.

We have opted for this approach because developing a model that would shift services away from Shetland is counter to the local and national policy context of promoting choice, person centred care, delivering care close to home, tackling health inequalities and improving outcomes, providing the best possible start in life for our children. It is also inconsistent with the priorities Vision in Shetland's partnership plan 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" or the priority agreed in this plan that "Shetland is an attractive place to live, work, study and invest".

Developing a model with Consultant Obstetricians is a key priority for NHS Shetland over the next 2-3 years in order to:

- Ensure we are able to provide safe and sustainable obstetric care in Shetland;
- Reduce the number of higher risk women who need to travel to Aberdeen for obstetric care and continue to provide surgical interventions such as c-sections safely in Shetland;
- Ensure that we continue to provide a sustainable model for neonatal care, recognising the change in roles and responsibilities in the team and the new skills that are needed to maintain safe practice.

Supporting Early Years

‘Getting it right for every child’ (GIRFEC) aims to improve outcomes for all children and young people. It is a multi-agency practise model that puts the wellbeing of children and young people at the centre. A common coordinated framework for holistic assessment, planning and action across all agencies is used to address needs, including the development of a Childs Plan. GIRFEC recognises that children, young people and their parents/carers have the right to be consulted about decisions that affect them.

It promotes a shared approach that:

- Builds solutions with and around children and families;
- Enables children to get the help they need when they need it;
- Supports a positive shift in culture, systems and practice;
- Involves working together to make things better;
- Getting it right for every child is the foundation for our work with all children and young people, including adult services where parents are involved

The Joint Strategic Plan for Children develop by partner organisations in Shetland utilises GIRFEC principles to improve outcomes for children and has commissioned projects to:

- Develop multi-agency approaches to support psychological wellbeing and resilience, especially around early intervention and prevention e.g. Incredible Years and ANCHOR projects;
- Further developing transitional pathways for young people with complex health needs transitioning into adult services including mental health;
- Continuing to develop local capacity and capability to support young people with complex needs e.g. working with local and specialist Learning Disabilities services;

- Providing training and support to generalist practitioners, particularly developing close working with Schools, GPs, and Child Health e.g. reducing Adverse Childhood Experiences (ACES).

In recognising that the Early Years have a profound impact on an individual's future experience of health and wellbeing; health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child's life and ensuring that GIRFEC principles are reflected in day to day practice . In order to provide a consistent approach to Health Visiting roles and services across Scotland, The Scottish Government published the Universal Health Visiting Pathway in Scotland: pre-birth to pre-school in 2015.

Fundamental to the changes in the pathway are: the utilisation of public health approaches in responding to all families; an emphasis on reducing inequalities by increasing access to appropriate interventions; responding to vulnerable groups and importantly, ensuring that the right number of Health Visitors are in post to support the delivery of the pathway across Scotland.

Since 2016-17, NHS Shetland has received incremental increases in funding to support the implementation of the Universal Health Visiting pathway. The funding has been used to increase the number of Health Visitors in post in Shetland and implement a programme of role development to ensure that we can support and train Health Visitors who have the specialist and generalist skills necessary to practise in a remote and rural setting.

Integral to the Health Visitors role is the requirement to:

- Build strong relationships with women (and families) from pregnancy;
- Promote, support and safeguard the wellbeing of children;
- Offer support during the early weeks and planning future contacts with families;
- Promote person-centeredness; and
- Focus on family strengths, while assessing and respectfully responding to their needs.

In 2017-18, the proportion of children receiving a Health Visitor led development review at 24-30 months was in line with the national and peer group averages of 88%. As a positive outcome, 6.3% of children had one or more developmental concerns identified (lower than) rates in our peer group (9%) and across Scotland (15.3%).

NHS Shetland priorities for Health Visiting services are to:

- Ensure that we prioritise workforce planning so that we continue to sustain our Health Visiting workforce and support our practitioners to grow and develop;
- Ensure that we sustain the requirements of the pathway and increased emphasis on home visits, in particular supporting pre-school checks and developing innovative ways to increase the uptake of these checks;
- Ensure that Health Visitors have the capacity to work across all agencies and contribute to the development of multi-disciplinary/agency models of care in Shetland e.g. through local services to strategic planning level.

School Nursing and Children's Nursing

Over the last four years considerable work, nationally and locally, has been undertaken to refocus and maximise the School Nursing contribution in response to current policy directives, population need and service requirements. This includes:

- Ensuring the focus is on prevention, early identification and intervention
- Consistently providing evidenced based assessments and interventions for 5-19 year olds and their families based on the GIRFEC practice model
- Reducing inequalities and increasing focus on vulnerable groups and populations.

There are 10 priority areas under these overall headings which ensure focus is on vulnerable children and young people, mental health and wellbeing and risk taking behaviour. They are:

- Emotional Health and Wellbeing
- Substance Misuse
- Child Protection
- Domestic Abuse
- Looked After Children
- Homelessness
- Youth Justice
- Young Carers
- Transitions
- Sexual health/pregnancy

These ten areas were initially identified based on public health need, research and evidence of what factors contribute to poor health and wellbeing outcomes in later life. It is anticipated that the establishment of a robust foundation of assessment, will significantly improve identification of children, young people and families who will benefit from additional support and resource.

The redesign of the school nurse role incorporates the health assessments of all Looked After Children, looked after at home or in kinship care children and young people, thus

enabling greater reach in assessment and routine screening for the most vulnerable children and young people.

The team remains very small with an increasing remit and there is significant support needed to ensure the team have the education and resilience to support this programme of work.

As part of the wider child health remit the school nursing team work with the practice nursing team in delivering the immunisation and vaccination programmes in schools. This programme has expanded and continues to expand with no additional resources to support the team. This is a risk both for the school nursing pathways and the immunisation programme.

The wider children's nursing team comprises of a community children's nurse and a hospital children's nurse who support children with long term and complex condition both in an acute and community setting. The hospital children's nurse supports children from emergency to routine surgical admissions to the hospital. The community children's nurse supports children with complex needs and takes on the Lead Professional role within the GIRFEC process to support children and their families manage their complex conditions.

Child and Adolescent Mental Health Services (CAMHS)

Child Health services include Child and Adolescent Mental Health Services (CAMHS) in Shetland which are also linked to specialist services provided in Dundee for children and young adults with complex care needs. Children referred to CAMHS may have depression, anxiety, eating disorders, obsessive compulsive disorder (OCD), attention deficit hyperactivity disorder (ADHD) or self-harm.

Over the last three years the multi-disciplinary CAMHS team has implemented clearer pathways for access to tier 2, 3 and 4 services which include working with regional teams and clarifying the interface/transitional arrangements between adult and CAMHS services. Funding made available by Scottish Government in 2016-17 to improve access to CAMHS service has been used to increase the Consultant Psychologist and Consultant Psychiatrists clinical capacity in the team.

More recent funding has been used to increase the nursing establishment to support young people who need more intensive CAMHS input and children with Learning Disabilities.

NHS Shetland is one of only three Boards to have achieved the 18 week referral to treatment target for CAMHS access in 2018. The priority for the team is to continue to manage increasing demand for CAMHS service and maintaining access so that children with clinical need are assessed and supported in a timely way.

Child Health and Emergency Paediatric Care

Children make up approximately 18% of the total population of Shetland. NHS Shetland provides a range of emergency paediatric care (in the hospital and general practice) and planned Child Health services, including Child and Adolescent Mental Health Services (CAMHS). Due to the specialist nature of paediatric care, then we have close links with specialist services particularly in Aberdeen and Glasgow that provide both inpatient care and visiting services for Children in Shetland. There are also a number of regional networks for children's care and clinicians visit Shetland to provide highly specialised input e.g. Orthopaedic Consultants, Child Development Specialists and Consultants who specialise in Diabetes in Children.

In 2017-18, 60 children had paediatric surgery in Shetland and 964 had outpatient appointments. Children and families also travelled to the Royal Aberdeen Children's Hospital (RACH) for elective care, where 116 outpatient appointments, 33 inpatient episodes of care and 29 Day Case procedures were performed. Wherever possible, we are looking at opportunities to deliver care locally, reducing the requirement for patients to travel and using technology to bridge the gap between local services and specialist care on mainland Scotland.

Children who need emergency paediatric care are triaged at the Gilbert Bain Hospital where either treatment is provided and completed, or the child is transferred to a specialist children's hospital out with Shetland. In the majority of cases care is delivered locally by multi-disciplinary teams with support from Consultant Paediatricians based in Aberdeen. Between December 2017 and December 2018, 44 children were admitted to the Royal Aberdeen Children's Hospital for emergency care.

The table below shows the number of children aged 0-19 who attended A&E in 2018. It shows that we have a higher rate of A&E attendances compared with our peer group. The reasons for this are multi-factorial and include the fact that A&E is our formal hub Out of Hours for care in Shetland and we have a 24/7 Consultant led model of care; which means that more children can be treated locally (compared with other some of the Rural General Hospitals that transfer higher numbers of children to specialist centres).

A Table to show the A&E attendance rate for children and young people in Shetland (age 0-19 years), December 2017-December 2018

Age Range (years)	A&E Attendance (number of cases)	Population (number of children in age range)	Shetland Rate per 1,000 population	Peer Group Rate per 1,000 population
0-4	665	1,279	519	273
5-9	360	1,349	267	154
10-14	411	1,558	303	207
15-19	545	1,279	426	259
Total	2,011	5,465		

Approximately 11% of children are admitted to hospital from A&E in Shetland (n=220) which is higher compared with peer groups and is again likely to be attributable to our geographical distance from specialist centres (i.e. local surveillance is provided instead) and the level of Consultant input that is available locally.

Sustaining safe and effective paediatric care is a priority for NHS Shetland and a local paediatric taskforce was established in 2018 to review the current pathways for emergency care, skill mix in our teams, supervision and models of support for decision making and training.

The taskforce has helped to put in place shared guidelines for paediatric care with NHS Grampian. Work has also been undertaken to provide enhanced induction to doctors and other health professionals who will be providing emergency paediatric care in the hospital setting.

Our strategic priorities for emergency paediatric care include:

- Working with NHS partner organisations to ensure that we continue to be part of the strategic planning and decision making for paediatric care across the region;
- Clarifying the clinical pathways for children so that as much care can be provided locally as is safe to do so and there are robust arrangements in place for the transfer and discharge of children from specialist care;
- Agreeing the skill mix in our local teams in order that we can sustain our emergency paediatric care requirements (supporting practitioners who are responsible for neonatal care and through to critical care/stabilisation);

- Ensuring that we support our multi-disciplinary teams to develop and sustain the necessary skills to provide emergency paediatric care, in collaboration with specialist, off island services;
- Ensuring that we develop approaches to reduce patient travel and increase access to services through the use of technology.

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Our Approach to Mental Health Across All Ages

The Scottish Government's Mental Health Strategy⁶, gave a commitment to,

“ prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”.

The Shetland Health and Care Partnership shares that commitment. This will mean working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems;
- Rights, information use, and planning.

Local priorities cover:

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

A review of our Mental Health Services is progressing which aims to:

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

The work is linked to the Primary Care Improvement Plan. The Mental Health Strategy will also be updated in line with the national Strategy and guidance.

⁶ <https://beta.gov.scot/publications/mental-health-strategy-2017-2027/>

What will change about our services?

We have used the 'Scenario Planning' workshops to help us to shape the new models of care. While we have some work to do yet to design exactly what our services might look like in the future, we think it will be helpful to describe how we see the services developing.

Develop a single health and care system

Our overall ambition is to move away from seeing health and care services as single services organised across departmental managerial lines. We all recognise the intrinsic relationships between all aspects of health and care services, as people move through and between services. We want to continue our approach towards a single health and care system, which is seamless from the point of view of the service user ie it doesn't matter which service or organisation is delivering the service, the service is determined by the patient / service user's needs. This approach is the under-pinning philosophy of the work we already do through the auspices of the Integration Joint Board. We want to accelerate that philosophy to find a way to deliver a 'one system, one budget' approach for Shetland. This will involve changes, with a need to implement data systems which will support this way of working and to invest in staff to support them to respond and innovate in an ever changing environment. We want to do this through collaboration, building trusting relationships to give staff and partners permission to try to do things differently. Technology will help us to improve access to services – and equity of access – and where people live should not be a barrier to access.

This 'whole system' approach is shown diagrammatically below in the health and care system adopted by Canterbury in New Zealand. The system is built around the question of 'What Does it Mean for Agnes' (the lady in the red cardigan at the centre of the diagram).

The idea that the diagram conveys is based on the layers of input and interventions into health and care and that really it is the whole community working together that makes for an effective health and care system.

From the centre, it starts with the individual person; their own health and care needs and their motivation to look after their own wellbeing through lifestyle and other choices.

The next step is to think about friends and family and the contributions that others around us can make to our health and wellbeing, including the support of unpaid carers. We can also think about community services (those available to all of us) and how those services help us to live our lives.

The next stage is to think about how services help us with specific issues – for example going to the dentist for a check up, going to the pharmacy for medicines, seeking help from a GP or nurse for a specific illness on a one-off or ongoing basis.

The next layer is the specialist services which come into play when a particular intervention is required, for example calling an ambulance in an emergency, having an appointment to see a consultant for a specific illness or attending a specialist mental health service.

At the outer rim of the diagram are the specialist treatments centres where people will go if they are medically unwell and that will usually be a hospital setting.

People will move in, out and through these services on a changing basis as their health and care needs change. Our focus will be on making sure that all the services are aligned and co-ordinated around people's needs - and that is why we call it the 'whole system' approach.



We will deliver this through the following principles and projects:

- ✓ Clinical leadership
- ✓ workforce development and integrated teams, enabling people to work to the maximum of their skill set
- ✓ technology enabled, working to remove organisational and system boundaries around data

Maximise population health and wellbeing

We will continue to invest in a wide range of early intervention and preventative measures to minimise, and sometimes avoid, the need for health and care needs to occur. It is our ambition that a significant proportion of preventative services will be provided outwith the

statutory health and care framework, through voluntary, community and third sector provision and from people investing in and looking after their own health and wellbeing. Health improvement and ill health prevention is not just a function of Public Health; it is a fundamental role of all health and care professionals to support people to take control of their own lives and their health.

Services will consider how best to respond to help families who are struggling to thrive and work with local communities and voluntary services to ensure that no one is lonely or stigmatised. It has been identified that approximately 5% of people in Shetland, at any life stage, are not able to have the same positive experiences and opportunities as the majority of people living in Shetland. Over the last 15 or so years, it has become more common to see these poor experiences being passed down the generations. Shifting money and staff to better target support, and at an earlier stage, is known to help these families and also save money. There are many local examples of the impact of stigma, isolation and loneliness on people and families and there is an increasing body of research showing the negative impacts on physical and mental health. Services will be encouraged to target resources to break negative cycles for individuals and within families.

The recent Annual Report from the Chief Medical Officer, entitled Realistic Medicine, challenged current health care by stating that,

“Doctors generally choose less treatment for themselves than they provide for their patients. In striving to provide relief from disability, illness and death, modern medicine may have overreached itself and is now causing hidden harm – or at best providing some care that is of lesser value.... Waste in healthcare should be assessed not in terms of what might be thrown away, but in interventions that don’t add value for patients.... We need to change the outdated ‘doctor knows best’ culture to one where both parties can combine their expertise and be more comfortable in sharing the power and responsibility of decision-making. It requires system and organisational change to promote the required attitudes, roles and skills”.

This will be an underpinning philosophy in all the service redesign models.

A key recommendation from the Commission for the Future Delivery of Public Services was that we need to work closely “with individuals and communities to understand their needs, maximise talents and resources, support self reliance, and build resilience”. We do this by moving away from a paternalistic approach of doing things to people, to working out ways to work with people to help them to look after their own health and wellbeing.

We will deliver this through the following principles and projects:

- ✓ we will update and implement a Welfare Reform Outcomes Focused plan to ensure that our NHS Board continues to support the working-age population to move into, remain in and progress in good quality employment, and access the social security supports that they are entitled to
- ✓ we will work in partnership with the local authority to deliver a Child Poverty Action Plan which makes a difference to the outcomes and life chances of children and young people in Shetland
- ✓ We will implement the Diabetes Prevention Plan
- ✓ Further develop opportunities to increase physical activity for people who are least active through the implementation, with our partners, of the Active Shetland Strategy
- ✓ Continue to develop and deliver the smoking cessation service
- ✓ Increase the capacity of our weight management services
- ✓ Continue work to increase wellbeing and mental health

Developing a unified primary care service

Investment in community based services and strengthening primary care are two key elements of making the 'whole system' approach work by keeping activity out of the acute and hospital sector. We recognise that this shift in emphasis may put pressure on community resources, including GPs. There is a need to make sure that we make the best possible use of GP time and resources and get better at further developing a team approach to meet people's needs. These teams will be multi-disciplinary and can include any health care professionals appropriate to meet health and needs, such as social care staff, nursing staff, allied health professionals, pharmacists, health improvement practitioners, therapists, third sector support, etc.

We will be supporting more people – and more frailer people - to remain living at home for as long as possible. People with care needs living in the community will have even higher levels of support needs than at present.

The main aim is to support people with health and social care problems to stay in their own communities, help them to learn to manage their conditions and, whenever possible, reduce the chances of them having to be admitted to hospital. This will mean that some services traditionally supplied in hospitals will be provided in community settings.

The teams can be physically located in one place and work out of any of the health and care buildings, in people's own homes, or be 'virtual' in nature and supported by technology to take place through Video Conferencing, telephone or other technology enabled solutions.

It might mean that people do not necessarily need to see a GP first to arrange health and care needs; people might see, for example, a nurse or a pharmacist or a physiotherapist. This might mean that staff have to travel and move around a bit more. It might mean that service users have to wait a little while longer, so that there are enough people to see to make it an efficient use of staff time. It might mean that we have to share scarce resources throughout Shetland, to make better use of all our staff resources and skills. Much of this is in place at the moment, through permanently located and visiting services, but we want to formalise the arrangements; the Primary Care Improvement Plan provides us with the opportunity to do this.

An exercise has been carried out to start to describe in detail what our future service models might look like. We have explored 'what will success look like for our patients / service users' and how will we evidence that. An extract of this work is included below, as an indication of what services are working towards.

Service name/project	What will success look like	Outcomes what evidence of success
Primary care	Single point of access for queries Better access to the right person Parity of service Full utilisation of all staff No locums	Reduced demand Healthier population More self-service One system Non premises led service
Virtual Services	No door is the wrong door Easier and more immediate access to services Reduced need at higher levels People are responsible for directing their own care	Reduction in frequent attendees Reduction in frustration in getting appointments Increased self care Reduction in emergency care
Adults with Learning Disabilities and Autistic Spectrum Disorder	Support people to live independently Support people to stay at home Right support at right time whatever age (child, young person, adult, lifelong) Asset based approach to assessment of need Support for transitions Reducing barriers Community support Focus on equality	Communities are empowered Access is equal Opportunity is equal
Pharmacy and prescribing / effective prescribing	Patient / Service User is safer and more in control of their health Better use of resources Medicines needed on time	People know why they are taking medicine Reduce variation in prescribing Morbidity and Mortality Rates
Mental health	Support people to live at home Individuals with mental health conditions are able to live as independently as possible Be active and have a purpose To be accepted and participate Step up and step down care	Focus on Recovery Services are responsive
Community nursing	Access to right professional, right time, right place Autonomous Practitioners Working at advance levels	Nursing care and support provided in timely appropriate way Sustainable workforce
Allied Health Professionals	Support people to live independently Appropriate use of skills Self care Self directed treatment First point of contact	Maximise use of Independent Living Centre (increased access and services on offer)

We will deliver this through the following change projects:

- ✓ Management of Long Term Conditions
- ✓ Primary Care Improvement Plan

Changing Models of Care:

If you are a patient who is remote from your health care professionals, and have a condition they are supporting you with, you can use 'Attend Anywhere' from any smartphone, tablet, laptop or computer which is connected to the internet to connect with them. Whenever you have an appointment with a health care professional, Attend Anywhere has the potential to allow you to have it at a time to suit you: work commitments; mobility; remoteness from health centres and hospitals; so you can receive care where you are. There's no need to log in, you just go to the NHS Shetland website and click the link to enter the "Waiting Room" on the device you have, or follow the link on an email. When you're in the waiting room, the health care professional supporting you will "call you in" to start the appointment. You'll both be able to see each other face to face, and provide updates and get advice on your condition. The connection is secure and private, from you to the professional. An appointment, which used to take you a day to travel to/from the Gilbert Bain Hospital to physically see someone for a brief appointment could maybe be carried out remotely from your own home. There are a number of different scenarios where this can be beneficial for those involved, ranging from seeing your specialist, to seeing your local practice nurse – at a distance and in a way convenient for all.

Social Care

The overall objective is to work with people to enable them to live independently in their own home, or in a homely setting within their community and to be centred on helping people maintain or improve quality of life. There is in place a range of care services including nutritional support, care at home, respite care, short breaks, supported vocational activity and residential care.

A recent review of the social care service concluded that an enhanced care at home service was the preferred option. In order to fulfil that ambition, many other services and support need to be in place, as described below.

The elements of services that need to be in place for an enhanced care at home service to be delivered include:

- the 'asset based' approach to needs assessment, whereby the assessment of need starts from the premise of what a person is able to do for themselves, then works outwards to statutory provision;
- encourage 'Self Directed Support' which allows people to choose how their support is provided, and gives them as much control as they want of their individual budget;
- support for unpaid carers through the implementation of the Carers Act (Scotland) 2016;
- extended approach to falls prevention;
- Supporting the further development of integrated local teams, building resilience and cover especially around single handed practitioners and out of hours arrangements;
- Maximising the use of Anticipatory Care Plans;
- Supporting staff to be mobile, flexible, and working to their maximum skill set and where staff with a general skill set are able to work across services;
- Supporting the Effective Prescribing project, where it focuses on care homes and community settings;
- Accelerated campaign to support home owners to make investments now to plan for future care needs (accessible ramps, showers, etc, etc);
- Positively promote a range of ill health prevention and good health promotion initiatives and messages (around activity, diet, lifestyle, etc);
- Stepping up post diagnostic support for people recently diagnosed with dementia;
- Maintaining the strong partnership arrangements around winter planning specifically and business continuity planning in general to manage unusual peaks in demand;
- Continue to explore with Shetland Charitable Trust how best to focus support on improving people's quality of life, with an emphasis on early intervention and preventative services and tackling inequality;
- Apply, where appropriate, emerging technological solutions to support people to live independently at home;
- Support for financial wellbeing, fuel poverty and social isolation / loneliness
- Working with partners to explore community transport arrangements to support people being able to be connected within and between communities.

Some areas for improvement have been identified to help to continue to support people to live at home around:

- access and participation;
- anticipate needs and prevent needs arising;
- service users being in control of the decisions affecting how they live, have flexible and responsive services and choice;
- making best use of all resources; and
- the model of health and care is able to be adequately staffed.

The specific improvement plan will include consideration of:

- Support for unpaid carers through the implementation of the Carers Act (Scotland) 2016, specifically to extend day services to provide extended respite opportunities.
- Carry out a needs assessment of Levels 1 and 2 care needs in one locality, map those to existing resources and services, identify gaps and develop arrangements to best meet those needs (including preventative services outwith the formal health and care sector including voluntary, community, third sector and housing services and support).
- Explore further geographically dispersed models for supporting care at home in one locality, including respite at home where appropriate and exploring different contractual staffing models to best suit client's needs.
- Investigate a 24-7 responsive service to further support care at home and out of hours arrangements. This will involve exploring partnership arrangements with other statutory and third sector partners.

These projects are currently being worked up as Spend to Save Projects within the Shetland Islands Council as additional funding will be required from outwith proposed joint delegated budgets to provide initial investment for these tests of change

Alongside this, Housing services will continue to invest in all housing stock, to increase overall supply and support a range of housing choices. Working with housing colleagues to enable people with care needs to remain living at home will remain a priority. There is a presumption against having to move house in order to receive a care package, where it is practicable and feasible to do so. Technology enabled will continue to be a key component of that ambition. More detailed is included in the Housing Contribution Statement, which supports this Plan, at Appendix 3.

Criminal Justice Service

The Strategy for Justice in Scotland sets out the Government's approach to make the Scottish justice system fit for the 21st century. The second phase of the Reducing Reoffending Programme which began in 2012 is focused on making sure that the right

services and support are provided so that prolific offenders can address their reoffending and its causes.

The Community Justice (Scotland) Act 2016 sees the responsibility for community justice transferred to 'community justice partners', with oversight and assurance to Ministers being given by a new national body, Community Justice Scotland. In Shetland, a local Community Justice Partnership has been established and reports to the Shetland Partnership. The Partnership will be responsible for producing a strategic plan that will address local and national priorities. Criminal justice social work services are statutory partners in ensuring effective community justice in local communities.

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

Right Place Right Time – Providing Hospital Based Care and Specialist Services

Over the last 10 years we have increased investment in community based services and developed new ways of delivering care that means less people need to go into hospital and if they do require care in hospital, their length of stay will be shorter. Between 2014 and 2018, we saw a 39% reduction in the number of occupied medical bed days.

This 'shifting the balance of care' has been possible due to a number of factors which includes enhancing the skills of our local teams, using technology to support people at home and enable remote monitoring and advancements in medical practice.

For example, 30 years ago the average length of stay in hospital to recover from an uncomplicated myocardial infarction (heart attack) was 9 days and by 2017 the average length of stay had reduced to between 2-3 days. This has been driven by enhancements in interventional treatments, medications, cardiac rehabilitation and active changes that people have made to their lifestyles e.g. reduction in smoking. Work is being driven at both a national and a regional level to develop clinical pathways that are streamlined and mean that patients are able to leave hospital as soon as it is safe to do so. This driven by a number of factors, some are relate to ensuring that we effectively design services which can cope

with increasing demand and others are more focussed on ensuring that we redesign services so that we can support patients to have the best possible clinical outcomes.

There is good evidence available, which shows that older people who have an admission to hospital which is 10 days or longer will experience muscle ageing and functional decline and people who are medically fit for discharge but are delayed in hospital, are at greatest risk of this with over 40% of people developing loss or decline in their potential to regain independence and leave hospital (NHS Improvement, 2018).

Over the last five years we have been working closely as an integrated health and social care service to ensure that we effectively discharge plan together (and with patients and their families). This includes ensuring that we offer early supported discharge whenever possible; through the combined efforts of hospital based staff, carers, community and social care teams. In that timeframe, we have invested in multi-disciplinary teams to provide community based rehabilitation, falls prevention care, enhanced dementia services, prescribing advice and community based pharmacy teams as well as technology to assist people to live at home safely.

This has led to an increase in the range of care that can be delivered in the community and an increasing focus on prevention and rehabilitation. We have seen over that time a decrease in the length of time that people wait in hospital for community care input.

The recently published Draft Discussion Paper entitled 'Delivering Health and Social Care to the North of Scotland 2018-21', includes some important commitments to treatment being carried out as close to people's homes as is possible. The commitment is to decentralise access to treatment and care as much as possible with the aim of providing local access.

In response to this plan and implementing improvement approaches set out in the Modernising Outpatients programme; we have redesigned planned care services, which means that a greater range of services are now provided at the Gilbert Bain Hospital rather than specialist off island services. These changes have included investment in training and equipment for local staff, developing new roles and using technology to bridge the gap between Lerwick and Aberdeen services. For example, patients requiring biologic medications can now access treatments in Shetland, previously having to travel to Aberdeen on a regular basis.

Since 2014, we have reduced outpatient activity by 18% and we have increased Day Surgical activity by 27%. In the last three years we have increased the number of tele-health consultations from 600 in 2016 to over 2,000 in 2018, significantly increasing the number of patients who can access care locally and reducing unnecessary travel.

These changes have all helped to contribute to a position where we have been able to ensure that hospital services in Shetland have been able to adjust to increasingly complex

patient care and frailty and also offer more services locally (previously only available on the mainland).

Therefore our focus over the last 10 years which is carried through into this strategic plan is to:

- Utilise the principles of realistic medicine to ensure that we challenge historical norms and episodic care and instead offer more individualised approaches;
- Continue to identify ways in which we can bring together teams to streamline the patient journey and offer safe alternatives to hospital care;
- Continue to invest in role development to ensure that we can maintain and grow specialist care in our Rural General Hospital setting;
- Continue to invest in technology to support improved access to specialist care, particularly to bridge the gap with services previously only available in mainland hospitals;
- Continue to grow the number of services which can be offered 'in outpatients' or as 'day care' to aid speedy recovery and reduce likelihood of complications;
- Continue to invest in equipment and the Hospital infrastructure to ensure that it is fit for purpose and able to deliver the clinical strategy set out in this Strategic Plan. This includes medium and longer term planning for the provision of the Gilbert Bain Hospital over the next 10 years and beyond

Changing Models of Care...

You have been in hospital due to a minor heart attack; the Specialist Cardiac Nurse sees you in hospital and gives you support and advice about recovery. The Nurse invites you to attend the cardiac rehabilitation class that she organises. At the class you are able to meet other people with heart conditions and share experiences, make friends. You are also able to access advice about changing your lifestyle, you had been thinking about it anyway after the shock of being in hospital. At the class you are able to get advice about making healthy meals, find out about ways to stop smoking and look at ways to get fitter. The class is at the Leisure Centre so you are able to try out different sports and activities.

In this model of care, the approach is person centred and everyone is working together to minimise the number of different places people need to go to get advice and support to change their lifestyle as well as making key clinical advice available to support recovery from a heart attack.

Changing Models of Care...

Your GP has referred you for sleep studies. Instead of travelling to the Sleep Clinics in Aberdeen or Edinburgh, you are asked to attend a clinic at the Gilbert Bain Hospital.

You are fitted with monitoring equipment and you return the data to the hospital and it is sent electronically to a Specialist Nurse, who is based on the mainland. The Nurse analyses the results of the sleep studies remotely and agrees a treatment plan with the Consultant.

You return to the Outpatient clinic at the Gilbert Bain Hospital to discuss the results which may mean lifestyle changes, a dental appliance or airway pressure device is recommended.

Travel is minimised and the pathway has less steps.

Our overall approach is shown diagrammatically below.



Enablers

Alongside day to day service delivery and the change programmes, there needs to be in place a range of 'enabling' activity. These are the support services, systems, skills and knowledge that we need to have in place to help keep delivering high quality services and implement any changes. Often, the support services arrangements can be aligned to the Regional Planning approach, as we work towards an environment of sharing resources and skills across the North of Scotland, and the 'Once for Shetland' approach where partners in Shetland work hard to find ways to streamline how we work together. We recognise the inherent tension between working out how best to do things for Shetland's Health and Care Partnership at a local level whilst also responding to the challenges for the NHS of working better at a regional and national level.

Staff are at the heart of all the service delivery models. It is therefore intended, as part of all our projects, to put in place the right staffing numbers, ratios and skills mix for each service area. Within this we will respect professional boundaries while also supporting multi-disciplinary team working. There is a need to support staff to be the best they can be through positive leadership and creating a culture of openness and trust which allows staff to grow, learn and develop in a safe environment in a rapidly changing service. We expect our staff to be the champions of the transformational change that this plan advocates. There will therefore be specific support arrangements to build organisational capacity and resilience to focus on staff health and well-being, including aspects of leadership, values and behaviours and clear communication.

Alongside the support to staff, there will be a programme to redesign business and organisational systems, integrated insofar as they possibly can be, so that our staff can focus on tasks which support front line service delivery and are not wasteful. This might also involve working locally with partners in Shetland to make the best use of systems and resources, where it might be possible to develop a common approach, or working across the North of Scotland region, or working at a national level on a 'Once for Scotland' approach.

We will deliver this through the following established programmes of work

- ✓ Delivery of the Joint Organisational Development and Workforce Protocol which includes:
 - Developing new and efficient ways of working
 - Implementing organisational capacity and resilience building initiatives
 - Establishing locality working arrangements
 - Developing participative approaches that involve communities / the public in service re-design
 - Creating a shared culture based upon shared values and expectations

- Developing collaborative and authentic leadership as the norm
- ✓ Supporting staff to:
 - continue to develop their skills and knowledge and work to maximum of their skill set
 - Develop opportunities to work in more generic roles
 - Continue to develop opportunities for specific remote and rural training and practice
- ✓ Participating in the Delivery Arrangements for the North of Scotland Health and Care Discussion Paper
- ✓ Delivering the NHS Board and North of Scotland Region and local E'Health Plans, including:
 - Working towards shared data systems (a portal approach)
 - A Joint approach to Records Management
 - Supporting technology enabled appointments
 - Providing evidence in support of investment in infrastructure
- ✓ Developing our Asset Investment Plan to put in place the assets and infrastructure to deliver the strategic objectives set out in this plan.
- ✓ Participating in developing the 'island proofing' issues for health and care in line with the Islands (Scotland) Act 2018.

Working with Others

The Commission On The Future Delivery Of Public Services (2011)⁷, stated that,

“A first key objective of reform should be to ensure that our public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience. Research evidence and our submissions suggest strongly that our public services can become more efficient and effective in working collaboratively to achieve outcomes. To do this, they must focus clearly on: the actual needs of people; energising and empowering communities and public service workers to find innovative solutions; and building personal and community capacity, resilience and autonomy”.

We will do this in three specific ways:

- Working with our patients and service users
- Working with our staff
- Working with our partner organisations
- Working with communities

Self Care is the actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness. We will support people to look after their own health and well-being, through advice, support and interventions.

We will put the person receiving health and social care at the centre of decisions made about their care. We will encourage shared decision making between the person receiving care and the member of staff providing care.

NHS Shetland and Shetland Islands Council are the two key employers for health and care service, as well as a range of third sector providers and unpaid carers. We are committed to working with staff in an open, honest and transparent manner to reach the decisions on how best to meet the health and care needs of the community.

The third sector, which includes charities, social enterprises and voluntary groups, delivers essential services, helps to improve people's wellbeing and contributes to economic growth. It plays a vital role in supporting communities at a local level. Their contribution is

⁷ <https://beta.gov.scot/binaries/content/documents/govscot/publications/publication/2011/06/commission-future-delivery-public-services/documents/0118638-pdf/0118638-pdf/govscot:document/>

recognised in our strategic approach – at an individual care pathway level and at the broader community level.

Community Planning is the name given to how public, private and third sector organisations work together to improve the overall wellbeing of people living in Shetland. An effective health and care systems relies on many other services and support being in place to help people to thrive and reach their full potential. Examples will be: housing; education; employment; transport and leisure. Working in partnership with other organisations and professions will become the norm.

With our Shetland Partnership partners, we want to help people in communities actively participate with public service providers to improve the lives of people in Shetland. We will do this by changing the way we work. We want to find ways to help people to be more closely involved in shaping the future of their communities. This will include supporting people and communities to develop their skills and knowledge in order to participate fully in community life and meet health and care needs.

Financial Position

NHS Shetland

The amount of funding which NHS Shetland is expected to receive to pay for services is set out in the Table below. The key assumption made is that Board's baseline funding will increase by 2.5%.

Table : Shetland Health Board Funding 2019-2024					
	2019-20	2020-21	2021-22	2022-23	2023-24
Opening Core Balance	49,611	50,851	52,122	53,425	54,761
Inflation Funding	1,240	1,271	1,303	1,336	1,369
Closing Balance	50,851	52,122	53,425	54,761	56,130
Percentage Increase	2.5%	2.5%	2.5%	2.5%	2.5%

The funding will not meet the projected growth in costs (as a result of inflation and the impact of demographics and innovation).

To address this gap NHS Shetland will need to deliver around £7.6m in savings to re-invest in these increased costs.

The Scottish Government's has a 3% efficiency target for the public sector. The funds released from the achievement of the target are re-invested in services to meet cost pressures and to offset the gap between funding and health inflation. Without the delivery of at least this level of efficiency there are no funds to address cost pressures and to ensure the Board's Income and Expenditure is balanced. The board's financial plans assume the continuation of this policy over the next five year planning cycle.

The implication of these new efficiency targets, over the five year period is outlined in the Table below, totalling £7.6m.

Table : Shetland Health Board New Savings Targets 2019-20 to 2023-24						
	2019-20	2020-21	2021-22	2022-23	2023-24	Total
Funding	48,167	49,407	50,678	51,981	53,317	
New Savings Target	-1,445	-1,482	-1,520	-1,559	-1,600	-7,606
Target as a Percentage	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%

Shetland Islands Council

The amount of funding which Shetland Islands Council is budgeting to contribute to community health and social care services in 2019-20 is £22m.

Longer term, the Council has in place a medium term financial plan. There is an expectation that the Social Care service will need to find a fair proportion of the overall savings target but there is no specific monetary value placed on it at this stage.

IJB

The Shetland Islands Integration Joint Board (IJB) is facing significant financial challenges.

Taking into account costs, demands, estimated changes to funding and, assuming nothing else changes, the funding shortfall over the next five years is estimated to be £7.7m in total, as shown in the Table below.

	2019/20	2020/21	2021/22	2022/23	2023/24
	£	£	£	£	£
Cost of Services	48,181,541	50,108,803	52,113,155	54,197,681	56,365,588
<u>IJB Funding</u>					
SIC	22,019,069	22,093,249	22,215,729	22,395,022	22,628,955
NHSS	23,629,492	24,220,229	24,825,735	25,446,378	26,082,538
Total Funding	45,648,561	46,313,479	47,041,464	47,841,400	48,711,493
Cumulative Funding Shortfall	-2,532,980	-3,795,080	-5,071,080	-6,355,280	-7,652,680

Reliance on one-off initiatives to balance the books becomes increasingly difficult as opportunities have already been taken over the years.

The change programme will therefore need to be of a scale to address the underlying financial challenge to make sure that the cost of the service models can be accommodated within the overall funding made available.

While the programme is progressed, short term decisions will also be required so that NHS Shetland and Shetland Island Council continue to meet their immediate financial obligations and service issues. As far as possible any immediate decisions should be consistent with the aspirations set out in the Strategic Plan.

Longer term planning must be accelerated to enable safe, effective and sustainable services to be delivered within the funding available, through the change programmes set out in the next section.

Ultimately, the Financial Plan and the Strategic Plan should be aligned so that there is a link between the financial resources allocated by each funding partner and the desired outcomes of the Strategic Plan.

The IJB budget for 2019-20 is set out below. This is part of the NHS Budget, and all of the Council's Social Care budget and totals £46m.

2019-20 Budgets	NHS Delegated	SIC Delegated	NHS Set Aside	Total
Service Area	£	£	£	£
Mental Health	1,438,364	592,883	0	2,031,247
Substance Misuse	402,269	179,594	0	581,863
Oral Health	3,124,523	0	0	3,124,523
Pharmacy & Prescribing	6,073,749	0	571,761	6,645,510
Primary Care	4,430,563	0	0	4,430,563
Community Nursing	2,721,212	0	0	2,721,212
Directorate	92,990	957,082	0	1,050,072
Pensioners	0	79,845	0	79,845
Sexual Health	0	0	44,813	44,813
Adult Services	57,406	5,464,576	0	5,521,982
Adult Social Work	0	2,992,639	0	2,992,639
Community Care Resources	0	11,542,901	0	11,542,901
Criminal Justice	0	38,842	0	38,842
Speech & Language Therapy	89,116	0	0	89,116
Dietetics	116,280	0	0	116,280
Podiatry	235,962	0	0	235,962
Orthotics	138,329	0	0	138,329
Physiotherapy	593,382	0	0	593,382
Occupational Therapy	187,762	1,433,707	0	1,621,469
Health Improvement	0	0	224,174	224,174
Unscheduled Care	0	0	2,864,454	2,864,454
Renal	0	0	201,524	201,524
Intermediate Care Team	452,182	0	0	452,182
Reserve	440,674	0	182,021	622,695
SG Additionality	1,444,000	-1,278,000	0	166,000
IJB Running Costs	11,762	15,000	0	26,762
Total	22,050,525	22,019,069	4,088,747	48,158,341
Efficiency Target	-2,275,289	0	-257,691	-2,532,980
Grand Total	19,775,236	22,019,069	3,831,056	45,625,361

Change Programme and Projects

We will take a whole organisation approach to achieving the Plan. Looking after our day to day business is as important as focusing on any service changes. How all the elements will come together is shown in the diagram below.

How the Whole Organisation Works

Governance and Decision Making							Supported by: Realistic Medicine
Main Purpose: Delivering Services Day to Day to Patients and Service Users						Assured and Monitored through: Performance Data, Clinical Governance Risk Management	
Leading and Managing Change: Changing and Developing Services to meet changing need							
<u>Supported by: Enablers - Services and Activities which support front line services</u>							
Workforce Recruitment and Retention	Workforce Training and Development	Budgets and Finance	Systems and Technology	Assets and Equipment	Data and Information		
Underpinned by communication and engagement with all stakeholders							
Reinforced through positive leadership, culture and behaviours							

The elements of the programme of work to implement the Plan are outlined below and included in more detail at Appendix 1:

Vision and Strategic Context
Preventative Services
Sustainable Services
Enabling Services
Communication and Engagement

Many of the change projects for the IJB sit within the auspices of the Primary Care Improvement Plan, approved by the IJB on 6 June 2018. The overall timeline is included at Appendix 2.

Delivering ongoing day to day services is an equally important part of delivering the objectives of this Strategic Plan. Having a stable base and good performance provides a platform upon which the change projects can be built. The detail of service delivery, and service improvements, is outlined in the Board's Annual Operational Plan 2018-19⁸.

How will this impact on the Board's Performance?

We already have a comprehensive approach to performance management and that will continue.

We will focus on specific strategic and high level performance indicators to help us to keep track of progress and to make sure that, in the medium to long term, we achieve what we set out to do. The high level indicators are:

- Number of people actively and successfully managing their own condition
- Unplanned admissions
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- Community Participation activity and impact (also a Shetland Partnership Plan indicator)
- People engaging in physical activity (also a Shetland Partnership Plan indicator)
- People drinking at harmful levels (also a Shetland Partnership Plan indicator)

The current performance and the target we aim to achieve are set out in the table below.

⁸ <https://www.shb.scot.nhs.uk/board/documents/OperationalPlan-20182019.pdf>

Strategic Indicator	Current Position Baseline	2021 Target	2028 Target
Percentage of adults able to look after their health very well or quite well.	95% [Peer Group average 95%] 2015-16	Maintain position	Maintain position
Unplanned admissions	2016-17 9,566 / 100,000 2016-17 First in Scotland	Maintain position	Maintain position
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	84% (2015-16) Peer Group average is 87%	87%	90%
People who feel they can influence decisions affecting their local area	27% of people feel they can influence decisions affecting their local area	At least 35% of people feel they can influence decisions affecting their local area	At least 50% of people feel they can influence decisions affecting their local area.
People engaging in physical activity	77% of people engage in some form of sport and physical activity (2018)	At least 80% of people engage in some form of sport and physical activity	At least 90% of people engage in some form of sport and physical activity
People drinking at harmful levels	20% of people drink at harmful levels (2018)	No more than 18% of people drink at harmful levels	No more than 15% of people drink at harmful levels (or in line with the National Average, whichever is lower)

Appendix 1 : Action Plan

Area	Item	Comment
Vision & Strategic Context	Update Shetland Health & Care Vision & Objectives	Progress as part of Joint Strategic Plan refresh ; Involve stakeholders and Strategic Planning group
	Develop detail on “step up / Step down” scenarios	Progress as part of Joint Strategic Plan refresh ; Involve stakeholders and Strategic Planning group
Preventative	Long term conditions	
	Prevention /Self care	Build on 10 year PH Plan
	Realistic Medicine	Work beginning to be developed by Realistic Medicine group
	Effective Prescribing	Build on current work; Requires clinical leadership
Sustainable Services	Unscheduled Care	Project team to be developed;
	Primary, Community & Social care Services	Building on current work (including work on sustainable Social care services and North isles project); project team developing
	Hospital Services & workforce sustainability	Need to link to previous 2 work streams.
	Elective Model (repatriation)	Build on current work; supports reduction in cost of service provision
Enablers	Information (analytics)	Link to National / Regional work
	eHealth	
	Workforce development	Build on Workforce plan
	Recruitment and Retention	Develop current approaches to sustaining recruitment / existing staffing
	Financial Framework	
Communication & Engagement	Key Community leaders	Include SIC, Community planning / NHS Board members / IJB
	Clinical / professional leaders	Ensure continued clinical / professional involvement. Use Professional advisory committee structure alongside management meetings
	Unpaid Carers	Link to formal and informal unpaid carers
	Staff / service providers	Progress at work stream / project level
	Communities / Service users	Progress at work stream / project level

Appendix 2 : Primary Care Improvement Plan Action Plan

Key Priority Area	Year 1	Year 2	Year 3
Vaccination Transformation Programme	<ul style="list-style-type: none"> • Identify the main Governance issues for immunisation services (informed by Incident Report). • Implement SIRS call recall for all practices / treatment centres (currently only 20% use it) • Develop a training framework for staff, based on a training needs analysis that has been undertaken. • Develop a local model for delivering travel health services (in light of national work that is ongoing) • Develop a model for a 'virtual' immunisation team for vaccination in schools (comprising school nurses, practice and community nurses) • Begin to develop a model for immunisation teams within primary care and the community • Audit BCG immunisations to inform planning for a sustainable model • Develop a plan for seasonal flu immunisation for social care staff (informed by a recent Care Centre flu outbreak). 	<p>Fully develop and agree immunisation team model within primary care and the community, to include staffing and travel considerations</p> <p>Audit SIRS call recall system following implementation</p> <p>Audit travel health services service delivery model to ensure it is meeting local requirements</p> <p>Develop BCG immunisation model</p>	<p>Implement immunisation team model within primary care and the community</p>

Key Priority Area	Year 1	Year 2	Year 3
Pharmacotherapy Services	Directors of Pharmacy to develop consistent approach across North of Scotland	Funding permitting, additional 2 Practice Pharmacists to be employed	Pharmacist time in practices embedded
Community treatment and care services	<p>Implement Skill Mix Practice Nursing team at all 8 of the Board provided Health Centres by August 2018.</p> <p>Implement Phlebotomy service at each Health Centre/ Practice area by August 2018</p> <p>Conduct workload analysis across the service by October 2018</p> <p>Develop general practice nursing workforce in alignment with future service model by March 2019</p> <p>Host training for nursing workforce as per outcome of NES funding bid by June 2018</p> <p>Review leadership /management of general practice nursing by 31 March 2019</p>	<p>Bid for further NES funding to support development of general practice nursing workforce by August 2018</p> <p>Implement leadership structure for general practice nursing from 1 April 2019</p> <p>Consider further refinement of service provision across Shetland to ensure capacity meets demand with appropriately skilled practitioners available to deliver to service model by 31 March 2020</p>	Skill mix General Practice Nursing team in place providing a safe and sustainable service delivery model, appropriate to local service design.

Key Priority Area	Year 1	Year 2	Year 3
Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care	<p>Recruit Practice Educator for Advanced Nursing Practice by July 2018</p> <p>Participate in the development of the regional Advanced Practice Academy (as per regional timescale)</p> <p>Review current unscheduled care weekend clinics to determine future</p>	<p>Continue to support ANP (development) posts – ongoing</p> <p>Bid for further NES funding to support development of Advanced Practice workforce</p>	In collaboration with NHS Boards there will be a sustainable advance practitioner provision in all HSCP areas, based on appropriate local service design.
Multi-disciplinary team: Mental Health Workers	Redesign of services currently underway to implement an integrated service	Development of Mental Health Plan	Implementation of agreed actions from Mental Health Plan
Multi disciplinary team: Occupational Therapy	Exploration of vocational rehabilitation within General Practice	Implementation of vocational rehabilitation	Multi disciplinary team: Occupational Therapy
Multi disciplinary team:	Scoping exercise for roll out of Physiotherapy provision to General Practice	Implementation of additional Physiotherapy support to General Practice	Multi disciplinary team:
Community Link Workers	Continue existing Health Improvement input to GP Practices	Audit of workload, demand and potential requirements for expansion of service	

Housing Contribution Statement

March 2019

Introduction

The Housing Contribution Statement (HCS) is a statutory requirement, as set out in the Government's Housing Advice Note, 'Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing service in the Integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes'.

The HCS sets out the contribution of housing and related services in Shetland towards helping achieve priority outcomes for health and social care. It serves as a key link between the Strategic Commissioning Plan and the Local Housing Strategy and supports improvements in aligned strategic planning and the shift to prevention.

As a local housing authority, the Council has a statutory duty and a strategic responsibility for promoting effective housing systems covering all tenures and meeting a range of needs and demands.

The Council's strategic housing plan is articulated in the Local Housing Strategy⁹ which is underpinned by the robust and credible evidence from the Housing Need and Demand Assessment (HNDA)¹⁰. Both these key documents are in the process of being revised and the Housing Contribution Statement will be updated in line with published versions.

Health & Social Care Partnership

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care to ensure joined-up, seamless services. In 2015 the Integrated Joint Board (IJB) was established as a separate legal entity.

The Executive Manager – Housing is represented on the Strategic Planning Group to actively promote the housing sector's role in health and care integration. The Chief Executive of Hjaltdland Housing Association is also a member of the Strategic Planning Group.

National Outcomes

The national health and wellbeing outcomes to be delivered through integration set out 9 specific outcomes. Outcome 2 is of particular relevance to setting out the housing contribution.

⁹ http://www.shetland.gov.uk/housing/policies_housing_strategy.asp

¹⁰ http://www.shetland.gov.uk/housing/policies_housing_need.asp

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

Locality Planning

Locality planning has been established and unified in Shetland at a Community Planning level. This means that strategic documents such as the LHS reflect the same 7 localities. This will allow for integration of services operationally as the local implementation plans develop.

Delegated Function

The Act sets out a range of health and social care functions, including functions under housing legislation which 'must' or 'may' be delegated to the IJB. These are contained in the Health and Social Care Integration Scheme approved in June 2015.

The housing functions that are delegated to the IJB are:

- Housing Adaptations (General Fund and Housing Revenue Account) – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living. The General Fund adaptations are carried out by Hjaltdland Housing Association through their One-Stop-Shop and are for owner occupiers and tenants of private landlords. The Housing Revenue Account is where any adaptations for tenants of Council houses are funded.

Other housing functions which have a close alignment with health and social care outcomes but are not part of any delegated functions are:

- Housing support services and homelessness
- Other broader strategic functions to address future housing supply, specialist housing provision and measures to address fuel poverty.

Local Housing Strategy

The Local Housing Strategy (2011-2016) sets out the vision for Housing in Shetland:

“to work in partnership to enable everyone in Shetland to have access to: A choice of affordable housing options across all tenures that are warm and safe, energy efficient and in keeping with the Shetland environment, of good quality and in good repair, able to meet demand and the particular needs of households in inclusive and vibrant communities.”

The Local Housing Strategy sets out 5 key themes/priorities:

- Future Housing Supply
- Fuel Poverty

- Housing Support/Housing for an Ageing Population
- Homelessness
- Private Sector Housing

All of the key themes of the LHS are relevant to the HCS.

Key Issues for Shetland

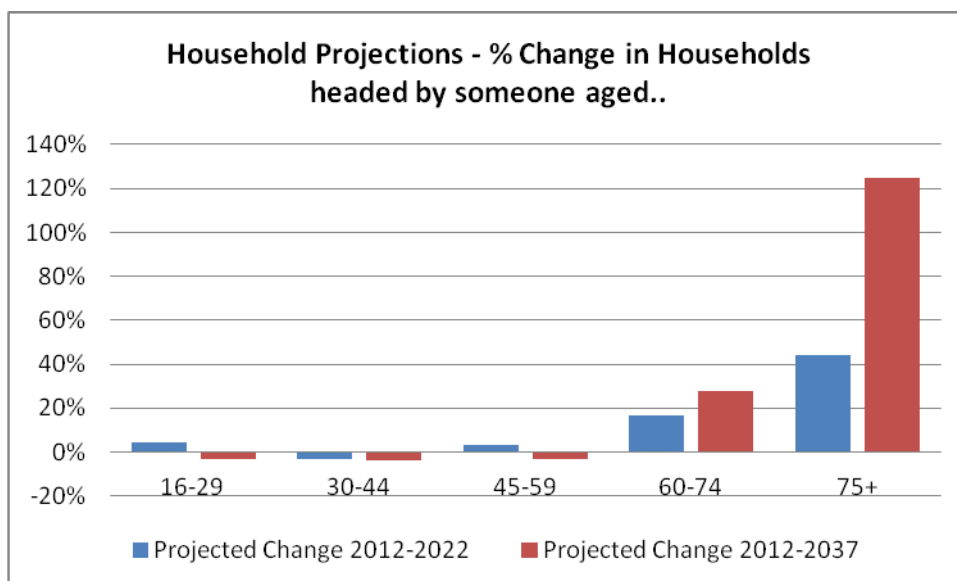
Housing Profile

Population	<ul style="list-style-type: none"> • 23,230¹¹ • 3,946 (17%) aged over 60 years
Households	<ul style="list-style-type: none"> • 10,201 • 9.8% increase 2004-2014 • Average household size 2.26 • 3.8% decrease 2004-2014
Household Composition	<ul style="list-style-type: none"> • 33% single adult households¹² • 58% small family households • 8% large family households
Dwellings	<ul style="list-style-type: none"> • 10,950 • 8.2% increase 2004-2014
Completions	<ul style="list-style-type: none"> • Annual average 94 (2010-2015) • 47% Affordable housing • 53% Private housing
Tenure	<ul style="list-style-type: none"> • 65% Owner occupied • 24% Social rented • 9% Private rented • 2% other
Specific needs	<ul style="list-style-type: none"> • 83% of the population do not consider that they are limited by a disability¹³
Specific Housing Provision	<ul style="list-style-type: none"> • 273 sheltered houses (social rented) • 25 extra care units (social rented) • 15 Homes for Life units (social rented in pipeline)
Adaptations	<ul style="list-style-type: none"> • 223 adaptations to private sector properties through Scheme of Assistance since 2011 • 70% to provide level access shower • 15% to provide ramped access • 8% both shower and ramp provision • 3% to provide WC upstairs/downstairs • 3% extension/conversion • 1% driveway/external access • Adaptations to Council properties in graph below

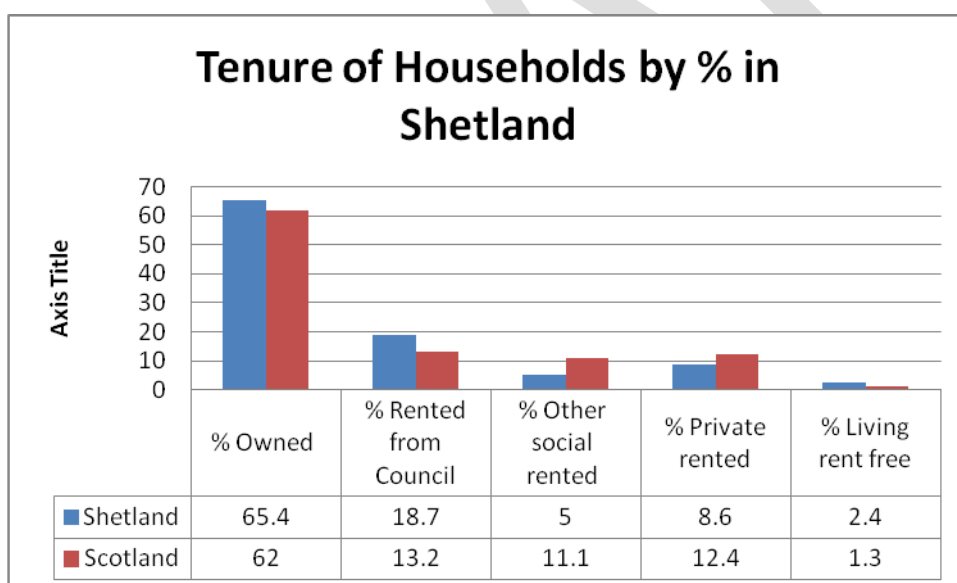
¹¹ GRO Scotland mid-2014

¹² National Records of Scotland 2012

¹³ Census 2011



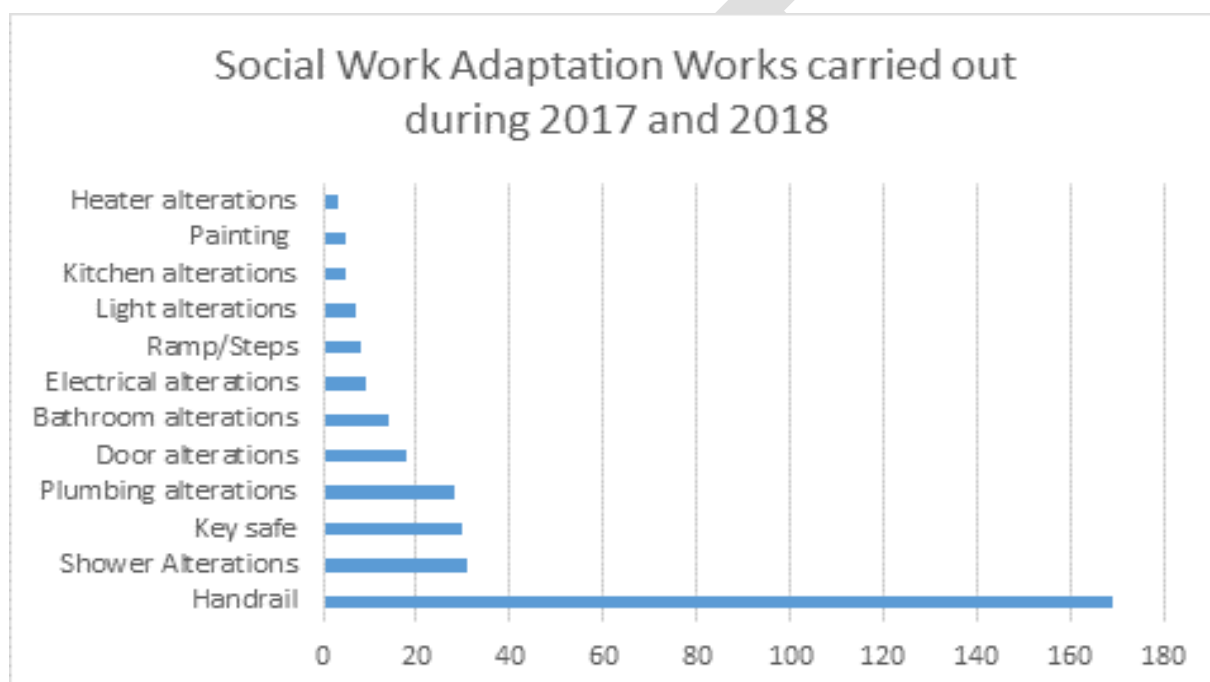
Source National Records Scotland



Source: Census 2011

Age group	Total no.	Day to day activities limited a lot	Day to day activities limited a little	Day to day activities not limited
65-74	2143	266 (12%)	505 (24%)	1372 (64%)
75-84	1178	337 (29%)	398 (34%)	443 (38%)
85 and older	456	265 (58%)	123 (27%)	68 (15%)

Source 2011 Census



Housing Contributions to Integration

- Encourage future housing supply that is the right size and in the right location across all tenures; built to modern standards and future-proofed design, mainstreaming of barrier-free, dementia friendly design and promoting provision for the use of assistive technologies.
- Moving away from 'sheltered housing' and 'very sheltered housing' labels to provide more flexible solutions through accessible housing, homes with support and homes for life.
- Developing better shared assessment processes with health and care teams in localities to link with housing support plans and housing allocation process.

- Reviewing the housing allocations policy to ensure that it continues to match people with housing that is suitable for their needs.
- Developing a housing options approach which would assist with longer term planning and anticipating future needs by fostering a prevention/early intervention approach to housing need. This will include developing a range of information and advice access points in partnership with a range of agencies in all localities.
- Providing a flexible and adaptable housing support service in all localities.
- Anticipate an increase in the number of adaptations required. The range and flexibility of adaptations should be reviewed to enable choices and to allow for future planning to happen as early as practicable. Timescales and priorities for adaptations to be kept under review.
- Increase the number of accessible houses in the Council's housing stock. There is a template for this from the North Isles pilot project.
- Integrating telecare and telehealth technology with provision of adaptations
- Review and develop the Handyman service for all tenures
- Recording and analysing a range of data and indicators on housing need, demand and provision to provide a robust baseline of future and anticipated needs.

Challenges

Demographic – projected rapidly ageing population will present a universal challenge in terms of delivering services to meet projected increased demands.

Financial – continued financial pressure on public sector budgets will present a number of challenges going forward. Changes to welfare benefits will continue to impact on the housing sector.

Knowledge – there is a real need to develop better, shared baseline information about the housing and support needs of people with long term, multiple health conditions and complex needs.

Support needs – demographic change suggests that there will be a small but significant number of people who will require intensive levels of support and care. This will bring challenges in a small, mainly rural local authority where availability of specialist services may not always be locality based. There is also likely to be an increase in the demand for lower level housing support to enable people to sustain their own tenures and allow them to continue to be supported at home as far as is practicable.

Housing Stock – Shetland has an imbalance in its housing stock with a prevalence of larger sized properties whereas demand is currently for smaller properties. There are also more ‘sheltered’ properties in landward areas and a lack of such provision in the town. Work has been done on a pilot project to demonstrate that accessible conversions can be carried out to stock in a cost effective way.

Resources

Housing Adaptations General Fund	£355k
Housing Adaptations HRA	£104k
Total	£459k

There are no plans for any staff with responsibility for housing functions to be transferred to the health and care partnership. Close partnership working will be essential, both strategically and operationally to ensure that housing’s contribution can be achieved.

The General Fund adaptations are delivered through an agreement with Hjaltdland Housing Association through a ‘one-stop-shop’. This model has successfully provided a range of adaptations. With projected increased demand for adaptations to enable people to stay in their own homes, resources for aids and adaptations are likely to require close monitoring and review.

Programmes of maintenance and investment in housing stock has ensured that tenants in social rented sector have homes that meet the Scottish Housing Quality Standard. Continued planned investment will focus on energy efficiency which makes a significant contribution to health inequalities.

The Council and Hjaltdland Housing Association (HHA) work in partnership to deliver the Strategic Housing Investment Plan which is the development of a new build programme to meet the needs and priorities identified through the LHS. The current new build plan contains provision for the proposed Homes for Life development at King Harald Street, Lerwick. HHA have completed a master-planning exercise on the site at Staneyhill, Lerwick and there may be opportunities to include specialist provision in the planned development as that takes shape.

Monitoring and Review

This statement forms the link between the LHS and the SCP. Actions will be reviewed jointly through monitoring arrangements for both documents.

Anita M Jamieson

Executive Manager – Housing

March 2019

Appendix 4, Schedule of Services and Directions

The pooled budget envelope for each theme in the Strategic Plan will be prioritised and detailed budget allocation will be made for the services to be delivered by the Parties under the direction of the IJB in line with the agreed priorities set out in the Strategic Plan and any associated strategic planning documents. The existing Directions will be updated to reflect the priorities and expected outcomes of this Strategic Plan.

Service	Direction	Reference
Mental Health	January 2019	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=23531
Substance Misuse	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Oral Health	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Pharmacy & Prescribing	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Primary Care	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Community Nursing	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Sexual Health	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Adult Services	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Adult Social Work	July 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21151
Community Care Resources	July 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21151
Criminal Justice	July 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21151
Speech & Language Therapy	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Dietetics	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833

Podiatry	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Orthotics	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Physiotherapy	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Occupational Therapy	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Health Improvement	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Unscheduled Care	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Renal	December 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21833
Unpaid Carers	July 2017	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=21151
Domestic Abuse and Sexual Violence	January 2019	http://www.shetland.gov.uk/coins/submissiondocuments.asp?s submissionid=23530

Appendix 5, Impact Assessment

Part 1 – Background Information

Name of Responsible Authority	Shetland Integration Joint Board, NHS Shetland and Shetland Islands Council
Title of Plan, Programme or Strategy (PPS)	Joint Strategic Commissioning Plan 2019-2021
Contact Name, Job Title, Address, Telephone Number and email	Simon Bokor-Ingram Director of Community Health and Social Care NHS Shetland Board Headquarters Burgh Road Lerwick, Shetland ZE1 0LA Telephone: 01595 743087 Email: simon.bokor-ingram@nhs.net
Signature	
Date of Opinion	February 2019
Purpose of PPS. Please give a brief description of the policy, procedure, strategy, practice or service being assessed.	The purpose of the plan is to show how the whole system of health and social care in Shetland is working towards improving the health and wellbeing of the people of Shetland, as set out in the national health and wellbeing outcomes.
Why PPS was written What is the intended outcome of this policy, procedure, strategy, practice or service?	Joint Strategic planning document for Integrated Joint Board (IJB) business. Statutory requirement for IJB when planning services.
Period covered by PPS	3 financial years from 2019 to 2022.
Frequency of Updates	Annual
Area covered by PPS (geographically and/or population)	Shetland
The degree to which the PPS sets a framework for projects and other activities, either with regard to the location, nature, size and operating conditions or by allocating resources.	The Plan will set a framework for all service activities including planning change and delivery within localities and decisions on resource deployment.
The degree to which the PPS influences other PPS including those in a hierarchy.	Overarching strategic planning document for integrated health and care services, and for NHS Service Planning. The overall objective of the Plan is to set out how to best deliver safe, high quality and effective services to meet the needs of the local community.
Summary of Content	It is a strategic commissioning plan which is structured around the client groups / services that are included within the delegated authority of the IJB. In addition, it includes plans for NHS non-integrated services to provide a single Joint Strategic Commissioning Plan for health and social care in Shetland.

Part 1 – Background Information (continued)

Objectives of PPS	To improve national health and wellbeing outcomes for people in Shetland through the joint commissioning of services that are included within the delegated authority of the IJB, and as a single system approach to health and care service planning through NHS Shetland. The overall objective of the Plan is to set out how to best deliver safe, high quality and effective services to meet the needs of the local community.
What are you trying to achieve?	Service delivery and redesign to improve health and wellbeing outcomes.
Is this a new or an existing policy, procedure, strategy, practice or service being assessed?	Existing strategic plan updated.
Please list any existing documents which have been used to inform this Integrated Impact Assessment.	Draft Ethnic Minorities Health Needs Assessment for Shetland 2017 The needs assessment and consultative elements of Older People's Strategy and Primary Care Strategy.
Has any consultation, involvement or research with people impacted upon by this change, in particular those from protected characteristics, informed this assessment? If yes, please give details.	<p>Yes in relation to specific client groups. For example, a health needs assessment for Minority Ethnic People in Shetland is underway. Initial findings show an increase in numbers of people from ethnic minority backgrounds in Shetland.</p> <p>Health Improvement: ongoing consultation / dialogue with people with learning disabilities, lower paid men in mainly manual type work, people of ethnic minorities, people with mental health issues.</p> <p>Adult Services for Learning Disability and Autism – Progression of the Day Services New Build (Eric Gray Resource Centre)</p> <p>Stakeholder engagement has taken place in the form of regular meetings and consultation with the Eric Gray Users Group; the new Eric Gray Resource Centre Working Group which includes nominated family, carers and users.</p> <p>Occupational Therapy</p> <p>Informal feedback from clients and stakeholders has helped us to define areas for improvement.</p> <p>Primary Care</p> <p>Issues of importance to local communities have been identified through the round of locality planning meetings. Additional service specific information has been held by engagement with various groups eg patient satisfaction survey for Advance Nurse Practitioner service at Lerwick Health Centre. General satisfaction survey across all of District Nursing and Continence Service.</p> <p>Discussions with community councils on health issues.</p> <p>Podiatry Services produce annual patient satisfaction surveys for a% of caseload. Feedback from survey enables service to produce and implement action plans.</p>

<p>Is there a need to collect further evidence or to involve or consult people, including those from protected characteristics, on the impact of the proposed policy? (example: if the impact on a group is not known what will you do to gather the information needed and when will you do this?)</p>	<p>Ongoing process of needs assessment in Health Improvement. It is clear from the Ethnic Minority Health Needs Assessment that statutory services in Shetland do not routinely collect enough data on protected characteristics, such as ethnicity, to be able to judge the accessibility and appropriateness of current services, let alone proposed changes to services. The EMHNA will recommend further work to fill this gap in future.</p> <p>The audit of Adult Service Learning Disability and Autism service included engagement with people with learning disability, autism spectrum disorder, families and carers through meetings and gathered feedback. The implementation of the findings includes service user input and family representation on the project team. Further engagement work will be undertaken with island communities to explore / discuss sustainable service models for the future.</p> <p>The PPF will be used to discuss changes in nursing services based on the outcome of the national review of District Nursing services. Podiatry service will continue to use both formal and informal feedback from service users to redesign and develop service provision.</p>
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Part 2 – People and Communities

	Impact Positive, Negative, No impact or Not Known	Next Steps
Economic	<p>No impact / positive.</p> <p>In Health Improvement all our programmes are adapted to suit individual circumstances as far as possible.</p> <p>For Primary Care; not known at this stage – potential negative impact if reduction of employment in small communities through changes in service provision / increased use of technology.</p>	<p>Discussions with partner agencies / other stakeholders as part of service review.</p> <p>We will use the recommendations contained in 'On Da Level' (the report of the Shetland Inequalities Commission, 2016) in assessing the impact of proposed service changes.</p>
Cultural	<p>Primary Care – potentially negative; communities may perceive changes in service provision as having negative impact on their culture.</p> <p>It is possible that significant changes in service provision may encourage community activism and an increase in communities taking ownership of and responsibility for health and social care.</p>	<p>Discussions with stakeholders as part of service reviews and engagement with communities in any major service change.</p> <p>Support for community initiatives and 'capacity building' in conjunction with Community Development and Learning and the Third Sector.</p>
Environmental	<p>There may be an increase in travel required if services are delivered further away from local communities. However the programme to return services to Shetland from Grampian and elsewhere may counterbalance this, alongside the increasing use of technology for routine appointments and checks.</p>	<p>We will ensure that all changes in service provision are considered with regard to impact on environment.</p>

	Impact Positive, Negative, No impact or Not Known	Next Steps
Poverty	No impact / positive. Primary Care – not known, may have negative impact if changes in access to services rely on car ownership or availability of public transport.	We will use the recommendations contained in 'On Da Level' (the report of the Shetland Inequalities Commission, 2016) in assessing the impact of proposed service changes. We recognise that services may need to be adapted to individual circumstances to ensure that fewer people in Shetland live in poverty. Engagement with communities in any major service change.
Health	No impact / positive. As services are more targeted in their approach to the provision of services to those in greatest need.	
Stakeholders	No impact / positive. Primary Care	Discussion with partner agencies / other stakeholders as part of service review.

Equalities

	Impact Positive, Negative, No impact or Not Known	Next Steps
Ethnic Minority Communities (consider different ethnic groups, nationalities, language barriers)	We are not aware of any impact – positive or negative – at present.	Completion of EMHNA may allow an assessment of impact. It is likely that more complete data recording and engagement with people from ethnic minorities will be required to properly assess the impact of changes to services
Gender	No impact / positive	
Gender reassignment (consider transgender and transsexual people. This can include issues such as privacy or data and harassment).	No impact / positive	
Religion or Belief (consider people with different religions, beliefs or no belief)	No impact / positive	
People with a disability (consider attitudinal, physical and social barriers)	No impact / positive	
Age (consider across age ranges. This can include safeguarding, consent and child welfare)	No impact / positive	
Lesbian, Gay and Bisexual	No impact / positive	
Pregnancy and Maternity (consider working arrangements, part-time working, infant caring responsibilities)	No impact / positive	
Other (please state)	No impact / positive	

Part 3 – Resources

	Impact Positive, Negative, No impact or Not Known	Next Steps
Staff	Positive / Negative. Staff in some services will have to spread themselves more thinly with few resources	
Finance	Positive / No impact. We will continue to deliver within current or available resources. Some services identify that savings still need to be identified.	Investigating alternative methods of service delivery
Legal	Positive / No impact.	
Assets and Property	Not known currently but potentially opportunities for sharing assets and property through integration, especially at locality levels.	Consider as part of all developments being progressed.

References

NHS Shetland Annual Operating Plan 2018-19

<https://www.shb.scot.nhs.uk/board/documents/OperationalPlan-20182019.pdf>

Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie. Published on 29 June 2011.

<http://www.gov.scot/Publications/2011/06/27154527/0>

A National Clinical Strategy for Scotland, The Scottish Government, February 2016

<http://www.gov.scot/Publications/2016/02/8699>

Shifting the Balance of Care

<http://www.shiftingthebalance.scot.nhs.uk/>

<http://www.shiftingthebalance.scot.nhs.uk/evidence-and-good-practice/published-evidence/>

Chief Medical Officer's Annual Report 2014-15, 'REALISTIC MEDICINE'

<http://www.gov.scot/Resource/0049/00492520.pdf>

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<http://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf>

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

http://www.shetland.gov.uk/equal-shetland/documents/OnDaLevel_Full_Version_13_April_16.pdf

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http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151203_health_socialcare.pdf

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Healthcare Quality Strategy for NHS Scotland

<http://www.gov.scot/resource/doc/311667/0098354.pdf>

Kings Fund, New Zealand's quest for integrated care

<https://www.kingsfund.org.uk/audio-video/nicholas-timmins-canterbury-new-zealands-quest-integrated-care>

Kings Fund, Nuka System of Care, Alaska

<https://www.kingsfund.org.uk/publications/population-health-systems/nuka-system-care-alaska>

Health Foundation, 10 Things you need to consider when building a healthcare workforce in remote areas

<http://www.health.org.uk/newsletter/10-things-you-need-consider-when-building-health-care-workforce-remote-areasTBC>

Draft North of Scotland Plans including E'Health and Workforce

(not yet published)

The Kings Fund: A vision for population health: Towards a healthier future

<https://www.kingsfund.org.uk/publications/vision-population-health>

ENDS

Overview

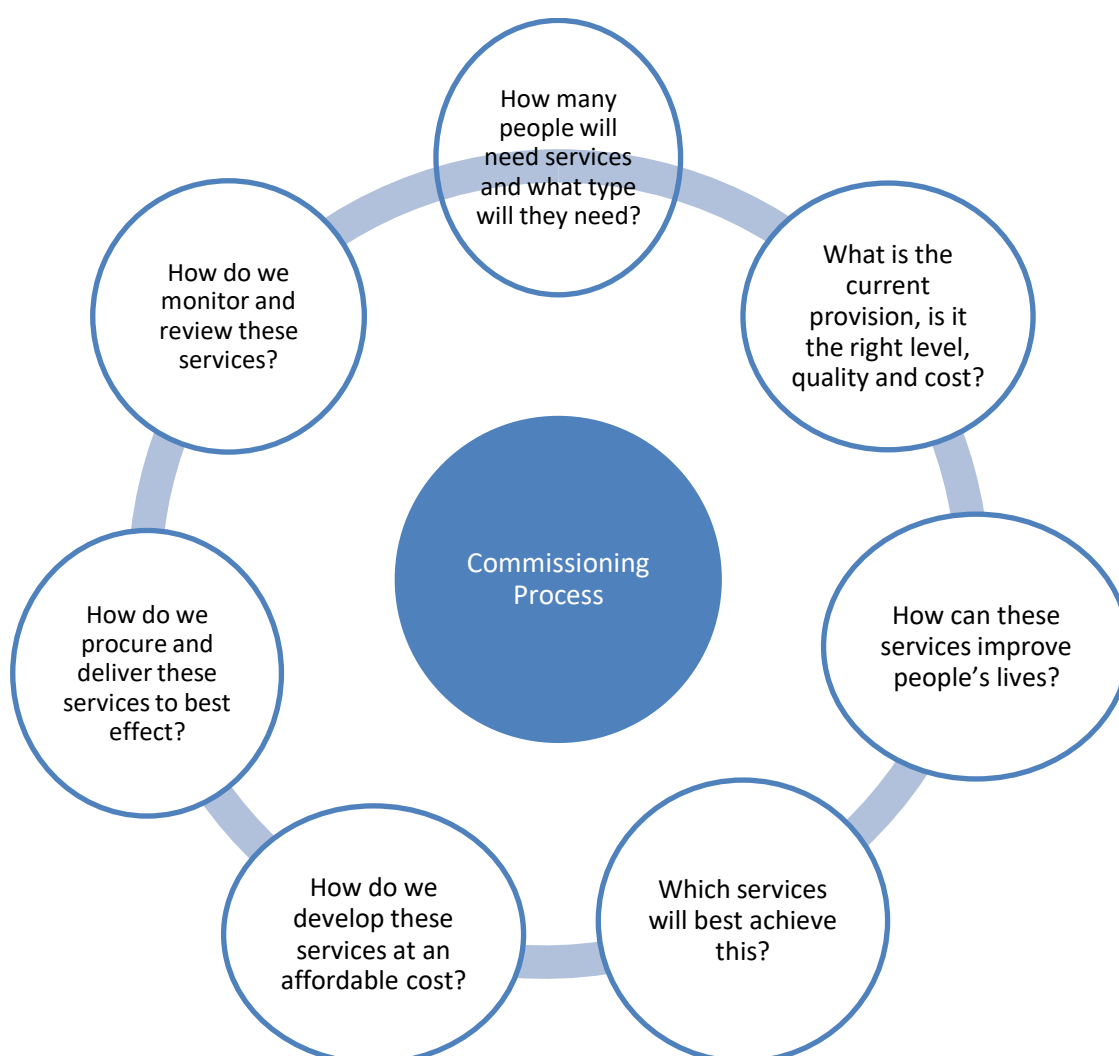
The 'Commissioning Process'

The process that we are going through is trying to make sure that we use all the resources at our disposal (staff, assets, information, treatments, etc) to best meet people's outcomes. In IJB terms it is called the 'commissioning process'.

The 'Commissioning Process' has 5 key stages:

- assessing and forecasting needs
- linking investment to agreed outcomes
- considering options
- planning the nature, range and quality of future services
- working in partnership to put these in place

as shown in the diagram below.



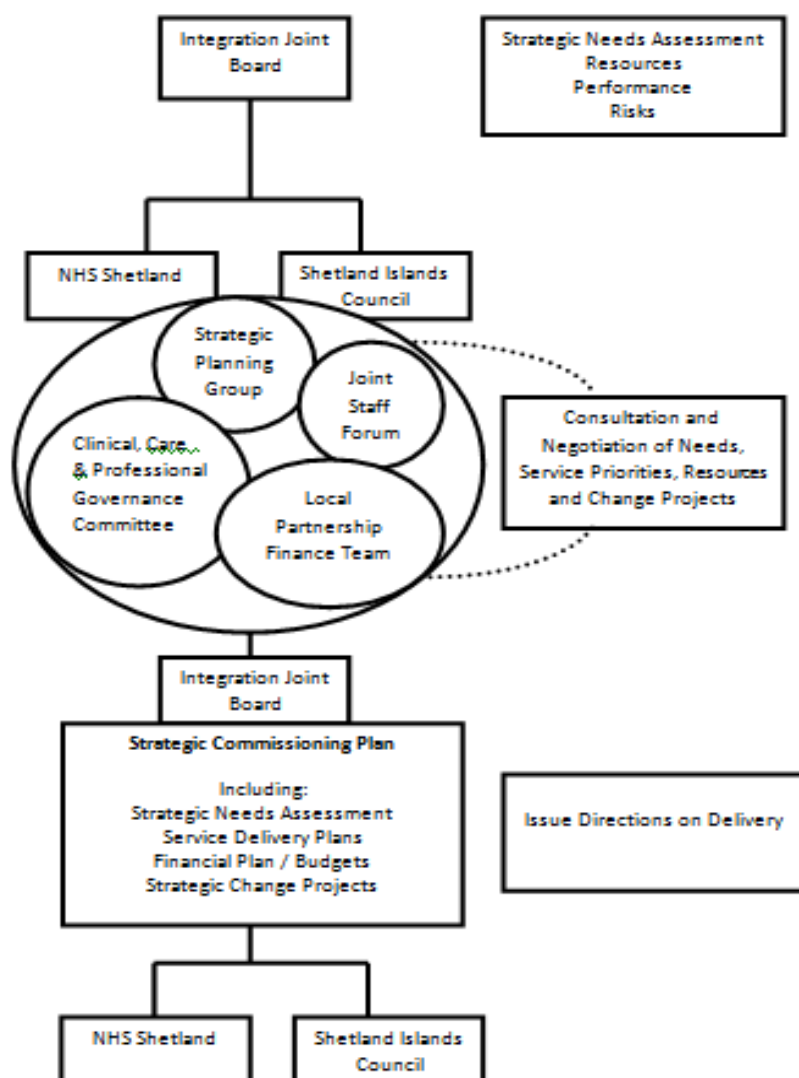
The Timeline and Process

The Public Bodies (Joint Working) (Scotland) Act 2014 Section 33 sets particular requirements for the preparation of a strategic plan for health and social care integration. It states that integration authorities must:

- prepare proposals for what the strategic plan should contain and seek the views of the Strategic Planning Group
- take account of the views of the Strategic Planning Group and prepare a first draft of a strategic plan for further consultation
- prepare a second draft of the strategic plan taking account of views expressed and further consult with persons it considers appropriate
- when finalising the plan, take account of any views expressed during consultation.

NHS Shetland has delegated responsibility for strategic planning for all services to the IJB.

The diagram below shows the relationship between the IJB and its funding partners, NHS Shetland and Shetland Islands Council. The relationship can best be described as an iterative process of collaboration between the partners, to get the best balance of resources, service performance and risk to meet identified need.



An overview of the process and timeline of developing the Plan is outlined below.

	Quarter 1 May – June	Quarter 2 August – September	Quarter 3 October – December	Quarter 4 February - March
	Looking back on what's actually been done and learning from that.	Planning for the year ahead, what do we want to achieve and why.	Resourcing the plans through budgets, workforce plans, asset plans, etc.	Approval of the Plans and Resources for the year ahead.
Strategic Planning	Annual Performance Report Needs Assessment Update	Draft Plan for Consultation	Consultation on Draft Plan	Approval of Strategic Plan

This forms part of the overall approved Planning and Performance Framework (Appendix

A).

The stage by stage process of developing the Strategic Plan is set out below.

Timeframe	Element	Task	Responsibility
Quarter 1	Annual Performance Report	Annual assessment of performance, gaps and changing demands.	Head of Planning and Modernisation
	Needs Assessment Update	The Needs Assessments are done at Locality Levels and kept up to date on an annual basis	Senior Planning & Information Officer
		An overview of the Needs Assessment is prepared to inform the update of the Plan.	Head of Planning and Modernisation
		The Needs Assessments are checked for significant change / variation	Public Health Principal
Quarter 2	Draft Plan	Prepare Draft Plan for Consultation, with the Strategic Planning Group	Head of Planning and Modernisation
		Seek approval on Draft Plan from IJB, NHS Board and SIC Policy and Resources Committee and Council	Head of Planning and Modernisation
Quarter 3	Consultation Phase	Draft Plan subject to consultation with groups, committees as approved.	Head of Planning and Modernisation.
		Maintain Consultation Log	Head of Planning and Modernisation
		Maintain Version Control of Draft Plan and amendments	Head of Planning and Modernisation
		Prepare Final Draft Plan for approval, with the Strategic Planning Group	Head of Planning and Modernisation
Quarter 4	Approval Phase	Final Draft of Plan presented for approval to IJB, NHS Board and SIC Policy and Resources Committee and Council.	Head of Planning and Modernisation.

Stakeholders

In broad terms, it is best practice for the Plan to be co-produced with a range of stakeholders, including:

- patients / service users
- unpaid carers and their families
- staff
- partner organisations
- communities / localities

The formal structure of the IJB governance arrangements ensure that all these groups are represented within the decision making arrangements, in particular:

- the Strategic Planning Group

- the Joint Staff Forum and
- the Clinical, Care and Professional Governance Committee

The key group for the development of the Strategic Plan is the Strategic Planning Group. The Strategic Planning Group includes a wide membership from:

- Users of health care
- Users of social care
- Carers of users of health care
- Carers of users of social care
- Commercial providers of health care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Non-commercial providers of health care
- Health professionals
- Social care professionals
- Third sector bodies carrying out activities related to health or social care
- Members nominated by the Local Authority or the Health Board, or both
- Representatives of the interests of each locality
- Other persons the Integration Authority considers appropriate, such as Local Authority housing colleagues

The main role of the Strategic Planning Group is to shape, influence and review the Strategic Plan.

The Group has been involved at each stage of the process of developing the Plan and has 'signed off' each of the stages before the documents were presented to the IJB (and others) for formal approval.

The consultation stage sought input and feedback from the groups listed in the table below, which also provides a note of the key purpose of that group and their involvement in the strategic planning process.

Entity	Purpose
Area Clinical Forum	<ul style="list-style-type: none"> • Professional Advice from all the professional staff groups • Engagement and involvement of the professional staff groups in the decision making arrangements
Area Partnership Forum	<ul style="list-style-type: none"> • Provide the main forum where representatives of trade unions, professional organisations and management of Shetland NHS Board work together to have early input into, and influence over the strategic decision making affecting service planning, change and development.
Public Focus Patient Involvement Steering Group	<ul style="list-style-type: none"> • Patient Focus Public Involvement (PFPI) is about everyone working together to improve the way local health services are planned and delivered.
Shetland Public Engagement Network	The Public Engagement Network will exist to support and inform the work of the PFPI Steering Group and the Patient and Service User Representatives on the IJB. This will be done by ascertaining and expressing the views of the Shetland Public on current and

	proposed health and social care services.
Staff Governance Committee	<ul style="list-style-type: none"> The role of the Staff Governance Committee is to support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the Board and is built upon partnership and collaboration.
The Strategic Planning Group	<ul style="list-style-type: none"> How will the proposals improve people's lives (Health and Wellbeing Outcomes)? How will the proposals contribute to the Strategic Commissioning Plan's objectives? Have all appropriate delivery mechanisms been considered? Do the proposals represent the best mix of service, quality and cost?
The Joint Staff Forum	<ul style="list-style-type: none"> That appropriate consultation and engagement with affected staff (direct and indirectly affected) has taken place at all stages That effective engagement with staff has informed the proposal That all relevant employment law and policies have been considered in the development of the proposals
The Local Partnership Finance Team	<ul style="list-style-type: none"> Is the proposal in line with the Strategic Financial Plan, including any savings plans / efficiencies? Have all the financial risks been identified and addressed? Has the funding mechanism been agreed by all parties? Does the proposal represent value for money?
The Clinical Care and Professional Governance Committee	<ul style="list-style-type: none"> That the proposals are based on sound evidence that best meet the identified needs That the proposals are safe and will secure appropriate levels of quality That all the relevant risks have been identified and managed That effective engagement with service users and staff have informed the proposal

The Process in Detail

The first of the Strategic Plans presented and approved in response to the requirements of the Public Bodies (Joint Working) Act 2014 consisted more of an amalgamation of service plans, rather than an overarching strategic plan. An NHS Shetland Internal Audit Report in 2016 recorded the following improvement actions:

There are a number of strategies in place, such as the Clinical Strategy, that cover the same activity as the service plans, but at a more strategic level, these strategies are not considered during the strategic planning process;

NHS Shetland has not identified where they will document the actions required to achieve the strategic objectives and how these will be monitored by management and the Board;

No financial context has been provided for NHS Shetland or the IJB, and limited financial information was available during planning; and

No performance measures were identified within the SCP, which has resulted in there being no mechanism in place for NHS Shetland to measure and demonstrate achievement against the strategic objectives.

In February 2017, approval was given to the current version of the Strategic Plan. The main outstanding matter related to the extent to which the Strategic Plan was aligned with the Financial Plan.

A self assessment against the Government's best practice was undertaken in the summer of 2017.

In September 2017, approval was given for an annual refresh to the Strategic Plan, in line with best practice. The key improvement areas were highlighted as:

- use the Plan as a communication and engagement tool, to all stakeholders;
- be clearer on implementation plans;
- be produced under the principles of coproduction, including with localities;
- have better clarity on the service impact of resourcing decisions.

At this point the Strategic Plan and Financial Plan remained unaligned.

The process of refreshing the Plan was then put on hold as NHS Shetland arranged to carry out a series of Scenario Planning workshops, to help shape future services.

From the Scenario Planning process, we were able to include a clear statement of the Future Service Models.

At the same time, the North of Scotland regional plan (now Discussion Paper) was being developed.

Recently, the Shetland Partnership has approved a Shetland Partnership Plan.

The outputs from those discussions and plans have been included in the update of the Strategic Plan.

In the autumn of 2018, approval was given for a Draft Strategic Plan for consultation with key stakeholders.

Summary of Key Findings

An overview of the key issues highlighted during the development of and consultation on the Draft Strategic Plan is set out below.

Criteria	Evidence
Evidence Based	Built on National and Regional Policy Direction
	NHS Shetland Scenario Planning 2018
	Public Health Needs Assessment
	Plan evaluated by Public Health Consultant (Volunteer)
Safe Services	Focus on changes to 'ways of working' rather than service delivery models
	Well aligned to relevant national policy documents and direction
	Outcome focused, rather than inputs
	Health and Wellbeing Outcomes and Integration Principles founded in law
	Change Projects managed through formal groups / committees
	Request to include sections on Child Health ('Getting the Best Start in Life') and on Mental Health to make sure the Plan covered all health services.
Risk	Risk Register presented in support of 2017-20 Plan, which have not significantly changed, are around: <ul style="list-style-type: none"> - governance - partnership working - finance The Risk Register was developed in a workshop with IJB members and is reported regularly to the IJB (annual update, quarterly performance)
Engagement	Focus on internal consultation
	Scenario Planning was attended by 50-70 people, from a broad range of services and stakeholders
	The consultation draft has been submitted to a range of groups and committees
	The Shetland Partnership Engagement Network, supported by the Scottish Health Council, are actively supporting the communications team to develop material to describe the themes of the plan (using a project approach, eg Diabetes) and videos of clinicians, where appropriate.
	Formal approval sought at all stages
	No formal public engagement to date

Evidence Base

The Strategic Plan 2017-20 includes details on population needs assessment, by locality areas - http://www.shetland.gov.uk/Health_Social_Care_Integration/Localities.asp

The purpose of the analysis was to determine if the service model needed to flex to respond to different needs in each locality.

There are issues around completeness and robustness of the data (often relying on how individual services record data) and small number variation.

The response from Public Health colleagues was that there were no significant issues which would require any adjustment to the current service models and there were no 'outliers' of need which would require a different service model.

The Report in September 2017 included a summary Needs Assessment, an overview of the data included in the Locality Profiles.

https://www.shb.scot.nhs.uk/board/meetings/2017/1003/20171003-2017_48.pdf

The conclusion again (checked by Public Health colleagues) was that the needs assessment did not highlight any significant issues which might influence the strategic direction.

In 2018, we made use of the Consultant in Public Health Volunteer to undertake an assessment of the Draft Plan. We asked him to consider if a formal whole population needs assessment would alter the direction of travel set out in the Draft Strategic Plan. His conclusion was that a formal needs assessment would not add value to the form and content of the Draft Plan.

For the most part, the Strategic Plan has been developed with reference to national and regional policy documents. We rely on those being evidence based as they are official policy documents.

Recently, there has been an opportunity to align the Strategic Plan with the Shetland Partnership Plan, which was developed from an evidence base of local indicators, highlighting improvements in outcomes to tackle inequality.

Safe Services

The purpose of the national policy statements is to ensure that health and care services achieve 'Better Care' and, through the Public Bodies (Joint Working) Act 2014, to deliver 'Better Integrated Care'.

The Strategic Plan has a focus on delivering to National Health and Wellbeing Outcomes and the Integration Principles, which is a legislative requirement through the Public Bodies (Joint Working) Act 2014.

The Strategic Plan is aligned with the Institute of Medicine's six domains of Healthcare Quality as set out in their document Crossing the Quality Chasm: A New Health System for the 21st Century. The six domains of quality healthcare are:

- Safe
- Effective
- Patient / Person Centred
- Timely
- Efficient
- Equitable

The definitions are set out below.

- Safe: Avoiding harm to patients from the care that is intended to help them.
- Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

- Patient/Person-centred: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Services are delivered in line with Scotland's Care Inspectorate standards as the national regulator for care services in Scotland. Care Inspectorate inspect the social work (and social care) services provided by local authorities and carry out joint inspections with partner organisations.

The Care Inspectorate exists to:

- provide assurance and protection for people who use services, their families and carers and the wider public
- play a key part in improving services for adults and children across Scotland
- act as a catalyst for change and innovation
- promote good practice.

Delivery of the Strategic Plan is supported by a whole range of related policies and strategies which address the specific needs, services and improvements required for specific service areas.

Specifically, this Plan develops the concepts set out in NHS Shetland's Clinical Strategy, "Creating Sustainability, Ensuring Resilience, Securing the Future", 2011-2014. The clinical strategy included the following themes, which are still relevant today:

- Reduce unnecessary patient journeys, particularly to Aberdeen;
- Integrate community and hospital services especially nursing;
- Develop a one stop shop approach to making appointments, starting with the hospital;
- Develop a more responsive mental health team;
- Strengthen resilience of healthcare on non-doctor islands;
- Remodel clinical staffing to respond to the national shortage of junior doctors and challenges to the recruitment and retention of staff.

The Draft Strategic Plan will also help to shape the approach to Realistic Medicine, which aims puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to service users so that the care of conditions fits people's needs and situation. 'Medicine' includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counsellors, physiotherapists and social work.

The policy concept diagram was included in the 2017 Plan and is replicated below.

Integration Joint Board							
Values / Quality Ambitions Person Centred Safe Effective Efficient Equitable Timely Sustainable Ambitious	NHS Scotland 2020 Vision The Scottish Government’s 2020 Vision for health and social care is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where: <ul style="list-style-type: none">- whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions;- we have integrated health and social care;- there is a focus on prevention, anticipation and supported self-management;- where hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm; There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk or re-admission.						In partnership with Patients Service Users Unpaid Carers Families Staff Professionals Partners Communities Public
	Delivering Health and Wellbeing Outcomes						
	Using Integration Principles						
Resources	Staff	Bought in Services	Money for Resources	Assets and Equipment	E’Health, Records and Information		Resources
Strategic Direction	Joint Strategic Commissioning Plan - Needs Assessment – Resources – Performance - Risk						Strategic Direction
Strategies	Primary Care Strategy	Shetland Mental Health Strategy	NHS Shetland Public Health	Changing Lives: Report of the 21 st Century Social Work Review	Shetland Clinical Strategy	Older People’s Strategy	Property and Asset Management Strategy
Government’s Health and Social Care Delivery Plan	Autism Spectrum Disorder Strategy	Carers’ Strategy	Reshaping Care for Older People: A Programme for Change	Domestic Abuse Strategy	Prescription for Excellence	Oral Health Strategy	Children and Young Peoples Integrated Strategic Plan
Keys for Life	Alcohol and Drug Strategy	National Dementia Strategy	Adult Rehabilitation	Realising Potential	Realistic Medicine	See Hear Strategy	Shetland Partnership Local Outcome Improvement Plan
National and Local Strategy for Autism	Allied Health Professionals National Delivery Plan	Intermediate Care Operational Plan	Prevention and Management of Falls	Integration Fund Plan	Unscheduled Care plan	Winter Plan	“On Da Level”, Achieving a Fairer Shetland
Service Delivery Plans:	Joint Strategic (Commissioning) Plan						Service Delivery Plans:
	Service Plans						
	Financial Plan / Budgets						
	Resources and Support Services						
	Change Management Projects						
Measured By (for assurance / improvement):	Performance Measures	Chief Social Work Officer Annual Report	Audits		Quality Reports		Measured By (for assurance / improvement):

The Board has in place a 'Transformational Change Programme Board' under the Chair of the Chief Executive to oversee the implementation of projects.

Any service change projects are supported through the normal clinical committees and advisory groups to ensure that any changes to service models or ways of working are assessed for Quality, Safety and Effectiveness.

Lead Executives are encouraged to undertake the work using formal project management documentation, systems and processes. This will include specific risk assessments for each project.

Arrangements are being developed to implement a Clinical Alliance to support the philosophy that changes to service models should be 'clinically led, management enabled'.

There can be lack of clarity on the purpose of the 'reviews' within the Strategic Plan. There can be tension between pace of change, the requirement to deliver financial savings and the ambition to do change using co-production techniques.

Risk

The 2017 Strategic Plan included a Risk Assessment section, set out below.

This has been taken into a formal Risk Register, which is reported to the IJB in the quarterly performance reports.

The Risks are updated on an annual basis.

It is considered that the risks, as set out in 2017, remain valid.

"The things which might go wrong and mean that we are unable to, or are less successful in being able to, deliver what we are trying to achieve include:

- *the governance arrangements detracting from rather than supporting a journey towards 'single system' working across health and care services;*
- *the scale of the financial challenges and extent of the Government's ambition to modernise public services not being well understood when decisions about changes to specific service areas are required;*
- *the individual needs of each of the partner organisations being greater than the partnership agreement in influencing how services are designed and delivered;*
- *this Strategic Commissioning Plan not adequately reflecting the transformational change required to build sustainable and affordable health and care services for Shetland;*
- *the need for transformational change not being effectively understood or communicated to all stakeholders;*
- *the pressure to address short term needs is greater than planning what needs to change to create a sustainable future;*
- *spending decisions being based solely on historical service models rather than those we need to develop for now and into the future;*
- *insufficient staff, or ability to recruit and retain staff with the necessary skills;*

- *lack of leadership in the transformational change agenda, including insufficient clarity of purpose;*
- *cultural differences around extent to which staff on the ground are able to make decisions and choices around flexible, integrated and person-centred health and care services without recourse to management;*
- *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;*
- *legal impediments around records management which may limit the extent to which each partner organisation can pro-actively support data sharing arrangements for front line staff;*
- *the Strategic Commissioning Plan may be seen as a stand-alone document which does not get converted in achievable delivery plans;*
- *there may be insufficient staff time to undertake all the strategic projects in the timeframe suggested as staff have to balance their time between operational matters and development work and day to day service delivery matters will always take priority;*
- *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.”*

Engagement

The focus of the consultation has been internal; there has been limited direct engagement with localities and communities in the development of the Strategic Plan.

The Scenario Planning workshops did, however, generate interest from a broad range of stakeholder interests.

A Communications Plan is being developed to support the explanation and implementation of the Strategic Plan.

In 2017, there was a specific proposal to undertake a co-production project with the isles of Yell, Unst and Fetlar on the future of their health care services but this has not been progressed as a full co-production exercise (as yet). Specific pieces of work are being taken forward across community health, social care and health improvement.

[A separate co-production exercise is underway in Bressay, led by the Chief Nurse (Community) which is exploring innovative solutions to care on a non-Doctor island].

A consultation log has been maintained and is included in a separate Appendix.

A separate meeting has been held with the Third Sector Forum, whose members are keen to make links and be seen to be a more integral part of the health and care service offering.

The themes of the Plan were put up on the wall in the Board HQ offices at Montfield (photo below).



Comments were sought from staff and recorded on Post It Notes and a log of issues raised was maintained.

Appendix A, Planning and Performance Reporting Schedule

Topic	Report	Frequency	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Meeting			NHS Board		NHS Board		NHS Board		NHS Board		NHS Board		NHS Board	
Development Session								Dev		Dev		Dev		Dev
Strategic Planning	Joint Strategic Plan	3 Year, annual refresh							Process		Draft		Final Approval	
	Operational Plan	Annual			Approval								Draft	
	Local Outcome Improvement Plan	10 Year, 3 year refresh			Approval									
	Regional Delivery Plan	NEW			Approval									
Performance	Key Performance Indicators	Quarterly ¹			Jan-March Q4		April – June Q1				July-Sept Q2		Oct-Dec Q3	
	Progress Reports on Action Plans	Quarterly			Jan-March Q4		April – June Q1				July-Sept Q2		Oct-Dec Q3	
	Annual Report: LOIP	Annual					Review							
	Annual Report: IJB	Annual			Review									
	'Focus In On...'	Ad Hoc,												

¹The indicators which are available annual will be reported at the first opportunity following publication

Appendix C, Consultation Log

Entity	Date	Purpose	Comments
TCPB	20 September	Review	Amend diagram of Whole System to include 'Acute and Specialist Services' and re-order the streams to put 'Agnes' at the centre.
IJB	21 September 2018	Approval	JG page 17, add in at paragraph 2, "including receiving training appropriate to the needs of those they care for". Include an explanation of 'Agnes' and what that means in a Shetland context, from a Person Centred Care position.
NHS Board	2 October 2018	Approval	Agreed for consultation. (As identified by Hospital Management Team) Include a section on Children's Services. Acknowledged that the document will change as it goes through the consultation process. There needs to be more detail on Finance and an Implementation Plan, for the short, medium and long term.
SIC P&R	8 October 2018	Approval	Agreed for consultation. Suggested amendments to introductory remarks from Chairs of three partner organisations. Political Leader supportive of an approach of working together for the overall health and wellbeing of people and communities.
Area Clinical Forum	13 December 2018	<ul style="list-style-type: none"> Professional Advice from all the professional staff groups Engagement and involvement of the professional staff groups in the decision making arrangements 	No specific issues raised.

Entity	Date	Purpose	Comments
Area Partnership Forum	1 November 2018	<ul style="list-style-type: none"> Provide the main forum where representatives of trade unions, professional organisations and management of Shetland NHS Board work together to have early input into, and influence over the strategic decision making affecting service planning, change and development. 	There is a need to align the Strategic Plan with the Financial Plan. There is a need to get communication out to front line staff (for example, through an annual event). Specific query on Housing for workers (availability, supply, affordability, specific areas with specific pressures). Looking for detail on how the Plan will be delivered, the change projects and what support will be needed.
Public Focus Patient Involvement Steering Group		<ul style="list-style-type: none"> Patient Focus Public Involvement (PFPI) is about everyone working together to improve the way local health services are planned and delivered. This includes patients, carers, the public, NHS staff and local partners, such as the local authority, voluntary and community groups. 	Supportive of an approach which provides clear communication on how the Plan will be implemented and what changes people are likely to experience.

Appendix C, Consultation Log

Entity	Date	Purpose	Comments
ANMAC	16 October 2018		Agreed to put in the extra section on Children and Young People, around 'Getting the Best Start in Life'. Suggest holding workshops to explore different ways of working from a 'whole system' perspective.
Shetland Partnership Engagement Network	22 October 2018	The Public Engagement Network will exist to support and inform the work of the PFPI Steering Group and the Patient and Service User Representatives on the IJB. This will be done by ascertaining and expressing the views of the Shetland Public on current and proposed health and social care services.	Discussion on methods, tools and timescales for public engagement. Suggested an idea to focus on a Shetland 'Agnes'. Make full use of SPEN's social media page and presence to pose questions and generate debate. Suggested start with a discussion on the principles. Agreed to set up a meeting with the communications team. The idea explored at that meeting was to focus on Diabetes (especially preventative approach).

Entity	Date	Purpose	Comments
Staff Governance Committee	15 November 2018 (meeting cancelled, response received by email to papers submitted).	<p>The role of the Staff Governance Committee is to support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the Board and is built upon partnership and collaboration. The Committee will ensure that this is achieved by ensuring robust arrangements are in place around the implementation and delivery of the Staff Governance Standard, entitling staff to be, amongst other things:</p> <ul style="list-style-type: none"> • well informed; and • involved in decisions; 	<ul style="list-style-type: none"> - Since the Scenario Planning Event (February 2018) we have not seen much progress in the work strands (a high level report on repatriation has now been shared which will be forwarded to Unison members). We understand the need for detail, but at this stage we are asking for the vision statement to link to clear programme aims which link to workforce and financial planning so we can share this with our members. - The Board has invested in the Management Bundles / SIFT to create capacity for existing managers and to support succession planning. There is also project LIFT to identify existing and potential leaders in the organisation. We would like to know how we plan to use these programmes and the existing will/skill in the workforce to support the delivery of the strategic plan. - Although Service Planning was approved by the SGC this has not progressed. It would be good to understand the alternative to determine workforce direction linking to scenario, workforce and training planning and finance. - Scenario Planning: Unison staff side are waiting to be informed of the costs.

Appendix C, Consultation Log

Entity	Date	Purpose	Comments
The Strategic Planning Group	13 February 2019	<ul style="list-style-type: none"> • How will the proposals improve people's lives (Health and Wellbeing Outcomes)? • How will the proposals contribute to the Strategic Commissioning Plan's objectives? • Have all appropriate delivery mechanisms been considered? • Do the proposals represent the best mix of service, quality and cost? 	Supportive of Draft Plan, with amendments, to be taken to formal decision making. Agreed the description of Future Service Models.
The Clinical Care and Professional Governance Committee	12 February 2019	<ul style="list-style-type: none"> • That the proposals are based on sound evidence that best meet the identified needs • That the proposals are safe and will secure appropriate levels of quality • That all the relevant risks have been identified and managed • That effective engagement with service users and staff have informed the proposal 	Requested a formal paper to set out the processes and evidence used to develop the Strategic Plan to provide reassurance to the IJB that delivery of the Plan will secure safe, quality and effective services. See Appendix B for details. Impact Assessment updated accordingly.



Meeting(s):	Shetland Islands Council	15 May 2019
Report Title:	Local Government Boundary Review – Local Government Boundary Commission Initial Proposals	
Reference Number:	GL-06-19-F	
Author / Job Title:	Executive Manager – Governance & Law	

1.0 Decisions / Action required:

That the Council RESOLVES to:-

- 1.1 APPROVE the response attached at Appendix 2, subject to any amendments the Council wishes to make. This response is to be submitted on or before 20 May 2019.

2.0 High Level Summary:

- 2.1 This report addresses a resumption of consideration of Council ward boundaries by the Local Government Boundary Commission to complete its fifth review. Shetland Islands Council was one of six Councils for which the review conducted during the term of the last Council was stalled and, therefore, not applied for the purposes of the election held in 2017.
- 2.2 This was for the purpose of allowing the enactment of provisions then proposed in the Islands Bill to introduce the option of one or two member wards for those Councils who were Islands Authorities or Local Authorities with inhabited islands.
- 2.3 As soon as these provisions were enacted in the Islands Act 2018, the Commission began dialogue firstly with the three Island Authorities. The Commission confirmed that they would apply the new provisions available to them in coming forward with improved proposals in order to complete the fifth review during the current term of this Council. The new boundaries would take effect in time for the election of Local Authority Councillors in May 2022.
- 2.4 When conducting any review, the Boundary Commission will consult with the Local Authority affected in relation to initial emerging proposals in order to determine the number of Members appropriate for that Council and to design boundary proposals to achieve so far as practical electoral parity. This report brings to the attention of Members the proposed response arising from the consultation with our Council. Our contribution at this stage will inform the Commission before they begin a formal public consultation later in the summer 2019.

3.0 Corporate Priorities and Joint Working:

- 3.1 Significant boundary changes can have a greater or lesser effect on delivery of services, depending on the extent to which the changed boundaries remain conterminous with the boundaries of known localities adopted by various public bodies in the delivery of their services in Shetland.
- 3.2 Some of the factors taken into account by the Boundary Commission when making their recommendations to Scottish Ministers is that in seeking to establish electoral parity there will be regard to identifying natural boundaries, maintaining local ties (locality provision will fall within this category) and special geographical circumstances. The Council has previously advised the Commission that maintaining locality boundaries is an important criteria and, whilst the representation need not be exact across boundaries, the perimeter of locality boundaries modified purely in the pursuit of electoral parity could cause unwelcome distortions to the effective delivery of locality services. This could also affect collation of data pertinent to the areas served, for example in the monitoring of performance over time, in order to inform future service delivery.
- 3.3 Community partners may contribute further observations during the public consultation, and the Council at that time also has further opportunity to make its own representations known.

4.0 Key Issues:

Consultation on Initial Proposal

- 4.1 Although this stage in the process is specifically a consultation with the Council, the Commission did attend to meet and discuss the proposals with Members at a seminar held on 17 April 2019. Ahead of that meeting, there had been an opportunity to discuss the proposals informally with the Chairs of Community Councils at a meeting of the Association of Shetland Community Councils held on 26 March 2019.
- 4.2 The visit by the Commission led by their Chair, Mr Ronnie Hinds, represented a second engagement with the Commission on this stage of their review. It demonstrates a continuing objective on part of the Commission to design wards which, whilst meeting the statutory requirements are, having consulted with the Council and the public, tailored to provide effective governance within the Local Government area.
- 4.3 When consulted in 2015/16 the Council sought to retain existing recognised boundaries, retaining existing wards and aiming to minimise change by continuing with the status quo. This was the position first put by the Council during the last term in the initial stages of the fifth review. However, the Commission are clear that with projections of deviation from electoral parity as wide as -16% in Shetland West ward and a positive deviation from parity of +17% in Shetland South, it is not considered tenable for the existing status quo to continue.
- 4.4 The proposals put forward by the Commissioner are contained in sections 15 and 16 of Appendix 1 by reference to the two maps attached (maps A and B) showing, respectively, the existing 7 wards and the 8 wards now proposed.

- 4.5 In summary the significant changes would entail Whalsay and Skerries becoming a single member ward, resulting in the three remaining north isles of Yell, Unst and Fetlar becoming a two member ward. The significant negative deviation from parity in the Shetland West ward (predicted to be a worsening situation in the future) is largely addressed by reducing that ward to a two member ward for a smaller geographic area. This in turn means including the Whiteness/Weisdale electoral area within the Shetland Central ward to create a four member ward. The remaining proposal are to retain the existing boundaries for Shetland North, Lerwick and Shetland South but increasing the numbers of Members in the Shetland South ward from 3 to 4, thereby changing the very high positive deviation (+17%) to a much lower deviation and now a negative one (-8%).

Councillors' Considerations

- 4.6 When Councillors met with the Commission on 17 April 2019, a number of factors were addressed that had a direct bearing on what the Council might consider to be "effective and convenient government" arising from the proposals being considered. In no particular order of importance, the following aspects emerged: -
- The single member ward proposed for Whalsay/Skerries had potential impact on the amount of time that the Councillor for that ward would have to commit to Council business in order to ensure full representation on all of the Committees to which are delegated the many functions of local government. This could see a return to the issues which had predominated in the past with single member wards throughout Shetland, virtually predetermining that candidates for election required to be retired with a separate form of income to be able to devote virtually all of their time to local government business. Whalsay Community Council did not consider that proposal to merit a change from the current status quo and also in passing confirmed that they would not necessarily see any benefit of Whalsay being attached to one of the existing mainland wards, although they did recognise the difficulty experienced by Councillors resident in Yell or Unst being able to attend frequently at events on Whalsay, for example Whalsay Community Council evening meetings.
 - Similar considerations were put forward in relation to the reduced numbers of Councillors representing the West ward to be formed as a two member ward. Although the issue would be less pronounced, unless there was a change to the Council's constitution, it would still require a considerable input of time and resource shared by fewer Councillors to meet the amount of business generated by the Council in the delivery of its many Local Government Functions.
 - In relation to the proposal for a large four member ward covering the Central area, it was recognised that this achieved the closest electoral parity with a small negative buffer to compensate for an expected increase in the electoral numbers in the central area. It was also recognised that this resolved one of the criticisms of previous proposals which had the West ward stretching all the way across the top of the Central ward to bring in electors on the east coast (Wadbister, Girlsta area). However, the creation of this large ward had the above perceived negative effects on the West ward.
 - Shetland South ward proposals addressed the significant and predicted to worsen deviation from parity by moving the high positive deviation to an acceptable negative deviation. The proposal is for an increase by one member to create a four member ward without altering existing boundaries. It had to be recognised that,

whilst the last election would not necessarily demonstrate a definite trend for all future elections, this ward had not experienced a ballot at the last election, receiving only candidature for three seats, the required amount. For some members this demonstrated a democratic deficit and completely removed the benefit expected to be achieved from the proportional representation for which single transferrable voting (STV) had been introduced. The requirement for the same area to produce a fourth candidate could, it was argued, simply exacerbate that potential problem. It was also commented that this existing ward currently posed some problems, stretching as it did from just south of Gulberwick to the southernmost point of Fair Isle. The travelling times across such a geographic extent of coverage created challenges to ensure effective representation of the whole south mainland area. Arising from that consideration, there was some discussion about the potential of the south mainland benefiting from being two separate two member wards with a suitable line drawn, potentially south of Sandwick.

- 4.7 Out of the same discussions, but with an attempt to balance the various considerations, a Member suggested the possibility of the electorate of Whalsay and Skerries being aligned with the southernmost part of the existing Shetland North ward, thereby incorporating the electorate of Nesting, Lunnasting, Vidlin and Voe to compile a two member ward with the electorate of the remainder of the north ward forming another two member ward. This captured not only the benefit of the focus of the North Isles two member ward being solely on the islands of Yell, Unst and Fetlar, but also tackled the geographic extent of the existing coverage of the North ward from the top of North Roe to the southernmost point of Nesting.
- 4.8 Developing those considerations further, it might be worth exploring with the Boundary Commission, if they would be prepared to contemplate a wider use of the two member ward option by allowing all parts of the rural and Island areas of Shetland, where the predominant question is regarding representativeness over the geographic extent of the area covered. An amended proposal making full use of this option could result in all wards outside of the boundaries of Lerwick (thereby classed as rural) redesigned as 8 x two member wards: -
- Yell, Unst and Fetlar
 - Brae, Mossbank, Hillswick, North Roe, including Muckle Roe
 - Lunnasting, Vidlin, Nesting and Voe, incorporating Whalsay and Skerries
 - Aithsting & Sandsting, Walls & Sandness, including Papa Stour and Foula
 - Whiteness, Weisdale and Tingwall
 - Scalloway, Burra and Trondra
 - Sandwick, Cunningsburgh and Quarff
 - Levenwick, Dunrossness and Fair Isle
- 4.9 A proposal seeking to justify such a proposition would look to develop evidence of the balance that this could create between effective representation of relatively smaller geographic areas, whilst at the same time enabling a division of responsibility across all of the functional Committees of the Council. The aim in such an arrangement would be to still optimise the opportunity for improving gender balance in the makeup of the Chamber and tackling the question of age profile across both genders.
- 4.10 In order to maximise the benefits of the proposal of this nature, the Council would need to refocus attention on the membership of its Committees. It would be appropriate for these considerations to be addressed during the term of this

Council so that the experience of existing Councillors representing a cross section of members can reflect on the issues which currently hamper regular attendance at meetings to provide effective representation for constituents and convenience for Members to participate fully in the significant matters that require corporate decisions by the Council.

4.11 The attached response (Appendix 2) is an attempt to embrace these various factors and capture them in a proposal for an alternative view of representation on the Isles based on discussions with individual Councillors and taking into account the discussion which took place directly with the Commission during their last visit.

4.12 If Members consider that the proposal set out in paragraphs 4.7-4.9 above have sufficient merit to seek to develop them further, we could seek the concurrence of the Commission, in doing so, for a short delay in proceeding with their initial proposals to full public consultation. If Members accept this approach as set out in Appendix 2, this has to be set against the alternative options of either accepting the Commission's proposals as written to enable the next public consultation exercise to commence immediately, or to seek to again justify retention of the status quo, notwithstanding the legal reasoning put forward by the Commission in terms of the constraints within which they require to operate, to pursue electoral parity.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :

6.1 Service Users, Patients and Communities:

The eventual proposal accepted by Scottish Ministers, unless the status quo is confirmed, will affect the groupings of service users, the electorate, and manner in which they are represented by the Councillors they elect. The Boundary Commission are seeking to recommend boundary changes to the Scottish Ministers which provide for effective and convenient governance and the Council, in assisting with that process, have the same objectives. The considerations in this report are closely aligned with the Council's stated priority in its Corporate Plan of being a properly led and well managed Council.

In terms of representation, the Council maintains strong stakeholder engagement through the Association of Community Councils in the matter of Local Government Boundary Reviews. Individual Community Councils have already contributed by way of comment, in particular Whalsay and Walls & Sandness, both of which were concerned about the effectiveness of representation if the makeup of Council wards moved away from the current arrangements of three or four member wards. In both cases these Community Councils expressed support for retaining the status quo by sticking with the current arrangements, although neither addressed the question of parity of voters, which underpins the current considerations of the Commission and the Council.

6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	The fundamental principle of seeking to secure parity of voters for each ward is the pursuit, so far as can be achieved, of an equivalent weighing for the value of a single voter's vote in securing equality in participation in decision making by individual Councillors. That is a statutory requirement and a laudable principle. However, the pursuit of perfect parity would result in perverse outcomes and that is why the Boundary Commission, with the Council's input, seek to identify boundaries, which also have regard to natural ties, geography, etc.
6.4 Legal:	The Local Government Boundary Commission are a separate legal entity, established and appointed to provide an independent report to Scottish Ministers for the purpose of establishing electoral boundaries in each Local Government area. The purpose of this report is to address changes brought in specifically to assist in the determination of such boundaries when dealing with Councils responsible for inhabited island areas. The new legal provisions were brought in by the Islands (Scotland) Act 2018 which amended the Local Government (Scotland) Act 1973.
6.5 Finance:	None
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None
6.9 Risk Management:	No strategic or operational risks to the Council have been identified from simply considering the terms of the Boundary Commission's initial proposals. However, when the final proposals are put to the Scottish Ministers and approved, if there is any resultant complexity, this could run the risk of discouraging candidature for elections and/or the electorate from engaging in the democratic process. If there should occur a significant dislocation between electoral boundaries and identified locality areas used for service delivery, with resultant additional bureaucracy, this could have a detrimental effect, not only for the Council but also for other public service providers. It is difficult to fully evidence at this point what any of these impacts might be, but from the recent engagement with the

	Boundary Commission and participation from Members, it is clear that those considerations are at the forefront, with each looking to secure boundaries which provide for effective and convenient governance.	
6.10 Policy and Delegated Authority:	Participation in Local Government boundary reviews is not a matter which the Council has delegated to any Committee. The proposals put forward by the Commission and alternatives suggested in the Council's response would all lead to a need for some changes to the Council's Constitution before the end of the term of this Council. Amendments to the Constitution fall to be determined by the Council and have not been delegated to any other Committee.	
6.11 Previously considered by:	Not Applicable	Not Applicable

Contact Details:

Jan Riise
Executive Manager – Governance & Law
jan.riise@shetland.gov.uk
8 May 2019

Appendices:

Appendix 1 – News Release and Summary of the Initial Proposals for Shetland Islands Council Area (March 2019)

Appendix 2 – Shetland Islands Council Proposed Response in Respect of Commission's Initial Proposals

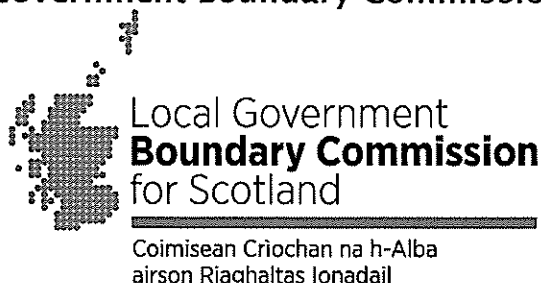
Background Documents:

Local Government Boundary Commission's Initial Proposals (including maps showing each ward, as proposed)

END

News Release

Issued on behalf of The Local Government Boundary Commission for Scotland



**Not for Publication, Broadcast or use on Club Tapes
before 0001 Hours on 20 March 2019**

The Local Government Boundary Commission for Scotland commences its electoral reviews of Islands council areas

The Local Government Boundary Commission for Scotland has today begun its consultation with councils on its proposals for electoral arrangements in Na h-Eileanan an Iar, Orkney Islands and Shetland Islands council areas. The consultation will run until 20 May 2019.

Ronnie Hinds, Chair of the Commission, said:

"We are pleased to begin our consultation on electoral arrangements with the three councils today and I look forward to engaging with them on our proposals. It is important that electoral arrangements for Scottish councils are effective and our proposals deliver on requirements for electoral parity and as far as possible take account of local ties and special geographical considerations.

"We also welcome the flexibility offered by the Islands (Scotland) Act to use one or two member wards and have used this flexibility as appropriate in our proposals.

"After completion of our consultation with councils we will be seeking public views on our proposals over the summer".

The 2019 Review of Electoral Arrangements will make proposals for the electoral arrangements for the six council areas specified in the Islands (Scotland) Act 2018. These are Argyll and Bute, Highland, North Ayrshire, Na h-Eileanan an Iar, Orkney Islands and Shetland Islands council areas.

The Commission is conducting the reviews in two phases, focusing firstly on Na h-Eileanan an Iar, Orkney Islands and Shetland Islands council areas. Consultation with the public is planned for the summer 2019. The Commission will then review Argyll and Bute, Highland and North Ayrshire council areas.

The reviews will result in recommendations for the number of councillors on each council and the number and boundaries of wards for the election of those

councillors. They will not look at the external boundaries of council areas. The new islands legislation allows for use of 1 or 2 member wards, in addition to the current 3 and 4 member wards, where a ward includes an inhabited island.

The Islands (Scotland) Act 2018 requires the Commission to review the six councils as soon as practicable and the Commission will make its recommendations to Scottish Ministers by May 2021, in order that the resulting wards will be available for the local government elections in May 2022.

When reviewing electoral arrangements the Commission is required to take account of the following factors:

- the interests of effective and convenient local government;
- within each council, each councillor should represent the same number of electors as nearly as may be;
- local ties which would be broken by making a particular boundary;
- the desirability of fixing boundaries that are easily identifiable; and
- special geographical considerations.

Where a ward contains an inhabited island the Commission can recommend that it elects between one and four councillors. In all other circumstances a ward must return either three or four councillors.

Contact for Further Information:

Isabel Drummond-Murray

Secretary to the Local Government Boundary Commission for Scotland

Tel: 0131 244 2001

Information on the review can also be found on the Commission's website:
www.lgbc-scotland.gov.uk

*** ends ***

Notes Editors

The Local Government Boundary Commission for Scotland (LGBCS), has been responsible for reviewing local government boundaries and electoral arrangements in Scotland since being established by the Local Government (Scotland) Act 1973. The 1973 Act also defines the constitution and procedures (in Part II and Schedules 4 and 6 of the Act).

LGBCS is an advisory Non-Departmental Public Body (NDPB) which is sponsored and financed by Scottish Ministers. It is required to conduct electoral reviews of each local authority at intervals of 8 to 12 years. The reviews announced today follow the requirement in the Islands (Scotland) Act 2018 to review the 6 councils with inhabited islands as soon as practicable.

The Commission is an independent, non-political body which is responsible for reviewing and making recommendations for:

- the number of councillors in each local authority;
- the number of wards for local government elections and their boundaries;
- the extent of council areas.

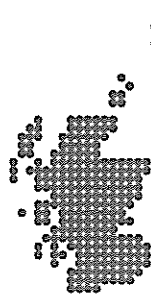
The Commission is also responsible for reviews of Scottish Parliament constituencies and regions.

The electorate data for the review of Na h-Eileanan an Iar, Orkney Islands, and Shetland Islands council areas is based on the December 2017 electoral register.

Full information about the Commission and its work is available on the Commission's website: www.lgbc-scotland.gov.uk.

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Local Government
Boundary Commission
for Scotland

Coimisean Crìochan na h-Alba
airson Riaghaltas Ionadail

2019 Review of Electoral Arrangements

Shetland Islands Council area

Initial Proposals Consultation

March 2019

Thistle House, 91 Haymarket Terrace, Edinburgh EH12 5HD

0131 538 7510

lgbcs@scottishboundaries.gov.uk

www.lgbc-scotland.gov.uk

@lgbcs

Membership of the Commission

Chair:	Mr Ronnie Hinds
Deputy Chair:	Prof. Ailsa Henderson
Commissioners:	Mr Roland Bean
	Mr Gordon Macmillan
	Dr Susan Walker
Secretary to the Commission:	Ms Isabel Drummond-Murray

Introduction

1. The Local Government Boundary Commission for Scotland is an independent, non-political body with responsibility for:
 - carrying out reviews of electoral wards for local authorities;
 - carrying out reviews of the boundaries of local authority areas; and
 - carrying out reviews of constituencies and regions for the Scottish Parliament.
2. We are tasked by the Local Government (Scotland) Act 1973 to undertake reviews of local government electoral arrangements in Scotland every 8 to 12 years. Shetland Islands council area was last reviewed during the 5th Reviews of Electoral Arrangements which reported in 2016. However, the Scottish Government did not accept the recommendations for Shetland Islands because of the expected legislation on the Scottish Islands.
3. This review is required under the Islands (Scotland) Act 2018. The Act recognises the importance of the Scottish Islands and the particular opportunities and challenges they face. It offers additional flexibility to allow the Commission to create wards that elect 1 or 2 councillors as well as 3 or 4 councillors where such a ward contains an inhabited island.

This review

4. This review uses the same methodology for determining councillor numbers as was used in the 5th Reviews of Electoral Arrangements.
5. We decide the number of councillors for each council by placing it into a category with other similar councils. Na h-Eileanan an Iar, Orkney Islands and Shetland Islands council areas are grouped together with a ratio of electors to councillors of 1:800 for this review.
6. We are aware that a large change of councillor numbers in a council area can be disruptive, therefore our methodology also incorporates a 10% change rule. This means that we will not normally propose increasing or decreasing the total number of councillors in a council area by more than 10% as an immediate consequence of the Islands Reviews.
7. For each electoral ward, we make recommendations about its boundary, its name and the number of councillors to represent the ward.
8. When reviewing electoral arrangements the legislation requires us to take account of the following factors:
 - within each council, that each councillor should represent the same number of electors as nearly as may be;
 - the interests of effective and convenient local government;
 - local ties which would be broken by making a particular boundary;
 - the desirability of fixing boundaries that are easily identifiable; and
 - special geographical considerations.
9. We developed our proposals using electorate data from 1 December 2017 but must also consider the likely change in the number of electors forecast within a 5 year period. We have prepared our forecasts using data supplied by councils as well as population forecasts from National Records of Scotland.

Consultation

10. The legislation states that we must first of all consult on our proposals with councils for two months. That period runs from 20 March until 20 May 2019. After consideration of responses received, we will conduct a 12-week public consultation on our proposals commencing in the summer of 2019.
11. All comments we receive in response to our consultations will be available to view on our website in due course.

Next steps

12. Depending on the outcome of the consultations, we may further develop and consult on revised proposals before finalising our recommendations.
13. We intend to submit a report containing our recommendations for electoral arrangements for Shetland Islands council area to Scottish Ministers by May 2021, in time for implementation for the next local government elections in May 2022.

Proposals for wards in Shetland Islands council area

14. We have prepared maps which illustrate our proposals for wards in Shetland Islands council area. We present an electoral arrangement for 23 councillors representing one 1-member ward, two 2-member wards, two 3-member wards and three 4-member wards. We agreed 23 councillors, one more than our methodology proposed because it considered local ties and improves variation from electoral parity throughout the the whole council area.

15. Our proposals for the council area:

- address variation from parity in existing ward 3 (Shetland West) and ward 5 (Shetland South);
- retain the existing Shetland North and Shetland South ward boundaries;
- adopt recognised boundaries throughout the area – Shetland Localities (used by both the Council and NHS Shetland to deliver local services) and existing wards;
- propose five wards coterminous with Shetland Localities (North Isles, Whalsay and Skerries, Shetland North, Shetland West and Shetland Central);
- retain local ties near Lerwick by keeping Gulberwick within a Lerwick ward;
- minimise change to the existing ward boundary in Lerwick by following existing and historical ward boundaries;
- rename the existing Lerwick North ward as Lerwick North and Bressay;
- take account of the Islands (Scotland) Act by using the flexibility offered by 1-member and 2-member wards to better reflect local community ties; and
- consider local ties in the whole council area.

16. The table below details the electorates with actual and forecast variation from parity of the proposed wards.

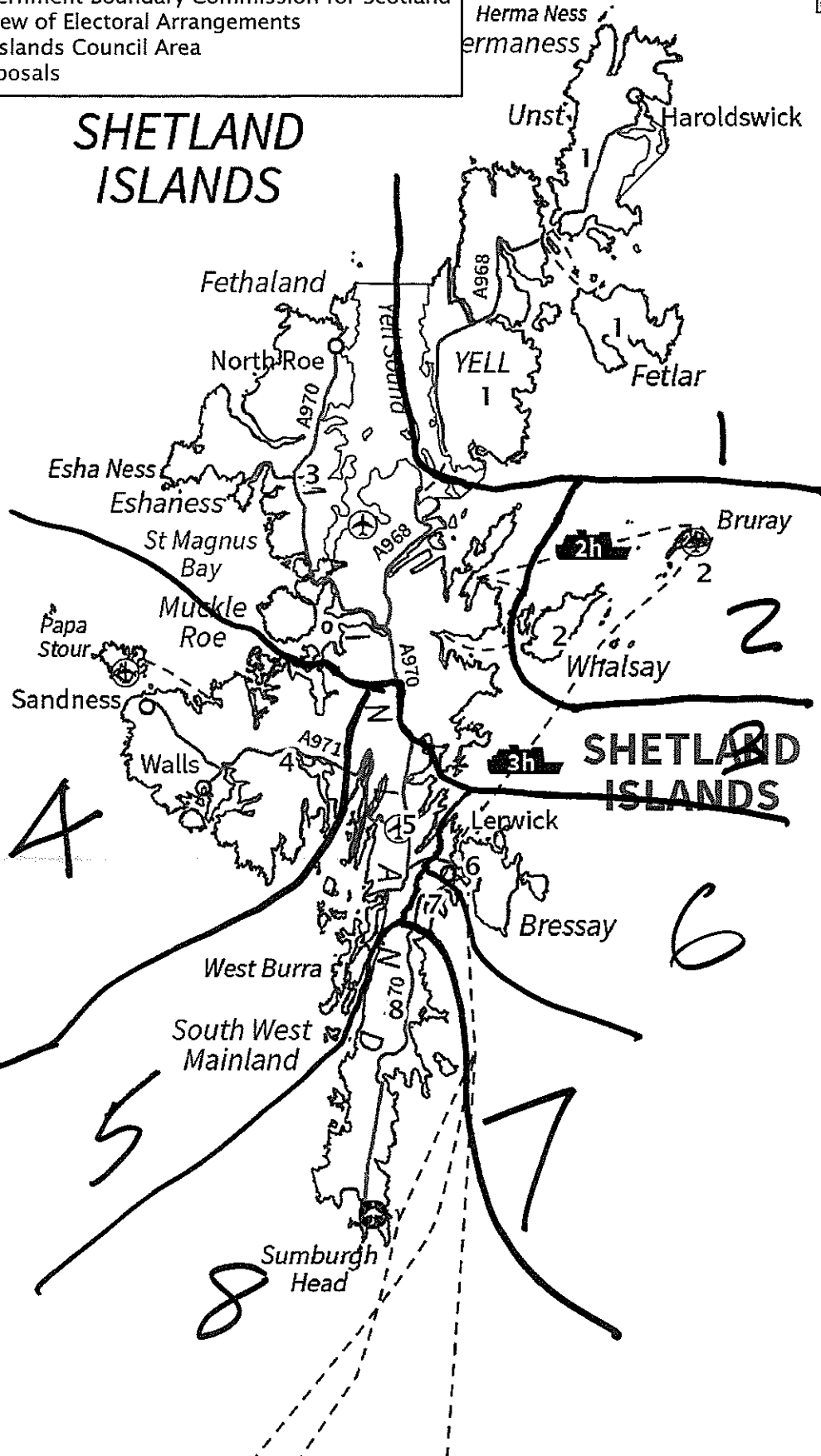
Ward no.	Ward name	Councillors	Electorate (Dec 17)	Current Variation from Parity	Forecast Electorate (2023)	Forecast Variation from Parity
1	North Isles	2	1,345	-12.8	1,345	-13.5
2	Whalsay and Skerries	1	862	11.8	862	10.9
3	Shetland North	3	2,504	8.3	2,523	8.3
4	Shetland West	2	1,373	-10.9	1,374	-11.7
5	Shetland Central	4	3,030	-1.7	3,077	-1.0
6	Lerwick North and Bressay	3	2,424	4.8	2,426	4.1
7	Lerwick South	4	3,355	8.8	3,414	9.8
8	Shetland South	4	2,836	-8.0	2,852	-8.2
		23	17,729		17,873	



B

SHETLAND ISLANDS

Foula
Foula



Ward No.	Ward Name	Cllrs	Electorate (Dec 2017)	Current Variation from Parity %	Forecast Electorate (2023)	Forecast Variation from Parity %
1	North Isles	2	1,345	-12.8	1,345	-13.5
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5	Shetland Central	4	3,030	-1.7	3,077	-1.0
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Executive Manager: Jan-Robert Riise
Director of Corporate Services: Christine Ferguson

Isabel Drummond-Murray
Secretary
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If calling please ask for
Jan Riise
Direct Dial: 01595 744551

Your Ref:
Our Ref: JRR/MS/11-5

Date: **TBC**

Dear Isabel

Local Government Boundary Review – Commission's Initial Proposals

Shetland Islands Council is grateful for the opportunity to respond to the Commission on your initial proposals in respect of Local Government Wards for Shetland Islands Area to be effective from May 2022.

Our Council is particularly appreciative of the efforts of the Commission to engage with us, noting that the first meeting in June 2018 was before the Islands Act had even commenced! This engagement continued with the visit by the Commission led by your Chair on 17 April 2019.

The briefing on 17 April 2019 enabled 17 of our 22 Councillors to hear directly from Mr Hinds on the statutory underpinning of your Local Government Boundary Reviews. Mr Hinds explained that, when considering boundaries for Councils which were wholly Islands Authorities or had inhabited islands as part of their Local Government area, the Islands (Scotland) Act 1918 introduced options for one and two member wards thus increasing the tools available to the Commission in devising boundaries. Shetland Islands Council accept that the challenge now is to use those new provisions to enable boundary changes to provide effective and convenient governance whilst respecting the requirement for electoral parity to be achieved so far as practicable.

In view of the two months period offered for this stage in the consultation with our Council and the opportune visit by the Commission during that period, our Council has been able to give serious consideration to the changes you propose. In particular, issues in and around the potential for a single member ward option for Whalsay and Skerries and the two member ward for the remaining North Isles has been addressed as has the attempt to deal with the negative deviation from parity in Shetland West ward.

As part of these considerations our Council notes that the increase in numbers of electorate in the Shetland South ward will continue to impact negatively on the extent of

deviation from parity that that current three member ward experiences. Although the election in May 2017 for members to the South ward resulted in no ballot, as only three candidates emerged for the three member ward, it is acknowledged that increasing the

total number of Councillors by one for the South ward addresses the parity question. It is also accepted that by thus increasing the total number of Councillor to 23, the average electorate for the whole of Shetland reduces and this helps address parity for a number of wards other than the South Mainland ward.

The Council's consideration of your proposals culminated with a report considered by Members at their meeting on 15 May 2019 (a copy of the report is enclosed). Based on that report Members discussed issues arising from maintaining the status quo, the matters discussed during the briefing between the Commission and Council Members in relation to the Commission's initial proposals and the wider option of seeking to address adequacy of representation, quality of candidature and relationship of boundaries with localities. Out of those discussions the Council has concluded that their preference would be for the Commission to further engage with the Council and establish if it would be possible for the coverage of all rural wards, including the individual inhabited islands, by 8 two member wards with Lerwick remaining a three and four member ward.

It is considered that this will address some of the issues which have arisen over recent years with the effectiveness of representation within large geographic areas, whilst retaining the advantages brought about by proportional representation under the single transferrable voting system. It will also address the concerns raised by a number of commentators with the proposal of introducing a single member ward, doubting the capacity of such a Councillor to provide effective coverage across the whole range of Council functions. The Council recognises that, in order to optimise such an arrangement of rural wards, that a review of membership of individual Committees would be required before the end of the term of this Council.

Whilst it is recognised that the arrangements for Community Council schemes are a matter for any Council to determine, the forthcoming Community Council review which our Council intends to undertake, in due course, could seek to achieve practical alignment with the reviewed Local Government ward boundaries, providing the potential for more cohesive representation as between the two distinct levels of democratic representation.

Shetland Islands Council, therefore, would ask the Commission to take a short pause before proceeding to consult on your initial proposals as drafted, to enable a more focused discussion on the possibilities that the rural two member ward model could present in the achievement of parity and effective and convenient governance. Following such further discussions the Commissioner might choose to proceed with its own proposals or amend them in light of these further deliberations.

The Council recognises that the Commission has its own work plan to take forward this review, but requests that the collaboration we have experienced so far, could be taken a step further by seeking, through further collaboration, a plan of ward representation which is achieved without the Council having to proceed by way of objections through the next round of public consultation.

I look forward to hearing further from you in relation to our Council's submission.

Yours sincerely,

Jan Riise
Executive Manager – Governance & Law

Enc. - Local Government Boundary Review Report GL-06-19-F



Shetland Islands Council

Agenda Item

8

Meeting(s):	Shetland Islands Council	15 May 2019
Report Title:	Appointments to the Audit Committee and the Harbour Board	
Reference Number:	GL-04-19-F	
Author / Job Title:	Executive Manager – Governance and Law	

1.0 Decisions / Action required:

- 1.1 That the Council RESOLVES to appoint the following:
- a. two Members to the Audit Committee;
 - b. one Member to the Harbour Board.
- 1.2 In relation to 1.1 above, that the Council make those appointments by the method set out in Section 4, and RESOLVES, in the event of a vote, to elect by secret ballot.

2.0 High Level Summary:

- 2.1 On 8 March 2019, Councillor Ryan Thomson intimated his resignation from the Audit Committee and the Harbour Board, with immediate effect.
- 2.2 At the Council meeting on 31 October 2018, nomination was sought to fill one vacancy on the Audit Committee. While two nominations were made, these were declined, and therefore that vacancy has remained [Min. Ref. 51/18].
- 2.3 The purpose of this report is to provide the Council with the opportunity to fill those vacancies.

3.0 Corporate Priorities and Joint Working:

- 3.1 The recommendations in this report are not linked directly to any of the Corporate Priorities, but will support the Council's responsibilities in terms of ensuring good governance, accountability and partnership working.

4.0 Key Issues:

- 4.1 The Council is asked to consider making the following appointments to fill the vacancies caused by the resignation of Councillor Ryan Thomason, and the existing vacancy on the Audit Committee.

Audit Committee

4.2 Membership of the Audit Committee consists of 9 members of the Council. The Council is asked to appoint two members of the Council to fill the current vacancies.

4.3 The existing membership of the Audit Committee is set out below:

- A Duncan
- C Hughson
- R McGregor
- A Manson
- J Fraser
- S Leask
- I Scott

Harbour Board

4.4 Membership of the Harbour Board consists of 8 members of the Council. The Council is asked to appoint one member of the Council to fill the current vacancy.

4.5 The existing membership of the Harbour Board is set out below:

- A Manson
- D Simpson
- S Coutts
- M Burgess
- A Duncan
- A Cooper
- S Leask

Method of Election/Voting

4.6 Section 10 of the Council's Standing Orders sets out the method of appointment of office bearers. When Councillors are to be appointed to any positions to be filled by the Council, and where the number of candidates nominated exceeds the number of vacancies, the Councillors to be appointed will be determined by a vote or votes in each of which Members will be entitled to vote for as many candidates as there are vacancies; but they may not cast more than one vote for any candidate.

4.7 The vote will normally be taken by a show of hands, unless the Council resolves in the case of any particular appointment to take the vote by secret ballot. It has been custom and practice for the Council to undertake such voting by secret ballot.

4.8 The name of the candidate having fewest votes will be deleted from the list and a fresh vote, or votes, will be taken. This process of elimination will be continued until the number of candidates equals the number of vacancies.

4.9	Where only one vacancy requires to be filled, and any candidate has an absolute majority of the votes, the candidate will be declared appointed. Otherwise, the name of the candidate having fewest votes will be deleted from the list. This process of elimination will be continued until one candidate has a majority of the votes.
4.10	In the case of an equality of votes, nominees shall be elected by lot as between those who received equal votes and proceed on the basis that the person to whom the lot falls upon had received an additional vote.
5.0 Exempt and/or confidential information:	
5.1	None.
6.0 Implications:	
6.1 Service Users, Patients and Communities:	There are no implications for service users arising directly from this report.
6.2 Human Resources and Organisational Development:	There are no implications for staff arising directly from this report.
6.3 Equality, Diversity and Human Rights:	There are no equality implications arising directly from this report and an Equalities Impact Assessment is not required.
6.4 Legal:	The legal framework for this report is supported by the Council's Constitution, including the Scheme of Administration and the Standing Orders.
6.5 Finance:	As an approved duty, any appointed elected Members will be entitled to claim expenses for attendance at meetings. However, as these appointments are to fill current vacancies, no significant additional expenditure is expected in relation to the Members' Expenses budget.
6.6 Assets and Property:	There are no implications for assets and property arising directly from this report.
6.7 ICT and new technologies:	There are no implications for ICT and ICT systems arising directly from this report.
6.8 Environmental:	There are no environmental implications arising directly from this report.
6.9 Risk Management:	The main risk associated with this report is the 'do nothing' option, which would result in a failure to support the Council's

	Constitution, and a failure to make provision for adequate democratic accountability for constituents.	
6.10 Policy and Delegated Authority:	In terms of Section 2.1.3 of the Council's Scheme of Administration and Delegations, matters reserved to the Council include the appointment of Councillors to any body which is part of the political management framework. A decision of the Council is therefore required.	
6.11 Previously considered by:	Shetland Islands Council	31 October 2018

Contact Details:

Jan Riise, Executive Manager - Governance and Law jan.riise@shetland.gov.uk
6 May 2019

Appendices: None

Background Documents: None

END



Meeting(s):	Policy and Resources Committee Shetland Islands Council	13 May 2019 15 May 2019
Report Title:	Corporate Risk Register	
Reference Number:	CRP-10-19-F	
Author / Job Title:	Director of Corporate Services	

1.0 Decisions / Action required:

That Policy and Resources Committee and Shetland Islands Council:

- 1.1 **Advise** the Chief Executive and Corporate Management Team of any changes or actions required to manage the risks identified in the Council's Corporate Risk Register attached at Appendix1;
- 1.2 **Note** that the risks have been assessed using revised financial parameters, which are included in the revised Risk Management Matrix attached at Appendix 2; and

That Policy and Resources Committee RESOLVE to:

- 1.3 **Approve** the revised Risk Management Matrix.

2.0 High Level Summary:

- 2.1 The Council's Corporate Management Team meets quarterly as the Council's Risk Board to consider those risks which have the potential to have a high impact in the community and / or affect the Council as a whole.
- 2.2 This report presents the current Corporate Risk Register. It highlights recent changes to risks and asks Policy and Resources Committee and the Council to advise regarding any additional actions that are required to manage the identified risks.
- 2.3 A proposal to change the financial levels in the Council's Risk Management Matrix was discussed and agreed by the Risk Board at a meeting on 23rd April 2019. The revised Risk Management Matrix is attached at Appendix 2 and is presented for approval as a key part of the Council's Risk Management Framework.
- 2.4 The new financial levels reflect financial thresholds used by the Council and external auditors.

3.0 Corporate Priorities and Joint Working:

3.1 The Our Plan 2016-2020 has as two of our 20 by '20 priorities that :

- 'Our approach to managing the risks we face will have resulted in a more risk-aware organisation that avoids high-risk activities', and
- 'We will be an organisation that encourages creativity, expects co-operation between services and supports the development of new ways of working'.

The ongoing identification and monitoring of corporate risks are key components of this approach.

4.0 Key Issues:

4.1 The Corporate Risk Register lists twenty risks. All are appended and material revisions are described below in 4.5

4.2 The Risk Management Matrix (Appendix 2) is used to estimate the likelihood and potential impact of a risk should it happen. The levels of financial impact have remained the same for several years, which led to the Risk Board requesting at its meeting in October 2018 that consideration be given to revising the matrix in order to amend the financial parameters to better reflect current contexts.

4.3 The Executive Manager – Finance, has advised that the following financial parameters reflect the various financial thresholds currently in place across the organisation and take into consideration the thresholds of materiality as applied by our external auditors and/or Audit Scotland.

4.4 On 23 April, the Risk Board agreed to adopt these revised financial impact ratings. All risks on the organisation's Risk Registers will be reviewed in accordance with these revised ratings, subject to approval by the Policy and Resources Committee.

Impact	Original rating	New rating
Insignificant	<£10k	<£50k
Minor	£10k to £100k	£50k to £500k
Significant	£100k to £500k	£500k to £1m
Major	£500k to £1m	£1m to £5m
Extreme	>£1m	>£5m

4.5 All risks in the Corporate Risk Register, attached at Appendix 1, have been reviewed and the rating revised using the proposed changes to the Risk Management Matrix. Significant changes include:

- ORG025 – risk of harm to a child because of a failure to manage unanticipated crisis. The details and consequences of this risk, and the control measures to manage them, have been revised.
- ORG022 – STERT/ College merger – the Full Business case proposal for the merger was approved at the end of 2018, with the project now moved to an implementation

¹ <https://www.shetland.gov.uk/documents/OurPlan2016-20final.pdf>

<p>phase. The Council, SFC and the UHI are working to recruit a Project Manager, with an appointment anticipated by the end of May.</p> <ul style="list-style-type: none"> • ORG032 – Increased workload, impact on planned work, conflicting demands. This risk links to ORG018 below, which focuses on the external factors that impact upon staffing and recruitment, and to ORG022 – the College merger. • ORG018 – Challenges around workforce change and demographics. This risk continues to present a real and significant challenge to many services • ORG035 – Old AHS campus plans and works. The completion date for the master-planning exercise is anticipated to be June 2019, at which point this risk will be reviewed and considered for removal. • ORG031 – Missed opportunities from Viewpoint surveys – details have been updated to reflect current risk situation. • ORG037 – Brexit and its impact. The text of this risk has been revised, recognising that the situation is uncertain and fluctuating almost daily. While the deadline has been extended until the end of October, it is possible that significant developments could happen within a much shorter timescale. The organisation has implemented and tested a national reporting structure for significant EU Exit-related issues. • ORG045 – One or more remote communities fail to be sustainable due to demographic and socio-economic challenges. This risk is linked to ORG018, which describes the internal impacts related to demographic challenges. • ORG047 – Challenges around sustaining current business at Sullom Voe Terminal. 	
4.6	<p>The Risk checks programme for 2019 will focus on the Corporate Risk Register. Further information on the programme will be provided to the Risk Board, Policy and Resources Committee and the Council in due course.</p>
5.0 Exempt and/or confidential information:	
None	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The ongoing monitoring of risks ensures that any risks that may impact on service users, services or communities are identified, considered, and managed appropriately.
6.2 Human Resources and Organisational Development:	Risks around workload, workforce, equal pay and follow-up efforts to address the findings of the Viewpoint Survey are highlighted and are actively managed.
6.3 Equality, Diversity and Human Rights:	An Equalities Impact Assessment is not required in connection with this report. The gender pay gap is recognised and highlighted on the Corporate Risk Register.
6.4 Legal:	The Executive Manager – Governance and Law, in his role as Monitoring Officer, is required to report annually to the Risk Board. Legal risks are considered and included in the Corporate Risk Register.

<p>6.5 Finance:</p>	<p>All risks have a direct or indirect financial cost, whether in terms of the impact or the cost of preventing a risk from happening. All risks are managed appropriately in order to ensure that services are protected within constrained budgets.</p> <p>The proposed changes to the financial impacts column of the Risk Management Matrix, at Appendix 2, reflect thresholds currently in use by the Council and those used by the external auditors with regard to issues of materiality.</p> <p>By increasing the values used to assess the severity of risks identified, some risks will have a lower rating for example when using the RAG (Red, Amber, Green) classification. This may mean that risks are not given the same degree of attention that they would otherwise have received.</p> <p>However, the risk of a lack of attention or priority given to risks due to the new financial thresholds being applied is most unlikely as the systems and processes for monitoring and reporting on financial issues are comprehensive. Managers across the Council monitor budgets on a monthly basis, the Council receives detailed quarterly budget monitoring reports and the financial implications of any proposals for change are included in reports to the Council and its committees.</p>
<p>6.6 Assets and Property:</p>	<p>ORG035 – describes the current situation with regard to risks from the Old AHS campus, and the master-planning exercise to address the future of that site.</p>
<p>6.7 ICT and new technologies:</p>	<p>This report has no direct implications for the ICT service.</p>
<p>6.8 Environmental:</p>	<p>This report has no direct environmental implications.</p>
<p>6.9 Risk Management:</p>	<p>All risks are measured using the agreed Risk Management Matrix, which has been reviewed to ensure that the financial values reflect the organisation's current contexts.</p>
<p>6.10 Policy and Delegated Authority:</p>	<p>Policy & Resources Committee requires the Corporate Risk Register to be reported periodically [<i>Min. ref. 43/17</i>]. Risk Board reviews its Corporate Risk Register on a quarterly basis, as required by its Terms of Reference. The Risk Management Strategy forms part of the Policy Framework contained in Section A of the Constitution – Governance, which states that the management body for the Risk Management Strategy lies within the remit of the Policy and Resources Committee.</p> <p>Ensuring proper management of the Corporate Risk Register is therefore a delegated matter for the Policy and Resources Committee.</p> <p>However, the Council instructed that the Corporate Risk Register be reported to the Council quarterly as part of the Planning and Performance Management Framework (PPMF) cycle [<i>Min.Ref. SIC 20/16</i>] so that all Members are informed and</p>

	involved in discussing the high level and strategic risks facing the Council alongside other performance information.	
6.11 Previously considered by:	None	

Contact Details:

Director, Corporate Services, christine.ferguson@shetland.gov.uk

Appendices:

Appendix 1 – Corporate Risk Register

Appendix 2 – Revised Risk Management Matrix

END

Risk Register - Shetland Islands Council

Risk & Details	Likeliho od	Current Impact	Risk Profile	Current and Planned Control Measures	Probabil- ity	Impact	Risk Profile	Responsi- ble Officer
CategoryCorporate								
Corporate Plan	A2. Young People - Vulnerable Children and young people's opportunities							
Child Protection - Children's Social Work manage high risk, complex situations in their work with families. This often requires significant resource provision to mitigate risks, and ensure the safety of children and young people. There are circumstances when Children's Social Work must accommodate children and young people away from home, and the most significant risk to the Council is failure to appropriately accommodate looked-after children. Currently, there is a shortage of residential placements in Shetland and on occasion this results in placements being sought away from Shetland, which is undesirable, and comes at a high cost to the Council. Trigger : Crisis or unanticipated escalation of a complex situation, which puts child at increased risk of harm. There is currently a shortage of residential placements in Shetland, and in some situations a specialist service may be required that cannot be provided in Shetland, such as secure accommodation or a parenting assessment unit. Consequences : Failure to act quickly or to the extent that is required because of restricted resources can result in child being exposed to harm for a longer period of time. This is a risk to not only the child but also has an impact on services. There is also a financial risk, as placements have to be sought out with Shetland, which come at a high cost to the Local Authority. Risk type : Physical - People / Property - Other Reference - ORG0025	Possible	Major	High	• There are robust systems and procedures in place to support the early identification of risk. Preventative measures, effective communication, and information sharing to ensure that any changes or increased risk are identified quickly. Inter-agency Child Protection training is led by Shetland Islands Council, and overseen by the Child Protection Committee (CPC) with training activity reported on a quarterly basis to CPC. Children's Services is working to increase capacity in Shetland to provide accommodation for looked after children. This includes growth in the Foster Care and Residential Childcare services, to reduce demand for more expensive out of area/off island placements.	Unlikely	Major	Medium	Helen Budge Shetland Islands Council
Corporate Plan	B2. Older People - Independent Living							
Risk of harm to a vulnerable adult - Shetland has an increasing older population and an increase in people with a learning disability reaching older age. Statutory services will need to have oversight of an increasing number of vulnerable adults to prevent harm occurring. Trigger : Statutory services fail to identify and take account of all vulnerable adults within their remit, systems failure means that information is not fully collated and/or shared Consequences : Vulnerable adult is not given access to full range of services that they need, delay in access to services leads to harm to vulnerable adult, reputational risk to organisation, potential for HSE action, Care Commission/ external advisors' negative report, civil action. Risk type : Communications failure Reference - ORG0024	Possible	Major	High	• New Adult Protection Format in place. New Adult Protection Format in place, which is to combine Child and Adult Protection into one Public Protection Committee with the Chief Officers Group retaining oversight. This is an improved arrangement where the Directorate provides care for both Adults and Children. ▯There are well established mechanisms in place to support the detection of risk with an active Public Protection Committee overseeing the work. There is good multi-agency working within formal arenas to discuss individual cases causing concern. Transitions group in place for Learning Disability Services to manage childhood support to adult support. Ongoing work to review services to make effective use of limited and reducing budgets. Chief Officers Group provides assurance on the effectiveness of the Public Protection Committee.	Unlikely	Major	Medium	Simon Bokor-Ingram Shetland Islands Council
Corporate Plan	E7. Connection and Access - External Transport Systems							

<p>Transport Scotland has reviewed the Northern Isles Ferry Service and began tendering the service in January 2019 with the aim of having a new contract awarded by the end of July 2019 and the contract commencing on 31 October 2019. At the point of tendering it is known that the service specification cannot meet even the short term economic and social needs of Shetland. If this position is sustained for any significant period of time then there will be serious constraints on important economic sectors such as aquaculture, fishing, engineering and fabrication, construction and tourism.</p> <p>Trigger : Failure to agree and implement variations to the contract to put in place service and infrastructure improvements that adequately address short to medium economic and social need.</p> <p>Consequences : The contracted service does not meet the needs of Shetland, can't support the economic growth of Shetland and could trigger economic stagnation and decline. An opportunity to address societal inequalities is missed. Significant societal and economic impact is experienced in Shetland</p> <p>Risk type : Partnership working failure</p> <p>Reference - ORG0046</p>	Possible	Extreme	High	<ul style="list-style-type: none"> • Scottish Government has structured the contract so that it is "flexible" and variations can be made to the contract to reflect changing economic and social needs. Resources will be applied to gather and submit evidence to Transport Scotland making the case for contract variations as soon as possible to address capacity constraints, reliability and costs for freight and passengers. 	Unlikely	Major	Medium	Michael Craigie Shetland Islands Council
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Corporate Plan

F1. Our "20 by '20" - Leadership & Management

<p>Failure to deliver the College merger would result in an unsustainable tertiary sector within Shetland. A Full Business Case for merger was agreed in December 2018, with a targeted vesting date of January 2020. We are working with SFC and UHI to recruit a Project Manager for the implementation phase (expected by end of May 2019), though the SIC element of the implementation team is already in place, to support the Project Manager and the Principal Designate once appointed.</p> <p>Trigger : Project management failure, partner failure, project resources</p> <p>Consequences : Failure to deliver a sustainable and affordable model for tertiary education, training and research. Partner may cease to exist.</p> <p>Risk type : Professional - Other</p> <p>Reference - ORG0022</p>	Unlikely	Significant	Medium	<ul style="list-style-type: none"> • Project Manager and Shadow Board to be put in place quickly, and partner project team participants to be identified and freed up. 	Unlikely	Minor	Low	Neil Grant Shetland Islands Council
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<p>Recent Council activities plus local / national issues have led to an increased workload for Services across the Council and within Corporate Services - and particularly for Finance, Governance and Law, Capital Programme and Human Resources. There is a limit to how much additional work staff can absorb - staff and services are considered to be at capacity. The implemented move from 8 North Ness was disruptive and there is an ongoing increase in workload caused by the work arounds required so that the Council can continue to operate from other locations.</p> <p>Trigger : Main triggers include: revised budget post Scottish Govt settlement, budget setting challenges - the requirement to make savings now and in the future, implementing various pay and conditions requirements plus 3rd edition of JE scheme, the tertiary review is a significant on-going piece of work, as are the various tasks and activities around the establishment and operation of the IJB. Governance and law workload includes governance reviews and organisation-wide project work. Service redesign work also requires significant staff time.</p> <p>Consequences : Impact on planned work including in particular important corporate/ strategic reviews and strategy development: there is a risk that work will not be scheduled or will not be completed on time, leading to missed opportunities and/or increased costs. Teams at capacity, stress on staff, potential sickness absence, any reduction in resources, e.g. from absences, or resources diverted, can lead to missed opportunities or deadlines/ impact on quality of work as well as difficulty in meeting timescales. Significant work/ strategic planning/ long-term vision is affected or displaced by urgent tasks, short deadlines, reactive work and external demands. Impact on quality of work, missed information, failure to take adequate account of all relevant information, poor quality input / information can lead to poor decision-making.</p> <p>Risk type : Corporate/Community plan - failure to meet Reference - ORG0032</p>	Possible	Significant	Medium	<ul style="list-style-type: none"> • The effects of the move from 8 North Ness are being monitored and adjustments made where possible to ensure minimal disruption to services. ☐Our Plan 2016-20 has been agreed. This explains the outcomes that the SIC wants to achieve by April 2020. Our financial planning process is more robust and in line with other planning processes. The risks to Directorate and Service plans are articulated and considered in reports. <p>The Risks for new initiatives including the allocation of resources are considered at Project start up and kept under review.</p>	Unlikely	Minor	Low	Christine Ferguson Shetland Islands Council
<p>The Medium Term Financial Plan covers the period from 2018/19 to 2023/24 and as an instrument to direct the organisation's budget setting and expenditure is prudent and in line with available resources. Over 75% of the Council budget is funded by the Scottish Govt. The local authority's annual grant from the Scottish Govt is expected to reduce in the short and medium term but is currently un-quantified, a reduction of 7.29% has been assumed across the MTFP period. This amount has been estimated based on a best case scenario of a possible growth of 2.7% and a worst case scenario of a reduction of 14.4% over the next 5 years.</p> <p>Trigger : Organisation's failure to plan or put in place sustainable services for future years, continued reductions to govt grant of an unanticipated or unknown magnitude.</p> <p>Consequences : If there is no adequate planning to take account of grant reduction then the Council will be unable to respond to the uncertainty presented by austerity which could result in knee-jerk decisions being made to balance budgets and/ or an unsustainable draw from Council reserves.</p> <p>Risk type : Economic climate Reference - ORG0039</p>	Likely	Significant	High	<ul style="list-style-type: none"> • Service redesign across all areas to identify and implement sustainable levels of service going forward. Implementation of business transformation programme to support service redesign. Impact of 19/20 financial settlement is generally in line with MTFP expectations, however full funding of internal ferry services is not included which creates an immediate pressure of £2.9M on the Council's 19/20 budget (and on the MTFP). Settlement also reinforces the need for the Council to transform the way it provides services in the future in order to deliver the right outcomes in an efficient and cost-effective way (for the community), i.e. to proceed with the ambitious Service Redesign programme and Business Transformation Programme 	Unlikely	Major	Medium	Jamie Manson Shetland Islands Council

Shetland Islands Council and specific Directorates, Services and sections are in a number of partnerships. Some have a legislative element and have a strategic directing role (the Community Planning Partnership, SADP, etc), some are entered into for the purpose of delivering services (Community Health and Social Care/ IJB, SIC Housing Service and Hjaltsland Housing Association). Many are contractual but for some, the partnership may exist only through an informal agreement. There is no formal list of the council's partnership arrangements or agreements. Trigger : Partner fails (legally, financially, is wound up, becomes insolvent or goes into administration) or is no longer able to provide their part of the partnership. Grant or funding is cut to partner. Board resignation, difficulty in recruiting board members, failure to achieve buy-in from essential partners, volunteer fatigue. Consequences : If a partner fails, the responsibility to deliver service or function for which the partnership was formed, may fall to Shetland Islands Council. Contractual obligations such as leases may become the (moral or financial) responsibility of Shetland Islands Council. Financial responsibilities such as for pensions, may fall to Shetland Islands Council. Civil liabilities such as through claims, may fall to Shetland Islands Council in the event that joint liability exists. Risk type : Partnership working failure Reference - ORG0040	Possible	Extreme	High	• Various controls in place.All new admitted bodies comply with current requirements, all contracts are scrutinised by Legal Services / Governance and Law/ Finance staff. Assurance required that managers engage with Corporate Services BEFORE commencing service redesign programmes. Managers must adhere to Commissioning and Procurement framework.	Unlikely	Major	Medium	Christine Ferguson Shetland Islands Council
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Corporate Plan

F13. Our "20 By '20" - Workforce Planning

The Council is required to manage changes and challenges in its workforce and in some services across the organisation there are considerable challenges in recruitment, such as social work, teaching and other technical and professional posts. These difficulties are not limited to Shetland. Services must review the demands on services, consider strategies to attract and retain employees and they need accurate and timely data and analysis from the council's HR system to inform their decision making. Human Resources must ensure that effective use is made of information management and reporting to support services to enable effective workforce and succession planning. HR and Council services must work together to develop and review policies, procedures and the employment offer from the Council to minimise the risks of having insufficient staff to deliver council services. Trigger : Increase in staff turnover and inability to recruit staff to vacant posts . Consequences : Posts remaining unfilled due to failure to recruit which places strain on services to deliver and increases pressure on existing workforce. The relocation and interview expenses budget increases with the increasing need to recruit from outwith Shetland. We are also having to advertise more frequently with teaching posts in particular being difficult to fill. Services must engage proactively with HR in order to analyse the reasons why staff leave to minimise staff turnover. Working patterns, and terms and conditions of service should also be reviewed by services to remove any unnecessary barriers to employment. Risk type : Employment issues Reference - ORG0018	Likely	Minor	Medium	• HR continually reviews the council's HR policies and processes to ensure policies and procedures support the organisation to become more responsive and flexible in the deployment of existing staff. The Council's Workforce Strategy provides a framework to focus attention and prioritise work streams that identify and develop talent as well as increase the number of ways young people can join the organisation. Attracting and retaining staff is a priority and a pilot recruitment exercise to support the Planning service to fill large number of vacancies has tried a range of new approaches to try to increase and improve our ability to recruit. The Council's Market Forces Policy can be applied in appropriate circumstances. A business transformation project to streamline HR and payroll activities is being developed in order to increase self-service and improve workflow.	Unlikely	Minor	Low	Denise Bell Shetland Islands Council
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Corporate Plan

F15. Our "20 By '20" - Assets

The current Anderson High School campus is a large open site with a number of buildings on it. There are various access points to the campus and it is surrounded by residential properties. The school was vacated in Sept/ Oct 2017 when the service/ staff/ pupils, etc moved to the new build at the Clickimin.

Trigger : Failure to properly plan for the future of the site

Consequences : A failure to plan for the future of the site could lead to missed opportunities to capitalise on this asset, . There will be on-going costs associated with the site, rates, maintenance etc. and a risk of vandalism or other damage. There is also a risk of reputational damage if the site is not developed.

Risk type : Missed opportunities

Reference - ORG0035

Unlikely Extreme

High

• The Council is undertaking a master-planning exercise for this site. It is hoped this will be complete by June 2019.

Unlikely

Significant

Medium

Robert Sinclair
Shetland Islands Council

Corporate Plan

F2. Our "20 By '20" - Staff Value & Motivation

A second organisation-wide Staff Viewpoint Survey was carried out in late 2017 for the purpose of gauging staff opinions and levels of engagement. The returns were analysed with the issues prioritised, and that information was reported to Directors, Managers and staff with Action Plans developed for services as well as a council-wide plan led by the Chief Executive. The comments made reflect concerns about the Council, recent changes, and the impact of those changes.

Trigger : Perception (real or imagined) that organisation, senior management or specific manager(s) will not/ have not acted upon the findings of the survey. No change evidenced, status quo despite assurances or promises to the contrary. Failure to communicate change to front-line staff, failure to embed change, so situation reverts to that which led to dis-satisfaction.

Consequences : Disillusioned/ unhappy / disengaged staff, increased disillusionment following the expectation that the survey would make a difference, no confidence in manager or organisation, demotivated staff, poor commitment to Service, impact on Service and/or productivity. Staff retention issues - Increased turnover of staff with resulting recruitment costs and service impacts. Reputational damage, staff more likely to raise grievances. Stress, increase in sickness absence, perception that the whole exercise was a waste of public money.

Risk type : Missed opportunities

Reference - ORG0031

Possible Significant

Medium

• Ensure good two way communication between staff and management, a new communications strategy is being developed to put in place a framework to deliver this that has been informed by the results of the Viewpoint Survey. PDPs and carried out and staff training needs are met. A new set of Values and Behaviours are now in place and promoted widely, the next stage is to embed these in to our business as usual. The Council's Workforce Strategy, Staff Development Policy and Personal Development Plan Policy set out clear direction and framework to ensure the tools are in place to make sure this happens. Directorate Consultation Forums are in place to bring together senior managers and staff representatives at least 4 times a year to exchange information and maintain communication throughout the organisation. The second Viewpoint Survey completed in January 2018 shows improvement in all factors. A new Viewpoint Action Plan is in place with a new approach taken using focus groups to deliver these actions. This is combined with providing opportunities for development for staff as part of the Council's talent management in leading or participating in these groups. Every opportunity is taken to encourage staff to reflect on the values and participate in focus groups. A new staff recognition scheme has been introduced and led by the Chief Executive. The Chief Executive has carried out two "meet the Chief Executive" sessions to open up channels of communication even wider.

Rare

Significant

Low

Denise Bell
Shetland Islands Council

Corporate Plan

F4. Our "20 By '20" - It Equipment & Systems

<p>Malicious cyber attack could happen at any time. ICT and SIC have a host of security systems and approaches in place. However, an attack, successful or otherwise, can always happen. It may be impossible to tell whether there has been an attack, or what any attack has looked at/ taken/ copied. Any attack could result in compromise /damage to systems or reputation, data leak, loss of data or system downtime.</p> <p>Trigger : Attack on the Council's network resulting in compromise/damage to systems or reputation, data leak, etc</p> <p>Consequences : Loss of data, system downtime</p> <p>Risk type : Malicious damage/ vandalism/sabotage</p> <p>Reference - ORG0029</p>	Unlikely	Major	Medium	<ul style="list-style-type: none"> • Anti-virus and firewall defences, ICT security policy,, boundary appliance scan all incoming e-mail; Corporate anti-virus installed on all servers and workstations; Corporate firewalls, Systems support team ensure software and hardware are patched to the latest secure versions; Annual penetration testing resulting in security remediation actions, PSN and Cyber Essentials Plus certification; Regular internal system scans and reviews to ensure systems are up to date and secure. System monitoring for unusual activity, which may be linked to a cyber-attack Fortnightly Security Review meetings discuss and evaluate threats; Active participation in national Security forum CiSP, and implementation of advice from government bodies such as Secure Email Blueprint, Webcheck, and Secure DNS. Documentation of a Cyber Incident Response plan, including escalation points of contact at central government level, including Netcraft. 	Rare	Significant	Low	Susan Msalila Shetland Islands Council
<p>The Corporate Address Gazetteer is a Scottish Government system that is populated by each Local Authority with address information for residential and domestic properties. The information in the gazetteer is increasingly being used by emergency services to locate properties, and the plan is to use it for the 2021 census, which is to be completed electronically for the first time. The data in the Shetland section of the gazetteer is less than satisfactory, and there is no clear responsibility - for example, a Custodian has not been identified for the gazetteer. ICT has instigated a cross departmental project to rectify this, and to clarify responsibilities going forward.</p> <p>Trigger : The gazetteer, which is required to support service delivery (e.g. for the census), does not function as required due to the poor quality of the data.</p> <p>Consequences : Impact on service, possible incidents of emergency services not being able to identify property locations, delay to census, national embarrassment, potential penalty from Scottish or UK Government.</p> <p>Risk type : Records/Research data/systems/security/confidentiality/ back-up.</p> <p>Reference - ORG0048</p>	Possible	Significant	Medium	<ul style="list-style-type: none"> • ICT has instigated a project to address data issues and inaccuracies, and to clarify responsibilities going forward. 	Rare	Significant	Low	Susan Msalila Shetland Islands Council

<p>The Council invested heavily in infrastructure at the time when the oil industry was taking off. This infrastructure was funded from income generated from the oil industry. That infrastructure is now ageing and will need to be replaced, however, the financial situation is now tighter which will mean that it will be challenging to finance this.</p> <p>Trigger : Need for Investment in Shetland's infrastructure</p> <p>Consequences : Challenge to finance the maintenance and/or replacement of existing infrastructure</p> <p>Risk type : Physical - People / Property - Other</p> <p>Reference - ORG0021</p>	Likely	Extreme	High	<p>• The current Asset Investment Plan focuses on the maintenance of existing assets in order to prolong their useful economic lives. This should mitigate against the risk of immediate failure. In order to address the longer term replacement of assets, a Borrowing Policy was approved by Council on 11 December 2013.</p> <p>Other measures in place include: MTFP, budget monitoring and scrutiny, clear and robust roles and responsibilities for managers and financial procedures & regs. A report on Long Term Asset Investment planning has been prepared and presented to the Council. It identifies the extent of future programmes, which will inform funding options. LTAI planning highlights the significant challenges - for example fair funding for ferries is a challenge that is larger than is manageable by the SIC and requires national input and support. Lobbying of Scottish Govt to be undertaken.</p>	Likely	Major	High	Christine Ferguson Shetland Islands Council
<p>The Council handles significant quantities of data including confidential and personal data on a daily basis. It is expected to be an exemplar of good practice and to maintain high standards of security and confidentiality at all times. Information management is managed within the legislative framework as set out by the Information Commissioner.</p> <p>Trigger : Data is released in an uncontrolled manner, accidentally or deliberately, and potentially without the knowledge of the organisation, because of a lack of training/ understanding, poor security, loss of paperwork or data-storing technology.</p> <p>Consequences : Release results in reputational damage or action against the organisation by the Information Commissioner. Financial loss/ fine. Negative media coverage and reputational damage. Possible disciplinary action, stress for staff. Loss of confidence in Services.</p> <p>Risk type : Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc</p> <p>Reference - ORG0030</p>	Unlikely	Major	Medium	<p>• Current and planned controls -• Current and planned controls -Current: There are already robust systems and procedures in place to prevent the loss of data and information. To date, over 600 staff have accessed training in basic Data Protection and Freedom of Information principles, including attendance at a conference provided by the Assistant Information Commissioner in 2015, and by the Office of the Scottish Information Commissioner in 2016, and by accessing online training through iLearn/Brightwave.</p> <p>Planned: Information management and improvement is a strand of the Business Transformation Programme 2016-2020. This is supported by an Information Management Strategy, which provides a framework for improvement and development of information management policies and procedures to ensure our services can work together in a smarter way. The Improvement Programme includes a number of work streams, including information security, business continuity, culture and training, all of which will contribute to further reducing the risks inherent with maintaining and processing large amounts of information, and will aim to keep these considerations at the forefront of business transformation projects. Governance, accountability and strategic direction for the Information Improvement Programme is provided by the Information Governance Board. The Board includes those who have management responsibility, accountability and ownership of information assets and this will be supplemented by the continued raising of awareness amongst, and further training of, managers, administrators and other staff in the proper handling of information.</p>	Rare	Major	Medium	Christine Ferguson Shetland Islands Council

<p>The Equal Pay Audit carried out on 2015/16 pay resulted in a published pay gap of 11.21% in favour of men. This is calculated on basic pay, and when other pay elements and allowances, except non-contracted overtime are included the gap increases to 16.23%. when non-contracted overtime is included the gender pay gap increases further to 20.05%. The Equality and Human rights Commission advise that any gender pay gap greater than 5% is of concern and action should be taken to address the gap.</p> <p>Trigger : Failure to address the identified issues, public / media scrutiny, equal pay claim from a member of staff, scrutiny by EHRC.</p> <p>Consequences : There is a risk that not addressing the equal pay gap identified in the Equal Pay Audit 2016 could lead to equal pay claims being made where pay inequalities exist. There is a risk that recruitment and retention of staff is detrimentally impacted by a failure to address barriers from gender, disability and race inequalities, and that this will impact on service delivery. A failure to realise the benefits of greater diversity in employment represents a waste of talent and an opportunity to address workforce and skills shortages. Occupational segregation means the clustering of employees with a particular protected characteristic into particular occupations or different levels of work. The published Equal Pay Statement 2017-2021 provides analysis that shows 97% of employees in the Marine occupational category are men, while 89% of employees in the Care occupational category are female. The data also shows an under representation of male employees in lower grades relative to their share of total employees, and an over representation at higher grades, with the reverse that case for female employees.</p> <p>These will also place a demand on resources and require specialist legal input, there will be financial pressure from legal costs and any damages, reputational damage and negative media coverage should there be equal pay claims, and a detrimental impact on staff confidence and morale. Increased recruitment and retention difficulties are likely.</p> <p>Risk type : Economic - Other Reference - ORG0044</p>	Possible	Major	High	<ul style="list-style-type: none"> Various significant activities are in place: The SIC Workforce Strategy, Equal pay Statement; Equal pay Audit Action plan. <p>A new council-wide approach is being developed in the Council's travel at work arrangements for implementation by 1 April 2019, a new pool car scheme has been approved for use by the care at home service to address inequalities identified through the equal pay audit.</p> <p>The council is required to carry out a further equal pay audit and publish its equal pay statement by the end of March 2019.</p>	Unlikely	Significant	Medium	Denise Bell Shetland Islands Council
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The SIC Pension Fund is currently not 100% funded. At 31 March 2017 triennial evaluation the Fund was 90% funded. The SIC Pension Fund, as well as the Council has a number of Scheduled and Admitted Bodies that have liabilities to fund over the long term. Admitted bodies failing or being unable to meet their contributions places risk from these arrangements on the Council, as the largest contributor to the Pension Fund.

Trigger : Any circumstance that triggers a liability to crystallise

Consequences : Financial impact, significant long term obligations on pension fund employers

Risk type : Customer / Citizen - Other

Reference - ORG0034

Almost
Certain

Major

High

• The 2017 Triennial valuation has been completed, along with a revised Funding Strategy Statement (FSS). This provides an up-to-date funding position for the SIC Pension Fund along with a revised FSS to ensure the Funds deficit can be met over the long term. Deficits are estimated to be recovered over a period of less than 20 years. A review of the Pension Fund strategy was approved by the Pension Committee and Board on 22nd May 2018 and is now in progress. KPMG are advising us of options in relation to the Pension Fund investment Strategy in order to realise the Pension Fund Strategy objective of reaching 100% funding level by 2027.

For Bodies seeking admission to the Pension Fund, if they are not a scheduled body with tax raising powers, they must provide a guarantee and/or bond to meet any liabilities should they default in the future. This mitigates the risk to the Fund in relation to new employers.

Rare

Extrem
e

High

Jamie
Manson
Shetland
Islands
Council

Corporate Plan

F8. Our "20 by '20" - Efficient

Long term financial planning - fulfilling the Council duty of best value has been defined (in part) by the Accounts Commission as addressing and doing more long term planning. Failure to recognise the longer term factors that impact on Council finance and service delivery obligations and challenges may result in serious criticism from Audit Scotland and the Accounts Commission, while at the same time impacting on customers and the organisation at large.

Trigger : Failure to prepare and take account of longer term scenario planning and to make informed assumptions about the impact of those on services and finance. A trend in the one-off use of reserves to balance revenue budgets. Use of invested capital for one-off or recurring expenditure and failing to recognise the cost of that capital and the impact on future budgets.

Consequences : If the Council operates unsustainably and without intervention it will have to increasingly rely on its reserve, the compounding effects of this eventually resulting in the depletion of reserves/investments and being no longer able to provide additional funds to support services in the General Fund budget. Reputational damage, the current expectations of customers not met and the Council outcomes not achieved.

Risk type : Economic / Financial - Other

Reference - ORG0042

Rare

Extreme

High

• Strong financial management arrangements in place, with MTFP refreshed and reported to Council in August 2018. A clear and robust financial cycle of annual budget process, regular monitoring and annual accounts in place, with positive feedback from external auditors. Regular / annual review of MTFP based on adoption of current year's budget and any likely changes in wider local government funding environment.

Work to review the LTFP is expected to commence over the next 12 - 18 months.

Service redesign across all areas to identify and implement sustainable levels of service going forward. Implementation of business transformation programme to support service redesign.

Unlikely

Major

Medium

Jamie
Manson
Shetland
Islands
Council

Corporate Plan

Shetland Islands Council - Our Plan 2016 - 2020

On 23rd June 2016, the UK voted to leave the European Union. There has been, and continues to be, ongoing economic and political uncertainty following that decision.

Trigger : The date for leaving the EU has been pushed back from 29th March and there is, at 10th April, no clarity as to the way forward. The UK could leave the EU without an agreement, with an as-yet-unclear agreement or the departure date could be set back further. Each of these potential scenarios has potentially significant implications locally and nationally.

Consequences : Generally, impacts are most likely in relation to constraints on the supply chain, for imports and/or exports. Shetland Seafood industry is worth circa £450M pa and the English channel is a key part of the export supply chain. Shetland's electricity and fuel supplies are partly or wholly outwith national supply frameworks and so may be overlooked in the event that UK government seeks to control or protect those supplies. The vessels which provide the lifeline ferry service to Shetland are owned by the Scottish Government so could be commandeered, for example, to ship goods on international routes. A lag in the move from EU funding to the UK prosperity fund might impact on projects, activities and industry across Shetland.

There is a possible impact on EU nationals working in Shetland, and a number of Shetland nationals who live abroad may return at short notice.

Medium term: Withdrawal of funding, political and economic uncertainty, legislative & regulatory uncertainty, impact on pension fund and Council investments, issues round fish quotas/ market/ pelagic fleet, economic impact, uncertainty for non-UK EU nationals employed in Shetland, potential impact on recruitment (of staff/ students). Potential for further legislative, political and structural change, opportunity to influence direction and shape of new legislation, impact on partner organisations and partner-funded bodies, risks around capital expenditure.

Risk type : Political - Other

Reference - ORG0037

Likely Extreme

High

• EU exit is a standing item on CMT agenda and Resilience Advisor reports there weekly. Resilience Advisor is in close communication with various national local authority and Category 1 responder groups which have been convened and meet twice-weekly to consider EU exit preparedness and the changing Scottish and UK planning assumptions.

Possible

Extreme

High

Maggie Sandison
Shetland Islands Council

Category

Corporate Plan

One or more communities fail to be sustainable

Trigger : Demographic and socio-economic problems on remote communities

Consequences : Depopulation of remote areas, sudden impact on development services

Risk type : Economic climate

Reference - ORG0045

Directorate

F5. Our "20 by '20" - Standards of Governance

Possible Significant

Medium

• Planned control measures include: Impact of connectivity from broadband and transport links; working with communities to develop sustainable plans; Progressing 'Islands with small populations' project

Unlikely

Significant

Medium

Neil Grant
Shetland Islands Council

Category

Corporate Plan

Strategic

C6. Economy and Housing - Sullom Voe Future

<p>There is a challenge to sustain current business and developing new business activity at Sullom Voe Terminal.</p> <p>Sullom Voe Terminal employs some 400 staff directly and many more indirectly. Exports from SVT through the Port of Sullom Voe (PoSV) earn c£6m - £8m contribution to Council reserves annually, an income level which is a key component of the Councils MTFP.</p> <p>Trigger : SVT processes Oil received through pipeline from East of Shetland (Brent & Ninian Pipeline Systems) and West of Shetland (Clair Pipeline System). East of Shetland volumes are in long term decline but West of Shetland is forecast to increase significantly over the coming years and be sustained for a considerable period of time, c2050-60. There are however evaluations and negotiations ongoing between Clair system owners and SVT operator and owners about whether a long term contract for Clair/SVT can be agreed, or whether some by-pass option might be preferred. Without Clair volumes the medium / long term future of SVT would be in some jeopardy.</p> <p>Consequences : If SVT cannot secure long term business on a satisfactory commercial basis then there is a risk that the terminal would close in the medium term perhaps around 2025. A significant decline or cessation of Oil & Gas activity at SVT would have very considerable economic, financial and social consequences.</p> <p>Risk type : Loss of revenue/income</p> <p>Reference - ORG0047</p>	Possible	Extreme	High	<p>• The Council has recognised that there is a significant review process being carried out at the moment between Clair and SVT. Discussions have been held with both parties and further discussions sought with the UK Oil & Gas Authority (OGA). A specialised consultant has been appointed to focus on this issue and specific items of technical advice are being considered with legal, financial and technical advisors. Engagement has been initiated through the Sullom Voe Association and Council SVA directors are being kept informed of developments as a sounding board. Further reports on progress and plans will be brought to Council through appropriate channels to ensure commercial confidentiality."</p>	Unlikely	Major	Medium	John Smith Shetland Islands Council
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Estimating risk likelihood and severity:

Step One - Look at the text in the box below and decide which descriptor of likelihood best matches your estimation of this particular risk/event.

Descriptor	Description
Almost certain	I would not be at all surprised if this happened within the next twelve months; I would expect this to happen
Likely	It is probable that this will occur sometime in the coming year
Possible	I think this could maybe occur in the next year
Unlikely	I would be mildly surprised if this occurred in the next year; it is unlikely to happen
Rare	I would be very surprised to see this happen in the next twelve months; it is very unlikely to happen

Step Two - Find the most realistic outcome for the risk you have identified and move down the left hand column to establish its value. Most risks will have potential impacts under more than one column.

HAZARD IMPACT	Personal Safety	Property loss or damage	Failure to provide Statutory Service or breach of legal requirements	Financial Loss or Increased cost of Working	Personal Privacy Infringement	Environmental	Community/ stakeholders / organisation	Reputation
Insignificant	Minor injury or discomfort to an individual	Negligible property damage	Reported to HSE, Stage 2 complaint	<£50k	Isolated personal detail revealed	Licensable activity occurring without authorisation but not causing pollution	Inconvenience to an individual or small group	Contained within Service Unit
Minor	Minor injury or discomfort to several people	Minor damage to one property	HSE investigation Complaint requiring investigation	£50k to £500k	Isolated sensitive data revealed	Death of invertebrates/ >10 fish, minor visible pollution, minor damage to commercial activity	Impact on an individual or small group	Contained within Service
Significant	Major injury to an individual/ range of moderate injuries to more than one person	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine to £250k HSE Improvement Notice served Complaint referred to Ombudsman	£500k to £1m	Several persons details revealed	Environmental damage to > 1km ² Death of 10-100 fish, long term localised harm/ widespread short-term harm to environment, Significant visible pollution/ damage to commercial activity	Impact on a local community. Impact on Council Service	Local public or press interested
Major	Major injury to several people or death of an individual	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fine £250k to £1m imposed HSE Prohibition Notice served Adverse report from External Advisor	£1m to £5m	Several persons' sensitive /personal details revealed	Death of animals, substantial harm to human health, wide-spread/ long-term harm, loss/ closure of shellfish/drinking/ bathing water, extensive damage/ closure of agriculture/ commercial activities	Impact on several communities. Impact on whole organisation	National public or press interest,
Extreme	Death of several people	Total loss of critical building(s)	Multiple civil or criminal actions. Litigation, claim or fine above £1m or custodial sentence	>£5m	All personal details revealed for many	Permanent damage to a nationally significant population/ to site of special interest	Impact on the whole of Shetland	Senior officer(s) and/or members dismissed/ disqualified. Central takeover of authority



Meeting(s):	Shetland Islands Council	15 May 2019
Report Title:	Council Business Programme 2019/20	
Reference Number:	CRP-09-19-F	
Author / Job Title:	Director of Corporate Services	

1.0 Decisions / Action required:

- 1.1 That the Council considers the business planned for the remaining quarters of the current financial year (1 April 2019 to 31 March 2020), and RESOLVES to approve any changes or additions to the Business Programme.

2.0 High Level Summary:

- 2.1 The purpose of this report is to inform the Council of the planned business to be presented to the Council for the remaining quarters of the financial year 1 April 2019 to 31 March 2020, and discuss with Officers any changes or additions required to that programme.
- 2.2 The presentation of the Business Programme 2019/20 on a quarterly basis provides a focussed approach to the business of the Council, and allows senior Officers an opportunity to update the Council on changes and/or additions required to the Business Programme in a planned and measured way.
- 2.3 Currently, dates for any decisions that will be required of the Council with regard to the Service Redesign Programme have not been determined. These will be added when detailed project plans are formulated e.g. regarding the Tertiary Review.

3.0 Corporate Priorities and Joint Working:

- 3.1 The recommendation in this report is consistent with the following corporate priorities:
- Our Plan 2016, in its 20 by '20 states that:-
"High standards of governance, that is, the rules on how we are governed, will mean that the Council is operating effectively and the decisions we take are based on evidence and supported by effective assessments of options and potential effects".

4.0 Key Issues:

- 4.1 The Council approved the schedule of meetings for 2019/20 at its meeting on 16 January 2019 (Min Ref: 03/19).
- 4.2 The manner in which meetings have been scheduled is described below:

<ul style="list-style-type: none"> • Ordinary meetings have been scheduled. Should an ordinary meeting have no scheduled business within two weeks of the meeting, the meeting will be cancelled; • Special meetings may be called on specific dates for some items – other agenda items can be added, if time permits; • Budget = Budget setting meetings – other agenda items can be added, if time permits, or if required as part of the budget setting process; and • In consultation with the Convener and relevant Members and the Chief Executive, and if required according to the circumstances, the time, date, venue and location of any meeting may be changed, or special meetings added. <p>4.3 The Business Programme for 2019/20 is presented by the Lead Officer to each Committee/Board and by the Director of Corporate Services to the Council on a quarterly basis. The reports are presented for discussion and approval, particularly in relation to the remaining projects and reports which are listed at the end of each business programme as still to be scheduled.</p>	<p>5.0 Exempt and/or confidential information:</p> <p>None</p>
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6.0 Implications :	
<p>6.1 Service Users, Patients and Communities:</p>	<p>The Business Programme provides the community and other stakeholders with important information as to the planned business for the coming year.</p> <p>The Business Programme reflects key decision points for service redesign as part of the Council's transformational change programmes and strategic plans.</p> <p>It also includes decision points with regard to the delivery of the Shetland Partnership Plan 2018-2028</p>
<p>6.2 Human Resources and Organisational Development:</p>	<p>None arising directly from this report</p>
<p>6.3 Equality, Diversity and Human Rights:</p>	<p>None arising directly from this report</p>
<p>6.4 Legal:</p>	<p>None arising directly from this report, however, the appropriate and timely scheduling of reports for decision enable the Council to fulfil its statutory obligations.</p>
<p>6.5 Finance:</p>	<p>There are no direct financial implications in this report, but indirect costs may be avoided by optimising Member and officer time.</p>
<p>6.6 Assets and Property:</p>	<p>None arising directly from this report, however, the Asset Strategy is a due to be presented to the Special meeting of the</p>

	Council on 11 June 2019. Further specific reports with regard to the future use of Council property and assets will be scheduled for future meetings of the Council and its Committees as appropriate following the Council's consideration of the Asset Strategy.	
6.7 ICT and new technologies:	None arising directly from this report	
6.8 Environmental:	None arising directly from this report	
6.9 Risk Management:	<p>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 Council.</p> <p>Equally, not applying the Business Programme would result in decision-making being unplanned and haphazard; aligning the Council's Business Programme with the objectives and actions contained in its corporate plans mitigates against those risks.</p>	
6.10 Policy and Delegated Authority:	<p>The Business Programme supports the Council's role, as set out in Section 2.1.3 of the Council's Scheme of Administration and Delegations.</p> <p>It sets the timescales for key decisions throughout the year and enables Members to monitor and review progress made towards achievement of key outcomes, whilst ensuring Best Value in the use of resources.</p>	
6.11 Previously considered by:	N/A	

Contact Details:

Christine Ferguson
 Director of Corporate Services
 Tel Ext: 3824
 Email: christine.ferguson@shetland.gov.uk
 26 April 2019

Appendices:

Appendix 1 – Shetland Islands Council Meeting Dates and Business Programme 2019/20



Shetland Islands Council - Meeting Dates and Business Programme 2019/20 as at Wednesday, 08 May 2019

Shetland Islands Council			
Quarter 1 1 April 2019 to 30 June 2019	Date of Meeting	Business	Notes
	15 May 2019 10 a.m.	Management Accounts for Community Health and Social Care 2018/19 – Projected Outturn at Quarter 4	
		SIC Overall Management Accounts 2018/19 Projected Outturn at Q4	
		Fund Management Annual Investment Report 2018/19	
		Taxi Tariff Review	
		Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan 2019/22	
		Local Government Boundary Review – Local Government Boundary Commission Initial Proposals	
		Appointments to the Audit Committee and the Harbour Board	
		Corporate Risk Register	
		Shetland Islands Council Business Programme	
		Confidential Corporate Risk Register	
	Special 11 June 2019 2 p.m.	2018/19 Shetland Islands Council Draft Outturn	
		Knab Masterplan	
		Corporate Asset Strategy	
		Business Justification – Demolition at Knab Site	
		Business Justification – Commercial Road Site	
Quarter 2 1 July 2019 to 30 September 2019	Special 26 June 2019 2 p.m.	Zetland Educational Trust: Annual Report and Financial Statements for the Year to 31 March 2019	
		Shetland Islands Council Unaudited Accounts 2018/19	
	3 July 2019 10am	Asset Investment Plan – Progress Report 2019/20 – Quarter 1	
		Council Business Programme 2019/20	
		Corporate Risk Register	
		Confidential Risk Register (EXEMPT)	



**Shetland Islands Council - Meeting Dates and Business Programme 2019/20
as at Wednesday, 08 May 2019**

	11 September 2019 10am	Confidential Risk Register (EXEMPT)	
		Corporate Risk Register	
		Council Business Programme 2019/20	
		Medium Term Financial Plan	
		Overall SIC Management Accounts 2019/20 – Projected Outturn at Quarter 1	
		Council Investments Review 2019/20 – Quarter 1	
		Code of Corporate Governance	
	<i>Special</i> 25 September 2019 2 p.m.	Annual Audit Report on the 2018/19 Audit – Shetland Islands Council and Zetland Educational Trust	
Shetland Islands Council (continued)			
<i>D= Delegated R=Referred</i>			
Quarter 3 1 October 2019 to 31 December 2019	Date of Meeting	Business	Notes
	27 November 2019 10 a.m.	Council's Investment Review 2019/20	
		SIC Overall Management Accounts 2018/19 – Projected Outturn at Quarter 2	
		Asset Investment Plan – Progress Report – Quarter 2	
Quarter 4 1 January 2020 to 31 March 2020	22 January 2020 10 a.m.	External Audit Annual Report 2018/19 - Update on Recommendations	
		Shetland Islands Council Diary of Meetings 2020/21	
		Council Business Programme 2019/20	
		Corporate Risk Register	
		Confidential Risk Register	
	<i>Budget Setting</i> 12 February 2020 10 a.m.	2020/21 Financial Settlement	
		5 Year Asset Investment Plan 2020-2025	
		Shetland Islands Council Budget Book 2020/21	
		Annual Investment and Treasury Strategy 2020/21	
	18 March 2020 10 a.m.	Commissioning and Procurement Framework 2020-2023	
		SIC Overall Management Accounts 2019/20 - Projected Outturn at Quarter 3	



**Shetland Islands Council - Meeting Dates and Business Programme 2019/20
as at Wednesday, 08 May 2019**

Planned Committee business still to be scheduled - as at Wednesday, 08 May 2019

tbc = to be confirmed

Budget = Budget setting meetings – other items can be added if time permits

Ordinary = Ordinary meetings – other items can be added

Special = Special meetings arranged for particular item(s) – other items can be added if time permits

END OF BUSINESS PROGRAMME as at Wednesday, 08 May 2019