

Shetland Islands Health and Social Care Partnership

 Shetland NHS Board	 Shetland Islands Council
Enquiries to Leisel Malcolmson Direct Line: 01595 744599 E-mail: leisel.malcolmson@shetland.gov.uk	
17 September 2019	

Dear Member

You are invited to attend the following meeting:

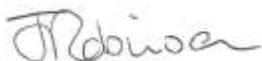
Integration Joint Board

Thursday 26 September 2019 at 3 p.m.

Bressay Room, NHS Shetland HQ, Burgh Road, Lerwick

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

Yours sincerely



Josephine Robinson
Interim Chief Officer

Chair: Ms Natasha Cornick
Vice-Chair: Mr Allison Duncan

AGENDA

ITEM

- A Welcome and Apologies
- B Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.
- 1 Annual Audit Report 2018/19
CC-38
- 2 Final Audited Accounts 2018/19
CC-37
- 3 Caring for Bressay' - Engaging Communities in Developing Sustainable Service Models for the Future.
CC-41



Meeting(s):	IJB Audit Committee Integrated Joint Board	26 September 2019 26 September 2019
Report Title:	Annual Audit Report 2018/19	
Reference Number:	CC-38-19	
Author / Job Title:	Karl Williamson – Chief Financial Officer	

1.0 Decisions / Action required:

- 1.1 The IJB Audit Committee and the IJB NOTE Deloitte's Annual Audit Report on the 2018/19 Audit (Appendix 1).

2.0 High Level Summary:

- 2.1 IJBs are specified in legislation as 'Section 106' bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom.
- 2.2 The purpose of this report is to receive Deloitte's Annual Audit Report on the 2018/19 Audit.

3.0 Corporate Priorities and Joint Working:

- 3.1 The IJB is a separate legal entity, accountable for the stewardship of public funds and expected to operate under public sector best practise governance arrangements, proportionate to its transactions and responsibilities.
- 3.2 Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangement for the proper administration of their financial affairs. One of the key controls for financial management is the preparation of annual accounts which will be submitted for external audit.

4.0 Key Issues:

- 4.1 Deloitte has issued a final report for their 2018/19 audit. The report summarises their findings and conclusions in relation to:
- The audit of the financial statements; and
 - Consideration of the four audit dimensions that frame the wider scope of public sector audit requirements, being, financial sustainability, financial management, governance and transparency and value for money.
- 4.2 Based on their audit work, Deloitte expect to issue an unmodified audit opinion in respect of the Annual Accounts.

4.3	The management commentary and annual governance statement comply with the statutory guidance and proper practice and are consistent with the financial statements. No material misstatement of disclosure deficiencies have been identified in the course of the audit.
4.4	Deloitte's interim report, presented to the IJB in June 2019, set out the findings and conclusions on each audit dimension. This final report provides an overall conclusion on each dimension on page 5 (Appendix 1).
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 Equality, Diversity and Human Rights:	None
6.4 Legal:	IJBs are specified in legislation as 'Section 106' bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom.
6.5 Finance:	There are no financial implications arising from this report.
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None
6.9 Risk Management:	The Annual Audit Report includes the identification of key risks and internal control arrangements in place to manage those risks, together with any improvement actions required.
6.10	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with

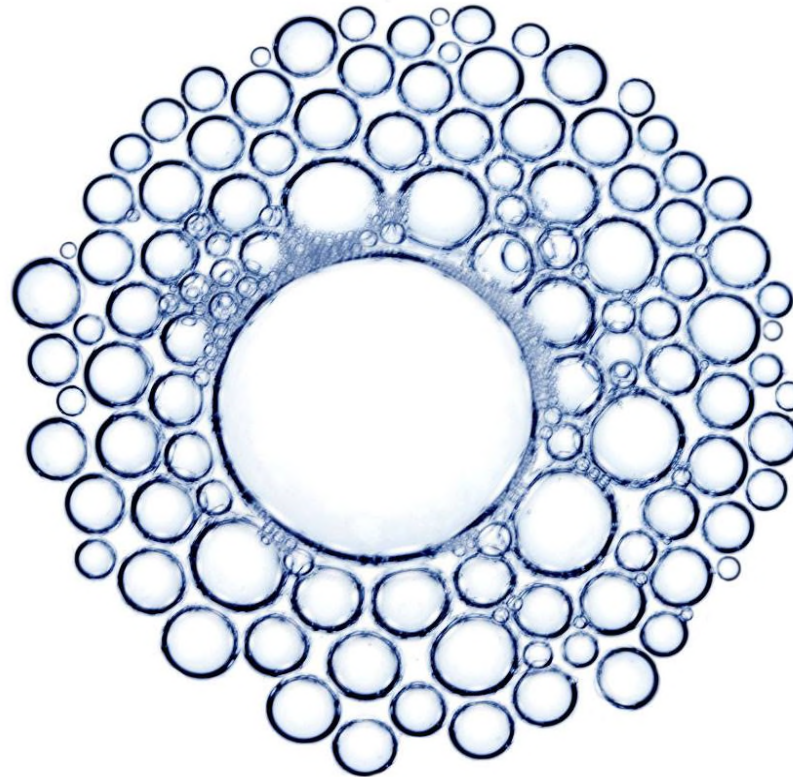
Policy and Delegated Authority:	<p>the approved Integration Scheme, Scheme of Administration, and the Financial Regulations.</p> <p>The IJB Audit Committee remit includes consideration of all the reports from the external auditors, including the External Auditor's Annual Report and to review the IJB's financial performance as contained in the Annual Report. Receiving the audited account of the IJB and related certificates and report is a matter reserved by the IJB.</p>	
6.11 Previously considered by:	<i>n/a</i>	<i>n/a</i>

Contact Details:

Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net, 02 September 2019

Appendices:

Appendix 1 – Deloitte's Annual Audit Report 2018/19



Shetland Islands Integration Joint Board

Report to the Audit Committee, Members of the IJB and the
Controller of Audit on the 2018/19 audit

Issued 3 September 2019 for the meeting on 26 September 2019

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Introduction

The key messages in this report

Audit quality is our number one priority. We plan our audit to focus on audit quality and have set the following audit quality objectives for this audit:

- A robust challenge of the key judgements taken in the preparation of the financial statements.
- A strong understanding of your internal control environment.
- A well planned and delivered audit that raises findings early with those charged with governance.

I have pleasure in presenting our final report to the Audit Committee ('the Committee') of Shetland Islands Integration Joint Board ('the IJB' 'the Board') for the 2019 audit. The scope of our audit was set out within our planning report presented to the Committee in March 2019.

This report summarises our findings and conclusions in relation to:

- The audit of the **financial statements**; and
- Consideration of the **four audit dimensions** that frame the wider scope of public sector audit requirements as illustrated in the following diagram. This includes our consideration of the Board's duty to secure best value.



Introduction (continued)

The key messages in this report (continued)

I would like to draw your attention to the key messages of this paper:

Conclusions from our testing

Based on our audit work completed to date we expect to issue an unmodified audit opinion.

Following amendments identified during the course of our audit, the management commentary and annual governance statement comply with the statutory guidance and proper practice and are consistent with the financial statements and our knowledge of the Board.

The auditable parts of the remuneration and staff report have been prepared in accordance with the relevant regulation.

A summary of our work on the significant risks is provided in the dashboard on page 8.

No misstatements in excess of our reporting threshold of £39k or disclosure deficiencies have been identified up to the date of this report.

Status of the financial statements audit

Outstanding matters to conclude the audit include:

- Finalisation of internal quality control procedures;
- Receipt of final financial statements;
- Receipt of signed management representation letter; and
- Our review of events since 31 March 2019.

Conclusions on audit dimensions

As set out on page 3, our audit work covered the four audit dimensions. This incorporated the specific risks highlighted by Audit Scotland, in particular, the impact of EU withdrawal, the changing landscape for public financial management, dependency on key suppliers and increased focus on openness and transparency.

Our detailed interim report, presented to the Committee in June 2019, set out our findings and conclusions on each dimension. We have updated this for any significant changes since that report and our overall conclusion on each dimension is summarised on page 5.

Introduction (continued)

The key messages in this report (continued)

Conclusions on audit dimensions (continued)

Financial sustainability

The IJB is not in a financially sustainable position and significant funding gaps are forecast for future years. The IJB needs to work with its partners to prioritise and progress transformational change, considering alternative methods of service delivery or taking difficult decisions such as changes to the level of service provided in order to reach a financially sustainable position in the medium to longer term.

Financial management

The IJB has effective financial management processes in place. However, there is room for improvement in the budget-setting process, the reporting of progress against budget and changes to the budget in year.

Governance and transparency

The IJB promotes a culture of openness and transparency, although there is room for improvement and the IJB needs to adopt an approach of always 'striving for more'.

The IJB needs to significantly improve its approach to self assessment. It should develop a self assessment programme to ensure that the Council has adequate arrangements in place.

Value for money

While the IJB's performance continues to fare well against the national average, this comes at substantial cost. Given the current financial position, the IJB needs to consider the targets it sets and outline what it considers acceptable performance in lower-priority areas, ensuring such decisions are made through engagement with the wider community.

When preparing its budget, the IJB should make clear links to outcomes and outline how spend is improving outcomes or how spend will be reduced in areas that are not impacting on outcomes achieved.

The IJB has been performing consistently against its targets. However, performance has declined from 2017/18. There needs to be a clear link between cost and performance, and the IJB should consider the targets it sets on an ongoing basis to ensure they remain realistic, demonstrate a commitment to improvement and are aligned with the Scottish Government's National Performance Framework.

Our conclusions are included on pages 16 to 18 of this report, with the detailed findings and agreed Action Plan included in our interim report in June 2019.

We will consider progress with the agreed actions as part of our 2019/20 audit.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision-making, and more effective use of resources.

This is provided throughout this report and our separate interim report. In particular, we have added value through our work with the IJB by sharing best practice on medium-term financial planning. We also believe that our input has encouraged a constructive discussion of the IJB's governance arrangements, its approach to openness and transparency, how it works to improve outcomes for the community and how it can use self-assessment to improve performance.

Our audit explained

Area dimensions

In accordance with the 2016 Code of Audit Practice, we have considered how you are addressing the four audit dimensions:

- Financial sustainability
- Financial management
- Governance and transparency
- Value for money

Significant risks

Our risk assessment process is a continuous cycle throughout the year. Page 8 provides a summary of our risk assessment of your significant risks.

Quality and Independence

We confirm we are independent of Shetland Islands Integration Joint Board. We take our independence and the quality of the audit work we perform very seriously. Audit quality is our number one priority.

Final audit report

In this report we have concluded on the audit risks identified in our planning report and any other key findings from the audit.

Key developments in your business

As noted in our planning report, the IJB continues to face significant financial challenges due to an increase in cost whilst facing increased demand for services.

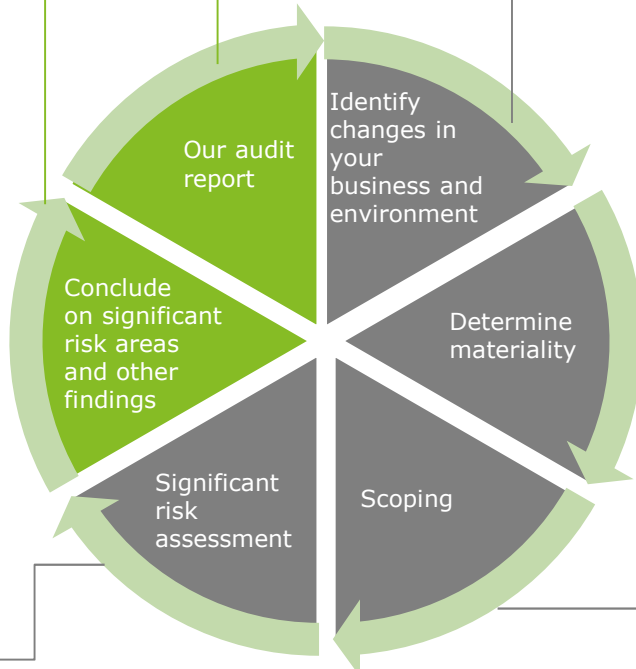
Materiality

Materiality of £789k and performance materiality of £631k has been determined based on the benchmark of gross expenditure and is a slight increase from what we reported in our planning paper due to updated final figures.

We have used these as the basis for our scoping exercise and initial risk assessment. We have reported to you all uncorrected misstatements greater than £39k.

Scope of the audit

We have audited the financial statements for the year ended 31 March 2019 of Shetland Islands Integration Joint Board.



Timeline 2018/19

November 2018 – February 2019

Meetings with management and other staff to update understanding of the processes and controls.

13 March 2019

Presented planning paper to the Audit Committee

31 March 2019

Year end

June-August 2019

Review of draft accounts, testing of significant risk and performance of substantive testing of results.

27 June 2019

Presented interim report to the Audit Committee

15 August 2019

Audit close meeting

26 September 2019

Audit Committee meeting

26 September 2019







Accounts sign-off

Financial statements audit



Significant risks

Dashboard

Risk	Material	Fraud risk	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Page no.
Completeness and accuracy of income			D+I	Satisfactory		Satisfactory	9
Management override of controls			D+I	Satisfactory		Satisfactory	10

Significant risks (continued)

Risk 1 – Completeness and accuracy of income

Risk identified

ISA 240 states that when identifying and assessing the risks of material misstatement due to fraud, the auditor shall, based on a presumption that there are risks of fraud in income recognition, evaluate which types of income, income transactions or assertions give rise to such risks. The main components of income for the IJB are contributions from its funding partners, namely Shetland Islands Council ('SIC') and NHS Shetland ('NHS'). The significant risk is pinpointed to the recognition of this income, being completeness and accuracy of contributions received from the Health Board and the Council.



Key judgements and our challenge of them

Given the year-end deficit projected by the IJB, there is a risk that overspends could result in income being inappropriately accrued to the year prior to their approval, and therefore contributions could differ from the approved budget and income received.

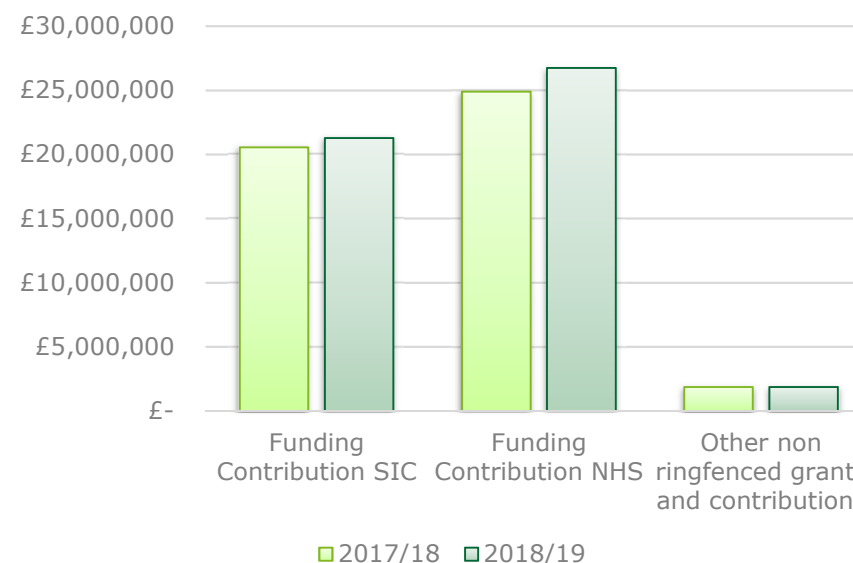


Deloitte response

We have performed the following:

- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process and that any amendments have been appropriately applied;
- tested the reconciliations performed by the IJB at 31 March 2019 to confirm all income is correctly recorded in the ledger;
- confirmed that the reconciliations performed during 2018/19 have been reviewed on a regular basis; and
- assessed management's controls around recognition of income.

Funding Analysis



Deloitte view

We have concluded that income has been correctly recognised in accordance with the requirements of the Code of Practice on Local Authority Accounting.

Significant risks (continued)

Risk 2 - Management override of controls

Risk identified

In accordance with ISA 240 (UK) management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Board's controls for specific transactions.



Key judgements

The key judgment in the financial statements is that which we have selected to be the significant audit risk around the completeness and accuracy of income (page 9). This is inherently the area in which management has the potential to use their judgment to influence the financial statements.



Deloitte response

We have considered the overall sensitivity of judgements made in preparation of the financial statements, and note that:

- The Board's results throughout the year were projecting overspends in operational areas. This was closely monitored and whilst projecting overspends, the underlying reasons were well understood; and
- Senior management's remuneration is not tied to particular financial results.

We have considered these factors and other potential sensitivities in evaluating the judgements made in the preparation of the financial statements.

Significant and unusual transactions

We did not identify any significant transactions outside the normal course of business or any transactions where the business rationale was not clear.

Journals

We have performed design and implementation testing of the controls in place for the review of management accounts.

We have used Spotlight data analytics to risk assess journals and select items for detailed follow-up testing. The journal entries were selected using computer-assisted profiling based on areas which we consider to be of increased interest.

We have tested the appropriateness of journal entries recorded in the general ledger, and other adjustments made in the preparation of financial reporting. No issues were noted.

Accounting estimates

We reviewed the financial statements for accounting estimates which could include biases that could result in material misstatements due to fraud.

We considered any adjustments required for the transition to the new standards (IFRS 15 Revenues from contracts with customers and IFRS 9 Financial Instruments), focusing on the areas of greatest judgement and value.

No issues have been identified from our testing.

Deloitte view

We have not identified any significant bias in the key judgements made by management based on work performed.

We have not identified any instances of management override of controls in relation to the specific transactions tested based on work performed.

Other matters

Implementation of IFRS 9 and IFRS 15

Matter identified	The Board is required to adopt the new accounting standards IFRS 9 <i>Financial Instruments</i> and IFRS 15 <i>Revenues from contracts with customers</i> in the year ended 31 March 2019. In both cases, the Board is using a modified retrospective approach to implementation where effectively the cumulative impact of transition to 1 April 2018 is posted as an adjustment to reserves. The Board has posted no retrospective adjustments with regard to IFRS 9 or IFRS 15 as there is no material impact on the financial statements.
Response	<p>Management held discussions with the audit team regarding the accounting impact of the new standards on the Board for the period and determined that the impact is immaterial.</p> <p>The key element impacted by IFRS 9 is the accounting for bad debt provisions, which must move to a methodology of expected credit losses. A practical expedient available for portfolios of debt is to use a matrix based on past experience, and modified in specific cases where more information is available, in order to provide at a suitable percentage.</p> <p>There is a presumption that NHS, local government and central government debts will not require a credit loss provision as these are effectively guaranteed by the State as a last resort.</p> <p>Regarding IFRS 15, a central analysis was prepared for Shetland Islands IJB's main contracts, for which no significant changes are required under IFRS15. We have reviewed and challenged management's assumptions with no issues noted. From this, we agree with management's assessment that there is no material impact from transition to IFRS15.</p>

Deloitte view

We agree with management's position that the new accounting standards do not have a material impact for the Board.

Our audit report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report.



Our opinion on the financial statements

Our opinion on the financial statements is unmodified.



Material uncertainty related to going concern

We have not identified a material uncertainty related to going concern and will report by exception regarding the appropriateness of the use of the going concern basis of accounting.

While the IJB is faced with financial sustainability issues (discussed on page 17), there is an underlying assumption that local authority bodies which can only be discontinued under statutory prescription shall prepare their financial statements on a going concern basis.



Emphasis of matter and other matter paragraphs

There are no matters we judge to be of fundamental importance in the financial statements that we consider it necessary to draw attention to in an emphasis of matter paragraph.

There are no matters relevant to users' understanding of the audit that we consider necessary to communicate in an other matter paragraph.



Other reporting responsibilities

The Annual Report is reviewed in its entirety for material consistency with the financial statements and the audit work performance and to ensure that they are fair, balanced and reasonable.

Our opinion on matters prescribed by the Controller of Audit are discussed further on page 13.



Your annual report

We are required to provide an opinion on the auditable parts of the remuneration report, the annual governance statement and whether the management commentary has been prepared in accordance with the statutory guidance.

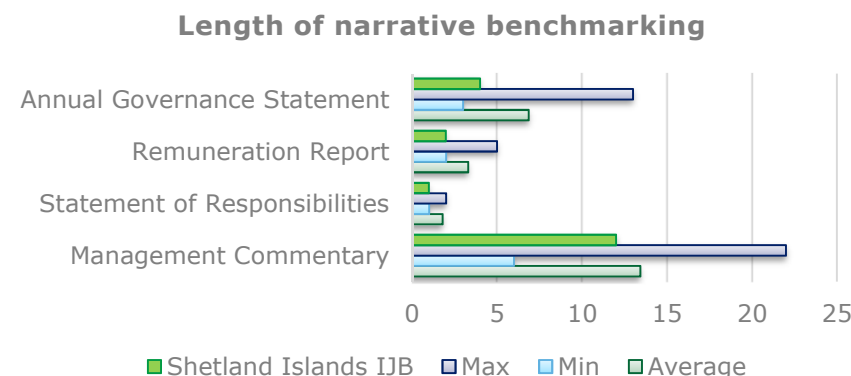
	Requirement	Deloitte response
Management Commentary	The Management Commentary comments on financial performance, strategy and provides a performance review of key targets. The commentary includes both financial and non financial KPIs and should make good use of graphs and diagrams. The Board should also ensure that it focuses on the strategic planning context.	<p>We have assessed whether the Management Commentary has been prepared in accordance with the statutory guidance.</p> <p>We have also read the Management Commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.</p> <p>The good practice note published by Audit Scotland was provided to the IJB for consideration in preparation of the annual accounts and we are pleased to note that the IJB has adopted many areas of good practice in 2018/19.</p> <p>Our review identified a number of areas where the annual accounts needed to be revised in order to comply with statutory guidance and to ensure that they were fair, balanced and understandable. We are pleased to note that these changes have been made.</p>
Remuneration Report	The remuneration report must be prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chief Officer.	We have audited the disclosures of remuneration and pension benefits and confirmed that they have been properly prepared in accordance with the regulations. No exceptions were noted.
Annual Governance Statement	The Annual Governance Statement is required to report that the IJB's governance arrangements provide assurance, are adequate and are operating effectively.	<p>We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the accounts direction.</p> <p>Our review identified a number of areas of changes to the Annual Governance Statement in order to comply with statutory guidance and to ensure that they were fair, balanced and understandable. We are pleased to note that these changes have been made.</p>

Your annual report (continued)

Good practice note – improving quality of annual accounts

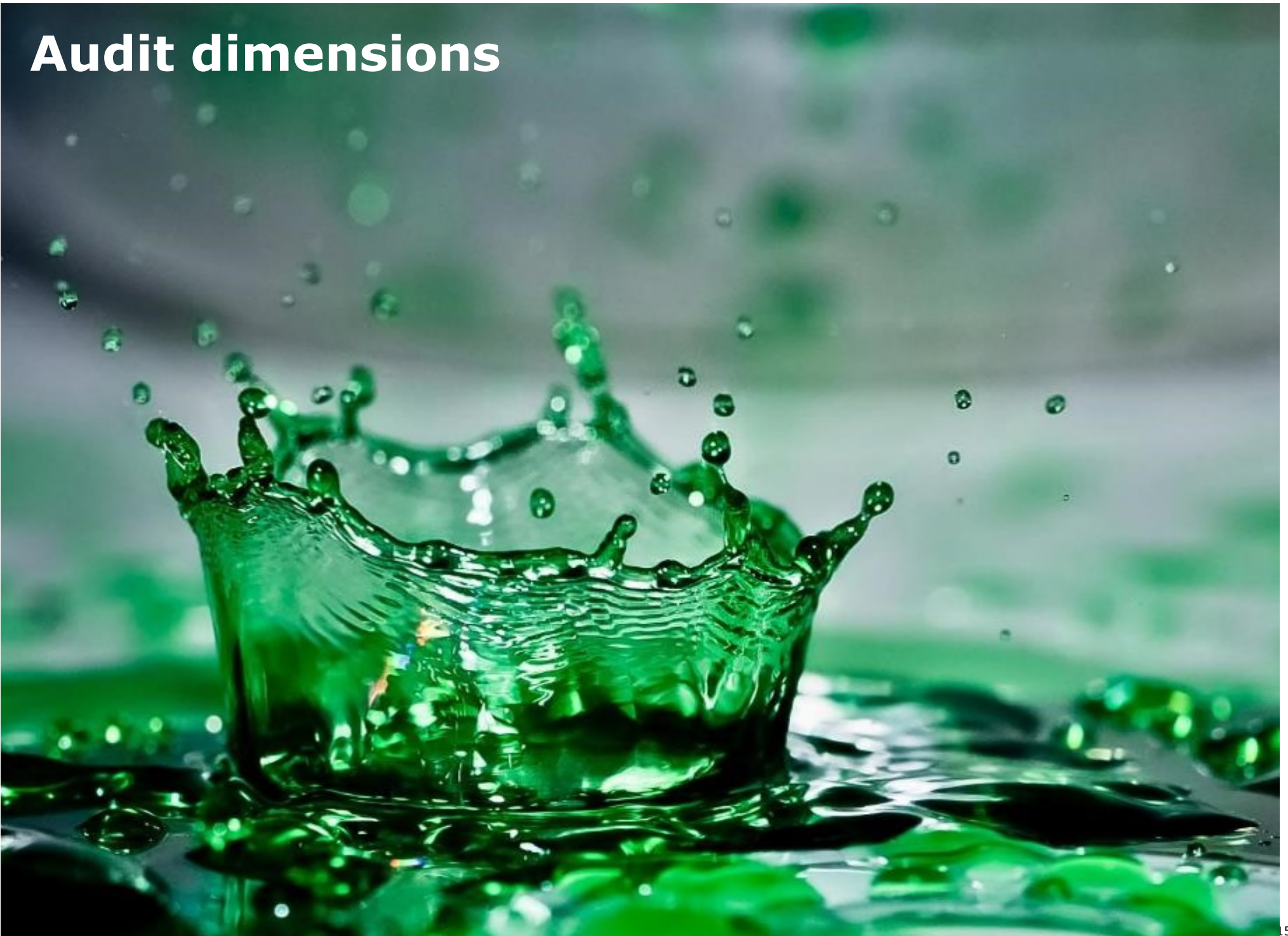
Audit Scotland have issued a series of Good Practice notes to highlight where Annual Reports can be improved. One specifically directed at Integration Joint Boards was published in April 2018. We have highlighted below some of the key messages from this guidance note and are pleased to note that a number of areas have been considered in drafting the 2018/19 annual accounts. A number of areas for further improvement have been communicated to management and we would encourage the Board to ensure these are adopted for the 2019/20 annual accounts.

We have also benchmarked the length of the draft 2018/19 annual accounts against other IJBs. Shetland Islands IJB sits around the average length, however, further improvements could be made in the content as highlighted below.



Key messages		
A single story	<ul style="list-style-type: none"> The narrative in the management commentary and annual governance statement should be consistent with the accounting information in the financial statements. Significant points in the financial statements should be explained in the management commentary. 	G
How funding was used	<ul style="list-style-type: none"> The management commentary should give a clear and balanced account of how funding was used. Explanations of the IJB's business model should be provided. The salient features of the IJB's performance and position should be explained in a balanced way. 	G
What worries board members	<ul style="list-style-type: none"> The risks and uncertainties described in the management commentary should genuinely be the principal risks and uncertainties that the board members are concerned about. The descriptions should be sufficiently specific that users can understand why they are important to the board members. The management commentary and annual governance statement should describe the mitigating actions to manage the impact of the principal risks and uncertainties and significant governance weaknesses. The links to accounting estimates and judgements should be clear. 	A
Consistency	<ul style="list-style-type: none"> Highlighted or adjusted figures, key performance indicators and other measures referred to in the management commentary should be clearly reconciled to the relevant amounts in the financial statements. Any adjustments to the figures in the management commentary should be clearly explained, together with the reasons why they are being made. 	A
Cut the clutter	<ul style="list-style-type: none"> Important messages, policies and transactions should be highlighted and supported with relevant context and not obscured by immaterial detail. Cross-referencing and signposting should be used effectively, and repetition avoided. 	A
Summarise	<ul style="list-style-type: none"> Items should be reported at an appropriate level of aggregation. Tables should be supported by, and consistent with, the accompanying narrative. 	G
Explain change	<ul style="list-style-type: none"> Significant changes from the prior period, whether matters of policy or presentation, should be properly explained. 	G
True and fair	<ul style="list-style-type: none"> The spirit as well as the letter of proper accounting practices should be followed. 	G

Audit dimensions



Audit dimensions

Overview

Public audit in Scotland is wider in scope than financial audit. This section of our report sets out our conclusions on our audit work covering the following area, with our detailed findings and conclusions reported to the Committee in June 2019 as part of our [Interim Report](#). Our report is structured in accordance with the **four audit dimensions**, but also covers our specific audit requirements on Best Value and specific risks as summarised below.



Best Value (BV)

It is the duty of the IJB to secure BV as prescribed in the Local Government (Scotland) Act 1973.

We have considered the Board's duty to secure BV as part of the governance arrangements considered as part of the audit dimensions work.

The IJB noted that Best Value is an area in which it is less developed. The IJB needs to identify causal factors, set clear actions for improvement and report on an annual basis on a self-assessment of Best Value to monitor improvements in this area and identify further actions.

Specific risks

As set out in our Annual Audit Plan, Audit Scotland had identified a number of specific risks faced by the public sector which we have considered as part of our work on the four audit dimensions.

- EU Withdrawal
- Changing landscape for public financial management
- Dependency on key suppliers
- Openness and transparency

Our conclusions on the above were reported in our [Interim Report](#) to the Committee in June.

Audit dimensions (continued)

Financial sustainability and financial management

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Key facts:

2018/19 financial position

- £3.1m overspend against budget.

2019/20 financial position

- £2.3m savings required
- £1.8m savings identified; £0.5m unidentified

Overall conclusions

The IJB overspent in 2018/19, with this being funded through additional funding from NHS Shetland and Shetland Islands Council. The IJB's MTFP identifies a need to identify £7.5m (14%) of recurring savings by 2023/24, with the recurring annual funding gap set to increase to this from £2.5m (5%) in 2019/20. The IJB needs to identify savings, agree additional funding from the NHS and Council, or agree changes to service delivery which will enable it to reach a financially sustainable position over the medium term.

There is room for improvement in outlining how the anticipated spend over the medium term aligns with the key themes on public service reform (prevention, performance, partnership, people), the Strategic Commissioning Plan and demonstrates a focus on improving outcomes.

The IJB's Strategic Commissioning Plan needs to be improved, quantifying demand pressures and the resulting costs in a 'no change' environment, linked clearly to the MTFP and identifying the level of transformation required, linked to NHS Shetland's and Shetland Islands Council's transformation programmes.

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Key facts:

2018/19 budget

- Original budgeted expenditure of £44.1m.
- Savings of £0.4m achieved, against budgeted savings of £2.3m
- Overspends reported during the year.
- Regular reporting to senior management and board members

Overall conclusions

The budget should quantify the impact of the current year decisions on the funding gaps identified throughout the period covered by the MTFP, rather than just focusing on the impact in the coming year.

Throughout the year, the IJB was forecasting an overspend against budget. Despite this, the IJB has achieved a surplus position due to additional funding from the Scottish Government and NHS Shetland.

A significant amount of Board meeting time is spent analysing the detail of IJB finances rather than focusing on strategic thinking and priority areas. The IJB should delegate authority to a committee to review and report to the Board on financial performance.

The IJB needs to consider the capacity of the leadership team given the dual role being completed by the Chief Financial Officer, and changes in the Chief Officer role. The IJB should consider the case for a dedicated Chief Financial Officer in Shetland. The IJB also needs to consider if its leadership is appropriately resourced. If it is not, the IJB needs to be clear what is missing that would enable improved outcomes and work with the Council and NHS for these to be provided.

Audit dimensions (continued)

Governance and transparency and value for money

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Key facts:

- **Strategic Plan 2019-2022 approved in March 2019**

Overall conclusions

In general, the IJB has a good attitude to openness and transparency. However, it has not taken specific actions in the year to improve its approach to openness and transparency in line with good practice. The IJB should review its approach to openness and transparency in 2019/20, developing an action plan in conjunction with the Board and wider stakeholders, monitoring improvements in openness and transparency on an ongoing basis thereafter.

The IJB should have annual self-assessments of governance arrangements, committee and Board performance. The IJB should develop a self assessment programme to ensure that the IJB has adequate self assessment arrangements in place.

The IJB is required by law to carry out a formal review of its Integration Scheme in 2019/20. Through this review, the IJB needs to ensure that there is agreement of responsibility and accountability arrangements, clearly setting out roles and responsibilities of each of the parties. The IJB should ensure it is an early adopter of the exemplar Directions being developed at a national level.

The IJB needs to adopt a formal, ongoing approach to development. The IJB needs to carry out a skills gap analysis as part of the annual self assessment of committees and the Board, work in conjunction with Members to develop training plans for them (specific to committees/Members' needs), assess the effectiveness of all training provided and track and report attendance at training by the Board.

Value for money is concerned with using resources effectively and continually improving services.

Key facts:

- **The IJB has been performing consistently against its targets: in 2018/19, it achieved 21 targets and missed 15 (2017/18: 20 and 15). Performance has declined from 2017/18 in 51% of cases (improving in 34%).**

Overall conclusions

In line with good practice identified by Audit Scotland, we recommend that the IJB prepare a clear and concise annual Improvement Plan to be reported to the Board. This Improvement Plan should be informed by service self-assessments, stakeholder surveys and national reports.

The IJB has been performing consistently against its targets. However, this information does not enable the IJB to fully understand its performance: while the IJB has performed consistently, this is because it is meeting targets which have not changed. From our review of indicators in 2018/19, we noted that performance has declined from 2017/18 in 51% of cases (improving in 34%).

From the IJB's performance monitoring reports, it is difficult for the Board to fully assess performance, including performance against outcomes, given that performance information provided is lengthy, highly numerical and difficult to follow, with the accompanying report lacking detail. There needs to be a link made between cost and performance, and the IJB should consider the targets it sets on an ongoing basis to ensure they remain realistic whilst also demonstrating a commitment to improvement.

Appendices



Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Audit Committee and the Board discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA 260 (UK) to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Report.
- Our internal control observations.
- Other insights we have identified from our audit.

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the Board.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

The scope of our work

Our observations are developed in the context of our audit of the financial statements. We described the scope of our work in our audit plan and again in this report.

This report has been prepared for the Audit Committee and Board, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

We welcome the opportunity to discuss our report with you and receive your feedback.



Pat Kenny

for and on behalf of Deloitte LLP
Glasgow

3 September 2019

Audit adjustments

Summary of corrected and uncorrected misstatements and disclosure deficiencies

Corrected misstatements

No corrected misstatements have been identified from our audit work performed to date.

Uncorrected misstatements

No uncorrected misstatements have been identified from our audit work performed to date.

Disclosure misstatements

Auditing standards require us to highlight significant disclosure misstatements to enable audit committees to evaluate the impact of those matters on the financial statements. A number of narrative disclosure deficiencies were highlighted and communicated to management, which we are pleased to note have been corrected.

Action plan

Recommendations for improvement

We have not made any recommendations for improvement arising from our financial statements audit. Our interim report submitted to the Committee in June 2019 reported our detailed recommendations arising from our work on the wider audit dimensions. In this report, we made 17 recommendations, as follows:

Wider audit dimension	Recommendations made
Financial sustainability	3
Financial management	3
Governance and transparency	8
Value for money	3

We will follow up these recommendations and report to the Committee on progress as part of our 2019/20 audit.

In our interim report, we followed up on recommendations for improvement made in 2017/18. A summary of progress against 2017/18 actions has been included below. Of the 6 recommendations outstanding, all have an updated recommendation included above. Consequently, there are 17 total recommendations which we will follow up in our 2019/20 audit.

Area	Recommendations made	Recommendations implemented
Financial statements	-	-
Financial sustainability	5	3
Financial management	3	3
Governance and transparency	5	2
Value for money	1	-

Fraud responsibilities and representations

Responsibilities explained



Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.



Required representations:

We have asked the Board to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you are not aware of any fraud or suspected fraud that affects the entity.

We have also asked the Board to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.



Audit work performed:

In our planning we identified the completeness and accuracy of income and management override of controls as key audit risks for your organisation.

During course of our audit, we have had discussions with management and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements.

We have reviewed the paper prepared by management for the Audit Committee on the process for identifying, evaluating and managing the system of internal financial control.

Concerns:

No concerns have been identified regarding fraud.



Independence and fees

As part of our obligations under International Standards on Auditing (UK), we are required to report to you on the matters listed below:

Independence confirmation	We confirm that we comply with APB Ethical Standards for Auditors and that, in our professional judgement, we and, where applicable, all Deloitte network firms are independent and our objectivity is not compromised.														
Fees	<p>The audit fee for 2018/19, in line with the fee range provided by Audit Scotland, is £25,000 as broken down below:</p> <table><tr><td></td><td>£</td></tr><tr><td>Auditor remuneration</td><td>17,200</td></tr><tr><td>Audit Scotland fixed charges:</td><td></td></tr><tr><td> Pooled costs</td><td>1,670</td></tr><tr><td> Contribution to PABV</td><td>5,050</td></tr><tr><td> Audit support costs</td><td>1,080</td></tr><tr><td>Total agreed fee</td><td>25,000</td></tr></table> <p>No non-audit fees have been charged by Deloitte in the period.</p>		£	Auditor remuneration	17,200	Audit Scotland fixed charges:		Pooled costs	1,670	Contribution to PABV	5,050	Audit support costs	1,080	Total agreed fee	25,000
	£														
Auditor remuneration	17,200														
Audit Scotland fixed charges:															
Pooled costs	1,670														
Contribution to PABV	5,050														
Audit support costs	1,080														
Total agreed fee	25,000														
Non-audit services	In our opinion there are no inconsistencies between APB Ethical Standards for Auditors and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.														
Relationships	<p>We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence.</p> <p>We are not aware of any relationships which are required to be disclosed.</p>														





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Meeting(s):	IJB Audit Committee Integrated Joint Board	26 September 2019 26 September 2019
Report Title:	Final Audited Accounts 2018/19	
Reference Number:	CC-37-19	
Author / Job Title:	Karl Williamson – Chief Financial Officer	

1.0 Decisions / Action required:

1.1 The IJB Audit Committee RESOLVE to:

- a) CONSIDER the audited Annual Accounts for 2018/19 (Appendix 1);
- b) NOTE the Management Representation Letter (Appendix 2); and

1.2 The IJB RESOLVE to:

- a) APPROVE the audited Annual Accounts for 2018/19 for signature (Appendix 1);
- b) NOTE the Management Representation Letter for signature (Appendix 2).

2.0 High Level Summary:

2.1 IJBs are specified in legislation as ‘Section 106’ bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom.

2.2 Local Authority Accounts (Scotland) Legislation 2014 requires that IJB Members consider the audited annual accounts and approve them for signature by 30 September 2019 and publish them no later than 31 October 2019.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB is a separate legal entity, accountable for the stewardship of public funds and expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. The preparation and presentation of the accounts is a key element of the IJB’s overall governance and reporting arrangements.

4.0 Key Issues:

4.1 The Audited Accounts are provided as Appendix 1. They include the following key points for Members’ consideration:

- The Management Commentary (page 2 – 12) provides details to help all users of the Accounts understand the most significant aspects of the

IJB's financial performance for the year to 31 March 2019 and its financial position as at 31 March 2019;

- The Annual Governance Statement (page 13 to 16) explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control;
- The Independent Auditors' Report (page 20 to 22) provides Deloitte's opinion on the audit of the Annual Accounts. In their opinion the financial statements give a true and fair view in accordance with applicable law and have been prepared in accordance with accounting regulations and guidance.
- The IJB made an accounting surplus of £0.541m in 2018/19, which will be carried forward in the IJB Reserve;
- The IJB General Reserve balance as at 31 March 2019 is £0.905m.

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 Equality, Diversity and Human Rights:	None
6.4 Legal:	The Local Authority Accounts (Scotland) Regulations 2014 require IJB Members to consider the audited Annual Accounts and approve them for signature not later than 30 th September immediately following the financial year to which the accounts relate.
6.5 Finance:	There are no financial implications arising from this report.
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None

6.8 Environmental:	None	
6.9 Risk Management:	There is no significant issues in relation to the audited Annual Accounts. Deloitte's Annual Report on the 2018/19 audit is presented as a separate item on the agenda.	
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>Regulations require that IJB Members consider the audited annual accounts and approve them for signature by 30 September 2019 and publish them no later than 31 October 2019.</p>	
6.11 Previously considered by:	<i>n/a</i>	<i>n/a</i>

Contact Details:

Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net, 02 September 2019

Appendices:

Appendix 1 – Shetland Health and Social Care Partnership Audited Annual Accounts 2018/19

Appendix 2 – Management Representation Letter

Background Documents: The Local Authority Accounts (Scotland) Regulations 2014

Annual Accounts **2018/19**



NHS
Shetland



Shetland Islands
Integration Joint Board

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Introduction

The Shetland Islands Health and Social Care Partnership (Integration Joint Board) is a Body Corporate, established by Parliamentary Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014, on 27 June 2015.

The Parties:

Shetland Islands Council (“the Council” or “SIC”), established under the Local Government etc. (Scotland) Act 1994.

Shetland Health Board (“the Health Board” or “NHS Shetland” or “NHSS”), established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as Shetland NHS Board).

The Parties agreed the Integration Scheme of Shetland Islands Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board. The Integration Scheme is due to be formally reviewed prior to 31 March 2020.

The Shetland Health and Social Care Partnership Members for 2018/19, and up to date of signing these accounts, were as follows:

Voting Members:

- Mr A Duncan (Vice Chairperson – SIC)
- Ms N Cornick (Chairperson – NHSS) – appointed as Chairperson 13 March 2019
- Ms J Haswell (NHSS) – appointed 13 March 2019
- Ms S Manson (NHSS)
- Mr R McGregor (SIC)
- Ms E MacDonald (SIC)
- Mrs M Williamson (Chairperson - NHSS) – resigned 13 March 2019

Non-Voting Members:

- Mr S Bokor-Ingram (Chief Officer) – Resigned 13 May 2019
- Dr S Bowie (GP Representative) –Resigned 17 October 2018
- Ms M Gemmill (Patient / Service User Representative) – Resigned 30 August 2019
- Ms S Gens (Staff Representative)
- Mr J Guyan (Carers’ Representative)
- Mrs C Hughson (Third Sector Representative)
- Mrs M Nicolson (Chief Social Work Officer)
- Ms J Robinson (Interim Chief Officer) – Appointed 13 May 2019
- Mr I Sandilands (Staff Representative)
- Mrs E Watson (Lead Nurse for the Community)
- Mr K Williamson (Chief Financial Officer)
- Dr P Wilson (Senior Consultant: Local Acute Sector) – Appointed 5 September 2018
- Vacant (GP Representative)
- Vacant (Patient / Service User Representative)

Post Year End Changes to Voting Membership

Since 1 April 2019 there have been no further changes to membership.

Management Commentary

The purpose of the Management Commentary is to inform all users of these Accounts and help them to understand the most significant aspects of Shetland Islands Health and Social Care Partnership's financial performance for the year to 31 March 2019 ("period", "year") and its financial position as at 31 March 2019.

The Management Commentary has been prepared in accordance with the requirements of the Local Authority Accounts (Scotland) Regulations 2014 (SSI 2014/20) and the statutory guidance in Finance Circular 5/2015 which is based on Companies Act legislation and Financial Reporting Council guidance.

Background

The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on 1 April 2014. SIC and NHSS, took the decision that the model of integration of health and social care services in Shetland would be the Body Corporate, known as an Integrated Joint Board (IJB).

Under the Body Corporate model, NHSS and SIC delegate the responsibility for planning and resourcing service provision of adult health and social care services to the IJB.

As a separate legal entity, the IJB has full autonomy and capacity to act on its own behalf and can make decisions about the exercise of its functions and responsibilities within its allocated funding, as it sees fit.

The IJB is responsible for the strategic planning of the functions delegated to it by SIC and NHSS and for the preparation of the Strategic Commissioning Plan. The SIC delegate responsibility for all adult social care services to the IJB. NHSS delegate responsibility for all community based health services plus an element of acute services relating to unscheduled care. The Strategic Commissioning Plan specifies the services to be delivered by the Parties. The IJB is also responsible for ensuring the delivery of its functions through the locally agreed operational arrangements set out within its Integration Scheme, which can be found at; http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/SHSCPartnershipIntegrationScheme15May2015_000.pdf

The practical application of the Integration Scheme is managed and administered in accordance with the Financial Regulations, Standing Orders and Scheme of Administration of the Parties, as amended to meet the requirements of the Act.

Purpose and Objectives

Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long-term conditions and disabilities, many of whom are older people. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act; as follows:

National Health and Wellbeing Outcomes

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 reducing 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 Scottish Government 2020 Vision is that, “By 2020, everybody is able to live longer, healthier lives, at home or in a homely setting”.

Shetland’s Partnership Plan

The Shetland Partnership is a wide range of partners and community bodies who collectively make up the Community Planning Partnership (CPP) for Shetland. A CPP should have a clear and ambitious vision for its local area.

The Partnership and the key partners within it, including the IJB, SIC & NHSS, have a statutory duty to produce Shetland’s Partnership Plan and ensure it is delivered and resourced.

Extracts from Shetland’s Partnership Plan 2018-2028:

Our shared vision

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

Our shared priorities



The IJB approved Shetland’s Partnership Plan 2018-2028 – the Local Outcomes Improvement Plan (LOIP) on 20 June 2018, agreeing to prioritise resources in the annual budgeting process to improve local outcomes.

The focus for the IJB with regard to delivery of the LOIP outcomes will be ‘People’ and ‘Participation’ with specific focus on:

- Tackling alcohol misuse
- Healthy weight and physical activity
- Low income/poverty
- Satisfaction with public services
- People’s ability to influence and be involved in decisions which affect them

The IJB, SIC and NHSS have jointly developed the Performance Management Framework 2019-24 (PMF). The PMF was approved for implementation by the 3 bodies at meetings in June/July 2019. The intention of the PMF is to provide a consistent “Once for Shetland” approach and a clear focus on improving outcomes. This is in line with the principles of Shetland’s Partnership Plan.

The implementation of the PMF will allow the IJB to monitor and report on improvement against the LOIP outcomes as part of its overall performance reporting.

Strategic Commissioning Plan

The IJB put the preparation of its Strategic Commissioning Plan on hold during 2018/19, while NHS Shetland facilitated a ‘Scenario Planning’ exercise to understand more fully the issues the Board faced and look at ways to address these. This identified some key themes that are likely to impact on health and social care services in the future:

- Demand
- Prevention
- Economics
- Workforce
- Integration
- Technology

During 2018/19, the IJB continued to work towards the vision and objectives in its Strategic Commissioning Plan 2017-2020.

The IJB approved its Strategic Commissioning Plan 2019-2022 on 13 March 2019 (<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23847>).

Our Vision is that by 2020 everyone in Shetland is able to live longer healthier lives, at home or in a homely setting. We will have an integrated health and care system focused on prevention, supported self management and reducing health inequalities. We will focus on supporting people to be at home or in their community with as much specialist care provided in Shetland and as close to home as possible. Care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.

The Strategic Commissioning Plan 2019-2022 now sets out an ambitious plan for health and social care services in the future, with aspirations for seamless services, wrapped around the needs of individuals, their families and communities.

The Plan sets out the IJB's priorities for the next 3 years taking into account all the national, regional and local drivers for change. The IJB intends to work to manage the various demand and issues it faces and continue to evolve its services 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

Performance Overview

On 23 January 2019, the IJB approved some specific targets and objectives to make sure that health and social care services in Shetland provide the best possible outcomes for the community within available resources. The measures used are the same as those used by the Scottish Government to check that the system is working as a whole and focus on some key aspects which are important to patients, service users and unpaid carers. The indicators cover:

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

Shetland performs well in most of these indicators. The IJB reviews its overall performance using a wide range of performance indicators on a quarterly basis. An example of this can be seen in the report presented on 23 January, "Quarterly Performance Overview Report, Quarter 2: July – September 2018" which sought approval of the targets and objectives above and set out improvement plans for the coming year (<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23528>).

The principal change projects that the IJB aim to deliver to maintain or improve its overall performance include:

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

- reviewing our approach to 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.

The IJB approved its Annual Performance Report 2018/19 (APR) on 27 June 2019. This report enabled the IJB and its stakeholders to review performance during 2018/19 and reflect on what worked well and not so well.

In addition to providing an overview of the IJB's performance during the year, the APR also considered the views of service users and the staff delivering services, and reflected on external feedback through audits and inspections. It can be difficult to demonstrate the intended impact of the Strategic Commissioning Plan purely through performance indicators. The IJB therefore needs this broad overview in considering whether intended outcomes have been met, or at likely to be met in the future.

The APR outlined the findings of a recent evaluation exercise requested by the Scottish Government looking at key areas considered necessary to make an IJB work successfully. While some of the factors were considered to be embedded in the IJB, there is still work to be done. The APR recognised that the IJB's approach to participation and engagement could be improved to build better working relationships with carers, service users and the local community generally.

The APR highlighted that the IJB continues to perform well and deliver a high level of service, securing good results across many of the National Health and Wellbeing Outcomes (detailed on page 2) in the year. Delivery costs are also often high, however, which is reflected in the financial challenges facing the IJB and can limit service users' choice and flexibility in meeting their particular demand.

The full APR can be found at <http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24180>.

Operational Review

In 2018/19 the IJB set out to put in place arrangements to improve services through a

range of initiatives and activities, building on work from previous years.

Our achievements during 2018/19 include:

1. The Adult Mental Health redesign project has been progressed, with a focus on creating multi-disciplinary teams and appropriate referrals and care pathways;
2. The Social Care programme of work reinforced our approach to 'care at home' being the principle objective of how we care for our service users, with several 'tests of change' being developed around prevention and 24 hour care support. Innovative approaches to workforce recruitment and retention is supporting this work;
3. Development of our approach to implementing the Primary Care Improvement Plan, to support how we organise ourselves to ensure that our service users get seen by the right person, in the right place to address their health and social care needs;
4. A reinvigorated approach to Self Directed Support, with a significant investment in training and coaching to support our staff to have good conversations around choice and flexibility of services, and to help them find ways to meet that need through innovative approaches and 'tests of change';
5. The Intermediate Care Team is now firmly embedded to support reablement and we invested in the Otago Falls Prevention programme to help avoid people injuring themselves and requiring treatment;
6. The community pharmacy work has been developed to provide support to people to manage their own medicines in community settings and provide services within care homes to ensure residents are receiving medicines safely and that waste is avoided;
7. A community co-production project has been undertaken with the support of the Scottish Health Council on the island of Bressay to explore and implement solutions to providing health and social care services to a community with no resident health staff;
8. Rolling out training on an asset based approach to a wide range of stakeholders - including to people outwith the health and social care sectors;

9. The Domestic Abuse and Sexual Violence Strategy was refreshed and endorsed by the IJB, NHSS and SIC with a strong platform of development work to tackle the root causes, as well as addressing acute and ongoing support needs for people affected by abuse;
10. The IJB strengthened its approach to financial planning with the establishment of a Medium Term Financial Plan 2018-2023 (MTFP).

Managing performance is part of the 'commissioning cycle' which seeks to provide good evidence to ensure that services are prioritised, designed and delivered to meet need.

The overall purpose of recording and reporting on performance is to use that evidence to deliver good quality services, and to improve how we do things.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to report against the National Health and Wellbeing Outcomes (detailed on page 2-3), which draw on a mix of qualitative and quantitative measures. The qualitative measures come from the annual Care Experience and Staff survey administered by the Scottish Government. In terms of system measures, Shetland has performed well against the national benchmarks, as show below.

National Outcome Indicators	Shetland Performance	Comparison to Scotland Average	Scotland Average Performance
Premature mortality rate (per 100,000)	323	better than	425
Rate of emergency admissions for adults (per 100,000)	10,350	better than	12,183
Rate of emergency bed days for adults (per 100,000)	65,137	better than	123,035
Readmissions to hospital within 28 days of discharge (per 1,000)	69	better than	102
Proportion of last 6 months of life spent at home or in a community setting	94.20%	better than	89.20%
Falls rate per 1,000 population in over 65s	18	better than	22
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	97%	N/A	Not Known
Number of days people (75+) spend in hospital when they are ready to be discharged (rate per 1,000)	505	better than	762
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	14%	better than	25%

The above indicators relate to 2017/18. These statistics are made available on a biennial basis, so comparatives have not been provided.

The financial performance of the IJB is explained in detail below in the Financial Review section. During the year the Board had a Recovery Plan in place to monitor efficiency savings required.

Financial Performance Indicator	2018/19	2017/18
Percentage of Recovery Plan savings target achieved in year	19%	37%
Percentage of recurrent savings achieved against Recovery Plan savings target in year	11%	30%

Financial Statements

The Financial Statements detail the IJB's transactions for the year and its year-end position as at 31 March 2019. The Financial Statements are prepared in accordance with the International Accounting Standards Board (IASB) Framework for the Preparation and Presentation of Financial Statements (IASB Framework) as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom.

A description of the purpose of the primary statements has been included immediately prior to each of the financial statements: The Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement and the Balance Sheet. These Statements are accompanied by Notes to the Accounts which set out the Accounting Policies adopted by the Partnership and provide more detailed analysis of the figures disclosed on the face of the primary financial statements.

No Cashflow Statement is required as the IJB does not operate a bank account or hold cash.

The primary financial statements and notes to the accounts, including the accounting policies, form the relevant financial statements for the purpose of the auditor's certificate and opinion. The remuneration of the Chief Officer of the Partnership is disclosed in the Remuneration Report.

Financial Review

At its meeting on 22 February 2018 the IJB noted its 2018/19 indicative budget of £44.099m (2017/18: £43.202m). Subsequently budget revisions have been made during the year for additional funding allocations and application of contingency and cost pressure budgets with the total budget delegated from the IJB to the Parties for 2018/19 being £46.226m (2017/18: £44.222m).

The purpose of the Financial Statements is to present a public statement on the stewardship of funds for the benefit of both Members of the IJB and the public. The IJB is funded by SIC and NHSS in line with the Integration Scheme.

The Comprehensive Income and Expenditure Statement presents the full economic cost of providing the Board's service in 2018/19.

For the year-ended 31 March 2019, the IJB generated a surplus of £0.541m (2017/18: £0.239m), after adjustment has been made for additional contributions made by SIC and NHSS.

The surplus of £0.541m represents the underspend of Scottish Government Additionality Funding and other specific funding allocations during the year. This funding will be carried forward and the IJB can then make decisions on how best it can be utilised to further its objectives, in line with its Strategic Commissioning Plan.

The outturn position at 31 March 2019 for the IJB is an overall deficit against budget of £3.116m (2017/18: £2.392m), which represents an overspend in relation to services commissioned from SIC of £0.157m (2017/18: underspend £0.446m) and an overspend in relation to services commissioned from NHSS of £2.959m (2017/18: overspend £2.838m). The £3.116m deficit (which includes 'set aside budget') is detailed in Row 3 in the following table.

The SIC and NHSS made one-off additional contributions of £0.144m and £3.513m in order to achieve the final IJB surplus for the year of £0.541m. The contributions will not be repayable to the Parties in future years.

Financial Transactions 2018/19

		2018/19			2017/18		
		SIC £000	NHSS £000	TOTAL £000	SIC £000	NHSS £000	TOTAL £000
1	Budgets delegated to the Parties from the IJB	22,396	23,830	46,226	22,154	22,068	44,222
2	Contribution from the Parties to the IJB (against delegated budgets)	(22,553)	(26,789)	(49,342)	(21,708)	(24,906)	(46,614)
3	Surplus/(Deficit)	(157)	(2,959)	(3,116)	446	(2,838)	(2,392)
4	Additional contributions from Parties to meet IJB Direct Costs	(15)	(14)	(29)	(14)	(14)	(28)
5	IJB Direct Costs (Audit fee, Insurance & Members Expenses)	15	14	29	14	14	28
6	Additional contributions (to)/from SIC and NHS to IJB	144	3,513	3,657	(310)	2,941	2,631
7	Final Surplus/(Deficit) of IJB	(13)	554	541	136	103	239

Significant Budget Variances

The table below (page 10), provides the details of the significant budget variances for the year which contributed to the overall £3.116m overspend. There are a number of factors which contributed towards the year-end position.

Locum Costs

Difficulty was experienced in recruiting to specialist posts in the year, necessitating the use of locums to continue delivering services, notably in Mental Health, Primary Care and Unscheduled Care

A Mental Health

The main reason for the budget variance in Mental Health was the cost (including flights and accommodation) of a Consultant Mental Health locum (£0.652m) (2017/18: (£0.312m)). It was possible to partially offset this cost due an underspend against NHS Grampian Mental Health SLA, £0.146m due to reduced activity.

Unfortunately, an international recruitment drive early in 2019/20 has been unsuccessful, but efforts continue to find ways to reduce the requirement for expensive locums within the Mental Health service.

B Primary Care

The underspend in Primary Care belies overspending on locum cover for General Practitioners during the year in Health Centres where it was not possible to fill vacant posts, with notable overspend against budgets at, Yell (£0.127m) (2017/18: (£0.145m), Whalsay (£0.080m) (2017/18: (£0.092m), Unst (£0.093m) (2017/18: (£0.103m) and Brae (£0.128m) (2017/18: (£0.044m). There was also a further overspend as a result of in-year cost pressure following the TUPE transfer of staff at the Scalloway Practice (£0.160m) (2017/18: £0.190m), combined with (£0.070m) locum cost.

The overspending above has been off-set by £1.2m additional primary care, island harmonisation funding received from the Scottish Government in January 2019.

NHS Shetland are engaged in a partnership project with their counterparts in Orkney, Western Isles and Highland to encourage GPs at any point in their career to work in remote areas of Scotland for fixed periods of time. Phase 1 of the project has been successful in recruiting 28 GPs who will work across the Boards. NHS Shetland are current in negotiation around Phase 2 Scotland wide and Phase 3 International.

C Unscheduled Care

The majority of the budget variance in Unscheduled Care during the year was also due

to locum costs. Cover was required for two vacant medical consultant posts during the year (£0.732m) (2017/18: (£0.394m)) and there was further overspend in Community Nursing due to some nursing bank usage and the cover for an Allied Health Practitioner being provided by a GP locum from May to July 2018, including travel costs.

Good progress was made in filling junior doctor vacancies during 2018/19 and developing junior doctor opportunities in remote and rural settings through the Clinical Development Fellowship programme.

Recruitment to consultant and junior doctor posts actively continues, working closely with the Deanery, Universities and NHS Education for Scotland to look at ways in which training can be developed to support remote and rural practice and encourage doctors to take up posts in Shetland.

Agency Staffing Costs

Difficulty has been experienced in recent years in recruiting and retaining social care staff. Staff sickness, notably several cases of long-term sickness have also impacted in the year. In order to continue to safely deliver residential care services, it has therefore been necessary to use agency staff, leading to an overspend of (£0.534m) (2017/18: (£0.198m)) in Community Care Resources.

In previous years, it has been possible to largely offset agency costs against underspend in employee cost budgets, but employee cost budgets in Community Care Resources were all almost on budget in 2018/19. Underspend due to vacant posts and temporary reduction of bed capacity, was offset by relief cover costs, combined with increased rotas in the early months of the year within two care homes as a result of specific care packages.

Recruitment and retention of staff continues to be difficult, however the Modern Apprenticeship programme has encouraged people to take up social care work and the SIC also supports the vocational programme in social care run by the Anderson High School which aims to encourage school pupils to take up social care roles.

The shared priorities of the LOIP include attracting people to live and work in Shetland,

recognising that the population of Shetland is ageing at a faster rate than the rest of Scotland. It is hoped that a trial recruitment exercise will take place early in 2019/20, initially looking to recruit six social care workers from out with Shetland through the offer of relocation packages.

There are a number of "Test of Change" projects being explored within Community Care Resources with a view to looking at how staffing resources can be used more effectively and different models of care developed. These projects will require additional funding, so work continues to build up information necessary to apply to the SIC's Spend To Save Fund. It is hoped that these pilot projects can be started in 2019/20.

The use of Agency staff has continued into 2019/20, to ensure the safe delivery of care services, but it is hoped this can be reduced or ceased through the actions above.

Overachievement of Charging Income

There was an overachievement of Board and Accommodation income in the year, £0.504m (2017/18: (£0.069m)), within Community Care Resources. Charging income can vary significantly dependent on the financial circumstances of those receiving care and allowance was made in the year for the anticipated level of waived charges as a result of legislation, such as the Carers Act, expected in the year.

Scottish Government Additionality Funding

The IJB recognises an underspend in this funding of £0.080m, a small underspend in Reablement Programme in Care Homes, £0.002m, and underspend in employee costs due to vacant posts within the Intermediate Care Team during the year, £0.078m.

NHSS Specific Funding

At the year-end, NHSS identified a number of specific funding allocations it had not been possible to spend in full during the year. These allocations were only confirmed late in 2018/19 and amounted to £0.474m overall.

Until NHSS funding allocations are confirmed, they are held in General NHSS Contingency, so during the year were not reflected in IJB delegated budget. NHSS made an additional funding allocation to the IJB at the year-end of £3.513m (see table on page 7), which included the transfer of these specific funding allocations.

The IJB will carry-forward these sums in the IJB Reserve as an Earmarked element against the projects listed below:

- Additional Alcohol and Drugs Partnership Funding - £0.127m;
- Rediscover the job in GP – reflect and rejuvenate - £0.171m;
- Screening inequalities – Year 1 Funding - £0.028m;
- Primary Care Funding: Dispensing Practices per GP Contract - £0.029m;
- Section 28 -£0.011m;
- Attend Anywhere - £0.020m;
- Action 15 - £0.039m;
- Primary Care Improvement Fund - £0.011m;

- GP Sub Committee - £0.037m.

Efficiency Target

An efficiency savings target of £2.276m was identified within the 2018/19 IJB Budget, necessitating a Recovery Plan to be implemented during the year. As at 31 March 2019, there was an underachievement of £1.850m (2017/18: £1.605m) against the Recovery Plan.

Of the £0.426m savings achieved, £0.247m represented recurring savings and £0.179m were non-recurrent.

NHSS have rolled forward their unachieved savings from 2018/19 and combined this with their 2019/20 savings target.

Significant Budget Variance Table

Service Heading	2018/19			2017/18		
	Revised Budget £000	Budget Variance £000	Budget Variance %	Revised Budget £000	Budget Variance £000	Budget Variance %
Mental Health	2,071	(463)	(22.4%)	2,090	(173)	(8.3%)
Primary Care	5,676	139	2.4%	4,497	(821)	(18.3%)
Community Nursing	2,862	(172)	(6.0%)	2,669	(41)	(1.5%)
Community Care Resources	11,350	(398)	(3.5%)	10,972	(305)	(2.8%)
Unscheduled Care	2,964	(823)	(27.8%)	2,976	(558)	(18.8%)
Scottish Government Additionality Funding	592	80	13.5%	622	239	38.4%
Other Services	22,561	371	1.6%	22,451	872	3.9%
Efficiency Target	(1,850)	(1,850)	100.0%	(2,055)	(1,605)	78.1%
Total	46,226	(3,116)		44,222	(2,392)	

The Balance Sheet as at 31 March 2019

The IJB carried a General Reserve of £0.364m as at 1 April 2018. This reserve was created from underspending in the Scottish Government Additionality Funding in previous years.

It was agreed in 2018/19, that the Reserve would be used to fund a £0.051m investment in the Falls Prevention Programme, over 3 years, this represents a reduction to the Reserve of £0.013m, in respect of actual cost incurred on Falls Prevention Programme in the year.

Further underspending in the Scottish Additionality Funding and other specific NHSS

funding allocations in 2018/19 of £0.554m have been added to the Reserve, leaving a closing General Reserve balance as at 31 March 2019 of £0.905m.

2019/20 Budget and Medium Term Financial Outlook

The IJB Board approved the proposed budget for 2019/20 of £45.649m, on 13 March 2019, subject to assurance that contingency budgets of £0.386m and £0.8m had been set aside by SIC and NHSS, respectively, and that savings proposals to address the identified funding gap of £2.533m can be achieved in year.

The IJB were advised at their meeting on 14 May that the overall funding gap has reduced to £2.331m against the 2019/20 delegated budgets after taking account of 2018/19 efficiency savings made. Proposals have been made where management believe recurring savings can be achieved in year of £1.806m, with a remaining gap of £0.525m which will be closed by additional non-recurrent actions.

General Reserve is also available to support the strategic objectives of the IJB, as detailed in Note 7 to the Accounts (page 27). Proposals to utilise £0.110m of the General Reserve were agreed by the IJB on 14 May 2019. It is hoped that the projects will assist in achieving the efficiency saving required in 2019/20. The funds will be used for the following projects;

Project	Objective	Link to National Outcome	Cost
Stress Control	Greater community resilience	1	£25,000 (over 3 years)
Alternative to residential care accommodation	Greater choice and control for individual	2	£12,172 (delivered over 3 years)
MSK Physiotherapy	Faster access to the most appropriate professional	9	£51,000 (2019/20 only)
Community Nursing Continence Service	Better quality and more efficient service	4	£8,750 (2019/20 only)
Community Led Support Programme	Greater choice and control for individual	2	£13,230 (2019/20 only)
Total agreed use of General Reserve			£110,152

A Financial Recovery Plan will continue to be required in 2019/20 to address the efficiency savings required and regular updates on the Recovery Plan will be presented as part of the quarterly financial monitoring reports prepared by the Chief Financial Officer for the Board.

The Shetland IJB, like many others, faces significant financial challenges and is required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook and increasing demand for services. Additional funding for Health and Social Care Partnerships was made available from the Scottish Government. Despite this additional funding, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted in future years.

The IJB approved its MTFP 2019/20 to 2023/24 on 13 March 2019. Based on the current planning assumptions the Plan identifies a likely funding shortfall over the next five year of £7.7m if no action is taken to mitigate the impact of rising costs and reducing funding. The role of the IJB in planning and directing services will be key to addressing this estimated shortfall.

Principal Risks and Uncertainties

The key risks and uncertainties for the IJB during 2018/19 continue into 2019/20.

Risks and Uncertainties	Actions to Mitigate
Continued staffing vacancies across IJB services, with difficulty in recruiting to both health and social care roles, resulting in significant expenditure on locum costs.	Explained above under "Significant Budget Variances" (page 8 & 9).
Failure to deliver recurring efficiency savings through service redesign proposals leaving a funding gap for the IJB.	The IJB has a Recovery Plan in place for 2019/20 which will be monitored closing by the IJB Members to ensure efficiency savings are delivered.
The continued need to make efficiency savings hindering the future development of services. The IJB will need to manage immediate cost pressures and any planned investment in services within available budgets.	Work continues to align the Strategic Commissioning Plan to the MTFP. The General Reserve is also available to support the strategic objectives of the IJB.
In order to maintain financial balance significant changes in current practise or service models may be required. It is important that proposals are evidence based on current and emerging best practice and represent the optimum balance between cost, quality and safety.	Investments are assessed using building better business cases methodology to ensure they align to strategic planning and demonstrate best value. Clinical, Care and Professional Governance arrangements agreed by the IJB ensure sound clinical and care governance are embedded.
The age demographics of Shetland's population is changing. This is expected to put increasing demand on health and social care services.	The Strategic Commissioning Plan 2019-2022 has been developed taking into account the expected demographic changes in the future.
Limited digital connectivity due to remote location, restricting the potential for use of information technology in service delivery.	The Strategic Commissioning Plan 2017-2020 identified "Technology" as one of its key themes in developing an integrated health and social care system. Activity is ongoing to secure funding and prioritise Shetland's digital requirements.
Uncertainty around the impact of withdrawal of the United Kingdom from the European Union.	Active monitoring and planning by SIC and NHSS to mitigate issues where possible and ensure service continuity.

Acknowledgement

We would like to acknowledge the significant effort of all the staff across the IJB who contributed to the preparation of the Annual Accounts and to the budget managers and support staff who have ensured delivery of the outcomes of the Strategic Commissioning Plan within the adjusted financial resources available to the IJB for the year ended 31 March 2019

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Jo Robinson
Chief Officer
26 September 2019

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Natasha Cornick
Chair
26 September 2019

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Karl Williamson
Chief Financial Officer
26 September 2019

Annual Governance Statement

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure Best Value.

In discharging these responsibilities, the Chief Officer has a reliance on the systems of internal control of both NHSS and SIC that support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the IJB.

The IJB has adopted a Local Code of Corporate Governance ("the Local Code") consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of Internal Control

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to evaluate the nature and extent of failure to achieve the organisation's policies, aims and objectives and to manage risks efficiently, effectively and economically. As such it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control has been in place at the IJB for the financial year ended 31 March

2019 and up to the date of the approval of the Annual Accounts.

The Governance Framework and Internal Control System

The Board of the IJB comprises the Chair and five Members with voting rights; three are SIC Members appointed by the SIC and three are Non-Executive Directors appointed by the Scottish Government to NHSS. The IJB via a process of delegation from NHSS and SIC has responsibility for the planning, resourcing and oversight of operational delivery of all integrated health and social care within its geographical area through its Chief Officer. The IJB also has strategic planning responsibilities for a range of acute health services for which the budget is "set aside".

The main features of the IJB's system of internal control are summarised below.

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Integration Scheme which sets out the key outcomes the IJB is committed to delivering through SIC and NHSS as set out in the IJB's Strategic Commissioning Plan and Annual Accounts.
- Services are able to demonstrate how their own activities link to the IJB's vision and priorities through their Improvement Plans and Service Plans.
- Performance management, monitoring of service delivery and financial governance is provided through quarterly reports to the IJB as part of the Planning and Performance Management Framework. Quarterly reports include financial monitoring of the integrated budget and the "set aside" budget, the IJB Risk Registers, performance against national outcome measures, local outcome measures and service development projects. The IJB also receives regular reports from the joint Council, Health Board and IJB Clinical, Care and Professional Governance Committee and the IJB Audit Committee.
- The Participation and Engagement Strategy sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken collaboratively with SIC and NHSS and through existing community

planning networks. The IJB publishes information about its performance regularly as part of its public performance reporting.

- The IJB operates within an established procedural framework. The roles and responsibilities of Board Members and officers are defined within Standing Orders, Scheme of Administration and Financial Regulations; these are subject to regular review.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, national inspection agencies and the appointed Internal Audit service to the IJB's Senior Management Team, to the IJB and the main Board and Audit Committee.
- The IJB follows the principles set out in COSLA's *Code of Guidance on Funding External Bodies and Following the Public Pound* for both resources delegated to the Partnership by NHSS and SIC and resources paid to its SIC and NHSS Partners.
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB.
- The IJB's approach to risk management is set out in the Integration Scheme and IJB Risk Management Strategy. Reports on risk management are considered regularly by the Health and Social Care Management Team with quarterly reporting on the IJB Risk Registers to the IJB Board and an annual report to the IJB Audit Committee.
- IJB Board Members observe and comply with the Nolan Seven Principles of Public Life. Comprehensive arrangements are in place to ensure IJB Board Members and

officers are supported by appropriate training and development.

- Staff of both NHSS and SIC are made aware of their obligations to protect client, patient and staff data. The NHS Scotland *Code of Practice on Protecting Patient Confidentiality* has been issued to all NHSS staff working in IJB directed services and all staff employed by SIC working in IJB directed services have been issued with the Scottish Social Services Council Codes of Practice.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Service Managers within SIC and NHSS (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by Directors. The IJB directs SIC and NHSS to provide services on its behalf and does not provide services directly. Therefore, the review of the effectiveness of the governance arrangements and systems of internal control within the IJB places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

Issue and Actions

There were two significant changes to the voting membership of the IJB during the year and up to the date of signing the annual accounts. A new Chair was appointed in March 2019 and a new Interim Chief Officer was appointed in May 2019. The previous Chair had completed their maximum permitted term as a member of NHS Shetland's Board and the previous Chief Officer was appointed to the Interim Chief Executive role in NHS Shetland. The change in membership is not considered a significant issue as thorough handovers and assurances have been received from the previous post holders. The new Chair has been a voting member of the IJB from

September 2017 and the new Interim Chief Officer has worked as an Executive Manager in Shetland's Community Health & Social Care Services from 2011. Both have extensive knowledge of the IJB and its delegated functions.

There remains one significant governance issues which continues to be highlighted by both Internal and External Audit. The key area of concern remains focused on the carried forward funding gap and ongoing Savings and Efficiency targets. Since the inception of the IJB in 2015 the Financial Recovery Plan has not succeeded in achieving the IJBs aspiration to "develop a Strategic Commissioning Plan which minimises, or ideally eliminates, the need for a Financial Recovery Plan".

There has been recent progress as evidenced in the 2019/20 IJB Budget which has identified £1.979m savings from an initial target of £2.533m. The remaining gap of £0.554m will be sought from non-recurrent measures which there is a good track record in achieving.

An IJB MTFP has been developed during the year and the ambition is to align this plan with the Strategic Commissioning Plan so that sustainable services can be delivered within the funding allocation available.

As savings plans are developed and refined the MTFP, which will be updated annually, will begin to incorporate the financial projections of these schemes and minimise or eliminate the need for a Recovery Plan.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

IJB Members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Audit Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2013 (PSIAS) and reviews the performance of the IJB's Internal Audit Service. The appointed Chief Internal Auditor has responsibility to review independently and report to the Audit Committee annually, to

provide assurance on the adequacy and effectiveness of the IJB's system of internal control.

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. During 2018/19 the strategic internal audit management was passed to Audit Glasgow (part of Glasgow City Council's internal audit function). Reliance is therefore placed on the audit work undertaken prior to and following the appointment of Audit Glasgow.

The internal audit plan for 2018/19 included Self Directed Support Shetland Specific responses to Audit Scotland's national reports on health and social care integration, and Directions. The review of Self Directed Support was paused due to the Care Inspectorate review of the same area. The response to Audit Scotland's national reports was the subject of a self-assessment by management, which was reported to the Board in May 2019. Internal Audit will follow up that self-assessment during 2019/20. The fieldwork on Directions is being finalised and will be reported to the September 2019 meeting of the IJB's audit committee. The Chief Internal Auditor has also conducted a review of all matters arising from NHSS Internal Audit reports issued in the financial year by Scott Moncrieff, and those for SIC, and confirmed there are no significant matters arising specific to the IJB.

On the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

Compliance with Best Practice

The IJB complies with the CIPFA Statement on "The Role of the Chief Financial Officer in Local Government 2010". The IJB's Chief Finance Officer has overall responsibility for the IJB's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff in both partner organisations to ensure the effective financial management of the IJB. The

Shetland Islands Integration Joint Board

Chief Financial Officer has direct access to the Director of Finance for NHSS and the Executive Manager – Finance for SIC to address financial issues and is a member of the Local Partnership Finance Team.

The Partnership complies with the requirements of the CIPFA Statement on “*The Role of the Head of Internal Audit in Public Organisations 2010*”. The IJB’s appointed Chief Internal Auditor has responsibility for the IJB’s internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA “*Public Sector Internal Audit Standards 2013*”.

Assurance

Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement.

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Jo Robinson
Chief officer
26 September 2019

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Natasha Cornick
Chair
26 September 2019

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB Members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting Members of the Integration Joint Board comprise three persons appointed by NHSS, and three persons appointed by the SIC. Nomination of the IJB Chair and Vice Chair post holders alternates between a SIC Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board Members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The Chair and Vice Chair did not receive any taxable expenses paid by the IJB in 2018/19 or 2017/18.

The IJB does not have responsibilities, in either the current year or in future years, for funding any pension entitlements of voting IJB Members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting Members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

The Chief Officer is employed by NHSS but this is a joint post with SIC, with 50% of their cost being recharged to the SIC. Performance appraisal and terms and conditions of service are in line with NHS Scotland circulars and continuity of service applies. Formal line management is provided through the Chief Executive, NHSS, but the Director of Community Health and Social Care is accountable to both the Chief Executive of NHSS and the Chief Executive of SIC.

Other Officers

No other staff are appointed by the IJB under a similar legal regime and no other non-voting board Members of the IJB meet the criteria for disclosure.

All Partnership officers are employed by either NHSS or SIC, and remuneration to senior staff is reported through the employing organisation.

The IJB approved the appointment of the Chief Financial Officer at its meeting on 20 July 2015. The role of Chief Financial Officer for the IJB is carried out by the NHSS Head of Finance & Procurement, Karl Williamson, with NHSS meeting his full cost.

Disclosure by Pay Bands

Pay band information is not separately provided as all staff pay information has been disclosed in the information that follows on page 18.

Remuneration

The Chief Officer received the following remuneration during 2018/19:

Senior Employees	Designation	2018/19	2017/18
		*Total Remuneration £	*Total Remuneration £
Simon Bokor-Ingram	Chief Officer	95,006	93,698

*consists of salary, fees and allowances, with no expenses/benefits in kind/other payments

Pension benefits

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB, however, has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table below shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

The Chief Officer participates in the National Health Service Superannuation Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are Members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations.

The Shetland Islands Council Pension Scheme is still assessing the impact of the McCloud judgement in relation to benefits in 2015. The benefits and related cash equivalent transfer values disclosed do not allow for any potential future adjustments that may arise from this judgement.

Pension entitlement for the Chief Officer for the year to 31 March 2019 is shown in the table below, together with the contribution made to this pension by the employing body.

Name of Senior Official	Designation	In-Year Employer		Accrued Pension Benefits			
		2018/19 £	2017/18 £	As at 31 March 2019		Increase from 31 March 2018	
				Pension £	Lump Sum £	Pension £	Lump Sum £
Simon Bokor-Ingram	Chief Officer	13,889	13,677	31,979	73,646	2,381	1,126

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Jo Robinson
Chief Officer
26 September 2019

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Natasha Cornick
Chair
26 September 2019

Statement of Responsibilities for the Annual Accounts

The Integration Joint Board's Responsibility

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board, the proper officer is the Chief Financial Officer;
- manage its affairs to secure economic, efficient and effective use of resources and to safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and, so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- approve the Annual Accounts for signature.

I can confirm that these Audited Annual Accounts were approved for signature by the Integration Joint Board on 26 September 2019.

Signed on behalf of Shetland Islands Integration Joint Board.

.....
Natasha Cornick

Chair

26 September 2019

The Chief Financial Officer's Responsibilities

The Chief Financial Officer is responsible for the preparation of the Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Accounting Code (in so far as it is compatible with legislation).
- kept adequate accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the Annual Accounts give a true and fair view of the financial position of the Integration Joint Board at the reporting date and the transactions of the Integration Joint Board for the year ended 31 March 2019.

.....
Karl Williamson

Chief Financial Officer

26 September 2019

Independent auditor's report to the Members of Shetland Islands Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Shetland Islands Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the Shetland Islands Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the

Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is three years. We are independent of the Shetland Islands Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Shetland Islands Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Shetland Islands Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

We have reported in a separate Annual Audit Report, which is available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that we identified and our conclusions thereon.

Responsibilities of the Chief Financial Officer and Shetland Islands Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Shetland Islands Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Shetland Islands Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such

as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In our opinion, the audited part of the Remuneration Report has been properly prepared

in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

.....
Pat Kenny, CPFA (for and on behalf of Deloitte
LLP)
110 Queen Street
Glasgow
G1 3BX
United Kingdom
26 September 2019

Comprehensive Income and Expenditure Statement for year ended 31 March 2019

This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices.

2017/18 Net Expenditure £000		Notes	2018/19 Gross Expenditure £000	2018/19 Gross Income £000	2018/19 Net Expenditure £000
25,354	Health Services		26,789	-	26,789
21,708	Social Care Services		22,553	-	22,553
28	Corporate Services		29	-	29
47,090	Cost of Services		49,371	0	49,371
(47,329)	Taxation and non-specific grant income	5	-	(49,912)	(49,912)
(239)	(Surplus) / Deficit on Provision of Services		49,371	(49,912)	(541)
(239)	Total Comprehensive Income and Expenditure				(541)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from Partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement (CIES). Consequently, an Expenditure and Funding Analysis is not provided in these Annual Accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the reserves held by the IJB.

2018/19	General Fund Balance £000
Balance at 1 April 2018	(364)
Total Comprehensive Income	(541)
(Increase) / Decrease in 2018/19	(541)
Balance at 31 March 2019	(905)

Comparative movements in 2017/18	General Fund Balance £000
Balance at 1 April 2017	(125)
Total Comprehensive Income and Expenditure	(239)
(Increase) / Decrease in 2017/18	(239)
Balance at 31 March 2018	(364)

Balance Sheet as at 31 March 2019

This shows the value as at the Balance Sheet date of the assets and liabilities recognised by the IJB. The net assets of the IJB (asset less liabilities) are matched by the reserves held.

As at 31 March 2018 £000		Notes	As at 31 March 2019 £000
364	Other Current Assets	6	905
364	Current Assets		905
364	Net Assets		905
	Represented by:		
364	Usable Reserves	7	905
364	Total Reserves		905

The unaudited financial statements were issued on 27 June 2019 and the audited financial statements were authorised for issue by Karl Williamson on 26 September 2019.

The Annual Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2019 and its income and expenditure for the year then ended.

.....
Karl Williamson
Chief Financial Officer
26 September 2019

Notes to the Primary Financial Statements

Note 1: Accounting Standards issued Not Adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that are not yet due to be adopted. There are none which are relevant to the IJB accounts.

Note 2: Accounting Standards Adopted In The Year

The IJB has adopted IFRS 15 "Revenue from Contracts with Customers" for the first time in 2018/19. The IJB has considered this new standard and no adjustments are deemed necessary in the current or prior year as the IJB does not have any contracts with customers.

The IJB also considered whether adjustments are deemed necessary in respect of IFRS 9 "Financial Instruments" in the current or prior year and concluded that there were no transactions within the Accounts which are relevant to this accounting standard.

Note 3: Critical Judgements and Estimation Uncertainty

There are no material critical judgements or sources of estimation uncertainty included in the Financial Statements.

Note 4: Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 26 September 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respect to reflect the impact of this information.

Note 5: Taxation and Non-Specific Grant Income

2017/18 £000		2018/19 £000
20,550	Funding contribution from Shetland Islands Council	21,277
24,895	Funding contribution from NHS Shetland	26,751
1,884	Other Non-ringfenced grants and contributions	1,884
47,329	Total	49,912

The funding contribution from NHSS shown above includes £4.890m in respect of 'set aside' resources. These are provided by NHSS which retains responsibility for managing the costs of providing the services. The IJB has responsibility for the consumption of, and level of demand placed on these resources.

Other non-ring fenced grants and contributions represents Scottish Government funding provided for the IJB. As the IJB does not have its own bank account, this funding was paid to NHSS as part of their annual funding settlement and transferred to the IJB by NHSS, together with their funding contribution.

Note 6: Other Current Assets

As at 31 March 2018 £000		As at 31 March 2019 £000
183	Shetland Islands Council	170
181	NHS Shetland	735
364	Total	905

Amounts owed by the funding Partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding Partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

The IJB does not have a bank account. Underspends recorded by SIC and NHSS that are carried forward are therefore held in their own

bank accounts and reflected as Other Current Assets by the IJB.

Note 7: Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- to earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- to provide a contingency fund to cushion the impact of unexpected events or emergencies.

2017/18 £000	General Fund	2018/19 £000
(125)	Balance at 1 April	(364)
(239)	Transfers in: Scottish Government Additionality Funding Underspend	(67)
(364)	Sub-total	(431)
-	Earmarked element of Reserve: NHSS Specific Funding Underspend	(474)
(364)	Balance at 31 March	(905)

Note 8: Related Party Transactions

The IJB has related party relationships with the SIC and NHSS. In particular, the nature of the Partnership means that the IJB may influence, and be influenced by, its Partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

The funding contributions made by the SIC and NHSS are detailed in Note 5. The debtor balances of the SIC and NHSS with the IJB as at 31 March 2019 are detailed in Note 6.

Full expenditure detailed in the CIES on Health Services and Social Care Services was provided by NHSS and SIC, respectively.

SIC and NHSS provide support services to the IJB. These costs are not recharged to the IJB.

Note 9: Post Balance Sheet Event

Simon Bokor-Ingram was appointed Interim Chief Executive of NHS Shetland on 22 April 2019, so it was necessary to appoint an interim Director of Community Health and Social Care to cover the expected 6 month period he will be unable to cover his permanent post, which includes his role as Chief Officer of the IJB.

Jo Robinson was appointed as Interim Director of Community Health and Social Care and Chief Officer of the IJB from 13 May 2019.

These annual accounts differ from the published unaudited annual accounts due to amendments arising from audit.

Note 10: Summary of Significant Accounting Policies

A General Principles

The Annual Accounts summarise the IJB's transactions for the 2018/19 financial year and its position as at 31 March 2019.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government Act 1973 and as such is required to prepare its annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, supported by International Financial Reporting Standards (IFRS) and statutory guidance issued under Section 12 of the 2003 Act.

The accounting convention adopted in the financial statements is historical cost. The accounts have been prepared on a going concern basis, on the premise that its functions and services will continue in existence for the foreseeable future.

B Accruals of income and expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- supplies are recorded as expenditure when they are consumed, but where there is a gap between the date supplies are received and their consumption they are carried as inventories on the Balance Sheet;
- expenses in relation to services received (including services provided by employees) are recorded as expenditure when the services are received rather than when payments are made;
- where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet. Where debts may not be settled, the balance of debtors is written down and a change made to the CIES for the income that might not be collected.

C Funding

The IJB is primarily funded through funding contributions from the statutory funding Partners, SIC and NHSS. Expenditure is incurred as the IJB commissions specified health and social care services from the funding Partners for the benefit of service recipients in Shetland.

D Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding Partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangement are provided in the Remuneration Report. Charges from the employing partner are treated as employee costs.

F Reserves

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB Reserve includes an earmarked element which is set aside for a specific purpose in line with the IJB's Reserves Policy.

G Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member or officer responsibilities. NHSS and SIC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any "shared risk" exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the expected value of known claims, taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

H Events after the Balance Sheet

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the annual accounts are authorised for issue.

Two types of events can be identified:

- those that provide evidence of conditions that existed at the end of the reporting period, whereby the annual accounts are adjusted to reflect such events; and
- those that are indicative of conditions that arose after the reporting period, whereby the annual accounts are not adjusted to reflect such events; where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect.

I VAT

The IJB is not VAT registered and does not charge VAT on income or recover VAT on payments. Any VAT incurred in the course of activities is included within service expenditure in the accounts.



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G1 3BX

Director: Jo Robinson
Your Ref:
Our Ref: PK/CH/IJB/2019
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Direct Line: 01595 744315/743697
Fax: 01595 695326
E-mail: jo.robinson@shetland.gov.uk

Date: 26 September 2019

Dear Sirs,

This representation letter is provided in connection with your audit of the financial statements of the Shetland Islands Integration Joint Board for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the Shetland Islands Integration Joint Board as of 31 March 2019 and of the results of its operations, other comprehensive net expenditure and its cash flows for the year then ended in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.

In addition to the above, this representation letter is provided in connection with your audit of the Management Commentary, Remuneration Report and Annual Governance Statement for the following purposes:

- Expressing an opinion on the auditable part of the Remuneration Report as to whether it has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;
- Expressing an opinion as to whether the information given in the Management Commentary is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- Expressing an opinion as to whether the information given in the Annual Governance Statement is consistent with the financial statements and that the report has been prepared in accordance with the Delivering Good Governance in Local Government Framework (2016).

I am aware that it is an offence to mislead a Boards auditor.

As Responsible Financial Officer and on behalf of the Board, I confirm, to the best of my knowledge and belief, the following representations.

Financial statements

1. I understand and have fulfilled my responsibilities for the preparation of the financial statements in accordance with proper practices as set out in the Code of Practice on Local Authority Accounting in the United Kingdom (the Code), which give a true and fair view, as set out in the terms of the audit engagement letter.
2. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland. We acknowledge our responsibilities for the design, implementation and operation of internal control to prevent and detect fraud and error.
3. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
4. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of *IAS24 "Related party disclosures"*.
5. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed.
6. There are no uncorrected misstatements or disclosure deficiencies.
7. We confirm that the financial statements have been prepared on the going concern basis. We do not intend to liquidate the IJB or cease trading as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the IJB's ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.
8. We confirm that all of the disclosures within the Management Commentary, Remuneration Report and the Annual Governance Statement have been prepared in accordance with the relevant legislation and guidance.

Information provided

9. We have provided you with all relevant information and access.
10. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.
11. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error.
12. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

13. We are not aware of any fraud or suspected fraud that affects the entity and involves:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) Others where the fraud could have a material effect on the financial statements.
14. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
15. We are not aware of any instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing financial statements
16. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
17. No claims in connection with litigation have been or are expected to be received.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully

Josephine Robinson
Interim Director Community Health & Social Care/IJB Chief Officer
Signed as the Chief Officer, and on behalf of the Integration Joint Board

Shetland Islands Health and Social Care Partnership



Meeting(s):	Special Integration Joint Board	26 September 2019
Report Title:	'Caring for Bressay'- Engaging Communities in Developing Sustainable Service Models for the Future	
Reference Number:	CC-41-19-F	
Author / Job Title:	Edna Mary Watson, Chief Nurse (Community) / Project Lead	

1.0 Decisions / Action required:

That the IJB:

- 1.1 Considers and comments on the work undertaken between the Health and Social Care Partnership and the Bressay Community Council to explore the health and care needs of residents on Bressay in order to create a sustainable, affordable, and clinically appropriate service model which meets the health and care needs of islanders both now and for the future.
- 1.2 Approves the enhancements to the current service model for Bressay and notes that the Chief Nurse (Community), as Project Lead / Service Manager will move the project forward to the Implementation stage, in line with the Community Nursing Directions.
- 1.3 Recognises the key components identified in this model as having the potential to be relevant to the redesign of services in other communities across Shetland.
- 1.4 Considers and comments on the approach to community engagement adopted within this project and supports the roll out of a similar approach to the implementation of co-production methods with communities throughout Shetland, appropriate to the particular community context.

2.0 High Level Summary:

- 2.1 In December 2017, following a meeting held between representatives of the Bressay Community Council and the Chief Nurse (Community), Shetland Health and Social Care Partnership, to discuss issues of concern with service provision on Bressay, a jointly sponsored project was commissioned.
- 2.2 The project aimed to explore the health and care needs of residents on Bressay, and through working in partnership, to create a sustainable, affordable, and clinically appropriate service model which would meet the health and care needs of islanders, both now and for the future.

- 2.3 Given that there were a number of drivers for change meaning that the service model in its current format was unsustainable, a multi-professional, interagency Project Team was formed. This group has led the work of the Project from inception to the development of the proposed new service model.
- 2.4 The project has been developed and informed through extensive involvement of the Bressay Community. Various opportunities have been provided to engage with the community, this included an initial household questionnaire, an open session to discuss the project with access to a variety of service providers from statutory and voluntary/third sector partners, a themed event utilising the Ketso engagement tool hosted by the Local Officer from the Scottish Health Council and the Engagement/consultation process regarding the proposed new service model.
- 2.5 The new model has been developed to improve service provision for Bressay residents. The model has been co-produced with active community engagement throughout the process.
- 2.6 The project has also been a standing item on the Bressay Community Council agenda for the last 2 years with Briefings prepared for issue within the community following each meeting.
- 2.7 Following completion of the Engagement process, the Project Team are now recommending a new sustainable service model for Bressay. This model is centred on access to a range of health and care services from a clinic facility located within the local community. In addition, the overall resilience of the community will be enhanced with access to a range of other services to support overall health and wellbeing, e.g. health promotion services, general health/ self care advice via NHS Inform, First Responder service, range of visiting professionals/ services and support for accessing consultations remotely via utilising the Attend Anywhere platform.
- 2.8 The component parts of the proposed service model takes a whole system approach and addresses the following areas of practice:
- Whole Population Health including prevention and early intervention;
 - Shifting the Balance of Care to closer to home;
 - Developing of sustainable models of care;
 - Improving Access and Information through use of Technology enabled care;
 - Enhancing Community Resilience via First Response services;
 - Designed with People as Equal partners
- To support the overall aim of care delivered by the “right person, right place at the right time”.
- 2.9 At their meeting on 28 August 2019, the Area Clinical Forum (ACF) supported the implementation of the new service model as proposed in this report.
- 2.10 Subject to approval of the new model, the budget for the previous resident nurse post will be re-invested in the provision of community nursing services in Shetland.

3.0 Corporate Priorities and Joint Working:

- 3.1 The implementation of a new service model for Bressay supports the delivery of the following NHS Shetland's Board corporate objectives:
- To improve and protect the health of the people of Shetland;
 - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient;
 - To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service; and
 - To provide best value for resources and delivery of financial balance.
- 3.2 The Integration Joint Board's vision, aims and strategic objectives are set out in the Integration Scheme and the Strategic Plan 2019-22.
- 3.3 This project will play a key role in the delivery of the following National Health and Well-being outcomes:
- People, including those with disabilities or with long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing;
 - People using health and social care services are safe from harm; and
 - Resources are used effectively and efficiently in the provision of health and social care services.

4.0 Key Issues

Background

- 4.1 In December 2017 an initial meeting was held between representatives of the Bressay Community Council and the Chief Nurse (Community), Shetland Health and Social Care Partnership to discuss issues of concern with service provision on Bressay. This discussion led to the establishment of a jointly sponsored project between the Health and Social Care Partnership and the Bressay Community Council.
- 4.2 The aims of the project were to explore the health and care needs of residents on Bressay, and through working in partnership, create a sustainable, affordable, and clinically appropriate service model which meets the health & care needs of islanders both now and for the future.
- 4.3 The project followed the Project Methodology as outlined in Prince 2. The Project Initiation document can be seen in Appendix 1.

Context

- 4.4 Shetland has 5 non-doctor islands – Fair Isle, Foula, Fetlar, Skerries and Bressay – where traditionally a resident nurse has been the first point of contact for all healthcare needs on a 24/7 basis. In addition to the resident nurse, the non-doctor islands - **with the exception of Bressay** - have regular scheduled visiting services from the General Practitioners based at the respective Health Centres with responsibility for each island. Some islands also have services provided by allied health professionals eg Podiatry, and Dental services, on a visiting basis.

- 4.5 Shetland Health and Social Care Partnership Strategic Commissioning Plan outlines the vision that “by 2020 everyone in Shetland is able to live longer healthier lives, at home or in a homely setting”. Noting that “we will have an integrated health and care system which is focused on prevention, supported self management and reducing health inequalities. Care will be provided to the highest standards of quality and safety with the person at the centre of all decisions”.
- 4.6 The Strategic Plan also highlights the importance of following the integration planning principles to underpin how we shape our services and find innovative solutions to meet the communities needs and ultimately improve the health and wellbeing of service users.
- 4.7 In addition to the overall strategic context of a shift to provide more services in the community, and thus closer to home, there are also a number of drivers for change related to current Professional issues and challenges associated with working in remote island posts. These include changes in career structure/expectations, workload/ re-registration issues, professional isolation, and the overall challenge of living in remote communities and maintaining a work-life balance.
- 4.8 As well as the challenges experienced in the recruitment and retention of nursing staff, the demography of the Shetland working population, combined with the overall buoyancy in the local economy, means that recruitment to care work can be very challenging.
- 4.9 Due to being an island setting, challenges are faced by islanders in terms of the cost and convenience of timing of appointments when having to access care in Lerwick. This has the potential to create health inequalities for the residents of Bressay. Understandably the need to access emergency care and support in the out of hours time period is of utmost concern to Bressay residents.

Health and Care Needs Analysis

- 4.10 Bressay has a population size of 322 individuals, with an approximate 50% male/female split. The age profile of residents is as follows - slightly over half are aged over 50years (53.4%), a third over 60years (37.3%) and one fifth over the age of 70years (20.8%). The Health Needs Assessment for Bressay is included in the report for Lerwick and Bressay.
- 4.11 Whilst the Health Needs Assessment provides data across the Lerwick Practice population area, data from the Lerwick Practice provides data specifically on Bressay residents. This indicates that almost two thirds of the Bressay residents have no longterm health conditions and that overall, the population on Bressay is generally healthier than those living in other areas of Shetland.

- 4.12 Challenges were experienced in gathering service provision data. From the information available, it is clear that whilst service demand is variable across the services, that all demand is of a relatively low level. eg 30 Practice Nurse appointments per month out of a total of 1060 appointments (3%) , 6-12 individuals on the District Nursing caseload monthly out of approx. 130 individuals (4-9%), less than 5 out of hours call outs for the District Nursing service per year, over the last 4 years.
- 4.13 NHS24 provide the triage service for access to healthcare service in the out of hours period. In the period October 2017 to March 2019, there were a total of 37 calls to NHS24 in the out of hours period. The number of calls ranged between 0 - 5 per month with the most common being 2-4 calls per month. The busiest month was December 2017 with 5 calls and the lowest level of activity was recorded in July 2018 and March 2019 where there were no calls all month.
- 4.14 Data from the Scottish Ambulance Service , also indicates a low level of activity with a range of 8-18 calls being made per year over the last 5 calendar years. The busiest year being 2017 with 18 calls.
- 4.15 Community Care Services are provided, in accordance with eligibility criteria, to adults who have been assessed by social work staff as having a critical or substantial need. In the past the main focus for the provision of services was in a residential care establishment however the current trend is to develop services to enable older people, including those with complex needs, to remain in their own homes for as long as possible.
- 4.16 Current demand for social care services in Bressay is low. There are less than 5 people accessing services but there is capacity for the service to grow, as required.

Public Engagement

- 4.17 At the beginning of the project, Bressay Community Council members worked with the Chief Nurse (Community) and Local Officer Scottish Health Council to develop information for the public as to how to access a range of health and care services in the absence of the traditional service model of a resident nurse. This information leaflet was distributed to all households. A copy of the leaflet can be seen in Appendix 2.
- 4.18 Initially in order to inform this project, a household questionnaire was developed by the Project Team and issued to all households in Bressay in June 2018. Approx 180 questionnaires were issued, with 74 completed responses received, giving an overall response rate of 41%. Having such a good response rate meant that comments and suggestions were received from almost half of the households which increased the validity of the data. A copy of the survey results can be seen in Appendix 3.
- 4.19 The survey report was sent out to all who requested it and was also made available to the wider public at a follow up open session.

- 4.20 An open session was held in the Bressay Public Hall on 8 September 2018. This session provided an additional opportunity for islanders to contribute to the information gathering about service provision and the issues that residents face in accessing health and care services to meet their needs.
- 4.21 Key issues identified from the survey and the open session were:
- Lerwick Health centre (difficulty of getting through on appointment line, challenge of getting appointments, appointments would not fit with ferry times, lack of GP appointments, perceived rudeness of reception staff);
 - Transport issues – availability and cost;
 - NHS 24 (both issues with 111 service and lack of awareness of other services offered); and also
 - Access to services in hours, out of hours and overnight.
- 4.22 The well attended session was also used to share information about some of the services offered locally and to help showcase what different services can offer in terms of supporting individuals with health and /or care needs. The following groups/services were represented - Health Improvement, Mind Your Head, Red Cross, Shetland Link Up, Advocacy Shetland, Samaritans, Royal Voluntary Service, Health and Social Care Partnership services – nursing, pharmacy, general practice, dental, and social care and the Scottish Health Council.
- 4.23 Information on the roles of various different professionals, as well as initiatives to support individuals maintain their independence, such as information on Self Directed Support, were available.
- 4.24 Fifty people attended the open session, which evaluated very positively. Feedback from the evaluation was shared with the public via a Community Council briefing. Results can be seen at Appendix 4.
- 4.25 Suggestions for Improvement in services were also collected at the open session. These can be can be seen in Appendix 5.
- 4.26 Copies of the survey report were sent out to all who requested it and were made available to the wider public at the open session. Feedback from the evaluation of the open session was shared with the public via the Community Council briefing.
- 4.27 On the 24 September 2018, 17 participants took part in a group session using an engagement tool called Ketso to explore the topic of 'Caring for Bressay'. The participants included Island residents, Bressay Community Council members, Community Planning & Development Officer and an Elected Council member.
- 4.28 Using the Ketso approach participants were asked to consider the following questions:
- What do you think is important to the Bressay Community?
 - What are the current challenges?
 - How do we overcome the challenges? What can we do differently?
 - Describe your ideal vision for Caring for Bressay?
- 4.29 The Ketso session was facilitated by Mrs Camille Brizell, Local Officer of the Scottish Health Council. The session evaluated very positively, including by those who had been a little uncertain at the start of the event. A report from the session, capturing all views and ideas expressed, was written up and shared with all participants.

- 4.30 The report has been used to help inform the work of the Project Team as they consider future models of care for Bressay. Copy of the Ketso report can be seen in Appendix 6.
- 4.31 The engagement of the Bressay community throughout this project has been informed by advice and support from the Scottish Health Council Service Change Advisor and key guidance on public involvement and engagement eg National Standards for Community Engagement, CEL (2010) 4.

Proposed new service model

- 4.32 Having considered all of the information gathered, the Project Team have developed a new enhanced service model for Bressay. This service model has various component parts to address the needs of residents for both planned and emergency care.

- 4.33 **For planned care**, in standard working hours the following services will be available/ accessible:

Denotes *In place currently*

Health Improvement - activities to support individuals to live as healthy a lifestyle as possible eg services include smoking cessation, counterweight, health walks;

Use of NHS inform - 24hr access to health advice and support – accessible via telephone or web based health information to support individuals self care/self manage;

Local clinic facility – creation of a clinic facility on Bressay to support the delivery of services in the local community;

Visiting professionals – range of individuals/ services can use the clinic as a base for service provision;

Enhanced access to care by utilising technology - (e.g., Attend Anywhere, online booking of appointments) – increase use of technology within health and care services thus supporting individuals to access health and care support/advice/ remote consultations.

- 4.34 **For Emergency Care in the Out of Hours period** the following services will be available/accessible:

In place currently

NHS24 111 – triage system for access to medical care in the out of hours periods – system currently in place and used to triage access to care;

First Response service – implement an island based First Response Scheme either via Scottish Ambulance Service (SAS) or Scottish Fire and Rescue Service (SFRS) (subject to national agreement being reached);

*** GP/DN home visiting service*** – service already in place to respond to out of Hours calls requiring a home visit by either a GP or the District Nursing service. Arrangements are in place to support the use of the ferry to get across to Bressay in the out of hours period;

Referral to Accident and Emergency for urgent care (by GP or Hospital staff)
- option already a destination where NHS24 may refer individuals to be seen. If the ferry is required to be called out to get across to Lerwick this will be arranged via NHS24 service. There is also access to a locally based transport service to convey individuals with no transport to the Hospital. This is arranged via NHS24, if required;

999 call – all 999 calls will require the ferry to be called out to support attendance by Paramedics from the Scottish Ambulance Service. 999 calls in areas where First Responder schemes are in place have these individuals tasked to respond to the caller until an Ambulance arrives at the address. Establishment of the First Response service on Bressay would enable this service to be available for anyone who makes a 999 call for assistance.

Assessment of the new service model

- 4.35 An appraisal of all of the component parts of the new service model was conducted against the Institute of Healthcare Quality's 6 Dimensions of Healthcare Quality as follows: Safe, Effective, Person-centred, Efficient, Equitable and Timely. The results of this were shared with the community as part of the engagement document.
- 4.36 Having developed the key component parts of a service model for Bressay, for both planned and emergency care, the group believe that we have identified the key components for supporting the safe redesign of services in other communities across Shetland.

Engagement Processes and Outcome of consultation process

- 4.37 An engagement document was issued to all households in Bressay on 19 July 2019. The engagement document and supporting papers can be seen in Appendix 7.
- 4.38 The Consultation period ran from 19 July to 19 August and was supported by a Press Release and a Radio broadcast with Radio Shetland. One hundred and ninety-two (192) questionnaires were issued and 52 responses from households received up until 26 August, giving a response rate of 27%.
- 4.39 An open public session was held as part of the Bressay Community Council meeting on 1 August 2018. This provided an opportunity for the public to attend and discuss the proposed new service model with representatives from the Community Health and Social Care Partnership. Whilst attendance at the meeting was low it provided an opportunity to discuss the proposals in further detail. An

extract from the Minutes of the Bressay Community Council meeting can be seen in Appendix 8.

- 4.40 Overall, the responses received to the engagement document, indicated that the public support the move to a new model of service provision.

Q4. What do you think about the proposed changes as a whole?

Fully support	26	54%
Partly support	21	44%
Do not support	1	2%
Not answered	1	-

- 4.41 The results of the communities views on the individual component parts of the model were as follows:

Q3. Please, tell us what you think about the proposals for health and care service provision for Bressay residents for the future

	Planned care	Fully support	Partly support	Do not support	Not answered
3.1	Use of NHS inform - 24h access to health advice and support	28 (60%)	15 (32%)	4 (9%)	2
3.2	Local clinic facility	42 (86%)	7 (14%)	0	0
3.3	Visiting professionals	42 (88%)	5 (10%)	1(2%)	1
3.4	Enhanced access to care by utilising technology - (e.g., Attend Anywhere, online booking of appointments)	31 (65%)	14 (29%)	3 (6%)	1

	Emergency care	Fully support	Partly support	Do not support	Not answered
3.5	NHS24 111 – out of hours access to medical care	20 (42%)	24 (50%)	4 (8%)	1

3.6	First Response service – SAS / SFRS	35 (74%)	11 (23%)	1 (2%)	2
3.7	GP/DN home visiting service	44 (92%)	4 (8%)	0	1
3.8	Referral to Accident and Emergency for urgent care (by GP or Hospital staff)	42 (89%)	5 (11%)	0	2
3.9	999 call	41 (95%)	2 (5%)	0	6

4.42 The engagement document also sought views from the community. A range of additional points were noted as well as comments on previously identified areas for improvement. All of these will be taken into the Project Team for consideration in the Implementation Phase. Full details of the Consultation response can be seen in Appendix 9.

4.43 Inequalities information was sought from all of the respondents to the engagement document. Collated results show that the responses came from a broad range of people, reflective of the total Bressay population. In order to protect the anonymity of individuals, the results are not shared but can be made available upon request.

4.44 The views of the Bressay community have been sought throughout the project and their comments have informed and influenced the service model now proposed. Following the IJB meeting the Community will be informed of the outcome and reasoning for the decision made.

Implementation

4.45 All of the work to progress this project has been undertaken in partnership between the project team, comprising Shetland Health and Social Care Partnership, Bressay Community Council, wider statutory providers and the third sector. We would intend to continue this approach throughout the implementation phase and would welcome involvement of the wider community as we progress the various initiatives noted in the paper.

4.46 Sub-groups of the Project Team will be formed to take forward the individual component parts of the model eg Health Improvement activities, Health clinic and service provision, First Response service and Attend Anywhere.

4.47 The Project Team believe that the approach to community engagement adopted within this project could be used in the implementation of co-production projects with communities throughout Shetland, appropriate to the particular community context.

Equality and Diversity Impact Assessment

- 4.48 A Rapid Equality Impact Assessment was undertaken as part of the Engagement Process, no potentially negative impacts were identified and therefore a full Equality Impact Assessment was not indicated. The Rapid Equality Impact Assessment can be seen in Appendix 7.

Finance

- 4.49 A space with the potential to be converted into a consulting room has been identified within the Speldiburn Centre, Bressay. £20,000 has already been secured from the NHS Shetland Capital Projects budget to convert this area into a clinical space which complies with NHS Scotland relevant Health Technical Memorandum. Alternative locations have been considered should it prove not possible to move forward with this preferred location in a timely manner.
- 4.50 The current nurses house at Voeside, Bressay will be subject to an NHS Shetland Property Feasibility Study with an Option Appraisal which would consider the following options
- Disposal
 - Re use internally
 - Re use externally

The result of which would be presented to the NHS Board for approval.

- 4.51 Funding from the Band 6 nurse vacancy will be re-invested in the development of Community Nursing services across Shetland.

Lessons Learnt from the Project

- 4.52 A number of lessons have been learnt through the course of the project. These include:
- The issuing of a questionnaire 'per household' means that results of the engagement gives number of household responses as opposed to numbers of individuals who responded.
 - Due to the size of the community, it is not possible to publish the inequalities information without possibly identifying individuals within the community.
 - Evaluation opportunities should be built into all events. These should include evaluation of participants as well as the target audience of the public eg following the open session on 8 September.

Recommendation

Following the work undertaken to progress the Caring for Bressay Project, the Project Team ask that the IJB:

- 4.53 Considers and comments on the work undertaken between the Health and Social Care Partnership and the Bressay Community Council to explore the

health and care needs of residents on Bressay in order to create a sustainable, affordable, and clinically appropriate service model which meets the health and care needs of islanders both now and for the future.	
4.54	Approves the enhancements to the current service model for Bressay and notes that the Chief Nurse (Community), as Project Lead / Service Manager will move the project forward to the Implementation stage, in line with the Community Nursing Directions.
4.55	Recognises the key components identified in this model as having the potential to be relevant to the redesign of services in other communities across Shetland.
4.56	Considers and comments on the approach to community engagement adopted within this project and supports the roll out of a similar approach to the implementation of co-production methods with communities throughout Shetland, appropriate to the particular community context.
5.0 Exempt and/or confidential information:	
None	
6.0	
6.1 Service Users, Patients and Communities:	Service users, patients and members of the Bressay community have been actively engaged in the co-production of this project and proposed future service model which should support addressing some of the challenges in accessing health and care services highlighted by the community at the start of the project.
6.2 Human Resources and Organisational Development:	<p>The changing model of service provision for Bressay will require some staff groups to provide visiting services to the island population. This is a service model approach which has been in place for District Nursing services since the last resident nurse left post in July 2017.</p> <p>The provision of a clinical environment will provide a higher standard of care environment within which to undertake the consultations and access to enhanced technology will increase the range of services which it is possible to access from Bressay as well as enhance the level of support available to professionals delivering a service remotely from their normal base area.</p> <p>Leadership capacity within Community Nursing services needs to be reviewed in order to increase the support available for implementation of this project and the new service model.</p>
6.3 Equality, Diversity and Human Rights:	The provision of services in Bressay will support the overall delivery of services and help to address inequalities issues for individuals whilst also increasing the range of options for care available thus supporting meeting the diverse needs within the community.
6.4 Legal:	<p>The main legal issues relevant to this report are the requirement to put in place a formal lease agreement for the proposed space within which to develop the clinic facility. This will be taken forward through the Head of Estates, NHS Shetland with the relevant parties.</p> <p>All other standards of clinical practice will be within the</p>

	overall NHS Board policies, procedures and professional standards of the relevant professionals working in / from the health clinic.	
6.5 Finance:	Funding has already been secured from the NHS Board Capital Projects monies in order to convert a space into an appropriate clinical consulting environment. In terms of ongoing revenue costs these will be met via the Community Nursing budget. If it proves not possible to move forward with a lease agreement for the preferred clinic location alternative locations will be considered. The provision of staff utilising the premises will be from within the budgeted establishment of respective services.	
6.6 Assets and Property:	This project proposes setting up a health and care facility within a building owned by a key partner within the Health and Social Care Partnership. This building is being developed to be a central hub within the community to increase all islanders local access to a range of services in line with Scottish Government policy of services closer to home.	
6.7 ICT and new technologies:	This project utilises technology to support enhanced access to services. Work will be undertaken to progress individuals access to services via web based services eg online prescriptions. The use of Attend Anywhere will enable consultations, where appropriate, to be held without islanders having to leave Bressay, thus reducing the financial impact of attending healthcare appointments.	
6.8 Environmental:	The provision of an increased range of services on Bressay will help to contribute to the organisation's overall reduction in carbon footprint through a reduced number of journeys to access healthcare.	
6.9 Risk Management:	In terms of risk management there are a number of areas for consideration: Clinical Risk – this will be managed according to the IJBs overall risk management structure and any issues of concern reported via the Datix incident and risk management systems. Financial risk – there is a risk that failure to agree a lease arrangement for the preferred location to develop the clinic sees alternatives requiring to be considered at a potentially different cost, or any unforeseen circumstances which may arise once conversion works have been started that may have a greater financial impact. These will be reviewed if they should arise. Reputational risk – failure to deliver on this project will have reputational damage to both the IJB and the NHS Board.	
6.10 Policy and Delegated Authority:	The IJB has delegated authority to deliver the approved Strategic Plan within the budget allocated.	
6.11 Previously considered by:	The proposals in this report have been developed through a range of engagement activities undertaken with the Bressay community.	EMT 11/07/2019 22/08/2019

	The Engagement documents and this paper have been considered by the Executive Management Team, NHS Shetland and the Area Clinical Forum.	ACF 29/ 08/ 2019
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Contact Details:

Edna Mary Watson, Chief Nurse (Community) / Project Lead

5 September 2019

Appendices

- 1 Project Initiation Document (PID)
- 2 Service Information Leaflet
- 3 Results of Initial Questionnaire to Bressay Residents
- 4 Evaluation of Open Session held in Bressay Hall – 8 September 2018
- 5 Suggestions for Improvement
- 6 Report of Ketso Session held in Speldiburn Centre - 24 September 2018
- 7 Engagement Documents and Supporting information
- 8 Extract of Minutes from Bressay Community Council meeting on 1 August 2019
(awaited)
- 9 Results of Engagement / Consultation process held 19 July to 19 August 2019

Background Documents

CEL (2010) 4 Informing, Engaging and Consulting People in Developing Health and Community Care Services accessed at https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

Health Needs Assessment – Lerwick and Bressay Locality Health Profile accessed at https://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-LerwickandBressayMASTERV6.pdf

Lerwick Health Centre health data re Bressay residents – Appendix 10

National Standards for Community Engagement – The 7 National Standards for Community Engagement accessed at <http://www.voicescotland.org.uk/Seven-NS/>



Project Initiation Document (PID)

The purpose of this form is to give you the opportunity to describe your idea in detail of what you want to do and why, and what resources it will take to make that happen, to take to the Efficiency and Redesign Board for a decision on whether or not your project will be approved to proceed to implementation.

Project Title:	'Caring for Bressay' – Health and Care Project
Project Lead:	Edna Mary Watson, Chief Nurse (Community)
Date Prepared:	5 September 2108

Context

Shetland has 5 non-doctor islands – Fair Isle, Foula, Fetlar, Skerries and Bressay where a resident nurse is the first point of contact for all healthcare needs on a 24/7 basis. In addition to the resident nurse, the non-doctor islands - **with the exception of Bressay** - have regular scheduled visiting services from the General Practitioners based at the respective Health Centres with responsibility for each island. Some islands have also had services provided by allied health professionals eg Podiatry, and Dental services on a visiting basis.

NB This PID relates only to addressing service provision for the island of Bressay.

Describe the problem that you want to fix and why

Background

Bressay has experienced a recent turnover in resident nursing staff, with the previous postholder resigning in October 2016 and the most recent postholder who took up post in May 2017 resigning from the position by October 2017, having ceased to provide a service on a residential basis to islanders from July 2017.

When the postholder resigned in 2016, NHS Shetland took the opportunity to review the Bressay District Nurse role and created a Band 7 Advanced Nurse Practitioner post which was formally linked to the Intermediate Care Team. The review of the District Nurse post enabled the employment of a practitioner with skills at an advanced practice level but due to the recognition that there is insufficient clinical work on Bressay alone to support the maintenance of skills of an Advanced Practitioner, the post had a remit to work within the Intermediate Care Team supporting early discharge from hospital or care home and preventing unnecessary hospital admission. The postholder retained the requirement to be the caseload holder providing nursing care to Bressay residents and to be resident on Bressay in order to provide an oncall service for emergencies in the out of hours period of evenings and weekends.

Over the same time period, in addition to the difficulty experienced in retaining individual nurses in this post, the NHS Board also received various expressions of concern and formal complaints regarding NHS24, the use of NHS24 to triage access to healthcare services and regarding the nursing service provided.

Difficulties have also been experienced in the provision of social care services to residents on Bressay due to recruitment challenges and subsequently through the travel challenges posed by sending care staff from Lerwick.

Strategic Context

The development of integrated health and social care services takes account of national policy ('*Shifting the Balance of Care*') to move services out of hospitals into community settings and from community based settings into people's own homes. Local services perform well, albeit with higher unit costs than elsewhere in Scotland. Notwithstanding our successes the rural care model, with its focus on residential care, is not consistent with the Older People's Health and Wellbeing Strategy (2015) which identified that older people want to be cared for in their own home and where that is not possible in a community setting that is not institutional care.

The Shetland Islands Health and Social Care Strategic Commissioning Plan 2017 -2020 approved by the Council, NHS Shetland and the IJB in March and April 2017 identified a significant imbalance between the current model of service delivery and the resources available to meet service demand. Moreover this will continue to increase as a result of an increasing aged population and a decreasing number of staff available to provide care and support services.

Health Care Improvement Scotland (Living Well in Communities with Frailty. Evidence of what works. (June 2018)) have identified a significant number of interventions which have been demonstrated to improve outcomes for frail, older people. Many of these initiatives are preventative in nature and have already been implemented in Shetland. These include exercise interventions and physical activity; polypharmacy review; immunisation programmes; primary care interventions; community older people's services; addressing lifestyle factors; nutritional interventions, hospital at home, re-enablement; bed based intermediate care and anticipatory care planning.

In addition, increased integration of services (with comprehensive care provided along the entire pathway), improved care coordination and management can deliver significant benefits including 13% fewer hospital admissions, 27% fewer visits to A+E, care at home, rather than in a hospital setting, reducing care costs by 19%, (World Health Organisation Continuity and Coordination of Care 2018).

While Care Inspectorate requirements reduce capacity to use the existing social care workforce to move the focus of care from residential to home based service provision we know that more people can be cared for in their own homes by fewer staff and a number of projects are anticipated which will develop services to be delivered in people's own homes through traditional care at home, district nursing services, intermediate care and an increased use of telehealth/telecare services.

Drivers for Change

In addition to the overall strategic context of a shift to provide more services in the community, and thus closer to home, in relation to nursing posts, there are a number of drivers for change related to current Professional issues and challenges associated with working in non-doctor island posts. These issues are briefly outlined below;

Changes in career structure/expectations – professional training is increasingly of a specialist nature and thus finding staff with a breadth of knowledge and experience to cover island settings is becoming increasingly difficult. In addition, as all services move to providing a service on a 24 hours basis, this is in larger areas provided by staff teams working shifts to cover the 24hour period and thus staff increasingly do not expect to, nor are used to, providing an oncall service in addition to the core hours of the post in order to provide an emergency response in the out of hours period;

Workload/ Revalidation/Registration issues – the nursing caseload size on Bressay is very small which makes skill and competence retention difficult (if only undertaking the District Nursing role for Bressay) and therefore there is a need to link this position to another role/area in order to provide opportunities to ensure the practitioner can maintain their range of skills;

Professional Isolation – Professional support is crucial for any postholder to ensure that they feel supported in their role and also to provide an opportunity for peer support / supervision and development.

The postholder on Bressay can link with others in the Lerwick District Nursing team but their roles are different and thus the challenges/experience faced by each postholder is different. Alternatively the postholder could link with the other Non-Doctor Island colleagues but all the other islands are more remote than Bressay and therefore again the challenges faced are different;

Role? – The role of a non-doctor island nurse is different from the role of a District Nurse on mainland Shetland and the expectation from communities is different. Individual staff members may not be used to, or willing to deliver the service that the community wants and thus it can prove challenging both to the professional and the community when the staff member appears unwilling to play the role that the community wants/needs.

Living in remote communities/Work-life balance – It is a recognised challenge maintaining a professional role and also trying to have some private time whilst living in small communities amongst the people you serve. The posts, whilst not busy all the time, all have an oncall 24hr responsibility which limits personal “down time” and ultimately leads to stress and increasing the potential for burnout;

Recruitment/retention issue – There is an increasing challenge in the sustainability of these posts/services due to the challenge of finding appropriately skilled staff, who wish to work in this role.

European Working Time Directive (EWTD) – The European Working Time Regulations prescribe a maximum working week of 48hours. The current Non-Doctor Island staffing model has a notional working week of 37.5hrs plus an oncall commitment of 108hrs per week. We have received a legal challenge to this model of working which means that this service model is not sustainable for the future.

As well as the challenges experienced in the recruitment and retention of nursing staff, the demography of the Shetland working population, combined with the overall buoyancy in the local economy, means that recruitment to care work can be very challenging. There are significant difficulties encountered in trying to recruit individuals to the support at home service in particular.

The Bressay Community Council, representing the community, are working actively within the Project Board in order to try and secure access to services that meet the community health and care needs now and for the future.

Aims of the Project

The Caring for Bressay Project has been established to explore the health and care needs of residents on Bressay and aims through working in partnership to create a sustainable, affordable and professionally acceptable service model which meets the health & care needs of islanders for the future.

The project is jointly sponsored by the Bressay Community Council and Shetland’s Health and Care Partnership (SH&CP).

Describe what will be different once the work has been done

The following outcomes are anticipated from this project:

- Islanders will be well informed, and able to access support and services from various sources (statutory, third/voluntary sectors) to appropriately meet their health and care needs;
- The project will consider whether the existing substantive fulltime resident community nurse post will be retained in its present form;
- Islanders will have better access to a range of health and care services, as required;
- Patient pathways will have been clarified /defined to ensure that individuals receive the necessary support and clinical input required based on an assessment of their particular health and/or care needs;
- Islanders will be confident that an appropriate service will be able to respond to meet their health and care needs at any time of day on a 24/7/365 day basis;
- Professional staff work in a way that is compliant with relevant clinical and workforce standards;
- All specific areas of project work taken forward will have an appropriate evaluation framework built in as part of the project. Improvement Tools such as Plan, Do, Study, Act (PDSA cycles) and the principle of small tests of change will be utilised to progress projects in a measured way;
- The community will have had the opportunity to be involved throughout all phases of the project and subsequent options appraisal.

Describe the project

The Caring for Bressay Project has been established to explore the health and care needs of residents on Bressay and aims, through working in partnership, to create a sustainable, affordable and professionally acceptable service model which meets the health & care needs of islanders for the future.

This project will be taken forward in 4 Phases – these are as follows:

NB Whilst these phases are presented as separate, linear phases it should be noted that there may be occasions where it is necessary to revert to earlier stages /carry out further data gathering to support specific areas of project work which would be part of Phase 3 – creating and testing solutions.

- Understanding the issue;
- Consider from all aspects / views;
- Create & test solutions; and
- Agree new approach/ implement/continuous evaluation.

Understanding the Issue

In order to truly understand the issue it is important to gather information from a variety of sources. This is known as a data led intelligence approach and involves gathering relevant information from a broad range of sources to inform the project.

Information to be gathered includes:

- health needs,
- current service provision, and
- patient experience (gathered via a range of mechanisms survey, open session, Ketso session, formal complaints, Datix issues (NHS risk management system)).

Consider from all aspects / views

In addition to considering information which is gained directly from the specific topic – health and care needs – it is also important to gather information that is relevant to the overall project so this would include consideration of different roles, skills, competencies, professional standards, legislation etc

Create & test solutions

Having gathered all of the relevant information, we will then be able to review all 'suggestions for improvement' generated via the Survey, Open and Ketso sessions and consider these against a range of criteria based on the Institute of Medicine internationally recognised 6 dimensions of healthcare quality. These are as follows:

- Safe
- Effective
- Person-centred
- Efficient
- Equitable and
- Timely

These 6 dimensions support the overall delivery of the 3 NHS Scotland Healthcare Quality Ambitions (NHS Scotland 2010), which are as follows:

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
- There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.
- 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.

Agree new approach/ implement/continuous evaluation

Having undertaken the Phases above we will then be able to take forward specific projects which support creating a sustainable, affordable and professionally acceptable service model which meets the health & care needs of islanders for the future.

All specific areas of project work taken forward will have an appropriate evaluation framework built in as part of the project. Improvement Tools such as Plan, Do, Study, Act (PDSA cycles) and the principle of small tests of change will be utilised to progress projects in a measured way.

The key Phases/steps in the project are noted in the outline project plan below:

Tasks	Timescale – 2018/2019					
	Current Year				Later Years	
	April – June 18 Q1	July – Sept 18 Q2	Oct – Dec 18 Q3	Jan – March 19 Q4	Year 2019/2020	Year 2
Establish Team – initial project team in place	X					
Initial Team expanded to form Project Board		X				
Project Management	X	X	X	X	X	X
Communications – internal & external	X	X	X	X	X	X
Research / Data led Intelligence section:						
Gather relevant health and care information <ul style="list-style-type: none"> - Health needs profile - Service activity – GP, Nursing, Ambulance, NHS24 service, care services – social work/care, SDS, 	X	X	X	X		
Public Engagement Events <ul style="list-style-type: none"> - Leaflet development - Conduct user experience survey - Open Session - Ketso session 	X X	X X				

<ul style="list-style-type: none"> - Final Consultation - Feedback sessions (?You said/ We did format) 				X	X	
Gather other relevant information – professional standards, workforce legislation, etc		X				
Review data gathered/ Identify Options:			X			
Evaluation Options:			X			
Preferred Solution(s):				X		
Decision Point: Prepare paper for IJB ?April					X	
Implementation of projects: Health Improvement Transport Clinic (October)				X	X	
Review of overall project – evaluation built into individual projects:						X

Describe what resources you will need to do the work

The following resources may be required in order to progress the project.

Resources	Describe the Interfaces to other workstreams / projects and services	Describe how these will be managed
Acute and Specialist Services		
Community Health and Social Care Services	Key Health and Care services part of project group	
Public Health / Health Improvement	Health Needs Assessment data	
Human Resources	Potential support required	
Training and Staff Development	Potential support required	
Service Improvement		
Clinical Governance	Support for data gathering and collation	
Estates and Facilities	Advice / support for any building based issue	
Medical and Other Equipment		
Finance and Procurement		
eHealth, other technology or systems and phones	Support the application of technology enabled care	Via Attend Anywhere project bid
Service and Performance information		
Communications		See communication plan
Planning and Modernisation		
Other Health Boards		
Shetland Islands Council		
Local Voluntary Sector organisations		
Carers	Representative part of Project team	
Other partners / organisations		
External Suppliers		
Scottish Government	May need to be informed if significant service change proposed	

Staffing / Workforce Money

Until the Project work is progressed further it is not possible to estimate the financial impact of the project in terms of additional costs and/or potential savings/efficiencies, if any, which may occur

Costs / Savings	Timescale					
	Current Year				Later Years	
	Q1	Q2	Q3	Q4	Year 1	Year 2
Costs						
Savings						
Efficiencies						
Net Total						

Please also describe how this project impacts on your approved budget (in the current year).

Budget	Pay	Non-Pay	Total
	£	£	£
Current Budget			
Estimated Budget after project			
Net Savings / Efficiencies			

Until the Project work is progressed further it is not possible to estimate what workforce changes, if any, may occur

Staffing / Workforce	Current	Estimated (After Project)	Net Change
	Number	Number	Number
1 wte Band 6 Registered Nurse	1	Not Known at this time	
Total	1		

Constraints and Issues

The following issues and constraints might be anticipated in taking this project forward:

Constraint	Possible Solution
Limited management capacity to progress project in as timely a manner as desired due to significant other strategic and operational responsibilities of Project Lead	Review with Director CH&SC reprioritisation of other strategic priorities
Potential lack of resources to support changes in clinical practice eg limited IT support to progress projects in timely way due to overall organisational demand on support services	Early discussion and inclusion of IT representation into any project area where digital technology may support enhanced access to healthcare
NHS Board publicly confirmed current financial challenges which may limit developments of alternative service options	Seek alternative funding sources either through internal mechanisms – a spend to save initiative or ?partnership bids with voluntary sector
Recruitment and retention of individuals to work in the support at home services provided via the Local Authority	

Risks / Barriers

The following are the risks or barriers to the success of the project

Risks / Barriers	What will you do to avoid this happening
External Political challenge / pressure may influence outcome of project	Ensure that all steps of project are carried out in an open and transparent manner with full engagement from Community reps (document processes followed for scrutiny by Scottish Health Council / Scottish Government as necessary)
	Discuss / seek advice on engagement from SHC Service Change Advisor. Follow national guidance eg CEL (4) 2010
	Ensure senior Managers are updated regularly on progress with project and overall direction of travel so there is clear & consistent communication of the key messages arising from the Project
Limited management capacity to progress project in as timely a manner as desired, leading to loss of motivation & enthusiasm from group members/ Bressay residents	Set out timeline for remainder of project, highlighting key steps & decision points. Communicate this to the Project Board, Community and Health and Care Partnership and IJB structure.
Financial challenges faced by both the NHS and Local Authority may impact on any changes wanted to service delivery	Identification of changes wanted in a timely manner will enable funding to be sought from various appropriate funding streams as they become available.

Define Your Project Team

Role	Name
Director, Executive Lead	Simon Bokor-Ingram, Director of Community Health and Social Care
Project Manager	Edna Mary Watson, Chief Nurse (Community)
Project Administration	Via Community Nursing Services Office

The Project Board is as identified below:

- Edna Mary Watson, Chief Nurse (Community)
- Lisa Watt, Service Manager Primary Care
- Adam Czarnobay, Practice Manager (Lerwick Health Centre)
- Vicky Schofield, Advanced Nurse Practitioner designated substitute for Dr D Murphy, Associate Medical Director (Primary Care) / GP rep
- Jaine Best, Executive Manager Community Care resources
- Voluntary/3rd sector rep
- Karen Hannay, Carers rep
- Bressay CC reps – core delegation Mr Christie-Henry, Mrs Gifford, Ms Reid (other members as substitutes if required).
- Pat Christie, Community Planning and Development Officer
- Camille Brizell, Local Officer, Scottish Health Council
- Stephen Leask - Elected member Lerwick North
- Angus Galbraith, Team Leader, Scottish Ambulance Service representative
- Matt Mason / Graham Reid, Scottish Fire and Rescue Services representatives
- Billy Togneri, Clinical Services Manager, NHS24 representative

Support and assistance may be sought from various members of the support services once individual areas /ideas for further development have been identified. This is likely to include contributions from the following staff groups:

Project Support from:	
Acute and Specialist Services	Potential
Community Health and Social Care Services	Project being led by Bressay Community Council and SH&CP staff
Public Health / Health Improvement	X
Human Resources	X
Training and Staff Development	Potential
Service Improvement	X
Clinical Governance	X
Estates and Facilities	X
Medical and Other Equipment	Potential
Finance and Procurement	X
eHealth, other technology or systems and phones	X
Service and Performance information	X
Communications	X
Planning and Modernisation	?
Other Partners / Organisations Voluntary/3 rd sector Community Planning and Development Scottish Health Council	X – some already represented on Project Board

Communication Plan

The following are the key groups to receive formal communication about the 'Caring for Bressay' Project.

Party / Stakeholder	Means of Communication	Frequency of Communication
Patients / Service Users	Briefing prepared jointly from group but issued through BCC, Shop and Speldiburn cafe	In line with each BCC meeting
Families / Carers	As above	
Patient / Service Users Representatives	As above	
Carers Representatives	Briefing and personal update from Carers rep on the Project Board	Briefing produced in time for each Community Council meeting – approx. 2 monthly
Ketso Participants	Written report	All participants following report drafted BCC for information
Staff Directly affected	Social care / DN Team meeting update at meeting – briefing could be issued	DN meeting 4-6 weekly
Staff Indirectly affected	eg Team Brief	
Staff representatives	??Written communication	
Community Councils	Share briefing / information regarding project with other CCs	Adhoc – as opportunities arise, ?ASCC paper regarding the project
NHS Board Members		
IJB Members	Update and Paper to support /report on outcome of project	Verbal report at IJB Seminar / Report ?March 2019
Efficiency and Redesign Board	Progress Reports	Every 2 months, set cycle
Other Partners / Organisations	Meeting papers shared with partner organisations representatives	
General public	Letters to all householders on key information to share or if seeking community views or via BCC minutes/specific project Briefing	



BRESSAY COMMUNITY COUNCIL

**Directorate of Community
Health & Social Care**

Access to Health & Care Services for Bressay Residents

**For urgent contact numbers for when no
Nurse on island, Please see back page.**

This leaflet is also available in other languages and formats, including Braille,
from Corporate Services, NHS Shetland, 01595 743064

Services available to meet your healthcare needs, all based at the Lerwick Health Centre, unless separate contact number provided

Reception Administration	<ul style="list-style-type: none"> • Registration Paperwork • Change of Address / Contact Details • Repeat Prescriptions • Fit Note Repeats (if no appointment needed)
Practice Nurse (PN)	<ul style="list-style-type: none"> • Long Term Condition Reviews -e.g. <i>Hypertension, Diabetes, Asthma, etc</i> • Childhood Immunisations • Contraceptive Pill Reviews (reviews only) (For new or alternative contraception advice, contact or attend the Sexual Health Clinic, Gilbert Bain Hospital) • Smear Tests • Wound Dressings & Removal of Stitches • Ear Syringing
Health Care Assistant (HCA)	<ul style="list-style-type: none"> • Blood Pressure Checks • Bloods & INR Tests • ECG
Physiotherapy	<ul style="list-style-type: none"> • Ongoing Muscle Sprains / Strains / Aches • SELF-REFERRAL - (OVER 12s) <i>forms available from reception/NHS Shetland website</i>
Sexual Health & Well Being Clinic	<ul style="list-style-type: none"> • Pill / Coil / Implants / Injection • Advice • Sexually Transmitted Infection (STIs) • SELF-REFERRAL - 01595 743230 / 743000 • Gilbert Bain Hospital - Outpatients Monday 18.30 - 20.30
Optician	<ul style="list-style-type: none"> • Changes to your sight/ loss of sight / object in your eye/Red or Pink Eye • Kelly's 693690, Millers 695516, Specsavers 697820
Podiatry	<ul style="list-style-type: none"> • Foot & Lower limb problems • NOT Nail cutting • SELF - REFERRAL - <i>forms available at reception</i> • 01595 743317 • Voluntary Nail Cutting service Tel 07766588241 (Monday-Friday 16:00-18:00)
Dentist	<ul style="list-style-type: none"> • Toothache / Abscess • To make an appointment for all emergencies tel: 01595 743200

Pharmacy	<ul style="list-style-type: none"> • Advice on Medicines, Minor Illness e.g. common cold • Pharmacy First - Uncomplicated UTI/ Impetigo/Emergency Contraception ("morning after pill") • Boots 692619, AL LAing 692579, Freefield 693502
Health Improvement	<ul style="list-style-type: none"> • Stop Smoking Service- SELF-REFERRAL - 01595 743216 • Counterweight: Weight loss - SELF-REFERRAL - 01595 743216 • Child Healthy Weight advice & support • Physical Activity - help to be more active • FOR MORE INFO - 01595 807494
Alcohol & Drugs Support	<ul style="list-style-type: none"> • Alcohol • "Alcoholics Anonymous" - St. Margaret's Church, St. Olaf St - Friday 7.00pm -for info: 01595 693063 (John) • "Families Affected By" Group - Market House meet every second Tuesday from 17.30pm - 19.00 hours for info: 01595 743923 (Karen Hannay) • Drugs - GP , Advanced Nurse Practitioner
CAB Citizens Advice Bureau	<ul style="list-style-type: none"> • SELF - REFERRAL - 01595 694696 • Information & advice on: <ul style="list-style-type: none"> • Benefits • Debt • Employment • Legal Issues • Housing • Immigration
Health Visitors (HV)	<ul style="list-style-type: none"> • Children 0-5 years old and their families • Support and Health Advice <ul style="list-style-type: none"> • Infant feeding • Nappy Rash • Constipation • Potty Training • Weaning • Behavioural Concerns • SELF - REFERRAL - 01595 743094
Advanced Nurse Practitioner (ANP)	<ul style="list-style-type: none"> • An illness which has come on suddenly/you have had for a short duration/ or rapid changes in your symptoms
General Practitioner (GP)	<ul style="list-style-type: none"> • Long term illness or illness which comes back frequently • Pre-existing conditions already identified by the GP • Non-urgent symptoms which are ongoing
Mental Health	<ul style="list-style-type: none"> • Anxiety/Depression/Enduring Mental Illness • Crisis Response • 01595 743006 09:00—17:00 hours

Where there is no resident nurse cover, if you have a nursing or medical need, please follow the instructions below:

Nursing Services

If you are housebound and need to be seen by a nurse please contact the Lerwick District Nursing Team on 01595 743093 between the hours of 08:30 and 17:00, Monday to Friday. NB There is an answerphone in use, please leave a message and the staff will call you back.

If you already receive visits from the District Nursing Service and you require assistance urgently during the hours of 08:30 and 17:00, Monday to Friday, call the Lerwick District Nursing team on 01595 743093.

If you require urgent assistance in the out of hours period (between 17:30 and 08:30 hours Monday to Friday and at weekends) contact NHS 24, telephone number 111, to access the District Nurse on call.

If you are able to attend the Health Centre, please telephone 01595 743216 for an appointment with the Practice Nurse.

Medical Assistance

If you require to see a doctor, please follow the instructions below:

Between 09:00 and 17:30 Monday to Friday contact the General Practitioner at Lerwick Health Centre, Appointment Line Tel No 01595 743216 Cancellation Line Tel No 01595 743232

Between 17:00 and 09:00 hours Monday to Friday and at Weekends, Contact NHS 24, Telephone Number 111

Further advice and information is available on NHS 24 website at www.nhs24.scot

NHS Shetland website: www.shb.scot.nhs.uk

Any issues or concerns please contact Miss Edna Mary Watson/Ms Lisa Watt on 01595 743339

EMERGENCY ASSISTANCE

In the event of an EMERGENCY dial 999 at any time.



Results of Survey to Understand the Health and Care Needs of Bressay Residents

Survey conducted in June 2018. 180 questionnaires were issued with a total of **74** returned, giving an overall response rate of 41%.

Q1. Approximately, how often did you or members of your family/household require access to health or care services in the last 24 months? (please tick appropriate box)

Professional/ service/ frequency	Once	2-4 times	5 or more	Daily	Not answered	N/A
Home Visit from Doctor / GP	3 (27%)	4 (36%)	3 (27%)	-	1 (9%)	63
Doctor/ GP appointment at Health Centre	5 (8%)	27 (43%)	30 (47%)	-	1 (2%)	11
Home Visit from Nurse – Resident nurse or District Nurse	4 (14%)	14 (50%)	9 (32%)	-	1 (4%)	46
Practice Nurse appointment at Health Centre	6 (11%)	25 (44%)	24 (43%)	-	1 (2%)	18
Hospital – emergency attendance	10 (29%)	20 (59%)	2 (6%)	-	2 (6%)	40
Hospital – planned outpatient appointment	11 (22%)	20 (39%)	19 (37%)	-	1 (2%)	23
Care/ Support at Home	2 (17%)	2 (17%)	5 (41%)	2 (17%)	1 (8%)	62
Other, please specify: ANP	- -	1 -	- 1	- -	- -	- -



Dentist	1	-	-	-	-	-
Hospital overnight stay	-	-	1	-	-	-
Mental health	1	-	-	-	-	-
Physio (not stated how often)	-	-	1	-	-	-
Respite care	1	-	-	-	-	-
Maternity						
Macmillan						
ARI						

Q2. Overall, how easy was it to make, and keep, these appointments in a way that suited your health and care needs and circumstances at the time?

Very easy	Easy	Difficult	Very Difficult	Not answered	N/A
6 (8%)	23 (32%)	25 (34%)	15 (21%)	4 (5%)	1

Please add any additional comments you wish to make:

- difficult to get an appt on day required at Lerwick HC
- after 20 mins waiting on phone told there was no appointments that day.
- Phone again tomorrow then listen to music for another 20 mins
- difficult to make appt at HC, sometimes did not manage to get appt on the day as did not get through in time despite phoning just after 8.30am. Other times not easy to phone at 8.30am as travelling to Lerwick. Fairly easy to keep appt once got it
- Drs appointments difficult because of lack of appointments. Hospital emergency attendance a horrible experience because of refusal of 24hr/ambulance refusing to come except the use of the 111 service which was of no use in that I was passed on and then after holding for some 5 mins had 15 mins ?
- have ticked easy as right now we are fit and able enough to travel to appointments. It would not be so easy for more elderly and less physically able to attend. Also phoning HC and trying to make appt is a bit of a nightmare. Was told to phone at 8.30am. tried 2 times recently to make appointments and was on hold till after 9am (over half hour waiting with music and being told every couple of minutes that 'your call is in a queue')
- having to phone at 8.30 and be on hold for up to 40 mins is very unsuitable if you are working. Also no effort is made to match appt times with ferry times
- appointments were made quite easily for OP/physio at GBH. Appointments for HC were not. Often by the time you get through there are no available appointments and when there are, they rarely fit in with ferries.



- Ferry time don't always tie in with appointments which means a lot of passing time before and after appointments
- Trying to get an appointment that worked with the ferries while having a profoundly disabled child and a new baby has been problematic at times
- had to arrange appointments to fit with ferry times e.g. For fasting bloods - go out by 8,30 and hang around till appt time
- making appointments to coincide with ferry timetable and arranging transport can be difficult
- as reportedly mentioned to various NHS departments appointments should and easily could be given to suit ferry timetable
- both visits to A&E happened during working period of ferry. Had either of these been after ferry tied up it would have involved a lengthy call to NHS24 and several hours delay in calling out a ferry and eventually attending GBH. Nurse not resident on both occasions
- can find it difficult trying to get an appt to work in with ferries and Bressay public transport. My partner and I are not medically able to drive. I have had to cancel appointments as its been physically too much and painful for me to go
- difficult owing to not living or working in Lerwick
- accessing appt times out with work hours difficult - not always easy to get time off work to attend as cover essential
- high cost of car on ferry
- hospital emergency difficult
- I am 96 yrs old and find getting into the car very difficult
- marked difficult due to requirement to go to Aberdeen
- accessing Mental Health services in the period 2015-16 was very difficult even in extreme circumstances and almost impossible to obtain ongoing support. When we had DN Chris we as a family were reassured that we had a fantastic caring DN available at all times. He would come to visit us whenever there was a concern from us. Recently the nursing service was unable to provide a service that we required
- lasting impression that access to medical help is difficult although we have no recent experience to go by
- attended A&E
- Had to call ambulance out once as no nurse on island at time
- fairly easy

Q3. If you or a member of your family/household required to contact the resident Bressay Nurse at any time over the last 24 months, what was the outcome?

- Resolved by Consultation – no follow up required – 6
- Follow up by Nurse the next day - 17
- Follow up by the Nurse in a few days time - 3
- Referral to the GP - 1
- Referral to Hospital – emergency attendance - 5
- All of them - 1



- Not answered - 18
- N/A - 23

Other, please specify:

- contacted nurse for trauma to my wife, referred to NHS24 as it was in early hours and no ferry on duty. Local nurse did not attend out of hours. NHS 24 contact proved futile.
- could only contact the nurse between 9am-12noon, now there is no nurse.
- extremely unsatisfactory outcome - referred to NHS 24.
- Nurse refused to attend out of hours, different outcomes depending on the circumstances.
- DNs liaised with Dr and resolved problems.
- the other time that we needed the Bressay nurse for an emergency out of hours, they were uncontactable, due to having to go through NHS24 although they were at home
- during last 2 yrs when there has been a resident nurse it was my understanding you had to contact NHS24 to get in touch. I did not have the need to when there was a nurse
- follow up by nurse few days time x4
- Follow up by nurse in a few days time, referral to GP
- follow up by nurse in a few days, referral to GP, referral to hosp emergency attendance
- I had a back problem which required me to have an x ray. Bressay nurse sent for an ambulance once and my elder son took me once
- no contact
- no nurse x5
- was not aware we had a residential nurse during the whole of that period
- referral to GP. No resident nurse when needed one x2
- referral to GP, referral to hospital
- referral to GP, referral to hospital emergency and also not been available when required
- referral to hospital
- referral to hospital - emergency attendance. Chris Rice was here and was truly incredible. 2nd time Janet was helpful and followed up next day
- since Chris Rice left, NHS 24 is the only option at night
- unable to contact nurse although they were on island and during working time
- tried to call nurse on 2 occasions, told in one instance that nurse not on duty (although during working day and on island) and on another a voice mail saying they were on holiday and contact service in Lerwick (although they were also on island on this occasion)
- No service since our previous DN left who was fantastic and would see us whenever we had concerns.
- supposed to have care home system
- the follow up was either prearranged or same day



- there has not been a resident nurse for the greater part of the last 24 months. The question seems pointless.

Q4. Have you required access to Healthcare in the time period when there has been no resident Nurse on Bressay?

Yes – 57 (77%)

No – 15 (20%)

Not answered – 2 (3%)

Q4a. If yes, had there been a resident nurse in post, do you think your health need could have been appropriately met by a nurse or would you have required access to another professional?

Healthcare need	Yes	No	Unsure	Not answered	N/A
Met by consultation with nurse	35 (58%)	6 (10%)	7 (12%)	12 (20%)	14
Would have required access to another professional e.g. Doctor, Physiotherapist, Pharmacist	32 (53%)	3 (5%)	4 (7%)	21 (35%)	14

Q4b. Had a resident Nurse on Bressay been available, do you think you could or would have used this as a first option?

Resident Nurse	Yes	No	Unsure	Not answered	N/A
Could have used as first option	30 (49%)	7 (11%)	2 (3%)	22 (36%)	13
Would have used as first option	44 (72%)	4 (7%)	4 (6%)	9 (15%)	13

Please add any comments on your past or present experience of the on-island health care provision.

- having a serious Mental Health disorder I feel having someone on island that could come and speak to me when I am in crisis and waiting on Mental Health crisis team would be beneficial for both me and my family. Having a nurse would provide the reassurance needed during a time which is often deeply traumatic and emotional for all involved
- a house bound person in need of care cannot get to any help. The hosp car is too low to use and the 'no hands on' policy makes even trying impossible. Speaking on the phone is also difficult and leads to misunderstanding due to hearing problems



- at present time – shocking
- day time emergency by nurse OK. Night time emergency by nurse (111) has worked with difficulty and expense to NHS of ferry time
- as I was not house bound I was told to make an appt with the Lerwick HC rather than contact the Bressay resident nurse to get stitches removed
- Bressay is an ageing population with many frail and vulnerable alone in their own homes. Without a resident nurse they are very much on their own at severe risk of falls and injury without anyone to turn to
- to encourage more families with young children to move to Bressay, it is essential to have a resident nurse in Bressay
- call to NHS24 resulted in duty Dr being contacted - he was unable to come to Bressay as he was covering most of the mainland of Shetland. The Bressay nurse was eventually contacted
- especially (but not always) the reason was simply INR and the convenience/ability/cost time of travelling to LHC was a real disadvantage
- having a nurse is essential, having help when available. Have had to attend A&E when not, in the middle of the night, without being able to return home that night due to ferries
- have used nurse as first option in past very successfully
- have used nurse in the past, remove stitches, dress wounds, first call with broken finger and cuts requiring further treatment at A&E
- I have nothing but praise for Kathy O'Sullivan and Chris Rice who were the post holders during my parents last years of life. Not only the care they gave but equally the reassurance of knowing that a nurse could be with them in minutes was vitally important to the old folks wellbeing and peace of mind. If care in the community is to be successful, mental welfare must be seen as equally important with physical treatment. A resident nurse is much better placed to deliver that
- with previous resident nurses we have had some excellent responses from some who have gone out and given us services which previously required journeys to HC. i.e. Post op care, blood tests, prescriptions, etc
- when recovering from op I was very pleased to have resident nurse visit me when I was suffering from sickness as a side effect of pain killers. He arranged anti nausea tablets for me. At the time a trip to Lerwick would have been difficult for me. I was also good to have him visit to take out staples and also to take a blood test
- My mother required urgent healthcare during the night. She phoned NHS24 to request a DN home visit but was told Bressay nurse, who was resident at that time, was not on-call. This has been dealt with by a formal complaint. We need another Chris Rice in Bressay. The healthcare needs of the islanders were met in full when he was in post. There is no point in having someone who won't do on-call
- When my baby was a few weeks old, he became unwell at 7pm. We tried calling the Bressay nurse but were directed to an answering machine and told to call NHS24. This caused a lot of stress and delay. NHS24 sent us across to A&E and on driving by the nurses house they were at home. We made the



ferry with seconds to spare. On this occasion our baby was ok, but this could have been a different situation. If we had access to the nurse we could have avoided a trip to A&E

- When Chris Rice was the nurse we found him very helpful and competent, this has not always been our experience.
- once nurse Rice left, husband had home care in place for INR but just had one visit and the nurse didn't have the proper equipment
- with no DN available pts required to find medical attention in Lerwick. In an afterhours situation, in a crisis situation it is impossible to gain appropriate help /advice or call out of emergency services from NHS24. Last Bressay nurse had no appropriate equipment and did not respond at night.
- I would have preferred to see the resident nurse instead of travelling to the health centres. I only have an island card so I walked to the HC. Travel is my biggest issue
- will restrict comments to last 24 months?? Personally I received vital assistance on 2 occasions from our resident nurse. I think we need a resident nurse
- we need a nurse that can perform basic things like blood tests, dressing changes, blood pressure etc. Having to get to Lerwick for these things is difficult with work, time and cost
- We need a resident nurse that can meet the basic needs of Bressay i.e. Taking bloods, dressing wounds, BP checks, etc
- would always prefer to have a nurse on island. It might be difference between life and death for a pt suffering heart attack, accident or stroke. Nurse could attend during wait for ferry to be called out and ambulance arriving
- in the past - e.g. When my mother fell, my child had an urgent problem, my husband contracted pleurisy and required urgent medication, I had to walk to the nurse for antibiotics, the local island nurse was unavailable
- it is most unnerving not to have a resident nurse. As mentioned earlier if there had been a resident nurse, positive there would have been no problem when an ambulance was asked for
- most of my treatments can be done by local nurse (if on island)
- when a nurse is in place it would be good if there was a list of things we could go to them for. There are signs up in the HC saying where to go with what symptoms. I feel this would be good for nurse and pts as I got confused when or when I shouldn't call the nurse or when it would be more appropriate to call HC. When mam was biding in Bressay we did have a hard time with doctors appointments as she couldn't get in a car she had to either get patient transport which is mainly organised south and a bit coordinated up here or get a wheelchair taxi which cost about £30 every time she needed to
- when required to take blood tests my son was told the Bressay nurse didn't do them although this had been done by other Bressay nurses. This resulted in the financial loss of a half a day's wage plus cost of travel to HC
- with an increasingly ageing pop, and a NHS who are seemingly unable to meet their mandatory, legal duty of care, people will die needlessly and prematurely



- had ambulance called out - attended very promptly - assessed by paramedic - no further action necessary
- The ambulance responded efficiently
- see GP
- I was visited for B12 injections about 3 yrs ago

Q5. Are you and/or your family familiar with the following services provided by NHS 24?

NHS 24 Services	Yes	No	Unaware of	Not answered	N/A
NHS inform - provides health and care information for the people of Scotland – leaflets, advice, details on services available	35 (47%)	16 (22%)	19 (26%)	4 (5%)	-
Self-help guides for anyone looking for tailored guidance on common ailments and treatments. E.g. abdominal pain, eye problems, vomiting	31 (42%)	20 (27%)	20 (27%)	3 (4%)	-
Breathing Space - Information and advice if you're feeling low, anxious or stressed	21 (29%)	23 (32%)	25 (34%)	4 (5%)	1
Care Information Scotland - Information and advice if you look after someone, need care yourself or are planning for your future care needs	10 (14%)	28 (38%)	30 (41%)	5 (7%)	1
Quit Your Way Scotland - Phone or chat online with a trained advisor from Scotland's national stop smoking support service	16 (22%)	26 (36%)	26 (36%)	4 (6%)	2
MSK helpline - A phone service for people experiencing symptoms of	4 (6%)	32 (44%)	31 (43%)	5 (7%)	2



musculoskeletal disorders (MSK)					
Directory of local services – provides details on services available in Scotland on an area by area basis	20 (27%)	28 (38%)	20 (27%)	6 (8%)	-
111 service - provides urgent health advice out of hours, when your GP Practice or Dentist is closed, also provides for access to health services e.g. District Nurse, GP, or clinic attendance in out of hours period	64 (86%)	5 (7%)	3 (4%)	2 (3%)	-

Q6. If you have used any of the NHS 24 services how would you rate your experience?

Excellent	Good	Fair	Poor	Very Poor	Not answered	N/A
2 (3%)	17 (25%)	11 (16%)	10 (14%)	10 (14%)	19 (28%)	5

Please add any comments on your experience of using NHS 24: NB Please indicate which one of the NHS24 services you are commenting on

- contacted NHS24 on 2 occasions and they were very helpful
- once an illness has been confirmed the follow up action is excellent
- 111 service I think a face to face consultation would be more beneficial but cannot fault the 111 service
- used NHS24 for a dental emergency at Christmas time. They were able to tell me which dentist was open and how to relieve the pain until such time as we could get to a dentist
- overall, we found NHS24 helpful but found confusion with regards to the ferries and going to A&E. In the past Chris Rice helped arrange transition to A&E, was an excellent point of contact and offered help and reassurance
- having to call 111 in middle of night whilst scared and in pain is a very time consuming and difficult process
- 111 service - a good service but the questions go on too long when you are in need of an ambulance neither NHS24 or duty Dr (locum) knew about the Bressay nurse



- Took too long asking personal questions and medical questions unrelated to broken wrist
- Unfortunately NHS24 have no concept of where Bressay is situated. Often fail to understand that there is a stretch of water between Lerwick & Bressay. It is not easy experience to try and contact HS24 and I believe for the frail and vulnerable impossible
- spends too long asking background info rather than finding out nature of problem - lack of confidence in ability to follow up including lack knowledge in how and who to contact to call out ferry after tie up
- 111 service endless questions not easy to cope with when you feel unwell and are on your own
- I called 111 after a very long wait and after a lot of stupid questions (i.e. Is the patient breathing) they finally got back in touch and I had to go to GBH
- 111 service is no use. People could die by the time waiting to get through and being passed from one advisor to another
- very poor for 111
- What use is phoning Glasgow when the patient is hundreds of miles away
- the wait for call back was lengthy
- Used NHS 24 when needing a Dr out of health centre hours. Took a while to get hosp visit organised and then had a wait for ferry in what turned out to be a very serious illness
- after my wife, and my experience of NHS24 procedures, I found their advice wanting and out of touch with crisis situation. They phoned me to apologise the following day and their excuse for not calling out ferry etc was they would have to do that via Inverness
- my grandmother fell and hurt herself after spending a while on phone to NHS24 they still did not recognise or understand we were on an island and healthcare/ambulance would need to catch a ferry. A lot of time wasted having to explain
- Once the nurse never phoned back after saying they would!
- on phoning out of hours with an urgent medical problem requesting resident nurse I was given wrong advice
- Mainly commenting on mam's behalf on 111 service - we called when we knew she needed an ambulance due to her medical conditions and was told she's have to wait till first ferry in morning. Thankfully we called back and an ambulance arrived at 4.30am but by this point she had been really ill for 6 hours. Personally I have been told by 111 that it can wait but I did need to go to A&E to get treatment
- mixed experience contacting 111 - generally helpful when contacted with illness of friend/family I work in Lerwick 4 days a week so I schedule appointments when I can when I am in Lerwick. I also have my own car so I can use this method.
- Period waiting for help to arrive was quite lengthy. In emergency situation advice and help was prompt and clear on actions needed
- my only experience of NHS24 was when I phoned for advice on treating a burn. Instead I was told to attend A&E. This would have been in my mind

- inappropriate use of the A&E so I managed to get the correct advice from elsewhere. I'm sure many visits to A&E could be avoided if a resident nurse could come to the home and other advice and treat minor injuries
- phoned Dr but because of an emergency in maternity they couldn't send anyone. Phoned hosp for advice they advised phone ambulance which we did. They said would phone back but it was passed to NHS24 who said did not fit the remit. It transpired that I had a vertebrae fracture and was in hospital for 3 weeks
 - NHS24 say ring emergency services, when emergency services are called they say can you get (collapsed) pt to ferry. Wait hours for paramedics until it ends up being an emergency ferry run
 - 111 service - advised A&E
 - contacted 111 following on from an accident which caused injury to shoulder
 - although little point calling as more or less a formality that have to go to Lerwick
 - NHS inform
 - telephone service and advice
 - required medical advice for viral condition
 - phone line
 - I am unaware of any NHS24 special services
 - luckily have not needed to, but dread having to
 - thank goodness never had to use these services
 - Not used NHS24 x3

Q7. How often did you or a member of your family have a home visit from a Health Practitioner over the last 24 months?

Professional/service/frequency	Once	2-4 times	5 or more	Not answered	N/A
Home Visit from Doctor / GP	6 (23%)	4 (15%)	-	16 (62%)	48
Home Visit from Nurse – Resident Bressay nurse	6 (14%)	11 (27%)	8 (20%)	16 (39%)	33
Home Visit from Nurse – District Nurse (from Lerwick team)	4 (12%)	7 (21%)	6 (18%)	16 (49%)	41
Home Visit from other professional e.g. midwife, Health Visitor, Physio (please specify)	2 (7%)	8 (27%)	4 (13%)	16 (53%)	44

Other, please specify:

- Nothing since resident nurse left
- Paramedics - once
- CPN – 5 or more times
- Intermediate Care Team
- Macmillan - once



- OT – 2 – 4 times
- Occupational therapy

Q8. If accessing a healthcare appointment out with Bressay, what means of travel did you use to get to this appointment?

Travel Options	Yes	No	Not answered	N/A
On Foot / walked	20 (74%)	5 (19%)	2 (7%)	47
By Car – drove self	53 (93%)	3 (5%)	1 (2%)	17
By Car – other (shared car, sourced lift)	27 (84%)	2 (6%)	3 (9%)	42
By Taxi	13 (68%)	3 (16%)	3 (16%)	55

Other, please specify

- by ferry and car
- all journeys involved ferry travel and all involved car driven by householder or children or neighbour
- always required our car to utilise our time for arriving at appointment on time and catching a ferry home
- ferry x4
- Have a ferry card
- this would only be the case during normal ferry hours
- car, ferry, walk
- ferry, north boat and plane
- Tuesdays bus, then by taxi
- ambulance
- have also attended Aberdeen ARI, paying for taxis and buses over and above ferry and flights
- regularly spend £100 every 3 weeks crossing to Lerwick. Other areas of Shetland are reimbursed financially
- once son and once ambulance
- I have to rely on others to take me to appointments as I am in a wheelchair. This means that I am restricted in appointment times
- Dislocated knee couldn't walk or drive self - no public transport so got lift from parents. Drove self on other occasions
- unable to drive self on 2 occasions. Required to drive others on 2 occasions. Drive self to around 20 other appointments
- not always easy to get appointment to fit with ferries. Not sure what I'd do if unable to drive

**Q9. Over the last 24 months can you estimate how much your family/household has spent travelling to/ from health and care appointments?**

- Ferry – average spend = £176 (range £0 – £2,000)
- Car – average spend = £99 (range £0 – £1,300)
- Other – average spend = £14 (range £0 – 300)
- Total average spend - £291 (individual total range £0 – £2,800)

Q10. Are you aware of the transfer service offered by the Red Cross?

Yes – 47 (64%) No – 23 (32%) Have used service – 2 (3%)

Not answered – 1 (1%) N/A – 1

Q10a. If you are aware of the Red Cross service but have not used it, can you specify why?

- able to use own transport x8
- Have not needed to use it x4
- daughter was able to fetch me
- I am lucky enough to be able to walk to ferry from HC
- have never felt the need to. I am under the impression that red cross transport is for those who are less able to attend appointments on their own
- I have no health condition that prevents me from driving myself to an appt. If I did, I would make use of the service
- I prefer the convenience of using my own car. At the age of 85 I may not be able to use my own transport in the relatively near future
- own transport available - red cross available for those who do not
- not suitable - we have a car and this service would take away the availability from another resident who is unable to drive
- I don't want to take up the car with someone with more need may require it
- I was quite poorly on a lot of the trips out of Bressay so I preferred to have a family member taking me
- difficult to book as they want to know too far ahead so if you are told to come back to HC or hosp next day, or OP the car was often fully booked, so it proved easier
- urgent to ask these facilities for appointments on a Tuesday to fit in with bus
- not required
- not convenient x2
- not thought feasible, 2 small children, booking one other thing to sort out, need to be flexible to return to home obligations asap. Don't know if eligible or all times available
- Not applicable to my medical records



- it depends on when they are available and if it matches up with the appointment times
- Don't know how to access service, but rely on family/friends to help if needed
- don't think they come to Bressay or not aware of times and days
- not available in Bressay
- not aware available in Bressay x2
- we are now but was not at the time
- yes just thought it was for the elderly
- the red cross service is only available to infirm or immobile people. It is not generally available
- unaware of criteria that applies to use and whether service is free, when available, whether it will provide a return service, etc x2
- not advertised locally - most Bressay folk seem to be unaware that this service still exists and those that are aware do not know the hours of operation, contact details, rules or costs
- no specific details of operation known and not publicised
- the car is too difficult to get in and out without help. It needs to be booked ahead of time which is no use in an emergency or when the HC say get here today
- blue badge holder x2
- One return trip to Aberdeen
- Transport facilities in Bressay are very limited and however many cars can meet clients at the ferry, residents will have difficulty in getting to the ferry to cross over
- organising appointments for pts at hospital.

Please add any comments you wish to make on availability and personal cost in accessing health care:

- I'm lucky enough to have been diagnosed when I lived south which means I am now treated directly by the mental health team at LHC, this means that I can access healthcare by text message through a dedicated CPN. If I wasn't able, through illness or financial strain, then someone would come to my home to see me or speak to me on the phone. I feel sorry for those who are in a less fortunate position and are still trying to see the same GP often enough to get a referral to this service. I see the CPN and psychiatrist on a fairly random basis, anything from several times a week to every 3 months. If I am very unwell then I see them more and could be spending £27 a week to get to my appointments – which is a significant amount of money when I only get SP
- above figures not including travelling from work which incurs much more mileage or to go south. Have spent significantly more attending Aberdeen some but not all travel has been paid to mainland but not from Bressay to north boat or airport
- am aware that availability and personal cost can be a problem. I have accessed private physio service at a time when NHS physio had long waiting



- list to enable prompt treatment of acute injury. Personal costs in accessing healthcare don't just involve money – it can include time, worry, frustration, etc
- having to pay taking time off work, pay for ferry fares, pay for a taxi is incredibly difficult. Especially when it is for something that takes a few minutes blue ticket holders can travel free at anytime and for whatever reason. Anyone forced to travel for health reasons has to pay
 - expensive in Shetland anyway, much more expensive coming from Bressay. Also expensive in terms of additional time it takes to access care, from off work or away from family. Ferries only at certain times, a lot of extra time waiting in limbo even for short appointments
 - everyone on mainland Shetland who are more than 5 miles distant from health care are reimbursed financially, but not Bressay folk, a third of a mile away
 - ferry should be free for Dr, dental, hospital and optical appointments
 - free ferry travel for people having to visit hosp a lot due to cancer treatment and such like would be helpful
 - getting back to Bressay by taxi can be expensive, £25 in some cases
 - I have a disability badge otherwise the cost of travel over 24 months will have been in excess of (40p.p.m @3 miles to home to LHC/GBH)
 - not a big issue with blue badge
 - I am able individual with own car however I do have significant concerns about other individuals in Bressay who have limited resources and challenges to go to Lerwick for appointments. Having a healthcare worker on island
 - if we had available Dr on day in question (not his fault) or site nurse we would not have been subject to a frightening and horrible experience. Dr Murphy phoned us back in the afternoon and was horrified we were still in Bressay. He then phoned the ambulance, or regular nurse attending good resource (bless him), they then came
 - in addition to ferry/car costs there is considerably many hours spent travelling/waiting at the HC and hosp. A resident nurse could save time/money in performing routine procedures. This could be 'at home' or designated place/clinic at school/hall
 - lack of public transport means own car or a lift are only options to get to the ferry - was unaware of Red Cross. Ferry over and fuel and time waiting on ferry adds up. Can't even get a fit line sent to house or ferry so another trip to HC for collecting one
 - neither of the costs above take account the time lost attending healthcare appointments either by individual, spouse, other family member or friend/neighbour. In many instances when accompanying someone have had to take time off work including paid and unpaid leave. Parents have had to make alternative preschool child care arrangements also necessitating time off work for partner or family member
 - no access to healthcare on Bressay - no DN here. Cost will always be incurred in accessing medical services in Lerwick



- nothing to add other than a request that you reinstate nurse time in Bressay for urgent needs to reassure young parents and the elderly in particular and because your own policies indicate provision necessary on islands
- Services such as day care and attending appointments all have equal difficulty. Social and health care fail to see that the frail and vulnerable and poorly are unable to travel to the ferry
- thankfully I don't have to pay for the ferry but I do have to get a taxi to both HC and hosp for appointments which is around £4.70 one way so it's about £10 for one appointment
- the cost of Drs, nurses and care team workers coming to house must have been significant both in terms of money but also time, when a Dr comes here they are unavailable. Drs to help anyone else whilst waiting for ferries and usually seem jumpy about leaving quickly
- up to 4 trips on the Bressay ferry
- the cost of the ferry is high. Is there any possibility of a scheme to allow for subsidised travel to hospital and medical appointments
- the cost would be removed if we can have access to health care on Bressay itself
- time - having to fit in an appt between ferry timetable often results in 3 hours of my time for a 10 min appt
- try very hard that to have to access healthcare
- very expensive for a mother with young children requiring post natal (and pre) checks
- walking from ferry terminal to Lerwick HC is not always possible for a person in need of medical treatment. The 10 ticket operation for travel by car to Lerwick costs £90. for occasional need that is expensive. For anyone who makes regular or frequent visits to the HC, it may well be unaffordable
- we have no health care in Bressay unlike surrounding islands. Costs of ferries is outstanding!! That includes for the working families and retired people

Q11. Over the last 24 months have you or a member of your family/household required assistance from the "Care/ Support at Home" Social Care Team?

Yes – 14 (19%) No – 58 (78%) Have used service – 0
Not answered – 2 (3%)

Q12. Were you or your family able to get a Home Care Package that met your assessed needs?

Yes – 9 (16%) No – 15 (28%) Not answered – 30 (56%) N/A – 20



Q13. If the Care/ Support at Home provision was not available or could not meet your needs what alternative arrangements did you or your family have to make? Please describe:

- again speaking on behalf of mam because of lack of carers she was put to montfield first
- borrowed money to pay for pubic transport to hosp appointments
- family stepped in
- for the first 10 days out of hosp my husband battled (and that is no exaggeration) I needed help in and out of bed, dress, shower, cook, clean (you name it, he did it)
- go for a long walk on a short pier
- grandmother had to spend time in a care home due to time taken to arrange provision of support. Then had to go back into care when support package could not be provided where she passed before moving home again
- mother unable to get a care package suitable to her needs and had to spent extensive time in respite care, extended time in hospital care and eventually required residential care
- supported by family especially providing meals and home services
- there is a need to establish a care at home team on Bressay, given the % of the islands population that are over the age of 60 and the trend that as houses come on the market they are acquired by older couples rather than young, in work people with young families
- try and get a lift arrangement or walk and also try and work round the ferry
- went to respite care then full time care because no effort to reable and send home because no care package could be provided because of lack of staff in Bressay because service did not have the resource to create a pool of care staff for Bressay
- whistle
- N/A x19

Q14. Are you aware of Self Directed Support?

Self Directed Support enables individuals to have as much choice and control about how their social care and support is provided as they wish to. Self Directed support provides a budget to meet assessed needs which can then be used flexibly to meet those needs.

Yes – 27 (38%)

No – 42 (58%)

Not answered – 3 (4%)

N/A – 2

Q14a. If yes, has the provision of a Personal Assistant via Self Directed Support been considered as a way of addressing you/ your family's support needs?

Personal Assistant	Yes	No	Not answered	N/A
In place	-	7 (44%)	9 (56%)	58
Considered but not yet in place	3 (17%)	6 (33%)	9 (50%)	56
Considered but not available	2 (11%)	6 (33%)	10 (56%)	56
Not considered	6 (32%)	5 (26%)	8 (42%)	55

Please add any other comments you wish to make about Self Directed Support:

- good idea if you need it and can get it put in place quickly
- I think this is a big ask for families to employ/arrange finance
- it's availability
- had carers been available on island it would have been possible to use this service
- no care support network available on island
- no local carers available
- Very difficult to find carers for yourself. Very difficult manage finances yourself and would be impossible if frail
- not suitable for our situation as insufficient trained individuals on island with back up
- N/A at this time

Q15. What things about health and social care services are important to you?

- Accessibility x2
- Access quickly when required
- accessibility, affordability, competence. Need to enhance family health and wellbeing, not be detrimental which it currently can be due to added stress, expense and time. A single point of contact would enhance my trust in competence of services
- Ability to access services 24hrs a day, 365 days yr. Either access to emergency service by vehicle and ferry/fixed link (A&E) or have access to practitioner on island. Access to health appointments (including dental) on island - regular visits by doctor, nurse, dentist to clinic on Bressay
- access to services 24hrs day. Ferry service operates for 16hours a day 5 days week and 18 hours at weekend therefore the ability to call out the ferry quickly is required. The decision to call out a ferry/crew can only be taken by the emergency service which may take hours to be advised by an NHS 24 Dr
- access, speedy appointments, quality clinical care
- accessible, efficient services available at point of need



- due to difficulty in accessing healthcare I will often wait until a problem is near incapacitating before seeking assistance. Easier access on the island may help stop that and have small issues checked before they become big problems
- easy access when needed. Diagnosis, treatment and follow up
- that they should be more accessible after 5pm
- having early appointments to see Drs without waiting for weeks. Not having to jump through hoops to call out an ambulance in an emergency
- to be able to get to an appt with the correct health care staff at a time when you need it. Staff having enough time to assess you
- prompt access to treatment advice quick access, timely access, staff who are experienced, knowledgeable, familiar with client's history and able to spend whatever time is required to deal effectively with the client's problem
- if I were able to access healthcare out with working hours, I think life would be so much easier (or weekends). Support for carers/help in emergencies is crucial. Early diagnosis fatal but treatable diseases would have left Bressay many more still alive
- needs to be easily accessible, at low cost, or free as in the rest of the UK and available at the speed advised e.g. Emergency response , not waiting for a ferry crossing etc
- making sure husband has assistance as quick as possible as he has an internal heart defib inserted in his shoulder and if it goes off I would feel there is assistance there to help my husband
- Health care when required. If you are not able to get an appt with your Dr (as now) why is the Dr being paid to have you on their list
- availability and speed of response
- having the reassurance that access is available 24/7. Being seen by a GP/DN when an issue arises
- Availability of appointments, especially with 1 Dr not random Drs. Prompt accessible availability of professional help when needed
- availability of appointments. Being able to be seen in a timely manner. Having follow up appt that are easy and timely to access. Being able to access same healthcare professional for chronic patients as I feel time wasted having to explain everything from start
- availability and continuity of health care as legally laid down in the NHS Act
- availability at all times to all branches and services that are available already in Lerwick, Shetland mainland and other main islands
- to get an appt when you require it
- being able to get an appt with a health professional when required, not having to wait for days or weeks for an appt. The person who is dealing with your health needs access to your records, not having to go through them every time you have contact. Access to prescription collection service
- To get timely appointments. To get health advice you can have confidence in
- Being able to get an appt with Dr, not a nurse. And seeing same Dr, which is almost impossible. NHS dentist?? Again seems impossible, you can only get private appointments
- being able to make an appt with a Dr using a sensible service not the current set up
- being seen when required and not having to wait 6 weeks to see a GP. The reassurance of having a DN on island for my family, me and others
- having where possible continuity of care i.e. Same Dr who understands my issues and with whom I have a relationship. Sadly this rarely happens and means often having conflicting advice, having to go over stuff again and again and loss of trust in the care/treatment offered



- health and social care services should be available to every individual 'from the cradle to the grave'. Services should be easy to access and not too complicated (forms etc).
- Please continue to try and recruit Drs. Nurse practitioners do great job but invariably have to consult a Dr during your appt before they issue prescription or make diagnosis. It seems to me this is creating an extra layer of work which should not be necessary
- bringing healing, well being and peace of mind. The current situation on Bressay is untenable
- Being informed about services available. Being able to get help and advice when needed
- For health and well being needs of my family to be met. There are a lot of compromises made living on an island, other island communities are not made to compromise as much as us on Bressay. Not everyone on Bressay works in Lerwick nor even passes through while health provision is available – have to make additional trips to access at additional expense and time to ourselves. A 10 minute appt can easily use up to 3 hrs of time to attend especially when it is standard
- health issues are dealt with in a timely manner. Follow up appointments occur to review progress. Suitable signposting to other services for support
- Easy & seamless access to a nurse & medical services when you are ill or in an emergency. A Bressay nurse is ideally placed in understanding the issues surrounding Bressay and is well placed as a pt advocate to source the best possible care
- Easy access to knowledgeable and caring staff in an emergency and urgent situation. Ongoing health and social care to prevent emergencies (or perceived emergencies) occurring
- having immediate access/advice by local practitioners. Treatment at home where necessary. Having continuity in treatment with designated Drs/nurses. Confidence in the system (help available 24/7) locally
- I feel that health care is of the utmost importance to the isle. Having to try and get a ferry called out and an ambulance sent over just adds to the stress and fear. And usually a short visit from a nurse would help and may help avoid the need for a call
- good quality care
- Cost
- a resident nurse on the island, good resident nurse, resident nurse required , important to have a resident nurse in the island
- The concern is that if urgent attention is needed there is no nurse available on the island
- to wait half an hour each Lerwick GP visit
- I have often just waited until a health situation gets a bit more worse (joint problems and such) before I make the trek to the HC. It would be really nice to see a nurse on Bressay and getting the care I would need locally
- the need for a resident nurse on Bressay as we do not have a fixed link. People do not choose when to become ill. It can be very frightening during the night with no medical help readily available
- reference: “access to health and care services for Bressay residents”. a very useful and informative leaflet could certainly be developed for other areas of Shetland as suggested
- Parity - of service to other island groups in terms of access to services and cost of accessing the service
- we should be able to access help at all times, this is impossible at the moment



- to be able to make contact with a service who know and understand the geography and hurdles living on a small island throw up
- we would like to know what services will be available to us. At the moment we are not in need but advancing years will change that
- we want to feel safe living in Bressay. Part of feeling safe is understanding that we have reasonable access to healthcare, especially in emergency situations
- We want the community to thrive, not stagnate. We believe that having access to good healthcare is an essential component as it helps people make positive choices about living on the island. There can be an assumption that Bressay is well served by public services due to its proximity to Lerwick but that is really only the case for people with access to a car and able to afford ferry fares. Fixed links would solve access to all services, not just health and care services
- The time it takes to make an appointment at Lerwick HC is only 10 mins. More often than not the time is almost up before an appointment is made
- there are 2 of us in household. Lucky to be fit and healthy. 1 of us has not needed medical advice or treatment. The other needs regular appointments for high blood pressure and advice on medication and pain killers for arthritis. All these could be met by a resident DN on the island, with no need for taking up difficult to get appointments at LHC.

Q16. Please add any other comments about health and social care services, as well as any suggestions/ideas that you have for improving future access to health and social care services for Bressay residents.

- would like to see a GP or nurse on the island – perhaps one day a week. This would allow my routine 3 monthly blood tests/GP visits to be completed on my way to work or on my day off without having to go all the way to Lerwick for that one reason. This would also save the SIC money as they would no longer need to pay me for the time I ‘waste’ going to the doctor in the middle of the day instead of before or after work when I would prefer it. Other islands have flying doctors who come for a couple of days a month, see the very elderly/infirm/housebound folk and go again – why can’t Bressay be treated the same
- a clinic on island would be best with regular drop in slots. Teens of Bressay residents could be met. Say once a week, saving multiple journeys and associated expenses and wasted time. Freeing up health professional through rest of week. Just knowing someone is available, knowledgeable and contactable reduced worry at most worrying times. Often stressful and problems not usually resolved on visits to Lerwick HC, different health professional every visit, haven’t attended an appt yet that hasn’t been delayed by at least 15 mins. Secretarial staff are inexperienced and unsympathetic (not saying all, just personal experience) point of contact. A health professional available out of hours would be (and has been) life saving in emergencies, can take hours to attend with ferry call out. Need to appreciate that Bressay has a sub standard service at present and that we have to pay access to a podiatrist/nail cuttings volunteer e.g. At speldiburn. Even a day once a month, where folk could book an appt and be seen without the expense of going to Lerwick
- access to nurse led clinic appointments. MSK physio clinic or any other AHP service, access to prescription service. Access to e-consultation service and/or pt access to



book appointments and request repeat prescriptions (this also includes tracking requests)

- a weekly Drs surgery would be a good idea, whether as a drop in or pre arranged appointments. A dedicated island nurse/medic purely based on isle and without other duties out with, with cover provided during spells of absence or holidays/leave an island clinic and residential medical practitioner e.g. Nurse with on call cover. Clinic could incorporate maternity, pre and post natal clinics chiropody, elderly support, etc
- create a surgery on Bressay where regular surgeries can be held by Dr, nurse practitioner, midwife (pre and post checks). Create a hub and core social care at home team in facility shared by NHS surgery. Fill vacant nurse's post with a qualified person to cover the out of hours standby service that would be available when ferry service is off duty. Ultimately replace ferry service with fixed link and include Bressay into the services and opportunities enjoyed by Shetland mainland residents and those in Yell, Unst and Whalsay
- Even if we had a nurses surgery or more 3 times a week that would be ok. The best option is to have a nurse in residence especially for the night time emergencies when the ferry is not running
- GP surgery on Bressay once a week or practice nurse like some of the other islands have
- I think that there should be a weekly/monthly pop up HC within old school/hall for residents to attend thus preventing islanders to travel for blood tests, BP, general health check up. This also lighten load on Lerwick HC. Knowing exactly what can/can't do
- the healthcare professionals themselves are wonderful especially given the huge constraints on them at the moment. As said before when a nurse is in place a list of duties they can perform and when appropriate to call. In an ideal scenario have a surgery in back of hall or one of the rooms at the school with transport available for those that don't have any
- if no resident nurse could a weekly clinic be held in Bressay – possibly in the old school building?
- a resident island nurse is important for immediate resolution of health issues. When living alone and either aged or with some ongoing medical/health condition or more so if have disablement a (trained) 'drop by' visit to check. Removal of an on island nurse is another step in island depopulation if young/working residents. If no nurse is resident then clinic daily for fixed times
- An open clinic, say once a fortnight, would be perfect for majority of initial needs of services. Save Lerwick HC time as well. Needs to be fuller understanding of our needs, we are not directly annexed to town but are expected to put up with only accessing services in town, this access is limited, we have to pay extra and allow more time in accessing care on top of what Shetlanders in general further have to spend attending south. Living, accommodation, travel, time – exponential added stress



- it is my opinion that Bressay needs some sort of medical provision. Either a resident nurse (one that can actually meet the needs of the island!) or having regular clinic on isle, both a Dr and nurse practitioner. This service would need to be bookable
- I really feel very strongly that when we have a resident nurse now, they are unreachable during out of hours and that we have to go through NHS24. What happens if you are in the house yourself and you have called 999, but need immediate help e.g. defibrillator, need nurse to stem bleeding? Surely the point of having a nurse on the island is so she can help in an emergency until an ambulance arrives? Having young children and also complications after childbirth, it does not sit easy with me that we can't access the nurse directly out of hours. I took this issue to Tavish Scott, who was sympathetic and send it on to head of NHS Shetland. I was not impressed by the NHS response
- only a DN can help the problem. NHS24 is no use to anyone ill on Bressay
- Bressay needs a resident nurse. This is an ageing pop with increasing health needs. Regarding the leaflet – this is very good but the back page could be confusing as it doesn't mention the ANP service. Could this be added into the 'medical assistance' section? The way the leaflet is worded, it gives the impression that when you phone the appointment line, you get to speak to a GP. Could this be reworded? Could examples of an 'emergency' warranting an ambulance and ferry call-out and A&E attendance please be added, perhaps similar to what is on the NHS Shetland website? ('who to turn to' section). What 'crisis response' does mental health provide out of hours?
- The Bressay community require the confidence of having a resident nurse that would be available when the ferry service is unavailable (including when shut down because of adverse Weather). Additionally there is a significant cost to islanders in accessing health care via the ferry link – other 'main' islands and major community groups have access to Dr surgeries that are not taxed by using a ferry service. In the Bressay community the cost is more keenly felt by the elderly (48% Bressay residents are over the age of 60) because they generally require more medical aid and families with pre-school children who are generally islanders with lowest wages and least savings.
- to have a resident nurse who would be directly available to residents. After having major neurosurgery, coming back to about 3 wks GBH then discharged well looked after.
- 5 days after fracture occurred and that is when it all went wrong. Requesting help from a service that has absolutely no idea of Shetland geography is a dreadful position to be in. Can only say when the ambulance crew came they were brilliant, but this has left us very nervous
- We as an island need someone medical on call on the island who can cover minor medical issues along with major medical emergencies. We need this 24/7. Having a nurse on the island will mean minor issues can be dealt with rather than wasting time in A&E. It would also mean emergencies such as heart attacks and strokes can be dealt with quickly until the ambulance arrives



- we want a resident nurse. We need reassurance re our health & wellbeing. Pop up clinic regular on island providing health checks. Who is responsible for defib? And who is coming to check this?
- Regular training sessions for residents on use of defib. When carers come from Lerwick to provide care to residents – residents do not usually receive their full allocated time due to the Times of the ferry, reducing the time spent with the clients
- the problem with health care in Bressay is not just a nursing problem, it is total NHS problem and should be addressed as such. What is required in Bressay is parity with the service given to Shetland as a whole, which presently we in no way receive I think it is unrealistic and probably unnecessary to have a resident nurse on Bressay. However, I am concerned how I will access care as I get older and am probable aware that I may have to leave the island when this happens
- Bressay at present seem to have mainly an ageing population so the need for future access to health and social care services is likely to increase. A resident nurse has been an invaluable Service. Each nurse here has been worth their weight in gold to some Bressay resident in their hour of extreme need. A resident nurse helps provide a link to Lerwick based services and keeps the pressure off already overworked services such as GP's. A nursing post based in Bressay needs modern working arrangements especially regarding on call work for this post to be attractive
- give us back our nurse!
- a nurse for Bressay, important to have a resident nurse in the island, Important to have a nurse on the island especially in the evenings also the weekend
- Our view is that we very much want to see a resident nurse on the island – one who would have regular clinics/surgeries in premises on Bressay. Saving patients the troublesome and sometimes distressing journey to Lerwick. There is a need to have medical help on the island after hours, who can respond quickly to any emergency to guide and co-ordinate the appropriate treatment whether it be at home or requiring a trip to hospital. There are many more reasons for needing a resident nurse but when all is said and done we are asking for the same service as every other community in Shetland.
- Bressay resident nurse, available 9am-5pm weekday with possible back up out of hours for emergencies e.g. NHS 24 linked to Bressay nurse out of hours I don't think that until we get a resident nurse that things can improve. Getting hold after 5pm is a nightmare, you can spend hours trying to explain things to someone who doesn't have a clue where Bressay is a resident nurse is essential. Also a fixed link would be helpful
- having only 1 nurse on Bressay who is on-call 24/7 does not seem sensible. Could the nurses house be used as a 'team' house where people took it in turns to work shifts? Health care workers need to have a healthy life too. A red cross/taxi/car adapted to help the elderly and disabled available when needed, not always 48 hours ahead. Some consideration from HC that not everyone can get to them the day that they call, but do not wish to wait for 4 weeks either. The appointment line says it is



available 8.30 to 17.00 but in fact they always say ring back next morning if you ring in the afternoon

- on the spot services of DN on Bressay. This has always been the case hitherto when resident nurse provide professional medical services at all times
- Myself and a few other people find the taxis that comes to Bressay very hard to get in and out of which is why we use the bus which also has more room for our shopping. I still think the hall could make provision for a few clinics with a Dr or one of those medical practitioner type nurses coming over for 9am-5pm changing dressings, taking blood and urine samples, infant vaccinations, nail cutting service and such like would help a lot of people. To go over to Lerwick to give one blood sample can take up to 2.5 hours is ridiculous cutting into valuable time needed for collecting a prescription, going to the bank, post office, appointment at specsavers, Shetland Times bookshop to get documents copied and then posted and then get a taxi to the supermarket of your choice in time to catch the bus home can make for a very difficult day as I know to my cost and I don't mean just in a monetary sense. It would also be wonderful if there was help with heavy gardening for which I'd be happy to pay for. I'm so glad my neighbours cut my grass
- if no resident nurse, free travel to HC/GBH
- A single point of contact would be most beneficial, knowing past histories, other complications. A regular surgery on island would save a lot of expense and distraction from every day obligations instead of 3 or 4 separate visits for family. One day for time off work, numerous ferry journeys saved. Saves real logistic hassles for specialist care or when having to go south. when often at most vulnerable, even at lowest ebb
- having retained fireman (local) trained as first responders before an ambulance arrives would be helpful if a resident nurse is no longer an option. Local people on the island to help with a situation. Ability to request a home visit if one of my children is poorly and not well to travel to Lerwick for an appointment
- We need a health service suitable for the islands needs. Making an appt is not easy, especially if you are working and are on hold for up to 25 mins! And then you are still not guaranteed one. Also no effort is made to fit in appointments with ferry times. The cost of travel to the HC is prohibitive if it is on a regular basis, even worse if you can't drive, especially when it is for a 5 minute, routine appointment like a blood test
- build a tunnel. With no resident nurse or Dr we are at the mercy of winter weather
- Bressay has excellent ferry service for about 16 hours per day, 360 days a yr. However, when urgent medical attention needed, waiting time from phoning NHS 24 until arrival at GBH takes too long. Answer is to this and to persistent lack of build a fixed link. A fixed link would put an end to this island DYING!
- this ageing community requires more investment/commitment by NHS



- get help for the elderly and personal home care for them as I feel there is nothing in place to help them - apart from neighbours and the few friends they have around them
- as an island community, Bressay has elderly residents down to babies. Delays in getting medical attention can only lead to demands on A&E at the GBH in a 24hr period. We are an ageing pop and then demand for prompt medical attention can only increase
- anything would be better that what we have got as of now as we have nothing
- as long as there is a ferry there will always be problems for Bressay residents. All health & social and services have to be accessed in Lerwick. Bressay residents are fully aware of the difficulties for GP's, nurses and social care to attend due to time restrictions in their day. At times it appears that all services fail to appreciate the revised difficulties of the Bressay resident
- in island medical practitioner in a central location
- I have noticed sometimes that the appointment line does not open till after 8.30am, this can be really annoying when there is little time to make an apt
- surgery hours (whether Bressay/Lerwick) need to be more flexible with early/late surgery opening in which more suits working individuals. Recruitment local/resident social care staff – help reduce cost of providing service and also ensure access to service
- if folk can't get an appt for one day it should be possible for them to make an appt for the following day without having to phone again at 8.30 next morning
- the 2 services are not joined up. Pts put on waiting lists & not given a clue as to how long have to wait. No monitoring pts re deterioration or well being. Getting through to Lerwick HC stressful. Consider an answer machine and reply to pts in order of calls
- we have been very happy with the care at Lerwick HC and GBH. We understand that during night hours by dialling 999 the ferry would operate for hospital access. Is this correct? Defib should be located for best access for all an kept up to date
- Would like to see an improvement in the phone booking system at LHC. Patients told to phone at 8.30am and may have to wait over 30 mins before phone is answered. Surely there must be more than one person who can answer the phone at this peak time. Would like to be able to book appointments ahead – not just 'on the day'. A weekly nurses/Dr clinic on the island would be good. How about using a room at old Bressay school. This would be especially useful for elderly and infants. Blood pressure/diabetes checks etc and advice. If no resident nurse on the island then DN from Lerwick must be sent over to carry out routine duties. Resident nurse on island must remain ultimate goal. In an emergency situation the nurse could be sent to a house to assist patient until the ambulance arrives – bearing in mind it might take 45 mins for paramedics to get over to Bressay

**Written submission**

1. Background – a considerable proportion of Bressay residents are older people. Some, like me, are lucky enough to have been in good health up till now, and this have made few demands on health or social care services in recent years. Our responses to the survey questions will reflect that, but clearly it would be unreasonable to expect our low demand to continue, as we move into later decades of life. For older folk especially, past usage is a particularly unreliable guide to future demand. NHS Shetland clearly understands that demand from older people is likely to increase, in Shetland as a whole:

“older people are major users of health and social care services and there are nationally predicted rises in the likely demand for mental health, long term conditions and acute health care as well as community based services. In regard to the demographic changes predicted for Shetland, the number of people over the age of 75 years will increase from 1,657 in 2010, to 3807 by 2035” (reference from Shetland Board meeting 2017).

Its plans for coping with that emphasise care in the community: “our strategic plans must also include ways of supporting people with more complex needs in the community setting in a safe and sustainable way. This will include services to support recovery and rehabilitation in the community (e.g. leading to better outcomes and shorter lengths of admission following illness or surgery) and effective preventative services (e.g. helping people to restore their ability to perform their usual activities in life): (same Board meeting as above).

2. Importance of a resident district nurse,

2a. Medical emergencies – older people are more likely to experience unpredictable medical emergencies, such as falls, strokes and heart attacks. The latter two especially are known to require prompt professional treatment, to maximise the chances of survival and minimise harmful consequences. If there is no resident district nurse, getting professional help to an incident in Bressay by means of scheduled ferry services could mean delays of an hour or more, depending on the time of the call out. Even if the NHS were to fund an unscheduled ferry crossing, potentially vital time would necessarily be lost. 2b, care in the community – a good resident district nurse plays a vital role in the delivery of care in the community. He or she: * knows the patients’ backgrounds and personalities much better than is possible for a nurse who does not live and socialise on the island. That enables the resident nurse to make better judgements about their health and care requirements and the best way of dealing with those. * provides a crucial link between medical and social care services, local knowledge enabling more effective liaison with those responsible for a patient’s personal care and other social care services. * makes an unquantifiable but quite certainly significant contribution to patients mental welfare. Only a resident nurse can be with a patient within minutes of a call and already fully familiar with the person’s medical history and care context. It’s impossible to overstate the importance of that. Knowing that professional help will arrive quickly, and will not need background briefing, plays a huge part in minimising the stress and anxiety that inevitably accompany – and can exacerbate – ill health. * encourages, develops and maintains locally-based preventative health services. For example, Bressay-based district nurses have for many years run exercise sessions for older and less mobile people. Services available only in Lerwick (smoking cessation support, for example) can be expensive to access, because of ferry and taxi fares, especially for those on limited income and those with mobility problems. Locally-available services encourage greater uptake – few of those attending the exercise sessions, for example, would have undertaken the journey to Lerwick for similar care.

3. Flexibility – the survey questions reflect the institutionalised separation of health and social care services – medical care provided by the NHS, social care by SIC. But, from the



patients' point of view especially, the distinction between the two kinds of care may not be at all clear cut. Care, to them, is care, with no artificial boundaries. A truly patient-centred service must recognise that, and design its provision accordingly. NHS Shetland and SIC need to accept that fully, and look for ways of using co-ordination and co-operation between workers in the two service, to optimise both the availability and the quality of all care. In no way should administrative convenience be allowed to dictate the design of service delivery.

In Bressay's case, is there any insurmountable obstacle to allowing a resident district nurse to do some of the social care work for patients – not routinely, but when social care staff are unavailable? For example personal care at times when staff shortages or ferry problems mean that care workers cannot reach the island. Meals on wheels delivery, I understand this service is not available to Bressay clients because of the expense of travel from Lerwick. If meals could be delivered to the ferry at Lerwick, they could be picked up and taken to clients by the resident nurse (who probably needs to visit them anyway, as a nurse).

It should be obvious to any public health official that an island with a high proportion of elderly and infirm residents, some of them with chronic conditions, requires a resident nurse. A nurse is also a reassurance for parents of babies and young children. The presence of a resident nurse also encourages young families to settle in the island. The health board's recent fortune to provide Bressay with a nurse, after many years when we had and appreciated this service, is a dereliction of duty and I regard your questionnaire as a cynical ploy to avoid your statutory responsibilities



BRESSAY COMMUNITY COUNCIL



Caring For Bressay Open Session – 8 September 2018

On 8 September 2018, an open session was held in the Bressay Hall to feedback on the results from the survey conducted in June and to provide another opportunity for islanders to contribute to the information gathering part of the project.

From the initial survey results it was clear that there was limited knowledge and understanding of services available and what those services can offer to support individuals with health and care needs. As a result of this we invited a range of different services to come along to the session and provide information about their services. The following groups/services were represented.

- Health Improvement
- Mind Your Head
- Red Cross
- Shetland Link Up
- Advocacy Shetland
- Samaritans
- Royal Voluntary Service
- Health and Social Care Partnership services – nursing, pharmacy, general practice, dental, and social care
- Scottish Health Council

At the event, initial feedback from the survey was presented and further comments on these issues and other matters were gathered. From the survey, the biggest issues of concern noted were:

- LK Health centre (difficulty of getting through on appointment line, challenge of getting appointments and even when offered an appointment it would not fit with ferry times, lack of GP appointments, rudeness of reception staff);
- Transport issues – availability and cost;
- NHS 24 (both issues with 111 and lack of awareness of other services offered); and also
- access to services in hours, out of hours and overnight.

We also collected “Suggestions for Improvement”. Contributions to this page can be seen on the Suggestions for Improvement document.

Approx 50 islanders attended the event and 22 of them completed the evaluation forms provided. The results of the evaluation forms are attached here. The event evaluated very well and noted that individuals were pleased to have had the opportunity to speak to staff about the services and support available.

EMWatson, Chief Nurse (Community)



Caring for Bressay “Open Drop In” session,

8 September 2018

Event Evaluation

Please take a few minutes to complete this questionnaire. This will help us to improve the way we do things in future. 22 responses were received.

1. Overall, how would you rate this event?

Very Good Good Average Poor Very Poor

15 7 0 0 0

2. How would you rate this event on the following aspects?

	Very Good	Good	Average	Poor	Very Poor
Range of information stands available	17	5	0	0	0
Information available about the Project	14	7	1	0	0
Timing of the event	15	7	0	0	0
Venue accessibility	17	5	0	0	0

3. What did you value the most about this event?

‘Opportunity to emphasise needs’

The information availability.

The amount of information available

Access to information – extremely helpful

Chance to discuss issues with individuals face to face

Bringing interested parties together

All of the agencies represented, and information they provided

Meeting the people behind the services

Awareness of the variety of services available both NHS and Third Sector



Information I didn't know about

I'm now aware of services that I didn't know about before.

To have a say and put faces to names

The opportunity to add personal experience and the wide range of information available.

Wide range of things available, thought that someone wanted to know

Being able to speak to healthcare professionals

The range of information available/people to discuss with.

Hopefully looking to the future.

Learning about Scottish Health Council

Speaking to Nursing staff

Sympathetic interest in the subject of lack of District Nurse in Bressay from representatives at each table.

Different aspects of the NHS

4. Could this event have been improved in any way?

No, as long as followed up.

Not that I can think of

No x 2

Better advertising

No, met the needs of the community – accessible and informative

No – well presented

Not really

I don't think so – lots of information to take away and people to talk to.

Noisy for the hard of hearing so some way of reducing background noise

How all this can help Bressay

Chair to sit on

No – presentation of information was well prepared



Don't think so

BRESSAY COMMUNITY COUNCIL



Please use the space below/overleaf to add any other comments:-

Many thanks to everyone – excellent information

Excellent Programme

Bressay is a thriving community and their needs should be supported to ensure this continues.

Thank You!

Hopefully a very useful event on all sides. Thank You

Very useful. Hope that the problems of accessing health care from Bressay are addressed as a result.

Anything that helps with Bressay Healthcare is positive.

Clinic in Bressay would help a lot.

Hopefully this is a preparation for a public meeting – press included. Bressay Community Council are doing an excellent job in collating views of residents in full. It is good to know our representatives are so enthusiastic.

Thank you for taking the time to complete this questionnaire. Please leave it in the box provided or hand it in to Alison Reid, Bressay Community Council, or Edna Mary Watson, Chief Nurse (Community), before you leave the event.



BRESSAY COMMUNITY COUNCIL

SUGGESTIONS FOR IMPROVEMENT

- Local Clinic facility
- 'Flying doctors' sessions – like other outer isles
- Visiting services e.g. podiatry
- Flexible appointment times – outwith 9-5 especially considering remoteness from accessing services
- Technology to support access to healthcare
 - Booking appointments on line
 - 'Skype'/VC consultations locally
 - Online repeat prescriptions
- NHS24 staff to have enhanced knowledge of local setting and services available
- Increased knowledge of services provided by NHS24 – not just 111
- Health Centre Receptionists need training in customer service and good manners!
- Fixed Link
- Why not have extra resource for telephone appointments
- Cost of having to take vehicle on ferry to take patient to A&E or to health centre and accompanying ambulance to HC
- Emergency responders like in the Highlands. Keep you alive until Ambulance arrives
- Use of Fire Brigade employees to provide First Responder service – Remit more first responders
- NHS 24 very unhelpful – don't know geography
- A fixed link is the only fully satisfactory solution
- NHS 24 hours staff are not trained enough to deal with 'EMERGENCY SITUATIONS'
- Advanced Practitioners to help access treatment earlier at Health Centre
- Single points of contact especially in complex/multiple issue cases. Not enough communication between practitioners
- It is one's right to be seen in emergency situation after ferry hours by medical professional. NHS24 doesn't cut it
- Train front line staff in customer service and how to deal with distressed patients. It's all about manners!
- Island based clinic, or access to health centre outwith normal hours will help with travel/access issues to care
- Ability to book appointment ahead e.g doctor says 'see in you four weeks' then you book on the way out. Dedicated day for clinic in Bressay with visiting NHS practitioners with a workable appointment system
- Online booking service

Caring for Bressay Project








Ketso Session

Introduction

Following the recent Health and Care Survey and 'Caring for Bressay' drop-in event, a focus group session was held to explore the issues further, generate ideas and to develop plans as to how health and care services should be provided to meet the needs now and in the future. Ketso, an interactive engagement tool, was used to gather participants' comments and ideas.

Ketso Session Information	
Title:	Caring for Bressay
Date:	24 September 2018
Location:	Speldiburn, Bressay
Facilitators:	Edna Mary Watson (Directorate of Community Health and Social Care) and Camille Brizell (Scottish Health Council Shetland)
Hosts:	Edna Mary Watson and Bressay Community Council
Number of participants:	17
Information about participants:	<ul style="list-style-type: none"> • Island residents • Bressay Community Council members • Community Planning & Development Officer • Elected Council member

Ketso uses coloured leaves, with each leaf relating to a different question. The questions asked at the 'Caring for Bressay' Ketso session were as follows:

Questions asked:	
 <i>What do you think is important to the Bressay Community?</i>	 <i>What are the current challenges?</i>
 <i>How do we overcome the challenges? What can we do differently?</i>	 <i>Describe your ideal vision for Caring for Bressay?</i>
In addition, the following icons were used to represent:	
 <i>Quick wins</i>	 <i>Most important</i>
 <i>Requiring further discussion/consideration (i.e. to address any possible concerns)</i>	

All ideas received at the workshop have been categorised into the following themes (Branches/Themes):

- Theme 1: NHS24 Services
- Theme 2: Access to Services (in hours)
- Theme 3: Access to Services (out of hours/overnight)
- Theme 4: Lerwick Health Centre
- Theme 5: Transport
- Theme 6: Care services (new theme identified at session)
- Theme 7: Care of the Elderly/Disabled in their homes (new theme identified at session)
- Theme 8: Miscellaneous

Ketso Session Results



All ideas/comments received at the Ketso session have been typed up, in the same way as they were written by the participants, and are noted below.

In addition, one island resident who was unable to attend the session had shared their ideas/comments, which have also been incorporated into the relevant themes and coloured leaves below (*in italics**).

<div> <div>Centrepiece</div> <div>Caring for Bressay</div> </div>	
<div> <div>Branch & oval</div> <div>Theme 1: NHS24 Services</div> </div>	
<div> <div>Brown</div> <div><i>What do you think is important to the Bressay Community?</i></div> </div>	<div> <div>Grey</div> <div><i>What are the current challenges?</i></div> </div>
<ul style="list-style-type: none"> NHS24 don't offer advice - Bressay patients end up in A&E Telling the story <u>only</u> once when you phone Recognition of <u>where</u> we are - island Speedy response (to emergencies) Local knowledge (idea linked with "Have call centre staff visit rural locations to better understand issues" idea in the 'Miscellaneous' theme) NHS24 don't understand local issues Being put off until later and sent to hospital Understanding where Bressay actually is 24 hour Doctor/Nurse Not having to answer all the questions before you get the help needed 	<ul style="list-style-type: none"> Length of time of call to NHS24 very confusing for sick person 999 can take a long time especially overnight Lack of understanding infrastructure Lack of geographical understanding Speed of emergency service NHS response often lacks knowledge of local transport Getting a suitable appointment.
<div> <div>Green</div> <div><i>How do we overcome the challenges? What can we do differently?</i></div> </div>	<div> <div>Yellow</div> <div><i>Describe your ideal vision for Caring for Bressay?</i></div> </div>
<ul style="list-style-type: none"> Have a local person answer the phone Speed up process of decision making for community - island proofing Island based person able to call out ferry at night Island proofing – learn geography & challenges NHS24 call handlers in Lerwick (✓) Educate staff in the geography of Shetland 	<ul style="list-style-type: none"> Localising NHS24 NHS24 knows services available & limitations of those services Local NHS24 If you are unsure phone 999
<div> <div>Quick wins</div> <ul style="list-style-type: none"> NHS24 call handlers in Lerwick </div>	

<div>Centrepiece</div> <div>Branch & oval</div> Caring for Bressay	
Theme 2: Access to Services (in hours)	
<div>Brown</div> What do you think is important to the Bressay Community? <ul style="list-style-type: none"> • Extending hours beyond 9-5 (✓) • Clinics on Bressay • Availability of appointments to suit ferries • Convenient appointment times • When will District Nurse actually visit • Home visits from District Nurse preventative care important • Cradle to grave care • Quality health provision • Awareness of ferry times when getting appointments • Late appointments, waiting times, missing ferry home • No doctor visits on Bressay (!) • Bressay "Centre of Operations" joined up thinking • Adequate health care • <i>We need a nurse in Bressay*</i> • Appropriate care for elderly and infirm • Doctors surgery weekly/monthly in Bressay (✓) 	<div>Grey</div> What are the current challenges? <ul style="list-style-type: none"> • Timing of appointments • Lack of District Nurse (!) • Times relating to appointments • Speed of emergency services • Trying to get an appointment that fits with ferry times • Can't book ahead "see me in 4 weeks" not possible • Awareness of available services • Getting appointment to suit your work
<div>Green</div> How do we overcome the challenges? What can we do differently? <ul style="list-style-type: none"> • Budget health services in more economic way • Nurses stay in nurses house on call at night to provide cover • Clinics on Bressay • Local clinics • Vary hours of doctors to give extended appointment time • A regular ANP [Advanced Nurse Practitioner] or district nurse clinic in Bressay, premises in nurses house or school • Offer a council house on Bressay to a medical doctor • Have a regular clinic on Bressay • Nurse to check on elderly or ill on Bressay – folk on their own • Bressay based clinic 	<div>Yellow</div> Describe your ideal vision for Caring for Bressay? <ul style="list-style-type: none"> • Vaccination clinics on Bressay (flu) • A weekly clinic would be appreciated by the whole community • Regular doctors surgery on Bressay • Doctors prepared to come to Bressay • A permanent clinic in Bressay for day care • An island clinic with medical and associated services providing full care • Exercises classes in the hall • Diet, nutrition, and smoking clinic




Caring for Bressay

<ul style="list-style-type: none"> • Effective district nursing team • Fill the nurses post with someone who is fit for purpose • Doctors visit to Bressay for patients who can't travel easily • Nurse team for in/out of hours • Cheap house in Bressay in exchange for overnight care. • <i>If workload does not merit a full time nursing post based in Bressay, then surely the nurse's role could be combined with responsibilities elsewhere (as happened with the previous nurse)?*</i> • <i>Could the idea of a combined post be put in place as a temporary measure for the winter period? A vulnerable time for old people in particular*</i> • <i>Advertising and appointing to the post of nurse on the island, with responsibilities off island if necessary*</i> • <i>Negotiating a creative use of current medical staff who live on the island*</i> • <i>Establishing a weekly clinic with ANP/Doctor based in Speldiburn*</i> 	
<p> Quick wins</p> <ul style="list-style-type: none"> • Extending hours beyond 9-5 • Doctors surgery weekly/monthly in Bressay 	<p> Most important</p> <ul style="list-style-type: none"> • Lack of District Nurse • No doctor visits on Bressay

**Comments/ideas received out-with the Ketso session from one resident who was unable to attend.*




<div>Centrepiece</div> <div>Branch & oval</div> Caring for Bressay	
Theme 3: Access to Services (Out of Hours/Overnight)	
<div>Brown</div> What do you think is important to the Bressay Community? <ul style="list-style-type: none"> Care Home? Keep it local in first instance often treatable at home Sense of security district nurse provides for all ages (!) Requirement for first responders (✓) The security and reassurance of having a nurse at night Length of time for 999 to arrive Understanding what an emergency is Understanding Bressay is an island Quick access to healthcare-emergency Fear and anxiety about patients with heart conditions overnight 	<div>Grey</div> What are the current challenges? <ul style="list-style-type: none"> No access to emergency care advice out of hours on isle Without resident district nurse no one to treat minor ailments or reassure at home Lack of care for elderly or disabled Fear (!) Providing overnight care No overnight cover Expectations of Bressay after excellent service in past Bad weather, no ferry...now what?! We do not have 24 hour access to care Emergency and out of hours access NHS24 don't understand geography of area - island Delay in getting emergency care at night
<div>Green</div> How do we overcome the challenges? What can we do differently? <ul style="list-style-type: none"> Dedicated duty phone number to call out ferry in emergency (△) Nurse on Bressay First responders emergency care (!) Employ a nurse purely for overnight duties Nurse team for in/out of hours Set up a first responder team Phone call appointments out of hours for reassurance from own doc/nurses Get overnight care in Bressay (!) Knowing someone is there at night (qualified person) Offer a Council home on Bressay to a resident doctor 	<div>Yellow</div> Describe your ideal vision for Caring for Bressay? <ul style="list-style-type: none"> Medically qualified person <u>quickly</u> available when needed An on call nurse resident in island at night. Regular clinics daytime Information on First Responders and other services easily accessible (✓) Clinic regularly in Bressay & District Nurse on call First Aid course for community (✓) Quick response to an emergency Out of hours care Resident nurse A resident nurse for night care Extend possibilities of video conference Resident doctor/nurse Maternity and geriatric trained nurse

Caring for Bressay



<p> Quick wins</p> <ul style="list-style-type: none"> • Requirement for first responders • Information on First Responders and other services easily accessible • First Aid course for community 	<p> Most important</p> <ul style="list-style-type: none"> • Sense of security district nurse provides for all ages • Fear • First responders emergency care • Get overnight care in Bressay
<p> Good idea but requires further discussion (i.e. to address any possible concerns)</p> <ul style="list-style-type: none"> • Dedicated duty phone number to call out ferry in emergency 	

<div>Centrepiece</div> <div>Caring for Bressay</div>	
<div>Branch & oval</div> <div>Theme 4: Lerwick Health Centre</div>	
<div>Brown</div> <div>What do you think is important to the Bressay Community?</div> <ul style="list-style-type: none"> • Access to information • Regular clinics on Bressay • Some way of asking people not to go to health centre with minor ailments (△) • Support • Communication • Access • Nurse would help unnecessary health centre appointments • Appointment access • Not always having to travel to Lerwick for appointments • Being seen when they need to be seen • Being asked to go to Lerwick Health Centre e.g. remove stitches from hip op 	<div>Grey</div> <div>What are the current challenges?</div> <ul style="list-style-type: none"> • Unavailability at times • Weather conditions when medical help needed • Having to phone at 8.30 for an appointment • Cost of travel to health centre • Continuity never see same doctor twice • Treated as a suburb of Lerwick, not appropriate • Video links for physio • Have to attend health centre to get fit line (extra ferry trip) • Appointment linking to ferry times • Difficulty getting appointments (✓) • Time constraints of GP appointments. People open up more to District Nurse
<div>Green</div> <div>How do we overcome the challenges? What can we do differently?</div> <ul style="list-style-type: none"> • 7am appointments • Evening appointments • Public education to know if you need a nurse or a doctor • Prioritisation of finance on health care • Earlier/Later appointments • Online booking system (✓) • Making getting an appointment easier • Bressay coordinator – join up services • Local clinic (✓) • Enable fit lines to be put to ferry or direct to employer? (✓) • Job share nurses/cover for nurse time off • Easier appointment system for GPs 	<div>Yellow</div> <div>Describe your ideal vision for Caring for Bressay?</div> <ul style="list-style-type: none"> • Drop in doctor clinics (△) • Island clinic to cover vaccinations, blood tests, minor care • Clinics held in Bressay P.S. (primary school) • Video link appointments (△) • Continuity of care in Lerwick Health Centre i.e. same doctor • Booking appointments ahead of time – stitch in time saves 9 • Transparency of how appointment system works • Video link for physical therapy • Able to book ahead for routine appointments, leaving emergency appointments for others • Fair, effective appointments system. Same doctor to treat chronic conditions • Increase the telephone resource to help expedite appointments • Appointments directed to a Bressay clinic • Booklet explaining how to look after

Caring for Bressay

	minor ailments (✓) • 24 hour cover on island (nurse or doctor) (!) • Drop in doctor clinics
 Quick wins <ul style="list-style-type: none"> • Difficulty getting appointments • Online booking system • Local clinic • Enable fit lines to be put to ferry or direct to employer? • Booklet explaining how to look after minor ailments 	 Most important <ul style="list-style-type: none"> • 24 hour cover on island (nurse or doctor)
 Good idea but requires further discussion (i.e. to address any possible concerns) <ul style="list-style-type: none"> • Some way of asking people not to go to health centre with minor ailments • Drop in doctor clinics • Video link appointments 	

<div>Centrepiece</div> <div>Caring for Bressay</div>	
<div>Branch & oval</div> <div>Theme 5: Transport</div>	
<div>Brown</div> <div>What do you think is important to the Bressay Community?</div> <ul style="list-style-type: none"> • Affordable accessibility • Availability of transport • Happy • Cost • Fixed link • Ferry cost to frequent appointment • Cost of ferry • Easy transport for emergency call • Elderly folk with no car very stressful to see GP • Free transport for health appointments (✓) • Transportation to get to the ferry for medical appointments • Disabled transport • No bus on Bressay • In island transport to ferry • Been discriminated against because we are “seen” to be close to Lerwick Health Centre • Equity of provision with other areas in Shetland • Accessibility of care when needed 	<div>Grey</div> <div>What are the current challenges?</div> <ul style="list-style-type: none"> • Lack of transport (✓) • In the absence of a nurse all our services have to come from Lerwick • Ferry call outs fear of unnecessary call out and fear of bad weather FEAR (!) • Transport – availability and cost (✓) • Affordability • No free ferry to health care appointments (✓) • Difficulty accessing transport for appointments AMD [Age-related Macular Degeneration] • Emergency care when the ferry is out of service • Why not build a fixed link to solve all (including NHS) the island problems • Island isolation • Disabled transport (!) • Getting to the ferry when feeling ill
<div>Green</div> <div>How do we overcome the challenges? What can we do differently?</div> <ul style="list-style-type: none"> • Ask reasons why transport costs • Dial-a-bus service (✓) • Free ferry for medical appointments (✓) • Earlier ferry to attend hospital appointments and get early flight • Fairer ferry per mile fare rather than fixed • Having disabled transport (!) • Fixed Link • Free taxis for patient to ferry transport (wheelchair taxis) • Community transport – dial-a-ride service • Disabled access buses and taxis • Dial a service for appointment & shopping • Free ferry for health appointments 	<div>Yellow</div> <div>Describe your ideal vision for Caring for Bressay?</div> <ul style="list-style-type: none"> • Community transport service (✓) • Fixed link? • Fixed link 24 hour access to Lerwick facilities • Transport for the semi blind • Electric ferry like in Norway, run by wind, wave, solar (cutting cost....<i>writing illegible</i>) • Ideally there is no alternative to a fixed link • Not having to pay for travel to health appointments • Free taxi to ferry for medical appointments • Internal transport “Dial a bus” • Disabled and elderly transport • Free ferry and transport for patients

	(car)
 Quick wins <ul style="list-style-type: none"> • Lack of transport • Transport – availability and cost • No free ferry to health care appointments • Dial-a-bus service • Community transport service • Free transport for health appointments • Free ferry for medical appointments 	 Most important <ul style="list-style-type: none"> • Ferry call outs fear of unnecessary call out and fear of bad weather FEAR • Having disabled transport

<div>Centrepiece</div> Caring for Bressay	
<div>Branch & oval</div> Theme 6: Care Services	
<div>Brown</div> What do you think is important to the Bressay Community? <ul style="list-style-type: none"> Confidence in service availability Care home provision in Bressay can be accessed by others Personal care services Home help (care packages) 	<div>Grey</div> What are the current challenges? <ul style="list-style-type: none"> Isolation Lack of care for elderly or disabled Care package provision/delivery <i>Patients with long term conditions being discharged without any care package, additional responsibilities for patient's partner*</i> <i>The "joined up and seamless" approach referred to in Scottish Government publications and the local NHS/SIC website has not emerged as effectively as hoped*</i>
<div>Green</div> How do we overcome the challenges? What can we do differently? <ul style="list-style-type: none"> Bring back the "hospital at home" nurse Flexible recruitment of care staff Preventative health care for the elderly, regular home visits by district nurses Please more care at home, less visits to GPs for blood tests, blood pressure etc. Pay decent wages as incentive Training and support <i>Establishing a local Care Team with carers resident on the island, medical staff and volunteers/befrienders/Red Cross*</i> <i>NHS/SIC investigating provision for similar islands in other communities*</i> 	<div>Yellow</div> Describe your ideal vision for Caring for Bressay? <ul style="list-style-type: none"> Regular home visits to elderly Provide Day care in Bressay with meals and activities District nurse visits to people recently discharged from hospital Care home on isle

**Comments/ideas received out-with the Ketso session from one resident who was unable to attend and participant.*

<div>Centrepiece</div> Caring for Bressay	
<div>Branch & oval</div> Theme 7: Care of the Elderly/Disabled in their homes	
<div>Brown</div> <i>What do you think is important to the Bressay Community?</i>	<div>Grey</div> <i>What are the current challenges?</i>
<ul style="list-style-type: none"> • Care for disabled • Care for the elderly • Service continuity • Why is there not a care home on the island? 	<ul style="list-style-type: none"> • No island based carers (!) • Continuity of care as in carers • Retention of staff SSSC [Scottish Social Services Council] registration required SVQ 2/3 being studied
<div>Green</div> <i>How do we overcome the challenges? What can we do differently?</i>	<div>Yellow</div> <i>Describe your ideal vision for Caring for Bressay?</i>
<ul style="list-style-type: none"> • Health hub for various health needs • Base/Hub for carers in island • Recruit Bressay based carers • Bressay residential care home 	<ul style="list-style-type: none"> • Nurse to deliver medications to elderly or disabled living alone • Nurse to check on elderly and ill people living alone • Enhanced Red Cross Service and befriending • Video link appointments • Internal transport community bus (✓) • Centre of operations for care teams, doctors, nurses, specialist clinic • Redirect local transport to fit Bressay needs. (✓)
<div>✓</div> <i>Quick wins</i> <ul style="list-style-type: none"> • Internal transport community bus • Redirect local transport to fit Bressay needs 	<div>!</div> <i>Most important</i> <ul style="list-style-type: none"> • No island based carers

<div>Centrepiece</div> <div>Caring for Bressay</div>	
<div>Branch & oval</div> <div>Theme 8: Miscellaneous</div>	
<div>Brown</div> <div>What do you think is important to the Bressay Community?</div> <ul style="list-style-type: none"> • District Nurse • Access to emergency care and advice (Doctor advice via phone? etc.) • Local first responders team (medical) • Have a surgery held locally at least twice a week 	<div>Grey</div> <div>What are the current challenges?</div> <ul style="list-style-type: none"> • Educating NHS staff on islanders' situation (!) • Getting NHS staff to listen (!) • Better understanding by medical profession of Bressay's problems • To take responsibility for ourselves and not be too reliant on others • Mobile signal in remote areas • Bressay Sound!
<div>Green</div> <div>How do we overcome the challenges? What can we do differently?</div> <ul style="list-style-type: none"> • Have call centre staff visit rural locations to better understand issues (this idea is linked with "Have local knowledge" idea in the 'NHS 24' theme) • More Lerwick based clinics (rather than South) (!) • Having AMD [Age-related Macular Degeneration], a clinic on Shetland would save time, money and stress • Create a local team of First Responders (medical) (!) • Have a regular pop up clinic on the isle (!) • More mobile phone masts for emergency calls • <i>Considering a "partnership" post of nurse and sheltered housing warden to meet the needs of elderly and disabled residents and support the new parents who are in the community*</i> 	<div>Yellow</div> <div>Describe your ideal vision for Caring for Bressay?</div> <ul style="list-style-type: none"> • Exercise classes in Bressay Hall/School once a week (!) • Super-fast broadband (✓) • Health promotion and preventative medicine clinics • Local team of first responders so someone is always available (✓) • Exercise classes • Hi speed broadband • Regular fundraising events to help cover costs • <i>A "First Port of Call" which is not the busy receptionist in the Lerwick Health Centre who should not have to hear the personal details of patients in the busy centre over the phone, or the NHS 24 hour where each time requires a 20 minute explanation of who and where you live*</i>

<div>Centrepiece</div> Caring for Bressay	
✓ Quick wins <ul style="list-style-type: none"> • Super-fast broadband • Local team of first responders so someone is always available 	! Most important <ul style="list-style-type: none"> • Educating NHS staff on islanders' situation • Getting NHS staff to listen • Exercise classes in Bressay Hall/School once a week • More Lerwick based clinics (rather than South) • Create a local team of First Responders (medical) • Have a regular pop up clinic on the isle

**Comments/ideas received out-with the Ketso session from one resident who was unable to attend and participant.*

A number of participants added the following comments/ideas in relation to the 'Caring for Bressay' centrepiece [the focus of the session] and indicated that these are all relevant to the whole project rather than to a specific theme:

- Clinic availability on Bressay and on call (Bressay based) at night will fix NHS24 service and Lerwick Health Centre (*Yellow leaf*)
- We want parity with other islands or Lerwick (*Brown leaf*)
- We ask for same provision as every other island and district (*Brown leaf*)
- Fair not equal (*Yellow leaf*)
- Island proofing legislation? (*Green leaf*)

Below is a selection of photographs taken at the session:



Participants were divided into two groups; two Ketso mats were used (as above)

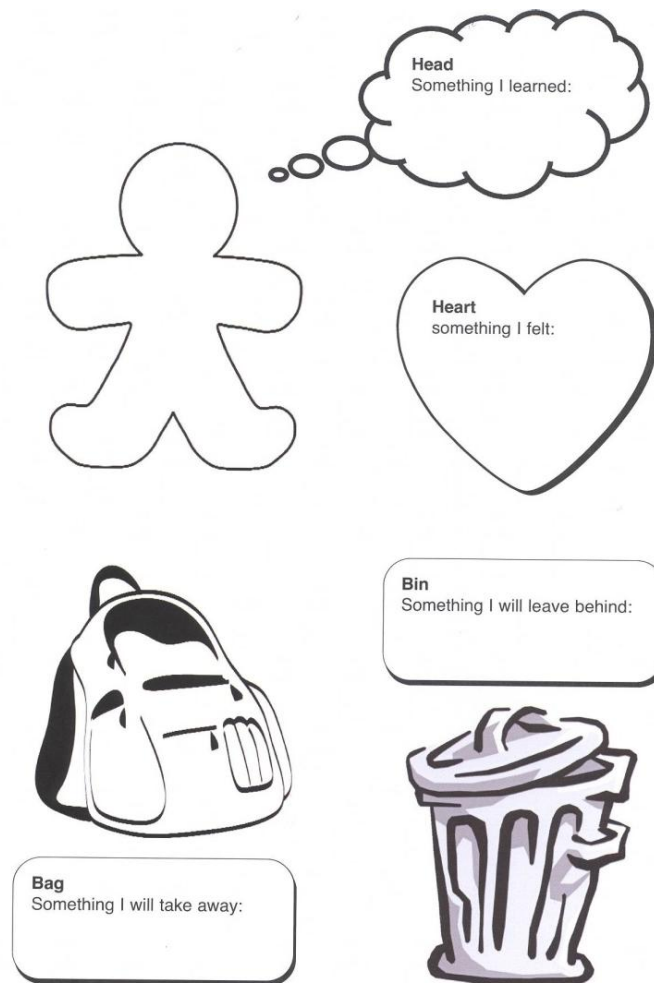


Caring for Bressay

Evaluation of the Ketso session

24th September 2018

The 'Head, Heart, Carrier Bag and Dustbin' exercise was used to evaluate the Ketso session. Feedback was received from fifteen participants and all responses have been included below.



Head – something I learned...

- "Some people have good ideas."
- "Other people's ideas/priorities."
- "Was sceptical of the process, but quite enjoyed it once it started."
- "Working together."
- "Other members share similar concerns over social/healthcare in the island."
- "It has been interesting and useful."
- "How enthusiastic the residents were for alternative ideas."
- "There seems to be an acceptance that our health services need to be improved."
- "Working in a group to achieve goals works better."

- "That the future health care in Bressay is of the utmost importance to the community."
- "I can now see viable options that I had not thought of before."
- "A lot of people have the same viewpoint as myself."

Heart – something I felt...

- "I hope it goes somewhere."
- "I do not feel any further on where/how a solution lies - many/all of issues already highlighted."
- "The anxiety in this island on this issue."
- "Concerns re will anything change."
- "Feel like it was productive."
- "That someone cares and will help us. The session has been very good and informative. I look forward to see what will be the outcome in the long term."
- "A great way to hear everyone."
- "Genuine community concern that there are problems."
- "A sense of achievement."
- "As a community we all feel we need a nurse."
- "Questions to guide task were not well written for understanding which delayed our conversation at times."
- "That we are all on the same page with our needs and wants."
- "Difficult to follow all conversations around the table, several going on simultaneously. Difficult to read all 'leaves' particularly on far side of table. Repetition of points made at earlier consultations on this theme."
- "We all have the same basic ideas for what is needed on our island to take care of our people."
- "It was indeed a pleasure to attend such an event and felt it had a very positive and engaging effect with the Bressay community, with such an emotive issue to deal with, the effects and dynamics the Ketso program had was very enlightening, with many people within each group making positive and pragmatic statements in a courteous and engaging manner, where perhaps in another form, say a public meeting could be detrimental and negative to the process. Best regards and look forward to more engagement regarding the process."

Carrier Bag – something I will take away...

- "Some leaves! Fun group work sesh!"
- "Hope there may be a solution."
- "Folk have so many good ideas that might never be heard at a conventional meeting."
- "Hope."
- "Yes, the community spirit of those present."
- "A great way to brainstorm."
- "Hope."
- "Helping for a goal in the community."
- "When community pulls together it is a great thing."
- "Positive thoughts that things will improve here."
- "The hope that we will be listened to."

Dustbin – something I will leave behind...

- "Cramp."
- "Negativity."
- "Empty cup of tea."
- "Preconceived ideas."
- "Nothing to bin."
- "?"
- "Nothing."
- "Perhaps a smaller session in a bigger room for people hard of hearing."
- "I no longer feel that we are being ignored as far as emergency care."
- "The feeling I was isolated in how I feel about lack of health care."

Action Plan

<div> <div>Centrepiece</div> <div> <div>Brown</div> <div>Grey</div> <div>Green</div> <div>Yellow</div> </div> </div> <h2>Caring for Bressay</h2> <h3>How do we Care for Bressay?</h3>	
Ideas/Most Important/Quick Wins/Further discussion -	Actions Arising -
Theme 1: NHS24 Services	<p>NHS24 call handlers in Lerwick – Discussed with NHS24, confirmed NHS24 already have a presence in Lerwick but all calls made to the service are answered in sequence and that can be from a call handler based throughout Scotland.</p> <p>Further Information about NHS24 and their online self help guidance is available via NHS Inform at https://www.nhsinform.scot/ or on 0800 224488 is to be published to support individuals to get advice, manage their condition or be signposted to services as required.</p>
Theme 2: Access to Services (in hours)	<p>Extend LHC clinic hours and increase access to appointments – Locally based clinic to be established with various professionals able to use this as a base for service provision to Bressay residents thus minimising the need to travel for health and care appointments</p>
Theme 3: Access to Services (out of hours/overnight)	<p>Requirement for first responders / First Aid course for community – Consideration being given to Scottish Fire and Rescue Service providing first response services going forward. Session on First Aid held for the Community by Scottish Fire and Rescue Service personnel – further sessions to be held.</p> <p>Dedicated duty phone number to call out ferry in emergency – procedure to support emergency call out for ferry already in place.</p>
Theme 4: Lerwick Health Centre	<p>Online booking system – online booking of appointments is part of NHS digital transformation programme, likely to be trialled with some Practice Nurse appointments initially</p> <p>Local clinic – funding secured from NHS Shetland Capital Projects budget to support development of clinic facility on Bressay</p> <p>Booklet explaining how to look after minor ailments – self help information available via Health centre booklet to be distributed to all households, also NHS Inform website/ telephone helpline</p> <p>Video link appointments – Successful bid to Scottish Government to support roll out of Attend Anywhere across Shetland including non-doctor island settings. This will support access to appointments locally and with other health and care providers on mainland Scotland by videoconference thus minimising the need for travel to appointments</p>

Theme 5: Transport	<p>Lack of transport / Free transport for health appointments – Explore transport options from Bressay Ferry terminal to Lerwick Health Centre – range of bus services on the route – gather and publicise information to Bressay residents</p> <p>Dial-a-bus service / Community transport service – explore with voluntary sector the provision of a community transport system on Bressay</p>
Theme 6: Care services (new theme identified at session)	<p>Personal Care services / Care package provision/delivery – limited need for care packages on Bressay currently, Community Care Resources confirms they have capacity to be able to respond to any increased demand for service provision on Bressay.</p> <p>More care at home, less visits to GPs for blood tests, blood pressure etc – explore & develop range of services to be provided on Bressay, at a frequency to meet demand for different services/procedures</p>
Theme 7: Care of the Elderly/Disabled in their homes (new theme identified at session)	<p>Centre of operations for care teams, doctors, nurses, specialist clinic – local clinic facility being developed</p> <p>Redirect local transport to fit Bressay needs – see Actions noted in Theme 5.</p>
Theme 8: Miscellaneous	<p>Exercise classes in Bressay Hall/School once a week - Health Improvement dept confirm interest in providing health promoting activities on Bressay – programme to be developed</p> <p>Local team of first responders so someone is always available – potential for service to be established via Scottish Fire and Rescue Service as noted above</p> <p>Super-fast broadband – NHS Shetland Information Technology dept confirm Broadband capacity sufficient to support use of Attend Anywhere from Bressay</p> <p>More Lerwick based clinics (rather than South) – supported by use of Attend Anywhere facility</p> <p>Have a regular pop up clinic on the isle – funding secured to support development of clinic facility in Bressay. Schedule of services to reflect demand to be developed as part of development of clinic facility</p>



SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Date as Postmark

Dear Islander,

“Caring for Bressay”

Over the last 18 months the Bressay Community Council and the Shetland Health and Social Care Partnership (H&SCP) have jointly sponsored a project to explore the health and care needs of residents on Bressay, and through working in partnership have worked to create a sustainable, affordable, and clinically appropriate service model which meets the health & care needs of islanders now and in the future.

This paper provides an overview of the work carried out by the Project Board. Public feedback is an essential part of the redesign process and thus we are seeking further views/ inviting comments on the proposed future service model enclosed.

The engagement period will run from 18 July to 19 August 2019. The Project Board will then review all feedback received and put forward recommendations for the future service model to the Integration Joint Board (IJB) on 26 September 2019 for their consideration.

All comments received will be independently and transparently collated by the Clinical Governance Support Team, NHS Shetland and returned to the Project Board for consideration. Please return your comments in the Stamped Addressed Envelope (SAE) provided, by **19 August 2019**.

We look forward to receiving your feedback.

Yours sincerely

Edna Mary Watson
Chief Nurse (Community)

Alistair Christie-Henry
Chairman, Bressay Community
Council

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SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP
IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

‘Caring for Bressay’
Engaging Communities in Developing
Sustainable Service Models for the Future



Bressay Lighthouse

Introduction

In December 2017 an initial meeting was held between representatives of the Bressay Community Council and the Chief Nurse (Community), Shetland Health and Social Care Partnership to discuss issues of concern with service provision on Bressay.

This discussion led to the establishment of a jointly sponsored project between the Community Council and the Health and Social Care Partnership.

Project Aims

The aims of the project are to explore the health and care needs of residents on Bressay, and through working in partnership, create a sustainable, affordable, and clinically appropriate service model which meets the health & care needs of islanders for the future.

This paper provides an overview of the work carried out by the Project Board and invites comments from the community on the proposed future service model. Membership of the Project Board can be seen in Appendix 1.

All comments should be sent to Clinical Governance Support Team, NHS Shetland, Board Headquarters, Montfield in the SAE provided by **19 August 2019**.

Following review of all comments received, the Project Board will draft a paper for presentation to the Integration Joint Board (IJB) recommending a safe and sustainable service model for Bressay residents for the future.

Background

Shetland has 5 non-doctor islands – Fair Isle, Foula, Fetlar, Skerries and Bressay - where traditionally a resident nurse has been the first point of contact for all healthcare needs on a 24/7 basis. In addition to the resident nurse, the non-doctor islands - with the exception of Bressay - have regular scheduled visiting services from the General Practitioners based at the respective Health Centres with responsibility for each island. Some islands also have services provided by allied health professionals eg Podiatry, and Dental services, on a visiting basis.

Strategic Context

The development of integrated health and social care services takes account of national policy ('*Shifting the Balance of Care*') to move services out of hospitals

into community settings and from community based settings into people's own homes. Local services perform well, albeit with higher unit costs than elsewhere in Scotland. Notwithstanding our successes, the rural care model, with its focus on residential care, is not consistent with the Older People's Health and Wellbeing Strategy (2015) which identified that older people want to be cared for in their own home and where that is not possible in a community setting that is not institutional care.

The Shetland Islands Health and Social Care Strategic Commissioning Plan 2019-2022 approved by the Council, NHS Shetland and the IJB in March and April 2019 identified a significant imbalance between the current model of service delivery and the resources available to meet service demand. Moreover this will continue to increase as a result of an increasing aged population and a decreasing number of staff available to provide care and support services.

Health Care Improvement Scotland (Living Well in Communities with Frailty. Evidence of what works. (June 2018)) have identified a significant number of interventions which have been demonstrated to improve outcomes for frail, older people. Many of these initiatives are preventative in nature and have already been implemented in Shetland. These include exercise interventions and physical activity; polypharmacy review; immunisation programmes; primary care interventions; community older people's services; addressing lifestyle factors; nutritional interventions, hospital at home, re-enablement; bed based intermediate care and anticipatory care planning.

In addition, increased integration of services (with comprehensive care provided along the entire pathway), improved care coordination and management can deliver significant benefits including 13% fewer hospital admissions, 27% fewer visits to A+E, care at home, rather than in a hospital setting, reducing care costs by 19%, (World Health Organisation Continuity and Coordination of Care 2018).

While Care Inspectorate requirements reduce capacity to use the existing social care workforce to move the focus of care from residential to home based service provision we know that more people can be cared for in their own homes by fewer staff and a number of projects are being planned which will develop services to be delivered in people's own homes through traditional care at home, district nursing services, intermediate care and an increased use of telehealth/telecare services.

Drivers for Change

In addition to the overall strategic context of a shift to provide more services in the community, and thus closer to home, in relation to nursing posts, there are a number of drivers for change related to current Professional issues and challenges associated with working in non-doctor island posts. These issues are briefly outlined below;

Changes in career structure/expectations – professional training is increasingly of a specialist nature and thus finding staff with a breadth of knowledge and experience to cover island settings is becoming increasingly difficult.

Workload/ Re-registration issues – in order to work as a Registered Nurse, Nurses need to maintain a live Registration with the Nursing and Midwifery Council (NMC). On a 3 yearly basis a Registered Nurse has to demonstrate maintenance of their competence in a range of skills and procedures. The nursing caseload size on Bressay is very small which makes skill and competence retention difficult (if only undertaking the District Nursing role for Bressay).

Professional Isolation – Professional support is crucial for any postholder to ensure that they feel supported in their role and also to provide an opportunity for peer support / supervision and development. Working in a single handed post limits the opportunity for peer support.

Role? – The role of a non-doctor island nurse is different from the role of a District Nurse on mainland Shetland and the expectation from communities is different. Individual staff members may not be in a position to deliver the service that the community wants and thus it can prove challenging both to the professional and the community when the staff member appears unwilling to play the role that the community wants/needs.

Living in remote communities/Work-life balance – It is a recognised challenge maintaining a professional role and also trying to have some private time whilst living in small communities amongst the people you serve. The posts, whilst not busy all the time, all have an oncall 24hr responsibility which limits personal “down time” and ultimately leads to stress and increasing the potential for burnout.

Recruitment/retention issue – There is an increasing challenge in the sustainability of these posts/services due to the challenge of finding appropriately skilled staff, who wish to work in this role.

European Working Time Directive (EWTD) – The European Working Time Regulations prescribe a maximum working week of 48hours. The current Non-Doctor Island staffing model has a notional working week of 37.5hrs plus an oncall commitment of 128hrs per week. We have received a legal challenge to this model of working which means that this service model is not sustainable for the future.

As well as the challenges experienced in the recruitment and retention of nursing staff, the demography of the Shetland working population, combined with the overall buoyancy in the local economy, means that recruitment to care work can be very challenging. There are significant difficulties encountered in trying to recruit individuals to the support at home service in particular.

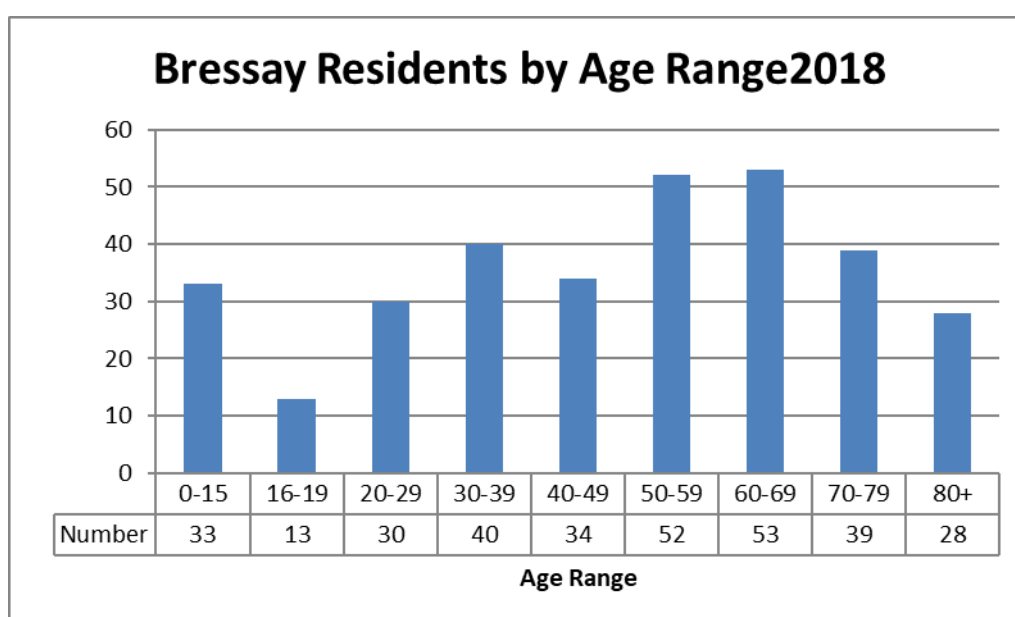
Health and Care Needs Analysis

In 2016 NHS Shetland produced data on the health, care and wellbeing needs of local populations across the seven planning localities. The health needs assessment for Bressay is included in the report for Lerwick and Bressay. The full report can be accessed at

http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/HealthandSocialCareIntegration-LerwickandBressayMASTERV6.pdf

According to GP Registrations in September 2018, Bressay had a population size of 322 individuals, 162 of whom were female and 160 male.

This was distributed across the following age ranges:



With the following being the percentage of individuals in the community aged over 50

Age	%
50+	53.4%
60+	37.3%
70+	20.8%

The Health Needs profile identifies the following points in relation to the health needs of the population registered with the Lerwick Practice, which includes individuals living in Lerwick catchment area as well as on Bressay:

- Below average rate of asthma and an average rate of COPD (Chronic Obstructive Pulmonary Disease), although the COPD rate is lower than a number of other practices in Shetland;
- Average rate of CHD (Coronary Heart Disease);
- Lower rate of Heart Failure;
- Low level of Hypertension (high blood pressure);
- Low level of Obesity and a lower rate of Diabetes than other areas in Shetland;
- Above average rate of severe mental illness;
- Average amount of cancers, but increasing in line with the population living longer;
- Below average rate of Chronic Kidney Disease (CKD);
- Average number of Strokes and Transient Ischaemic Attacks (TIAs).

In terms of actual numbers of individuals living with longterm conditions on Bressay, the following is the health profile

Disease	Patients
Atrial Fibrillation	9
Asthma	22
Cancer	17
CHD	12
CKD	13
COPD	<5
Dementia	<5
Diabetes	26
Epilepsy	<5
Heart Failure	<5
Hypertension	66
Hypothyroidism	20
Mental Health	<5
Peripheral Arterial Disease	<5
Palliative	<5
Rheum Arthritis	5
Stroke TIA	7

NB All numbers less than 5 are expressed as a <5 in order to protect anonymity

Long Term Conditions per Patient

Number of LTCs	Number	% of Population
0	197	61.2%
1	76	23.6%
2	23	7.1%
3	16	5.0%
4	5	1.6%
5	4	1.2%
6	1	0.3%
Total	322	

This table shows that almost two thirds of the Bressay residents have no longterm condition and that just over a fifth of the population has 1 longterm condition. A very small proportion of the islanders, approx. 14%, have 2 or more longterm conditions.

Overall, the population on Bressay is generally healthier than those living in other areas of Shetland.

Service Activity Data

The following information presents an overview of the activity data for Bressay residents across the most regularly used services over the years 2016-2017, 2017-2018, and 2018-2019.

Practice Nursing

Approx 100 Practice Nurse appointments in a 3 month time period i.e. 30 per month.

246 unique patients were identified indicating that over a 2 year period 76% of Bressay residents had an appointment with a Practice Nurse.

Unfortunately, it has not proved possible to establish the number of GP appointments utilised over this time period.

District Nursing

Number of individuals on the District Nursing caseload varies between 6-12 per month.

Out of Hours call outs – whilst variable, the numbers of call outs are very small.

Years	Total call outs
April 2014 – March 2015	2
April 2015 – March 2016	0
April 2016 – March 2017	3
April 2017 – March 2018	4
April 2018 – March 2019	3

Scottish Ambulance Service calls

Years	In Hours (9am -5pm) Emergency	In Hours (9-5) Urgent	In Hours (9-5) Routine	Out of Hours (5pm – 9am) Emergency	Out of Hours (5pm – 9am) Urgent	Total call outs In Hours	Total call outs Out of Hours
1 January 2014 – 31 December 2014	2	1	0	11	3	3	14
1 January 2015 – 31 December 2015	1	1	0	6	2	2	8
1 January 2016 – 31 December 2016	5	2	1	4	2	8	6
1 January 2017 – 31 December 2017	5	2	0	10	8	7	18
1 January 2018 – 31 December 2018	7	0	0	5	3 + 1 ?urgent	7	9
1 January 2019 – 21 March 2019	2	0	0	2	0	2	2

Key to the calls

Emergency - 999 calls

Urgent - GP/nurse calls for transfer to Hospital for admission

Routine – Patient Transport Service (PTS) – generally for clinic attendance

The data illustrates relatively variable, low levels of activity across the service. However, the highest level of calls (both emergency and urgent) are in the out of hours period where transport and ongoing assessment in the hospital environment has been the outcome to meet patients clinical needs. In the future, the number of individuals who are treated by a Paramedic and subsequently remain at home may increase as the role of the Paramedic expands further.

NHS24 calls in the Out of Hours period from Bressay Residents

In the time period October 2017 to March 2019, there was a total of 37 calls to NHS 24 in the out of hours period. The Table below indicates the outcome of the NHS 24 triage process and the final outcome for the person of their call.

Number of calls	Outcome of NHS 24 triage	Final patient outcome
10	NHS 24 Clinical advice only	No further follow up
9	Appointment given at out of hours clinic (GBH)	2 – Dental appts 1 – Admission to Hospital 6 – no further follow up
6	Advised to speak to GP (Call back by GP)	2 – referred to A&E 4 – no further follow up
6	Home Visits	2 – referred to A&E 4 – no further follow up
5	District Nurse call	District Nurse visit
1	CPN Advice given only	Advised to contact own GP

Calls in the out of hours period range between 0 - 5 per month with the most common being 2-4 calls per month. The busiest month was December 2017 with 5 calls and the lowest level of activity was recorded in July 2018 and March 2019 with no calls all month.

Social Care Activity

Community Care Services are provided, in accordance with the eligibility criteria of the legislative framework, to adults who have been assessed by social work staff as having a critical or substantial need. In the past the main focus for the provision of services was in a residential care establishment however the current trend is to develop services to enable older people, including those with complex needs, to remain in their own homes for as long as possible.

Current demand for social care services in Bressay is low. There are just 4 people accessing services but there is capacity for the service to grow, as required.

Public Engagement

Throughout the project all activities have been undertaken jointly under the leadership of the Project Board. This has included the development of information materials for the public regarding available health and care services and how to access these, as well as advice on action to take in an emergency situation eg posters, leaflet.

To support the work of this project the following Public engagement activities have been undertaken:

Public Questionnaire

The project team drafted and issued a questionnaire to all households in Bressay in June 2018. Approx 180 questionnaires were issued, with 74 completed responses received. This gives an overall response rate of 41% which is a very pleasing response from a postal questionnaire. Having such a good response rate means that we have received the comments and suggestions from almost half of the households which increases the validity of the data.

Open Session

As a follow up, to the questionnaire an open session was held in the Bressay Public Hall on Saturday 8 September 2018. This session provided an additional opportunity for islanders to contribute to the information gathering about service provision and the issues they faced in accessing health and care services to meet their needs.

This session was also used as an information sharing event to inform islanders about some of the services offered locally and to help showcase what different services can offer in terms of supporting individuals with health and /or care needs.

The following groups/services were represented.

- Health Improvement
- Mind Your Head
- Red Cross
- Shetland Link Up
- Advocacy Shetland
- Samaritans
- Royal Voluntary Service
- Health and Social Care Partnership services – nursing, pharmacy, general practice, dental, and social care
- Scottish Health Council

Fifty people attended the event which evaluated very positively. The feedback also noted that individuals were pleased to have had the opportunity to speak to staff about the services and support available.

Ketso Session

On 24 September 2018, a small group discussion session was held using the Ketso Toolkit, facilitated by the Local Officer of the Scottish Health Council.

Seventeen participants took part in the group session to explore the topic of 'Caring for Bressay'. The participants included:

- Island residents,
- Bressay Community Council members,
- Community Planning & Development Officer, and
- Elected Council member

Using the Ketso approach, participants were asked to consider the following questions:

- What do you think is important to the Bressay Community?
- What are the current challenges?
- How do we overcome the challenges? What can we do differently?
- Describe your ideal vision for Caring for Bressay?

All ideas received at the workshop were categorised into themes (Branches/Themes) and have been progressed to action plan stage by the Project Team. In no particular order, the themes are:

- Theme 1: NHS24 Services
- Theme 2: Access to Services (in hours)
- Theme 3: Access to Services (out of hours/overnight)
- Theme 4: Lerwick Health Centre
- Theme 5: Transport
- Theme 6: Care services (new theme identified at session)
- Theme 7: Care of the Elderly/Disabled in their homes (new theme identified at session)
- Theme 8: Miscellaneous

All who attended evaluated the session very positively, including those who had been a little uncertain at the start of the event. A report from the session, capturing all views and ideas expressed, has been written up and shared with the participants.

The information gained from all three of these engagement methods has been used to inform the future model of care for the residents of Bressay.

Service Model

In this section the current service model and a proposed future model are outlined.

Current Service Model

Traditionally Bressay has had the same model of service provision as the other Non-Doctor Islands in Shetland, namely a service provided by a resident nurse on a 24/7 basis. This nurse would be the first point of contact for all health care needs on the island, ranging from undertaking health improvement activities, health protection actions eg immunisations, providing longterm condition monitoring and advice, provision of general nursing care including palliative care and providing an emergency response for any accident or emergency situation.

Historically, nurses working on the remote islands held qualifications in nursing, midwifery and occasionally as a Health Visitor too. These nurses were often referred to as double or triple duty nurses depending upon the number of qualifications held. Changes in professional training now means that nurses hold a single professional registration as opposed to 2 or 3.

The resident nurse had a rostered pattern of shift working Monday to Friday 9am to 5pm and then being oncall overnight, every night and from Friday night to Monday morning to cover for emergencies arising at the weekend. It should be noted that there has not been a residential nursing service on Bressay since July 2017.

As explained above, whilst demand can be relatively low in the out of hours period the European Working Time Directive, combined with a number of other personal and professional issues, means that this way of working is no longer sustainable going forward.

Proposed New Service Model

Based on the health and care needs analysis, service demand data and the information gained through the public engagement mechanisms, the following components form a new service Model. The service model is presented in 2 sections – Planned care and Emergency care. A separate commentary is provided regarding out of hours cover.

Planned Care

Access to planned care is from a range of services. These are as follows:

Prevention and Early Intervention – access to health improvement initiatives e.g. counterweight, smoking cessation, as well as exploration of delivery of a range of activities on Bressay to enable individuals to self care and /or support their self management of health conditions;

NHS Inform – Access to health advice and support;

Clinic Facility – Develop a local clinic facility that can be used by a range of visiting professionals. It is hoped that the Clinic facility will be part of the

Speldiburn centre and thus part of the hub at the centre of the community. The Facility can be used as a base for consultations by a range of professionals as well as a location for group work;

Visiting professionals – range of professionals can utilise the clinic facility to minimise travel for routine appointments e.g. blood tests;

Enhance access to care by utilising technology – Broadband links to be installed in clinic facility to support remote consultations with a range of professionals e.g. GPs, ANPs, Allied Health Professionals, Health Improvement etc. Supports access to care without having to travel thus reducing inequalities experienced as a result of having to pay ferry fares to attend health care appointments.

Other developments in technology to support access to healthcare will be implemented as these become available eg ability to book healthcare appointments online.

An appraisal of these component parts against the Institute of Healthcare Quality's 6 Dimensions is shown below:

Options Appraisal of Service Model against Institute of Medicine 6 Dimensions of Healthcare Quality.

Initiative	Safe	Effective	Person-centred	Efficient	Equitable	Timely
	does it provide a safe service?	is it supported by evidence/ known to work?	how does it meet individuals needs?	does it work easily for individuals when needed?	is it available to all or does it disadvantage anyone?	available at a time when access is required?
Planned Care						
Health Improvement – Early Intervention and Prevention	Improved access to support to improve self care/ management	Evidence supports the healthy lifestyles information/ activities	Individuals can access health improvement advice and activities to support their individual needs	Improved health reduces the future demand on health services in the longterm	Access to health improvement advice and activities on Bressay will create an equitable position with other areas	Enhanced access will support early intervention and preventative health measures
NHS Inform – 24 hour access to health advice and support	Care advice as per nationally agreed clinical protocols	Care advice as per nationally agreed clinical protocols	General advice – individual still needs to make personal choice as to whether can follow advice or needs /wants alternative response	Yes – open access on Freephone telephone number	Yes - available to all individuals across Shetland regardless of home location	Online option available as well as telephone support thus open access when wanted

Initiative	Safe	Effective	Person-centred	Efficient	Equitable	Timely
	does it provide a safe service?	is it supported by evidence/known to work?	how does it meet individuals needs?	does it work easily for individuals when needed?	is it available to all or does it disadvantage anyone?	available at a time when access is required?
Planned Care (cont)						
Local Clinic Facility	Clinic facility will be built to current consultation room standards Access to support of other clinicians via telephone/VC	Reduction in travel to Lerwick for routine healthcare tests Reducing inequalities in line with Fairer Scotland policy	Local facility to support delivery of care locally	Supports better use of staff time – minimises travel time Minimises travel time and costs for individuals	All other Non-Doctor Islands already have a clinic facility on the island	Planned healthcare appointments can be scheduled to meet demand
Visiting professionals	Facility equipped to source additional clinical support remotely if required	Care provided by right person, right place, right time	Enhances place of choice for the public	Supports better use of staff time – minimises travel time Minimises travel time and costs for individuals	Other islands have access to services via visiting professionals	Planned healthcare appointments can be scheduled to meet demand

Initiative	Safe	Effective	Person-centred	Efficient	Equitable	Timely
	does it provide a safe service?	is it supported by evidence/known to work?	how does it meet individuals needs?	does it work easily for individuals when needed?	is it available to all or does it disadvantage anyone?	available at a time when access is required?
Planned Care						
Enhance access to care by utilising technology eg Attend Anywhere to support video consultation, online booking of appointments	Technology used to support timely access to healthcare professionals eg GP appt from clinic or home	Better use of individuals and professionals time as clinical time not lost in travelling	Enhanced access at a time and place for the public Increased choice and flexibility in access to professionals	Cost efficient for both professionals and islanders	Attend Anywhere as a concept is being rolled out Shetland wide to support access to services whilst also reducing the requirement to travel for appointments	Increased capacity for appointments should result from minimising wasted time in travelling.

Emergency Care

The service model for Emergency care comprises the following components:

NHS24 111 – Triage system to access health care services in the out of hours period;

First Responders - Community First responders provided through either the Scottish Ambulance Service (SAS) or Scottish Fire and Rescue Services (SFRS). NB There are currently national negotiations regarding the SFRS personnel undertaking the First Responder role in the future;

GP/DN home visiting service – General Practitioners and District Nursing staff provide an oncall service to provide cover for emergencies on a 24/7 basis. Healthcare professionals can call out the ferry service in order to be transported to Bressay to visit patients in the out of hours period;

Referral to Accident and Emergency for urgent care (by GP or Hospital staff) – via NHS24 111 service, individuals requiring to have a consultation with a Doctor may be referred to be seen at the Accident and Emergency Dept, Gilbert Bain Hospital. For those who do not have transport to get them to the Hospital, transport can be arranged via NHS24/Highland Hub, who will also call out the ferry as required;

999 call – Scottish Ambulance Service (SAS) response for all urgent and/or emergency calls.

An appraisal of these component parts against the Institute of Healthcare Quality's 6 Dimensions is shown below:

Options Appraisal of Service Model against Institute of Medicine 6 Dimensions of Healthcare Quality.

Initiative	Safe	Effective	Person-centred	Efficient	Equitable	Timely
	does it provide a safe service?	is it supported by evidence/known to work?	how does it meet individuals needs?	does it work easily for individuals when needed?	is it available to all or does it disadvantage anyone?	available at a time when access is required?
Emergency Care						
NHS24 111 – access to emergency care in the out of hours period	Care advice / direction as per nationally agreed clinical protocols	Care advice / direction as per nationally agreed clinical protocols	Advice and healthcare options provided – individual still needs to make personal choice as to whether can follow advice or needs /wants alternative response	Yes – open access on Freephone telephone number	Yes - available to all individuals across Shetland regardless of home location System used as frontline triage service Shetland wide	Online information option available as well as telephone support thus open access when wanted Telephone triage for access to care in the out of hours period works to standardised response times based on assessed level of clinical priority

Initiative	Safe	Effective	Person-centred	Efficient	Equitable	Timely
	does it provide a safe service?	is it supported by evidence/known to work?	how does it meet individuals needs?	does it work easily for individuals when needed?	is it available to all or does it disadvantage anyone?	available at a time when access is required?
Emergency Care						
First Response – Scottish Ambulance Service or Scottish Fire and Rescue service	Locally based individuals able to provide emergency response for the public when there is an emergency	Utilises staff who have the relevant skills to support an emergency situation in their local communities	Supports local, timely response to any emergency Community Basic Life Support scheme to be implemented first	Makes use of individuals within the community who have the necessary skills to utilise those skills to support their local community.	First Response schemes are already in place on Skerries and Fetlar. Schemes for Fair Isle and Foula are also being discussed	Islanders will be able to provide a timely response for emergency situations whilst awaiting arrival of external support

Initiative	Safe does it provide a safe service?	Effective is it supported by evidence/known to work?	Person-centred how does it meet individuals needs?	Efficient does it work easily for individuals when needed?	Equitable is it available to all or does it disadvantage anyone?	Timely available at a time when access is required?
Emergency Care						
GP/DN home visiting service	Continues service provision as currently	Staff can attend to support healthcare needs in the out of hours period.	Right professional, right skills can attend individuals as their clinical condition warrants by calling out the ferry	Service responding to clinical need is more efficient than a resident service as overall staffing resource can then support care to a greater number of people.	Provides access to care out of hours on an oncall basis the same as the other areas in Shetland	A Home visiting service can meet the service needs within the DN visit timeframe of 4 hours. GP visiting service as per NHS24 triage – may be 1, 2 or 4hr response dependent on clinical need
Referral to Accident and Emergency for urgent care (by GP or Hospital staff)	24 hours care is provided from this setting for all individuals in need of healthcare in the out of hours period	Provides access to emergency care on a 24hour basis Single location for all urgent care in the out of hours period	More service specific than person specific but the person will receive appropriate care once at the hospital	Service responding to clinical need is more efficient than a resident service as overall staffing resource can then support care to a greater number of people.	Access to A&E for urgent care is equitable for all residents of Shetland	Transfer to the Gilbert Bain Hospital is dependent on the time of a ferry call out

Initiative	Safe	Effective	Person-centred	Efficient	Equitable	Timely
	does it provide a safe service?	is it supported by evidence/known to work?	how does it meet individuals needs?	does it work easily for individuals when needed?	is it available to all or does it disadvantage anyone?	available at a time when access is required?
Emergency Care						
Referral to Accident and Emergency for urgent care (by GP or Hospital staff)	24 hours care is provided from this setting for all individuals in need of healthcare in the out of hours period	Provides access to emergency care on a 24hour basis Single location for all urgent care in the out of hours period	More service specific than person specific but the person will receive appropriate care once at the hospital	Service responding to clinical need is more efficient than a resident service as overall staffing resource can then support care to a greater number of people.	Access to A&E for urgent care is equitable for all residents of Shetland	Transfer to the Gilbert Bain Hospital is dependent on the time of a ferry call out
999 call	Access to 999 emergency care is available to Bressay residents	SAS will provide appropriate emergency care to Bressay residents based on their health need	SAS will treat individuals to address their health needs as per their clinical need	SAS response to an emergency call is the correct response for a pre-hospital health care need	Access to 999 for emergency care is equitable for all residents of Shetland but requires ferry call out to travel to /from Bressay	Transfer to the Gilbert Bain Hospital is dependent on the time of a ferry call out

Project Board/ Team

The project Board has comprised the following membership:

- Edna Mary Watson, Chief Nurse (Community)
- Lisa Watt, Service Manager Primary Care
- Adam Czarnobay, Practice Manager (Lerwick Health Centre)
- Vicky Schofield, Advanced Nurse Practitioner designated substitute for Dr D Murphy, Associate Medical Director (Primary Care) / GP rep
- Jaine Best, Executive Manager Community Care resources
- Voluntary/3rd sector rep
- Karen Hannay, Carers rep
- Bressay CC reps – core delegation Mr Christie-Henry, Mrs Gifford, Ms Reid (other members as substitutes if required).
- Pat Christie, Community Planning and Development Officer
- Camille Brizell, Local Officer, Scottish Health Council
- Stephen Leask - Elected member Lerwick North
- Angus Galbraith, Team Leader, Scottish Ambulance Service representative
- Matt Mason / Graham Reid, Scottish Fire and Rescue Services representatives
- Billy Togneri, Clinical Services Manager, NHS24 representative

References

Healthcare Improvement Scotland (2018) Living Well in Communities with Frailty, Evidence of What Works accessed at <https://ihub.scot/improvement-programmes/living-well-in-communities/our-programmes/...>

Integrated Joint Board (IJB) Joint Strategic Commissioning Plan 2019-2022

NHS Shetland (2015) Older People's Health and Wellbeing Strategy

Scottish Government (2009) Improving Outcomes by Shifting the Balance of Care Improvement Framework , accessed at <http://www.shiftingthebalance.scot.nhs.uk/>

World Health Organization (WHO) (2018) Continuity and Co-ordination of Care

1. Rapid Impact Checklist

An Equality and Diversity Impact Assessment Tool:

Which groups of the population do you think will be affected by this proposal?

All residents on the Non-Doctor Island of Bressay have the potential to be affected by this service change proposal. These individuals may be members of any of the groups listed below and thus the Equality and Diversity Impact Tool needs to consider whether there is any disadvantage to any individual/group listed by the proposed changes to service provision on Bressay.

Other groups:

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender people

	N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed	What positive and negative impacts do you think there may be?
		Which groups will be affected by these impacts?
	What impact will the proposal have on lifestyles? For example, will the changes affect: <ul style="list-style-type: none"> • Diet and nutrition 	It is anticipated that the more local provision of health improvement services and activities has the potential to impact positively in encouraging individuals to take up services or gain additional support to address any health challenge that they

<ul style="list-style-type: none"> • Exercise and physical activity • Substance use: tobacco, alcohol and drugs? • Risk taking behaviour? • Education and learning or skills? 	<p>experience. This should help with the promotion of preventative and early intervention work in relation to diet and nutrition, exercise, physical activity, substance use / misuse.</p>
<p>Will the proposal have any impact on the social environment? Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	<p>The proposed new model should impact positively on the social environment by bringing services, including access to healthcare, closer to home by either being physically on the island or utilising technology to support consultations on Bressay, thus reducing costs incurred in attending appointments with services based in Lerwick.</p> <p>Whilst this will not increase individuals income it should decrease their outgoings in terms of costs to access healthcare thus influencing their overall financial position.</p> <p>In terms of social / family support, individuals having a remote VC consultation, using Attend Anywhere, could be supported in that consultation by a family member thus enabling greater engagement of families in the care of their family member.</p>
<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? 	<p>The establishment of a clinic facility on Bressay, with Attend Anywhere capacity, gives the residents the same level of access to services on island as the other Non-Doctor Islands.</p> <p>This will reduce discrimination in that the residents on Bressay will be able to access a range of routine primary healthcare services without paying ferry charges, the same as islanders on Yell, Unst and Whalsay do.</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p>	<p>There will be limited impact on the wider physical environment but the provision of a clinic facility will enable the provision of a healthcare service in a clinical facility appropriately equipped for consultation/ examination as opposed to in an individual's home</p>

<ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>environment which has been the only option on Bressay to date.</p>
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	<p>The proposal should increase access and enhance the overall experience of Bressay residents needing to access health services through the availability of a local healthcare facility whilst also freeing up clinical space/appointments in the Lerwick Health centre for other patients.</p>

Rapid Impact Checklist: Summary Sheet	
Positive Impacts (Note the groups affected) All Bressay residents will have Improved access to health improvement initiatives; Increased local access to healthcare; Dedicated clinic facility; Enhanced level of community resilience through locally based trained first responders for emergency situations; Access to out of hours healthcare via home visiting or emergency response services	Negative Impacts (Note the groups affected) Community concern will remain regarding the loss of a resident nurse, in particular for the out of hours period, but the impact of this should be minimised by the presence of a locally based response service with access to support from relevant mainland based services eg GP, SAS services
Additional Information and Evidence Required	
Recommendations	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not? No negative impacts identified for any equality group and therefore full EQIA process not recommended.	

Completed by Edna Mary Watson, Chief Nurse (Community) on behalf of the 'Caring For Bressay' Project Board
June 2019.

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Caring for Bressay Project

Healthcare for Bressay – Frequently Asked Questions

1) Why is there no resident nurse on Bressay?

Healthcare is changing. This means that, with new ways of doing things and the changing nature of healthcare provision, employing a full time nurse for Bressay is no longer viable or sustainable. See page 3.

2) Will this change the healthcare available to us?

Caring for all the people of Shetland is a priority for Shetland's Health and Care Partnership. We are working with the Bressay community to ensure that everyone can easily access care, as required, and that everyone's health needs are met. This means that some things have to be done differently.

3) What will be different?

Various members of the Multi-disciplinary team e.g. nurse, healthcare support worker, Health Improvement Practitioner will visit Bressay at regular intervals to provide access to a range of services which will provide routine care, and deal with ongoing or new health concerns.

4) What happens in an emergency?

In an emergency the NHS will always respond as quickly as possible to ensure an individual's life is protected.

An emergency protocol is in place. This includes:

NHS24 111 – This enables you to access health care services out of hours.

First Responders - Community first responders, provided through either the Scottish Ambulance Service (SAS) or Scottish Fire and Rescue Services (SFRS), are available to step up. There are currently national negotiations underway so that SFRS personnel can undertake the First Responder role in the future;

GP/DN home visiting service – General Practitioners and District Nursing staff provide an on call service to provide cover for emergencies on a 24/7 basis. Healthcare professionals can call out the ferry service to get to Bressay to visit patients out-of-hours;

Referral to Accident and Emergency for urgent care (by GP or hospital staff) – Via NHS24 (the 111 service) individuals needing a doctor urgently may be referred to the A&E dept at the Gilbert Bain Hospital. For those who do not have transport to get to hospital, transport can be arranged via the NHS24/Highland Hub, who will also call out the ferry as required;

999 call – Scottish Ambulance Service response for all urgent and/or emergency calls.

5) We have no health centre on Bressay, where will patients be seen?

A clinic facility is currently at the design stage and funding has been approved to support this project. This clinic will be built to current national consultation room standards.

6) What is Attend Anywhere?

Attend Anywhere is a video conferencing facility through a safe channel, similar to Facetime or Skype. What it means is you can queue in a virtual waiting room to see a range of professionals . Going forward this technology, combined with other service improvement initiatives, will enhance service provision.



SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Supplementary Information

Concerns were raised throughout this project regarding islanders' ability to access healthcare either in the out of hours period when the ferry is not on shift or when the weather is inclement. The following information is provided to inform islanders as to service options at these times.

Healthcare calls outwith scheduled Ferry timetable (overnight)

Health service personnel can call out the ferry crew in order to either transport a health professional to the individual on Bressay or to support transport of an individual off the island to services in Lerwick. This enables a GP, District Nurse or the Scottish Ambulance Service to be able to support individuals who need care in the out of hours period.

Inclement weather

SIC Ferries have invested additional capabilities in the ferry fleet to increase their ability to work during inclement weather. Ferry crew will always endeavour to provide medical emergency cover during bad weather if possible.

Should weather conditions be outwith the range that the ferry can deal with, it is standard procedure for all ferries during bad weather to contact the Coastguard to inform them of service disruption, where emergency cover cannot be provided.

In these circumstances, access to healthcare for individuals will be secured using either the RNLI Lifeboat or Coastguard Search and Rescue helicopter. Both of these options are tasked by healthcare staff requesting these via the Coastguard control room.

A request to use either of these transport options is likely to result in evacuation from the island in order to ensure that the individual has access to ongoing care should this be required and the inclement weather conditions continue to prevail.

Please turn over

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Ferry Breakdown

SIC Ferries have confirmed that if they experience a breakdown of the ferry on the Lerwick /Bressay route that they would deploy their spare vessel to provide the service. If the spare ferry is unavailable another vessel will be utilised. This would reduce capacity/ frequency somewhere else in the system but maintains a link to Bressay until the Leirna is back in service.



SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Engagement Questionnaire - Caring for Bressay – Engaging Communities in Developing Sustainable Service Models for the Future

The Bressay Community Council and the Shetland Health and Social Care Partnership (H&SCP) have jointly sponsored a project to explore the health and care needs of residents on Bressay, and through working in partnership create a sustainable, affordable, and professionally acceptable service model which meets the health & care needs of islanders both now and in the future.

The engagement document provides an overview of the work carried out by the Project Board. Public feedback is an essential part of the redesign process and thus we are seeking further views/ inviting comments on the proposed future service model.

All comments should be sent to Clinical Governance Support Team, NHS Shetland in the Stamped Addressed Envelope (SAE) provided by date **19 August 2019**.

Questions

- 1. Did the document help you understand the reasons why changes to the health and care service provision for Bressay are needed?**

(Please tick one box)

Yes, fully	
Yes, partly	
No	
Unsure	

Comments:

- 2. Did the document help you understand the proposals for health and care service provision for Bressay residents for the future?**

(Please tick one box)

Yes, fully	
Yes, partly	
No	
Unsure	

Please turn over

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

3. Please tell us what you think about the proposals for health and care service provision for Bressay residents for the future?
(Please tick one box for each option 1 - 9)

Planned Care	Fully support	Partly support	Do not support
1. Use of NHS Inform – 24 hour access to health advice and support			
2. Local Clinic Facility			
3. Visiting professionals			
4. Enhanced access to care by utilising technology eg Attend Anywhere, online booking of appointments			

Emergency Care	Fully support	Partly support	Do not support
5. NHS24 111 – out of hours access to medical care			
6. First Response service – SAS / SFRS			
7. GP/DN home visiting service			
8. Referral to Accident and Emergency for urgent care (by GP or Hospital staff)			
9. 999 call			

Please turn over

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

4. What do you think about the proposed changes as a whole?
(Please tick one box)

Fully support	Partly support	Do not support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have any other suggestions about how we could improve health and care services for Bressay residents??

6. Any other comments, please note these below.

Thank you for completing this evaluation form.



SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Equalities Information

1. About You

This section will help us understand more about the people who have responded to the consultation and help inform if there are any further issues that we need to consider regarding this change. Completion of this section is **OPTIONAL**

Are you answering this survey as a:

	Please tick one box
• Current/recent user of health and care services (within last two years)	
• Family member or carer of the current/recent user of health and care services (within last two years)	
• Member of the public	
• Representative of community group/organisation.	
• Other (please specify)	

2. What age group are you in? (Please tick one box)

Under 18	
18-25	
26-45	
46-65	
Over 65	
Family response	

Please Turn Over

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

3. Which one of the following best describes your gender?

(Please tick one box)

Male	
Female	
Trans person Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.	
Prefer not to say	

4. Do you have a physical or mental health condition or disability that has a substantial effect on your ability to carry out day to day activities and has lasted or is expected to last 12 months or more?

(Please tick one box per category)

	Yes	No	Prefer not to answer
Physical Disability			
Physical impairment			
Long standing illness			
Mental Health condition / disability			
Learning Disability			
Sensory impairment			

Please Turn Over

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

**5. Choose one option from the list below which best describes your ethnic group or background
(Please tick one box)**

White - Scottish	
White - Other British	
White - Irish	
White - Polish	
White - other white ethnic group	
Mixed or Multiple Ethnic Group	
Pakistani	
Indian	
Chinese	
Asian	
African	
Caribbean	
Black	
Other ethnic group	
Prefer not to answer	

**6. To what religion, religious denomination or body do you actively belong?
(Please tick one box)**

(Christianity) - Church of Scotland		Hinduism	
(Christianity) - Roman Catholic		Sikhism	
Christianity (other)		Judaism	
Other faith / belief		Islam	
Buddhism		No religion (none)	
Prefer not to answer			

Thank You for taking the time to complete this information.

Please Turn Over

SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL

Please now place and seal this information in the small plain envelope provided and then send both this information, along with your response to the questionnaire, to the Clinical Governance Support Team, NHS Shetland in the Stamped Addressed Envelope (SAE) provided by **19 August 2019**.



**SHETLAND HEALTH & SOCIAL CARE PARTNERSHIP
IN CONJUNCTION WITH BRESSAY COMMUNITY COUNCIL**

‘Caring for Bressay’

Engaging Communities in Developing Sustainable Service Models for the Future

*Have you received your Engagement document and
questionnaire???*

If not, please contact Maureen Stewart,
Community Nursing Services Co-ordinator on 01595 743339

All completed questionnaires should be returned to the
Clinical Governance Dept, NHS Shetland at Montfield by

Monday 19 August 2019



Engagement Timeline

Dates	Actions
	Issue Ketso report
Week of 8 July 2019	Finalise Engagement document, copy, print, envelope
18 July	Post out Engagement documentation Consultation period 18 July to 19 August
1 August	Open session on Community Council meeting agenda – attendance by EMW, Lisa, Jaine Best, ?Adam, Stephen Leask, Councillor
19 August	End of Engagement period
19 August 2pm	Small group Meeting to review Consultation responses (date will be moved to later in the week – just establishing individuals availability)
Week of 19-23 August	Draft IJB paper
Week of 26 - 30 August	Finalise paper for IJB Group meeting – 28 August 2019 – 11am
2 September	Submit paper for IJB Meeting clearance processes
26 September 2019	IJB Meeting at ?2pm / 3pm
October	Move to Project Group to continue to progress implementation of agreed new model

‘Caring for Bressay’ Communication Plan

Areas/People	Mechanism	Responsibility	Timescale
NHS Board Members	Email & Engagement doc	Corporate comms Carolyn Hand/ Carol Campbell	By 18 July 2019
IJB Members	Email & Engagement doc	Corporate comms	By 18 July 2019
Exec Management Team (NHS)	Email & Engagement doc	EM Watson	By 11 July 2019 (Complete and amendments progressed)
Corporate Management Team (SIC)	Email & Engagement doc ?send to Maggie Sandison, CE (for info) with offer to discuss	EM Watson	By 18 July 2019
H&SCP Management Team	Verbal Update	EM Watson	5 July 2019 Complete
Scottish Government, Tavish Scott, MSP	Email & Engagement doc & invite to discuss if wished	Simon Bokor-Ingram, Interim CE, Jo Robinson, Interim DCH&SC, EM Watson	By 18 July 2019
Elected Members – Lerwick & Bressay	Email and Engagement doc/ send (for info) with offer to discuss	EM Watson	By 18 July 2019
Bressay Community Council	Letter & Engagement doc Email to clerk and cc to Alistair CH	EM Watson	18 July 2019
Ass Community Councils website	Letter & Engagement doc	EM Watson	18 July 2019
Bressay Development Limited	Letter & Engagement doc	EM Watson	18 July 2019
Bressay Community	Letter & Engagement doc	EM Watson	18 July 2019
Public /Patients			
Twitter Feed by Scottish Health		Camille Brizell, Scottish Health	From 18 July 2019

Council (targeted to Bressay)		Council	
SPEN Facebook / discussions page		EM Watson / Harold Massie	
Lerwick Health Centre And LHC Facebook page		EM Watson	By 17 July 2019 / from 18 July 2019
Local Media – Radio Shetland, SIBC, Shet News, Shetland Times	Press Release	Corporate comms Carolyn Hand/ Carol Campbell	18 July 2019
Radio Shetland slot	News item	Corporate comms Carolyn Hand/ Carol Campbell/ Adam Guest	July / August ?contact by 18 July for early recording due to ACH away, ?Stephen Leask
Ferry, School, Spieldiburn Centre	Posters for Display – highlighting consultation	EM Watson	From 18 July 2019
NHS Shetland Website	Engagement doc	Andrew Carlyle	18 July 2019
Cunningsburgh Agricultural Show (targeted at LK HC patients / Bressay residents)			August 2019

BRESSAY COMMUNITY COUNCIL

Minute of Bressay Community Council meeting:

Held on Monday 20 June 2019 in the Bressay Public Hall.

Moved and approved at CC meeting on 01 August 2019

Present:

Alistair Christie-Henry
Shirley Gifford
Sally Christie-Henry
Amanda McCartney
Bryan Law
Alison Reid
Rab Millar
Dee Henderson-Haefner

Ex Officio:

Malcolm Bell
Stephen Leask

In Attendance:

James Shepherd (Clerk)
Michael Duncan (SIC Community Development)
Colin Bragg (SIC Waste Management)
PC Mia MacIntosh, Scottish Police

Also Present:

1 member of the public

Agenda Items

1. Apologies:

John Fraser
Pat Christie (SIC Community Development)
Noel Kelly (BDLtd)

2. Declaration of Interest:

Chairman asked for declaration of interests - none received.

3. Waste Management and Recycling:

Chairman introduced Colin Bragg, Team leader, SIC Waste Management. Colin gave a comprehensive overview of the function of the Waste Management and Recycling service provided by the council. Items discussed ranged from wheelie bins to bottle banks and dog fouling.

Colin also relayed that there were issues as some people were still putting recyclable items into black bags and depositing them in the green and grey bins.

Chairman invited members to put questions to Colin.

In answer to the question on black bags he informed that black bags were still available from the Waste Management service.

More bottle banks could to be provided and the service is reviewing how collection can be done; possibly purchasing a vehicle to be able to uplift the old style bins, which could be repaired and put back into service.

Chairman raised the point that there were issues with dog fouling in certain areas and pointed out that there were presently only 4 litter bins on the island labelled suitable for dog waste. On behalf of the CC he requested that more bins, suitable for dog fouling be positioned on the Island, he offered the assistance of the CC to help locate the bins in the areas best to suit visitors and Community.

In response Colin advised us that there were only 160 litter bins in circulation in the whole of Shetland and that there were costs and implications such as emptying the bins and what would happen if they overflowed.

Chairman thanked Colin for attending.

Members agreed to take the police report as the next item of business so as to free up PC MacIntosh.

PC MacIntosh issued a report from the Chief Inspector and went over key aspects of the information.

Road Safety, in comparison to the previous year.

- Reduced number of RTA fatalities 0 compared with 2 last year.
- Number of people detected for Drink/Drug Driving 28 up 3 from last year.
- Number of people detected for speeding 133 up 36.
- Number of people detected for mobile phone offences 18 up 4.
- Number of people detected for seat belt offences 15 down 4.

Chairman invited members to put questions to PC MacIntosh.

The following items were raised.

- Exiting the ferry to join Commercial Road, visibility when turning right is often obscured by parked cars/vans outside LPA building.
- Speed bumps in Lerwick, particularly the bump immediately to the north of the ferry assembly area makes the road unsafe and accentuates the difficulty in exiting the ferry.
- Procedure on reporting abandoned cars in Bressay.
- Cruise liner visitors at crossings in Lerwick and in general around the harbor area.

Clerk asked if it was possible, in future, to send to him electronic copy of the police report so that he could distribute to members. PC MacIntosh noted all points raised and said she would give it her attention.

Chairman thanked her for her report and she left the meeting at 7.55pm.

4. Minutes of Previous Meeting:

Chairman sought approval of the draft minute of the meeting 16 May 2019, previously circulated to members. The minutes were approved, proposed by Dee and seconded by Shirley.

AP9: Bucks for Bressay Audit: *At this point Chairman agreed to take a question from a member of the public and invited Edwin Gifford to ask his question:*

Edwin asked what procedures are in place to ensure that money distributed by the CC via the Bucks for Bressay Participatory Budget Project were spent in the time frame and on the project advertised through the process And what the CC could do if the money had not been spent or had not been used to further the objectives. He went on to name the group and project that concerned him.

In response the Chairman informed that this had previously been raised under any other business at the last CC meeting and the CC had agreed to send an audit form to all the successful participants to gather information and to assess the worthwhileness of having a similar project in the future. However in light of the inference in the question he suggested that he and another member of the CC meet with the Chairman and Treasurer of the group to ask appropriate questions and seek a written response for the next meeting.

5. Matters arising from previous minutes: (where not on the agenda or concluded).

AP1 Alternative Diesel/Petrol facilities: Community Development apologised for the delay in responding. Members agreed to continue to next CC meeting.

AP2: Roads Survey: Chairman noted that resurfacing works had taken place on the Voehead to Beosetter road, and that there was still a need to conduct the survey. Members noted that the resurfacing works had not been started at Gunnista. Members agreed to continue to the next meeting.

1. Action: Bryan/Rab

AP4: Meeting with Transport Planning: Chairman reported that the meeting had taken place. He suggested that the issues raised should be appended to the minute for a record of the approach. He went on to add that at short notice he had taken Amanda with him and Stephen to assist in record keeping. Amanda went on to give a comprehensive report on the items and issues discussed. Members agreed that the questions and the response should be appended to the minute.

AP6: Investigate merits of 'Investing in Communities' fund: Dee informed the CC that she had been looking for things that could be funded or issues in Bressay that could benefit by funding she was advised by Michael Duncan that his department was willing to assist in this matter. Members agreed to continue to investigate through Dee and Chairman. Chairman invited members to put forward another member to share the workload. Rab volunteered to assist.

2. Action: Dee/ Chairman/Rab

AP8: Investigate grave complaint with Infrastructure Services: Clerk reported that he had raised this with the service concerned. He informed that the response was that the grave in question had subsided and staff would have leveled it up utilising surplus soil from a recent excavation. Unfortunately the dry spell immediately following the work had caused the earth to dry out and shrink. The Team Leader wishes to pass on apologies to anyone affected by this and pointed out that as soon as it was brought to their attention they had repaired the works.

5. External and Members Reports:

5.1 Police Report: As above

5.2 Roads Report: 2 already circulated and posted.

5.3 Members Report: Chairman invited Malcolm and Stephen to update if they had anything specific to pass on to the CC.

Malcolm informed that the ferry funding debate was still ongoing between the SIC and the Scottish Government and Stephen said that he was still dealing with ferry transport problems. Malcolm and Stephen left the meeting at 8.46pm.

6. Bressay Development Ltd: The chairman informed that in conversation Noel could not be present and sent his apologies and had intimated he would send a written report. The clerk indicated that he had not yet received the report.

Dee, the CC representative on the BD Ltd reported that an individual member of the BDL committee was not happy about the lack of grant funding this year for skips by the CC and had challenged the lack of funding and suggested withdrawing any responsibility from monitoring skips in the future.

The CC could only reiterate that the BDA Ltd had been granted funding over the last 5 years and had been advised that this would now stop. CC has pointed out that BDL could source for alternative funding. Michael Duncan, in his role in Community Development, said he could help BDL to source funding if requested to do so.

7. Community Projects:

7.1 Caring for Bressay: Edna Mary Watson, Project lead officer (NHS) had attended a meeting with Bressay Community Council members earlier in the evening and had given an update on where the project is. She presented a controlled draft copy of the report for consideration and discussion. She agreed to take the report back to the next project meeting for tuning and to enable the project team to decide on future dates to bring the project to a conclusion.

7.2 Broadband Service:

No update to report.

7.3 Future of Bressay Church:

No update to report.

7.4 Internal transport pilot:

Chairman suggested that owing to the lack of interest shown in revising transport arrangements by the other party originally involved it now fell on the CC members to go it alone. He added that lack of, or miss direction of internal transport had been pivotal in setting up the BDA and had figured largely in the early consultation to establish goals for the then BDA. He believed that the views and expectations raised at these consultations had not changed and it was incumbent on members to try to meet community expectations.

Members agreed to take ownership and look to augment any working group by inviting delegates as individuals or representatives of interested groups to become involved.

Members agreed that at this stage discussion of all transport issues i.e. ferry service, bus service, taxi service and external links needs to be open for discussion to ascertain the needs of the community.

Chairman confirmed that following prior discussions with Community Development and Transport Planning both Council Services are willing to support the project. Chairman also suggested and members agreed that the refueling facilities (item **AP1** above) should be transferred to be part of the present and future consideration of an Internal Transport Pilot Project.

8. Correspondence:

8.1 Grant/funding applications: None.

8.2 For Consideration:

- Letter from Shetland Community Benefit Fund Ltd. Informing CC that Linda Coutts had stood down as the Bressay Community representative and Director on the fund and invited BCC to nominate a replacement delegate. Chairman Alistair Christie-Henry agreed to represent the BCC and Clerk was instructed to inform the SCBF Ltd of the nomination.

3. Action: Clerk

8.3 For Noting:

- A series of workshops, wellbeing sessions and debates on Leadership taking place over the week of 17 to 20 June.
- Community Council Training Induction course running Saturday 08 June 10.45 to 13.00 at Solarhus.
- Community Council Training, Funding, Project Planning & Participatory budgeting Saturday 29 June 10.45 to 13.00 at Solarhus, 20 spaces available first come first served.
- Community Development funding information, Paths for all, Families and Communities, Nationwide Community Funding.
- VISP Social Enterprise Awards Scotland 2019 Keeping adults and children safe.
- VISP General Newsletter May 2019, Social Enterprise Funding Newsletter May 2019. Keeping adults safe.

9. Financial Report:

Clerk confirmed that the grant of £3000 has been received. And £5802 core funding has been approved

Clerk distributed the financial spreadsheet to all present, which was accepted by members.

10. Any other business:

10.1 Chairman will attend next ASCC meeting.

10.2 As previously discussed by CC, access to the water butt installed at the Gunnista graveyard has been closed off by the Council. A survey of the Mausoleum was to be conducted in March to confirm what if any repairs needed to be done to enable access to be resumed. Clerk was instructed to ask Waste Services for an update. **4. Action: Clerk**

11. Date of Next Meeting:

Members agreed the next meeting to be held on 01 August 2019 in the Bressay Public Hall at 7.15 pm.

There being no further business the chairman closed the meeting at 22.10 and thanked those attending.

Chairman:

Alistair Christie-Henry

Date:

01 August 2019

Appendix A

Meeting with Transport Planning 10 June 2019

BRESSAY COMMUNITY COUNCIL

Transport Challenges Present and Future

1. Ferry Timetable Changes:

- 1.1 Requests to change timetable.
- 1.2 Consultation on proposed changes.
- 1.3 Publication of proposed changes.

2. Present Timetable:

- 2.1 Big thanks for reverting to the request from BCC to establish 16.10/16.20 & 16.30.
- 2.2 Welcome the additional evening ferry and re-arranged TT between 20.00 & 21.30.
- 2.3 Reiterate request to have the 08.10 & 08.20 timetabled M – F year round.

3. Future Timetable:

- 3.1 Reiterate request for pre 07.00 service.
 - Has the initial request been investigated?
 - Impact on Island development and population growth & retention.

4. Shopper Bus & Internal Taxi Service:

- 4.1 Divert bus to Cruister.
- 4.2 Present timetables for both services.
- 4.3 Stats for use of bus.
- 4.4 Stats for use of taxi.

5. Ferry Car Park:

- 5.1 Request to re-draw parking spaces now in its 8th year.
- 5.2 Relocate disabled parking spaces to West side of car park.
- 5.3 Create a disabled pick up and drop off point at ferry ramp/terminal.
- 5.4 Relocate the bottle bank – discussions with Waste Services (Colin Bragg).

6. Internal Transport Pilot:

- 6.1 Reiterate commitment.
- 6.2 Recognise shortcomings and lack of commitment.
- 6.3 Suggest that it becomes a sub group of the CC with adopted community members.
- 6.4 Welcome commitment and contribution from:
 - Transport Development (Robina Barton).
 - Community Development (Pat Christie).

Alistair Christie-Henry
Chairman Bressay Community Council

The remainder of this document does not form part of the public minute

Summary of new and outstanding action

AP1: Roads survey **Action: Bryan/Rab**

AP2: Investigate merit of 'Investing in Communities' fund. **Action: Dee/Chairman/Rab**

AP3: Inform SCBF Ltd, Alistair Christie-Henry as representative. **Action: Clerk**

AP4: Obtain update on access at Gunnista graveyard. . **Action: Clerk**

BRESSAY COMMUNITY COUNCIL

Minute of Bressay Community Council meeting:

Held on Monday 01 August 2019 in the Bressay Public Hall.

Moved and approved at CC meeting on 12 September 2019

Present:

Alistair Christie-Henry
Bryan Law
Alison Reid
Rab Millar
Dee Henderson-Haefner
Shirley Gifford

Ex Officio:

Malcolm Bell
Stephen Leask

Also Present:

Noel Kelly (BDL representative)
Edna Mary Watson (Chief Nursing Officer, NHS Shetland)
Vicky Schofield (Senior Practice Nurse LHC, NHS Shetland)
Lisa Watt (Service Manager Primary Care, NHS Shetland)

In the absence of the Clerk Bryan Law agreed to take a note of the meeting

Agenda Items

1. Apologies:

John Fraser
Sally Christie-Henry
Amanda McCartney
Jim Shepherd (Clerk)

2. Declaration of Interest:

Chairman asked for declaration of interests – Alison Reid any discussion regarding the Bressay Sports Club.

3. Update - Caring for Bressay Project:

Chairman introduced Edna Mary Watson who in turn introduced her colleagues Lisa Watt and Vicky Schofield.

Edna Mary updated the meeting on the “Caring for Bressay” project and circulated up to date documents including a first draft of the report that would ultimately go the Integrated Joint Board (IJB) meeting on 26 September.

Attendees discussed the viability of continuing 24hour clinical care in Bressay.

Members and NHS representatives went on to discuss the aspect of introducing and training first responders and noted that although the ultimate goal was to allocate the First Responder duty to the retained fire fighters this concept was still in negotiation with staff representatives. Members also noted that responders required a 5 day training course.

Chairman invited those present to ask question of the NHS representatives.

Noel asked about progress on creating a surgery and waiting room in the former school, as described in the draft report. Following discussion Chairman suggested that the BDL meet directly with the NHS surveyor to discuss concerns and progress.

Edna Mary thanked CC members for the support, commitment and input in bringing the project to the committee stage.

Malcolm also complimented those involved from the NHS and Community Council for the huge effort and commitment they had shown to date.

4. Minutes of Previous Meeting:

Chairman sought approval of the draft minute of the meeting 20 June 2019, previously circulated to members. The minutes were approved, proposed by Rab and seconded by Alison.

5. Matters arising from previous minutes: (where not on the agenda or concluded).

AP1: Roads Survey: Chairman noted that resurfacing works had taken place on the Voehead to Beosetter road, and that there was still a need to conduct the survey. Members noted that the resurfacing works had not been started at Gunnista. Members agreed to continue to the next meeting.

1. Action: Bryan/Rab

AP2: Investigate merits of 'Investing in Communities' fund: Members noted progress to date, the likely timeframe for future applications and agreed to continue to investigate through Dee, Rab and Chairman.

2. Action: Dee/ Chairman/Rab

AP3: Inform SCBF Ltd, Alistair Christie-Henry as representative: In the absence of the clerk this was continued to next meeting.

3. Action: Clerk

AP4: Obtain update on access at Gunnista graveyard: In the absence of the clerk this was continued to next meeting.

4. Action: Clerk

6. External and Members Reports:

6.1 Police Report: None received.

6.2 Roads Report: 1 already circulated to members but not posted.

6.3 Members Report: Chairman invited Malcolm and Stephen to update if they had anything specific to pass on to the CC.

Malcolm informed that the Council was in recess and additionally that over the election period the council was restricted in the business that they could conduct and in what they could discuss.

Stephen reiterated the restraints imposed on members through the election process. He described a pilot project he was involved in, with the Northmaving CC, concerning diversification of crofting and ventures into the tourist market. He added that he will keep the CC advised on progress

7. Bressay Development Ltd:

Chairman invited Noel to speak to the written update he had provided (attached below Appendix A)

Noel informed that the new part-time Development Worker had interviewed 50 people for a community survey on the future of the school building and was due to report his findings to the next BDL meeting.

Noel went on to comment on the high energy bills for the former school and how BDL hoped to address this through grant assisted alternative energy utility supply.

He went on to comment on the continued success of the Park Run.

Regarding the installation of the Defibrillator Noel noted that the "Memorandum of Understanding" had not yet been signed off. In response Chairman asked if the parties involved had received the amended document he had circulated some time ago; he passed a copy to Noel and circulated copies to CC members for comment.

Members approved the final draft and Noel agreed to the changes suggested by the CC. The Chairman signed the document which Noel retained to obtain the other required signatures.

Chairman queried the survey that the BDL was conducting regarding the future of the former school building. He informed the BDL representative that this was the first he had heard of the survey and invited the other CC members to comment. 5 of the 6 members present remained unaware of the survey. Chairman went on to ask how interviewees had been selected and why the interviews had only involved 50 people.

In response Noel agreed to look into how interviewees had been selected; he went on to inform that because the first 20 or so interviews were broadly similar the surveyor had been instructed to cap the interview at 50.

8. Correspondence:

8.1 Grant/funding applications:

Funding request received from the Bressay History Group to compensate for their participation in the Voar Redd-up.

Members noted that in the past the CC had allocated a sum to be divided among the first 3 applicants. Members agreed to allocate £150 to the first three applicants subject to confirmation from the Shetland Amenity Trust.

8.2 For Consideration:

None

8.3 For Noting:

All pertinent correspondence previously circulated to Members and subsequently noted.

9. Financial Report:

Chairman informed that in the absence of the clerk there was not a regular financial update available. However, Chairman intimated that there were extraordinary financial matters to be discussed that would require the exclusion of the public; he moved that the remainder of this item be concluded after the last item of business.

10. Any other business:

10.1 Dee asked for an update on the request to obtain a copy of the invoice involving the extra payments for on pass to the BDL. Chairman apologized in that the clerk had been asked to pass this on to her but perhaps he had gone on holiday before he had the request. In answer to Noel's question Dee informed that she had been requested by the BDL to obtain a copy for scrutiny. Alison agreed to see if she could obtain a copy from Northwards on behalf of the CC for pass on.

5. Action: Alison

10.2 Shirley asked if there was a response from the query regarding funds advanced to the Sports Club. Chairman informed that he had met with the Chair, Secretary and Treasurer of the Sports Club and had viewed the invoices, receipts and noted how the funds were used, the dates funds were used and listened to an overview of the works carried out. He also noted that works will continue even though the grant had been used. He had asked the Club to respond to the CC in writing giving brief details of the costs, dates and purpose to put on record to the CC how the funds had been spent. He circulated the letter which will be left in the safe keeping of the clerk.

10.3 Noel sought an update on Broadband Community Project that he had agreed to assist with, having noted it was not on the agenda tonight. Chairman in response informed that he had expected the 'Caring for Bressay' update to be fairly lengthy and had shortened the agenda; also with the knowledge that both the members directly involved has intimated their apologies. He informed that it will be back on the next agenda.

11. Date of Next Meeting:

Members agreed the next meeting to be held on 12 September 2019 in the Bressay Public Hall at 7.15 pm.

There being no further public business the chairman closed the meeting at 21.05 and thanked those attending. (meeting continued in private and concluded at 21.25).

Chairman:

Date:

Appendix A

BDL Update to 1st August 2019

Development Officer:

Chris Dyer, BDL Development Officer, will be presenting his findings of the community survey he has carried out at the next BDL Board meeting. This will give the Board an insight as to how the community views the future of the school building.

Community Asset Transfer:

BDL has been working with consultants to update the current Business Plan to show that the Community Hub is sustainable in the near and longer term. The first draft of the business plan has been completed and will be discussed by the BDL Board on the 6th August. Following on from the board meeting and the community survey BDL hope to be in a position to start the formal application of the asset transfer.

Energy Survey:

BDL has received a quotation to install four off Air Source Heat Pumps and BDL is now considering all the options available to replace the existing heating system. Development officer Jackie Jones is looking to identify grant funding that would help BDL carry out the work as it is not sustainable to continue with the present high cost storage heaters.

Defibrillator:

BDL would welcome more feedback from all as to the new location of the defibrillator. The AED Memorandum of understanding still needs to be signed off by all parties. Copy attached.

Park Run:

From the Bressay Parkrun newsletter:

Event no. 77 marked the beginning of a happy partnership between the Lerwick Heath Centre and Bressay parkrun as Adam Czarnobay (Practice Manager) has managed to secure its status as an official 'parkrun GP practice'. It was great to see a high turnout of 71 people and many of them NHS Shetland employees.

Speldiburn Café

The café is now open four days a week for the summer, opening Tuesday, Wednesday, Friday and Saturday.

BDL are happy that the café provide part time work for four employees in the months May to September.

Noel Kelly,
On behalf of BDL.
31st July 2019

The remainder of this document does not form part of the public minute

The following took place in private after members of the public had left the meeting.

Chairman reported that he had received a query from the SIC regarding the CC accounts recently submitted for audit.

He commented that this was regrettable and embarrassing; however, he had been unable to address the questions because he did not have a copy of the accounts in question, and in any case he could not respond without hearing the comments of the Clerk.

Members moved that the Chairman and Vice Chair should discuss with the Clerk and seek an explanation. Chairman noted that there were two members absent and it would only be fair if they were given an opportunity to accompany himself and Bryan when discussing the audit with the Clerk.

Summary of new and outstanding action

- | | |
|---|---------------------------------|
| AP1: Roads survey | Action: Bryan/Rab |
| AP2: Investigate merit of 'Investing in Communities' fund. | Action: Dee/Chairman/Rab |
| AP3: Inform SCBF Ltd, Alistair Christie-Henry as representative. | Action: Clerk |
| AP4: Obtain update on access at Gunnista graveyard. | Action: Clerk |
| AP5: Obtain copy of Northwards invoice and pass to Dee. | Action: Alison |



Engagement Questionnaire - Caring for Bressay Draft Results

Engaging Communities in Developing Sustainable Service Models for the Future

A total of **192** questionnaires were sent out. **52** questionnaires were returned. The rate of return is **27%**.

Q1 - Did the document help you understand the reasons why changes to the health and care service provision for Bressay are needed?

Yes, fully	30	59%
Yes, partly	21	41%
No	0	-
Unsure	0	-
Not answered	1	-

Comments related to Q1	
1	They are not reasons, they are excuses
2	It is sad that Bressay lost its island nurse, but I just bite the bullet and get on with it as I visit Lerwick Health Centre often. Them there are all brilliant. Bless them
3	Didn't understand some of the "Jargon"

Q2. Did the document help you understand the proposals for health and care service provision for Bressay residents for the future?

Yes, fully	30	59%
Yes, partly	21	41%
No	0	-
Unsure	1	2%
Not answered	0	-



Comments related to Q2	
1	Mostly [a specification to an answer of “Yes, partly” to question 2]

Q3. Please, tell us what you think about the proposals for health and care service provision for Bressay residents for the future

	Planned care	Fully support	Partly support	Do not support	Not answered
3.1	Use of NHS inform - 24h access to health advice and support	30 (60%)	16 (32%)	4 (8%)	2
3.2	Local clinic facility	45 (87%)	7 (13%)	0	0
3.3	Visiting professionals	45 (88%)	5 (10%)	1(2%)	1
3.4	Enhanced access to care by utilising technology - (e.g., Attend Anywhere, online booking of appointments)	33 (65%)	15 (29%)	3 (6%)	1

	Emergency care	Fully support	Partly support	Do not support	Not answered
3.5	NHS24 111 – out of hours access to medical care	23 (45%)	24 (47%)	4 (8%)	1
3.6	First Response service – SAS / SFRS	38 (76%)	11 (22%)	1 (2%)	2
3.7	GP/DN home visiting service	47 (92%)	4 (8%)	0	1
3.8	Referral to Accident and Emergency for urgent care (by GP or Hospital staff)	45 (90%)	5 (10%)	0	2
3.9	999 call	44 (96%)	2 (4%)	0	6



Comments related to Q3		
1	Question 3.1	Never heard of it!
2	Question 3.3	Vague proposal
3	Question 3.4	Must recognise not all have Internet to high standard and / or phone signal
4	Question 3.5	With massive reservations as to their efficacy in practice
5	Question 3.5	Currently seems too remote so it takes time to get to local contacts if natural system is busy with non 999 calls
6	Question 3.6	Don't really know what this would be
7	Question 3.6	Limited on Bressay out of Ferry hours
8	Question 3.8	Ferry-dependant as no bridge / link

Q4. What do you think about the proposed changes as a whole?

Fully support	29	57%
Partly support	21	41%
Do not support	1	2%
Not answered	1	-

Q5. Do you have any other suggestions about how we could improve health and care services for Bressay residents?

Comments related to Q5	
5.1	It would be heartening to see this moving forward, please, keep residents informed
5.2	Service that also provides mental health care. No mention of AHP service: physio, occupational therapy, etc.
5.3	Health Visitor could visit playgroup and see all under 3 year olds. Carry out checks



5.4	A weekly doctor / advanced nurse having a surgery in either old school or hall
5.5	Sell the Nurses house at 2, Voeseide and reinvest the money into improved health care for Bressay
5.6	Install at least one more defibrillator on Bressay. Are members of local fire servers volunteers fully trained in emergency response tasks (health tasks), e.g., fetching and employing defibrillator, informing medical services and calling out ferry personnel after hours?
5.7	Home delivery prescription service, especially for elderly and disabled with regular review by health professional
5.8	Collection of prescriptions can be a problem for those with no or limited access to transport. Could this be co-ordinated, either with health professional visits to Bressay, or by a system of volunteers collecting from pharmacies and delivering in Bressay
5.9	Transport within Bressay should be provided to get to clinics or to mainland based services
5.10	When it is necessary for residents to use their vehicles to access health services outside the island there should be a method to reimburse ferry fares. The past, regular visits to health care of the island has been expensive
5.11	Improve access in general and reduce financial [...] to access services with a bridge / [...] link
5.12	Pay ferry fares for residents attending appointments outwith Bressay. Not all the appointments will be available in Bressay and paying to attend medical appointments creates risk of financial deprivation and discriminates against residents
5.13	Fix link to mainland
5.14	Training for NHS 24 operations so they understand the island location and need for a speedy decision
5.15	Make sure residents are kept up to date with how things are going. For those able, see if an online booking system could be made available. Make sure folk know where to get help and correct numbers and times for making appointments in Bressay. Make known to residents who are needing care the options available and the likelihood of being able to still reside in Bressay and get adequate care.
5.16	Bring back a residential nurse
5.17	Resident nurse. Help with ferry fare's for appointments
5.18	The implementation of these proposals should not be delayed. The technology used is most important to assist those who are unable to travel easily and, hopefully, to contact professionals not located on Lerwick, but mainland Scotland



5.19	Having a nurse living on the island would also cater for out of hours emergencies
5.20	DIY booklet, tax or lottery funded focused money specifically for NHS. Less money spend on wars and bombing other countries
5.21	Simple solutions are better than complex multi-factorial actions. The best (simplest) solution is a nurse on the island. One with general experience and sensible approach. Specialization and rigid rules of higher qualification are totally unnecessary in our situation. "If it works, don't meddle" is my approach. You no doubt have gone too far now for such an approach
5.22	Permanent nurse! Sensible appointment system at health centre. Having your own doctor at health centre
5.23	I believe there should be a nurse or a doctor in Bressay, because if they can't get over or call are they going to left for dead
5.24	A resident nurse is needed now
5.25	A nurse based on the island
5.26	Get a resident nurse!!!
5.27	Implement proposed on island clinic + visiting services ASAP! We have not had an on island nurse for 2 years. Alternatives should have been implemented by now. Instead, still filling in surveys and continuing discussions
5.28	Think again and look on proposals from residents' point of view, not financial view
5.28	Other suggestions made at previous meeting appear to be dismissed with no explanation, e.g., extended GP hours access to better suit working people / transport

Q6. Any other comments, please note these below.

Comments related to Q5	
6.1	I think this proposal is the most appropriate and best option for the health care need of Bressay and I commend and congratulate the thoughts and work that went into it
6.2	The clinic would enable those discharged from hospital to receive follow up. Currently, the health Centre pays no attention to letters from the hospital about a discharged patient, not do they pass this information to the District Nursing service. This is a major weakness in care currently
6.3	The addition of a clinic and visiting professionals will make a huge difference to my life as a sole carer who also works full time



6.4	Bring it on, island is ready and waiting
6.5	I fully support provision of a Bressay NHS clinic facility for regular "surgery" appointments and would hope that, when up running it, NHS Shetland would also consider using it for health promotion, well being projects/classes. I still have reservations about night cover, and the advice given by NHS 24, which almost always results in a trip to A&E, often unnecessary. Ferry callouts, finding accommodation in Lerwick, etc., etc. But well done for holding this consultation. a Local clinic can only be positive for the island
6.6	Thank you for involving the community in developing the options. We only got one survey for a household of two. We would both have filled it in
6.7	The online prescription facility is excellent
6.8	It would probably be fine if there was a room in old school. So a nurse could do her work once a week instead of having to travel all over the isle more so in winter. For people needing an injection or blood test. But like I say, Lerwick Health Centre is brilliant. I love them all.
6.9	I worry the "Caring for Bressay" engagement document is far too long and too jargony for a lot of residents in Bressay. But maybe that is intentional...we hope not!
6.10	Page 13 - A little bit misleading! How many health visitors hold a "Single Professional Registration"? Page 21 - Referral to A&E, how many GPs provide urgent care in A&E? Is this a proposal for the future? When did the European Working Time Directive Come into action? Why is this only an issue now?
6.11	How often is local clinic facility to be available? Can we be seen as and when needed, and not in a few weeks time. Does it have to be pre-booked?
6.12	Not enough information provided regarding local clinic about frequency, work / tasks possible, time, etc. It is difficult to give opinion when one is not given all the information required.
6.13	It is not explained why Bressay is different from other non - doctor islands which are much smaller but have a nurse. What has religion question or race got to do with anything? Why ask unless healthcare to be religious or socially based?
6.14	Could this survey be electronic? (I appreciate than some prefer paper). Would save a lot of money producing all this paperwork, posting, etc.
6.15	My husband and myself have many appointments at the Lerwick Health centre which could be dealt with easily by a nurse living on the island
6.16	Still think a resident nurse would reduce time of waiting before getting a doctor's appointment, particularly for blood pressure tests, blood tests and routine checks. Bressay residents discriminated against by paying ferry fares and taxi fares, not all buses tie in with appointment times
6.17	Get us a resident nurse now. The house at 24 Voeseide is empty and could surely be occupied 24/7. Even as with the last nurse who worked at Gilbert Bain she was on the island during the night and the weekends. Some of the population would need a local clinic at least as some do not drive or find travel difficult even with a good ferry timetable. Having been used to a resident nurse, I find travel difficult even in these days of telephone, internet, etc.



6.18	Sell nurses house on Voesome as it has been unoccupied for a long time
6.19	A general concern is the total lack of car parking near ferry at the Lerwick terminal. Other islanders can safely leave their cars if they wish to avoid the expense of ferry fares. This is not a viable option for Bressay residents accessing health care or any other services. Information on health professionals holding clinics need to be distributed to all households plus an estimated time scale for implementation of this service.
6.20	1. See comments above [question 5]. 2. Still dependant on ferry. 3. Changes to Ferry schedule. 4. Currently, expensive car / taxi / ferry fares to access health centre. Appointment can be difficult to get. Costs worse for a) under 60 as foot passengers and b) anyone over 60 who drives, as no discount for older drivers. While an on-island clinic facility [...] the more routine / less urgent, it is still investing in a building rather than the staff! I appreciate the point about nurses being more specialists by their training and so the triple duty nurse is an endangered species.
6.21	I think schools could develop a programme where children learn more about how to survive and look after yourself from an early age, which would possibly prevent problems arising in the future (i.e. drugs: alcohol misuse is costing the country 100000£ a year which could be used elsewhere. This has not changed in 30 years, just got worse)
6.22	SAS / SFRS will be only as good as competency of staff
6.23	Receptionists at the health centre are sometimes a barrier (not their fault) to getting the appropriate help needed. The system is in tablets of stone and patients are required to jump through hoops regardless. The ANP set up is very good. Staff on the whole are brilliant
6.24	This presentation package of recipients will no doubt overwhelm a number of recipients, The case would need to have been more simply presented

Comments received via alternative routes (e.g. email).

Comments	
1	<p>The proposals do not deal with the fundamental issue and that is the lack of a island based nurse. The idea for a clinic is fine although there appear few details as to what that would mean as opposed to suggestions as to what might be available.</p> <p>My parents are both elderly and if NHS Shetland has their way they will, like many who live here, be totally dependent on the weather. I am really disappointed that NHS Shetland has decided that Bressay is just like Gulberwick, missing the importance of half a mile of sea. We do not have a road to the Health Centre of the GBH.</p> <p>None of the above can be any surprise to NHS Shetland as I have been making these points for some years. I am sadly disappointed by this proposal. Bressay people are being treated as second class citizens with primary care</p>



	<p>now based on the weather and the ability of our ferry crew, for whom I have the highest regard.</p> <p>So in summary, I do not accept that these proposals meet the needs of Bressay.</p>
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NB: Please note, any wording that could not be read is indicated by [...], as are comments inserted by the Clinical Governance and Risk Team.

**Compiled
26 August 2019**

Bressay Presentation – Charts and Tables

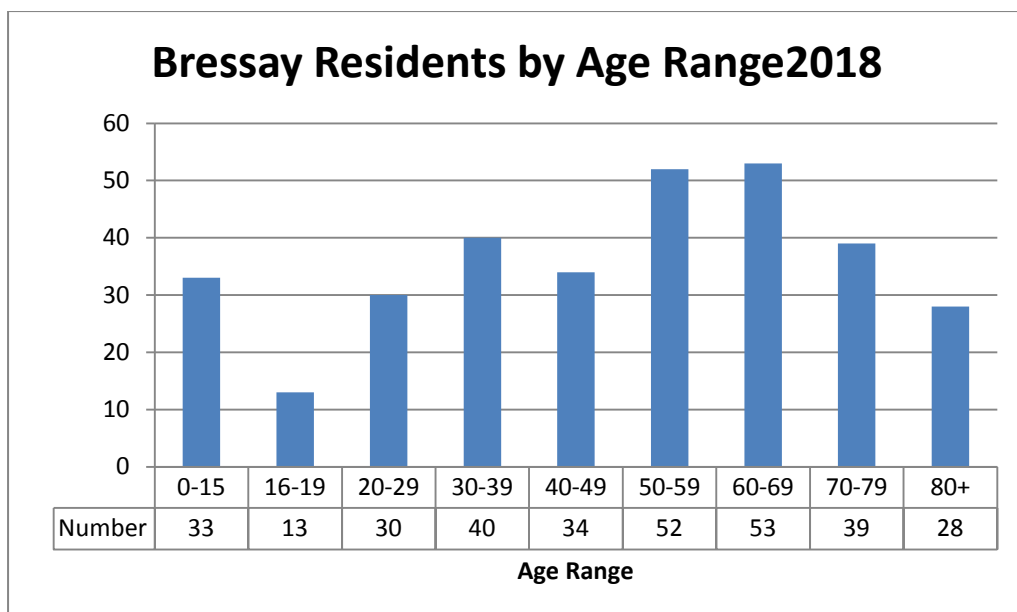
Population at Sep 2018 = 322

Bressay Long Term Conditions

Disease	Patients
Atrial Fib	9
Asthma	22
Cancer	17
CHD	12
CKD	13
COPD	<5
Dementia	<5
Diabetes	26
Epilepsy	<5
Heart Failure	<5
Hypertension	66
Hypothyroidism	20
Mental Health	<5
PAD	<5
Palliative	<5
Rheum Arth	5
Stroke TIA	7

Age Range Count

Age Group	Number	Percentage
0-15	33	10.2%
16-19	13	4.0%
20-29	30	9.3%
30-39	40	12.4%
40-49	34	10.6%
50-59	52	16.1%
60-69	53	16.5%
70-79	39	12.1%
80+	28	8.7%



Age	%
50+	53.4%
60+	37.3%
70+	20.8%

Long Term Conditions per Patient

Number of LTCs	Number	% of Population
0	197	61.2%
1	76	23.6%
2	23	7.1%
3	16	5.0%
4	5	1.6%
5	4	1.2%
6	1	0.3%
Total	322	