Shetland Islands Health and Social Care Partnership

Shetland NHS Board	Shetland Islands Council

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19 November 2019

Dear Member

You are invited to attend the following meeting:

Integration Joint Board
Thursday 28 November 2019 at 2p.m.
Bressay Room, NHS HQ, Montfield, 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

A Welcome and Apologies

B Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.

C Confirm minutes of meeting held on i) 5 September 2019 and ii) 26 September 2019 (enclosed).

ITEM

1. Financial Monitoring Report to 30 September 2019 (Including progress against 2019/20 Recovery Plan)
   CC-52

2. Performance Overview, Quarter 2: July - September 2019 and Performance Directions
   CC-50

3. 2020/21 IJB Budget Progress Report
   CC-51

4. Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan 2020-2023 – Process of Refresh
   CC-49

5. Chief Social Work Officer's Report
   CS-30

6. Palliative and End of Life Care Strategy for Shetland 2019 – 2022
   CC-47

7. Winter Plan for Ensuring Service Sustainability including the Festive Period 2019-20
   CC-53

8. IJB Business Programme 2019 and IJB Action Tracker
   CC-48

Agenda Item

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Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Thursday 5 September 2019 at 2pm** **Council Chamber, Town Hall, Lerwick, Shetland**
Present [Members]	**Voting Members** Natasha Cornick Allison Duncan Jane Haswell Emma Macdonald Robbie McGregor Shona Manson **Non-voting Members** Josephine Robinson, Interim Chief Officer/Interim Director of Community Health and Social Care Jim Guyan, Carers Strategy Group Representative Catherine Hughson, Third Sector Representative Denise Morgan, Interim Chief Social Work Officer Edna Watson, Senior Clinician – Chief Nurse – Community, NHS Pauline Wilson, Senior Clinician: Local Acute Sector, NHS Karl Williamson, Chief Financial Officer
In attendance [Observers/Advisers]	Sheila Duncan, Management Accountant, SIC Caroline Laing, Trainee Solicitor, SIC Peter McDonnell, Executive Manager - Adult Social Work, SIC Jan Riise, Executive Manager - Governance and Law, SIC Hazel Sutherland, Head of Planning and Modernisation, NHS Leisel Malcolmson, Committee Officer, SIC *[note taker]*
Apologies	**Voting Members** None **Non-voting Members** Susanne Gens, Staff Representative, SIC Martha Nicolson, Chief Social Work Officer Ian Sandilands, Staff Representative

	Observers/Advisers None
Chairperson	Natasha Cornick, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.
Minutes of Previous Meetings	The minutes of the meeting held on 14 May 2019 was confirmed on the motion of Mr Duncan, seconded by Ms Manson. The Minutes of the meeting held on 27 June 2019 were confirmed on the motion of Mr Duncan, seconded by Mrs Macdonald.
28/19	**Financial Monitoring Report to 30 June 2019 (Including progress against 2019/20 Recovery Plan)**
Report No. CC-31-19-F	The IJB considered a report by the Chief Financial Officer that presented the Financial Monitoring Report to 30 June 2019, including progress against the 2019/20 Recovery Plan. The Chief Financial Officer introduced the report and provided an update on the report advising on the variances within both organisation, and on progress against the recovery plan at paragraphs 4.7 and 4.10. In addressing the options available in section 1 of the report the Chief Financial Officer advised that option three was the most realistic and that a business case to the NHS for additional one-off funding was required. He said that it was important for improvements to be made for better budget setting in order to avoid the same position being brought before the IJB again next year. During discussions there was a number of questions on the need to improve the budget setting to ensure that the IJB is not in the same position as previous years. The Interim Chief Officer said however that it may be possible to do that this year but there needed to be structure around how that is done. The Interim Chief Officer referred to Pharmacy and the under resourcing of pharmacist as an example where the savings forecast may not be realised. The IJB discussed at length the issues around Pharmacy and the challenges in prescribing, as well as the shortages of some medications, the increased cost of purchasing medicines and the impact that Brexit would have on any savings made going forward to the end of the year. Officers confirmed that innovative solutions were being sought around recruitment but that there was no expectation of stockpiling and no over prescribing was necessary but guidance was being awaited from the Scottish Government. Following the request of an update report to the IJB it was advised that a short term Working Group had indicated there were no concerns going forward and that it was expected that any further reports would be on an exception basis. Advice was extended by

	the Executive Manager – Governance and Law in terms of reporting updates to the IJB and the added pressure to Officers workload this would create. It was suggested that reporting on exceptions meant that Officers had no concerns but that they would report when necessary and where possible the use of briefings would allow Officers to keep members updated without delay. He added that the use of seminars would allow the IJB focussed discussion as required, and it was important not to deflect staff from their work to report when there are no matters of concern. In responding to a question on any increases to medication prices assurance was given that there were groups currently discussing these matters and after hearing more detail in this area, the IJB accepted that there was sufficient detail provided here therefore no further briefing was required. During discussion around Self Directed Support costs it was suggested that a case could be made to ask the Scottish Government for more funding. It was noted that the service is tied into the whole redesign process to enable individuals to hold their personal budget. The IJB were advised that the redesign was part of ongoing work. Caution was expressed in regard to asking for more funding from the Scottish Government as Shetland is no different from any other Local Authority area with the same issues. The Interim Chief Officer said that there is a current state of imbalance with dependency on traditional services and the position will not improve until the balance is changed. In responding to a question on whether more staff were required to accelerate the recovery plan the IJB were advised that one shortfall is in Pharmacy and therefore more resources may be needed. The Chief Financial Officer said that more Primary Care funding will be available in 2020/21 and that more of it could be directed towards Pharmacy during the budget setting process. He further explained that the costs in terms of Locums was being addressed through a GP hub where a bank of Salaried staff would work for short term periods providing better value for money. The Interim Chief Officer added that the “Rediscover the Joy” initiative was paying off and that the Primary Care Redesign, in conjunction with GP contracts would be reported on, later in the year. The Chair noted however that whilst there was pressure in terms of Locum costs she highlighted that there are overspending in areas where there are GPs in substantive posts. She said that there has to be smarter budgeting and where there is a Service Level Agreement there has to be a budget for it otherwise it is likely to fail from the beginning. During further discussion it was suggested that too much focus is put on spending rather than ways of working differently and the use of locums out of hours was given as an example where doing something different is necessary. The need for Doctor out of hours is still there but the question is how that can be delivered differently.

	Reference was made to the UK Governments additional funding for Health and Social Care of £1.2bn for Scotland. The IJB heard however that it was too early to report on how that may affect Shetland, but the IJB will be informed as information becomes available. In summarising the discussion the Chair said that the recovery plan is doing as good as it can and one off savings are happening therefore submitting more reports was not a wise move. Mrs Cornick moved that the IJB approve recommendation 1.2 bullet point 2. Mrs Macdonald seconded.
Decision	The IJB INSTRUCTED the Chief Officer and Chief Financial Officer to begin preparing business cases to SIC and NHSS to request additional funding to cover the projected year-end financial variance.
29/19	**Performance Overview, Quarter 1: April - June 2019 and Performance Directions**
Report No. CC-32-19-F	The IJB considered a report by the Interim Director of Community Health and Social Care / IJB Chief Officer and Head of Planning and Modernisation, NHS Shetland that presented an overview of progress towards delivering on the Strategic Plan. In response to a question the Senior Clinician – Chief Nurse provided an update on Community Nursing at Appendix 2.6 and explained that generally there had been no reduction in nursing budget for the establishment, however there are gaps in general practice nursing in some areas such as Scalloway, Brae and Unst. She went onto explain that interviews were scheduled but there had been some use of other staff, to help support those areas, as well as from the travel health service. In response to a request the Interim Chief Officer confirmed that the IJB would be advised of the timeline for work highlighted in regard to Unpaid Carers. In regard to data management and data collection it was noted that this is done by different people during carers assessments. It was acknowledged that this was being considered and in terms of outstanding assessments the IJB were advised that there are pressure points but these will be alleviated in the next two months as more staff come in. In terms of the sickness statistics Officers were asked if anything was being done differently to achieve the improvements seen. The Interim Chief Officer advised that staff continue to work within existing policies to support staff back to work. A typographical error was noted at Appendix 1-D at CN001 Anticipatory Care Plans in Place which is to be corrected for future reporting.

	A question was asked in regard to the minimum age of individuals accessing the Substance Misuse Recovery Service and in the absence of a clear answer the IJB were advised to refer to a briefing provided by Health Improvements earlier in the year. The IJB was reminded that Members were welcome to approach services directly out with the IJB meetings on specific questions. Reference was made to the meals-on-wheels service being provided in house and it was noted that as well as saving money there was benefit from the social interaction received from staff which means that better quality of care is being provided. The Vice-Chair paid tribute to the work of the Citizens Advice Bureau in terms of funding they successfully sourced as well as their work performance. Mr McGregor declared an interest for his community role in pharmacy and asked whether "Community Pharmacy First", had been rolled out to all areas. The Interim Chief Officer said that she would take that comment back to the Director of Pharmacy. Following further questions on a number of subjects, it was agreed that the Risk Register Review and Poly Pharmacy update would be provided in seminars, and that the Falls Prevention update would be provided either in a Seminar, if required, or through performance reporting considering other ways of demonstrating success.
Decision	The NOTED the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2019-2022.
30/19	**Review of Shetland Islands Health and Social Care Partnership Integration Scheme**
Report No. CC-36-19-F	The IJB considered a report by the Christine Ferguson, Director of Corporate Services, Shetland Islands Council, Jo Robinson, Interim Chief Officer IJB and Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland that presented the approach to the Review of the Shetland Islands Health and Social Care Partnership Integration Scheme. The Head of Planning and Modernisation introduced the report and advised that this and the following item on the agenda were closely linked. She advised that the report set out the history of the document and explained the process in terms of options appraisal, assessment and proposals. Reference was made to paragraph 2.11, Unscheduled Care and it was explained that set aside arrangements were being considered and the IJB were advised that the view was taken that the complexities in this area were worth drawing out. The Head of Planning and Modernisation said that Officers were at the start of the review process so there was no detail yet but the process would be as open and as wide as possible. She

	said it was important to ask people what matters to them rather than what is the matter with them. During discussions the need for engagement to be open, transparent was noted and that people need to understand what the IJB's role is before asking them for their input. Reassurance was provided that this would be done in tandem and that creative ways of working was needed in order to make as strong a contribution as possible. It was noted that there was a lot of work going on across care and health in supporting lifestyle choice. The IJB were advised that there are a number of free video links that could be used to inform the public on the IJB's role. In response to a question on whether the Third Sector is to be included on the Liaison Group or consulted as a Stakeholder, the Head of Planning and Modernisation said that she would pass that comment on to the next meeting of the Liaison Group for their consideration. The Head of Planning and Modernisation also confirmed she is involved in the National Support groups for IJBs so there is good communication with the IJBs in other areas. The IJB noted that this report would be presented to the NHS and the Council's Policy and Resources committee for approval.
Decision	The IJB NOTED the information in this report and appendices, and that IJB members, individually or through their nominated organisations, will be invited to participate in the review process.
31/19	**Integration Self Evaluation Development Plan**
Report No. CC-34-19-F	The IJB considered a report by the Christine Ferguson, Director of Corporate Services, Shetland Islands Council, Jo Robinson, Interim Chief Officer IJB and Hazel Sutherland, Head of Planning and Modernisation, NHS Shetland that presented the Integration Self Evaluation Development Plan. The Head of Planning and Modernisation introduced the report and explained the process undertaken in producing the Development Plan and it was noted that a sixteen month time period was agreed to move to established practices in the IJB. The Head of Planning and Modernisation advised that the review of the Strategic Plan would be presented next cycle. (Dr Wilson left the meeting) During discussion, a request was made that, in addition, the Action Plan needs to be strengthened under the "Meaningful and sustained Engagement" Area in particular to ensure that additional

	service user / patient information training is embedded into the plan and that this should be done with partners. Ms Manson moved that the IJB approve the recommendations contained in the report. In seconding Ms Haswell noted the additions mentioned during the discussion and seconded the motion.
Decision	The IJB, AGREED the Development Plan in response to the Self Evaluation on Integration, as set out in Appendix 1.
32/19	**Shetland local partnership report on the 'Thematic review of self-directed support in Scotland'**
Report No. CC-33-19-F	The IJB considered a report by the Executive Manager, Adult Social Work, SIC, that presented the outcome of the thematic review of self-directed support in Scotland. The Executive Manager, Adult Social Work introduced the report and summarised the content therein. He advised that Service was rated satisfactory which means good, with improvements identified. He said that this was largely a positive report with clear evidence that investment in training staff in Shetland in the last four years has paid off, and there was now a good foundation to work from. Congratulations were extended to all those who contributed to this work and it was noted that this process was the way of the future. During questions reference was made to the action plan, workforce development and training that was being undertaken and in responding to a question the Executive Manager, Adult Social Work, confirmed there was a transition project and a transition working group, which included colleagues from Education, Children's and Social, Adult Services, and Adult and Child Health. The IJB noted that much had happened since the last report in April. The Executive Manager, Adult Social Work said that the Self-directed Support Programme Board is cross sectoral and will hold Officers to account to progress the action plan, as will the IJB. Mr McGregor moved that the IJB approve the recommendations contained in the report, seconded by Ms Manson.
Decision	The IJB APPROVED the Action Plan, attached as Appendix A, accepting that the improvements described therein will address the issues raised by the Care Inspectorate review of Self Directed Support (SDS) in Shetland.

33/19	IJB Business Programme 2019 and IJB Action Tracker
Report No. CC-35-19-F	The IJB considered and approved a report by the IJB Chief Officer that presented the business planned for the financial year to 31 March 2020 and which sought a review of the IJB Action Tracker. The IJB agreed that a wider update on infection control, particularly in care centres, would be discussed within a seminar with focus on public awareness. Action Tracker. 1.Primary Care Improvement Update – Training issues to remain on tracker. 2. To remain. 3. To remain. 4. Remove. 5. Remove. 6. Remove. Consider changing seminar dates as all dates clash with the Chief Social Work Officer Group meetings.
Decision	The IJB APPROVED its business planned for the financial year to 31 March 2020 (Appendix 1) and REVIEWED the IJB Action Tracker (Appendix 2).

The meeting concluded at 3.40pm.

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Chair

Agenda Item

Cii

Shetland Islands Council

MINUTES – PUBLIC

Meeting	**Integration Joint Board (IJB)**
Date, Time and Place	**Thursday 26 September 2019 at 3pm** **Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland**
Present [Members]	**Voting Members** Simon Bokor-Ingram [Substitute for Shona Manson] Natasha Cornick Allison Duncan Jane Haswell Emma Macdonald Robbie McGregor **Non-voting Members** Josephine Robinson, Interim Chief Officer/Interim Director of Community Health and Social Care Jim Guyan, Carers Strategy Group Representative Catherine Hughson, Third Sector Representative Denise Morgan, Interim Chief Social Work Officer Edna Watson, Senior Clinician – Chief Nurse – Community, NHS Karl Williamson, Chief Financial Officer Ian Sandilands, Staff Representative
In attendance [Observers/Advisers]	Sheila Duncan, Management Accountant, SIC Caroline Laing, Trainee Solicitor, SIC Carol Anderson, Senior Communications Officer, SIC Leisel Malcolmson, Committee Officer, SIC *[note taker]*
Apologies	**Voting Members** None **Non-voting Members** Susanne Gens, Staff Representative, SIC Pauline Wilson, Senior Clinician: Local Acute Sector, NHS **Observers/Advisers** Gary Robinson, Chairman of the NHS Board

Also in attendance	Karlyn Watt, Deloitte LLP Stephen Leask, Councillor on Bressay Community Council & "Caring For Bressay" Project Team
Chairperson	Natasha Cornick, Chair of the Integration Joint Board, presided. The Chair advised that there would be workshops held on Community Led Support in Lerwick, Scalloway and Brae and said that she hoped that those present could attend.
Declarations of Interest	Ms Watson declared an interest in item 3 "Caring for Bressay - Engaging Communities in Developing Sustainable Models for the Future", as the author of the report.
34/19	**Annual Audit Report 2018/19**
Report No. CC-38-19-F	The IJB considered a report by the Chief Financial Officer that presented Deloitte's Annual Audit Report on the 2018/19 Audit. The Chief Financial Officer introduced Karlyn Watt from Deloitte LLP, and advised that she would introduce her report at Appendix 1. In introducing the audit report Ms Watt covered two main areas in the Appendix, namely, Financial Statements and the four Audit dimensions. She advised that the figures were the same as presented in June and that no issues had been identified, and that the Action Plan presented in June 2019 would be followed up in the 2019/20 Audit Report. At the invitation of the Chair, the Chair of the IJB Audit Committee advised the IJB Audit Committee had discussed the level of challenge in terms of the financial savings targets. Further comment was added on the potential difficulties following Brexit and service driven demand it was difficult to see how reductions could be achieved. The Chair of the Audit Committee added that she believed it was the responsibility of the IJB to get behind the changes needed and that there was a need to make transformational change and to think ahead.
Decision	The IJB NOTED Deloitte's Annual Audit Report on the 2018/19 Audit.
35/19	**Final Audited Accounts 2018/19**
Report No. CC-37-19-F	The IJB considered a report by the Chief Financial Officer that presented the Audited Annual Accounts for 2018/19 for approval and signature. The Chief Financial Officer introduced the report and advised that the final accounts had already been considered by the IJB Audit

	Committee for recommendation to the IJB. He reminded Members of the financial position as set out in the table on page 8 of Appendix 1, and the overspend highlighted in row 6 that required additional one off payments from the SIC and NHS. The Chief Financial Officer referenced the £541k surplus and reiterated the need for redesign. He concluded by stating that the IJB ended the year with a general reserve balance of £905k of which £474k was earmarked for specific purposes. He added that subject to approval, the Accounts would be signed and published by the end of October 2019. At the invitation of the Chair, the Chair of the IJB Audit Committee confirmed that Members had been happy to recommend the Accounts to the IJB for approval. During questions, the Interim Chief Officer confirmed that the agency staff costs were as a result of sourcing locums from the mainland and included pay and accommodation. The IJB were also advised that should spare capacity become available in one area, staff would be moved around to cover in another if required, but that in practice there was rarely spare capacity. The Interim Chief Officer assured the IJB that the priority is always to use local resources before external resources. In response to further questions, the Interim Chief Officer confirmed that an update on the Community Care spend to save projects would be provided in either November 2019 or February 2020. The Chief Financial Officer was also asked a question to which he directed the IJB to a breakdown provided on page 48 that showed the specific funding allocations that were unspent at year end and carried forward in an earmarked reserve. These allocations had been paid to NHS Shetland but were passed to the IJB at year end so they could be retained in the IJB reserve. Historically NHS Shetland may have had to return these unspent allocations to the Government. Ms Haswell moved that the IJB approve the recommendations contained in the report, seconded by Mrs Macdonald.
Decision	The IJB RESOLVED to: • APPROVE the audited Annual Accounts for 2018/19 for signature (Appendix 1); • NOTE the Management Representation Letter for signature (Appendix 2).
36/19	**Caring for Bressay - Engaging Communities in Developing Sustainable Models for the Future**

Report No. **CC-41-19-F**	The IJB considered a report by the Chief Nurse (Community)/ Project Lead that presented enhancements to the current service model for Bressay and put forward the model as having the potential to be relevant to the redesign of services in other communities across Shetland. The Chief Nurse (Community)/ Project Lead introduced the report and provided a comprehensive overview of the work undertaken jointly by the Bressay Community Council, and the Chief Nurse (Community), Shetland Health and Social Care Partnership through the interagency Project Team that had been formed. She highlighted the significant engagement with the community through questionnaires, open discussion sessions and further opportunities that were attended by a range of service providers to engage with the public and she informed that the Ketso consultation process had been used. In terms of the consultation responses received, 50% of people fully supported the model and 44% partially supported it. It was seen that a 98% return was significant. The Chief Nurse also commented on the first response needed to enhance the service and she advised that although not concluded nationally yet, there had been discussion around the Scottish Fire and Rescue Service taking over this role. She advised of a space identified as suitable for a clinic which she said had architect drawings produced and the NHS had identified capital budget for the work required. The Chief Nurse added that there had been a significant piece of work reflecting on lessons learned from the process and said that some practical elements could have been done better. She gave the inequalities data gathering, as an example of a lesson learned, and advised that the data gathered would not be shared. Another point would be to invite service providers to the open sessions. For a point of clarity, it was noted the heading at Appendix 9 should no longer read “Draft Results” as this was now the final version with all responses up to 21 August included. At the invitation of the Chair, Mr Stephen Leask, member of the Bressay Community Council was invited to speak of his involvement on the Project Team, in the absence of the Chair of the Bressay Community Council. The IJB heard how this project had been a collaborative effort and Mr Leask explained how useful the Ketso sessions had been and reported that through discussion the people involved had developed a pragmatic list of sustainable service needs. Mr Leask said that should the project not be progressed such a failure would have reputational damage for the NHS, IJB and the Council. He said that what has been presented is services that stack up for the Bressay Community and can be given to the community. He said that the model is both achievable and possible to provide and not to progress would be a serious failure.

	During questions the Chief Nurse was asked if the process had been expected to take as long as it had, having started in 2017, and whether lessons had been learned in terms of how to speed up the process. It was suggested that in supporting transformational change this would be useful to inform other rural communities who may feel that they are more remote than Bressay. The Chief Nurse explained that the process does take time because it is about building relationships with the community and sharing information so that everyone is on board. She gave an example within the Bressay project where professionals learned to use less jargon which made discussions. This had helped to get to a place of trust where the professionals are not seen as making the decision was very important. The Chief Nurse added that everyone involved felt equal and able to ask questions and get answers. In terms of timescale for future work, she said that the process should move faster with the Bressay model in place. Mr Leask added that this project came from a standing start and although some felt it did not progress quickly it had to be done properly with the right expertise in place. The Chief Nurse advised that there was already a plan to do similar work in Yell there is already a location for a clinic and the questionnaires have been done. She added that although each area has specific requirements the Bressay model has the component parts that can work anywhere in Shetland. Members spoke in support of taking the time needed to make sure of the right outcome, but acknowledged that in future the process should be undertaken in a shorter timescale. Throughout the discussion there was much praise and thanks expressed to those involved with special mention to Mr Henderson, Chair of the Bressay Community Council and Mr Christie-Henry of the Project Team. She confirmed that the Bressay Community Council and the Project Team was open and happy for Yell to attend a Project Team Meeting to see how it works and that the Project Team would be happy to assist in any way to help in other areas. During further discussion, the Chief Nurse said she was unaware of any other Island Group having done anything to this level but they would face the same challenges as in Bressay. She confirmed that the Director of Pharmacy had asked if would consider sharing this model with other areas outwith Shetland but that had not happened to date. She also responded to a query regarding the Bressay Nurses House and advised that any rental or capital disposal would rest with the NHS as the property forms part of their capital assets. In terms of the building identified for a Bressay Clinic, the Chief Nurse advised that the property belongs to the Local Authority and there had been discussions between SIC and NHS Estates Management. She said that the identified building was their preferred option but a financial agreement is needed. The Chair said that a further update would be required before the project went

	live. The Chief Nurse confirmed that approval today was for the model and she would bring a further report with the location secured. Further comment was made on the excellent work of the team. It was noted that other local authority areas, where engagement has not been successful, the Scottish Government has "called in" the decision making process. In such circumstances, external reviews had been carried out with models of care being imposed upon them. In discussing inequalities, it was noted that the Bressay model is trying to counteract inequalities in society and is an example of a better approach in that area. The Chief Nurse was asked whether there was enough funding to see the project through. She advised that the only spend would be the creation of the clinic, with all the other activities about doing things differently. The Chief Financial Officer added that £20k had been approved by the NHS Shetland Capital Management Group. In terms of first responders, the point was made that this could be volunteers from outwith the emergency services and it was suggested that this should be made clear in the model document. In responding to a further question, the Chief Nurse confirmed that the Clinic would have a booking system that would allow other services to use the facilities, such as the Citizen's Advice Bureau, but its primary function would be as a clinical facility. In terms of transformational change the Chief Officer was asked if there would be enough staff free to do the work required at pace. The Chief Officer confirmed that her priority was to ensure staff are available as this was the only way to move matters forward. The Chair echoed the positive comments during the discussion and extended her congratulations for the first class piece of work. She said that this was a great way to engage and asked whether the stakeholder engagement policy should be updated. The Chief Officer said that this model would be used as an exemplar and the policy would be updated. The Chair said that the thoroughness of the paper had given a real look at how the project had developed into this excellent support for the community. In responding to the Chair's question the Chief Nurse confirmed that the Community Nursing Directions do cover this process. Mr Duncan moved that the IJB approve the recommendations contained in the report, seconded by Ms Haswell. Upon request, the Chair confirmed that the requirement for a further report mentioned earlier, did not need to form part of the decision but would be recorded as an action point.

	On behalf of the Bressay Community Council and the Community, Mr Leask thanked the IJB for its decision.
Decision	The IJB: • CONSIDERED AND COMMENTED 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. • APPROVED the enhancements to the current service model for Bressay and noted 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. • RECOGNISED the key components identified in this model as having the potential to be relevant to the redesign of services in other communities across Shetland. • CONSIDERED AND COMMENTED 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.

The meeting concluded at 4.10pm.

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Chair

↑Shetland Islands Health and Social Care Partnership

Agenda Item

1

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	28 November 2019
Report Title:	Financial Monitoring Report to 30 September 2019 (Including progress against 2019/20 Recovery Plan)	
Reference Number:	CC-52-19-F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 That the IJB NOTES the 2019/20 Management Accounts for the period to 30 September 2019 and the progress to date against the 2019/20 Recovery Plan.

2.0 High Level Summary:

2.1 The current projected outturn to the end of March 2020 for the functions delegated to the IJB is an overall adverse variance of £2.581m which represents an under spend in the Shetland Island Council's (SIC) arm of the budget of £0.171m and an over spend in NHS Shetland's (NHSS) arm of £2.752m.

2.2 The projected outturn consists of an over spend of £1.972m against delegated functions plus an underachievement against the Recovery Plan of £0.609m.

2.3 The current projections do not include the provision of contingency budgets held by SIC (£0.386m) and NHSS (£0.800m) which were set aside in respect of cost pressures which were less certain when their respective 2019/20 budgets were set. Contingency budgets will be applied should these cost pressures manifest during the year and either, or both Parties, be unable to fund the cost from within their delegated budgets.

2.4 The current financial projection is not sustainable and is outwith the parameters of the Medium Term Financial Plan. The IJB Medium Term Financial Plan is currently being updated to reflect latest information and will be completed by the end of March 2020.

2.5 Should the SIC delivered services require further funding in addition to the core budget and contingency budget available, the Chief Officer and Chief Financial Officer will have to prepare a Business Case, as per the IJB Financial Regulations, requesting further funds from the SIC. This request will have to be considered by SIC Policy and Resources Committee. Projections at this stage of the year do not suggest this will be necessary.

2.6 At the request of the IJB following the meeting of 05 September 2019 (Min. Ref.

28/19) The Chief Financial Officer has prepared a Business Case, as per the IJB Financial Regulations, requesting further funds from NHSS. This Business Case has been reviewed by the Local Partnership Finance Team (LPFT) and will be presented to the NHS Shetland Executive Management Team (EMT) for consideration on 12 December 2019.

3.0 Corporate Priorities and Joint Working:

3.1 The IJB's vision, aims and strategic objectives are set out in the Integration Scheme and the Strategic Plan 2019-22.

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

4.0 Key Issues:

Background

4.1 The 2019/20 Integration Joint Board (IJB) budget was approved at the meeting of 13 March 2019 (Min. Ref. 09/19).

4.2 The 2019/20 IJB budget was then amended at the meeting of 14 May 2019 (Min. Ref. 17/19). The amendment was in relation to the Recovery Plan which was reduced following the NHS Board meeting of 16 April 2019.

4.3 This report represents the Management Accounts as at the end of the second quarter of the 2019/20 financial year.

Financial Position

4.4 The Management Accounts for the period ended 30 September 2019 have been compiled following financial analysis and budget monitoring at SIC and NHSS.

4.5 Appendix 1 details the consolidated year-end outturn forecast for the services delegated to the IJB. Current projected outturn to the end of March 2020 is an adverse variance of £2.581m.

4.6 Although there is a significant overspend projected at this stage the final outturn position of the IJB, as a separate legal entity, is still expected to be breakeven based on an anticipated additional one off payment from NHSS.

Significant variances, greater than £0.050m, explained below.

Mental Health – projected outturn overspend of (£0.276m), (12%)

4.7 Consultant Mental Health Locum commitment plus flights and accommodation to the end of March 2019 (£0.416m), offset with vacancies across the service £0.088m.

Primary Care – projected outturn overspend of (£0.772m) (16%)

4.8 Yell, (£0.058m) due to continued locum requirement to December 2019. Whalsay (£0.087m) due to cost of current SLA and locum cover. Unst, (£0.088m) due to continued locum requirement. Brae, (£0.101m) due to continued locum requirement for the remainder of the year. Scalloway, (£0.229m) due to (£0.212m) funding gap for TUPE plus (£0.017m) on locums. Bixter, (£0.124m) due to

(£0.061m) funding gap on TUPE staff plus (£0.063m) on locums. Walls, (£0.130m) due to (£0.071m) funding gap plus (£0.053m) on locums. These forecasts may reduce as the 'GP Joy' initiative continues to prove successful. GPs working through this route are replacing expensive locums and therefore improving our financial projections. Recruitment is also ongoing across the substantive vacancies and there are currently two preferred candidates as at August 2019.

Community Nursing – projected outturn overspend of (£0.205m), (7%)

4.9 Staffing changes in Unst has resulted in agency cover being required up to the end of March 2020.

Adult Social Work – projected outturn overspend of (£0.555m), (21%)

4.10 The projected overspend is mainly due to an increase in the value and number of Self-Directed Support packages in the year.

Community Care Resources – projected outturn under spend £0.618m, 5%

4.11 The projected under spend is mainly due to estimated overachievement of charging income for board and accommodation, £0.873m. Income can vary significantly depending on the financial circumstances of those receiving care. There is also anticipated under spend in employee costs due to vacant posts across the service, £0.280m, as a result of difficulties in recruitment and retention and reduced bed capacity at Isleshavn. This is off-set by projected overspend on agency staff of £0.625m, required due to vacant posts and long-term sickness in areas of the services.

Unscheduled Care – projected outturn overspend (£0.997m), (32%)

4.12 Two vacant medical consultant posts continue to be covered by agency and bank staff (£0.809m). Both Ward 3 (£0.132m) and A&E (£0.056m) are using bank staff to cover maternity leave and other long-term absences.

General Reserve

4.13 The IJB currently has a General Reserve balance of £0.905m, made up as follows:

	£m
Earmarked Reserve	0.474
Committed Reserve	0.148
Free Reserve	0.283
Total	**0.905**

4.14 The earmarked reserve relates to specific funding allocations which were passed to the IJB from NHSS at the end of the 2018/19 financial year. These funds must be used in line with Scottish Government intentions.

4.15 The committed reserves represent funding already agreed by the IJB in September 2017 (Min. Ref. 40/17) and May 2019 (Min. Ref. 17/19).

4.16 The free reserve can be used in line with the Strategic Commissioning Plan and IJB Reserves Policy.

Progress against the 2019/20 Recovery Plan

4.17 The initial 2019/20 IJB budget and associated Recovery Plan was approved by the IJB on 13 March 2019 (Min. Ref. 09/19).

4.18 Following the NHSS Board meeting on 16 April 2019 the Recovery Plan was amended and presented to the IJB on 14 May 2019 (Min. Ref. 17/19). The amended Recovery Plan is included below.

Proposal	£m	Recurrent (R) / Non-Recurrent (NR)
Pharmacy & Prescribing	0.227	R
Primary Care Review	0.100	R
Community Nursing	0.179	R
Vacancy Factor	0.100	NR
Assumption of SG Additional Funding (Island Harmonisation)	1.200	To be confirmed
Total	**1.806**	

4.19 Recovery Projects were included in the report presented on 14 May 2019 and at this early stage of the year service managers in Primary Care and Community Nursing are confident their agreed savings targets can be achieved by 31 March 2020. The unpredictability of medicine costs as a result of shortages and a possible no deal Brexit makes it difficult to predict what level of savings will be achieved in Pharmacy & Prescribing. We have assumed £0.100m will be achieved but this is subject to change as more information becomes available throughout the year. The £1.200m additional primary care funding for island harmonisation is expected later in the year but this has yet to be confirmed by the Scottish Government.

4.20 Even if the Recovery Plan is fully achieved in 2019/20, £0.525m savings still has to be found from additional non-recurrent measures to close the funding shortfall.

	£m
Opening Funding Shortfall	2.331
Savings Proposals (4.16)	1.806
Gap Remaining	**0.525**

4.21 The projected savings expected to be achieved by 31 March 2020 is summarised below:

Proposal	Target £m	Year end Forecast £m	Variance £m
Pharmacy & Prescribing	0.227	0.100	(0.127)
Primary Care Review	0.100	0.100	0
Community Nursing	0.179	0.179	0
Vacancy Factor	0.100	0.100	0
Assumption of SG Additional Funding (Island Harmonisation)	1.200	1.200	0
Other in-year savings identified	0.525	0.043	(0.482)
Total	**2.331**	**1.722**	**(0.609)**

Conclusion

4.22 Various over spends and failure to deliver the Recovery Plan will again result in an overspend against IJB delegated functions for the year ending 31 March 2020. The IJB as a separate legal entity is expected to break even based on an additional one off payment from NHSS.

4.23 The IJB has a responsibility to plan services in order to deliver the outcomes of the Strategic Commissioning Plan within the financial resources available to it. The IJB should strive in budget setting for 2020/21 to eliminate efficiency savings and work towards a sustainable financial position to avoid the need for a Recovery Plan.

5.0 Exempt and/or confidential information:	
None	
6.0	
6.1 Service Users, Patients and Communities:	May be affected should services be redesigned. However, there will be appropriate engagement with communities throughout service planning/redesign and relevant consultation procedures will be followed should any proposed changes have a likely impact on this group.
6.2 Human Resources and Organisational Development:	May be affected should services be changed. However appropriate consultation procedures will be followed should any changes have an impact on this group. Work continues to pilot new recruitment packages in an effort to reduce the use of Agency Staff and subsequent costs.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and the Health Board to the IJB and the budget allocated to the IJB by each Party in order to deliver the delegated functions for that Party. These are set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance. The Council, the Health Board and the IJB must adhere to the terms of the Integration Scheme approved by the Scottish Government under the terms of the Public Bodies Act. This includes a section on Finance with details regarding the treatment of under/over spends.
6.5 Finance:	The current projections included in this report are outwith the parameters of the IJB Medium Term Financial Plan and are therefore not sustainable. The current projections do not include the provision of contingency budgets held by SIC (£0.386m) and NHSS (£0.800m) which would reduce the forecast deficit by £1.186m if applied. The budgets were set-aside by each Party in respect of specific cost pressures, the values of which were uncertain when their 2019/20 were being set. Should these cost pressures manifest during the year and either, or both Parties, be unable to fund the cost from within their delegated budgets, a request will be made to apply these budgets.

	Should the IJB require funding in addition to the contingency budgets, the Chief Officer and Chief Financial Officer will have to prepare a business case requesting further funding from SIC and/or NHSS. The business case to NHSS has now been prepared and will be presented to NHSS Executive Management Team on 12 December 2019. This additional funding may balance the IJB financial position in 2019/20 but will not improve the IJBs long-term financial sustainability.	
6.6 Assets and Property:	None arising directly from this report. There may be implications for assets and property depending on the projects/ options considered to meet the NHSS budget overspend.	
6.7 ICT and new technologies:	None arising directly from this report. There may be implications for ICT depending on the projects/ options considered to meet the NHSS budget overspend.	
6.8 Environmental:	None arising directly from this report. There may be implications for the environment depending on the projects/ options considered to meet the NHSS budget overspend e.g. regarding carbon footprint.	
6.9 Risk Management:	There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management. The IJB has a Risk Management Strategy in place and considers the risks regarding the activities of the IJB itself as a body corporate and also the risks associated with the services provided to meet the obligations of the IJB with regard to the functions delegated by the Council and NHSS on a regular basis. Specific issues and risks to the IJB associated with this report are those concerning failure to deliver the Strategic Plan within the budget allocation specifically regarding the delegated functions and budget allocation from NHSS. These risks are articulated in the IJB Risk Register and the Health and Social Care Risk Register.	
6.10 Policy and Delegated Authority:	This report presents information with regard to the budgets allocated to the IJB including the NHSS "set aside" allocation. The IJB has delegated authority to deliver the approved Strategic Plan within the budget allocated.	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation.	

Contact Details:
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30th October 2019

Appendices: 1 – Year end forecast outturn position

Background Documents

IJB 2019/20 Budget Report – 13 March 2019
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23846

2019/20 Recovery Plan projects and Invest to Save Proposals
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24047

Appendix 1

Consolidated Financial Monitoring Report
Forecast year-end outturn position

Service	2019/20 Approved IJB Annual Budget	2019/20 Revised IJB Annual Budget	Projected Outturn at Quarter 2	Variance (Adv) / Pos
	£	£	£	£
Mental Health	2,031,247	2,363,014	2,639,121	-276,107
Substance Misuse	581,863	587,279	587,292	-13
Oral Health	3,124,523	3,131,837	3,028,054	103,783
Pharmacy & Prescribing	6,645,510	6,731,837	6,678,651	53,186
Primary Care	4,430,563	4,739,817	5,512,035	-772,218
Community Nursing	2,721,212	3,022,028	3,227,167	-205,139
Directorate	1,050,072	814,531	778,104	36,427
Pensioners	79,845	79,845	79,845	0
Sexual Health	44,813	45,875	45,875	0
Adult Services	5,521,982	5,564,454	5,592,243	-27,789
Adult Social Work	2,992,639	3,023,851	3,579,293	-555,442
Community Care Resources	11,542,901	11,641,040	11,023,031	618,009
Criminal Justice	38,842	39,594	40,071	-477
Speech & Language Therapy	89,116	96,886	96,886	0
Dietetics	116,280	122,361	122,361	0
Podiatry	235,962	258,490	258,490	0
Orthotics	138,329	147,239	147,239	0
Physiotherapy	593,382	646,053	646,053	0
Occupational Therapy	1,621,469	1,696,746	1,645,826	50,920
Health Improvement	224,174	343,594	343,594	0
Unscheduled Care	2,864,454	3,155,926	4,152,926	-997,000
Renal	201,524	263,709	263,709	0
Intermediate Care Team	452,182	455,859	455,859	0
Reserve	645,895	0	0	0
SG Additionality	166,000	166,000	166,000	0
IJB Running Costs	26,762	26,762	26,762	0
Total	**48,181,541**	**49,164,627**	**51,136,487**	**-1,971,860**
Efficiency Target	-2,532,980	-2,327,434	-1,718,000	-609,434
Grand Total	**45,648,561**	**46,837,193**	**49,418,487**	**-2,581,294**

Shetland Islands Health and Social Care Partnership

Agenda Item

2

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board (IJB)	28 November 2019
Report Title:	Performance Overview, Quarter 2: July - September 2019 and Performance Directions	
Reference Number:	CC-50-19-F	
Author / Job Title:	Jo Robinson, Interim Director of Community Health and Social Care / IJB Chief Officer	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board COMMENT and REVIEW on any issues which they see as significant to sustaining and progressing service delivery in order to meet the objectives of the Shetland Islands Health and Social Care Partnership's Strategic Commissioning Plan 2019-2022.

2.0 High Level Summary:

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

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

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

2.3 The Report is supported by a number of Appendices, as follows:

- Appendix 1 (A)- Actions and Projects
- Appendix 1 (B) – Council Wide Indicators
- Appendix 1 (C) – Annual Operational Plan
- Appendix 1 (D) – By Health and Wellbeing Outcomes
- Appendix 1 (E) – National Integration Indicators
- Appendix 2 – Directions Performance
- Appendix 3 – Complaints
- Appendix 4 - Risks

3.0 Corporate Priorities and Joint Working:

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

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

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

4.0 Key Issues:

4.1 Service Performance

4.1.1 The detailed quarterly performance report for Quarter 2, July - September 2019, is included at Appendix 1. Where performance is reported on an annual basis, only recently published indicators not previously reported have been included.

4.1.2 The majority of performance measures show that services are meeting their targets and performing well. Others fail to meet their targets due to very small variations in numbers e.g. AS003 where there was one incident of emergency respite care, and CJ004 where one of two cases reviewed did not have a completed assessment within the timescale.

4.1.3 It should be noted that the percentage of completed waits for Psychological Therapies less than 18 weeks (CH-MH-01) has dropped considerably from 68.6% in the first quarter of this year to 23.3% in the second quarter. These figures are being reviewed and mental health management are currently in discussion with the Scottish government about alternative ways to meet this demand.

4.1.4 The numbers of Alcohol Brief Interventions recorded are very low: 13 in the first quarter of 19/20 and 34 in the second quarter against a target of 261 per quarter. This is considered to be a recording issue rather than a practice issue, and the process for recording is currently under review.

4.2 Directions Performance

4.2.1 The Directions Performance reports are included at Appendix 2, for those services which have been updated since the Report in June 2019. These are intended to provide IJB members with sufficient information to be able to assure themselves that:

- services are being delivered in line with the Directions issued;
- services are performing in line with the Directions issued; and
- change programmes, improvement plans and action plans are progressing in a timely manner, to achieve the objectives of the Joint Strategic Commissioning Plan 2019-22.

4.2.2 It should be noted that there has been a 6% increase in case load numbers for the District Nursing Service from 474 in June 2019 to 506 in September 2019.

4.2.3 Recruitment and retention is becoming a concern with the Adult Social Work Team; the Service has advertised for a Temporary Social Worker on 4 occasions without success. Together with the HR service the Chief Social Worker Officer and the Executive Manager has looked at the barriers to recruitment including grading of the post and where this sits in the market place. Ways of addressing these barriers are being explored.

4.2.4 The dietetics service are not managing to maintain the 12 week waiting times target within their current resources. A review of workload management is due to be undertaken in order to identify methods of meeting the demand.

4.3 Complaints

4.3.1 A Report on Complaints is included at Appendix 3. This shows 5 complaints received by the Directorate in this quarter and recorded on the Pentana system – of these one was partially upheld and 4 were not upheld. It should be noted that this report does not currently cover complaints received by the NHS part of the directorate and not recorded on Pentana. Further work is required to collate these complaints in order to present a fuller picture.

4.4 Risks

4.4.1 Appendix 4 shows the Risk Register and the status of each of the strategic risks.

4.4.2 The operational risk of exiting the European Union with no deal remains very high and partner organisations continue to monitor plans in response to various scenarios to mitigate as far as possible any impact on service delivery. Many arrangements are determined at national level so there is limited opportunity to influence planning activities beyond providing good information and maintaining clear lines of communication with staff and through established procurement routes.

5.0	Exempt and/or confidential information:	
5.1	None.	
6.0	Implications :	
6.1	Service Users, Patients and Communities:	The purpose of effective performance monitoring is to demonstrate to our stakeholders how we are delivering services which are safe, of appropriate quality and effective and in line with the Joint Strategic Commissioning Plan 2019-22.
6.2	Human Resources and Organisational Development:	There are no Human Resources or Organisational Development implications. Sickness absence for the Directorate continues to show improvement. Human Resources staff are working closely with

	managers to address alternative ways of recruiting staff to difficult to recruit to posts.
6.3 Equality, Diversity and Human Rights:	There are no specific issues to address with regard to equality, diversity and human rights.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services. The IJB must monitor performance with regard to the functions delegated to the IJB by SIC and NHSS (the Parties) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB and the Parties must share information in this regard. Performance monitoring allows the IJB to measure performance and monitor progress against delivery of the Strategic Plan and achieving agreed national and local outcomes.
6.5 Finance:	The IJB has a statutory responsibility for the delivery of services within the financial resources made available to it. The IJB approved Directions to the SIC and NHSS in May 2019 setting out the services to be commissioned from each Party to deliver the outcomes of the Strategic Commissioning Plan 2019-2022. The Parties are expected to deliver services within the resources allocated and achieve the performance targets and outcomes as determined. Regular and effective monitoring of service delivery allows the IJB to ensure services are being delivered in line with the Directions issued and make strategic commissioning decisions on service delivery in accordance with the financial allocations made available by the funding partners.
6.6 Assets and Property:	There are no specific issues to address with regard to assets and property.
6.7 ICT and new technologies:	There are no specific issues to address for ICT and new technologies.
6.8 Environmental:	There are no specific environmental implications to highlight.
6.9 Risk Management:	There are no specific risks to address in the consideration of this Report.
6.10 Policy and Delegated Authority:	The IJB is responsible for the oversight of service delivery of its delegated functions through the Chief Officer.

6.11 Previously considered by:	None	

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10 November 2019

Appendices
Appendix 1 Performance Report (A-E)
Appendix 2 Directions Performance
Appendix 3 Complaints
Appendix 4 Risks

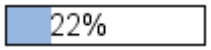
6

NHS Shetland | Shetland Islands Council

Report Type: Actions Report

Generated on: 11 November 2019

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement
SRP15 Adult Services	The purpose of the project is to review the Council funded Adult Services for adults with learning disability (LD), autism (ASD), complex needs and unpaid carers, and redesign where necessary to; • ensure fair and equitable access to resource and service where eligible need has been assessed; • ensure sustainable resource and services delivery in an area of demographic rise; • consider support for adults with assessed need not related to LD or ASD e.g. acquired brain injury (ABI)	Reviewed Adult Services (Learning Disability and Autism) arrangements that meet eligible need; reduce inequality; support people to maintain and improve their own health and wellbeing and quality of life; meet base value objectives.	Planned Start	14-Feb-2018		The Adult Learning Disability Short Breaks and Respite Project Board comprising unpaid carer representatives and colleagues from 3rd sector, Children Services and CH&SC partnership, have met regularly to consider the needs and aspirations of people eligible for this support and to develop a shared plan for the future. Next steps will require tests of change and we are working closely with adult social work colleagues to progress this.
			Actual Start	14-Feb-2018	25%	
			Original Due Date	31-Mar-2022	Expected Success	
Lead			Due Date	31-Mar-2020		
Community Health & Social Care Directorate			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress Statement
SRP17 Community Care Services	This Business Case seeks approval to invest an estimated £500-600,000 of revenue funding in support of early intervention and preventative services, to further develop the objective of enabling people to live independently in their own home for as long as it is safe to do so.	Sustainable services across Shetland supporting people to be independent and able to live at home in the community.	Planned Start	14-Feb-2018		While there is a strong belief that these projects will accelerate progress in terms of shifting the balance of care from hospital to community and to delivery within people's own homes there is a scarcity of data to develop projected savings. Review of plans underway to identify sources of funding. In the meantime action plans have been developed for each project and additional resources identified to ensure project plans are well developed prior to recruitment.
			Actual Start	14-Feb-2018		
			Original Due Date	31-Mar-2022	Expected Success	
Lead			Due Date	31-Mar-2020		
Community Care - Resources			Completed Date		Likely to meet target	

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

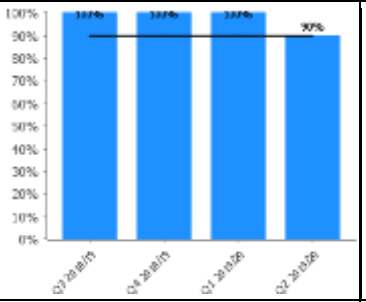
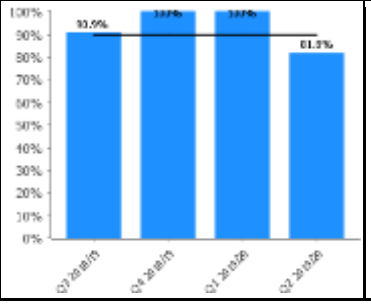
Shetland Islands Council

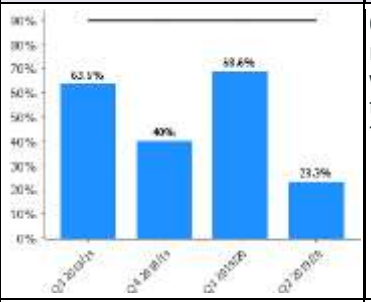
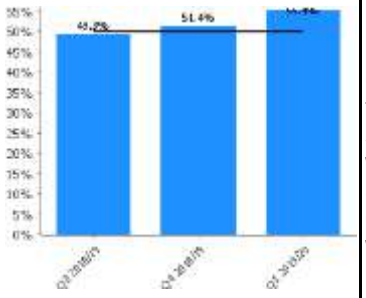
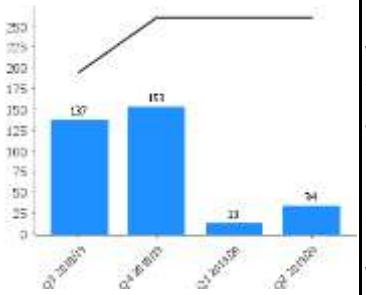
Generated on: 04 November 2019 14:00

Code & Short Name	Previous Years		Quarters			(past) Performance & (future) Improvement Statements
	2017/18	2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	
	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2235	2252	2252	2261	2258	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-E Staff Numbers (FTE) - Community Health & Social Care Directorate	531	522	522	516	517	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4A-E+NHS Staff Numbers (FTE) - Community Health & Social Care Directorate inc. NHS	711.19	695.55	N/A	N/A	N/A	These are actual numbers of staff in post (rather than what is actually budgeted for)
OPI-4C Sickness Percentage - Whole Council	4.0%	4.1%	4.6%	3.9%	3.4%	
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.3%	5.9%	7.0%	5.7%	5.6%	Managers in all areas are working with both HR teams to ensure consistent application of the Maximising Attendance policies.
OPI-4E Overtime Hours - Whole Council	102,909	84,541	16,176	17,177	13,528	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-E Overtime Hours - Community Health & Social Care Directorate	7,184	3,166	735	554	1,039	Continues to be actively monitored
OPI-4G Employee Miles Claimed - Whole Council	1,244,630	1,092,394	216,416	170,850	127,723	
OPI-4G-E Employee Miles Claimed - Community Health & Social Care Directorate	640,990	552,076	107,792	71,736	42,338	
E01 FOISA responded to within 20 day limit - Health & Social Care Services	94%	69.25%	30%	91%	89%	Continue to strive to meet target.

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

Generated on: 04 November 2019

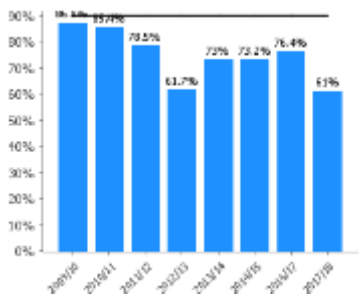
Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Target	Status		
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	97.1%	90%	100%	90%	100%	90%	90%			
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	96.6%	90%	96.1%	90%	100%	81.8%	90%			

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	55.4%	90%	58.5%	90%	68.6%	23.3%	90%			04-Nov-2019 Mental health management are in discussion with government about how to tackle the current Psychological Therapies waiting times
CH-MH-04 People with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker)	46.5%	50%	51.4%	50%	55.4%	N/A	50%			04-Nov-2019 Note: this is an interim measure showing the percentage of people with newly diagnosed dementia who take up the offer of post diagnostic support (ie have an active link worker) as national data is not yet available. 103 of 186 cases. More complete data is now available so we intend to replace this with AOP Standard measure in the Q3 report.
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	183	261	153	261	13	34	261			04-Nov-2019 ABIs are one of the most effective and evidence based ways of identifying people who drink at harmful levels and supporting them to reflect on and potentially reduce their drinking. We know that people who drink at harmful levels are often drinking more than they think they are and are significantly contributing to potential future poor health, as well as costs to productivity and society generally. There have been consistent recording issues

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Target	Status		
										since ABIs were first introduced and it is therefore difficult to know whether ABIs are being delivered and not being recorded, or not being delivered at all. An improvement plan is in the process of being developed; this will require all partners to play their parts in this important intervention.

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

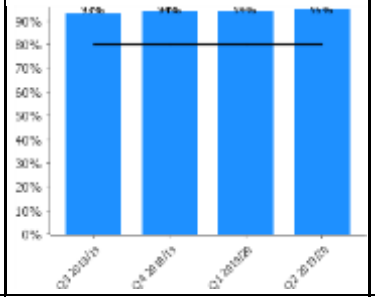
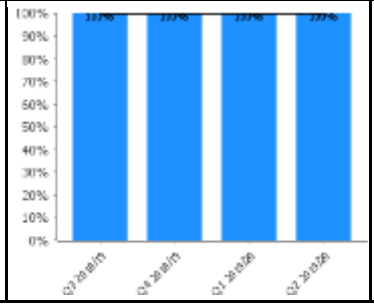
Generated on: 04 November 2019

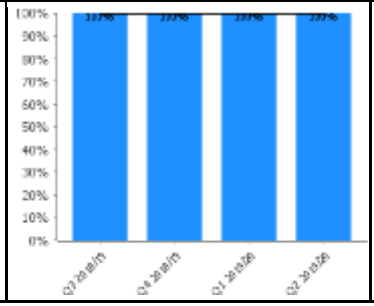
Indicator	Years			Graphs	Note
	2016/17	2017/18	2018/19		
	Value	Value	Value		
CH-PC-02 Advance booking - GP Practice Team	76.4%	61%	N/A		04-Jun-2018 Large decreases seen nationally and locally in 2017-18 survey, but a more significant decrease locally. Patients who need to speak with a clinician within 48 hours can do so and practices also all offer advance appointments with a member of the practice team. National data only produced every 2 years – next publication due in May 2020.

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

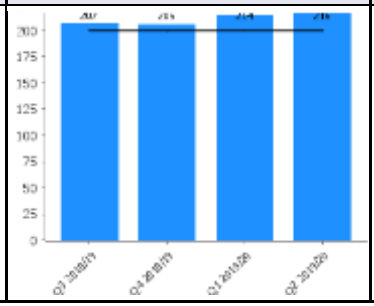
Generated on: 04 November 2019

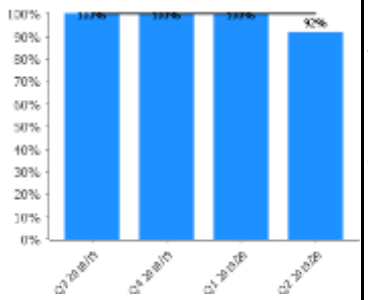
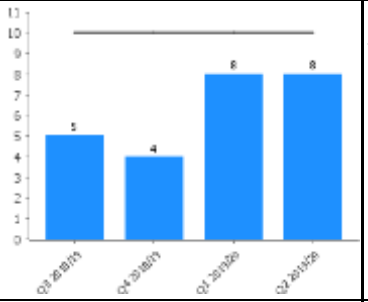
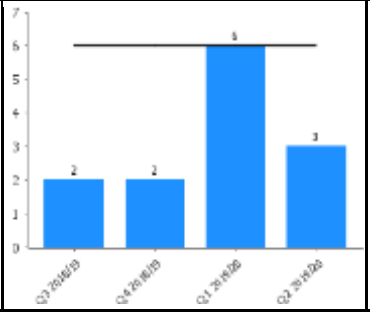
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

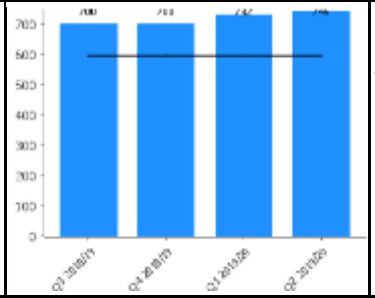
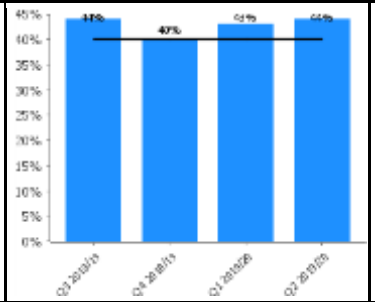
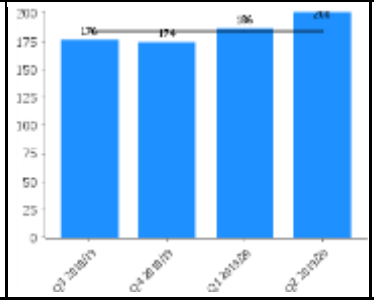
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
ASW003 Percentage of outcomes for individuals are met	N/A	N/A	94%	80%	94%	94%	95%	80%			
PC002 Percentage access to a primary care health professional for on the day requests at any Shetland Health Centre	100%	100%	100%	100%	100%	100%	100%	100%			31-Oct-2019 Monthly data return from practices shows 100% compliance for those patients who need to speak to a healthcare professional on the day.

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PC004 Percentage access to a Primary Care health professional for an appointment within 48 hours at any Shetland Health Centre	100%	100%	100%	100%	100%	100%	100%	100%			31-Oct-2019 Monthly data return from practices shows 100% compliance for those patients who request an appointment within 48 hours.

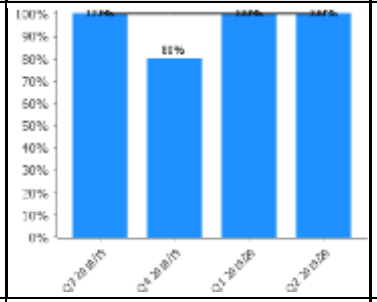
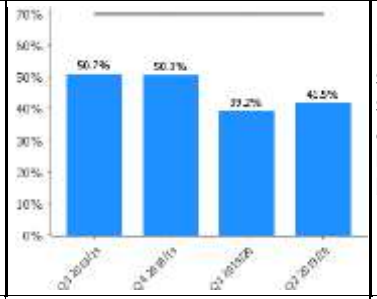
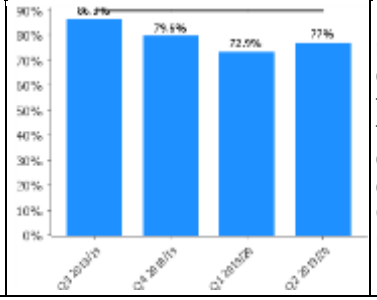
Outcome 2 - People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CCR007 Number of 65 and over receiving Personal Care at Home.	196	200	205	200	205	214	216	200			16-Oct-2019 Personal care is offered to those who need it. Assessments are thorough and the Council's policy of reablement, which includes a six week period of free support, has helped us to achieve good performance over a number of years.

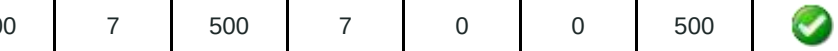
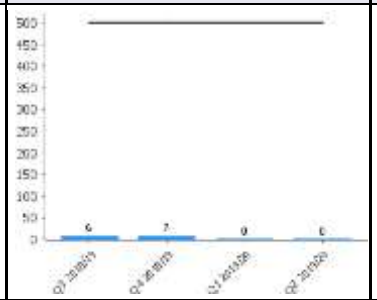
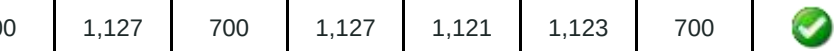
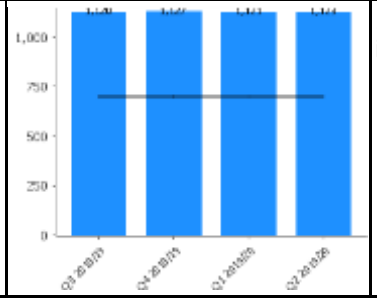
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CN002 Percentage of early supported discharges with no readmission in 30 days by Intermediate Care Team	100%	100%	100%	100%	100%	100%	92%	100%			16-Oct-2019 12 patients discharged this quarter: 6 patients were for alternatives to admission, 3 patients early supported discharge from care home, 3 patients early supported discharge from hospital, 1 admission to hospital from the alternatives to admission category due to deteriorating medical condition meaning no longer able to live independently.
CCR009 Number of people waiting for a permanent residential placement.	8	10	4	10	4	8	8	10			16-Oct-2019 Target to have less than 10 people waiting for a permanent residential placement. Currently within target.
MH002 Admissions to Psychiatric Hospitals	20	24	10	24	2	6	3	6			

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP006 Increased number of people receiving home monitoring for health and social care (technology enabled care)	683	599	700	599	700	732	745	599			16-Oct-2019 Technology enabled care continues to be used wherever possible to support people to live as independently as possible.
CH-SC-01 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home	44%	40%	40%	40%	40%	43%	44%	40%			16-Oct-2019 Enabling people to be as independent and safe as possible remains one of our primary aims. We continue to provide appropriate support in people's own home to assist in achieving this.
MD-MH-01 People with a diagnosis of dementia on the dementia register	167	184	174	184	174	186	200	184			

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

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ002 Percentage of new Community Payback Orders (Supervision) seen within 5 working days of the order being made	93.75%	100%	92.59%	100%	80%	100%	100%	100%			
ASW001 Percentage of assessments completed on time	79.5%	100%	50.3%	100%	50.3%	39.2%	41.5%	70%			16-Oct-2019 Assessment data is now extracted from our recording system and completion rates should rise when recording issues are resolved. Figures are currently low and will be looked at closely by management team.
ASW002 Percentage of reviews completed on time	88.9%	100%	79.6%	100%	79.6%	72.9%	77%	90%			16-Oct-2019 Percentage of all reviews completed within 7 days of due date. Reviews often miss target dates due to a number of factors such as availability of client or family member or a change of circumstances. Completion target reset to more realistic 90%.

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

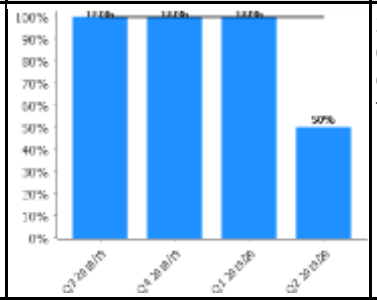
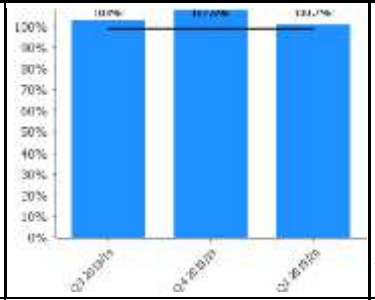
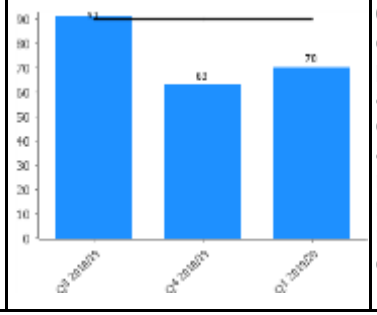
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS004 Number of people who are waiting to register with Public Dental Service (PDS) for ongoing care	10	500	7	500	7	0	0	500			
CN001 Number of Anticipatory Care Plans in Place	1,119	700	1,127	700	1,127	1,121	1,123	700			16-Oct-2019 Overall continued increase month on month

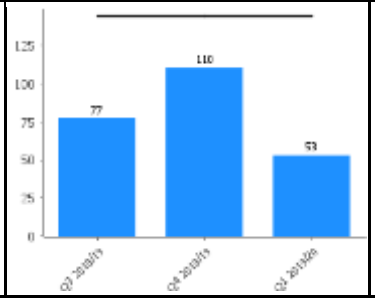
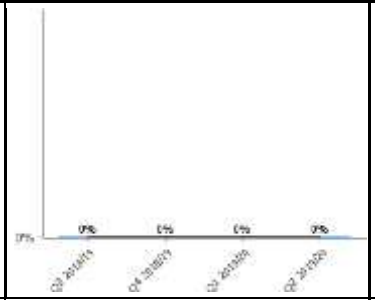
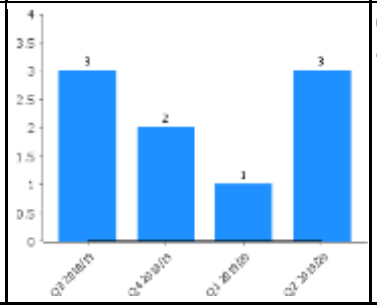
Outcome 6 - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AS003 Number of incidents of emergency respite provided for adults with Learning Disability/Autistic Spectrum Disorder	4	0	1	0	0	0	1	0			

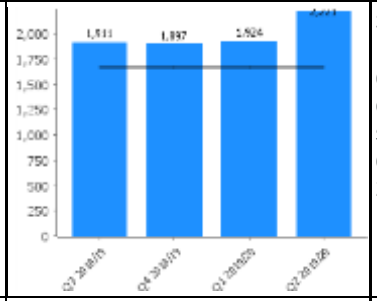
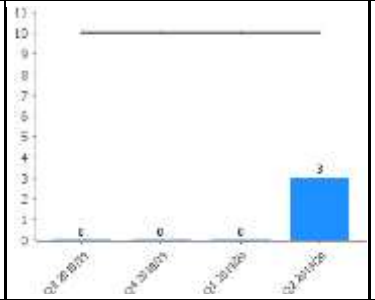
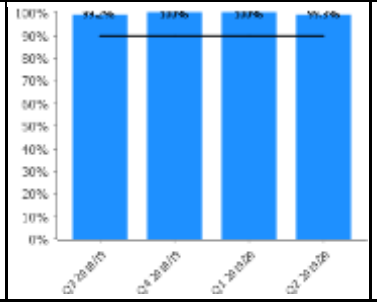
Outcome 7 - People who use health and social care services are safe from harm

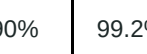
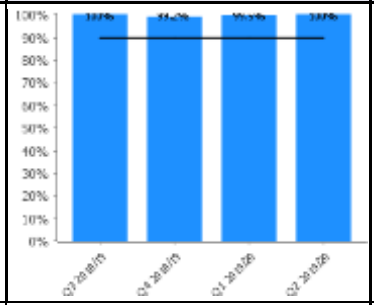
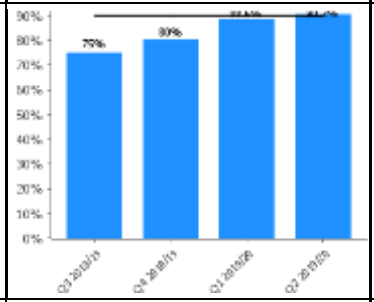
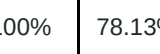
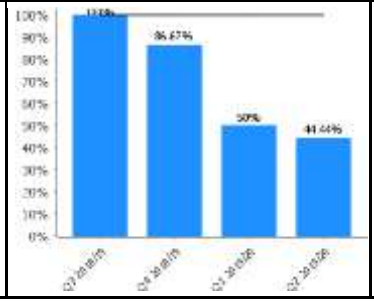
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ001 Percentage of Criminal Justice Social Work Reports submitted to Courts on time	100%	100%	100%	100%	100%	100%	100%	100%			

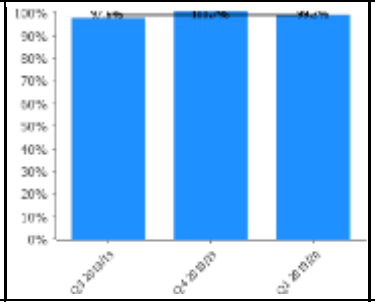
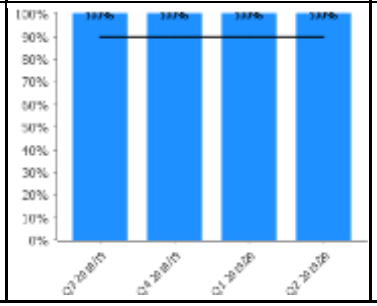
	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
CJ004 Risk and need assessment completed and case management plans in place within 20 days	94.29%	100%	92%	100%	100%	100%	50%	100%			29-Oct-2019 One of two case files quality assured did not have a completed assessment within the timeframe.
PPS002 Percentage rate of antibiotic prescribing in relation to Scottish average	99.8%	99%	107.5%	99%	107.5%	100.7%	N/A	99%			31-Oct-2019 In general we are expecting less antibiotics to be prescribed in Shetland than in the Scottish population. This is not always achievable and prevalence of infection in Shetland does not always coincide with national prevalence figures. Note: Q2 data not available at time of reporting. Will be included in next report.
PPS003 Number of polypharmacy reviews completed	298	360	261	360	63	70	N/A	90			04-Nov-2019 Pharmacists are continuing to deliver polypharmacy reviews, however, are focusing on long term conditions and pharmacotherapy activity too. Pharmacist time will reduce by over 33% soon as a member of staff is due to be recruited to Glasgow (November onwards).

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff	496	576	399	576	110	53	N/A	144			31-Oct-2019 Note: Q2 data not available at time of reporting. Will be included in next report.
CN003 Percentage of Catheter Associated Infections in individuals with an indwelling urinary catheter	0%	0%	0%	0%	0%	0%	0%	0%			16-Oct-2019 No audit due until November 2019
CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	0	2	0	2	1	3	0			04-Nov-2019 All awaiting place availability in Residential Care.

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

Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
DS002 The ratio of WTE primary care dentists providing NHS oral health care to the total resident population of Shetland	1,765	1,670	1,897	1,670	1,897	1,924	2,221	1,670			31-Oct-2019 Change due to Lerwick Dental Practice having a gap of 1 dentist and a slight change in PDS staffing equivalent so a total drop of 0.6 WTE. New dentist due to join PDS in January 2020.
AHP001 Number of people waiting longer than nationally agreed referral to assessment timescales for an occupational therapy assessment (count)	0	10	0	10	0	0	3	10			09-Oct-2019 To achieve the nationally agreed referral to assessment timescales we have initiated a number of initiatives including streamlining our referrals and screening processes, reviewing all processes, and reconfiguring the team into a north and a south team to gain staff efficiency
AHP002 Percentage Waiting Time from Referral to Treatment for Orthotics Services (18 weeks)	100%	90%	100%	90%	100%	100%	99.3%	90%			

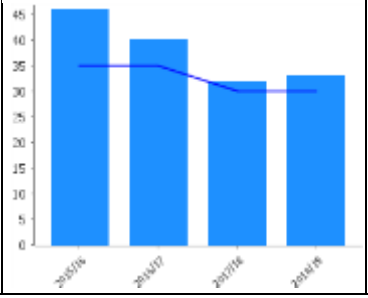
Indicator	Years				Quarters			Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
AHP004 Percentage Waiting Time from Referral to Treatment for Podiatry Services (18 weeks)	100%	90%	99.2%	90%	99.2%	99.5%	100%	90%			
CCR005 Occupancy of care homes	82.9%	90%	76.25%	90%	80%	88.6%	90.3%	90%			16-Oct-2019 Increased use of permanent beds for enablement and respite care means occupancy levels decrease. Effectiveness of care provided at home results in less demand for residential beds.
CJ003 Unpaid Work commenced within 7 working days	71.05%	100%	78.13%	100%	86.67%	50%	44.44%	100%			29-Oct-2019 5 of the 9 did not turn up for first day of UPW but were offered dates within 7 days.

	Years				Quarters			Current Target	RAG Status		
Indicator	2017/18		2018/19		Q4 2018/19	Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20	Graphs	Note
	Value	Target	Value	Target	Value	Value	Value	Target	Status		
PPS001 Percentage spend for Shetland on GP Prescribing compared to the national average	94.7%	99%	100.7%	99%	100.7%	99.3%	N/A	99%			31-Oct-2019 Note: Q2 data not available at time of reporting. Will be included in next report.
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	99.3%	90%	100%	90%	100%	100%	100%	90%			

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

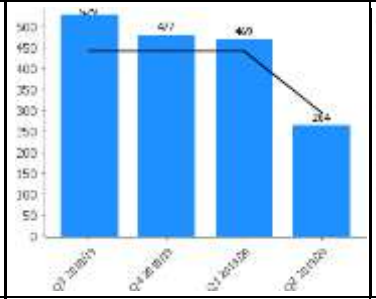
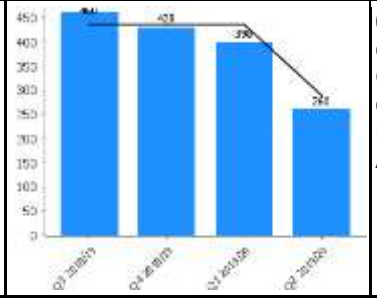
Generated on: 04 November 2019

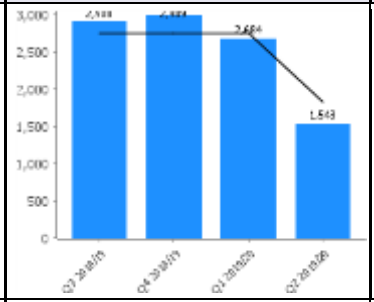
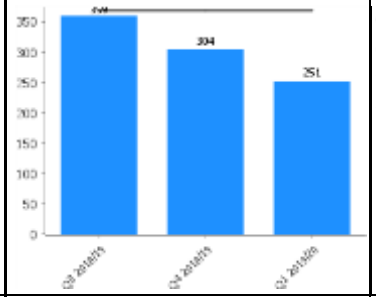
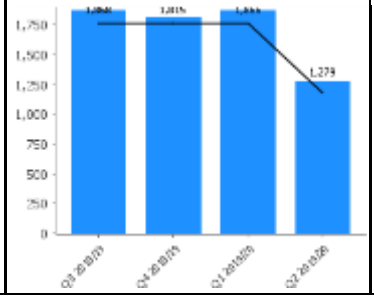
Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of service users

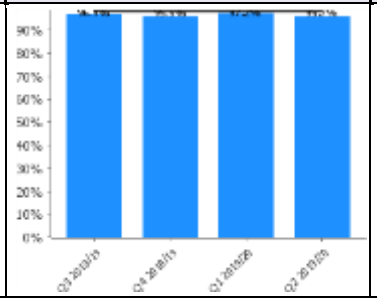
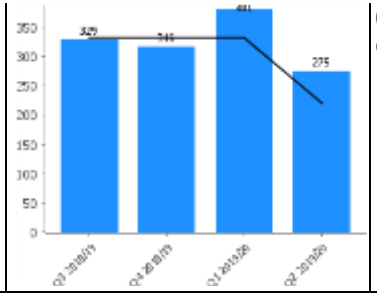
Indicator	Previous Years						Current Target	RAG Status	Graphs	Note
	2016/17		2017/18		2018/19		2018/19	2018/19		
	Value	Target	Value	Target	Value	Target	Target	Status		
AS002 Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills	40	35	32	30	33	30	30			

Appendix E - National Integration Performance Indicators: Quarterly Measures

Generated on: 04 November 2019

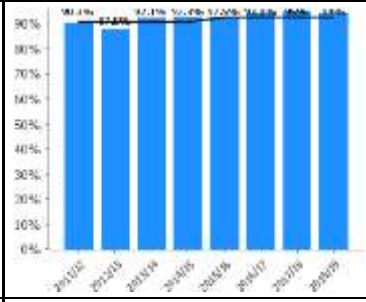
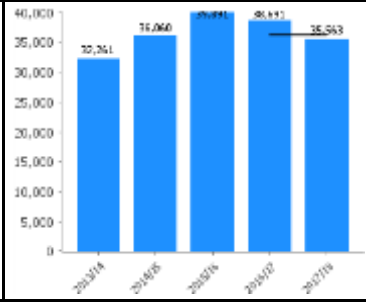
Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Target	Status		
NIPI01a Number of emergency admissions	2,016	1,764	1,991	1,764	469	264	294			01-Nov-2019 Objective - maintain current position within Peer Group. (Monthly average was 147 over 12 months Jan to Dec 2017). Note: these figures are provisional and are likely to increase as data completeness is improved for more recent months. Q2 only includes July and August data at present.
NIPI01b Number of admissions from A&E	1,774	1,740	1,733	1,740	398	260	290			01-Nov-2019 Objective - maintain current position within Peer Group. (Monthly average was 145 over 12 months Jan to Dec 2017). Note: Q2 only includes July and August data at present.

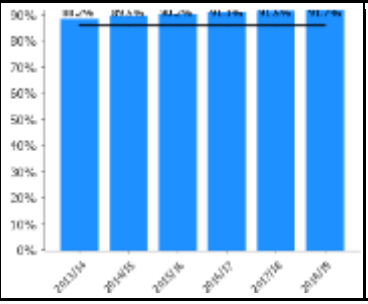
Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Target	Status		
NIPI02a Number of unscheduled hospital bed days; acute specialties	11,119	2,760	11,738	11,040	2,684	1,543	1,840			01-Nov-2019 Objective - maintain current position within Peer Group. (Monthly average was 920 over 12 months Jan to Dec 2017). Note: these figures are provisional and are likely to increase as data completeness is improved for more recent months. Q2 only includes July and August data at present.
NIPI02b Number of unscheduled hospital bed days; long stay specialties (mental health)	1,267	1,476	1,134	1,476	251	N/A	369			01-Nov-2019 Objective - maintain current position within Peer Group. (Quarterly average was 369 over 12 months Jan - Dec 17). Note: these figures are provisional and are likely to increase as data completeness is improved for more recent months.
NIPI03a A&E attendances	7,110	7,044	7,272	7,044	1,866	1,279	1,174			01-Nov-2019 Objective - maintain current position. (Monthly average was 587 over 12 months Jan - Dec 17).

Indicator	Years				Quarters		Current Target	RAG Status	Graphs	Note
	2017/18		2018/19		Q1 2019/20	Q2 2019/20	Q2 2019/20	Q2 2019/20		
	Value	Target	Value	Target	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIPI03b)	96.5%	98%	96.2%	98%	97.2%	95.7%	98%			
E19 Number of days people spend in hospital when they are ready to be discharged (NIPI04)	1,499	333	1,375	1,332	381	275	222			04-Nov-2019 Awaiting availability of Residential Care places.

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

Generated on: 04 November 2019

Indicator	Years			Current Target	RAG Status	Graphs	Note
	2016/17	2017/18	2018/19	2018/19	2018/19		
	Value	Value	Value	Target	Status		
E15 Proportion of last 6 months of life spent at home or in community setting (NIPI05a)	93.8%	95%	94%	92.6%			29-May-2019 Note: provisional data. Best performing partnership in Scotland by some margin. Note: Next data available May 20.
NIPI05b Number of days spent at home or in community setting during the last six months of life	38,691	35,563	N/A	36,276			29-Aug-2018 Objective - maintain current position. (Average is 36,276 over past 4 years.)

Indicator	Years			Current Target	RAG Status	Graphs	Note
	2016/17	2017/18	2018/19	2018/19	2018/19		
	Value	Value	Value	Target	Status		
NIPI06 Balance of care: Percentage of population living unsupported in the community	91.1%	91.5%	91.7%	86%			01-Nov-2019 Objective - maintain in line with peer group average.

Appendices

2.1	Adult Mental Health
2.2	Substance Misuse
2.3	Oral Health
2.4	Pharmacy & Prescribing
2.5	Primary Care
2.6	Community Nursing (including Intermediate Care Team)
2.7	Adult Services
2.8	Adult Social Work
2.9	Community Care Resources
2.10	Criminal Justice
2.11	Allied Health Professionals
2.12	Health Improvement
2.13	Hospital Based Services
2.14	Unpaid Carers
2.15	Domestic Abuse and Sexual Violence

Appendix 2.1

Adult Mental Health Services

Lead Officer: Karen Smith

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	**Numbers Patients / Service Users**	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
Off-island placements	Average 12 per annum (multiple-visits)	Yes, in line with direction and no significant issues to report	Above target; 12 admissions since March 19. Audits being undertaken to ascertain if earlier intervention could have prevented admission
Local Acute Bed Days	Average 10 per month	Yes, in line with direction and no significant issues to report	Above target – see above
Psychiatry Service	Approximately 200 Case Load	Yes, in line with direction and no significant issues to report	Slightly below target – 173. Backlog of cases now seen and discharged where appropriate
Psychiatric Nursing Service	Approximately 520 Case Load	Yes, in line with direction and no significant issues to report	Below target – 459. Backlog of cases now seen and discharged/signposted where appropriate
Psychology Service (Tier 4)	Approximately 15 Case Load Waiting List 70 + Waiting Duration 12 months plus	Mostly in line with direction, issues around significant increase in demand & recruitment of staff	Below target due to increased demand and inability to recruit to vacant post
Talking Therapies Service (Tier 2)	Approximately 45 Case Load Waiting List 50 + Waiting Duration 22-25 weeks	Mostly in line with direction, issues around significant increase in demand & recruitment of staff	Below target due to increased demand and inability to recruit to vacant post
Substance Misuse Recovery Service	Approximately 200 Case Load Waiting List zero	Yes, in line with direction and no significant issues to report	Above target – 254. 96 drugs, 158 alcohol. Recruitment and staff sickness issues within team. Meeting waiting time target

Dementia Diagnostics Service	186 Live Cases with approximately 15 new referrals a month	Yes, in line with direction and no significant issues to report	Service under review after recent staff retirement.
Post Diagnostic Service	Capacity to support 45 cases with the 5-tier model	Yes, in line with direction and no significant issues to report	On Target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plans

Topic	**Project**	**Detail**	**Year 1**	**Year 2**	**Progress as at September 2019**
Service Improvements	Referrals	Referral Protocol	√		Complete
	Pathways	Grampian Royal Cornhill Hospital	√		Compete
		Gilbert Bain Hospital where primary need is Mental Health	√		On target, meeting to be held re MAPA incidents and implementation of Physical Intervention Policy
		Social Care and Health	√		On target, joint working underway
		Third and Private Sector	√		On target, joint working underway
		Out of Hours	√		New model being discussed
		Crisis Intervention	√		New model being discussed
		Employability		√	Regular meetings held with Employability Pathway staff
	Post Diagnostic Support			√	
	Psychiatric Emergency Plan		√		First version completed
	No Health without Public Mental Health and See Me			√	
Staffing / Training	Recruit to vacant posts		√		Below target – recruitment issues with all vacant posts. 2nd

					round of advertising
	Training Plan		√		3 CPNs applied for CBT training
Ways of Working	Service User / Carers		√		Ongoing
	Multi-Disciplinary Teams		√		Below target – staff absences mean day to day coverage is priority for clinical workload.
	Systems / Data Sharing		√		Meetings with IT and Care Partner ongoing
	Single Care Plans		√		Below target – staff absences mean day to day coverage is priority for clinical workload.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Adult Mental Health Direction are listed below:

- Staff recruitment and retention

Appendix 2.2

Substance Misuse

Lead Officer: Wendy McConnachie, Shetland Alcohol and Drug Partnership (SADP)

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Tier	Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
4	Off Island Detox	2 persons year to date, 1 possible readmission, further 2 undergoing assessment	Yes	As expected, in line with demand.
	Local in-patient alcohol detox	Average 1 per month planned, 1 per month unplanned	Yes	As expected, in line with demand.
3	Substance Misuse Recovery Service (SMRS)	263 currently in service (102 drugs, 161 alcohol). 31 referrals July - Sept 2019 (Alcohol – 22, Drugs – 9)	Partially	Consistently meeting waiting times target, however staff shortages is having a negative impact on the quality of interventions that are being delivered. Recruited to new post, due to start Jan 2020, however remain under pressure due to staff shortages in the interim.
2	Employment Pathways (Bike Project)	Running at capacity	Yes	Performing well, but experiencing financial pressure due to increase in minimum wage and pension contributions
	Family Support		Yes, funded and delivered by VAS	Shetland Alcohol and Drug Partnership are supporting service improvement. The expansion of tier 2 services (development of a recovery hub) will include support for families.

	Offender Behaviour		Programmes run by Criminal Justice. Bridgehead Project recently launched by Scottish Fire and Rescue Service will benefit substance misuse clients.	
	Alcohol Brief Interventions		This is a target for Health Board, which is also monitored and reported on, by Shetland Alcohol and Drug Partnership.	Consistently not meeting the target. Improvement plan, led by Public Health, is still in the development phase overall, but we are seeing areas of improvement.
1	Advice and Information		Yes	Advice and info provided by all commissioned services. SADP's social media pages continue to reach a large proportion of the community.
	Educational Programmes		Yes (Commissioned Services)	Meetings now being held with Quality Improvement Officers, Children's Services, to look at core delivery within schools.
	Whole Population Programmes		Yes	Information being shared daily via social media. Targeted campaigns have been run, with further campaigns focussing on alcohol and cocaine in particular being run for the festive season.
	Self Care and Self Management		Yes	Information being shared daily via social media.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plans

Activity	**Progress as at September 2019**
Encourage changes in attitudes and culture towards alcohol and drug use; with the aim that harmful use of drugs and alcohol is seen as a health issue, and that public sector understand the roles they can play in reducing access to harmful substances	Continued engagement with local and social media. Stigma training planned for later in the year. Local ABI training being developed. Local training on Children Affected by Parental Substance Misuse being developed. Continued engagement with the Licensing Board Cocaine working group has met and formed an outcomes and activities framework. Collaborative work with DWP being rolled out.
Increase access to needle exchange services, supported by good quality outreach and harm reduction	Enhanced harm reduction and outreach is dependent upon filling vacancies in SMRS team and launching the new tier 2 service.
Increase capacity of Tier 2 service, with accessible, client centred recovery focused support	Funding in place, project co-ordinator post out to advert, but still experiencing difficulties in identifying suitable premises
Engage with businesses and workplaces in Shetland to enable them to intervene early to identify and support staff with drug and alcohol problems.	To be actioned later in the year – ABI planning is taking priority.

Key Risks and Issues

– November 2019

- Wide availability of cocaine and crack cocaine, street benzo type drugs
- Increase in IV heroin and cocaine use
- Increase in individuals using excessive amounts of street diazepam and presenting under the influence
  (the above points are noted by service provider)

- There is a continued and sustained increase in the number of needles being distributed from the needle exchange.

- Failure to secure suitable premises for the expansion of tier 2 services will result in an alternative, less comprehensive model being developed.

Appendix 2.3

Oral Health

Lead Officer: Brian Chittick

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	**No of service users /**	**Is the Service operating in line with the**	**How are the services performing?[2]**
Routine and general dental service (GDS) care for persons who are registered with the PDS	16,500	Mostly in line with the direction. Some problems with staffing levels have impacted on some areas with regard to access of the	Performing well against agreed targets for registration rates. Progress to be made in participation rates for adults.
Routine core PDS oral health provision for patients with additional care needs, including special care patients, vulnerable patients and children	Referral of patients in from Independent Practice and registered PDS patients	Mostly in line with the direction. All referrals are seen but due to staffing levels there has been a slight increase in numbers waiting to access GA and sedation services.	Increasing percentage of children without decay at both P1 and P7 age groups.
Emergency clinical primary dental care for people registered with the PDS	Entire Shetland population	In line with the direction	In this Financial Year there has been 24/7 coverage on the emergency dentist roster.
Secondary care oral health for the whole population – for orthodontics and oral and maxilla-facial surgery (OMFS) in particular	Entire Shetland population	Mostly in line with direction. OMFS service has repatriated a significant number of patients but there is still some extended waiting times due to the nature of the visiting service. Orthodontics provision is compromised by a national shortage of Consultant Orthodontists Establishment of	OMFS has some Treatment Time Guarantee (TTG) breeches for GA operations but this is often accentuated by the nature of a visiting service which only comes to the island every 3-4 months.

Promotion and Prevention for the whole population though Childsmile, the National Dental Inspection Programme (NDIP), Oral Health Education and Promotion and Caring for smiles	population	direction Caring for Smiles programme continues to grow in Shetland with all Care homes except North Haven having a foundation trained worker in Caring for Smiles.	Childsmile access/NDIP screening and Caring for Smiles. Recent NDIP results (2019) indicate 88.6% of P7 children in Shetland have no obvious decay experience in their permanent teeth.
Develop patient access within the local independent NHS dental sector	Entire Shetland Population	Registration in the independent sector continues to grow with circa 7,000 patients now registered.	Over 25% of population now registered with independent practice.
Primary Dental Care will be provided predominantly through independent NHS practices. Public Dental Service will cover: special needs; remote and rural; public health; oral health promotion; specialist services.		Registration in the independent sector continues to grow with circa 7,000 patients now registered.	The split of roles and responsibilities between independent and salaried sectors seem well defined.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plans

Activity	Progress as at October 2019
Encourage / facilitate at least one other new independent NHS dental practice to open in Shetland.	SDAI reinstated for Lerwick
Scope the risks/benefits of undertaking fissure sealant programme for children in Shetland	Quality Improvement Group lead on this project
To sustain our direct engagement with schools to promote oral health promotion via child smile and	
To align PDS practices to the current SIGN guidelines for the examination, treatment and recall of children with caries	
To maintain a child dental risk register	
To sustain engagement with local independent practices to ensure children at high caries risk are participating adequately	
To implement annual training for all care home staff and older persons carers in alignment with the Caring for Smiles Programme and to develop Caring for Smiles 'Champions' in the care community.	
To monitor PDS and independent registrations and 'pinch point' areas for access to GDS care to accurately inform the SDAI process	
To deliver a Remote Island Examination Protocol to facilitate on island examination in remote areas and prioritise mainland appointments for those requiring further oral healthcare, to ensure equity of access	Meeting held recently to review governance with respect to Island Visits
To ensure all PDS practices are complaint with CPI practice inspection regulations	
To continually review the emergency dental service and assess its fitness for purpose	
To use the clinical governance framework to undertake patient quality assessment of the service and to encourage independent practices to do the	
To oversee the national clinical audit policy and process for all GDS practitioners	
To undertake an annual appraisal and job plan for all PDS dentists	
To oversee the provision of Oral and Maxillofacial Surgery, special care dentistry, orthodontics and restorative dentistry, within established care pathways and clinical networks.	
To oversee the delivery plan for the long term provision of an Orthodontic Service for Shetland (in conjunction with Consultant and NES).	Succession planning being scoped at present in conjunction with NES and Edinburgh Dental Institute
To produce a scoping paper for the establishment of dental laboratory work within NHS Shetland	
To continually ensure an effective skill mix within the dental team.	
To link with national oral health promotion project aimed at adults with additional needs.	

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Oral Health Services Direction are listed below:

- Staff recruitment and retention
- Access to care in North Isles
- Non establishment of further independent practices in Shetland
- Maintenance of an on-island orthodontic service

Case Studies

In order to provide maximum access to oral healthcare in the North Isles, we have introduced skill-mix. There is a dentist: therapist split of 3 days: 2 days meaning that the surgery is being used 5 days per week. We have tried to ensure that the patients are seen by the right clinician at the right location at the right time. We are still assessing the true effect of adoption of the skill mix model in a more remote area with regards to dentistry.

Appendix 2. 4 - Pharmacy & Prescribing

Pharmacy and Prescribing

Lead Officer: Chris Nicolson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
To provide pharmaceutical services within the hospital including procurement storage supply and dispensing of medicines.	All hospital wards and departments	Largely in line with Direction, compliance with the Falsified Medicines Directive is now complete	Performing well- Procurement is now done independently from Aberdeen allowing additional savings to be made.
To support and apply governance around prescribing both in the hospital and primary care, considering cost, effectiveness, training, safety and clinical input.	Hospital and 10 GP practices.	Largely in line with Direction.	The demand and need for input from pharmacy continues to overwhelm the resource available- behind target.
To ensure safe and appropriate contractual arrangements are in place for the delivery of community pharmacy. To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy	5 community pharmacies. 7 dispensing or partially dispensing practices	Yes New local contracts being developed for community pharmacies.	No major issues- ahead of target with additional support from the regulatory body now in place. There is now a published reports on each community pharmacy inspection.
To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland.	Hospital and 10 GP practices.	Largely in line with Direction	Performing well with available resource. On target

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
To ensure support training and governance in medicine use and administration in community care and care at home settings.	All care and care at home settings	Largely in line with Direction	Performing well with available resource. On target
To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy service.	All 10 GP practices	Largely in line with Direction however there is a need to grow the service in tandem with a single system of working in GP practices.	Due to smaller than expected Scottish Government (SG) we do not have ongoing funding to provide the level of pharmacotherapy anticipated.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at September 2019
Within the action plan the current priority projects are: – Safe transfer of medicines on admission and discharge – Pharmacists led interventions through pharmacotherapy. – Development of the pharmacy technician role – Diabetes prescribing – Respiratory Prescribing – Cardiovascular Prescribing – Polypharmacy and reduction in waste.	Areas of clinical work and role development are progressing, the availability of technician and pharmacist hours being the main rate limiting step. Recruitment and retention of pharmacists is increasingly difficult
Building on "Achieving Excellence in Pharmaceutical Care" develop a workforce plan to describe how a modern pharmacy service can be developed which incorporates the clinical specialisms and technical services and meets the increasing need for pharmacotherapy services.	Progressing this will highlight the areas where further redesign is needed. While recognising the need for specialist pharmacy input is essentials, more pharmacotherapy is meaning that in turn more traditional roles of the pharmacist and technician can also be delegated and met. The plan will now start by looking at succession planning and recruitment and retention issues.

Activity	Progress as at September 2019
Expand the work of technicians to increasingly provide support for 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.	Limited progress. The areas of involvement are increasing as outlined in the case study below, but the technician hours allacoted to the service are limited.
Fully participate in HEPMA roll out which will aid discharge arrangements and provide safer procedures for medicine prescribing and administration.	HEPMA is approved and should have functionality and be accessible by March 31st The speed of roll out will depend on the continuing availability of resources both in terms of staff and finance. HEPMA will improve safety and reduce the medication errors associated with hospital discharge.
Better systems for the management of repeat prescribing and pharmacotherapy within GP practices	Progressing, however databases in GP practices need to merge to increase the rate of improvement
The service will lead on governance for medicines prescribed by all clinicians in Shetland including those provided directly to patients by "Homecare" companies.	New procedures being developed. Pharmacy have adopted a standardised document control process.
The service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled drug monitoring.	Ongoing, stronger links with Grampian network now established**.**
The new General Medical Services contract in Scotland has identified that multi-disciplinary team working is crucial to reducing GP workload. As part of the agreed contract, every practice will receive pharmacy and prescribing support in the form of a pharmacotherapy service. The aspiration of Scottish Government is for a pharmacotherapy service to evolve over a three year period from 2018 – 21 with pharmacists and pharmacy technicians becoming embedded members of the core practice clinical teams to establish a sustainable service. Over the period, pharmacists and pharmacy technicians will take on responsibility for: a) Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines, medication review, compliance review, medicines management b) Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics	Although progress is good the . aspirations of the Scottish Government and NHS Shetland are not matched by the funding from Primary Care Improvement Fund.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Pharmacy and Prescribing Services Direction are listed below:

- Staff recruitment (availability and funding) and retention.
- Unpredictable medicines shortages and associated cost rises.
- Slow progress towards a single system of working in GP practices.

Case Studies

The Specialist Pharmacy Technician for the Community in Shetland recently presented to a national conference where the work undertaken by the technician in remote care homes and the island communities was recognised as innovation and excellence. Delegates felt this work could be rolled out across other areas of Scotland.

Medication problems developing in care homes are now identified and discussed with the technician while linking the dispensing practice, the care home and a nominated community pharmacy by video conference, this technology has already prevented harm and improved effective medicine utilisation.

There is a mechanism now in place whereby patients who appear to be struggling with medicine can be identified by adult social work, and referred to the technician helping to avoid medication misadventure and hospital admission.

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Appendix 2.5

Primary Care

Lead Officer: Lisa Watt

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

No significant changes since September

Service	No of service users / activity	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
10 Health Centres in Shetland providing GP services	22,957	Yes, in line with direction and no significant issues to report	All practice lists are "open" e.g. no restrictions on registering new patients
5 non-doctor islands which are staffed by community nurses and receive GP services from a local health centre.		Yes, in line with direction and no significant issues to report	GPs visit the islands on either an "as required" basis e.g. for palliative patients, or on scheduled visits every 4-6 weeks (weather depending)
Primary care provides Ophthalmic Services with three providers of ophthalmic services based in Lerwick.		Yes, in line with direction and no significant issues to report	No issues to report, the practices are all due an Opthalmic Adviser visit this year, which will be done in conjunction with NHS Grampian (visits take place every three years)
To ensure support training and governance in medicine use and administration in community care settings.		Yes, in line with direction and no significant issues to report	Pharmacy input into GP Practices and Care Homes continues
To support a multidisciplinary approach within GP Practices providing pharmaceutical input.		Yes, in line with direction and no significant issues to report	As above

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Plan, develop and implement Year 2 of the Primary Care Improvement Plan.

Activity	Progress as at September 2019
Improve the recruitment and retention of GP's in Shetland through leading on the "Discover the Joy" recruitment campaign, for which Shetland is the recruitment hub.	GPs have been recruited and placements have commenced
Actively pursue Schemes such as Remote and Rural Fellows Scheme	Applications take place yearly; there was low uptake amongst trainees this year and Shetland was unsuccessful in attracting a Fellow.
Increase the number of training practices in Shetland	Target is for two training practices and GP Trainers are undergoing the necessary training to be allocated GP trainee.
Development of local primary care team to include GP roles as envisaged in the new GP contract, pharmacy and other health improvement practitioner time working with community nursing, social care and other professionals such as OT to develop a more integrated model of health and social care – this ties in with the Primary Care Improvement Plan, which holds more information.	The Primary Care Improvement Plan for 2019/20 has been agreed and submitted to Government. Discussions will commence shortly to consider the 2020/21 Plan.
Develop service models for Shetland to suit the local context, to include different staffing models, within the funding received.	Work is underway to implement a single system of working across the salaried practices, to reduce duplication of work and streamline processes

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Primary Care Services Direction are listed below:

- timescales for implementation of national IT systems to support multi-disciplinary working.

Appendix 2.6

Community Nursing (including Intermediate Care Team)

Lead Officer: Edna Mary Watson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery
No of service users / activity: 22,957

Service	**Is the Service operating in line with the Direction?**	**How are the services performing?**
District Nursing - community based nursing service to individuals within their own home, or a care home, on a 24 hours a day, seven days a week, 365 days a year basis.	Yes, in line with direction and no significant issues to report	Services provided to meet clinical needs Increasing caseload sizes End of June – 474 patients End of Sept – 506 patients
Practice Nursing – at all 8 Board provided general practices.	Yes, in line with direction and no significant issues to report	Some reduced capacity continues in services currently due to vacancies and difficulty in recruitment but recruitment processes in progress
Advanced Nurse Practitioners – Advanced Nurse Practitioner posts based in Primary Care	Yes, in line with direction and no significant issues to report	On target, ongoing training programme
Specialist Nurse - Continence Nurse Advisor – Shetland wide service to support patients, care and nursing staff	Yes, in line with direction and no significant issues to report	On target, service development project in hand/ delivered in 3 care centres to date
Non-Doctor Island Nursing – nurses resident on the small outer islands of Fair Isle, Foula, Fetlar, and Skerries	Yes, in line with direction and no significant issues to report	Bressay project reported to IJB in Sept. New service model being implemented Discussions held with Skerries community – significant infrastructure challenges recognised and will impact on future sustainability of services Foula – work to

		commence with community re future health & care needs. Temp solution to support on island services being progressed
Intermediate Care Team – multi-disciplinary, partnership team focussed on provision of re-ablement programmes, additional support to increase independence on discharge home from hospital and provision of additional support at home to prevent unnecessary admission to hospital or care home.	Yes, in line with direction and no significant issues to report	On target – performance as per quarterly updates Staffing changes leading to temp reduction in OT Capacity. Recruitment in progress

Action / Improvement Plan

Activity	**Progress as at November 2019**
Explore / Test potential electronic solutions to record keeping for Community Nursing whilst awaiting new GP IT systems with longer term aim of being able to interface to GP, social and secondary care records	In hand – awaiting outcome of AHP pilot and then move forward in Community Nursing. Further potential options for CN system being considered
Further embed model of case management within Community Nursing Services, including addressing frailty	In hand
Continue to support implementation of eKIS Anticipatory Care Planning across the services	Continuous progress, increase in figures month on month as per performance report
Continue to progress review of local District nursing service in line with national Transforming Nurses roles" project, reviewing DN role against national Band 6 DN role position paper and skill mix of the team	In hand Entire service review currently in progress
Progress development of a 24hour nursing and care at home service, as a test of change, thus facilitating early supported discharge from hospital as well as avoiding unnecessary admissions	In hand in conjunction with Community Care Resources projects. Agreed by Professional

	Alliance organisational commitment to progress overnight nursing and care. Implementation plan in draft
Review model of service provision in remote areas, with respective communities, to ensure sustainable, safe, effective, person-centred services are in place	In hand, Bressay and Yell projects underway. Discussions in other communities as noted in non-doctor island section
Work with partner agencies, SAS (under Strategic Options Framework) and SFRS, regarding establishing First Responder services on Non-Doctor Islands	In hand, in conjunction with SAS / SFRS
Implement 'Attend Anywhere' capability on all Non-Doctor Islands to both support clinical consultations and enhance access to peer/ professional support for staff	In hand, separate project with bid funding to develop models. NDI Relief Nurse taking lead on implementation. Project plan drafted to complete roll out in 2019/2020
Progress development of General Practice Nursing in line with the national Transforming Nursing Roles Band 6 GPN position paper. Establishment of Skill mix teams.	Project continues to roll out at pace. Skill mix team structure in place, recruitment challenges as noted above

Vaccine Transformation Programme - ensure comprehensive approach to immunisation delivery to all people across Shetland; -Establish formal "VTP" team, for immunisation delivery across Shetland; -Discuss delivery, by VTP team, of Vaccine services for Independent Practices to be added to delivery model – by 2021	In hand, in line with the Primary Care Improvement Plan. Dedicated Travel service in place from June 2019 VTP team in place for delivery of Flu vaccination across age ranges and across Shetland geography
Community Treatment & Care Services (CT&CS) - Skill mix Practice Nursing team to support delivery of Community Treatment Room services; - Scope feasibility of centralised service to provide "open access" to care and treatment in Lerwick (support access to healthcare for working age population).	In hand, in line with the Primary Care Improvement Plan. Support of GPs for CT&CS approach to be developed Repeat Bid to Capital Projects Group re need for facility/location for CT&CS
Urgent Care (Advanced Practitioners) Continue to increase number of ANPs locally. 1 Qualified, 5 in development (LK), 1 development (Sc / Brae). Recruitment to additional posts as funded through Primary Care Improvement Plan.	Training in hand. No further recruitment planned currently
Set strategic direction for nursing in community settings by developing Nursing in Community Strategy	In progress post redesign activity
Implement Excellence in Care Community measures as a consistent and robust system for measuring, assuring and reporting on the quality of nursing practice in place in the Community. The system will inform quality of care reviews at national and local level and drive continuous improvements in the quality of nursing care.	Measures not yet agreed nationally – expected March 2020
Continue to progress opportunities for development within and by the Intermediate care team eg increased rate of falls assessment and advice provided by linking in with Bone Density Scanning service.	In hand, links to e-frailty tool.

<u>Key Risks and Issues</u>

The key risks and issues which may impact on the ability to achieve the Community Nursing Services Direction are listed below:

- timescales for implementation of national IT systems to support multi-disciplinary working.

Appendix 2.7

Adult Services (Learning Disability (LD) and Autism (ASD))

Lead Officer: Clare Scott

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

<table>
<tr><th>Service</th><th>No of service users / activity</th><th>Is the Service operating in line with the Direction? [1]</th><th>How are the services performing? [2]</th></tr>
<tr><td>Supported Living and Outreach Service (SL&O)</td><td><table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>42</td></tr><tr><td>August</td><td>44</td></tr><tr><td>October</td><td>44</td></tr></table></td><td>Delivery in line with Directions.</td><td>• Full occupancy and no vacancies in Supported Living tenancies.
• A small amount of Outreach Service is provided within existing resources
• Recruitment to Team Leader Supported Living and Outreach has concluded with Claire Derwin now in post.</td></tr>
<tr><td>Supported Vocational Activity Service (EG@S):
a. Accessing Service
b. KPI AS002:</td><td>a.<table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>62</td></tr><tr><td>August</td><td>64</td></tr><tr><td>October</td><td>62</td></tr></table>b. 33 (Year to October 2019)</td><td>a.
In line with Directions
.
b.
Annual target 30</td><td>a.
Change in numbers attending EG@S relates to individuals moving to other positive destination. This can include paid employment, volunteering, other training and development, etc
Service delivery to:
• maintain and improve the quality of life of supported people
• Contribute to reducing health inequalities

b.
Number of adults with LD/ASD obtaining a recognised qualification in lifelong learning; personal development; maintaining skills</td></tr>
</table>

<table>
<tr>
<td>Supported Employment and Training:
a. COPE

b. Project SEARCH</td>
<td>a.
<table><tr><td>2019</td><td>Participant numbers</td></tr><tr><td>June</td><td>20</td></tr><tr><td>August</td><td>20</td></tr><tr><td>Oct</td><td>23</td></tr></table>
<table><tr><td>b. Academic year</td><td>Project SEARCH student intake</td></tr><tr><td>2018/19</td><td>4</td></tr><tr><td>2019/20</td><td>6</td></tr><tr><td></td><td></td></tr></table></td>
<td>In line with Directions.</td>
<td>a. COPE: Supported training and volunteering.

<table><tr><td>b. Academic year</td><td>Project SEARCH into paid employment</td></tr><tr><td>2018/19</td><td>3</td></tr><tr><td>2019/20</td><td></td></tr></table></td>
</tr>
<tr>
<td>Short Break and Respite Services (NCL)</td>
<td><table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>31</td></tr><tr><td>August</td><td>31</td></tr><tr><td>October</td><td>32</td></tr></table></td>
<td>In line with Directions.</td>
<td>Short Break and Respite Project will consider level of eligible demand and how best to meet need now and into the future. This work will be supported and enhanced by the Community Led Support (CLS) programme underway and conversations with the wider community.
.</td>
</tr>
<tr>
<td>Day care for adults with learning disabilities and autism spectrum disorder (NCL)</td>
<td><table><tr><td>2019</td><td></td></tr><tr><td>June</td><td>8</td></tr><tr><td>August</td><td>10</td></tr><tr><td>October</td><td>11</td></tr></table></td>
<td>In line with Directions.</td>
<td>Increased demand and small waiting list (includes new request for service and requests for additional days). Short Break and Respite project underway to consider level of eligible demand and how best to meet need now and into the future. Outcomes will be supported and enhanced by the Community Led Support (CLS) programme underway.</td>
</tr>
<tr>
<td>Community Learning Disability Nurse (Learning Disability and Autism)</td>
<td>29</td>
<td>In line with Directions.</td>
<td>Specialist LD Clinical Model of service under review.
There is a waiting list for adult ASD diagnosis.</td>
</tr>
<tr>
<td>Support for unpaid carers of adults with learning disabilities and autism spectrum disorder.</td>
<td></td>
<td></td>
<td>Part of the wider carer data collected.</td>
</tr>
</table>

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Review of funded service for adults with learning disability, autism and complex needs, and includes support and services to unpaid carers.

Activity	**Progress as at August 2019**
Short Break and Respite Project	A Short Break and Respite Project commenced in January 2019 to consider the level of eligible need for short break and respite (SB&R) support and to develop a sustainable plan to meet current and future eligible needs. At the time of commissioning, focus was particularly on the service based at Newcraigielea. It was felt that whilst the service is highly valued by those who use it, there was room for deepening impact in terms of ensuring that all care and support provided by the Partnership is being recognised, contributes to people's quality of life and enables people to achieve personal outcomes wider than simply providing a building based service. The Project Steering Group continues to explore demand and use of Self-Directed Support (SDS) to identify new ways of working to improve quality and efficiency towards creating a sustainable model. There will be benefit to this project from the outcomes of the Community Led Support work; the implementation of actions following the Care Inspectorate SDS thematic Review; and with the development of the Rights and Risks Strategy, which Executive Manager Community Care Social Work is leading on.
Supported Vocational Activity service	As above (main table)
Employment	Project SEARCH is a one year transition to work programme, supporting young people with additional needs to gain skills and experience into sustainable employment. Locally Project SEARCH is delivered in partnership with Shetland Islands Council (Adult Services, Children Services and HR) and Shetland College, with work placements being offered in SIC and NHS S locations. Another route to paid employment is directly from Supported Vocational Activity.
Supported Living and Outreach	As above (main table)
Community Learning Disabilities and Autism Nurse	As above (main table)
Young people in transition into adulthood	As above (main table)

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Adult Services Direction are listed below:

- Young people in transition with very complex level of need.
- Recruitment and Retention - ongoing natural wastage across the service; increasing number of people previously available to social care now undertaking personal assistant work through Option 1 of SDS thereby reducing the volume of applicants. Increased focus on attracting applicants with the right value base and how those qualities can be evidenced through the recruitment process which can be intimidating process for some people.
- Pace of change to sustainable models; insufficient people and time resources to explore and embed new ways of working.

Case Study

Young People in Transition into Adulthood

There are a small number of young people with very complex needs in transition from children's to adult services. CH&SC are working intensively to meet the needs of these young people and families.. This requires new ways of working and development of the Assistive Community Transition Service (ACT) has commenced. This service will deliver a local provision of care for people who have learning disabilities and/or complex needs, to develop options for access to direct, flexible support where significant difficulty is being experienced and there is critical risk of breakdown of current arrangements. The fundamental outcome of the service being that wherever possible, no young person or adult with learning disability and/or complex need in Shetland, who require care, support or protection from the statutory services, is placed off island.

People who will use the service could include:

- Young people, including those with acquired needs;
- Adults with learning disability and/or complex needs ,
- People requiring repatriation from off island placements

Appendix 2.8

Adult Social Work – Update as of 31 October 2019

Lead Officer: Peter McDonnell

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery – October 2019

Service	**No of service users / activity**	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
Screening of Referral to establish whether or not a social work response is required	97 Duty Contacts	Yes, in line with Direction	See a) below. There has been high demand on Adult Duty service, which is being monitored
Assessment of social need and care management	77	Yes, in line with Direction	See b) below Review of performance criteria
Mental Health (MH) assessment, support and intervention	4	Yes, in line with Direction	Within timescales
Adult Support and Protection	**30	Yes, in line with Direction	Within timescales
Out of Hours Social Work Service	14	Yes, in line with Direction	See c) below

a) Duty contacts in April, no monthly monitoring in place.
b) Includes all assessments from monthly figures (including OT); most likely under reporting if the overdue figures are anything to go by.
c) 17 Out of Hours emergency contacts in April, no monitoring to date.

***** In October, there were 4 MH Assessments, 5 MHO Contacts and 3 MH Review recorded

** There has been a significant increase in adult support and protection issues with the figures for October reflecting a more recent pattern, which we have been working with a range of agencies to both understand, and respond to.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at 31 October 2019
Community Led Support (CLS) programme	Ahead of target. • 1 & 2 July National Development Team for Inclusion (NDTi) site visit for CLS Readiness Check • 3-5 September, CLS Taster Sessions • 1-3 October, Getting Started workshops Next stages: • 14 November – the 'Customer Pathway' • 25-29 November – 'Strength Based Conversations' workshops • 3 December – Evidence & Learning
Taking an 'asset based' approach to needs assessment, whereby the assessment of need starts from the premise of what a person is able to do for themselves, then works outwards to statutory provision	On target. Feedback from Care Inspectorate thematic review of self-directed support identified that 98% of assessments were seen to take an asset approach. As noted, training to be delivered 25 – 29 November on Strength Based Conversations by NDTi, as part of the roll out of the Community Led Support Programme.
Provide information on the 4 Options within Self-directed Support, which allows people to choose how their support is provided, and gives them as much control as they want of their individual budget	On target
Supporting the further development of integrated local teams, building resilience and cover especially around single handed practitioners and out of hours arrangements	Under review – will form part of the work within the Community Led Support programme. It is anticipated that the innovation site will be identified before the end of the year.
Maximising the use of Anticipatory Care Plans	Under review
Apply, where appropriate, emerging technological solutions to support people to live independently at home	On target / under review
Support for financial wellbeing, fuel poverty and social isolation / loneliness	On target
Working with partners to explore community transport arrangements to support people	Adult Social Work contributing to wider Council Review.

being able to be connected within and between communities	
Coordinated support for young people with additional support needs in transition into adulthood	Below target. Action plan to be progressed, via multi-agency short life working group.
Thematic Review of Self-directed Support Action Plan	On target. Action plan approved by IJB on 5 September 2019

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Adult Social Work Direction are listed below:

- Recruitment and retention – until recently, Adult Social Work has had positive outcomes in terms of recruitment, however, efforts to recruit to a temporary social worker vacancy have been unsuccessful (post advertised 4 times) thus maintaining full capacity is an on-going issue, due to staff leaving, maternity, and absence.
- Ability to 'scale up' activity from range of improvement plans – there is a significant amount of work being undertaken that requires resource (people) around this to lead. Community Led Support may provide some of the 'scaffolding'.
- Time needed to embed an asset based approach with all stakeholders

Case Studies

There are considerable challenges around the provision of 24/7 care in the community, and the setting of thresholds for residential care, which is a mechanism local areas are using within their resource allocation framework for self-directed support. A robust discussion of this has taken place within Adult Social Work during the past 12 months, as this should not been interpreted as 'capping' care, whereby we effectively force individuals down the route of residential care, which is neither in their best interests, nor securing a better outcome.

National policy identifies the need to enable and support people to remain in their own accommodation for a long as possible, so they are within their local community, with family and friends around them. In setting thresholds, we should be clear that this is intended as a guide to assist with greater equity in the distribution of limited resources. It is not a ceiling and it should allow some flexibility, to meet individual assessed need.

However, this is a very complex area, with no easy solution, as resource allocation processes and mechanisms are challenging us all, as we look to manage significant budgetary constraints, and follow the public pound. It seems that whatever system of resource allocation we look to put in place it becomes about the money. Thus, we can find services slip back into process, and these financial drivers and procedures are not supporting and enabling staff to focus on applying the values and principles of delivering better outcomes from co-produced assessments and person centred, asset based support planning.

Thus, the challenge is how we balance two of the key messages from the Audit Scotland 'Self-directed support 2017 progress report':

1. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.

2. Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have… Authorities' commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people's choices."

As outlined within the Adult Social Work service plan, we continue to work towards an enhanced level of support to enable supported people to "live, as far as reasonably practicable, independently and at home or in a homely setting in their community". Improvement plans across Community Health & Social Care have the potential cost benefit of reducing reliance on the provision of 'sleep-ins' within a range of packages of support, enabling us to create efficiencies, whilst maintaining individuals safely within their place of choice in their community.

However, there is a significant current and forecast funding gap between the cost of services and available funding. Effort needs to be made to find sustainable models of service within the available funding levels.

The current projected overspend for self-directed support over 2019/2020 is £597,000. This has been, in part, impacted by legal decision that led to an uplift 'sleep-in' costs from £35 per night to £106, as increasingly we are being successful in our ambition to support people to remain at home, rather than being admitted to residential care. We are also continuing to see an increase in self-directed support packages, and as we look towards developing timelier, early intervention through self-directed support and CLS, this may increase further, whilst we look to shift the balance of care from high cost, crisis interventions.

Appendix 2.9

Community Care Resources

Lead Officer: Jaine Best

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	**No of service users / activity**	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
Residential Care for long term care and short breaks (respite)	114 permanent /34 respite	Yes, in line with the Direction	Evidence of increased use of placements for respite/reablement and intermediate placement
Day Services	157	Yes, in line with Direction	Includes Adult Services
Care at Home	254	Yes, in line with Direction	
Domestic	154	Yes, in line with Direction	Some reporting anomalies- are being addressed may include some personal care clients
Meals on wheels (MOW)	371	Yes, in line with Direction	All MOW deliveries carried out by SIC staff as from 30 September

Action / Improvement Plan

Activity	**Progress**
Provide support to unpaid carers through extended, 'drop in' day care services in Lerwick	Service under development
Carry out level 1 and 2 needs assessment across the over 75's in Whalsay trialling simplified assessment tools. Map existing resources and develop arrangements to best meet those needs including preventative services outwith the Partnership	To be undertaken as part of Community Led Support
Explore geographically dispersed models for care at home in the South Mainland including enhanced and overnight provision	Plans currently under review and funding sources being identified
Develop a 24/7 response service in Lerwick to provide nursing and social care support	Project plan and timescale for implementation under development
Develop Outline Business Case for capital and revenue investment in telehealth and telecare resources	This is a significant piece of work not only in respect of identifying investment required but identifying the most appropriate mechanism for planned spending and maintenance etc.

	The current system of utilising revenue budgets are not sustainable.
Co- Production. Working with the Community in Yell to explore ideas and develop services that are safe and effective; able to be staffed by permanent staff without relying on agency or locum arrangements and affordable	This project is progressing and there is overlap with Community Led Support Project. In the meantime the alternative venue for reablement, palliative care and respite on Yell has welcomed its first service user.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Community Care Resources Direction are listed below:

- recruitment and retention
- ability to 'scale up' activity from improvement plan
- sustainability of commissioned services

Appendix 2.10

Criminal Justice

Lead Officer: Denise Morgan

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	No of service users / activity	Is the Service operating in line with the	How are the services performing?[2]
Diversion from prosecution services.	7 (April – Nov)	Yes	Service is performing well. Individuals receive assistance with their behaviour without having to be prosecuted through the court system.
Bail information and supervision.	0	Yes	Service is underused.
Criminal Justice Social Work Reports.	38(April-Nov)	Yes	Service consistently meets targets. Recent quality assurance of all reports showed a 98% score in quality of report writing.
Supervision and management of individuals subject to Community Payback Orders.	43	Yes	Individuals are completing personal plans specific to addressing offending behaviour and associated needs. Positive outcomes are being reported during reviews and exit
Unpaid Work Scheme.	48	Yes	Service is performing in line with targets. Feedback from beneficiaries is positive
Statutory and Voluntary Throughcare.	3	Yes	Service is performing well. Good uptake of voluntary throughcare.
Public Protection – MAPPA	Included in CPOs	Yes	Full cooperation from partners in the management of high risk individuals.
Out of Hours Social Work Service	Data unavailable	Yes	Individuals are responded to in a timeously manner and concerns addressed until the services open for business the next

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	**Progress as at June 2019**
Develop Whole System Approach (WSA) arrangements for young people up to the age of 21 and 26 for care experienced adults.	WSA is in operation, looking at best way of identifying and reporting on progress. On target.
Support focus group to review Community Reintegration on Leaving Custody.	Housing are leading on this action with support from Criminal Justice Social Work**.**
Work with partners to plan and deliver recreational and employment opportunities	Outward bound activities and access to leisure facilities have been accessed. This focuses on improving mental health, self esteem and developing more appropriate activities.
Raise awareness of community payback scheme within the local community.	Word of mouth and promotion at partnership meetings is ongoing. Projects will be advertised during the country shows.
Explore better information management processes to increase feedback from service users, staff and partners.	Currently reviewing information management processes across services.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Criminal Justice Direction are listed below:

No key risks at this time.

Appendix 2.11

Allied Health Professionals

Lead Officer:

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	**No of service users / activity**	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
Dietetics	There are currently an average of 17 patients per months who opt in for an outpatients clinic appointment with a dietitian There are currently 265 active service users.	Yes	Max. Waiting time should be 12 weeks. Between 04/01/19 to 30/09/19 42 patients(31%) out of 135 patients needed to wait more than 12 weeks to get an appointment with the dietitian, but 69% get an appointment within the target time.
Occupational Therapy	1091 referrals in the last year, for assessments to 727 clients.	Yes	Waiting lists increasing due to increasing demand for assessments and additional tasks being undertaken by the team (HBMR and some housing assessments), further impacted by reduction in staff. Fixed term contract for OT out to advert which will help in the medium term. Urgent assessments being completed within timescales. We are reviewing data to better understand the impact on resources of increased numbers of referrals, and the increasing complexity of the needs of our patients

<table>
<tr><td></td><td></td><td></td><td>and clients. This work is ongoing with support from HR and the Swift team.</td></tr>
<tr><td>Orthotics

Triage</td><td>Approx 2500 active users with some 1100 appointments per year. All patients are MSK.

Conservative treatments where possible. Orthopaedic triage to reduce consultant appointments.20 /week</td><td>Yes

YES

No</td><td>Meeting 4 week target in Shetland except around holiday times.

Holiday times may miss some referral triage targets.</td></tr>
<tr><td>Physiotherapy</td><td>2090 referrals received in 2018</td><td>yes</td><td>November 2019: Service meeting all waiting times targets</td></tr>
<tr><td>Speech and Language Therapy</td><td></td><td>
<table>
<tr><th>Current Activity April 2019</th><th>Numbers Service Users</th></tr>
<tr><td>Adult patients including voice and neurological conditions</td><td>46</td></tr>
<tr><td>Adults with learning disability</td><td>21</td></tr>
<tr><td>Children under school age</td><td>103</td></tr>
<tr><td>School age children</td><td>202</td></tr>
<tr><td>Total new referrals in 2018</td><td>191</td></tr>
<tr><td>New referrals Jan to July 2019

Adults</td><td>

40</td></tr>
</table>
</td><td>yes</td></tr>
</table>

		Children Total new referrals Total caseload July 2019 New referrals January to October 2019 adults children Total caseload October 2019	71 111 368 187 60 127 404	
<u>Podiatry</u>				
Core Podiatry.	600+ annually.	Yes		Patients seen usually within assessed timescale.
MSK.	300+ annually.	Yes		Pressure on MSK service due to single specialist clinician. Meeting 4 weeks RTT target.
Diabetes screening + assessment.	Potentially 1300 + persons with diabetes.	Yes		Performing well in comparison with Scottish figures.
Vascular assessment neurological assessment.	All new patients plus “at risk”.	Yes		Appointed and assessed within 12 RTT target.
Orthopaedic triage.	Average 20 per week.	Yes		Triage reducing number of patients requiring Orthopaedic intervention.

Orthopaedic VC clinics.	6 patients per clinic.	Yes	New service improving patient outcomes. Negates need to travel south for assessment MSK Podiatrist to lead this service.
Surgical intervention.	60 + annually.	Yes	Excellent patient feedback.
In shoe device prescription.		Yes	Cost effective interventions.
Education, training and advice.	Demand led.	Yes	Well, empowering and enabling service users.
High risk foot clinics.	Available to all patients, carers, family and friends.	Yes	Well, rapid access, multidisciplinary working.
Falls prevention and education.	Weekly average 6 patients per clinic.	Yes	Well received. Clinic has shown increase in referrals.
Wound care.	All relevant “at risk of falls” patients, plus Otago programme.	Yes	Rapid access to service.
Services provided Shetland wide in health centres, hospital, care centres, domiciliary settings.	Demand led.		Pressure on availability of clinical facilities.
Service access.	Demand led.	Yes	Access to outlying health centres becoming problematic.
Brief Advice interventions.	Average of 40 + new patient referrals received per month.	Yes	Increasing number and complexity of referrals. Seen within 12 weeks RTT target.
	Delivered to		Well.

	appropriate services users and signposting to relevant services.		

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Description	Lead Officer	Start ate/target	Progress Report as at August 2019
Collaborate with colleagues in education on Emerging Literacy programme	Clare Burke	April 2019, ongoing	Ongoing, Network meetings planned to look at next steps in August 2019
Developing the Universal and Targeted levels of the SLT service through joint working with other services.	Clare Burke	ongoing	Ongoing Training opportunities offered to partners, SLT attendance at Playday in August
Explore alternative service delivery options including "Attend Anywhere" and intensive SLT for short periods versus less frequent input for longer periods.	Clare Burke	April 2019	Ongoing SLT now using Attend Anywhere. SLT clinic on Shetland Intranet
Implement actions relating to Augmentative and Alternative Communication	Clare Burke	ongoing	Ongoing NHS Shetland SLT representative on national short life working group (SLWG) representing remote and rural, looking at AAC learning
Contribute to developments with autism spectrum disorder (ASD) and neurodevelopmental (ND)pathways	Clare Burke	April 2019 -2020	Ongoing Attended National Autism Implementation Team meeting , and foetal alcohol spectrum disorder (FASD) training
Installation of 3D scanning to reduce the number of visits required by patients.	Laurence Hughes	October 2019	December2019 May be delayed until Jan 2020. Some equipment has been purchased in advance which is portable.
Reduce DNA rate to 5% by implementing Patient Focus Booking	Laurence Hughes	August 2019	December 2019 Achieved.
Ensure Brief Interventions are embedded in practice	Laurence Hughes	April 2019 ongoing	April 2019 ongoing. Can be monitored at next file audit.
Undertake a service review and implement any resulting recommendations.	Laurence Hughes	April 2020	This will be moved to late 2019
Maximise support to people with dementia and their families, partners and carers to live	Lorna Willis	April 2019 ongoing	On target HBMR pilot successfully completed and ready to

positive, fulfilling and independent lives. Develop and maintain the Post-Diagnostic Support Service for people with Dementia, and their carers, and scale up the implementation of Home Based Memory Rehabilitation			move to wider implementation
Develop a mental health OT service underpinned by the Scottish Government's priorities and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness. To focus initially on intervention via Primary Care.	Lorna Willis	April 2019 ongoing, subject to identified funding	On target
Develop and improve vocational rehabilitation provision via the Employability Pathway, now funded by SIC under the IJB. Develop new and evidence based interventions for eligible client groups, working in partnership with CMHT, and NHS colleagues in the community.	Lorna Willis	January 2019 ongoing	Underway with further development planned
Implement and develop an advice and information service, with a display area of equipment for trial and demonstration, based at the ILC	Lorna Willis	Following release of funding for building alterations, this will be ongoing throughout 2019/2020	Waiting for funding approval
Develop the use of the Independent Living Centre, including an equipment display area, to allow for more accessible and flexible clinic space and provide improved options for delivery of services out with the hospital setting.	Jo Robinson, Lorna Willis, Laurence Hughes	Following release of funding for building alterations, this will be ongoing throughout 2019/2020	Equipment funding approved for 2019/20 Awaiting planning approval. Possibly Jan 2020 for a move to the Independant Living Centre.
Implement recommendations from Podiatry 5 year training plan	Chris Hamer	Dec 2018 complete by 2023	3 Podiatrists attended national conference. 3 Podiatrists have received funding for shadowing on mainland.
Build on and develop Specialist Podiatric services	Chris Hamer	Jan 2019 ongoing	Services continue to develop and mature..
Develop the orthopaedic triage VC clinic	Chris Hamer	Oct 2018 Ongoing	Clinics now in operation. Shadowing to take place.

Continue to monitor and instigate effective and efficient models of practice delivery	Chris Hamer	Nov 2018 ongoing	Ongoing and continual development.
Devise and implement Tier 3 weight management pathways	Stefanie Leask	Complete by December 2020	Was completed in September 2019 due to recently released new Standards for delivery of tier2 and tier3 weight management needs to be reviewed
Complete review of NHS Shetland/ SIC Nutrition Policy	Stefanie Leask	Complete by August 2020	Still ongoing
Implement an Oral Nutritional Supplement Pathway	Stefanie Leask	Complete by August 2020	Still ongoing
Explore reasons for high DNA rate in MSK service	Fiona Smith	Currently under review (May 2019)	July 2019: Review of workforce plan will be complete by 31 August 2019
Establish physiotherapy support for rheumatology clinics and injection therapy, including consideration of options for service continuity and succession planning			
Explore options for ensuring continuity of strong links with APP in orthopaedics in NHS Grampian, particularly with regard to clinical support and supervision			
Complete review of community physiotherapy service, including community rehabilitation and input to Intermediate Care Team			
Explore options for improving self-management and patient education			
Review line management structure for physiotherapy team			
Consider options for recruitment, and how to manage risk, if there are ongoing difficulties and gaps between supply and demand.			
Explore options for Upper Limb rehabilitation			
Explore options for MSK Advanced Practice Physiotherapist in primary care, in conjunction with national group			
Develop succession plans for retirements and consider future options for paediatric service.			
Exploration of reasons for high referral rates and appropriateness of referrals.			

Investigation of re-referral rates and reasons for these.			
Continue service improvement work as identified within MSK and long-term conditions teams.			
Development and training as per physiotherapy training plan	Fiona Smith	March 2020	July 2019: Underway as per approved plan (funding for high priority only).

Key Risks and Issues

- High and increasing referral rate
- Maintaining waiting times dependent on staffing resource.
- Recruitment challenging at higher grades and no local bank staff.
- Limited resources for training and development

Appendix 2.12

Health Improvement

Lead Officer: Elizabeth Robinson

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
Information and advice, awareness raising, education and capacity building to tackle wider issues impacting on health using range of tools and across a range of settings i.e. schools, work places, care centres, with a proportion of settings being within health and care, and a substantial amount external to health and social care.	In line with direction	Resource Officer post now filled; work continuing to update website,
Delivery of range of training programmes: • Mental Health First Aid (adults and childrens' versions) • Mentally Healthy workplaces • Self-harm awareness, • Raising the issue, • Health Behaviour Change.	In line with direction	3 x MHFA courses delivered, 3 x Mentally Healthy Workplace, Raising the issue and Health Behaviour change continue to be delivered.
Management, co-ordination and direct delivery of health improvement/prevention/ inequalities programmes or projects; i.e. Inequalities targeted lifestyle checks, Health Walks.	In line with direction	Diabetes risk assessments under development, Health Walks continue to be delivered, 5 more walk leaders trained.
Direct delivery of evidence based health improvement interventions in primary care: smoking cessation, adult and child weight management programmes, Get Active (for the least active), Behavioural Activation (low level mental health support programme) and support with online Cognitive Behavioural Therapy programme.	In line with direction	On target, apart from smoking cessation – but improvement plan in place.

Service	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
Conduct Health Needs Assessment, Health Impact Assessments and Evaluation to encourage decision makers to take decisions which increase and do	In line with direction	Health Impact Assessment planned on Local Development Plan options, community/locality health needs assessments under way.

not damage health, to create positive healthy environments, and reduce inequalities in health.		
Lead and/or actively participate in a range of local strategic and operational partnership groups representing health improvement/public health i.e. Integrated Children and Young People Forum, Active Shetland Strategic group and sub groups, Mental Health Partnership and Forum.	In line with direction	Leading on or actively engaged in Active Shetland Strategic Partnership, Community Learning Partnership, Community Justice Partnership, Integrated Children and Young People's Partnership, among several others.
Represent Shetland at a national level through active involvement in national forums and groups i.e. National Child and Adult Healthy Weight Leads group, National Child Poverty Group.	In line with direction	Active engagement in national forums and groups means that we are maintaining up to date knowledge of new approaches and involved in developing strategy and policy at a national level.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	**Progress**
Building capacity across NHS and IJB for prevention by increasing prevention agenda input into staff induction and CPD for other professional staff e.g. AHPs, social care, primary care staff	On target – programme of CPD now being delivered.
Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through the Shetland Community Plan, Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.	Local Workplan in place which describes contribution to local priorities. .
Work with partners to reduce the overall smoking rate in Shetland from 14.6% in 2019 to 5% by 2022. Work with pharmacy and other colleagues to achieve the target for the number of successful quits for people residing in the 60% most-deprived data zones in Shetland (43 quits) but still waiting confirmation of target for 2019/20. The smoking targets above contribute to the outcome to reduce the incidence of smoking related disease in Shetland, such as COPD, and improve healthy life expectancy.	Behind target but improvement plan in place, which relies on more frontline staff 'raising the issue' and referring into services.
Support Primary Care, A&E and Maternity to achieve the annual target for Alcohol Brief Interventions (261), in order to reduce the burden of alcohol related disease and socio-economic costs of alcohol.	Behind target, but improvement plan in place.
Support Community Planning Partners to take action to tackle the obesogenic environment; the outcome is a reduction in numbers of adults who are overweight or obese, which will in turn contribute to reductions in Type II Diabetes, Cardiovascular Disease and some cancers.	Unlikely to see impact within 1 year – longer term target. Planning has started on a whole systems approach to tackling obesity, under the umbrella of the Partnership Plan.

Reduce the proportion of children with their Body Mass Index outwith a healthy range (>=85th centile) (to 15% of Primary 1 children).	Unlikely to see impact within 1 year – longer term target.
Support partners in working towards achievement of 50% of adults meeting moderate/vigorous physical activity (MVPA) guidelines.	Unlikely to see impact within 1 year – longer term target.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Health Improvement Direction are listed below:

- capacity within other teams to incorporate health improvement approaches into their work.

Appendix 2.13

Hospital Based Services

Lead Officer: Kathleen Carolan

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=24046

Service Delivery

Service	**No of service users / activity**	**Is the Service operating in line with the**	**How are the services performing?**[2]
Renal Dialysis	12	Yes	We have experienced an increase in the number of people requiring dialysis; this has led to a review of the skill mix in the team and a capital programme to extend the Renal Unit to include 2 additional dialysis stations. Funding from NHS Shetland access allocation has been used in the short term to manage the gaps in the workforce and help create resilience, but longer term funding will be required to ensure the service is sustainable and this is reflected as a risk in financial planning cycle for 2020-21.
Sexual Health	Not applicabl	Yes	
Unscheduled Care	See attached presentation	Yes	A&E performance is consistency above 95%, which is a proxy measure for the functioning of the wider emergency care system. Data on access to emergency care, including readmission rates is shown in the case study section.

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at November 2019
1. Using the Integration Fund to ensure that there are robust and responsive community services and hospital admissions only happen where appropriate. Focus on reducing lengths of stay in hospital, better liaison between community and hospital services and looking at early intervention available in A&E.	The professional alliance is leading on the review of unscheduled care services. The intention is to identify and work on tests of change from Q3 onwards. Dates for workshops for the rest of 2019 have been agreed.

2. Clear pathways for further/specialist assessment of conditions of old age in the community setting e.g. dementia through Community Mental Health/Dementia Liaison Services.	A review took place in 2019 of complex older people's pathways and actions that can be taken collectively to further develop specialist pathways e.g. community led support and re-enablement in hospital.
3. Further develop the advanced practitioner model to support primary care settings (including remoter localities in Shetland) and the emergency practitioner role in the Hospital.	Additional training posts have been funded using NHS Shetland Transformational Fund allocation to support advanced practice in the Hospital setting. Two trainees have been recruited and a further post is out to advert. Work is also progressing to develop advanced practice roles to support forensic and custody healthcare.
4. Undertake an options appraisal to determine how best to deliver healthcare services OOHs and overnight – with greater integration of hospital and primary care teams and identification of 'whole system' solutions.	See progress against the professional alliance initiative (activity 1).
5. Further developing early supported discharge from hospital (e.g. in conjunction with the intermediate care team in the community) and co-ordination of the discharge planning process to reduce patient flow pressures.	The development of a discharge lounge and using a daily discharge plan at ward level are part of our current unscheduled care plan for 2019-20 and will be funded via the Winter Plan allocation
6. Putting a local emphasis on developing shared information systems, records and assessments to reduce duplication and support decision making.	Acute eHealth Programme Board is leading on the implementation of systems to support remote clinical decision making, prescribing and technology enabled care.

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Hospital Based Services are listed below:

- Our workforce is made up of many small teams and that means some services remain fragile. We have particular challenges in sustaining the renal nursing workforce because of the highly specialist nature of the nursing roles and competencies required. We are working is NHS Grampian to look at role development, skills maintenance and succession planning. We also have significant gaps in the medical workforce and have had success in supporting clinical placements for junior doctors which will help us to maintain medical services in the future (e.g. exposure to remote and rural practice), but we still carry risk in our current senior medical cohort and we have looked at alternative roles e.g.

emergency care practitioner as an alternative and put risk assessments in place for the current service arrangements.

- Affordability of the current models is a key challenge because of the diseconomies of scale across services. We are reviewing how best to deliver services and use technology enabled care as a means of improving access, sustainability and reduce costs.
- We will need to determine at a strategic level what the balance of locality based services and centralised services we need to deliver services safely and affordably – our overnight care services (social care, community and primary care) are largely based on models using 'on call' staffing. The concept and aims are clearly articulated in the joint commissioning plan, but we need to build on the professional alliance concept to look at how best to implement new, multi-agency models of care.
- We will need to develop a clear e-health strategy which focuses on technology enabled care – to support decision making and create opportunities for connecting locality based services with secondary and specialist care services. This needs to be developed at pace to support new ways of working.
- We will need to develop a clear approach and strategic plan to support role development to support new models of care across Nursing, Midwifery, AHP and Health Science professions. The advanced practice model has helped to support increased capacity and access to primary care services; we have completed a service needs analysis to describe how we can develop the model across Shetland over the next 4 years, reflecting the timeline for new roles to be developed
- There is more work to do in developing our signposting, redirection and health education/awareness services to ensure that the public know what services are available, when they are available and how to access them appropriately. This needs to be developed at pace to support new ways of working

Case Studies

Day of Care Survey which was undertaken by a multi-disciplinary team working across Hospital and Community services. The data is a snapshot of hospital activity on 29/10/19, where 45% of patients were in Hospital, but did not meet the criteria (for hospital care). This figure is higher than previous surveys where the average proportion of patients in hospital who did not meet the criteria was 30%.

Work will be undertaken via the multi-disciplinary discharge group to better understand the factors underlying the Day of Care survey findings.

Day of Care Summary Figures (29/10/2019)

Bed occupancy	70%
Number of beds in survey (allocated beds)	44
In-patients surveyed	31
Beds closed	0
Patients being discharged today	2
DoC criteria for day of care not met	13
Proportion of top 6 reasons accounting for delayed discharges	100%
Proportion main reason accounting for delayed discharges	15%

Criteria Not met

Reason not discharged Group - Acute specific (within hospital control)	5
Reason not discharged Group - Acute specific (within hospital control) -	38%
Reason not discharged Group - System issue (outwith hospital control)	8
Reason not discharged Group - System issue (outwith hospital control) -	62%
Reason not discharged Group - Other	0
Reason not discharged Group - Other (percentage)	0%
Criteria not met, alternative "home"	5
Criteria not met, alternative "home" (percentage)	38%
Criteria not met, alternative "non-acute bed"	0

Length of stay

Criteria not met: L.O.S. ≤ 7 days	4
Criteria not met: L.O.S. 8-14 days	2
Criteria not met: L.O.S. 15+ days	7
Criteria not met: L.O.S. 15+ days (percentage)	54%

Bed numbers

Total beds in survey	44
Bed closed	0
Beds empty	13
Patients not allocated beds (on trolleys)	0
Patients on unfunded beds	0
Admitted greater than 24hrs before day of audit	29
Admitted less than 24hrs before audit	2
Missing admission dates	0
Total	**31**

Not Met/Met Criteria Summary

Met and not over-ridden	16
Not met but over-ridden (appropriate stay)	0
Missing (assumed met)	0
Sub-total (met)	**16**
Not met and not over-ridden	13
Met but over-ridden (inappropriate stay)	0
Sub-total (not met)	13
Total	29
All inpatients excluding discharges	29
Criteria not met % (excluding discharges)	**45%**
Criteria met % (excluding discharges)	**55%**

Boarders

Total Boarders	0
% of patients boarding	**0%**

ED

patients in ED awaiting admission	0

Ward Specialty with highest volume of DoC Not Met

Gen Medical	8

Unpaid Carers

Appendix 2.14
:
Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23848

Service Delivery

Service	**Is the Service operating in line with the Direction?[1]**	**How are the services performing?[2]**
The services will include, but not be limited to: - New Craigielea - Care Centres (Respite) - Non Residential Respite - Carers Lead Training - Waiving Charges - Carers Attendance Scheme - Information and Advice	Services are performing in line with the direction.	Unpaid Carers are well supported locally through a range of Health and Social Care interventions. Areas of development are underway to ensure we identify new carers and also try new ways to support carers through Self-directed Support. This will include some 'test of change' support packages that will be funded through Voluntary Action Shetland (VAS) (who were recently awarded £10,000 Carers Act Transformation Support Funding for this) working alongside the short breaks project with New Craigielea. Carers Attendance Scheme are now delivering the first Self Directed Support (SDS) package direct to a family – further discussions on this being available to others are planned. Information and Advice Services are delivered through the Citizens Advice Bureau (CAB) and VAS in line with current service level agreements (SLA). Carers week was a success this year with 165 contacts made with individuals and with 11 new carers identified. VAS are currently supporting 153 Carers. The Section 28 project has started and progress on identifying carers, offering support and ensuring that carers are involved in discharge planning is underway. Unfortunately, the Carers Hospital Liaison Worker has left the post and the Adult Social Work Team are now looking at recruitment issues. As this is a short –term project this might be difficult. The Hospital staff member remains in post with their main role to identify Carers on the ward and educate other ward staff on their responsibilities under the Carers (Scotland) Act. Work is underway to ensure we capture

		meaningful data about what difference we make to Carers lives; through gathering personal outcomes information. The Community Led Support programme may well change the way we capture outcomes information.

Action / Improvement Plan

Activity	Progress
Identify Carers	21 new carers identified between April 2019 – June 2019. (SIC) (13 between the age of 18-64, 8 over 65. 16 females and 5 males)
To be supported and empowered to manage my caring role	This information will be included in new data collection
To be enabled to have a life outside caring	This information will be included in new data collection
To be fully engaged in the planning and shaping of local services.	This information will be included in new data collection
To be free from disadvantage or discrimination related to their caring role	This information will be included in new data collection
To be recognised and valued as equal partners in care	This information will be included in new data collection

Key Risks and Issues

The key risks and issues which may impact on the ability to achieve the Unpaid Carers Direction are listed below:

- Identification of Carers continues to be a challenge due to the stoical nature of carers, although there appears to be an increase in this last period of new carers identified. The focus on the cared for person and service led models of support, which whilst appropriate, are not suitable / accessible to all Carers.

- New local data collection is required in order to understand how well we are supporting Carers, through the implementation of the Carers (Scotland) Act 2016 (Carers Census Data). Work is underway to ensure we incorporate measures to systematically and consistently collect and collate the appropriate information. This includes work with the Planning and Information team to ensure the new data software system can capture what is needed and review of the recording tools that frontline staff use to gather meaningful information about carers' outcomes.

- This recording template has given us an appropriate framework to summarise information that helps us relay meaningful information to the IJB in relation to the direction.

Appendix 2.15

Domestic Abuse and Sexual Violence

Lead Officer: Susan Laidlaw

Link to Approved Direction:
https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23530

Service Delivery

Service	Is the Service operating in line with the Direction?[1]	How are the services performing?[2]
Custody Healthcare and Forensic Medicine Services	Yes, in line with direction and no significant issues to report	On target
Referrals to Shetland Rape Crisis	Yes, in line with direction and no significant issues to report	On target
MARAC Case Conferences	Yes, in line with direction and no significant issues to report	On target
Referrals to Shetland Women's Aid	Yes, in line with direction and no significant issues to report	On target
Refuge Service	Yes, in line with direction and no significant issues to report	On target

[1] This is delivery of the service model – access to services, level of service, etc.
[2] This is an assessment of performance – against agreed targets, as set out in the performance indicators report.

Action / Improvement Plan

Activity	Progress as at September 2019
Secure funding for the continuation of MARAC for 2018-19 and beyond.	Subject to continuing funding from CHCP for co-ordination element and national Violence Against Women (VAWG) funding for advocacy post.
Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.	We have put in place a contract with Custody Medical and Offenders Services (COMS) to provide FME input to patients in Shetland. The pathway is that the FME will travel to Shetland and the patient is seen in our local custody suite. This pathway has been tested in October 2019 and worked well and so we take assurance from this that we are closer to being able to meet the HIS standards/requirements. If for any reason it isn't possible for the FME to attend or a patient wishes for confidentiality to be seen in Aberdeen that need to travel for assessment off island will be part of a clinical pathway supported by the Scottish Ambulance Service (SAS) and not a commercial flight. There are eight nurses/midwives who have completed the NES training to provide a chaperone and other clinical input i.e. sexual health and counselling input to victims. We have a 24/7 rota in place and CPD sessions are held once a month to review clinical pathways etc. The last session in

	September included input from Rape Crisis Shetland and Police Scotland (SOLOs). SG has funded this model for 2019-20, but it is expected that at the end of the pump priming funding, the IJB/Board will be expected to fund the full cost of the service from 2022 onwards. There are particular challenges across the region in developing a sustainable workforce and clinical pathway due to the scarcity of qualified FMEs and the geographical diversity of the North Region. We are working with the NoS FME planning group to look at options for regional working, including intra Board pathways with visiting FME services.
Develop and implement a communications plan to raise awareness amongst public and professionals, utilising social media and other platforms, in the context of the Safer Shetland Communications Strategy.	Women's Aid secured funding through the Community Justice Partnership Participatory Budgeting project to being up a drama production 'Jackie's Story' which toured schools and also held a public performance in October. A plan for awareness raising events for the 16 days of Activism include visiting speakers: • Dr Mary Hepburn, Consultant Obstetrician and Gynaecologist who established and led specialist support services for pregnant women • Luke Hart will be speaking on '*The insidious nature of domestic abuse;*' - about domestic abuse and coercive control by his father who murdered his mother and sister, • A training event: *Working to end the sexual abuse of people with learning disabilities* • A touring exhibition *'Violence Unseen'* (Zero Tolerance) A training plan is being produced which will include new national resources that are under development by NES: these are to support health and social care staff and students' knowledge and understanding of GBV to be able to deliver a trauma informed response, coercive control ,rape and sexual assault, sexual exploitation, children and domestic abuse, gender inequality, routine enquiry and trauma. Local multi-agency training on Human Trafficking is being planned for this year.
Map current preventative work in schools (and other settings for young people), in context of wider violence reduction education and relationship work to identify gaps and duplication.	Mapping completed – gaps identified: • provision at Senior Level (school and college) • Consistency of education/support for Looked After Children • Teacher confidence in discussing RSHP and GBV

	Next steps/proposals: • Recommend use of new national RSHP resource (includes content on Gender Based Violence at all levels, Early Years- Senior) in all schools locally to ensure consistency, HWB QIO agreed as local contact as local contact, roll out and support to be agreed. • Continue local input from external providers Women's Aid and Rape Crisis who have input into all Secondary schools (currently S1-4) – topics complement each other and are tailored to class needs. • Proposal to incorporate workshop based learning with external providers noted above, along with OPEN peer educators, into IST schedule to enhance educator confidence. • Further research into issues of provision at Senior level, for LAC and LD/ASN groups
Develop and adopt a gender based violence policy for the Shetland Islands Council.	This is being progressed through 'Equally Safe at Work' The draft policy 'Supporting Employees Experiencing Violence Against Women' will go to the next Policy & Resources Committee for consideration on 25th November; procedures will follow publication. In addition, work towards achieving Equally Safe at Work bronze accreditation is progressing well, with ongoing awareness raising and a number of events and activities taking place during 16 days of activism. Pilot training for line managers on VAW and Flexible Working has been delivered successfully, with 'train the trainer' sessions to follow to enable ongoing delivery. Ongoing work includes development of equality training/induction, reviews of recruitment/ development/progression practices, as well as a detailed equal pay audit looking at occupational segregation as well as equal pay figures. We are working towards submitting evidence by the 20th December deadline.
Review the NHS Shetland gender based violence policy, including evaluation of its use to date.	Currently reviewing policy - will link with the SIC work as above.
Provide support and guidance (e.g. simple checklists) for organisations not yet ready to adopt a policy.	No further progress as yet

<u>Key Risks and Issues</u>

Re-establishing core training - funding and releasing staff to carry out training.

Appendix 3 - Complaints - Community Health & Social Care

Shetland Islands Council

This shows all complaints that were open during the Quarter.
Frontline complaints should be closed within 5 working days
Investigations should be closed within 20 working days

Generated on: 11 November 2019

Failure to provide a service

ID	Stage Title	Received Date	Status	Closed Date	Service /Directorate	Days Elapsed	Complaint Upheld?
COM-19/20-974	Investigation	10-Sep-2019	Closed	07-Oct-2019	Community Health & Social Care Directorate	19	Not Upheld

Standard of service received

ID	Stage Title	Received Date	Status	Closed Date	Service /Directorate	Days Elapsed	Complaint Upheld?
COM-19/20-953	Frontline	12-Jul-2019	Closed	23-Jul-2019	Allied Health Professionals	7	Partially Upheld
COM-19/20-971	Frontline	05-Sep-2019	Closed	12-Sep-2019	Allied Health Professionals	5	Not Upheld

Behaviour/Attitude of staff

ID	Stage Title	Received Date	Status	Closed Date	Service /Directorate	Days Elapsed	Complaint Upheld?
COM-19/20-966	Investigation	14-Aug-2019	Closed	18-Sep-2019	Community Health & Social Care Directorate	25	Not Upheld
COM-19/20-967	Frontline	16-Aug-2019	Closed	16-Aug-2019	Community Care - Resources	0	Not Upheld

Appendix 4 - Risks

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

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

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

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

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

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

Insufficient Finance, or funding not being applied to strategic plan objectives. When the fixed costs of maintaining the current model of service is factored into the financial planning process, the savings may have to fall disproportionately on community health and social care and health improvement services, which is contrary to the Government guidance on where investment should be targeted to achieve the best outcomes for individuals. Trigger : Contuined reliance on non-recurring (one-off) savings to balance financial plan. Financial Plan remains out of balance; potential need for Recovery Plan. Inability of parnters to agree on Financial Plan and Savings Plans. Consequences : Strategic Plan and Financial Plan not aligned; inability to meet strategic objectives. Existing service needs not met. Emerging and new service needs not met. Inability to meet Government targets on investment in primary care. Ability to function as a 'going concern'. Risk type : Govt. Funding issues Reference - IJB20008	Likely	Major	High	• SIC funded services, aligned to Strategic Commissioning Plan and allocation of funding meets identified service needs.NHS funded services, aligned to Strategic Commissioning Plan and allocation of funding meets 90% of current service models. Pace of redesign will need to increase so that funding can match delivery requirements.	Unlikely		Significant	Medium

Failure to Direct service delivery. Failure to adequately direct service delivery to meet the outcomes required. Trigger : Strategic Plan, Financial Plan and Service Plans are not aligned. Formal Directions are insufficient. Consequences : Service needs (existing, unmet and future demand) not met. Strategic direction from IJB not implemented by delivery partners (NHS Shetland and Shetland Islands Council). Risk type : Strategic priorities wrong Reference - IJB20009	Likely	Significant	High	• Quarterly reporting arrangements in place for performance, risk and finance. Strategic Plan includes detailed Service Plan, performance framework, financial plan and strategic change programmes upon which to base detailed 'Directions' from the IJB to the Health Board and Council to deliver the services as required. The IJB is an active member of the Shetland Partnership, and the Strategic Plan supports the work to make Shetland the best place to live and work.	Possible		Minor	Medium
The underpinning requirement for resilient and complete broadband coverage to take advantage of technological solutions might not be secured within the timescale of this Plan. Trigger : Technology solutions that rely on broadband not robust or unable to take advantage of full functionality. Consequences : Service needs (existing, unmet and future demand) not met. Risk type : Missed opportunities Reference - IJB20010	Almost Certain	Significant	High	• Strategic objective of the Shetland Partnership's Local Outcome Improvement Plan. Activity ongoing to secure funding and prioritisation of Shetland's requirements.	Likely		Significant	High
Category	**Strategic**								
Corporate Plan	*Integration Joint Board Strategic Plan*								

A No Deal Brexit has the potential to severely disrupt the operational delivery for the NHS and SIC which will adversely impact on the ability of the IJB to deliver its strategic aims and objectives. Trigger : Disruption to the supply of goods and services which support the operational delivery of the NHS and SIC. Consequences : Inability to deliver outcomes for individuals and communities. Supply chain issues. Recruitment challenges. Risk type : Govt policy - failure to meet Reference - IJB20011	Almost Certain	Major	Very High	• Active planning by Council and NHS Risk identification and plans to mitigate where possible with both organisations working in partnership, to ensure service continuity.	Unlikely		Minor	Low

Shetland Islands Health and Social Care Partnership

Agenda Item

3

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	28 November 2019
Report Title:	2020/21 IJB Budget Progress Report	
Reference Number:	CC-51-19-F	
Author / Job Title:	Karl Williamson / Chief Financial Officer	

1.0 Decisions / Action required:

1.1 That the IJB NOTES the progress regarding the IJB budget setting for 2020/21 and the ongoing review of the overall IJB budget setting process.

2.0 High Level Summary:

2.1 This report provides an update on the IJB budget setting for 2020/21 and a summary of the ongoing review of the overall IJB budget setting process.

2.2 Shetland Islands Council (SIC) and NHS Shetland (NHSS) began their own budget setting processes in August 2019 with the objective to finalise their budgets prior to the start of the 2020/21 financial year.

2.3 The IJB will have the opportunity to contribute towards the budget setting process during seminars scheduled between 07 November 2019 and the 19 March 2020.

2.4 These seminars will provide the IJB with the opportunity to negotiate their funding offer and work towards the ideal situation where the Strategic Commissioning Plan and associated Directions can be fully funded.

2.5 At this stage of the year the 2020/21 IJB budget is expected to be broadly in line with the current IJB Medium Term Financial Plan. The UK Government did announce further funding to both the NHS and towards social care in its September 2019 spending review. The impact on the Scottish budget will only be known following the Scottish Government Budget announcement originally scheduled for 12 December 2019. Due to the UK general election scheduled for 12 December 2019 this announcement is likely to be delayed until January 2020.

2.6 The review of the budget setting process will be considered along with the current review of the Integration Scheme, refresh of the Strategic Commissioning Plan and Integration Self Evaluation Development Plan.

3.0 Corporate Priorities and Joint Working:

3.1 The proposals support the IJB's vision, aims and strategic objectives as set out in the Integration Scheme and the Joint Strategic Commissioning Plan 2018-21.

3.2 Effective budget setting across the health and social care system and shared ownership of our significant challenges will support the redesign agenda and help achieve a sustainable model of healthcare for Shetland.

4.0 Key Issues:

4.1 **Progress on 2020/21 IJB Budget Setting Process**

4.2 Shetland Islands Council (SIC) and NHS Shetland (NHSS) have both begun their budget setting processes for the financial year 2020/21. The timetables for both organisations are detailed in Appendix 1.

4.3 The IJB will have the opportunity to feed into the budget setting process of both SIC and NHSS through a series of seminars scheduled from November 2019 to March 2020. The IJB timetable is included at Appendix 2.

4.4 The budget setting processes of both funding partners, taking IJB feedback into consideration, will result in a funding offer being made to the IJB. This funding offer will be presented to the IJB for approval on 05 March 2020.

4.5 At the meeting on 05 March 2020 the IJB must consider carefully if the funding offer is sufficient to deliver the IJB delegated services as described in the Strategic Commissioning Plan.

4.6 If the funding offer is considered reasonable, and the savings target achievable, the IJB will approve the budget prior to the start of the 2020/21 financial year. If the budget is not considered adequate, the IJB should enter further negotiation with the funding partners to agree an alternative approach. More funding may be necessary or the Strategic Commissioning Plan may have to be modified so that services can be delivered within the funding envelope available.

4.7 At this stage of the process the funding offers are likely to be in line with the current IJB Medium Term Financial Plan detailed in Appendix 3. There is however the possibility of additional funding for health and social care from the Scottish Government budget announcement originally scheduled for 12 December 2019.

4.8 More information on the Scottish Government budget will now only be known in January 2020 due to the UK General Election. The UK Government announced further funding to the NHS and to Social care in their spending review in September 2019. It is expected that the Scottish Government will pass on this increase in Scotland but the exact details won't be known until January.

4.9 Review of the IJB Budget Setting Process

4.10 The IJB budget setting process will be reviewed as part of the Integration Self Evaluation Development Plan and during the review of the Integration Scheme. The aim of this review is to increase the IJB's influence on the process and to ultimately align the IJB budget with the Strategic Commissioning Plan.

5.0 Exempt and/or confidential information:

None		
6.0		
6.1 Service Users, Patients and Communities:	None arising directly from this report	
6.2 Human Resources and Organisational Development:	None arising directly from this report	
6.3 Equality, Diversity and Human Rights:	None arising directly from this report.	
6.4 Legal:	The proposals in this report are consistent with the Public Bodies (Joint Working) (Scotland) 2014 Act and the Integration Scheme for Shetland's IJB.	
6.5 Finance:	This report provides a progress report on the IJB 2020/21 budget process and provides information on a wider review of the budget setting process. There are no financial implications arising directly from this report.	
6.6 Assets and Property:	None arising directly from this report.	
6.7 ICT and new technologies:	None arising directly from this report.	
6.8 Environmental:	None arising directly from this report.	
6.9 Risk Management:	None arising directly from this report.	
6.10 Policy and Delegated Authority:	The IJB has authority from SIC and NHSS for the services delegated to it as per the Integration Scheme. The IJB must direct service delivery, within its funding allocation, to deliver the outcomes of the Strategic Commissioning Plan.	
6.11 Previously considered by:	The proposals in this report have not been presented to any other committee or organisation	

Contact Details:
Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net
4th November 2019

Appendices:
Appendix 1 – SIC and NHSS Indicative budget setting timetables 2020/21
Appendix 2 – IJB Indicative budget setting timetable 2020/21
Appendix 3 – IJB Medium Term Financial Plan summary

Appendix 1

SIC Indicative budget setting timetable 2020/21

Activity	Date	Time Required	Notes
Services (Directors/Exec Managers) prepare budgets based on instructions issued and submit to Finance	Monday 4 November 2019 – Friday 29 November 2019	20 days	
CMT to discuss Directorate priorities (*through four lenses of sustainability: Workforce, Community, Environmental and Financial*) ahead of Member Seminars	Tuesday 19 November 2019	1 day	
Business Cases for Capital Projects Initial Proposals for inclusion in the AIP	Friday 29 November 2019	1 day	
Council Priorities Discussion (Members Only)	Monday 2 December 2019	1 day	
Seminars with Members	Tuesday 3 - Friday 6 December 2019	4 days	
Services (Directors/Exec Managers) review budgets in line with MTFP and submit to Finance	Monday 17 December 2020 to Monday 13 January 2020	12 days	
CHRISTMAS SHUTDOWN	*25 December 2019 – 2 January 2020*		
Scottish Government Financial Settlement	January 2020 (Date TBC)		*Estimated*
MTFP Presented to P&R/Council	Monday 21 - Tuesday 22 January 2020	2 days	
Finance Qualitative Review, comparison to MTFP	Tuesday 14 January 2020 to Tuesday 28 January 2020	10 days	
UP HELLY AA HOLIDAY	*29 January 2020*	*1 day*	
Final Adjustments arising from Budget Bill – Stage 1 Debate (TBC)	28-30 January 2020	3 days	*Estimated*
Services Return Budgets for Final Review by Finance	Thursday 30 January to Thursday 3 February 2020	6 days	
Finance update with final adjustments for Reporting	Tuesday 4 February to Wednesday 5 February	2 days	
Report Clearance	From 5-10 February 2020	6 days	
Service Committees	**18-19 February 2020**	**2 days**	
Policy & Resources Committee	**Monday 24 February 2020**	**1 day**	
SIC Meeting to Approve Budget	**Wednesday 26 February 2020**	**1 day**	

NHSS Indicative budget setting timetable 2020/21

Activity	Date	Time Required	Notes
Budget holders review opening budgets, identify cost pressures, savings proposals and service development opportunities and return budget pack to Finance. Management Accountants also to meet with budget holders to assist with their planning assumptions and completion of templates	Monday 12 August 2019 to Friday 13 September 2019	25 days	
Finance to compile 2020/21 budget packs for EMT review	Monday 16 September to Friday 4 October 2019	15 days	
Executive Management Team review initial cost pressures, savings proposals and service development opportunities	Thursday 10 October 2019	1 day	
Finance to process adjustments based on EMT initial feedback	11 October 2019 to 31 October 2019	15 days	
Executive Management Team review draft budget	Thursday 14 November 2019	1 days	
NHS Board approve draft budget	Tuesday 12 December 2019	1 days	
CHRISTMAS SHUTDOWN	*25 December 2019 – 2 January 2020*		
Scottish Government Financial Settlement	January 2020 (Date TBC)		*Estimated*
Finance adjustments as a result of Scottish Government Financial Settlement	January – February 2020 (Dates TBC)		*Estimated*
UP HELLY AA HOLIDAY	*29 January 2020*	*1 day*	
EMT review final budget following adjustments as a result of Scottish Government Financial Settlement	February – March 2020		*Estimated*
NHS Board approve final 2020/21 budget	Tuesday 28 April 2019	1 day	

Appendix 2

IJB Indicative budget setting timetable 2020/21

Activity	Date	Time Required	Notes
IJB Seminar – discuss budget and provide feedback to funding partners.	Thursday 7 November 2019	1 day	
IJB Meeting - Note IJB budget process report.	Thursday 28 November 2020	1 day	
CHRISTMAS SHUTDOWN	*25 December 2019 – 2 January 2020*		
Scottish Government Financial Settlement.	January 2020 (Date TBC)		*Estimated*
IJB Seminar – discuss budget and provide feedback to funding partners.	Thursday 16 January 2020	1 day	
UP HELLY AA HOLIDAY	*29 January 2020*	*1 day*	
IJB Meeting - Approve IJB budget or agree to enter further negotiations with funding partners.	Thursday 05 March 2020	1 day	
IJB Seminar – Dependent on decision from IJB meeting on 05 March 2020.	Thursday 19 March 2020	1 day	
IJB Medium Term Financial Plan updated as per external audit recommendation	By Tuesday 31 March 2020		

Appendix 3

IJB Medium Term Financial Plan Summary

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

Assumptions:

As per Scottish Government Medium Term Health & Social Care Financial Framework (4.3) *:

- Social Care costs expected to increase by 4% each year *
- Health costs expected to increase by 3.5% each year *
- SIC funding is not expected to decrease over the term of the plan
- NHS funding is protected and is expected to increase in line with inflation at 2.5%
- No savings are achieved over the period of the plan. This is the ‘do nothing’ scenario
- As with all assumptions these projections are indicative and subject to change over time.

Shetland Islands Health and Social Care Partnership

Agenda Item

4

Shetland NHS Board	Shetland Islands Council

Meeting(s):	NHS Shetland Board Policy and Resources Committee Integration Joint Board (IJB)	15 October 2019 25 November 2019 28 November 2019
Report Title:	Shetland Islands Health and Social Care Partnership: Joint Strategic Commissioning Plan 2020-2023 – Process of Refresh	
Reference Number:	CC-49-19 F	
Author / Job Title:	Jo Robinson, Interim Director Community Health & Social	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board (IJB) agrees that no separate process be undertaken to update the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2020-23.

1.2 That the NHS Board, SIC Policy and Resources Committee and Shetland Islands Council agree not to require the IJB to rewrite the Strategic Plan at this stage.

2.0 High Level Summary:

2.1 In the spring of 2019, the IJB and NHS Shetland approved the Shetland Islands Health and Social Care Partnership's Joint Strategic Commissioning Plan for 2019-22, as set out below.

Integration Joint Board (IJB)	13 March 2019	Minute Reference 10/19
NHS Board	16 April 2019	Minute Reference 2019/20/013
Policy and Resources Committee	13 May 2019	Minute Reference 28/19
Shetland Islands Council	15 May 2019	Minute Reference 24/19

2.2 It is best practice to undertake a refresh of the Plan each year, to make sure that it still addresses all the relevant issues and responds to need and demand in an effective way.

2.3 The process of updating the Strategic Commissioning Plan needs to be aligned to the budgeting process, to make sure that the planning and budgeting arrangements are complementary to one another. The planning process describes what services should be delivered; the budgeting process puts in place the resources to make that happen.

2.4 The needs assessment, taking account of current activity levels and any emerging

trends and issues being faced by each service area, has been reviewed. The professional advice is that the needs assessment which underpinned the current plan has not changed significantly enough to warrant any major shift in strategic direction.

2.5 The Strategic Planning Group considered the approach to take with regard to the update of the Plan. The Strategic Planning Group recommends that the focus be on implementing the intent of the Plan and that the 'refresh' be a light touch. The Group identified some specific areas to strengthen as follows: crisis Intervention services for adult Mental Health; a recognition of the contribution made by services outwith care; a careful watch on the current increased need for 'beds' (hospital and community) to determine if any specific trends emerge; acknowledgement that Self Directed Support options are likely to grow. These issues are acknowledged and can be addressed through strengthening the existing text.

2.6 The recent inspection of Self Directed Support recommended that a strategy would help to underpin the implementation of the development plan to take forward the improvement actions identified. The agreed action plan states, "self-directed support forms a key part of the integrated landscape, therefore, further work will be undertaken to ensure that the Strategic Commissioning Plan reflects this and addresses the requirement to be more robust in our strategic planning around self-directed support." It is suggested that the Plan be strengthened by the inclusion of a specific section on Self Directed Support and the underpinning principles.

2.7 The Strategic Plan can also take account of the work to review the Integration Scheme. A separate report is being presented to each of the parties to consider an approach to explore the extent to which the current Integration Scheme and Joint Strategic Commissioning Plan are 'fit for purpose'. That report acknowledges the close relationship between the review of the Integration Scheme and the Strategic Plan. It would make sense for the Strategic Plan to be updated to reflect the outputs from the review of the Integration Scheme. The project is being undertaken by the IJB Liaison Group with a view to engaging with a wide range of people who are directly and indirectly affected by health and care integration, who want to have a say on this matter.

2.8 A separate engagement exercise on Community Led Support will provide good evidence to help to inform and shape the Strategic Plan. The objective of that project is for practitioners to engage with local communities to help to design the 'right services, delivered in the right place and at the right time'. The work, which is scheduled to take place over an 18 month period, will provide a wealth of information upon which to help to shape the Strategic Plan, particularly from a practitioner and community perspective. Specific geographically based co-production projects will also provide evidence of key themes to address, for example the Caring for Bressay project.

2.9 The emerging conclusion, therefore, is that no separate exercise need be progressed, meantime, to update the Strategic Plan for 2020-23. Instead it is suggested that the evidence and knowledge gained from the related projects (especially the review of the Integration scheme, the Community Led support project and the co-production projects) will be used to update and shape the Strategic Plan for reporting back by spring 2020.

3.0 Corporate Priorities and Joint Working:

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

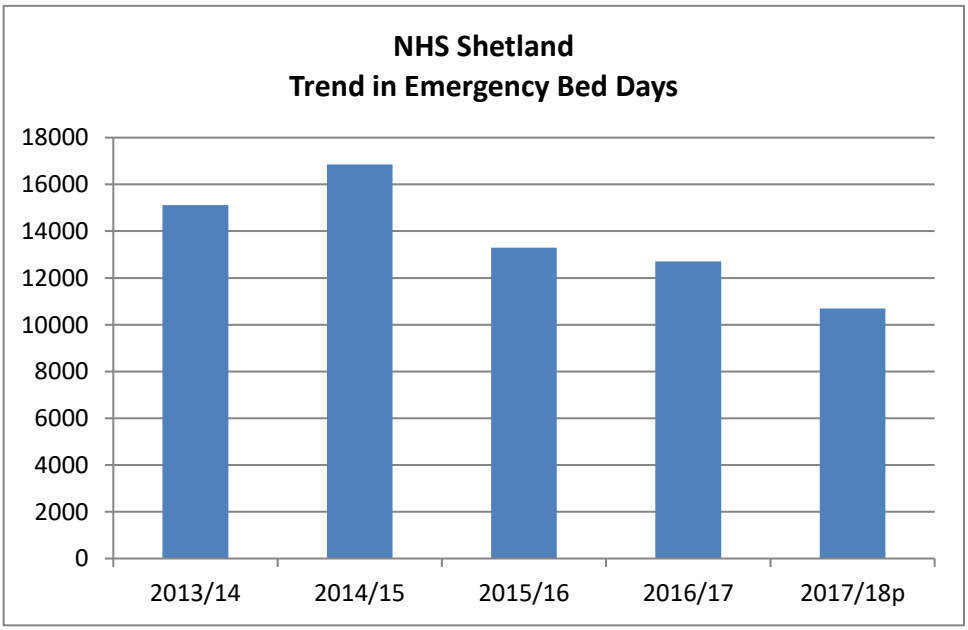
3.2 The Plan is a significant part of public sector delivery in Shetland and supports the Shetland Partnership Plan, Shetland Islands Council's Corporate Plan and NHS Shetland's 2020 Vision and Annual Operational Plan.

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

3.4 It supports a fundamental shift in the philosophy of how public sector services should be designed and delivered with and for each community, based on natural geographical areas, or localities, and integrated around the needs of service users, rather than being built around professional or organisational structures.

4.0 Key Issues:

4.1 There is considerable interest in being able to demonstrate what difference 'integration' has made to people's health and wellbeing outcomes. Each year, the Health and Social Care Partnership publishes an Annual Report to help to tell the story of progress in Shetland. One of the indicators is the number of emergency bed days needed and is an indicator which is commonly used as a proxy measure, at a national level, for measuring the success of integration. Shetland has performed well in this indicator, showing a year on year improvement (ie a reduction) in the total emergency bed days required per annum from 2014-15 (16,856) to 2017-18 (10,688 provisional data).



4.2 The current Plan has a number of service change projects and over the next while there will be some key activities which will help to give shape to future service models, such as the work on out of hours services, the staffing model in the

hospital, and creating multi-disciplinary teams within primary care services. The Strategic Plan can be updated as that work comes to fruition.

4.3 It has not yet been possible to fully align the budgeting process with the planning process in the current year. However, there is a continuing ambition to work to close the funding gap between the cost of the current model of service and available resources, as recognised in the Development Plan activities – update of the Medium Term Financial Plan and presentation of Sustainable Service Models.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications :	
6.1 Service Users, Patients and Communities:	The Strategic Commissioning Plan sets out the services to be delivered over the next 3 years. Any significant changes to services will be of interest to services users, patients, unpaid carers and communities, particularly in respect of quality, equality, accessibility and availability. It is expected that the current models of delivery will continue to evolve and change to reflect the policy direction of shifting the balance of care from hospital to community settings and supporting people to live independently at home. The service focus will also be on finding ways to help people to help themselves and by increasing self-help and self-care to help people to live in good health for longer.
6.2 Human Resources and Organisational Development:	None.
6.3 Equality, Diversity and Human Rights:	None.
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnership IJBs to produce a strategic commissioning plan and update it annually.
6.5 Finance:	The cost of the current service model exceeds the funding made available to the IJB. The indication, from the medium term financial plan, is that the funding gap is likely to continue to grow and effort needs to be made to find sustainable models of service within the available funding levels. There is a commitment in the Development Plan for the Chief Officer to bring forward sustainable service model options for consideration.
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	The Plan outlines the need to continue to modernise our working practices by maximising eHealth, Telehealthcare and Telecare

	opportunities.
6.8 Environmental:	None.
6.9 Risk Management:	On balance, it is felt that there is minimal risk in not undertaking a separate review of the Strategic Plan at this stage. There will be considerable data, knowledge and evidence gained from the related projects to shape and inform a revision of the Strategic Plan for the spring of 2020.
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and the Financial Regulations. The IJB assumed responsibility for the functions delegated to it by the Council and the Health Board when it (the IJB) approved and adopted the Joint Strategic (Commissioning) Plan at its meeting in November 2015. The delegated functions are set out in the Integration Scheme. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. However, if both the Parties, ie the local authority and the health board, require the IJB to rewrite the Strategic Plan, then the IJB must do so. <u>IJB</u> The Integration Scheme states that, "The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan....The IJB will be responsible for the planning of Acute Hospital Services delegated to it....". Consideration of the process of any update of the Strategic Commissioning Plan is therefore within the authority delegated to the IJB. <u>NHS Shetland Board</u> NHS Shetland delegated functions, including planning for acute and hospital services, to the IJB. The NHS Board has the overall authority for consideration and approval of strategic planning process. <u>SIC Policy and Resources Committee</u> Shetland Islands Council delegated functions, including the planning arrangements, to the IJB. The Policy and Resources Committee is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. Consideration of strategic policies, including the Strategic Commissioning Plan, falls within this remit.

6.11 Previously considered by:	Strategic Planning Group	21 August 2019

Contact Details:
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2 September 2019

Background Documents:
Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan 2019-2022.
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23847

Shetland Islands Council

NHS Shetland

Agenda Item

5

Meeting(s):	**Education and Families Committee Policy and Resources Committee Integration Joint Board**	**18 November 2019 25 November 2019 28 November 2019**
Report Title:	**Chief Social Work Officer Report**	
Reference Number:	**CS-30-19-F**	
Author / Job Title:	**Interim Chief Social Work Officer**	

1.0 Decisions / Action required:

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

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

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

2.0 High Level Summary:

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

2.2 The overall aim of the CSWO role is to ensure that the Council and the Health and Social Care Partnership receive effective, professional advice and guidance in the provision of all social work services, whether these are provided directly; in partnership with other agencies or purchased on behalf of the local authority. The CSWO is also required to assist local authorities and their partners in understanding the complexities and cross cutting nature of social work service delivery and this is evident throughout the report.

2.3 This report provides an overview of social work and social care activity including key developments, achievements and information on statutory duties. It is not intended to be exhaustive but gives an indication of the types of work undertaken over the past year including priorities, challenges and opportunities.

3.0 Corporate Priorities and Joint Working:

3.1 The Chief Social Work Officer's report was prepared by engaging with Leads across the services to gather data and information on the way we deliver services.

3.2 Social Care and Social Work services contribute to the Corporate Priorities as detailed in the Integrated Children's Services Plan and the Health and Social Care Joint Strategic Commissioning Plan.

3.3 The Integrated Children's Services Plan 2017-2020 centres around three key themes: improving emotional wellbeing and resilience, strengthening families and tackling inequalities.

3.4 The Joint Strategic Commissioning Plan 2019-2022 describes the way in which health and social care services can be delivered jointly across Shetland. It outlines projects intended to deliver change, which includes the development of sustainable models of care.

4.0 Key Issues

4.1 Social work and social care services enable, support, care for and protect people of all ages in Shetland. This is achieved by providing services designed to promote individual safety, dignity and independence and by contributing to community safety by reducing offending and managing the risks posed by those on community sentences.

4.2 The Services have continued to contribute to the work of the Shetland Partnership's Local Improvement Plan by being actively involved with partners who work towards:

- Protection and Safety, including child and adult protection, community justice, offender management and domestic violence.

- Working together with partners to develop outcome focused services for children, adults and families.

4.3 Key Achievements:

- Social Work and Social Care continue to deliver good quality services and this is evidenced in the grades achieved by registered services. The balance of care continues to shift towards supporting more people in their homes and communities with opportunities for increasing use of Self Directed Support and better use of technology.

- The Services continue to work in partnership with other statutory and third sector partners to progress key strategies including mental health; children's services; learning disability; unpaid carers and community justice. We have been successful in caring for and supporting individuals with complex needs across Adult Services, Children's services and Criminal Justice.

- Protection and Safety remains a priority and this covers child and adult protection, and offender management. There is continuous progress in

identifying and responding to children and young people and vulnerable adults at risk of abuse and neglect.

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

- Children's Fieldwork and Resource teams have integrated, bringing the two teams together under one Executive Manager. The redesign is helping to promote a shared vision and unity of purpose amongst Children's Social Work staff, helping them to develop wider skills and promoting flexibility across the professional staff group.

- The completion of the new Eric Gray @ Seafield provides an accessible modern hub for adults with learning disabilities; autism and complex needs, and offers supported day opportunities and vocational activities.

4.4 Key Challenges / Opportunities:

- Caring for children, young people and adults with complex need within their own communities' and preventing people being placed off island for care, remains a priority and a challenge. Services are continually looking for ways to meet individual need without the need to access specialist services on the mainland.

- The importance of early intervention, prevention and enablement, remains a focus and work is ongoing to try to balance the conflicting need for growth, at a time when statutory need is growing and finances are becoming tighter.

- Ageing population and high employment rates means we are competing for posts within a limited work pool. We have relied on agency staff to help deliver key functions in Children's Services and Adult Care and are actively addressing this. Differences in roles, responsibilities and pay across social work is causing concern and there is a need to try to establish some consistency. We also need to compete with mainland authorities in order to attract staff to Shetland.

- There is a need to find a way of streamlining systems to free up workers to spend more time supporting individuals who use our services.

4.5 Key Priorities:

- To celebrate the good work social work, social care and our partners achieve.

- Develop quality assurance and data management systems that support the work of the services and contribute towards service development, identification of personal outcomes and fulfilment of statutory duties.

- To improve workforce development and succession planning by reviewing internal and external challenges to recruitment, roles and responsibilities and training opportunities.

- Working in partnership with and listening closely to people who use services; unpaid carers; families and communities. Community Led Support will be the cornerstone of this engagement to shape the way we deliver services and build

community resilience. This will provide us with the opportunities to have real conversations with communities about the shape of future services.

- Review of governance arrangements, ensuring that they remain fit for purpose and receive the correct information to fulfil their duties.

- Addressing the recommendations in the Audit Scotland Impact Report 2018.

5.0 Exempt and/or confidential information:
5.1 None

6.0 Implications	
6.1 Service Users, Patients and Communities:	Social services are delivered, often in partnership with other services, and takes account of the views of carers and service users.
6.2 Human Resources and Organisational Development:	Workforce planning and development is fundamental to ensuring there is the capacity and skills within the workforce to deliver services. Work is underway to consider career pathways and succession planning solutions.
6.3 Equality, Diversity and Human Rights:	Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the heart of social work practice.
6.4 Legal:	The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer. Guidance on the Chief Social Work Officer role (Scottish Government, July 2016) summarises the scope of the role of the Chief Social Work Officer.
6.5 Finance:	This report provides relevant social work and social care information that can be used when considering financial priorities.
6.6 Assets and Property:	No implications arising from this report.
6.7 ICT and new technologies:	None
6.8 Environmental:	No implications arising from this report.
6.9 Risk Management:	Each key challenge brings with it a level of risk that impinges on the ability of the Local Authority to deliver on its statutory duties and personalisation agenda. The ability to be aware of and manage our risks is dependent on the quality of our staff;

	processes; data collection; data management and governance systems. The management of risk is part of daily practice in social work and there are mechanisms in place to address risks at various levels. The CSWO has a contribution to make in supporting overall performance improvement and management of corporate risk. The CSWO is a member of the Council's Risk Management Board, Shetland Public Protection Committee and MAPPA Strategic Oversight Group.	
6.10 **Policy and Delegated Authority:**	In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the terms of this report concerning matters relating to Children and Families, are within the remit of the Education and Families Committee. The Policy and Resources Committee has delegated authority for the development and operation of the Council as an organisation and all matters relating to organisational development and staffing. Shetland's Integration Joint Board is responsible for the operational oversight of Integrated Services and through the Chief Officer is responsible for the operational management of Integrated Services, including Adult Social Work.	
6.11 **Previously considered by:**	Social Work Governance Group Clinical Care and Professional Governance Committee	September 2019 October 2019

Contact Details:

Denise Morgan, Interim Chief Social Work Officer
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Report Finalised: 07 November 2019

Appendices

Appendix 1 - Chief Social Work Officer Annual Report 2018/19

Shetland Islands Council

Chief Social Work Officer Report 2018-19

Shetland Islands Council

Flag designed by #Shetland Crew, Care Experienced Young People in Shetland for National Care Day. The Flag was raised on the Lerwick Town Hall.

Contents

Section		Page
1	Introduction	2
2	CSWO Summary of Performance	3
3	Partnership Working - Governance and Accountability Arrangements	9
4	Social Services Delivery Landscape	15
5	Resources	30
6	Service Quality and Performance	31
7	Workforce	32
8	Contact Details	34
9	Appendix 1 - Inspection Grades	35

1 Introduction

I am pleased to present the Chief Social Work Officer's Annual Report for the period 1 April 2018 - 31 March 2019. The report provides an overview of social work and social care services across the Community Health and Social Care Directorate and the Children's Services Directorate. It includes information on activity, performance and key achievements, as well as information on the statutory decisions made by the Chief Social Work Officer on behalf of Shetland Islands Council and highlights key challenges and priorities for services.

The Social Work Services workforce is diverse and includes roles and responsibilities across social work and social care that are necessary in providing good quality and responsive services. This includes the protected functions of social workers who are involved in supporting and managing high risk and complex needs of the most vulnerable members of our communities and those who cause serious harm to others and are managed through the criminal justice system; Social care employees, who provide the day to day care and support to enable people to live in their own homes or in supported and residential care. Mental Health Officers, who have specific duties to carry out independent assessments on individuals in crisis and Occupational Therapy staff, who work across the services to ensure the most effective support mechanisms are in place to meet individual changing needs.

All staff work within their own professional frameworks and most are registered with professional organisations. All staff strive to uphold the Council's values and behaviours of Providing Excellent Service, Working Well Together and Taking Personal Responsibility.

This report is not intended to be exhaustive but will give insight into the varied and complex environments that we work in and demonstrate the good work that is being undertaken to meet individual need and personal outcomes. It will demonstrate the complex and challenging processes staff work within and the services ability to be responsive to ever changing demands both locally and nationally. Partnership working and co-production have been evident across both Directorates and we are committed to continue with this approach to delivering good quality care and protection for those most vulnerable within our communities.

I would like to take this opportunity to thank Martha Nicolson, Chief Social Work Officer from 2015 - 2018 who has now retired. Martha worked for the Shetland Islands Council for around 16 years and has been invaluable in assisting and leading on developments within Children's Services. Whilst undertaking the CSWO role Martha provided professional leadership across the social work functions and; helped highlight the good work that is undertaken in Shetland. She promoted good governance through the establishment of a social work governance framework and introduced a new integrated approach to the delivery of services and better outcomes for our children and families.

I would also like to thank all social work and social care staff for their hard work and dedication to delivering quality services across the islands, it is challenging but staff work hard to overcome any obstacles they face. I would also like to acknowledge and thank our colleagues across the statutory services and third sector who help us on a daily basis to make positive differences to people's lives.

2 CSWO's Summary of Performance

Social Work and Social Care Services continue to provide quality services to those members of our communities who are in need of support, care and protection. The Services have continued to contribute to the work of the Shetland Partnership's Local Improvement Plan by being actively involved with partners who work towards:

Protection and Safety including child and adult protection, community justice, offender management and domestic violence.

Working together and developing outcome focused services for children, adults and families through the Integrated Children's Services Plan and the Health and Social Care Joint Strategic Commissioning Plan.

We have been successful with working with partners to care for and support individuals with complex needs across adult care, child care and criminal justice. Social Justice and human rights remain paramount to social work ethics and these are promoted at all opportunities.

Key Developments and Achievements

Children's Services

Children's Services have focused on the integration of the Children's Fieldwork and Children's Resource team, bringing the two teams together under one Executive Manager. This is part of a stepped process of change, with the aim of encouraging staff to work more closely together to deliver the best outcomes for children and young people in Shetland. The project team delivered on its action plan in March 2019 and this approach is helping to promote a shared vision and unity of purpose amongst Children's Social Work staff, helping them to develop wider skills and promoting flexibility across the professional staff group. This has also provided the service with an opportunity to review processes and ensure a more streamlined service for our children and young people. The service has led on or supported:

- Changes to the way we manage risk through the introduction of the Care and Risk Management Case Conference (CARM) which has provided a formal opportunity for agencies to discuss high risk cases and look at more creative ways of caring for young people on island. This has included the trialling of 24 hour support to prevent young people having to go off Island.
- The new build children's home is progressing which will provide capacity to meet the needs of those children already in our care and up to the age of 21 years as required by the Continuing Care (Scotland) Order 2015.
- The recruitment of additional foster carers and assessed families to be Kinship Carers and Adopters.
- Participation in the Independent Care Review and the STOP and GO programme. The Stop and Go programme encourages Local Authorities to assess their activities in relation to Looked After Children and identify what we want to STOP and new things we want to proceed with.

Services for Adults

The Services within Adult Social Work, Adult Services and Community Care Resources have continued to focus on enabling people to live as independently as possible in their own homes or in a homely environment within their communities. We have worked in a creative manner to help people develop support plans that meet their individual needs. Self-directed support continues to change the way care is delivered and is providing individuals with more opportunities to live fulfilling lives. The Services have led on or supported:

- The implementation of the Carers (Scotland) Act 2016 with the introduction of adult carer support plans and eligibility criteria.
- The opening of the New Eric Gray Centre @ Seafield that provides support for individuals with learning disabilities.
- The establishment of a transition group to review processes for young people with learning disabilities transitioning from education/children's services to adult services.
- The Self Directed Support Thematic Inspection led by the Care Inspectorate and Health Improvement Scotland.
- The development of a new strategy for palliative and end of life care.

Criminal Justice

Criminal Justice Social Work Services continues to work closely with partners across the statutory and third sector ensuring that individuals who commit offences are provided with the best opportunities to reduce their offending behaviour and lead fulfilling lifestyles within their own communities.

This Service works closely with the Community Justice Partnership in delivering on its Strategic Plan. This work has included:

- Developing opportunities for individuals to participate in physical activity and build their own support systems through work with third sector groups and churches.
- A review of youth justice social work which has resulted in all young adults under the age of 18 who are not subject to statutory sentences being worked with by the Children's Service and not the Adult Criminal Justice Service.
- Changes to systems to extend the Whole System Approach to Care Experienced Young People up to the age of 21. This ensures a holistic approach is taken to their welfare and criminogenic needs.

Public Protection

In March 2019 the Shetland Public Protection Committee (SPCC) was established. The SPCC brought together Shetland Child Protection and Adult Protection Committees under an independent chair. It fulfils all the functions of Adult and Child Protection Committees as laid down in legislation and guidance. The Committee has established its remit and membership and developed a Business Plan for 2019/20 that captured continuing work for Child Protection and Adult Protection. It highlights the importance of quality assurance of interagency practice in protecting adults and children and improving the participation of young people and adults in the work of the SPPC.

We have developed a Senior Officer Case Review Group with a remit to meet and discuss those cases that are not progressing as intended. The group has met twice and this is proving to be very beneficial to interagency working at a senior level.

Key Challenges and Priorities

The social work landscape is continually being shaped and changed by legislation and national guidance and the services work hard at adapting to the demands placed on them. There will always be key challenges to delivering social work services as that is the nature of the work. People's needs are not static and we need to have a responsive and sustainable service to meet these changes. We are fortunate that the Shetland Islands Council has continued to finance service development and provide opportunities to try out steps of change but we are aware that this will become more difficult as funding decreases.

The Audit Scotland Social Work in Scotland report 2016 and the Impact report 2018, highlighted challenges that Social Work is facing and made recommendations to Councils and Integration Joint Boards in relation to governance, sustainability of services, role and capacity of the CSWO role and these will be addressed locally over the coming year.

Key Challenges:

- Caring for children, young people and adults with complex need within their own communities' and preventing people being placed off island for care remains a challenge and priority for all services.
- Building self-resilience through early prevention work at a time when statutory need is growing and finances are becoming tighter.
- Increase in demand for services at a time when resources both human and financial are diminishing.
- Ageing population and a high employment rates means we are competing for posts within a limited work pool. We have relied on agency staff to help deliver key functions in Children's Services and Adult Care.
- Compete with mainland authorities for key social worker roles when local rates of pay are not viewed as competitive.
- Maintaining responsive and sustainable services to meet changing needs of individuals due to complex needs and co morbidity.

- Balancing time spent with individuals with the need to ensure paper work and systems are kept up to date.

Key Priorities:

- To celebrate the good work social work, social care and our partners achieve.
- Develop quality assurance and data management systems that support the work of the services and contribute towards service development, identification of personal outcomes and fulfilment of statutory duties.
- Review of governance arrangements, ensuring that they remain fit for purpose and receive the correct information to fulfil their duties.
- Being creative with recruitment and increasing training and apprenticeship opportunities.
- Further development of Self Directed Support systems and opportunities across age groups.
- Working in partnership with and listening closely to people who use services, carers, families and communities. Using this engagement in shaping the way services are delivered and building community resilience through Community Led Support. This will provide us with the opportunities to have real conversations with communities about the shape of future services.
- Addressing the recommendations in the Audit Scotland Impact Report 2018.

Celebrations

We have had lots to celebrate this year and below is a few of the key events: The focus of International Social Work / Social Care Day and National Care Week was around the importance of relationships and the positive experiences that can be achieved through good, caring relationships and I think this is evident in the things we have achieved this year.

National Care Week:

The flag depicts the care journey of some young people. The distance between the Sumburgh and Flugga Lighthouses, represents the care journeys of some of our children and young people.
The lighthouse symbolises the light shining over rough waters leading the ships safely to shore. It asks us to consider how we can be lighthouses for our care experienced children and young people within our communities.
The Orca represents the strength needed by our care experienced young folk and the mirrie dancers light up the sky to represent their skills, talents, hopes, dreams and achievements.

The young people invited their personal lighthouses to celebrate with them.

The Poem: Resilient, was written by a young person as part of a creative writing workshop.

Well done to all the children and young people who are involved in #Shetlandcrew and Sian, Who Cares Scotland Advocacy and Participation Worker, for the fantastic work you have created this year.

Journeys: Young people created a doll that reflected themselves and their journeys.

Resilient

I am resilient like a fishing boat
Full of fish
I am resilient like the crew
Who work aboard her
Who know how to work her
Who know how to keep her
Clean and shipshape.
Who know where to fish.
They must leave home for weeks at a time
Like me they sail in ferocious seas
Steady yourself for the sail ahead, as the huge waves crash.
Take a deep breath, steer straight ahead, steady as we go.
Like me the boats are strong.
There is a rock in the middle of the harbour
Marking shallow water
that the boats must turn really hard to avoid.
Care is like shallow water
You are lucky to get through it.
Sometimes you want to give up.
And drift.
Where will it take you?
Stranded on a beach?
On the rocks?
Or out to open water?
My lighthouses look out for me.
I am strong like the boat.
We have been through rough times
The fiercest of storms,
And made it to the harbour.

International Social Work/Care Day which focused on the positive feedback received from service users throughout the year. Care Experienced Young people helped create a stand "what makes a good relationship with your social worker" and we promoted the positive feedback received from service users across the year.

"Staff are amazing, not only do they look after my husband they look out for me too"

"What a welcoming place to visit"

"All absolutely awesome!"

"Just a little card to say thank you for all you have done"

"Extremely happy with the support I get"

"Very kind and considerate workers who listened well and understood"

"All round good guy"

"The service really make us feel valued."

The formal opening of the new Eric Gray @ Seafield building. The new premises provide an accessible modern hub for adults with learning disabilities, autism and complex needs, and offers supported day opportunities and vocational activities. Well done to all the staff and service users for making this a very special occasion.

The Council's Appreciation Awards, launched by the Chief Executive this year focused on those individuals who had demonstrated excellent values and behaviours. I am delighted that there were members of staff throughout social work and social care who were nominated by their colleagues.

3 Partnership Working - Governance and Accountability Arrangements

The Role of the Chief Social Work Officer

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer. It was established to ensure the provision of appropriate professional advice in the discharge of the local authority's statutory functions. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies to services provided both by the local authority and those commissioned by the Council. In Shetland, the role is currently being undertaken on an Interim basis by the Executive Manager Criminal Justice, reporting directly to the Director of Community Health and Social Care with a line of accountability to the Council Chief Executive in relation to the Chief Social Work Officer function.

The Chief Social Work Officer is responsible for:

- Providing professional leadership and ensuring that professional issues are considered as part of strategic, corporate and operational service delivery;
- Providing professional advice on the discharge of statutory duties including corporate parenting, child protection, adult protection and managing high risk offenders;
- Ensuring senior social work posts appropriately reflect professional leadership responsibilities to support the development and delivery of professional assurance arrangements across social work;

- Ensuring social work practice and standards across all social work functions;
- Ensuring only registered social workers undertake functions that are reserved in legislation for this role;
- Taking a leading role in supporting the workforce;
- Taking the final decision on behalf of the local authority on a range of statutory matters including the adoption of children, secure accommodation and guardianship;
- Ensuring there are effective governance arrangements for the management of complex issues involving the balance of need, risk and civil liberties.

Within Shetland the CSWO is a member of:

- The Corporate Management Team and Risk Management Board, and has the opportunity for involvement in corporate decision making, and provides the professional guidance, governance and scrutiny to ensure risks for the profession and local authority are managed.
- The Chief Officer's Group, the remit of which is to provide strategic leadership and scrutiny to the public protection work of their respective agencies and to inter-agency work. The key areas overseen by the Chief Officers' Group are child protection, adult support and protection, offender management and domestic violence.
- Non-voting member of the Integration Joint Board
- The Shetland Community Justice Partnership
- Children and Young People's Strategic Planning Group
- Shetland Alcohol and Drug Partnership
- Shetland Public Protection Committee
- Reports to Council, IJB and Committees as required.
- Highland and Islands Management of Offenders Strategic Oversight Group.
- Corporate Parenting Board

The social services delivery landscape is varied and governance and accountability arrangements are complex. The social work statutory functions sit across two Directorates each having their own governance framework. Social work and social care services for children, young people and families are managed within the Council's Children's Services Directorate with Education, Sports and Leisure and Libraries. The Services are managed by an Executive Manager reporting to the Director of Children's Services. The Service reports to the Education and Families Committee.

Adult Social Work, Community Care Resources, Adult Services, Occupational Therapy and Criminal Justice Social Work sit within Community Health and Social Care Directorate and report to the Integration Joint Board. These services are also part of the Joint Governance Group and Clinical, Care and Professional Governance Committee. The joint governance arrangements currently cover all services delegated to the IJB and acute health services. Significant work is underway in order to ensure that the model is fit for purpose and effective in order achieve a balanced agenda and good governance for social work services.

The Executive Managers for social work and social care comprise the Social Work Governance Group, which takes an overview of governance across all areas. This group focuses on risk, performance and service developments. The Group reports into the Joint Governance Group and is currently looking at how best to report into the Children's Services Directorate.

Partnership Working and Organisational Governance

Scrutiny, monitoring and governance of operational social work functions sits with the management team of each service area, who in turn report to the Social Work Governance Group chaired by the CSWO. Social work services also operate within a number of strategic partnerships each having their own agreed governance structure. In addition to those listed below there are also partnership arrangements in place to address areas of protection; domestic abuse; alcohol and drugs and mental health.

Shetland Community Planning Partnership

The Shetland Partnership Delivery Plan 2019-22 / Local Outcome Improvement Plan provides a high-level summary of the partnership projects that will be delivered over the next three years. It is a plan for all partners and communities in Shetland. It identifies a shared vision and priorities for all of us to work towards, both individually and collectively, to improve the lives of everyone in Shetland

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"

The Four Priorities

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Integrated Children and Young People's Strategic Planning Group

The Shetland Integrated Children's Services Plan
https://www.shetland.gov.uk/children_and_families/documents/ShetlandICSPFinal01.05.17v1.pdf

The Shetland Integrated Children's Plan is to create services that:

- Shift the focus from crisis intervention to prevention and early intervention
- Are evidence based, using local data and best practice
- Promote the resilience and wellbeing of children, young people, families and communities
- See children and young people as partners
- Continue to develop the workforce in delivering the best outcomes for children and young people through multi-agency working.

Work undertaken:

The Anchor Project - Big lottery funding was secured for a 4.5 year research and practice project focusing on prevention and early intervention, building individual and community resilience to prevent families requiring statutory intervention.

Emotional Wellbeing and Resilience Project - The Project's aim is that building emotional resilience will become part of universal service. Outcomes for vulnerable children will be improved and the cost and impact of negative outcomes for young people in our communities reduced. The aim is to proactively contribute a significant part of the wider strategy to break inter-generational cycle impact.

Health and Social Care Partnership Joint Strategic Commissioning Plan

http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=23847

The IJB is responsible for strategic planning of the functions delegated to it by the Council and the Health Board and for the preparation of the Strategic Plan. The Joint Strategic Commissioning Plan specifies the services to be delivered by the Parties. The governance for the joint services delivered through the plan sits with the Joint Governance Group which is attended by the Executive Managers of the Directorate and the Clinical and Professional Care Governance Committee, which consists of elected members, Board members and Officials.

The Plan includes:

- Working with individuals to help them to look after their own health and care needs.
- Implementing the primary care improvement plan to create multi-disciplinary teams.
- Repatriation of care back to Shetland where it is safe to do so.
- Unscheduled, or emergency, care including reviewing Out of Hours arrangements.

- Managing long term conditions, such as diabetes, respiratory disease and stroke.
- Working with people to maintain or increase independence and quality of life.
- Developing an enhanced care at home service.

Work being undertaken:

- Support for unpaid carers through the implementation of the Carers Act (Scotland) 2016, specifically in relation to effective support planning.
- Investigate a 24-7 responsive service to further support care at home and out of hour's arrangements. This will involve exploring partnership arrangements with other statutory and third sector partners.
- Completing the review of the Short Breaks services for Adults with Learning or Autism Support needs
- Completing the implementation of the review of Mental Health Services, with a focus on staffing, training, protocols and pathways.

Shetland Community Justice Partnership

https://www.shetland.gov.uk/communityplanning/documents/SCJOIP.pdf

The Shetland Community Justice Partnership works together to:

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

Community Justice is about individuals, agencies and services working together to support, manage and supervise people who have committed offences and also to support those who are affected by crime. The Community Justice Local Outcome Improvement Plan sets out how its partners are going to work together to design, develop and deliver services.

Work Undertaken:

- Participatory Budgeting Event - Partners presented short term projects that were voted for by the community. 260 people voted at the event and five successful projects were awarded £5000:
  Advocacy Shetland - to develop advocacy service for individuals who have offended.
  Rape Crisis - to provide awareness raising workshops within schools on healthy relationships.
  Women's Aid - to provide drama based workshops across schools.
  Dogs Against Drugs - to provide drugs education within schools.
  Moving On - Employability skills programme.

- Shetland Fire and Rescue Service designed a week long firefighting programme for people who have offended or those on the periphery of offending. The Bridgehead programme focuses on core values, beliefs and behaviours and includes the operation of firefighting equipment.

- An “Unpacking a Restorative Justice” event was hosted by Space2face - a local restorative justice arts organisation.
- Youth Justice Review and Extension of Whole System Approach for care experienced adults up to the age of 26 years.

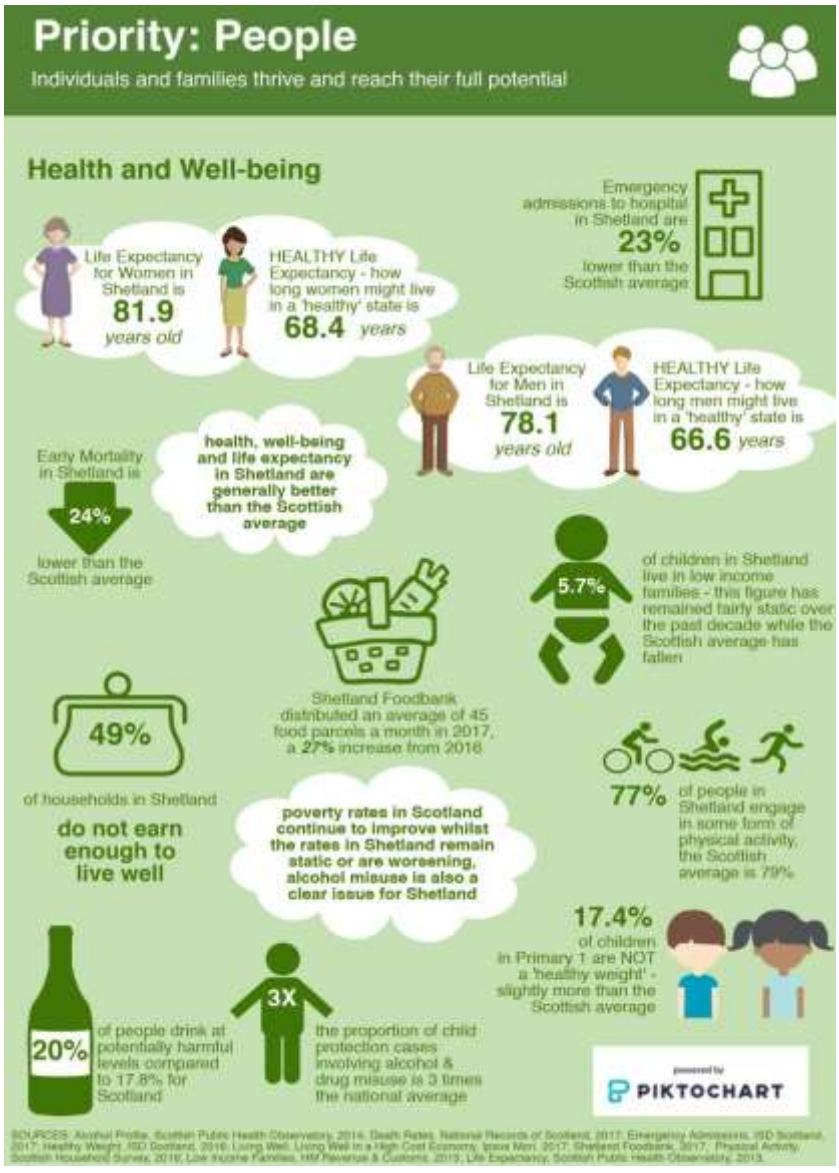
Statutory Complaints

Shetland Islands Council recognises that complaints are an important source of customer feedback and strives to resolve them at the earliest opportunity. Complaints are low in number and the majority are dealt with by the relevant service area ensuring that they have more control over the management of the complaint and the learning that can arise from resolutions. A total of 16 stage 1 and 2 stage 2 complaints were investigated and issues addressed included poor communication, missed care visits and general support. We are aware that the use of Pentana to record complaints is not fully utilised and can lead to inaccurate data and this is currently being addressed.

There were no complaints investigated by the Scottish Public Ombudsman.

4 Social Services Delivery Landscape and Statutory function

Shetland is the most northerly group of islands in the UK. On 30 June 2017, the population of Shetland Islands was 23,080. This is a decrease of 0.5% from 23,200 in 2016. Over the same period, the population of Scotland increased by 0.4%. Between 2016 and 2026, the population of Shetland Islands is projected to increase from 23,200 to 23,235 due to natural change i.e. more births than deaths (ref: National Records of Scotland, 2018). The number of people aged 65 and over is set to rise from 17% to 29% in the next 20 years. Combined with increasing life expectancy, the number of residents aged 80+ will more than double. At the same time, the working age population is expected to decrease by around 8%.



Unemployment in Shetland has been very low for three decades although some fragile island communities experience higher rates. Health, wellbeing and life expectancy in Shetland are generally better than the Scottish average yet 49% of households in Shetland do not earn enough to live well. Affordable and accessible housing, fuel poverty, transportation and access to specialist services is challenging.

Local data would indicate that 5.7% of children in Shetland live in low-income families, a figure which has not changed over recent years.

Delivering services within an island community comes with its own unique challenges and opportunities. Most of our health and social care services are provided by public services with limited opportunity to commission services from the more established third sector agencies. However, this also motivates local agencies to work together to create services bespoke to individual need.

Children's Social Work

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

Social workers in the Children & Families team are predominately engaged in fulfilling statutory duties in relation to children and young people who are in need of protection or who are subject to statutory measures. The best interests of children are paramount in any decisions that are made about them. Social workers work closely with colleagues in Schools, Health, Police, the Children's Reporter and Voluntary Services, essential for Getting it Right for Every Child.

Where there are concerns that a child may be at risk of significant harm, a multiagency child protection case conference is held to identify the risk, consider how this can be reduced and a decision made about placing a child's name on the child protection register. Those children on the At Risk Register and their families will then be supported to reduce and manage the risk.

In the year 2018/19, there were 106 child protection referrals relating to 164 children. There were 47 joint police/social work investigations of which 14 were referred to a Child Protection Case Conference. The table below summarises child protection case conference activity over the past three years:

Table 1: Child Protection Case Conference Activity

Child Protection	No of children 2016/17	No of children 2017/18	No of children 2018/19
Initial Child Protection Case Conferences	11	10	14
Review Child Protection Case Conferences	24	25	19
Number of children on the Child Protection Register	32	19	25
Number of children on the Child Protection Register on 31 March	10	<5	14

Nationally, the majority of children have their names on the register for up to a year - some children may be registered for up to two years. In Shetland, children were registered for between 3 months and 9 months. This shows the effectiveness of registration as a way of improving the safety of a child and supporting families. There were four pre-birth case conference. 17 of the children whose names were on the child protection register were under 5 (this includes unborn babies) and 8 were over 5. This fits with national patterns where the majority of children registered are under the age of 5. All conferences apart from 4 where held within the nationally prescribed timescales.

Looked After Children

The local authority has a responsibility for the care of looked after children. On 31 March 2019, there were 33 looked after children in Shetland. National data indicates that Shetland has the lowest percentage of looked after children per population group aged 0-17.

Table 2: Looked After Children at 31 March

Looked After Children	No of children 2017/18	No of children 2018/19
Total number of Looked After Children	28	33
Looked After at Home	7	7
Looked After in Kinship Care	<5	<5
Looked After in Foster Care	10	14
Looked After in Residential Care	<5	<5
Accommodated Off-Island	<5	<5
Throughcare and Aftercare	28	33
Continuing Care		<5

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

Accommodated Young People

When children are unable to remain safely within the family home, social work has a duty to explore placements with extended family and friends in the first instance. This type of arrangement is known as kinship care. In Shetland, there are 22 kinship care households.

Foster care is another way in which the care needs of children can be met. There are 13 approved foster carers in Shetland, 11 of which are fee paid carers. During the reporting year, a total of 2,800 nights were provided for children and young people requiring foster care. During this period, two new adopters and two foster carers were approved. For those children who require permanent care we strive to ensure that this is achieved as quickly as possible.

In February 2019, the Council approved plans for a new residential childcare service, which will be located in Tingwall. The project will be delivered in partnership with Hjaltland Housing Association. It is anticipated that building work will commence in September 2019, and will take approximately one year to complete. The new service will complement the two current residential homes and will accommodate up to five young people, increasing residential childcare capacity in Shetland and reducing our reliance on out of area placements on the Scottish mainland.

Ongoing support for children and young people who are looked after remains a priority and this includes direct therapeutic work through life story and theraplay, which helps them understand their circumstances and sense of identity. This work has been found to be very effective in helping them become settled and able to participate more fully in all aspects of social, educational and family life. Nurturing and safe caring was the focus of training and specialist Attachment training was offered to foster carers and adopters. Fun and Activity Days were organised and seemed to be enjoyed by the children who attended.

Young people moving on or transitioning from care are entitled to throughcare and aftercare support from the age of 16 to 26 years. By 31 March 2018 there were 37 young people engaging with the service ranging from 16 to 26 years of age. 25 are receiving regular support with the remainder receiving support as required. The majority of service uptake comes from young people who are looked after away from their own home in foster or residential care. Positive destinations remains a priority and of the 37 young people in the service 18 are in full time education or training an 11 in paid employment. The service never completely closes cases as young people will continue to return for support and guidance beyond 26 and they are not turned away.

The Scottish Government is currently commissioning an independent review of the care system in Scotland and have so far have listened to over 1,500 children, young people and care experienced adults about their views and experiences of care. The Council is participating in the review to identify and evidence areas of good practice or improvements for care experienced children and young people in Shetland.

The Corporate Parent Board was established in 2018, bringing together those agencies with corporate parenting responsibilities for our looked after children and care leavers. The Board has met on two occasions over the past year and is in the process of ensuring agenda and structure of meetings are inclusive and focused on the delivery of the corporate parent plan.

Adult Social Work

The Adult Social Work Team provides a generic social work service to any adult who request or require an assessment for care. Our supported people include adults with dementia, mental health difficulties, brain injuries, lifelong conditions, autism, learning disabilities, physical disabilities, older and frail people, unpaid carers and those at risk of abuse. In addition, Adult Social Work supports young people with additional support needs in transition, alongside colleagues in Children's Services, NHS Shetland, Adult Services and the third sector.

Those who have a social worker as a care manger have complex and changing needs and usually have several services or agencies providing support in addition to family and community support. The number of people supported on a short-term basis, either through screening or assessment will be higher than this and can fluctuate.

The number of people supported by the service has increased significantly in recent years. In 2013/14 a total of 393 people were supported by the service, this increased to 428 in 2016/17. Current figures show that 431 people were supported by the service.

Current Activity	Numbers Service Users
Current team caseload	431
Incoming contacts	210 per month
Assessments completed	22 per month
With You For You Reviews	30 per month

Social Care Client Group (all allocations across services)

	Dementia	Mental Health	Learning Disability	Physical Disability	Older people	Addiction	Palliative Care	Carer's	Other	Not Known	Total
Total	47	66	88	458	257	12	<5	73	19	88	1,112

The Service works alongside the Substance Misuse Recovery team and assesses people for rehabilitation where there are substance use issues.

Self-Directed Support

Since 2014, there has been significant increase locally in individuals choosing to direct their own support through Self-directed Support (SDS) Options 1 and 2. Self-directed support forms a key part of the national and local integrated landscape, enabling people to have choice and control over their social care support:

During 2018, the Care Inspectorate led a thematic review of self-directed support in Scotland, which was carried out jointly with Healthcare Improvement Scotland. The scope of this review was to consider the delivery of self-directed support in six partnerships across Scotland, including Shetland, to evaluate how well they have embedded the principles and values of self-directed support to deliver better outcomes for supported people.

In addition to the reporting of specific findings and recommendations for the individual partnerships visited, the Care Inspectorate published an overview report, in June 2019, which provides a summary of what they found across the partnerships and what that tells us about self-directed support in Scotland in general.

The Self-directed Support Programme Board was established in September 2018, as the body to take oversight of the strategic direction and delivery of the 'Self-directed Support Work Plan'. The Work Plan is a 'live' document, which is aligned with the

national Self-directed Support Implementation Plan, which is the Scottish Government's key strategic driver. The Board will also take forward the recommendations from the thematic review.

Over the next year, we will continue to offer choice and encourage growth within the independent sector through community capacity building and co-production of services. Shetland Community Connections, an independent brokerage and support service for individuals looking to make meaningful connections in the community, became fully operational towards the end of 2018. They, along with other key third sector organisations, form part of the Self-directed Support Programme Board.

The Service is engaged with the National Development Team for Inclusion (NDTi) to support the delivery of the taking forward a Community Led Support programme in Shetland. NDTi supports Health and Social Care Partnerships in Scotland to put their work right at the heart of communities, thus providing a framework to progress the service elements highlighted above. Community Led Support:

- seeks to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community focused in achieving outcomes, empowering of staff and a true partnership with local people;

- assists organisations to work collaboratively with their communities and their staff teams to redesign a service that works for everyone, that evolves and is continually refined, based on learning;

Adult Support and Protection

Responsibility for carrying out inquiries into adults at risk sits with suitably qualified and trained social work staff known as a Council Officer. In Shetland this is carried out by registered social workers. Adult Support and Protection procedures are in place and are monitored and scrutinised by the Shetland Public Protection Committee and the Quality Assurance sub group.

Table of Adult Support and Protection Activity

Category	2017/18	2018/19
Adult Concern Referrals	118	112
Initial Inquiries	118	112
Adult Support Referrals (Meeting 3 point test)	9	19
Number of Investigations	<5	12
Source of Referral:		
Police	63	53
Health	32	24
SIC	19	26
Third Sector	<5	6
Carer/Family Member	<5	9
Self-Referral	<5	<5
Other	7	17

Category	2017/18	2018/19
Outcomes for those meeting 3 point test		
Number of Case Conferences	<5	<5
Number of Protection Plans	<5	<5
Safeguarding measures	7	16
Outcomes for those not meeting 3 point test		
NFA	28	43
Advice and Support	86	69

The above table highlights that although the majority of individuals subject to adult support and protection processes do not meet the criteria for a full investigation, over half go on to receive advice and support through social work services or referral to other agencies. Physical, Emotional and Financial harm are the most prevalent. No legal orders were necessary during 2018-19.

Mental Health Officers

Mental Health Officers (MHOs) are registered Social Workers who have been qualified for at least two years, have relevant experience and undertake intensive post-qualifying training to secure their Mental Health Award. The local authority has a duty to employ a sufficient number of MHOs.

MHOs have extensive statutory duties under several pieces of legislation which impact on both children and adults. A significant part of the MHO role is ensuring that individuals' statutory rights are upheld and can impact on an individual's freedom through compulsory detention orders. MHOs make decisions independent of the Council, senior management or colleagues from other disciplines.

The table below shows the different mental health activity undertaken by the team:

Category	2017/18	2018/19
MHO Contacts	62	45
Individuals subject to Compulsory Treatment Orders	9	7
Emergency Detentions up to 72 hours	<5	<5
Short Term Detentions	9	7
Social Circumstances Reports	16	11
Other Mental Health Assessments	6	<5
Assessment Order	0	0
Adults With Incapacity Reports	<5	9
Mental Health Reviews	12	7
Mental Health Tribunals	9	9
Welfare Guardianship Reviews	33	42
Consultations under the Mental Health (Care and Treatment) (Scotland) Act 2003	< 5	<5
Individuals subject to Welfare Guardianships	20	27
Individuals CSWO Guardianship	<5	<5
Compulsory Treatment Order Applications	6	7
Consultation under Adults with Incapacity (Scotland) Act 2000	<5	8

Category	2017/18	2018/19
Mental Health Officer report for Compulsory Treatment Order Extension / Variation	6	<5

MHOs participate in an informal out of hour's rota whereby they attend in an MHO emergency, if available. This arrangement generally works well and MHO consent is consistently provided in emergency detention certificates.

There are currently 1.5 FTE Social Workers and two Senior Social Workers who are qualified as MHOs - all are based in the Adult Social Work Team. There are also two relief MHOs employed by Shetland Islands Council who are based in Aberdeen. This provides a better service for Shetland patients as the MHOs can maintain regular contact during admissions. It also prevents Shetland MHOs having to frequently travel to Aberdeen at short notice to undertake statutory work.

No Social Workers have undertaken MHO training since 2017 and the Service has been unsuccessful in recruiting to a vacant post. The service will become vulnerable if there are any further vacancies. The pay scales for mental health officers is below the national average and therefore not attractive to those based on the mainland. As MHO duties are in addition to the social work role there is also little incentive for local social workers to undertake the training. This situation will be reviewed and addressed as part of workforce planning and development.

Occupational Therapy

The Occupational Therapy Service is an integrated SIC/NHS service and works across hospital and community settings to provide the best possible service to service users. In May 2018 the Service became responsible for coordinating the Post Diagnostic Support Service, as part of the Primary Care Programme. Changes were made to the way anticipatory care plans were written and outcome focused support plans were introduced. An audit of the new service was completed in early 2019 which showed 100% of individuals had an outcome focused support plan and 97% of individual had or are completing an anticipatory care plan compared to 31% under the previous model.

The Service has run a successful pilot of a new Occupational Therapy intervention for Home-Based Memory Rehabilitation, this supports individuals with mild to moderate dementia to use strategies and memory aids to maintain independence and quality of life. This pilot has been successfully completed with 4 clients and work is ongoing to formalise this intervention with a referral pathway and referral forms.

Over the coming year the service aims to work collaboratively with Youth Services and the employability scheme in order to support more people in their journey to employment or voluntary work.

Criminal Justice

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

The service continues to work closely with the Shetland Community Justice Partnership to ensure those involved in community justice receive the best possible service. There have been some interesting developments over the past twelve months, including a participatory budgeting event which saw members of the community voting for their top project. Physical and mental health has been a focus for the service and opportunities were developed with the Partnership for people to attend physical activities, this has enabled individuals to do something positive with their time and improve their wellbeing.

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

Table 5: Criminal Justice Service Activity

Category	2017/18	2018/19
Criminal Justice Social Work Reports/203's	132	62
Community Payback Orders	59	44
Offender Supervision Requirement	38	31
Unpaid Work Requirement	39	35
Other Requirements	<5	<5
Unpaid Work Hours Imposed	4460	4850
Unpaid Work Hours Completed	3815	2750

There has been a significant reduction in requests for Criminal Justice Social Work Reports and this reflects a decrease in cases being heard at the Lerwick Sheriff Court. Although the overall numbers of new community payback orders has decreased there is less fluctuation with individual requirements and a slight increase

in unpaid work hours imposed. The service is seeing an increase in intensive programme work such a sexual offending and domestic violence, which, hopefully, will lead to changes in individual behaviour. Managing complex behaviour and need whilst supporting community safety is common practice and good work is undertaken to ensure individuals are supported to build more positive lifestyles.

This case involves a young man on licence who had risks linked to reoffending, attitudes & beliefs. He was socially isolated and had mental health and alcohol issues. A major function of the supervision was to support safe and positive community access, to reintegrate him into the community whilst managing risk and reduce the factors that could lead to reoffending.

To meet this dual need safely and to offer the best chance of change, a multi-agency approach was essential. Social Work, Police and voluntary agencies worked together to allow this individual to undertake voluntary work and attend social groups safely. Safeguarding and monitoring arrangements were put in place and this allowed the person the opportunity to develop positive, pro-social acquaintances and friendships, become part of a group and reduce social isolation.

Over the year, unpaid work projects included painting and decorating at public halls, churches and other community venues. A variety of maintenance work was undertaken, for example, walking trail clearance, beach cleaning and grass cutting. All projects focus on assisting the individual to payback for their crimes and help build on practical skills and wellbeing.

The service worked in partnership with the Children's service, to redesign the way young people subject to diversion from prosecution are worked with, all young people who commit an offence will be referred to the Children's Services. There is also joint work being undertaken in the delivery of the Respect domestic violence programme.

Multiagency Risk Assessment Conferencing (MARAC) is established for people who are experiencing high risk domestic abuse. MARAC is provided for Shetland through the Highlands and Islands service. The Lead Officer for Adult and Child Protection represents Shetland as part of the Highlands and Islands Operating Group. In the year January to December 2018, there were 22 cases that went through MARAC, 16 cases less than the previous year.

Community Care Resources

Community Care Resources provides services to adults in need across 7 localities within Shetland. The service enables people to remain within their own homes and communities by providing person centred care to increase levels of independence, self-care and self-managed care. Increasingly, staff are working flexibly across residential, day care and care at home settings which ensures consistency of care and an ability to respond quickly to changing needs and circumstances.

> A hospital inpatient who sadly experienced a bereavement during his treatment was enabled to return to his home to spend time with his family members through the quick actions of the multi-disciplinary team who were supporting him. A respite placement was found in his locality where staff were able to offer emotional support and practical assistance to ensure this gentleman was able to spend time with family, attend to his dog and plants before returning to hospital after the weekend.

During the last week of March 2019, social care services provided 214 clients over the age of 65 with 1536 hours of care at home. 55 people over 65 were in receipt of 10 hours or more home care and 85 people required residential care.

Personalised assessments highlight that wishing to remain living as independently as possible, within their own home is the main outcome for the majority of people. The reduction in individuals living for lengthy periods of time within residential care and the increase in respite care is evidence of the service meeting this outcome.

The service has been working closely with the local hospital to support early discharge through short term intermediate and re-ablement placements prior to individuals returning home. Statistics show that individuals are returning home earlier than the maximum six week period for reablement.

It is important that progress is made with social care projects to further reduce reliance on the traditional residential care model. Several pilots are proposed which will develop and increase provision in the areas of overnight care, telehealth and telecare support and care at home.

Enabling individuals to remain at home means staff, families and communities have to live with a level of risk and at times this can be uncomfortable. The Mental Welfare Commission Good Practice Guide states:

'Life is never risk free. Some degree of risk taking is an essential part of good care. Self-determination and freedom of choice and movement should be paramount, unless there are compelling reasons why this should not be so"

Case study - Managing Risk

'Please can you help me go home?'

A client with dementia has developed a trusting relationship with her care at home team visiting 4 times per day to ensure a safe and secure environment. This support enables the client to remain in her own home, leading an independent/self-directed and fulfilled life, within the community that she has lived for many years. While initially reluctant to accept any supports whatsoever the staff team worked hard to gain the clients trust and warm, personal bonds have formed with the regular carers.

Following a hospital admission there were concerns from some of the multi-agency team that the client could not safely return home and required a 24 hour supported environment. Following negotiation a stepped support plan was put in place to manage the risk which included an intermediate placement in a care home with a view to assessment and re-ablement home. Within hours of discharge from hospital the client became acutely distressed and her care at home team attended the residential centre to offer 1:1 support. She was delighted to see a familiar face and made it clear she wished to go home. The carer was able to reassure the client and indeed, spend a relaxed and pleasant evening in her company.

In view of the client's distress and having regard to relevant evidence based practice (Nothing Ventured, Nothing Gained – risk guidance for people with dementia. DOH 2010) it was agreed to accompany the client home the following morning. The client has remained at home with some enhanced supports (including assistive technology) to ensure her wellbeing and happiness. This case study is a positive example of staff having the courage to advocate on behalf of a client's right to self-determination, take positive risks, maximise independence and minimise risk.

Staff in residential and day care centres are aware of the need for individuals to remain mentally and physically stimulated and each have their own activities programme. A new initiative that has been introduced to maintain and improve wellbeing is the national CAPA programme Care About Physical Activity.

Visit from a Shetland pony.

Game of Golf as part of CAPA.

The Great Westside Bake Off;

Adult Services - Learning Disability and Autism

The Service continues to provide support to people living in their own homes and those in supported accommodation. Respite facilities are available to support unpaid carers and the training and employment opportunities are available through the services delivered at the Eric Gray Centre @ Seafield and in partnership with COPE.

It assists people to look after their own health and wellbeing and to live in good health for longer. Supporting people to maintain and improve their quality of life and live as independently as possible.

The Service and its partners continue to consider how best to deliver local priorities in relation to meeting the needs of Autistic people and their families in Shetland in line with Shetland's Autism Spectrum Disorder Strategy 2016-21
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19212

Priority areas addressed this year included:

- Employment - To improve outcomes locally, Project SEARCH has been set up as an evidenced approach to supporting people into real jobs. Project SEARCH is a one-year transition to work programme, supporting young people with additional needs to gain skills and experience into sustainable employment. Project SEARCH is delivered in partnership between Shetland Islands Council (Adult Services, Children Services and Human Resources) and Shetland College. Work placements were offered across Shetland Islands Council and NHS Shetland service delivery areas. Outcomes from the first year include supporting three young people into full time, paid employment.

- Community Awareness Raising - Adult Services (LD & ASD) and Children's Services secured funding through the 'Shetland Community Choices' participatory budgeting event to deliver a Community Awareness Raising project. The project brought together a group of autistic volunteers and family members from late spring to summer 2018. The project focus being to participate in creative sessions to produce material that could be used to raise awareness of autism. The group met over 10 weeks with two professional artists and produced a number of short animations and film, which was screened at Shetland Arts Screenplay Festival and can be viewed here:

https://www.youtube.com/watch?v=U4Nv-TlNhoA
https://www.bing.com/videos/search?q=Youtube+Autism+Shetland&qpvt=Youtube+Autism+Shetland&FORM=VDRE

  At the end of the project, the group continued to meet and formed Autism Friendly Shetland. The membership was extended to anyone with autism and their family and friends, in order to provide a friendly and inclusive meeting place for neurodiverse/autistic people of all ages. The group have since secured further participatory funding for materials, room hire and events.

- In January 2019, Eric Gray @ Seafield opened as a replacement for the former Eric Gray Resource Centre. This modern, fully accessible, purpose built hub provides excellent facilities for adults with autism; learning disabilities and complex need. Staff deliver needs led support through a range of vocational learning, training and recreational activity to promote inclusion, choice and independence, recognising the rights of the individual to participate as meaningfully and as independently as possible in everyday life. People who use the service, family members and carers have commented on the positive difference the new building is making to the excellent standard of service delivered by the team in space that enhances practice.

- Review of short break services and the transition processes between children and adult services. Both reviews are progressing and should lead to service improvements.

Continued investment in preventive services is paramount to managing growth in demand, alongside supporting existing need. With the majority of specialist support centralised, providing services in the more rural areas is challenging.

The Carers (Scotland Act) (2016) has been in force since April 2018. In its first year, Adult Social Work have worked closely with carers and colleagues across Shetland to develop values, practice and systems that support the EPIC (Equal Partners in Care) principles. Work has included:

- A local **Eligibility Criteria** for Unpaid Carers was produced in line with the wider Adult Social Work eligibility criteria and based on the work of the National Carers Collaborative.
- A local 'Short Breaks Statement' has been produced and published in collaboration with Voluntary Action Shetland Carers Service team and carers representatives. The purpose of this statement is to provide information to carers and cared for people so that they are aware of the different ways they can take a break away from their caring role and what local support is available to help this happen
- We sponsored Enable to deliver training on emergency planning and adopted the Enable toolkit to support carers to plan ahead for times when they are unable to fulfil their caring role, setting out practical arrangements for short-term, unplanned periods. ENABLE Emergency Planning Workbook

Palliative and End of Life Care.

In Shetland, it is estimated that around 129 people per year will require some form of palliative or end of life care. With the number of people dying in Scotland due to increase by 13% over the next 25 years we need to act now in order to ensure that access to this type of care is available to all who can benefit from it. In order to meet this need the Health & Social Care Partnership have spent the past 12 months developing a new strategy that will ensure a multi-agency approach to developing early identification processes and person-centred anticipatory care planning. This will enable individuals and their families to have more control and support to die well.

5 Financial Resources

Shetland Islands Council Medium Term Financial Plan 2018/19-2023/24 http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=22838 provides the financial framework for the delivery of Council services to the people of Shetland. The plan takes account of the desired outcomes of the Council's Corporate Plan recognising the need to improve productivity and efficiency in order to maintain and improve the services provided, as well as continue to prioritise its spending.

In 2018/19, the Children's Services revised budget totalled £42.1m. £6m of this budget related specifically to Children's Social Work and showed an overspend of £510k. These overspends were mainly in relation to the use of agency staff to cover vacancies and to undertake specific work in relation to Youth Justice; accommodation and travel costs for young people accommodated off island and off island mother and baby placements; and the cost of opening an additional property (now closed) to provide residential on-island care. It is recognised that some service areas are experiencing growth, for example, children's residential and foster care. Whereas in other areas, demand can fluctuate from one year to another, for example, off island placements and direct payments, and any unexpected demand for these services may be costly.

The Council and the Shetland Health Board delegate responsibility for planning and resourcing service provision of adult health and social care services to the Integration Joint Board. The Council's Community Health and Social Care Directorate's revised budget for 2018/19 totalled £22.4m. This budget was overspent by £157k, mainly due to continued difficulties in recruitment and retention of social care staff, leading to the use of agency staff across various localities. There was also an increase in off-island placements costs in-year and increased staffing costs early in the year to deal with specific packages of care. It was possible to off-set some for this overspend, as the income from care charges was higher than anticipated. This can fluctuate greatly depending on the financial circumstances of those receiving care. Allowance was made in the budget for the impact of waiving charges as a result of legislation, such as the Carers Act.

The 2019/20 budget set for Children's Services was £44.6m, £6.4m of which was for Children's Social Work; and for Community Health and Social Care Services, it was £23.3m. For future years, the Medium Term Financial Plan identifies further savings of £16m to be achieved across the Council by 2023/24 in order to continue to set a financially sustainable budget. In order to meet the challenges of changing demographics and shrinking resources, services must have the ability to change and adapt, including exploring different models of service delivery. Similar situations are being faced across Scotland and also stated in the Social Work in Scotland Impact Report. Recommendations were made around the need for redesign and open conversations with communities and we hope some of this will be addressed through the community led support work.

6 Service Quality and Performance

Quality assurance and self-evaluation activity is improving and remains a priority across services for both adults and children. The imminent replacement of the SWIFT Information System has provided an added impetus to improve existing processes and data collection in relation to Key Performance Indicators as this clearly impacts on the reliability of published data.

Ad hoc quality assurance work is being undertaken across the individual services and this is informing service improvement. However, it has been agreed by the Social Work Governance Group that a structured programme of quality assurance would ensure a consistent approach across the statutory functions and ensure that good practice and lessons learned are shared. This is also important to ensure the continuous improvement of service delivery and outcomes.

Many pieces of work that evidence good performance are not recorded as many staff are modest about their achievements on behalf of service users, seeing it as 'just what we do'. However, without their dedication and commitment much of the innovative care planning and support activity that makes such a difference to individuals would simply not occur. Recording these interventions and the exceptional impact for individuals does need to improve.

Service User feedback and views are routinely recorded at reviews and service questionnaires. Independent feedback is also gathered by the Care Inspectorate as part of the inspection process. The majority of feedback is very positive in relation to quality of interaction with staff and services received.

Key performance areas:

- Personal Outcomes - The improvements in the use of personal outcomes and asset based approaches in assessing individual support needs can be seen in the recent collection of data showing better identification of what matters to individuals, and 84% of people have achieved or mostly achieved their agreed outcomes.
- Plan, Do, Study Act (PDSA) Cycles- Social care staff have been encouraged to initiate small scale improvement activity through the use of PDSA cycles. This is ensuring that the new initiatives are being captured.
- Quality of Staffing - Inspection work and feedback from service users is positive with individuals being pleased with the service they receive.
- Administration Review - Several pilots have been underway in relation to administration within community care resources. The information gleaned from these processes suggests that structure and roles and responsibilities require further consideration to ensure efficient and effective use of resources.
- Community Mental Health - A review of Community Mental Health Services has concluded in the last year. Part of the review considered the services offered from Annsbrae House to tenants and outreach clients. The review concluded that Annsbrae services were performing well which is consistent with Care Inspectorate grading.

- Criminal Justice Social Work continues to meet key performance indicators for the submission of reports, commencement of Orders and completion of reviews.

Many of our social care services for children and adults are registered with the Care Inspectorate and inspected against National Care Standards. The table below provides a summary of the inspections that took place during 2018/19.

Table 7: Inspection Activity of Registered Services (April 2018 to March 2019)

Grade	Care and Support	Environment	Staffing	Management and Leadership	Well being
6 - Excellent	2	0	0	1	0
5 - Very Good	16	1	5	4	5
4 - Good	4	5	2	11	2
3 - Adequate	2	0	1	0	1
2 - Weak	0	0	0	0	0
1 - Unsatisfactory	0	0	0	0	0
Not Inspected	0	18	16	8	16

Individual service inspections are reported to relevant committees regularly and reports can be found at the Care Inspectorate website http://www.careinspectorate.com/index.php/inspection-reports. Shetland generally provides very good quality care services. Further detail is attached at **Appendix 1**. Those Services who receive grades of adequate or below or have specific requirements that they must meet, have support plans in place and are monitored by the Executive Manager.

7 Workforce

The Chief Social Work Officer is responsible for having an overview of workforce development across social services. As a regulated workforce, there is an emphasis on ensuring that all staff are appropriately trained in order to register with their professional body and to enable opportunities for continuing professional development.

Managers in social work and social care work closely with Human Resources to ensure effective staff training and development programmes are in place for staff groups as well as individuals. Over the year, staff have participated in annual Personal Development Plan sessions and the information gathered has informed training plans. There has been a focus on supporting staff to obtain relevant SVQs and greater opportunity to take personal responsibility for training through e-learning modules. Protection training has been undertaken through Joint Investigative Interviewing, START AV and CARM which assists in the assessment and support of high risk complex child care cases. Council Officer and Adult Support and Protection training has ensured skill levels are maintained across adult services. Within Criminal Justice, staff have participated in Risk of Serious Harm and Moving Forward, Making Changes which is specifically for individuals who commit sexual offences.

Workforce planning and development is fundamental to ensuring that we have both the capacity and the skills to meet the care and protection needs of our population and this is actively looked at by the individual services and teams. Recruitment continues to be a challenge especially in some areas of adult social care and children's social work and it has been necessary to cover key posts through the employment of agency staff. The use of agency staff is only considered once all other available options have been exhausted. The need for staff within children's social work was to fill key management posts due to sickness and acting up duties.

In Community Care Resources, the management of staffing rotas is particularly complex due to the requirement to meet concentrated need at certain times of the day. For example a residential care home may require additional staff in the morning and in the evening and it is difficult to recruit to these types of low hour contracts. The Service is committed to reducing its reliance on agency staff and initiatives have included the provision of pool cars that has enabled individuals to apply for posts that require travel without the need to own a vehicle. Relocation packages for senior social care worker posts are being advertised to appeal to applicants on the Scottish mainland and beyond.

The Council continues to be committed to sponsoring its employees to undertake training and qualifications that will help sustain key posts such as social workers and practice teachers. There are currently four staff members being sponsored to undertake the BA in Social Work and one being sponsored to become a practice teacher. We have re-established links with Universities to take students on social work placements and this has resulted in one student returning to employment in Shetland. The Social Care Services across all disciplines have actively promoted their services at careers events and school visits, targeting young people who may be interested in a career in care. As well as applying for vacancies, people can also access Modern Apprenticeships in care and administration.

Supervision and support of staff remains a priority and we are currently in negotiation with Robert Gordons University to design and deliver a social work supervision course open to social workers and social work line managers. This will ensure all parties are aware of their responsibilities with regards to the supervision process.

Priorities for the coming year will be to continue with the project set up in 2018 to look at staff structures, roles and responsibilities to ensure our services and skill sets continue to meet service requirements. We will sponsor two more employees to undertake the BA in Social Work and Practice Teaching. We will also be looking at employee wellbeing initiatives and acknowledge that, as well as core/technical skills, it is important to ensure that the softer skills (coaching, team building, crucial conversations, etc.) relating to the Council's values, are developed and embedded across the workforce.

Dedicated workforce development support ensures that the Council continually reviews the way in which staff are developed with an increasing focus on creating on-line learning that enables staff to access learning and development wherever and whenever they need it. There is close partnership working with NHS Shetland to ensure sharing of resources and opportunities.

10 Contact Details

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Social Services Inspection Grades **Appendix 1**

Service	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Leadership & Management		Wellbeing
	2018/19	Previous Grade	2018/19	Previous Grade	2018/19	Previous Grade	2018/19	Previous Grade	2018/19
Adoption	4 Good	4 Good	N/A	N/A	N/A	4 Good	4 Good	N/A	N/A
Fostering	4 Good	4 Good	N/A	N/A	N/A	4 Good	4 Good	N/A	N/A
Children's Residential	4 Good	5 Very Good	N/A	N/A	N/A	4 Good	4 Good	N/A	N/A
Windybrae	5 Very Good	N/A	4 Good	N/A	5 Very Good	N/A	4 Good	N/A	N/A
Short Breaks for Children	5 Very Good	4 Good	4 Good	N/A	5 Very Good	N/A	4 Good	3 Adequate	N/A
Edward Thomason & Taing	5 Very Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	N/A	5 Very Good	4 Good
Fernlea	5 Very Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	N/A	4 Good	5 Very Good
Fernlea Day Care	5 Very Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	4 Good	4 Good	N/A
Isleshavn	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good	5 Very Good
Annsbrae Mental Health Support Service	5 Very Good	5 Very Good	N/A	N/A	N/A	5 Very Good	5 Very Good	5 Very Good	N/A
Montfield Support Service	5 Very Good	5 Very Good	N/A	4 Good	N/A	4 Good	N/A	5 Very Good	N/A
Newcraigielea	5 Very Good	5 Very Good	N/A	4 Good	N/A	4 Good	5 Very Good	4 Good	N/A
Nordalea	5 Very Good	5 Very Good	N/A	5 Very Good	N/A	4 Good	N/A	5 Very Good	5 Very Good
Nordalea Day	6 Excellent	5 Very	N/A	5 Very	N/A	5 Very	5 Very	5 Very Good	N/A

Care		Good		Good		Good	Good		
North Haven	3 Adequate	4 Good	N/A	4 Good	N/A	3 Adequate	N/A	4 Good	4 Good
Overtonlea	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	4 Good	4 Good	5 Very Good
Overtonlea Support Service	5 Very Good	5 Very Good	N/A	4 Good	N/A	4 Good	5 Very Good	4 Good	N/A
Support at Home Shetland	5 Very Good	5 Very Good	N/A	N/A	5 Very Good	4 Good	N/A	5 Very Good	N/A
Wastview	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	N/A	4 Good	5 Very Good
Wastview Support Service	5 Very good	5 Very Good	N/A	5 Very Good	5 Very Good	5 Very Good	N/A	4 Good	N/A
New Craigelea	5 Very Good	5 Very Good	4 Good	N/A	4 Good	N/A	4 Good	5 Very Good	N/A
Eric Gray Centre	6 Excellent	N/A	5 Very Good	N/A	5 Very Good	N/A	6 Excellent	N/A	N/A
Walter and Joan Gray Day Care (commissioned service)	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	N/A
Walter and Joan Gray Home (commissioned service)	3 Adequate	4 Good	4 good	N/A	3 Adequate	N/A	4 good	3 Adequate	3 Adequate

Shetland Islands Health and Social Care Partnership

Agenda Item

6

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board NHS Board Policy and Resources	28 November 2019 10 December 2019 21 January 2020
Report Title:	Palliative and End of Life Care Strategy for Shetland 2019 - 2022	
Reference Number:	CC-47-19-F	
Author / Job Title:	Jo Robinson Interim Director Community Health & Social Care	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board, Policy and Resources Committee and NHS Board APPROVE the Palliative and End of Life Care Strategy for Shetland 2019-2022.

2.0 High Level Summary:

2.1 In Scotland, it is estimated that around 40,000 of the 54,700 people who die each year need some palliative care. That is 73%, equating to 129 people in Shetland per year (average number of deaths in Shetland is 212).

2.2 With the number of people dying in Scotland due to increase by 13% over the next 25 years action is required now in order to ensure that access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.

2.3 This strategy focuses on what is important to people who are dying, their relatives and the carers/family who support them. The strategy promotes respect, choice, dignity and safety for all regardless of age, ability and of diagnosis.

2.4 The strategy contains an action plan. Implementation will be overseen by the Palliative Care Managed Clinical Network.

3.0 Corporate Priorities and Joint Working:

3.1 The PEOLC strategy supports the National Health & Wellbeing Outcomes, specifically:

- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- **Outcome 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

3.2 The PEOLC Strategy supports the Shetland Partnership Plan 2018 – 28 priority of "People participate and influence decisions on services and use of resources".

3.3 The PEOLC Strategy supports delivery of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care 2015.

4.0 Key Issues:

4.1 The content of the strategy is based on contributions from patients/service users, health and social care professionals working in a number of settings, cancer and palliative care specialists, specialist nurses, children's occupational therapy and physiotherapy, community care services, public health, voluntary services and members of the public.

4.2 Whilst most definitions describe a formal approach to PEOLC by Health & Social Care services, what appeared to be missing was a community-based perspective. It was important to recognise the amount of support family members, carers and communities provide in supporting people to die well as well. Therefore a local definition of palliative and end of life care was agreed for this strategy as follows:

"Palliative and end of life care is a supportive approach, (based on values of compassion, respect, and understanding), to improving the quality of life of individuals and their families/Carers, facing the problems associated with life-threatening illness , dying and death."

4.3 The PEOLC strategy for Shetland offers a framework that enables stakeholders to:

- Identify individuals who may need support early.
- Offer person-centred holistic anticipatory care planning, supporting choice and control to the individual, their family and carers, engaging in timely, open and honest conversations that focus on quality of life outcomes.
- Promote coordination of support across multi-disciplinary teams that provide appropriate care to meet physical, practical, functional, social, emotional and spiritual needs in the place of choice of the individual.
- Promote confidence and opportunities to gain the appropriate skills to offer good PEOLC to all.
- Focus on involving and using wider resources in the community and promotes improved understanding of the importance of good palliative care.

4.4 Figures from Information Services Division Scotland show that in 2018/19 Shetland had a percentage of 94% of time in the last 6 months of life spent at home or in a community setting. This is the highest percentage of anywhere in Scotland, and consistently the highest percentage in Scotland since 2013/14. The strategy provides further data about age and cause of deaths in Shetland.

4.5 The strategy contains an action plan. Implementation of the plan will be monitored by the Palliative Care Managed Clinical Network.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :

6.1	**Service Users,**	The strategy has been developed in conjunction with service

Patients and Communities:	users, patients and communities. It aims to improve identification, assessment and provision of support to people who palliative and at the end of their life. The Strategy has been widely consulted on during development, including: • Realistic Medicine working group • People with lived experience • Community Health and Social Care Management team • Spiritual Chaplain • Dementia Services • Mental Health Team • Faith Group & Humanist Representatives • GP Representative • British Redcross • Child Health Management • Senior Charge Nurse Team Lead • Area Nursing and Midwifery Advisory Committee • Palliative and End of Life Care Managed Clinical Network
6.2 Human Resources and Organisational Development:	The workforce is key to success to providing good quality end of life care and therefore it is recognised that appropriate planning and development is needed to ensure the skills are within the workforce. Planning and training will be identified through the Palliative Care Managed Clinical Network and individual personal development plans.
6.3 Equality, Diversity and Human Rights:	This Strategy is inclusive offering a palliative and end of life approach to **all** regardless of age, gender, disability, diagnosis, social group or location. Human rights underpin the ethos and principles of this Strategy
6.4 Legal:	No implications
6.5 Finance:	No specific financial implications arising from this report. Funding for training will be met from within existing budgets.
6.6 Assets and Property:	No implications for major assets and property.
6.7 ICT and new technologies:	No specific implications for ICT and new technologies, although theses will be used where necessary and appropriate to provide enhances services where possible.
6.8 Environmental:	No implications
6.9 Risk Management:	Without implementing this Strategy there is a risk to the quality of Palliative and End of life Care as demand increase with an ageing population, and financial constrains may hamper the ability to meet rising need for palliative care effectively without an efficient strategy being in place. This in turn creating negative experiences for individuals and their families/friends. This strategy is key to supporting people, their families and their carers, helping to prevents unresolved grief for individuals, avoid hospital admissions and minimising delays in hospital.

6.10 Policy and Delegated Authority:	IJB Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB has delegated authority to determine matters relating to those services for which it has responsibility and oversight for, as set out in the Integration Scheme and the IJB Scheme of Administration [2015]. In exercising its functions the IJB must take into account the requirement to meet statutory obligations placed on the NHS and SIC, including those that pertain to delegated IJB functions. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. NHS Shetland Board The NHS Board holds the responsibility for reviewing strategic documents and the report is therefore presented directly to the NHS Board for consideration. SIC Policy and Resources Committee The Policy and Resources Committee has delegated authority for the development and operation of the Council as an organisation and all matters relating to organisational development and staffing, and is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. As this report concerns a strategic policy, the matter is reserved to the Policy and Resources Committee.	
6.11 Previously considered by:	NHS Shetland Clinical Care and Professional Governance Committee (CCPGC)	3rd September 2019

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Appendices:
Palliative and End of Life Care Strategy for Shetland 2019 - 2022

Palliative and End Of Life Care Strategy

2019 - 2022

Contents

1. Executive Summary
2. Introduction
3. Background - understanding death and dying in Shetland
4. Outcomes and indicators - what do we want to achieve
5. Our approaches to PEOLC
    a. Values, Principles and human rights – our moral beliefs
    b. Protecting and promoting dignity – Choice and Control
    c. Valuing & supporting staff
    d. Realistic Medicine
    e. A strength based approach
    f. A greater openness
    g. Compassionate Communities
    h. Working together
6. Appendix 1 Outcomes Framework
7. Appendix 2 Action Plan
8. Appendix 3 Last Aid course
9. References

Executive Summary

Death and dying, whilst a natural part of life, can be one of the most difficult times for everyone involved. Having a good death is just as important as having good quality of life. *'Whilst dying is inevitable, and universal, that is the only certain thing about it. So much else is unpredictable. It is therefore vital to offer people choice and control over the things that are important to them at this point of maximum vulnerability in their lives'.*[1]

A group of local people passionate about individuals having a good death has developed this revised strategy for Shetland. It takes account of the changing health and wellbeing needs of the Shetland population, in response to an increase of awareness and demand for good palliative and end of life care (PEOLC), particularly in relation to the move towards a more personalised approach. The aim was to create a strategy that focuses on what is important to people who are dying, their relatives and the carers/family who support them, a strategy that promotes respect, choice, dignity and safety for all regardless of age, ability and of diagnosis.

The team of people that brought this strategy together came from a variety of professional and personal backgrounds and included health and social staff, carers and family members, individuals from the community and local organisations. Their purpose was to create a strategy that:

- Gives confidence in staff and service users that we will meet local outcomes and need.
- Raise awareness of and give confidence in, the valuable support that Health & Social Care staff, families, carers and communities do and builds on these strengths.
- Improves joint working relationships, where all key staff, carers, family and community members feel their contributions to the strategy are valued.
- Gives people with experience of palliative and end of life care a voice and opportunity to influence how we all work together to support people who are dying.

A local definition of palliative and end of life care was considered for this revised strategy. Whilst most definitions describe a formal approach to PEOLC by Health & Social Care services, what appeared to be missing is a community-based perspective. In addition, 'clinical' language does not acknowledge individuals roles in supporting loved ones/community members during this time. A recognition of the amount of support family members, carers and communities do in supporting people to die well had to be recognised within a local definition. The local ethos to work closely in collaboration with all involved to ensure individuals have a good death needed to be reflected.

Palliative care focuses on the person, not the disease, and applies a holistic approach to meeting the physical, practical, functional, social, emotional and spiritual needs of individuals and carers facing progressive illness and bereavement.
A local definition of Palliative and End Of Life Care:

"Palliative and end of life care is a supportive approach, (based on values of compassion, respect, and understanding), to improving the quality of life of individuals and their families/Carers, facing the problems associated with life-threatening illness , dying and death."

The ethos that underpins this definition:

Through good conversations, early identification and assessment/support planning, the prevention and relief of suffering and treatment of pain and other symptoms, (physical, psychosocial and spiritual support), we can work together in collaboration with the individual and those people that matter to them honour individuals' choice, control and dignity."

Introduction

Dying, death and bereavement are important parts of everyone's lives; they happen to us all and many of us will be affected by the death of people close to us.

There is predicted rise in the number of people living with long-term conditions and how we all need to respond to these changes is crucially important.

In terms of service provision, there will be an increased requirement to provide appropriate palliative and complex care, where people live longer and hopefully, healthier lives. Nevertheless, there will be new challenges, such as the increasing requirement to support people with dementia and other degenerative conditions, and children/young people living with complex disabilities. How palliative care services will adapt to meet changing population needs is fundamental.

The content of the strategy is based on contributions from patients/service users, health and social care professionals working in a number of settings, cancer and palliative care specialists, specialist nurses, children's occupational therapy and physiotherapy, community care services, public health, voluntary services and members of the public.

The importance of supporting choice and control for people with palliative and end of life care needs continues to be vitally important to individuals', families and carers.

There are a number of national frameworks that give guidance locally to Health & Social Care Partnerships on how they deliver this care:

Living and Dying Well, Strategic Framework for Action on Palliative and End of Life Care, Palliative and End Of Life Care – Enriching & improving experience and of course the new National Health & Social Care Standards. In summary, these frameworks promote a PEOLC strategy for Shetland that:

- Identifies individuals who may need support early.
- Offers person-centred holistic anticipatory care planning, supporting choice and control to the individual, their family and carers, engaging in timely, open and honest conversations that focus on quality of life outcomes.
- Promotes coordination of support across multi-disciplinary teams that provide appropriate care to meet physical, practical, functional, social, emotional and spiritual needs in the place of choice of the individual.
- Promotes confidence and opportunities to gain the appropriate skills to offer good PEOLC to all.
- Has a focus on involving and using wider resources in the community and promotes improved understanding of the importance of good palliative care.

Background

In Scotland, it is estimated that around 40,000 of the 54,700 people who die each year need some palliative care. That is 73%, equating to 129 people in Shetland per year (average number of deaths in Shetland is 212).

With the number of people dying in Scotland due to increase by 13% over the next 25 years we need to act now in order to ensure that access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location, by 2021.

Changing demographics, in terms of an ageing population, increase in complex conditions and a shift in the landscape of care provision, require us to look at how we support people to have more choice and control of the care and support they receive through an agenda of personalisation.

The following demographic information can help us determine where prevention and early involvement is best targeted. However, as previously mentioned, age and diagnosis are not used to determine how we respond to individuals; this must be done in a person-centred way.

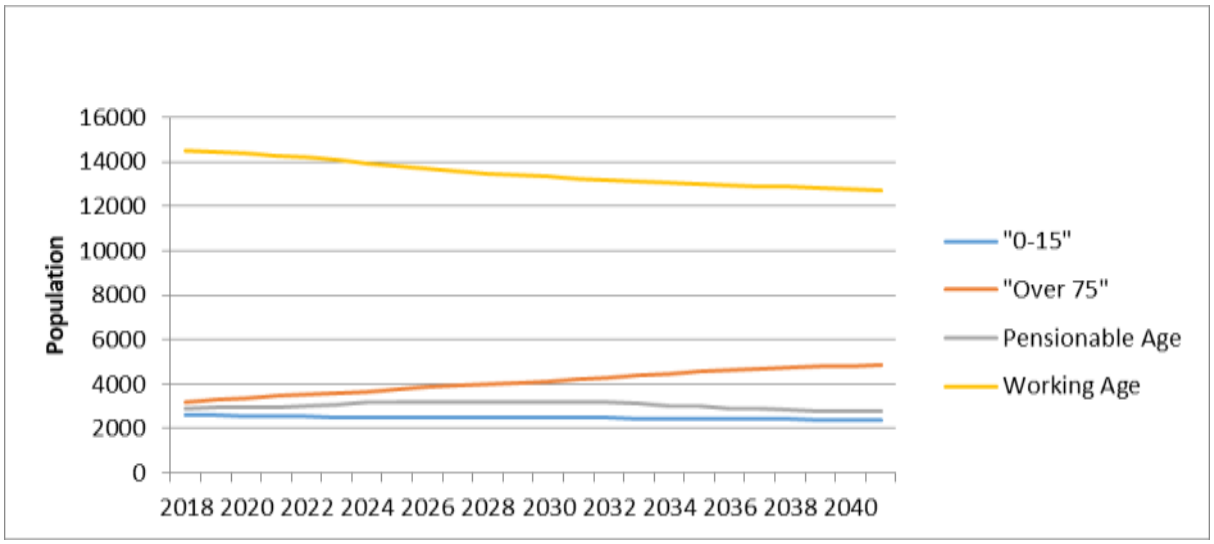
Percentage of the last 6 months of life, which are, spent at home or in a community setting:

Scotland		Shetland	
2016/17	87.% Average	2016/17	93.9% Highest rate in Scotland

Those living in more remote rural areas spend more time at home or in a community setting in the last six months of life compared to those living in urban areas.

The proportion of time spent at home or in a community setting towards the end of life provides a high-level indication of progress in implementation of the national action plan. It reflects both quality and value through more effective, person-centred and efficient end of life care.

Population predictions for Shetland 2018 – 2041:

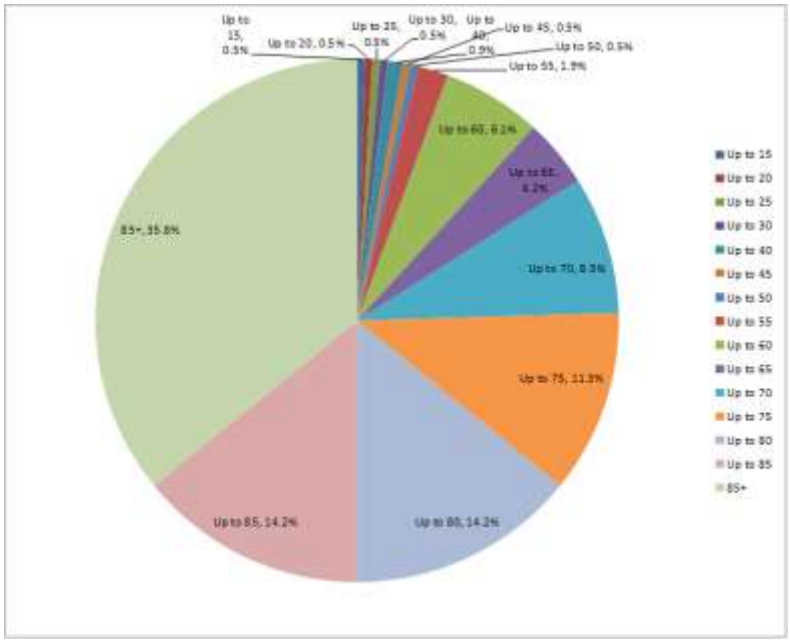


In 2017 there were 212 deaths in Shetland, detailed below are the demographics of deaths by age and condition.

Deaths in Shetland by age – a comparison between 2011 and 2017

2011 Percentage		2017 Percentage	
Under 60	11 %	Under 60	11.8%
60 – 65	7 %	60 – 65	4.2%
65 – 70	7 %	65 – 70	8.5%
70 – 75	10 %	70 – 75	11.3%
75 – 80	10 %	75 – 80	14.2%
80 – 85	15 %	80 – 85	14.2%
	39 %	85+	36.8%

2017 Data



Causes of Death in Shetland (2017)

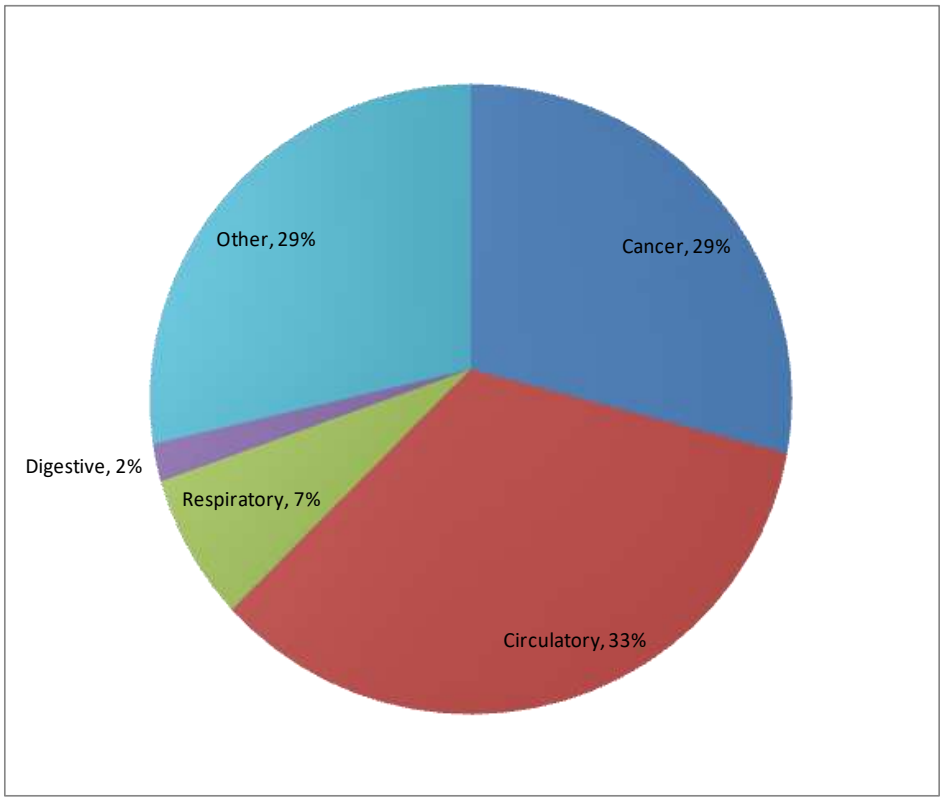
The main causes of death in Shetland are cancer, coronary heart disease, stroke and respiratory conditions, which is comparable with the figures for Scotland overall.

Pathways for palliative and end of life care related to cancer care are well understood. However, there is more work to do to ensure that there is effective communication, co-ordination of care between partner organisations, activation of anticipatory care plans and access to place of death for all dying people regardless of cause.

2017 Deaths in Shetland by cause:

2011 Percentage		2017 Percentage	
Circulatory	30%	Circulatory	33%
Cancer	30%	Cancer	29%
Other	30%	Other	29%
Respiratory	9%	Respiratory	7%
Digestive	1%	Digestive	2%

2017 Data



2017 Deaths by cause and age:

Age Group	Deaths from Circulatory	Deaths from Cancer	Deaths from Respiratory
85+	34.3%	27.4%	26.7%
80 – 85	8.6%	17.7%	20%
75 – 80	11.4%	19.4%	13.3%
70 – 75	14.3%	9.7%	6.7%
65 – 70	8.6 %	9.7%	
60 – 65	7.1 %	4.8%	
55 – 60	4.3 %	8.1%	
Under 60	11.1%	3.2%	

What do we want to achieve – outcomes and indicators

Personal outcomes for those people we care for, their loved ones and carers are to be the focus in PEOLC here in Shetland. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health/social care.

Whilst Person-centred care is not new, recently there has been greater emphasis on its importance in both Health and Social Care services and services and staff developing this approach further and in a more meaningful way.

'Over the past few years in particular, there has been a lot of focus on self-directed support as a central component of personalisation. Indeed, it was almost impossible to discuss the progress of personalisation without commenting on the numbers of personal budgets people had and how many of those were delivered as direct payments. But personalisation has always been a much broader concept.' [12]

In order to ensure true personalisation happens, health and social care services too have to approach delivery, commissioning and procurement of services, in a way that provides personalised and flexible support; ready to adapt to the needs and wishes of the individuals who use them.

The overarching outcomes for this strategy are guided by the Strategic Framework for Action on Palliative and End of Life Care:

- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

The following Health Improvement Scotland PEOLC indicators are measured nationally and here in Shetland:

- **Increase in the number of people with palliative and end of life care needs who are identified**

Locally the Key Information Summary (KIS) is used to collect information about a patient, which is extracted from the patient's general practice record. A KIS has to be specifically created for each patient. This is a task normally carried out by a doctor, and with the consent of the patient or their carers. There are currently 700 patients with an eKIS in Shetland. However, having an eKIS does not necessarily mean someone is palliative or end of life (it can also be used for other conditions where appropriate) but anyone who is palliative should be offered an eKIS.

Planning ahead is one of the most important elements of good PEOLC. Understanding what individual's wishes and care plan is well in advance gives all involved the opportunity to plan and prepare themselves and ultimately makes the end of life more meaningful and symptom free.

- **Increase in the number of people with palliative and end of life care needs who are assessed and have a care plan**

Using KIS formed part of the GP Contract requirements from 2012-2013 and GPs were encouraged to use KIS to create 'Anticipatory Care Plans' (ACPs) for vulnerable patients at risk of admission to hospital. The hope is that better information and planning for these patients can help keep them at home or in the community, reducing unnecessary hospital admissions.

- **Increase in the number of electronic palliative care summaries accessed**

The KIS information is shared by the GP's computer system twice a day, making this information available to other people and services looking after the patient. For example, out of hours services, Scottish Ambulance Service or NHS24 may use the KIS to gain more information about people they are in contact with.

The Electronic Palliative Care Summary (ePCS) is a system which allows the automatic update and sharing of health records across community nursing, specialist nursing and GP teams. The sharing of information can be further extended to hospital based teams.

The ePCS system is in place in all ten practices and palliative care registers are in place in all of the practices. However, whilst communication was considered on the whole to be good, it still presented as one of the main areas for improvement, particularly the role of technology and eHealth systems in supporting communication between teams and partner agencies.

- **Place of death**

More people prefer to die at home, with Shetland achieving the highest rate of the last 6 months at home in Scotland at a rate of 94%. The proportion of time spent at home or in a community, homely setting towards the end of life provides a high-level indication of progress in implementation of the national action plan through meeting people's wishes. It reflects both quality and value through more effective, person-centred and efficient end of life care.

Our Strengths:

- 94% of people in Shetland die in their own home or in a homely setting. (The highest rate in Scotland).
- Electronic Palliative Care Summaries are now in use.
- Palliative Care registers are in place.
- Where Anticipatory Care plans are completed they are used to ensure care and needs are met in line with the individuals wishes.
- Scottish Palliative care guidelines in use in Shetland

Approaches to palliative and end of life care

Values, Principles and Human Rights

Shetland is a compassionate community, where support to people dying is based on a common set of values, a desire to give people choice; with formal services delivered by very experienced and dedicated staff; people who go 'above and beyond' to make things comfortable, dignified and person-centred.

Values are a set of beliefs or views that people hold about what is right or wrong and reflect a sense of what is good or bad. They have a strong influence on people's attitudes and behaviours and act as a set of rules or guidelines about how to behave in certain situations. Holding or developing values can be one of the greatest influences on peoples' experience of the care they receive.

The way we care for individuals who are dying is a measure of the values of the community in which we live. Attitudes such as kindness, caring, shared understanding, honesty, reliability, trust – the interpersonal parts of delivering care, are critical to people's perception of their own worth, something that is significantly important at the end of life. These values reduce fear and anxiety and revive hope and optimism. Hope and optimism have a valuable place in end of life care.

'Time spent with a person, a hand held, a small kindness, a caring act, honesty – any of these seemingly inconsequential actions have a critical impact well beyond their stand-alone worth. These critical but unmeasurable behaviours cannot be bought or commanded, they arrive with a set of values and thrive or wither as a function of organizational culture'.[2]

The importance of these attitudes and attributes are sometimes at risk of being neglected due to the preoccupation with systems, procedures and scientific medicine. Investment and access to care are important and only make a difference if an individual feels they are treated well. Value-Based care equates to efficient, high-quality, low-cost care to patients across the continuum. This means enhancing care coordination and improving communication between providers, as well as between providers and individuals. It also means finding ways of putting individuals at the centre of their care – viewing them holistically and treating more than an isolated acute episode.

Values play an enormous part in upholding the dignity of individuals. In a local staff survey the following values were seen as being vital to underpinning PEOLC:

- Compassion and Empathy
- Respect
- Comfort and Warmth
- Person-centred approach
- Kindness
- Understanding
- Sensitivity

Our Strengths:

- A staff group who are experienced, dedicated and compassionate about PEOLC.
- A Social Care model of assessment, support planning (WYFY) based on personal outcomes.
- A team of specialist nurses trained in PEOLC based on best practice values and principles.

- The Specialist Nursing Team are available to provided expert advice and guidance on the following specialities:
    - Coronary Heart Disease
      www.heartfailurehubscotland.co.uk
    - Diabetes
    - Stroke
      www.chss.org.uk
    - Multiple Sclerosis
      www.mssociety.org.uk
    - Parkinson's Disease
      https://www.parkinsons.org.uk/
    - Motor Neurone Disease
      www.sad.scot.nhs.uk/video-wall/
    - www.mnd.org.ukCancer
      https://www.macmillan.org.uk/
    - Financial advice and support in PEOLC

Protecting and promoting dignity – Choice and Control

Promoting and protecting dignity comes from supporting people who are nearing the end of life to maintain the best quality of life possible, to remain in control and to minimize suffering. This strategy aims to encourage dignity in PEOLC through:

- Supporting people to have as much control over decisions, care and treatment as possible
- Supporting people to die where they want and in a way that they choose
- Providing support to minimise pain and suffering
- Ensuring staff are open to talking to people who wish to discuss issues around their death and that they have the training and skills to respond appropriately
- Helping people to plan and to say goodbye to loved ones
- Allowing people time for reflection and provide professional support where needed
- Encouraging, as far as possible, meaningful activity and discussion to support a sense of self-worth and purpose
- Ensuring you are fully aware of people's cultural and religious preferences when providing end of life care
- Providing support for family and carers
- Providing support for those receiving care who may experience bereavement from the death of friends and peers [5]

Studies have shown that around 70% of people with terminal illnesses towards the end of life experience significant pain as well as other distressing symptoms such as anorexia, constipation, anxiety, lethargy, breathlessness, sleeplessness.

Symptoms may be caused by a variety of mechanisms such as progression of disease; side effects of treatments; debility or unrelated causes and each symptom responds to different approaches. People may have several different symptoms at the same time, which may need different approaches and treatments concurrently. Each requires careful history taking, physical examination, and appropriate investigations, if these investigations will alter the treatment plan and the outcome for the adult or child.

In Shetland we operate a generalist model for providing palliative and end of life care, and therefore we need to have easy access to specialists in Palliative Care for advice and help, as well as to other specialists who can undertake "palliative interventions" as necessary.

Priorities set in the 2009 strategy included the need to develop systems in the community to allow staff to be able to appropriately support symptom control, particularly pain management. The recent staff survey suggests that there have been improvements in staff confidence in managing symptoms with more work around the following required:

- Pain management plans
- managing anorexia
- bowel obstruction
- delirium/agitation and
- using syringe pumps

Other priorities included looking at ways of bringing together existing and potentially new services to provide appropriate psychological support for people who have palliative or end of life care needs.

We have been particularly successful in regard to the development of systems to ensure that the correct medications and equipment are available to respond to changing symptoms and provide good symptom control.

Work locally has continued to build services with all partners, to provide psychological support, including promotion of positive psychology and wellness through health improvement programmes and reducing isolation through work with community resilience initiatives. Kindness Cafes have started up in Shetland and a programme of training looking at isolation has been well attended.

Our Strengths:

- Holistic care delivered in local communities through collaboration between community nursing, pharmacy, social care staff, Specialist nurses, and VAS
- Highly valued specialist MacMillan nursing for individuals with cancer.
- NHS Spiritual Care- Dedicated Chaplain in post.
- Self-directed support – Offering individuals choice and control in how they receive social care.
- Where Anticipatory Care plans are completed they are used to ensure care and needs are met in line with the individuals wishes.
- Ceilings of treatment
- Just in case boxes.
- Shetland Bereavement Service – promoting awareness and good practice in bereavement care, psychological support, providing information, training and education.

Valuing and supporting staff.

Practitioners locally were asked what being involved in PEOLC meant for them and nearly all staff responded positively:

> *"Feeling like I have made a difference, and made this difficult time a bit less frightening."*
>
> *"Families remember the support and this has a direct impact on their grieving process."*
>
> *"It is one of the greatest markers of society if we provide good end of life care for the elderly frail and vulnerable."*
>
> *"Being part of a team that can help allow a person to die in comfort, in a place of their choice, surrounded by the people they want."*

Continuing to address education and training is a high priority for professionals from health, social care and voluntary organisations in Shetland. Having the skills and confidence to deliver consistently high quality care across all care settings is paramount. In a recent staff survey:

- 81% said they were either very or somewhat confident in PEOLC
- 39% said they'd had adequate or enough amount of training, with 36% receiving face to face taught and 32% on the job training
- 33% said individuals always have pain management plans in place, and 37% said these were in place most of the time
- Over 50% of staff said they were confident in managing mouth care, nausea & vomiting, sweating, weakness & fatigue, and other medication related to end of life care.
- Staff said they were least confident in managing anorexia, bowel obstruction, delirium and syringe pumps.

Training in regard to supporting social care workers in the community setting and maintaining an ongoing programme of training that is relevant to healthcare generalists at all levels of clinical seniority has begun locally.

Training framework:

NHS Education for Scotland (NES) has development a Knowledge and Skills framework for Palliative and End of Life Care for the health and social services workforce. Using this to map the skills and knowledge strengths and gaps across the Shetland workforce is vital in understanding what we need to do to ensure staff are confident in delivering PEOLC. The Strategic framework identifies 10 commitments with one commitment specifically focused on education, learning and training:

"We will support the workforce by commissioning NHS Education for Scotland and the Scottish Social Services Council to develop a new palliative and end of life care Educational Framework. This will address the needs of the whole workforce and will be focused on fostering an integrated and collaborative approach to educational provision."

The framework states that:

• A workforce that feels adequately trained and supported to provide the palliative and end of life care that is needed.

• All health and care workers require an appropriate level of knowledge and skill in palliative care and end of life to match level of involvement with people with PEOLC needs

Three sets of principles underpin the framework, which promote a person-centred, outcomes focused, human rights based approach to palliative and end of life care. These principles are at the centre of the integration of health and social care and wider public service reform.

• World Health Organisation Definitions of Palliative Care. Palliative care is internationally recognised as a basic human right, promoting person-centred care.

• The PANEL Principles (Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality). These principles underpin a human rights based approach which empowers people to know and claim their rights.

• The National Care Standards Principles are integral to the standards which outline what everyone in Scotland can expect when using health and social care services, and how providers of care should deliver and improve services. These are based on a human rights approach underpinned by the PANEL principles

Within each domain, there are four levels of knowledge and skills. These outline what workers need to know and do, depending upon their degree of involvement in palliative and end of life care, and their role responsibilities in the care and support of people with palliative and end of life care needs, their families and carers. Some of the knowledge and skills are integral to all health and social care, and in the framework, are applied in the context of palliative and end of life care.

Informed level outlines the knowledge and skills required by all health and social service workers in relation to palliative and end of life care.

Skilled level outlines the knowledge and skills required by health and social service workers who by virtue of their role and level of responsibility regularly provide care and support to people with palliative and end of life care needs, their families and carers.

Enhanced level outlines the knowledge and skills required by health and social service workers who by virtue of their role and level of responsibility provide, co-ordinate and manage the care and support of people with palliative and end of life care needs, their families and carers.

Expert level outlines the knowledge and skills required by health and social service workers who by virtue of their role and level of responsibility play an expert specialist role in the care and support of people with palliative and end of life care needs, their families and carers.

The framework also confirms our local thinking around Palliative care being provided by a range of health and social care sectors and informally by families, carers, friends and communities. Training for families, carers and communities should also be considered if we are to enhance the considerable asset of this informal care.

Using our local knowledge and skills found in staff with experience is one of the best ways to use our assets and deliver local training. For example joint delivery of the MacMillan Foundations in Palliative Care course has started in community health & social care settings, by MacMillan Nursing and Workforce Development.

SSSC open badges in PEOLC are another way of accessing the basic knowledge. Fundamentals in palliative care (Informed level) is available to all social care staff and ought to be encouraged for all staff. The Enriching and Improving Experience Framework identifies the knowledge and skills required by all workers who might come into contact with people who have palliative and end of life care needs. The framework has five domains and this badge reflects the core knowledge and skills considered integral to the fundamentals to the delivery of high quality palliative and end of life care at the Informed level.

The University of Highlands and Islands in conjunction with Highland Hospice are in the process of developing a professional development award for PEOLC.

Our Strengths:

- Percentage of staff who feel supported by managers
- Percentage of staff who feel confident in their PEOLC practice
- 35% of staff who responded to the staff survey, have worked in their role for more than 10 years, demonstrating we have an experienced workforce. Local experience is crucial to promote and share. Using our own assets will strengthen our understanding of what works and when shared with less experienced staff, helps to ensure this valuable experience is not lost.
- Local annual training delivered by Macmillan and Roxburgh House team

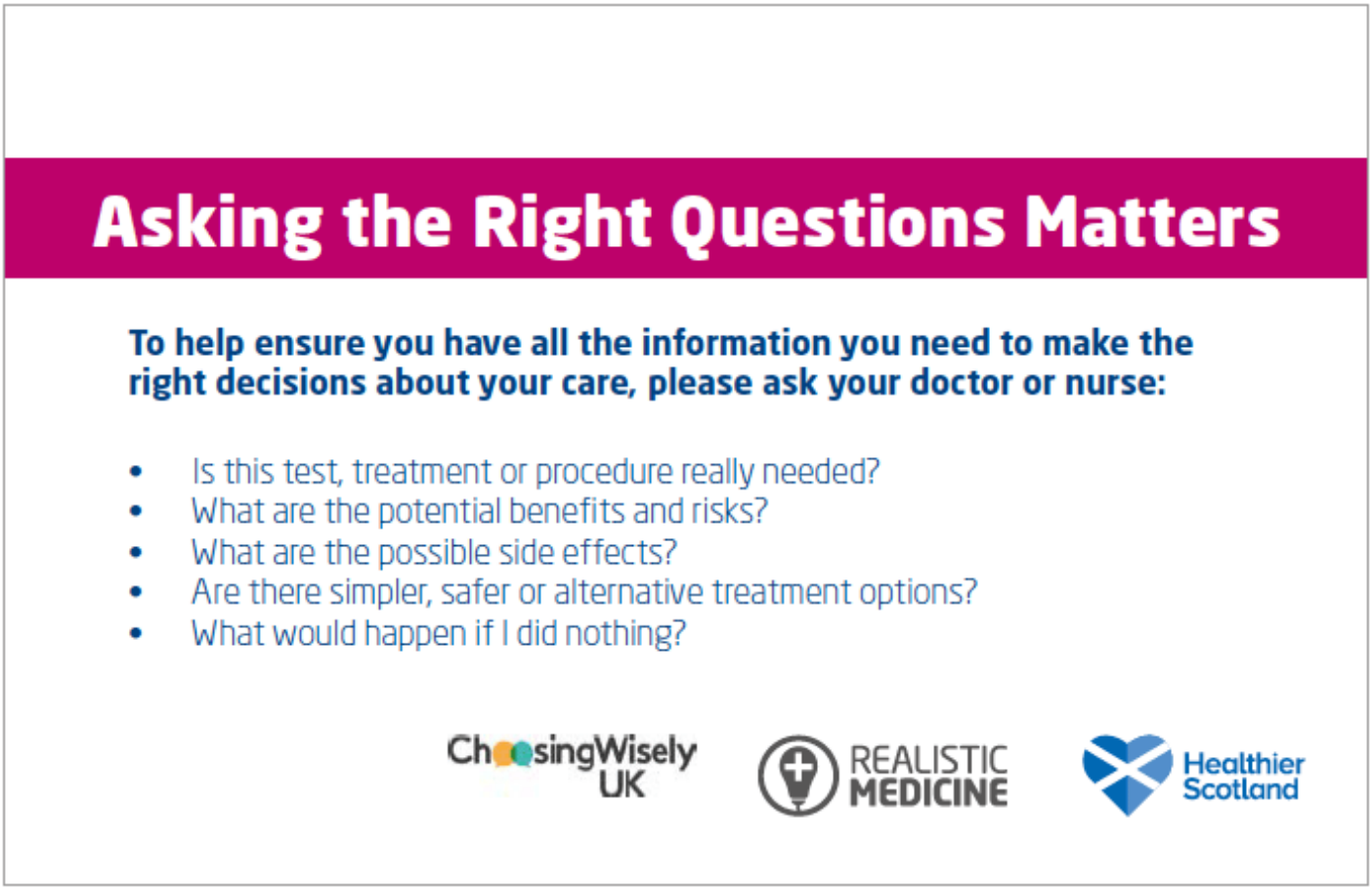
Realistic Medicine:

But in our attempts to defeat death, the question is this - are we over-medicalising death and the final years of life at the expense of providing better palliative care that would result in a better quality of life? Is it time to reset the system, and learn how to die a better death?' [7]

In the Chief Medical Officer's third annual report, 'Practicing Realistic Medicine' there are a number of areas highlighted relevant to palliative and end of life care:

- Building Our Personalised Approach To Care With People Across Scotland
- Changing Our Style To Shared Decision Making
- Asking the Right Questions Matters
- Valuing Our Workforce
- Tackling Unwarranted Variation, Harm And Waste
- To Provide Value Based Healthcare
- A Realistic Approach To Population Health

Local practitioners are establishing a working group to look at the implementation of realistic medicine in Shetland. This group aims to ensure that professionals are realistic about prognosis and outcomes – including how they advise people about the benefits of ongoing treatments, and quality of life (as opposed to quantity of life) and how they record this.



Locally we aim to implement Realistic Medicine in a number of ways:

- Listening to understand patients' problems and preferences
- Sharing decision making between healthcare professionals and their patients
- Ensuring that patients have all the understandable information they need to make an informed choice
- Moving away from the 'doctor knows best' culture to ensure a more equal partnership with people
- Supporting healthcare professionals to be innovative, to pursue continuous quality improvement and to manage risk better
- Reducing the harm and waste caused by both over-provision and under-provision of care
- Identify and reduce unwarranted variation in clinical practices.

'We want people working in health and social care and people who use services to think about the values and the behaviours that underpin good experience. Drawing on these values to have meaningful conversations with people to plan and agree care will support all staff and patients to base care around what matters most to people, with a shared understanding of what healthcare might realistically contribute to this. This is the ethos of Realistic Medicine.' [6]

There is also evidence that people are more likely to have greater confidence in decisions reached and less likely to regret their treatment choices. So good communication, listening to people, displaying empathy and asking the right questions all lie at the heart of practising Realistic Medicine'[6]

Our Strengths:

- Dedicated multidisciplinary team formed to take forward Realistic Medicine approach
- Use of Telehealth anywhere within community setting or patients home
- Difficult Conversations training

A strength based approach to palliative and end of life care:

Nationally and locally there is a cultural shift in care and support; away from a deficit led model of care to one that identifies and builds on the natural strengths of the individual, their family/friends and carers, the local community and the services/staff themselves.

Through a staff survey, interviews and the PEOLC event staff and individuals have identified what local strengths Shetland has in relation to PEOLC:

- A committed, confident & compassionate Health & Social Care workforce who go above and beyond their remit to provide care & support
- A workforce with lots of experience in working in PEOLC
- GP Palliative Care Registers
- High percentage of people dying at home or in a homely setting
- A smaller close community spirit, where we often know the person we are taking care of
- Working together in a multi-disciplinary – with strong relationships and willingness to share tasks
- A valued Specialist and Community Nursing Service

What are Asset/Strength Based Approaches?

In the context of health improvement assets may be defined as "the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status" [3.]

Asset based approaches are contrasted with traditional approaches to the delivery of health care and other public services which tend to use narrow interventions which focus on deficits/problems/disease. Asset based approaches are not new but are currently enjoying a higher profile within a number of strands of Scottish Government policy for example:-

• The Chief Medical Officer makes use of assets as a concept in his analysis of Scotland's health inequalities and poor performance in international comparisons of health status

• Asset based approaches are highlighted in the Christie Commission on the Future Delivery of Public Services. Demographic and financial projections have placed an imperative on approaches which are not based on increasing the scale of existing formal services.

• Re-shaping Care for Older People emphasises the potential for strengthening informal community support and individual assets as a means to extend independent living in the community.

The National Alliance '*Good Life Good Death Good Grief'* promotes a strength-based approach to palliative, end of life care, and suggest the following positive outcomes:

- people are able to talk about death and deal with related issues in a constructive way
- children grow up treating dying as an inevitable part of ordinary life
- people are comfortable using words such as "death", "dead" and "dying", and are able to make choices relating to their own dying and death
- health and social care professionals and volunteers in all care settings feel able to have discussions relating to death, dying and bereavement with patients and families, and with colleagues

- communities of all kinds are empowered to provide effective support to those dealing with death, dying, bereavement and loss.

Our Strengths:

- Outcome focused strength based approach used in With You For You
- Asset based community development currently being explored
- Valued 3rd sector involvement in PEOLC

A greater openness about death, dying and bereavement in Shetland – having good conversations

One cultural challenge is how we all talk to each other about death and dying. The Scottish Government identifies encouraging greater openness about death, dying and bereavement as a pursuit on achieving the outcomes under the Strategic Framework for Action on Palliative and End of Life Care.

Timely conversations around death and dying can be both practical and emotionally supportive and can often prevent or reduce fear, confusion, distress and complicated grief.

'Having the chance to review the options properly, and get the care that's right for us is a really important part of all health care. But it's especially poignant in palliative and end of life care'. *Marie Cure*

The aim of having good conversations about death and dying is to put the person at the centre of their own care, taking into account their priorities and how they want to live and die. It's about having a sensible and practical idea of what can be achieved or expected, and representing things in a way that is accurate and true to life.

Whilst compiling this updated strategy we had open and honest conversations with family members who had recently lost a loved one. All of them without exception said that talking about a person's wishes for dying and death had been invaluable in both reducing the distress for their loved one but also in their own grief. Below is an extract of a conversation held with family member V.

V describes how close she became with her father during the hours they spent planning his funeral. She felt it was the best thing she could do for him, to support him have choice and control over the arrangements, this also gave him dignity. He picked his coffin and planned the service. V says this meant that when it came to his death she wasn't having to make arrangements, trying to guess what he would have wanted when her emotions and grief was so raw. V says she can't emphasis enough how this helped her in her own grieving process. She learnt how resilient she was and it strengthened her relationship with her father. Although she says she also learnt to ask for help, "you're not a failure if you ask.

Anticipatory Care planning, Ceilings of care, DNACPR and Power of Attorney.

Anticipatory Care Planning is about individual people thinking ahead and understanding their health. It's about knowing how to use services better and it helps people make choices about their future care. Planning ahead can help the individual be more in control and able to manage any changes in their health and wellbeing. Many people with long term conditions or chronic health problems can benefit from having an Anticipatory Care Plan.

'The moral questions about death that face not just the medical profession, but each and every one of us. The question of how we die is a question that all of us must face, and yet we avoid talking about it. Modern medicine is focused on saving lives. Amazing technical advances have increased doctors' ability to treat a wide range of life-threatening diseases, meaning many more people live longer lives. Life expectancy has surged, and we regard death as something to be battled. It is common for the medical system to throw everything into treating patients right to the very end.[7]

Increasing the uptake of ACPs amongst those on long-term condition registers, over 70 years old and those identified as higher risk to premature death i.e. those with multiple complex conditions is crucial to PEOLC. Having clear understanding of what is important to individuals and ensuring conversations that help prepare for dying and death will help us develop support that is personalised. In the PEOLC staff survey 48% said that sometimes individuals have an anticipatory care plan in place.

Promoting ACP is an area that is under development locally, with a recent introduction of the use of The Scottish Government & Health Improvement Scotland document 'My Anticipatory Care Plan'. Continued work to implement this would help promote the early identification for people who may need PEOLC and clear support plans can be put in place before individuals reach crisis point or their capacity to make choices deteriorates.

ACP's also incorporates the writing of wills or "Living Wills" now known as advance directives or advance decisions which can be done by the well person early on in life to plan for what **may** happen at the end of life. Anticipatory care planning is more commonly applied to support those living with a long term condition to plan for an **expected** change in health or social status. It also incorporates health improvement and staying well. Completion of a common document called an anticipatory care plan is suggested for both long term conditions and in palliative care.

The decision to give any treatment has to be made after weighing up potential benefits against potential risks and in collaboration with the individual. As a person's disease/illness progresses, the likelihood of benefitting from aggressive treatment decreases and the likelihood of side-effects and complications increase.

Having a conversation about a decisions not to attempt cardiopulmonary resuscitation needs to be discussed and recorded in an individual's anticipatory care plan.

Having timely, honest conversations with individuals allows them to have informed choice, is vital to care planning and can save needless distress for them and their family members. What care might be appropriate needs to be reassessed as the disease advances, in order to reduce the risk of harm and avoid excessive burden to the individual as a result of over-treatment.

Our Strengths:

- NHS Spiritual Care Lead in post
- What matters to You
- Introduction of The Scottish Government & Health Improvement Scotland document 'My Anticipatory Care Plan'.
- Ceilings of care documentation
- DNACPR in place

Compassionate Communities – a Public Health approach

Compassionate communities are examples of the engagement of neighbourhoods in caring for others as a humanitarian practice, which includes palliative care and end-of-life care provision. Kellehear was the first to introduce the term “compassionate community”. He stated that compassionate communities are needed as a public health approach to palliative care. Kellehear also called all citizens to action by his statement: “end-of-life care is everyone’s responsibility.”

What it is	**What it is not**
Social Movement	A service
Involves ordinary people	About health professionals
Community development	A palliative care service
Needs based evolution, with no blue print development	Prescriptive

In early 2013, an online survey of over 200 UK palliative care services published in the British Medical Journal found that most of these services were prioritising ‘community engagement’ initiatives, most commonly adopting a ‘compassionate community’ model. This development embraces a public health approach including health promotion, community development and death education into a field that has previously focused primarily on the clinical care.

Compassionate communities are derived from the World Health Organisation concept of ‘Healthy Cities’ or ‘Healthy Communities’ and reinforces the move towards asset based community development (ABCD). Promoting the idea that ‘health and wellbeing’ is everyone’s responsibility – not just services.

The lack of death literacy is a common problem in many countries. Death literacy consists of four parts:1) skills, 2) knowledge, 3) experiential learning, and 4) social action. It is not enough to only talk about death—social action is needed. This underlines the fact that education alone is not the solution in improving palliative care in the community. Education must be accompanied by a reflection on attitudes, as well as action. Without reflection and action, there may be no change in practice and no practical improvement.

Opportunities to develop the strengths of community members to support each other in PEOLC is also central to this strategy. Knowledge in palliative care can be very limited or totally absent in most communities, and information about the effects of educational procedures in teaching non-professionals in basic palliative care is sparse. The ‘Last Aid’ course, described as an ingredient to compassionate communities, is a relatively new concept for teaching the public about palliative care.

Individuals, families and carers may lack knowledge about palliative care, and there is an urgent need to educate non-professionals in palliative care and end-of-life care. At present, the main

source of citizens' palliative care knowledge is often through personal experience. The experiences with Last Aid courses in different countries are overall very positive.

Last Aid courses are well-attended. The evaluation of questionnaires in a German pilot study has shown a favourable response. Last Aid courses may form the educational basis of compassionate communities, and are well-suited to inform the public about palliative care and end-of-life care

Our Strengths:

- SIC delivery of 'Training' to tackle loneliness
- The British Red Cross development of 'Kindness Café's'
- The British Red Cross Connecting Community Service

Working together

Key to a personalised approach to PEOLC, is communication and working collaboratively.

Communication between professionals and with individuals and families was highlighted as crucial by the local people who took part in our PEOLC event and staff survey – particularly in relation to discussing treatment choices, future planning and end of life care and how this is then translated into an appropriate, shared anticipatory care plan. Strengthening communication between specialist (sometimes off island services) and local teams is considered an important factor to improve communication and provide responsive, flexible care for patients.

There continues to be a strong theme running through staff feedback which noted the importance of positive psychology, self-management and public awareness raising regarding „living a healthy life and having a good death". There was an emphasis on how we need to work together to support people to have conversations about „life and death" in a positive way, in an attempt to change the societal culture and taboos, which are associated with talking about death and dying. Providing appropriate psychological services, counselling and information for people who need additional support to manage their grief and loss following the death of a loved one, was also considered a key aim to be incorporated into this strategic plan.

Evidence-Based remains at the core of informing best practice and guidance, but for it to truly take place, we must use best available evidence, clinical/professional judgement and individuals' preferences together.

In the recent staff survey 44% said that communication between health & social care staff is adequate most of the time.

Consultation with staff continues to demonstrate the need to have a particular focus on anticipatory care to support people with long-term conditions, as there is a predicted increase in the prevalence of people who will be living with complex health needs who will also access palliative care services, over the next five years and beyond. As part of this work, we will also need to consider the changing pattern of diseases (epidemiology) and the death trajectory (rapid or slow decline) associated with common long term conditions such as Dementia, which can have an uncertain prognosis (Mitchell et al, 2009).

The Gold Standards Framework (GSF) is a tool which has been developed to facilitate effective communication, co-ordination and continuity as well as emphasising the need for assessment and review of those people with palliative and end of life care needs. This includes the use of a palliative care register to enhance communication about patients between healthcare professionals.

In terms of death trajectory, staff would benefit sharing knowledge and understanding through the consistent use of a palliative indicator tool such as SPICT. Supportive & Palliative Care Indicators Tool (SPICT™) is used to help identify people at risk of deteriorating and dying with one or multiple advanced conditions for holistic, palliative care needs assessment and care planning. Sharing these with all those involved in supporting a person will enhance the

The Gold Standards Framework (GSF) is a tool which has been developed to facilitate effective communication, co-ordination and continuity as well as emphasising the need for assessment and review of those people with palliative and end of life care needs. This includes the use of a palliative care register to enhance communication about patients between healthcare professionals.

The Electronic Palliative Care Summary (ePCS) is a system which allows the automatic update and sharing of health records across community nursing, specialist nursing and GP teams. The sharing of information can be further extended to hospital based teams.

The ePCS system is in place in all ten practices and palliative care registers are in place in all of the practices. However, whilst communication was considered on the whole to be good, it still presented as one of the main areas for improvement, particularly the role of technology and ehealth systems in supporting communication between teams and partner agencies.

Communication was also noted concerning the individual conversations with patients and their families about planning for the future and their wishes in relation to end of life care and how we can effectively support people who are dying and the professionals providing care and treatment, to manage these difficult and emotional discussions.

Much work has been taken forward to revise and improve the single shared assessment process for adults (known as With You For You) and for children (known as Getting it Right for Every Child) across Shetland, it has been noted in the feedback that we need to continue to prioritise the development of a co-ordinated approach to support people who need to access a wide range of services (e.g. specialist, local hospital, community based and voluntary sector). Particularly where additional support might need to be provided to ensure that a person can remain at home (if that is a preferred place or care and/or death) and support timely discharge from hospital.

With You For You (WYFY) - Staff were divided on the clarity of a main point of contact for coordination with 32% saying it was always clear, 32% saying most of the time it was clear and 32% saying it was sometimes clear. As discussed above having a collaborative approach to PEOLC is crucial in meeting the needs of individuals, family members and carers. This is particularly crucial with 'fast track' care needs. The WYFY process aims to offer a coordinated approach to supporting someone, where they have one point of contact. During the writing of this strategy, we spoke to many family members and carers who stressed how important this was to them. Improvements and quality assurance for the WYFY process is vital in understanding how well we coordinate our care.

Getting It Right For Every Child (GIRFEC) – Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to feel loved, safe and respected. Children's Services are provided using the GIRFEC practice model, which puts the child and the family at the heart of decision making and planning to optimise health and wellbeing (21).

The Children's Act (Scotland) 2014 (22) gives a structure for the 'integrated' planning and delivery of all children's services across partner organisations with a provision for all Children and Young People (CYP), up to their 18th birthday (if still at school) and beyond (if in local authority care), to have a Named Person. The Named person is a single point of contact and they have a responsibility for "promoting, supporting and safeguarding the child's wellbeing."

Providing care for children who are dying (their families & carers) can be one of the most difficult journeys anyone takes. There are many elements in common between children and adults' palliative care, such as similar approaches to symptom management and the need for care to embrace the whole family. It is important that we also recognise, however that palliative care for children is different from adult palliative in several ways. The importance of provision of play for children for example, is essential and education is a legal entitlement and must be taken into account when planning support.

What research shows us is that the national prevalence of children and young people with life limiting conditions is rising and CYP with life limiting conditions have complex health care needs often with repeated hospital admissions, particularly at end of life care. Research suggests that increased early intervention from specialist palliative care services could reduce the number of children who become unstable or deteriorate and are therefore more likely to need hospital admission, including paediatric intensive care.

In Shetland, children with complex health care needs are supported by local generalists teams e.g. GPs, Specialist Nurses, School Nurses, Secondary care clinical teams and specialist based in Aberdeen. A strategic priority for children's service planning across the North of Scotland is to review how we deliver care and support to CYP and their families with complex needs, recognising the intensity of support that is required and the huge role that parents and families assume. A review will commence during 2019-20, led by Child Health Commissioners and Directors of Public Health with an expected set of recommendations

'Together for short lives' (2018) (23) states that *'parents bear a heavy responsibility for personal and nursing care and siblings are especially vulnerable' and many* children with life threatening and life limiting conditions will live to young adulthood.

This is particularly important for services such as those in Shetland, which are remote from specialist centres and care teams. Our strategy will continue to be to provide the best quality of care that we can, in conjunction with the wider network of services available on mainland Scotland and ensuring that children, their families and practitioners have access to appropriate specialist support.

Evolving models of care include increased use of technology enabled care e.g. to link children to specialist teams in Aberdeen, or parents to their babies on the neonatal unit as well as using technology in Shetland to improve access to services. The School Nurses and Paediatric OT and Physiotherapist are all using digital platforms such as Attend Anywhere to link into families in their homes of places that are convenient for patients to ensure that we maximise equality of access, particularly for children that need intensive support.

Transition from children's services to adult services is important and needs to be managed well.

The 2016 NICE 'End of life care for infants, children and young people with life-limiting conditions: planning and management' guidance (24) sets out the following general principles which are considered within the child's plan:

- Recognise that children and young people with life-limiting conditions and their parents or carers have a central role in decision-making and care planning.
- Discuss and regularly review with children and young people and their parents or carers how they want to be involved in making decisions about their care, because this varies between individuals, at different times, and depending on what decisions are being made.
- Explain to children and young people and to their parents or carers that their contribution to decisions about their care is very important, but that they do not have to make decisions alone and the multidisciplinary team will be involved as well.
- When difficult decisions must be made about end of life care, give children and young people and their parents or carers enough time and opportunities for discussions.

- Be aware that continuity of care is important to children and young people and their parents or carers. If possible, avoid frequent changes to the healthcare professionals caring for them.

- Be aware that siblings will need support to cope with:
    - their brother's or sister's condition and death
    - the effects of their parents' or carers' grieving.

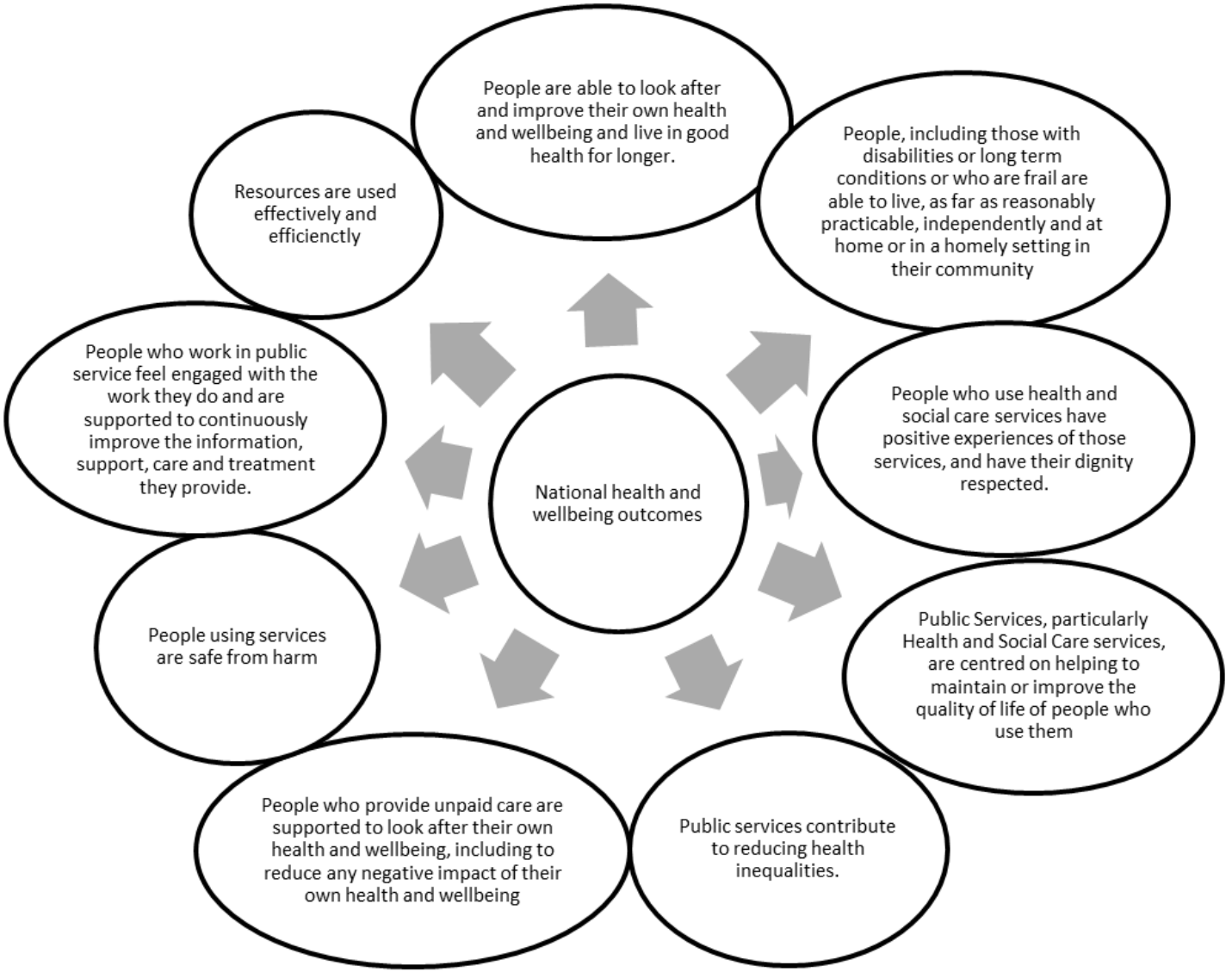
  This may include social, practical, psychological and spiritual support.
- Be aware that other family members/loved ones (for example grandparents) and people important to the child or young person (for example friends, boyfriends or girlfriends) may need support. This may include social, practical, emotional, psychological, and spiritual support.
- When developing plans for the care of the child or the young person with a life-limiting condition, use parallel planning to take account of possible unpredictability in the course of the condition.

Our Strengths:

- Model of Intermediate Care Team – multi-disciplinary approach to helping people remain at home.
- WYFY & GIRFEC – process for assessing, support planning that are based on a collective approach to care.
- Dedicated Named persons and Care Coordinators.
- We have an integrated Specialist Nursing services for Children *. The practitioners work in conjunction with both children's Social Care Workers, Health Visitors, School Nurses, Therapists, Education staff and Adult Community Nursing colleagues.
- Links are established with Children's Nurse Specialists in the mainland children's hospitals in Aberdeen Glasgow and Edinburgh.
- Shetland offers a local 'short break' service for CYP with additional support needs who are palliative.
- Shetland has benefited from input from the Children's Hospice Association Scotland (CHAS) with families being able to access 'respite' at one of the two hospices for children on mainland Scotland; home visits from the Home care team, as well as health, social care and education staff receiving training sessions into supporting CYP in need of palliative care.

Appendix 1 Outcomes Framework

The Palliative and End of Life Care strategy is in line with the general Health and Wellbeing Outcomes for Integration.



Proposed Key Standards for Palliative & End of Life Care

Optimal Model

Best possible experience for individual, carers and family

Integrated working

Equitable access

Delivery of standards

Positive staff experience

Efficient and effective use of resources

Identify Palliative Care Needs

SPICT used for all cases

Proactive identification and transition between chronic disease management and palliative care

Health Centres identify a list of individuals, promotes ACP

Audit and monitor the DES returns

Palliative Care frailty indicator tool shared across Health & Social Care Staff. Palliative discharge checklist for ward staff.

Assessment of Needs

Individual & Family

Standardised single holistic tool used by MDT to identify individual's and carer/family needs.Update With You for You. GIRFEC – Child's Plan for CYP.

Every individual, where possible, involved in development of tailored plan which responds to needs, choice and control. With named keyworker who is responsible for co-ordinating care and regular reviews with individual/family (alternative contact given if key worker unavailable).

Every individual has their resuscitation status discussed with medical professional a

Palliative performance scale used for on - going assessment of needs.

Maintaining Optimal Wellbeing

Every individual's management plan is accessible to all teams with clear anticipatory/escalation plans.

Every individual's management plan is regularly reviewed.

24/7 access to medicines, advice and support.

Access to critical equipment.

-

End of Life Care & Family Support

Early identification and communication of the dying phase.

Individuals die in the location of their choice where possible.

Individuals and families know what support is available and how to access it.

Look after carers' welfare through Adult Carer Support Plans and Young Carers statements.

Care After Death & Bereavement Support

Every family/carer us contacted by a member of the MDT within 1 week of the death and additional contact thereafter as required.

Every family/carer is aware of local bereavement support and how to access it.

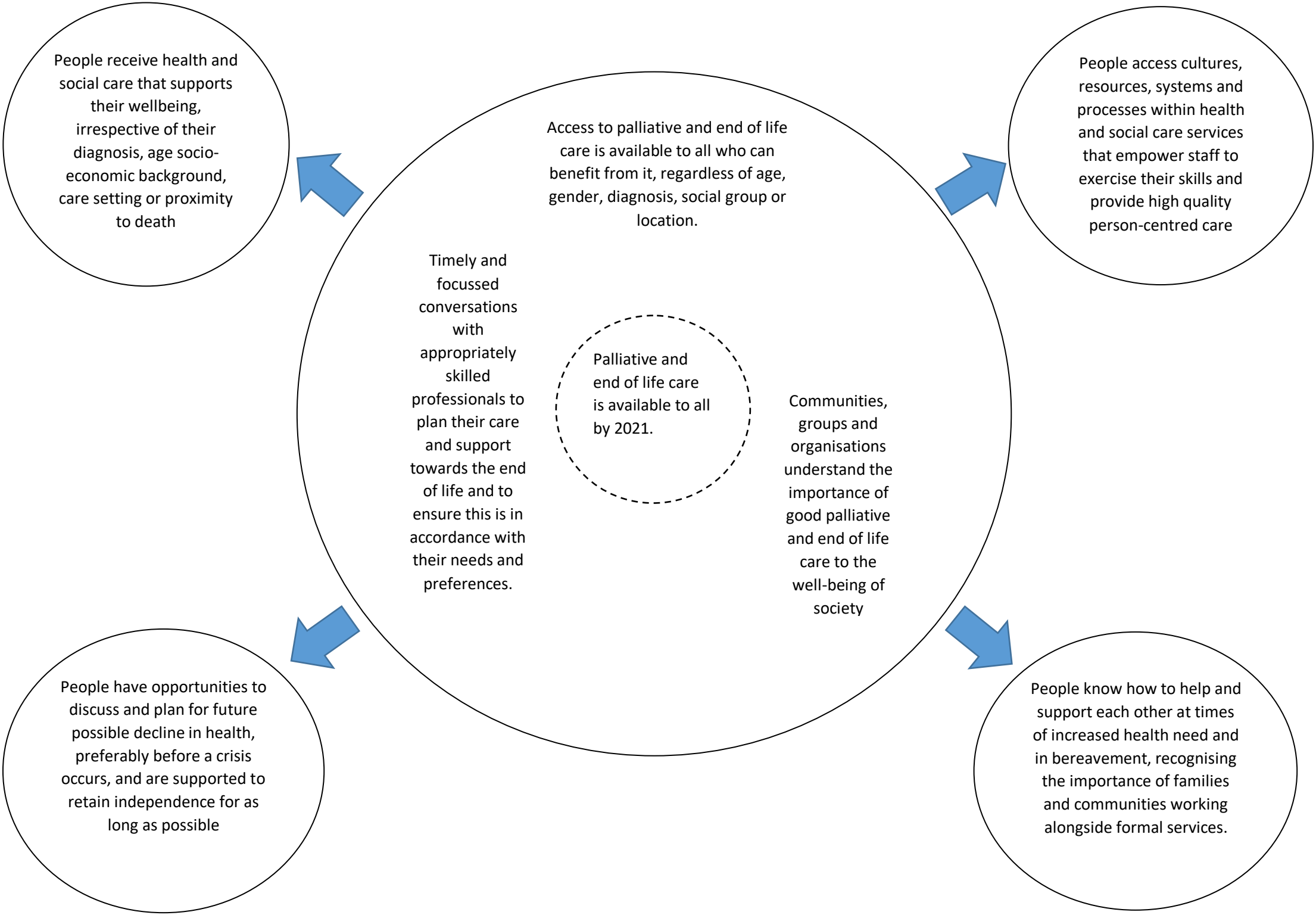
Post death timely debrief and supervision of staff involved in PEOLC and learning shared with local team and wider, as appropriate.

Promote resilience amongst those that support and care through supervision and training; including VBRP & Schwartz Rounds -professionals aware of support and how to access it.

Every individual's anticipatory care plan is regularly reviewed and updated based on their needs and preferences, their carer/family needs, along with MDT holistic assessments (physical, psychological, emotional, cultural or spiritual).

Timely and effective communication between professionals (and individuals, their carers and families)

All professionals have an awareness of NHS Shetland Palliative and Supportive Care Plan


People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age socio-economic background, care setting or proximity to death
People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care
Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.
Timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life and to ensure this is in accordance with their needs and preferences.
Palliative and end of life care is available to all by 2021.
Communities, groups and organisations understand the importance of good palliative and end of life care to the well-being of society
People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible
People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.

Appendix 2 Action Plan

Outcome	Output	Process	Lead & Input
People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.	Improved identification of people who may benefit from palliative and end of life care and conversations about PEOLC start earlier in an individuals' Care. Increased and timely use and promotion of the 'My Anticipatory Care Plan' to encourage good conversations and care planning.	Each Health Centre identifies a list of individuals, promotes ACP, and offers documentation for self-completion to all those on long-term condition registers, over 70 years old and those identified as higher risk to premature death i.e. those with multiple complex conditions. Nurse Specialists routinely offer ACP tools to patients on their caseload to discuss at home with their families. Identify groups at higher risk of premature death and encourage GP practices to offer ACP to these groups. Promote ACP as part of WYFY and signpost individuals to their health centre. Offer documentation for self-completion. Audit and monitor the DES returns across primary care services feeding back	Primary Care - WER Long-term Conditions Specialist Nurses - WER Health Improvement Manager - Public Health - WER Senior Social Care Workers Social Workers Assistant Social Workers Care Coordinators – All WER Primary Care - WER

		performance data to MCN PEOLC.	
Outcome	**Output**	**Process**	**Inputs**
People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age socio-economic background, care setting or proximity to death.	24-hour support is available for end of life care in the community for those that need it.	Investigate a 24/7 response service to further support care@home and out of hours arrangements based in Lerwick. This will involve exploring partnership arrangements with other statutory and 3rd sector partners.	Executive Manager for Community Care
	Enhanced community support that prepares people for death and dying.	Explore the use of Volunteers for compassionate companionship service.	NHS Spiritual Chaplain – WER British Red Cross – Community Connectors Service VAS
	Clear written guidance on roles and responsibilities for Care Coordination in PEOLC.	Using the With You For You process for those with social care/support needs and via community/specialist nursing.	Executive Managers in Adult Social Work and Community Resources Senior Social Workers Care Coordinators
	Consistent joint process in place for fast track palliative referrals/hospital discharge.	Update With You for You guidance regarding use of WYFY Referral tools for palliative support. Review pathway for palliative fast track referrals. Introduce a palliative discharge checklist for ward staff.	Executive Managers in Adult Social Work and Community Resources Senior Social Workers Care Coordinators Community Nursing Hospital discharge group Hospital discharge group
	Consistent use of Palliative Care Indicator Tool shared	MCN to decide which tool to use and members to	PEOLC MCN Executive and Service Managers

	across Health & Social Care Staff	promote shared use within their service areas.	
Outcome	**Output**	**Process**	**Lead & Inputs**
People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services. **People access cultures, resources, systems and processes within health and**	Training delivered for both health (Community and Acute) and all social care staff, unpaid carers and Personal Assistants on the following: • Person Centred PEOLC practice. • Pain & Symptom management • Having good conversations about death and dying • Ensure that professionals are realistic about prognosis and outcomes • Staff have wider range of skills and knowledge development opportunities in PEOLC A sense among unpaid carers and health/social care staff of feeling adequately trained and supported to provide the palliative and end of life care that is needed, including a better understanding of how people's health literacy	Promote resilience amongst those that support and care through supervision and training. Joint delivery of the MacMillan Foundations in Palliative Care course Promotion of Health Literacy and 'teach back' techniques. Multi-disciplinary debriefs following deaths where there are shared learning opportunities. Sharing evidence based practice and local stories about good outcomes. Advise people about the benefits of ongoing treatments, and quality of life (as opposed to quantity of life) and record these conversations.	Managers and Supervisors within Services SIC & NHS Workforce Development Public Health/Health Improvement Team Leaders / Service Managers / Supervisors PEOLC MCN Realistic medicine

social care services that empower staff to exercise their skills and provide high quality person-centred care.	needs can be addressed An information guide/leaflet on practical tasks, realistic expectations of dying and death, managing symptoms and other useful local signposting information. GP's, Acute medical and social care staff will be confident and skilled in talking about death and dying.	Promotion of stress and distress management through supervision. Sharing staff experience and encouraging staff to be involved with PEOLC across all social/health care. Professional development award developed by UHI and Highland Hospice Training on 'Having Good Conversations' focusing on: • Promoting ACP's • Breaking bad news' Debrief and supervision of staff involved in PEOLC	Team Leaders / Service Managers / Supervisors MCN PEOLC UHI, Shetland College and Workforce Development SIC & NHS Workforce development Team Leaders / Service Managers / Supervisors
Outcome	**Output**	**Process**	**Lead & Inputs**
People, their families and carers have timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life, and to ensure this is in accordance with their needs and preferences.	A greater openness about death, dying and bereavement in Shetland. Strength based self-management conversations are had with people with long-term health conditions	Community Conversations about death and dying will be promoted through existing groups. Continue to develop ethos and principles that focuses on the strengths of staff, individuals in receipt of PEOLC, their families, friends, carers and the communities in which they live.	Health & Social Care all staff Voluntary Sector Community Groups Spiritual and Faith groups Through all directorate Leadership NHS & SIC workforce Development
Outcome	**Output**	**Process**	**Lead & Inputs**
Communities, groups and	A guide on practical tasks,	Promote resilience amongst	Health Improvement along with Spiritual

organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.	realistic expectations of dying and death, managing symptoms and other useful local signposting information. An asset based map of community support that supports PEOLC. Community based training such as 'Last Aid' course delivered. Recognition of the wider sources of support within communities that enable people to live and die well.	those that support and care. Through community based training. Gather information on relevant community groups that could support PEOLC Develop community interest and ownership of a good citizen approach to PEOLC, through encouraging existing groups to reach out. Look after carers' welfare through Adult Carer Support Plans and Young Carers statements. Encourage a space for peer support.	Chaplain Community Development Health Improvement Workforce development VAS British Red Cross Senior Social Care Workers Social Workers Assistant Social Workers Care Coordinators NHS Spiritual Chaplain, VAS & British Red Cross
Outcome	**Output**	**Process**	**Lead & Inputs**
Greater emphasis in strategic plans, research activities and improvement support programmes on enhanced access to and quality of palliative and end of life care.	Quality assurance framework across PEOLC implemented. Clearer understanding of areas of improvement in service delivery.	Develop a QA framework for PEOLC and gather data Collect and evaluate individuals' experience of dying at home; focusing on dignity, choice and control, management of pain and distress, and on the individuals wider support needs.	PEOLC MCN All Service areas

	SIC/NHS policy/procedure for use of PEOLC indicator tools.	Presented to MCN PEOLC twice a year.	PEOLC MCN
	Clear procedure regarding individuals with incapacity and the role of significant others (POA, Guardians, non-instructed advocates) to ensure preferences are heard.	Explore use of most appropriate tool locally and write procedure for use across all service areas.	Mental Health Officers
	Opportunities for community based 'Hospice' care are researched.	Produce procedure or explore existing guidance and share with all staff	Executive managers of Community Nursing & Support@Home
	Explore opportunities to introduce a model of care in the community across all PEOLC similar to the MacMillan service.	Encourage small test for change projects that look at personalised, community approaches to PEOLC. Adequate investment in supporting communities in their role in PEOLC.	PEOLC MCN

Appendix 3 – Last Aid programme

The Last Aid course contents (version May 2018). Last Aid Care for seriously ill and dying people at the end of life.

Topic Course Content	
Module 1 Dying as a normal part of life	Welcome and introductions First Aid and Last Aid What you can do to care The process of dying
Module 2 Planning ahead	Networks of Support Making decisions Medical and ethical aspects Advance care planning Advance Directive Power of Attorney
Module 3 Relieving suffering	Typical problems and symptoms Caring/relieving suffering Nutrition at the end of life How to comfort
Module 4 Final goodbyes	Saying good bye/final fare-well rituals Funeral and various forms of burials Grieving is normal Grief and ways of grieving Questions, Comments

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Shetland Islands Health and Social Care Partnership

Agenda Item

7

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	28th November 2019
Report Title:	Winter Plan for Ensuring Service Sustainability including the Festive Period 2019-20	
Reference Number:	CC-53-19-F	
Author / Job Title:	Kathleen Carolan - Director of Nursing & Acute Services Jo Robinson - Interim Director of Community Health & Social Care	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board **APPROVE** the Winter Plan 2019-20.

2.0 High Level Summary:

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

2.2 The Winter Plan 2019-20 describes the health and social care service provision and special arrangements that will be put in place during the festive season by NHS Shetland and Shetland Islands Council and through the winter period.

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

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

2.5 Sections shown in yellow have not yet been agreed or validated and further changes will be added as information is received, recognising this is a dynamic plan and an operational document.

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

3.0 Corporate Priorities and Joint Working:

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

4.0 Key Issues:

4.1 There is a particular emphasis on ensuring that elective services are sustained through the winter months and planning will be undertaken in January 2020 to deal with any backlog from the festive period (e.g. increasing surgical capacity, outpatient services, diagnostics, availability of patient transport, and care packages to support timely discharge). The plan describes the arrangements over the festive period and notes the need to monitor demand for services and develop plans to address them (e.g. using the patient flow protocol).

4.2 Enhanced monitoring of service performance has been in place since 2015 as part of the unscheduled care improvement action plan and redesign, which is being undertaken locally – the daily measures to support effective service delivery and patient flow also meet the requirements set out in the winter planning guidance issued in August 2019.

4.3 Unscheduled care, delayed discharge, integration fund and access target allocations have been aligned to support the delivery of the plan e.g. additional walk in clinics, increased publicity and the development of a discharge lounge etc. The plan meets the guidance 'Preparing for Winter 2019-20 issued by the Cabinet Secretary's Office in August 2019.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

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

	and are expected to read the policy and follow the procedures defined within them. There are appropriate HR policies in place in both organisations to support this including the provision of the flu vaccine to staff working with vulnerable clients.	
6.3 Equality, Diversity and Human Rights:	In general, a neutral impact is expected on equality, diversity and human rights. Where there is an impact on disabled, older or vulnerable people due to difficult conditions, these will be managed by services that will ensure that resources are available to effectively support those affected, as explained within the Plan. A positive impact is expected from maintaining public safety, access to services and continuation of services in difficult conditions. A positive impact resulting from a reduction in the transmission of influenza is also expected. The plan provides opportunities to build capacity, cohesion, support networks and resilience within services and communities.	
6.4 Legal:	The Plan mitigates risk of service failure and ensuring resilience.	
6.5 Finance:	Provision has been made to record the cost pressures of increasing health and social care capacity over the festive season.	
6.6 Assets and Property:	There are no assets and property issues arising from this report.	
6.7 ICT and new technologies:	The plan includes IT Department festive period rota and disaster recovery arrangements.	
6.8 Environmental:	There are no environmental issues arising from this report	
6.9 Risk Management:	Business continuity planning arrangements (relevant to winter planning). Major alert, resilience arrangements (update on contingencies for Winter 2019).	
6.10 Policy and Delegated Authority:	The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland.	
6.11 Previously considered by:	NHS Board	15th October 2019

Contact Details:
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jo.robinson@shetland.gov.uk
12 November 2019

Appendices:
Appendix A Winter Plan NHSS 2019-20
Appendix B Patient Flow Escalation Plan updated October 2019
Appendix C Daily Performance Metrics to Support Winter Planning
Appendix D Safe Staffing Escalation – October 2019

Appendix A

WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER

THE WINTER PERIOD 2019-20

Version 1 created 09/09/2019

Version 2 created 07/10/2019

Version 3 created on (following the pre-festive season plan test)

Table of Contents

Chapter Number	Chapter Name	Page Number
1	Introduction	3
2	Primary Care Services	3
3	Patient Transport & Ambulance Services	7
4	Dental Services	9
5	Pharmacy Services	10
6	Clinical Support Services	12
7	Facilities	14
8	Community Mental Health Services	15
9	Hospital Bed Provision including Day Case Beds	16
10	Community Care Services	18
11	Access to Clinical Information	20
12	Bad Weather Contingencies	21
13	Preparation & Implementation of Norovirus OCM & Influenza Planning	22
14	Disaster Recovery Plans	25
15	Escalation Procedures/Management Control	25
16	Publicity	26
Appendix A	Escalation Protocol –Hospital Patient Flow	27
Appendix B	Winter Planning Daily Performance Metrics	28
Appendix C	Escalation Protocol – Safe Staffing	29

1. Introduction

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2018-19. Whilst there were some events of extreme weather elsewhere in Scotland, there were not the heavy or prolonged snow conditions in Shetland which have been experienced in some previous winters. Winter 2019-20 has the potential to be challenging, with increased activity through elective and emergency services, planned changes to primary care provision, fragility of local staffing models and the threat of severe weather creating service disruption.

This winter plan for 2019-20 has been developed from critically appraising what went well and what lessons were learnt from previous winters, both from within the organisation and from debriefing with other health boards as part of the Scottish Government Health Directorate's winter planning programme for the NHS which also includes representation from local authorities.

2. Primary Care Services

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

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

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

Date	Day	Daytime Provision	OOHs Provision
21/12/2019	Saturday	Essential visits by one nurse, can be contacted via Community nursing health centre answer phone	One nurse On-call on each island contact via health centre community nursing answer phone
22/12/2019	Sunday	Essential visits by one nurse, can be	One nurse on call on each island contact via

		contacted via Community nursing health centre answer phone for information	health centre community nursing answer phone
23/12/2019	Monday (Normal working day)	Normal Working day	Normal on call service provision
24/12/2019	Tuesday (Normal working day)	Normal Working day	Normal on call service provision
25/12/2019	Wednesday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone	One nurse on call on each island contact via health centre community nursing answer phone
26/12/2019	Thursday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone	One nurse on call on each island contact via health centre community nursing answer phone
27/12/2019	Friday (Normal working day)	Normal Working day	Normal on call service provision
28/12/2019	Saturday	Essential visits by one nurse, can be contacted via Community nursing health centre answer phone	One nurse on call on each island contact via health centre community nursing answer phone
29/12/2019	Sunday	Essential visits by one nurse, can be contacted via Community nursing health centre answer phone	One nurse on call on each island contact via health centre community nursing answer phone
30/12/2019	Monday (Normal working day)	Normal Working day	Normal on call service provision
31/12/2019	Tuesday (Normal	Normal Working day	Normal on call service provision

	working day)		
01/01/2020	Wednesday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone for information	One nurse on call on each island contact via health centre community nursing answer phone
02/01/2020	Thursday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone for information	One nurse on call on each island contact via health centre community nursing answer phone

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

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

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

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

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

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

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

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

Date	Day	Daytime Provision	OOHs Provision
21/12/2019	Saturday	NHS24 triaged clinic 1000-1200 Gilbert Bain Hospital	24 hour cover by OOH GP
22/12/2019	Sunday	No clinic	24 hour cover by OOH GP
23/12/2019	Monday (Normal working day)	Practices open 0830-1730	One GP on call overnight
24/12/2019	Tuesday (Normal working day)	Practices open 0830-1730	One GP on call overnight
25/12/2019	Wednesday (PH)	No clinic	24 hour cover by OOH GP
26/12/2019	Thursday (PH)	Drop in clinic 1000-1300 Gilbert Bain Hospital	24 hour cover by OOH GP
27/12/2019	Friday (Normal working day)	Practices open 0830-1730	One GP on call overnight
28/12/2019	Saturday	NHS24 triaged clinic 1000-1200 Gilbert Bain Hospital	24 hour cover by OOH GP
29/12/2019	Sunday	No clinic	24 hour cover by OOH GP
30/12/2019	Monday (Normal working day)	Practices open 0830-1730	One GP on call overnight
31/12/2019	Tuesday (Normal working day)	Practices open 0830-1730	One GP on call overnight
01/01/2020	Wednesday (PH)	No clinic	24 hour cover by OOH GP
02/01/2020	Thursday (PH)	NHS24 triaged clinic 1000-1200 Gilbert Bain Hospital	24 hour cover by OOH GP

3. Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
21/12/2019	Saturday			
22/12/2019	Sunday			
23/12/2019	Monday (Normal working day)			
24/12/2019	Tuesday (Normal working day)			
25/12/2019	Wednesday (PH)			
26/12/2019	Thursday (PH)			
27/12/2019	Friday (Normal working day)			
28/12/2019	Saturday			
29/12/2019	Sunday			
30/12/2019	Monday (Normal working day)			
31/12/2019	Tuesday (Normal working day)			
01/01/2020	Wednesday (PH)			
02/01/2020	Thursday (PH)			

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

Should the hospital reach alert status, then patient transport to discharge patients from hospital can be requested through the normal channels by contacting the Scottish Ambulance ACC (Ambulance Control Centre) by calling 0300 123 1236

where a controller will place the request on the system providing the patient passes the PNA (Patient needs Assessment) whereupon a day controller will call back within the hour to confirm if this request can be accommodated or not.

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

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

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

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

Patient Transport (Renal Service)

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
21/12/2019	Saturday			
22/12/2019	Sunday			
23/12/2019	Monday (Normal working day)			
24/12/2019	Tuesday (Normal working day)			
25/12/2019	Wednesday (PH)			
26/12/2019	Thursday (PH)			
27/12/2019	Friday (Normal working day)			

28/12/2019	Saturday			
29/12/2019	Sunday			
30/12/2019	Monday (Normal working day)			
31/12/2019	Tuesday (Normal working day)			
01/01/2020	Wednesday (PH)			
02/01/2020	Thursday (PH)			

If the hospital is on 'red' see appendix A, then the PTS service should be contacted via the email below so that PTS services can fast track patient transfers

scotamb.PTSNorthsupervisor@nhs.net

4. Dental Services

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

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

Date	Day	Daytime Provision	OOHs Provision
21/12/2019	Saturday	On Call Team via NHS 24	On Call Team via NHS 24
22/12/2019	Sunday	On Call Team via NHS 24	On Call Team via NHS 24
23/12/2019	Monday (Normal working day)	Normal Service	On Call Team via NHS 24
24/12/2019	Tuesday (Normal working day)	Normal Service	On Call Team via NHS 24

25/12/2019	Wednesday (PH)	On Call Team via NHS 24	On Call Team via NHS 24
26/12/2019	Thursday (PH)	On Call Team via NHS 24	On Call Team via NHS 24
27/12/2019	Friday (Normal working day)	Normal Service	On Call Team via NHS 24
28/12/2019	Saturday	On Call Team via NHS 24	On Call Team via NHS 24
29/12/2019	Sunday	On Call Team via NHS 24	On Call Team via NHS 24
30/12/2019	Monday (Normal working day)	Normal Service	On Call Team via NHS 24
31/12/2019	Tuesday (Normal working day)	Normal Service	On Call Team via NHS 24
01/01/2020	Wednesday (PH)	On Call Team via NHS 24	On Call Team via NHS 24
02/01/2020	Thursday (PH)	On Call Team via NHS 24	On Call Team via NHS 24

5. Pharmacy Services

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

Health Board Pharmacists are working at various times during the festive period, however, there is no on call service but in an emergency situation pharmacists will make themselves available at their discretion and can be contacted via the Senior Manager on call Emergency medicines are always available in the hospital out of hours via the emergency cupboard, but if key stock is taken, then the Pharmacists should be notified so that it can be replenished. This includes daytime contact on public holidays or out of hours.

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

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

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

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

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

Date	Day	Hospital Provision	Community Provision
21/12/2019	Saturday	No service	9am-5pm
22/12/2019	Sunday	No service	No service
23/12/2019	Monday (Normal working day)	9am-12.30pm 1.30-5pm	9am-5.30pm
24/12/2019	Tuesday (Normal working day)	9am-12.30pm 1.30-5pm	9am-5.30pm
25/12/2019	Wednesday (PH)	No service	No service
26/12/2019	Thursday (PH)	9am-12.30pm 1.30-5pm	To match clinic hours
27/12/2019	Friday (Normal working day)	9am-12.30pm 1.30-5pm	9am-5.30pm
28/12/2019	Saturday	No service	9am-5pm
29/12/2019	Sunday	No service	No service
30/12/2019	Monday (Normal working day)	9am-12.30pm 1.30-5pm	9am-5.30pm
31/12/2019	Tuesday (Normal	9am-12.30pm 1.30-5pm	9am-5.30pm

	working day)		
01/01/2020	Wednesday (PH)	No service	No service
02/01/2020	Thursday (PH)	9am-12.30pm 1.30-5pm	To match clinic hours

6. Clinical Support Services

(a) Laboratory Services

Date	Day	Daytime Provision	OOHs Provision
21/12/2019	Saturday	0900-1200	On-Call
22/12/2019	Sunday	0900-1200	On-Call
23/12/2019	Monday (Normal working day)	0900-1700	On-Call
24/12/2019	Tuesday (Normal working day)	0900-1700	On-Call
25/12/2019	Wednesday (PH)	0900-1200	On-Call
26/12/2019	Thursday (PH)	0900-1200	On-Call
27/12/2019	Friday (Normal working day)	0900-1700	On-Call
28/12/2019	Saturday	0900-1200	On-Call
29/12/2019	Sunday	0900-1200	On-Call
30/12/2019	Monday (Normal working day)	0900-1700	On-Call
31/12/2019	Tuesday (Normal working day)	0900-1700	On-Call
01/01/2020	Wednesday (PH)	0900-1200	On-Call
02/01/2020	Thursday (PH)	0900-1200	On-Call

(b) Medical Imaging

The Medical Imaging service will be limited to an on call service for the four public holidays over Christmas and New Year (25th and 26th December 2019 and 1st and 2nd January 2020) and the weekend over the Christmas and New Year period. There will be the usual service on the normal business days and 24/7 rota available at other times

(c) Other Diagnostic Support Services

Physiology will be closed from December 20th 2019 to January 2nd 2020 (inclusive), bar the normal business days. Both of these services are now delivered with a block of capacity each month (e.g. 1 week in 4 for routine tests).

As part of the routine review of waiting times we will look at the level of capacity that will be required in January 2020 in order to ensure that the impact of a prolonged shut down does not impact on patient flow and access to services.

Audiology will be closed for the four public holidays over Christmas and New Year and in addition will be closed on 24th and 27th December. At other times there will be a normal weekday service provision.

Date	Day	Provision
21/12/2019	Saturday	Closed
22/12/2019	Sunday	Closed
23/12/2019	Monday (Normal working day)	Normal Service
24/12/2019	Tuesday (Normal working day)	Closed
25/12/2019	Wednesday (PH)	Closed
26/12/2019	Thursday (PH)	Closed
27/12/2019	Friday (Normal working day)	Closed
28/12/2019	Saturday	Closed
29/12/2019	Sunday	Closed
30/12/2019	Monday (Normal working day)	Normal Service
31/12/2019	Tuesday (Normal working day)	Normal Service
01/01/2020	Wednesday (PH)	Closed
02/01/2020	Thursday (PH)	Closed

As part of the routine review of waiting times we will look at the level of capacity that will be required in January 2020 in order to ensure that the

impact of a prolonged shut down does not impact on patient flow and access to services.

Medical Physics

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

(d) Public Health

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

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

7. Facilities

The Estates Team operates an on call rota which can be accessed via the GBH switchboard and this is in place 24/7. A procedure for determining the priority for on call requests out with Lerwick is held on the senior manager on call shared drive.

Details setting out deliveries (e.g. supplies) and collections (e.g. specimens) during the festive period will be circulated by the Estates Team.

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

Date	Day	Daytime Provision	OOHs Provision
21/12/2019	Saturday		
22/12/2019	Sunday		
23/12/2019	Monday (Normal working day)		

24/12/2019	Tuesday (Normal working day)		
25/12/2019	Wednesday (PH)		
26/12/2019	Thursday (PH)		
27/12/2019	Friday (Normal working day)		
28/12/2019	Saturday		
29/12/2019	Sunday		
30/12/2019	Monday (Normal working day)		
31/12/2019	Tuesday (Normal working day)		
01/01/2020	Wednesday (PH)		
02/01/2020	Thursday (PH)		

8. Community Mental Health Services

The Community Mental Health Team will ensure arrangements are in place to manage mental health needs during the festive period and that psychiatric emergencies are actively managed. Consultant Psychiatrist rota is in place for the festive period and held at the GBH reception. Assistance from Royal Cornhill Hospital in Aberdeen is also available to hospital based Consultants and the on call Psychiatrist as required.

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

Community Psychiatric Nurses (CPNs)

Date	Day	Daytime Provision	OOHs Provision
21/12/2019	Saturday	On call psychiatrist	On call psychiatrist
22/12/2019	Sunday	On call psychiatrist	On call psychiatrist
23/12/2019	Monday (Normal working day)	Business as usual	On call psychiatrist
24/12/2019	Tuesday (Normal working day)	Business as usual	On call psychiatrist
25/12/2019	Wednesday (PH)	On call psychiatrist	On call psychiatrist
26/12/2019	Thursday (PH)	Duty Nurse CPN	On call psychiatrist
27/12/2019	Friday (Normal working day)	Business as usual	On call psychiatrist
28/12/2019	Saturday	On call psychiatrist	On call psychiatrist
29/12/2019	Sunday	On call psychiatrist	On call psychiatrist
30/12/2019	Monday (Normal working day)	Business as usual	On call psychiatrist
31/12/2019	Tuesday (Normal working day)	Business as usual	On call psychiatrist
01/01/2020	Wednesday (PH)	On call psychiatrist	On call psychiatrist
02/01/2020	Thursday (PH)	Duty Nurse CPN	On call psychiatrist

9. Hospital Bed Provision including Day Case Beds

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

Maintaining effective care and safe staffing levels

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

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

The safe staffing escalation plan is shown in Appendix C.

Monitoring whole system patient flow

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

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

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

Respite care capacity in the community will be increased during the festive period and access to the short term beds is via the Duty Social Worker. Patients who are ready for discharge may not have discharge medicines organised and so patients can still transfer into the community if they have an up to date Intermediate Discharge Letter (IDL) which is shared with the receiving care team/care home first. This can be used to transcribe key medications onto the MARS sheet. These discharge arrangements are only necessary if the hospital is on ‘RED’ and it is an agreed action following a review of the estimated discharge dates for patients in the hospital and the patient flow escalation plan is followed.

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

Waiting times monitoring meetings will take place on December 19th and December 27th 2019 to ensure that appropriate monitoring of shared services and pathways will continue seamlessly, including the organisation of cancer pathways.

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

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

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

As a result of the development and extension of community based services over the last three years, we have seen a down turn in bed occupancy (12 % across the two acute units); particularly where it is associated with people delayed in hospital waiting for respite, residential or care at home packages (which peaked at the beginning of 2015, but steadily reduced and has been maintained).

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

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

10. Community Care Services

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

(a)Social Work Service

The Social Work Offices will be closed for the four public holidays over Christmas and New Year (25th and 26th December 2019 and 1st and 2nd January 2020). A duty Social Worker (contactable via the main hospital reception) will be available to deal with **emergencies**.

(b) Care Centres for Adults

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

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

(C) Care at Home

This will operate at a reduced level as many service users get support from their families over the public holidays. It will be continue to be available for those without family support. Some meals on wheels kitchens will not be open at all during the festive period. Additional Care at Home will be provided to those for whom this will be a problem. Any queries about Care at Home during the festive period (excluding public holidays) should be addressed to the local Care Centre. **Contact on public holidays should be via the duty social worker.**

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

(d) Mental Health Community Support Service, Annsbrae House

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

(e)Adult Services

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

Newcraigielea Day Service GOLD Group will be closing at the normal time on X December 2018 and reopening on X January 2019.

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

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

(f) Day Care – Community Care Resources

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

When Day Care is closed enquiries about existing service users should be directed to the relevant care centre (Newcraigielea for adults with Learning Disabilities). Enquiries about emergency Day Care for people who are not known to a service should be made by contacting the local care centre directly or via the duty social worker.

11. Access to Clinical Information Systems

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

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

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

Preferred place of care

NHS IT Services during the festive period can be accessed via a telephone service on the normal weekdays (not the usual helpdesk number). On the public holidays the senior manager on call should be contacted if there is an IT emergency e.g. system outage or BCPs cannot be maintained and they will contact the Head of IT for advice and resolution.

12. Bad Weather Contingencies

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

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

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

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

Six rooms are available in NHS staff accommodation as part of the Inclement Weather Policy and allocation of these rooms over the Festive period will be via the Senior Manager on call. Keys are held at Gilbert Bain Reception.

Any additional spend associated with invoking the Inclement Weather Policy should be attributed to the following job code: ZWINTER.

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

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

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

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

Response to outbreaks of infectious disease within the healthcare setting

The National Infection Prevention and Control Manual is available via the Infection Control Portal on the Intranet. Chapter 3 specifically provides guidance on Healthcare Infection Incidents, Outbreaks and Data Exceedance. In addition there is a Shetland Public Health Incident and Outbreak Plan and a specific Hospital Outbreak Plan. An Outbreak Folder containing all current guidance, protocols and flowcharts to be used in the management of an Outbreak is available on wards and via the Infection Control Portal on the Intranet. These generic resources support the management of any infectious disease outbreak including both norovirus and influenza.

We have a local norovirus season communication plan which covers distribution of the national resources to health and care settings and awareness raising with the public and specific settings such as schools and nurseries.

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

In response to outbreaks of viral gastroenteritis in care settings during 2018, extensive work was undertaken last year to develop infection control guidance and outbreak management resources for use by care home staff, with a particular focus on viral gastronenteritis such as norovirus. This work was informed by national guidance and lessons learnt from local outbreaks, and continues to be supported by the health protection team, infection control team, community and social care tems, environmental health and occupational health.

Health and care staff will continue to be reminded of the need to remain absent from all health and social care work for 48 hours post last symptom of diarrhoea

and vomiting. This message will be reiterated at the daily Hospital Huddle over the winter period to ensure all staff continue to adhere to this guidance. Information will also be made available via the NHS intranet 'message of the day', Team Brief and email distribution groups as appropriate. Handwashing and the use of appropriate cleaning materials and PPE will also continue to be re-inforced.

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

The public will be informed about any visiting restrictions in health and care settings which might be recommended as a result of a norovirus outbreak. The response to any incidents and outbreaks within health and social care settings and in the community will be led by Public Health supported by the IPCT. Debriefs will be held following any outbreak and at the end of the season to ensure system modifications to reduce the risk and impact of future outbreaks.

The national weekly norovirus report i.e. received by the Public Health Team and is available on the NSS Discovery Dashboard; this keeps NHS Shetland up to date regarding the national norovirus situation.

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

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

Influenza Planning

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

- (As above) A generic Public Health Incident and Outbreak plan, a local Major Emergency Plan for the hospital and departmental business continuity plans which cover healthcare capacity to meet winter flu if it reaches epidemic proportions.
- Infection control and outbreak guidance for residential care settings including local guidance and national resources.

- Local plans for implementation of the national seasonal flu immunisation programme to eligible individuals including people over 65, children, people in clinical risk groups, pregnant women and unpaid carers. Uptake rates previously have been similar to the rest of Scotland, with relatively poor uptake amongst under 65 at risk groups. These groups are being particularly targeted this year.
- A variety of approaches aimed to maximise accessibility and uptake of the flu vaccine including local community based flu clinics run by individual practices, school based clinics and the programme for pregnant women now being delivered by midwives through antenatal clinics. An extensive, tailored immunisation training programme for healthcare staff in all settings where the flu vaccination programme is delivered, together with access to local and national resources and ongoing support from the Immunisation Co-ordinator and pharmacy team. .An Occupational Health delivered programme to promote and offer flu immunisation to NHS healthcare workers and Shetland Islands Council social care workers. Uptake of flu vaccine amongst frontline healthcare workers in particular has continued to increase year on year, reaching 74.3% last year. We are aiming to exceed that this year through extensive local publicity for staff; providing a highly accessible and flexible service that tailors vaccination administration to suit staff in all settings; and procedures in place to ensure data on immunisation status is captured and collated. ,.
- A winter flu and flu immunisation communications plan which includes local press and social mediacoverage
- A local Pandemic Influenza Plan in place, modelled on, and continually updated in the light of national guidance

Local plans include:

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

Tabletop exercises have been undertaken to test key procedures for Healthcare Associated Infection (HAI). The lessons learnt from a small care home flu outbreak earlier in 2019 have been incorporated into revised procedures and planning.

The Public Health Team receives and circulates the weekly infection pressure bulletin issued by HPS, which keeps NHS Shetland up to date regarding the national influenza situation. The Immunisation Co-ordinator accesses influenza vaccination uptake information, which is updated on a four weekly basis, for

monitoring of local uptake and can put measures in place to encourage and promote vaccination uptake if required.

14. Disaster Recovery Plans

There are business continuity plans for each area of health board business, designed to ensure that services continue to deliver and support patient care. IT disaster recovery plans have been reviewed in 2019 along with other business continuity plans in the hospital setting. The Emergency Plan for the Council was updated in 2016.

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

15. Escalation Procedures & Management Control

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

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

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

The Council Resilience Team has a rota in place and they can be contacted via the GBH switchboard if a major alert escalation and multi-agency response is required.

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

16. Publicity

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

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

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

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

Patient Flow Escalation Plan – NHS Shetland

Appendix B

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

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

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

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

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

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

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

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

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

Version 8 Current from October 2019

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

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

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

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

Safe Staffing Escalation Plan – NHS Shetland

Appendix D

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

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

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

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

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

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

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

Out of Hours/Weekends

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

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

Version 2 Current from October 2019

Shetland Islands Health and Social Care Partnership

Agenda Item

8

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board	28 November 2019
Report Title:	IJB Business Programme 2019 and IJB Action Tracker	
Reference Number:	CC-48-19-F	
Author / Job Title:	Jo Robinson, Interim Chief Officer IJB	

1.0 Decisions / Action required:

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

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

2.0 High Level Summary:

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

3.0 Corporate Priorities and Joint Working:

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

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

4.0 Key Issues:

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

4.2 There is a strong link between strategic planning and financial planning, to provide the best possible environment to ensure that the strategic direction, service models and resources to deliver services are aligned.

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

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

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

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Monday, 18 November 2019

Integration Joint Board 2019/20		
	Date of Meeting	**Business**
Quarter 1 - 1 April 2019 to 30 June 2019	Tuesday 14 May 2019 11 a.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • 2019/20 Primary Care Improvement Plan • 2019/20 Service Plans and Directions • 2019/20 Recovery Plan Update • Community Led Support
	Thursday 27 June 2019 *Special Meeting A/Cs only* 3 p.m.	• Draft 2018/19 Accounts • Financial Monitoring Report to 31 March 2019 • Deloitte (Wider Scope) Audit Report • IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 4 – January - March 2019 • Annual Performance Report for 2018-19 • Performance Management Framework
Quarter 2 – 1 July 2019 to 30 September 2019	Thursday 05 September 2019 2 p.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • Financial Monitoring Report to 30th June including progress against Recovery Plan' • IJB Performance • SDS Thematic Review • IJB Integration Self Evaluation Development Plan
	Thursday 26 September 2019 *Special Meeting A/Cs only* 3 p.m.	• Final 2018/19 Accounts • Annual Audit Report 2018/19 • Caring for Bressay • IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker
Quarter 3 - 1 October 2019 to 31 December 2019	Thursday 28 November 2019 3 p.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • 2020/21 IJB Budget progress report • Chief Social Work Officer report • Financial Monitoring Report to 30 September 2019 • Palliative and End of Life Care Strategy • Joint Strategic Commissioning Plan • IJB Performance • Winter Plan

Shetland NHS Board

Shetland Islands Council

Shetland Health and Social Care Partnership

Integration Joint Board

Meeting Dates and Business Programme 2018/19

as at Monday, 18 November 2019

Quarter 4 - 1 January 2020 to 31 March 2020	Thursday 5 March 2020 2 p.m.	• IJB Meeting Dates, Business Programme 2018/19 and 2019/20,and IJB Action Tracker • Final 2020/21 IJB Budget • Financial Monitoring Report to 31 December 2019 • Medium Term Financial Plan Update • SPPC Annual Report

Planned business still to be scheduled - as at Monday, 18 November 2019

- Code of Corporate Governance
- Right to Advocacy
- Joint Organisation and Workforce Development Protocol
- Community Justice Partnership Report

END OF BUSINESS PROGRAMME as at Monday, 18 November 2019

	ACTIONS - IJB						
No	**Agenda Item**	**Responsible Post Holder**	**IJB Meeting Date**	**Target Date**	**Action**	**Update**	**R/A/G Status C (Completed)**
1	Primary Care Improvement Plan Update	Service Manager Primary Care/ Chief Nurse (Community)	14.05.19		Training Budget issues for GPs and other professionals to be raised as an issue for future budgeting Briefing to be provided on general practice nursing More detail on how far along towards completion of actions to be included in Appendix 2	Future reporting through performance reporting. Interim Chief Officer to provide update re training budget	G
2	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 2: July - September 2018	Director of Community Health and Social Care/ IJB Chief Officer and Head of Planning and Modernisation	23.01.19		For future reporting on the Risk Register more clarity in the wording used to be considered. Indicator E15 data to be provide differently on ongoing basis. Appendix 1A will be refreshed and updated for 2019/20 following the approval of the Joint Strategic Commissioning Plan.	IJB seminar being arranged to focus on the development of the risk register Seminar previously arranged for 19th June. Seminar postponed and to be re-arranged due to presenter availability. Dates for seminars to be organised and entered into diaries as soon as possible	G

3	2019/20 Budget	Chief Financial Officer	13.03.19	May 2019	4 service areas listed 4.12 in budget report to be brought to May meeting with more detail.	Recovery plan update on IJB meeting agenda 14th May 2019 Recovery plan to remain on tracker for ongoing monitoring and quarterly updates.	G
4	Unaudited Accounts 2018/19	Chief Financial Officer/ Chief Social Work Officer Interim Chief Officer	27.06.19		Denise Morgan to ask the Transition Group to consider whether a budget is require for the transition from child to adult. Provide cost in regard to the recruitment of 6 care workers with relocation against the cost of using agency staff. Provide by email to all IJB Members.	Executive Manager – ASW & Executive Manager –Adult Services looking into transitions.	C
5	Shetland Islands Health and Social Care Partnership Quarterly Performance Overview, Quarter 4: Jan – March 2019	Interim Chief Officer and Head of Planning and Modernisation	27.06.19		The following is to be responded to in one email to all Members: Substance misuse – can anything be done in terms of early intervention for young people before they need the services in one email to all Members. Clare Scott to be asked how many emergency plans in place for unpaid carers.	Briefings have been provided.	C

					Provide a figure on the number of beds used for respite to provide a clear picture of how beds are being used. Within future quarterly performance reports include what the target is and how much has been achieved in percentage terms so far. Provide more detail on domestic abuse rather than just stating it is on target. The following should be included within the Joint Staff Forum meetings: - Review sickness absence - Workforce planning		
6	Final Audited Accounts 2018/19	Chief Financial Officer/Community Care Executive Manager	26.09.19		Community Care spend to save changes – update to be provided in either November or February.	To go to IJB in Feb/March 2020	
7	Caring for Bressay - Engaging Communities in Developing Sustainable	Chief Nurse (Community)	26.09.19		Further report to be brought to the IJB before implementation of the project	A briefing will be prepared for IJB	

	Models for the Future				on Bressay.		