

# Shetland Islands Health and Social Care Partnership



Shetland NHS Board



Shetland Islands Council

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3 September 2020

Dear Member

You are invited to attend the following meeting:

**Special Integration Joint Board**  
**Thursday 10 September 2020 at 10am.**  
**By Remote Link**

Please note that because of the current COVID-19 (Coronavirus) pandemic, and as permitted by legislation, this meeting will not be open to members of the public.

This meeting will take place by remote means, by video and teleconference, for Voting and Non-Voting Members and advising officers only. Joining details will be sent separately to those attending.

Public reports are available on the Council's website. The actions and decisions taken at the meeting will be published on the Council's website as soon as possible thereafter. Apologies for absence should be notified to SIC Committee Services on 01595 744599.

Yours sincerely

Brian Chittick  
Interim Chief Officer

Chair: Emma Macdonald  
Vice-Chair: Natasha Cornick

## **AGENDA**

- A Welcome and Apologies
- B Motion to Suspend Standing Order 5.8 in relation to Public Attendance at Meetings.
- C 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.
- D Confirm minutes of meeting held on 16 July 2020 (enclosed).

### **ITEM**

- 1. Financial Monitoring Report to 30 June 2020  
CC-24
- 2. Chief Social Work Officer Report 2019-20  
CS-17
- 3. Appointment to the IJB Audit Committee  
GL-21
- 4. Strategic and Operational remobilisation and recovery planning presentation  
CC-26
- 5. IJB Business Programme 2020 and IJB Action Tracker  
CC-27



## MINUTES – PUBLIC

<b>Meeting</b>	<b>Special Integration Joint Board (IJB)</b> <b>Remote Link</b>
<b>Date, Time and Place</b>	<b>Thursday, 16 July 2020 at 3pm</b> <b>Remote Link</b>
<b>Present [Members]</b>	<p><b><u>Voting Members</u></b>            Colin Campbell [substitute for Natasha Cornick]            Stephen Flaws [substitute for Stephen Leask]            Jane Haswell            Emma Macdonald            Robbie McGregor            Michael Dickson [substitute for Shona Manson]</p> <p><b><u>Non-voting Members</u></b>            Brian Chittick, Interim Chief Officer            Jo Robinson, Interim Depute Chief Officer            Wendy Hand, Third Sector Representative [substitute for Catherine Hughson]            Susanne Gens, Staff Representative, SIC            Jim Guyan, Carers Strategy Group Representative            Denise Morgan, Interim Chief Officer, SIC            Edna Watson, Senior Clinician, Senior Nurse, NHS            Karl Williamson, Chief Financial Officer, NHS            Pauline Wilson, Senior Clinician: Local Acute Sector, NHS</p>
<b>In attendance [Observers/Advisers]</b>	Jaime Best, Executive Manager - Community Care Resources, SIC Jamie Manson, Executive Manager – Finance, SIC Peter McDonnell, Executive Manager – Adult Social Work, SIC Jan Riise, Executive Manager – Governance and Law, SIC Clare Scott, Executive Manager - Adult Services, SIC Elizabeth Robinson, Public Health and Planning Principal, NHS Lisa Watt, Primary Care Manager, NHS Anne Cogle, Team Leader, Administration, SIC Charlotte Jones, Solicitor, SIC Sheila Duncan, Management Accountant, SIC Carol Anderson, Senior Communications Officer, SIC Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i>
<b>Apologies</b>	<p><b><u>Voting Members</u></b>            Natasha Cornick            Stephen Leask</p>

	<p>Shona Manson</p> <p><b><u>Non-voting Members</u></b></p> <p>Catherine Hughson, Third Sector Representative</p>
<b>Chairperson</b>	<p>Emma Macdonald, Chair of the Integration Joint Board, presided.</p> <p>The Chair moved that the IJB agree to suspend standing order 5.8.1 relating to the circumstances under which the IJB can resolve to exclude members of the public. Whilst the public are excluded from this meeting consent has been given members of the local media to be present via remote link. This, I believe, maintains a level of public accountability and scrutiny to our proceedings. The formal decisions of the IJB, as is usual practice, will be available to the public after the meeting.” Mr McGregor seconded and the IJB unanimously agreed.</p>
<b>Declarations of Interest</b>	None.
<b>Minutes of Previous Meetings</b>	<p>The minutes of the meeting held on 28 May 2020 was confirmed with the following change:</p> <p><u>Min. ref. 08/20 – Appointment of Chief Officer and Depute Chief Officer of the IJB” – third paragraph</u> - “Mr Dickson commented that the appointment of Brian Chittick and Jo Robinson as Chief Officer and Depute Chief Officer were for an interim period of time rather than on as interim positions, the latter indicates that they are stopgap positions rather than formal appointments“.</p>
<b>14/20</b>	<b>Unaudited Accounts 2019/20</b>
<b>Report No. F-030-20-F</b>	<p>The IJB considered a report by the IJB Chief Financial Officer that presented the 2019/20 Unaudited Annual Accounts for the Shetland Integration Joint Board and sought approval of the Annual Governance Statement 2019/20 that forms part of the accounts (Appendix1).</p> <p>The IJB Chief Financial Officer introduced the main terms of the report and advised that the final accounts would be presented for approval in September 2020, together with the External Auditor’s report. The Chief Financial Officer commented on the financial performance table, the additional contribution received from NHS Shetland and the underspend on the SIC arm of the budget resulting in an overall surplus of £73k. He advised that the significant variances, and explanations, were set out in the report. The Chief Financial Officer drew attention to the draw on reserves for various projects and Scottish Government initiatives during the financial year. In referring to the Annual Governance Statement the Chief Financial Officer said that he had no concerns around the arrangements in place.</p> <p>The Vice-Chair of the IJB Audit Committee advised the IJB that during discussions at the Audit Committee he had asked again</p>

about the recruitment of the care workers and consultants in terms of the financial considerations. He said that the Interim Chief Officer and the Interim Depute Chief Officer had provided a full response and he was very pleased to hear of the innovative methods used to recruit staff, in the hope that the IJB can reduce the use and cost associated cost of hiring agency staff.

The Interim Chief Officer said that he had explained to the Audit Committee that there were specific skills sets in obstetrics and gynaecology. He said that Officers had been successful in attracting Consultants for 17 weeks each year and with these roles linking with tertiary services on the mainland there was a commitment to provide 32 weeks cover each year in Shetland. He also advised that 22 of 11 applicants were considered for a recent employment opportunity, 4 of whom were excellent candidates. He said that these were very niche and specialist roles but that, if these arrangements were adopted in other areas then the IJB would see a reduction in locum costs. The Interim Chief Office said that it was hoped that the model would be extended elsewhere in the integrated services. In terms of Social Care employment the Interim Chief Officer said that it was always preferable to recruit locally.

Ms Haswell advised that she had raised the question, at the IJB Audit Committee, on where equality was demonstrated in the allocation of budgets and it had been confirmed that this was done during the budget setting process. It had been acknowledged that transparency was important to make it easier for Members to see how the funding was being allocated. Ms Haswell advised that it had also been confirmed that the presentation of recovery plans had been confirmed as the September 2020 meeting.

In addressing the question of transparency around equalities, the Executive Manager – Governance and Law explained that the report template has an implications section where equalities are a feature. He said that Officers can use this section to tease out any equalities issues and serves as a prompt for the IJB to consider any impact there may be. He said that the Board is well covered in this area as issues are picked up both at a strategic level and also at the report writing stage.

The Chief Executive – NHS thanked the Chief Financial Officer and his team for the work in preparing this report for consideration by the IJB.

(Dr Wilson joined the meeting).

During debate the Vice-Chair IJB Audit Committee said that the Joint Strategic Commissioning Plan report would be delayed until the December 2020 meeting. He said that there were funding implications going forward and those would have implications for the delivery plan. In referring to the operational review there had been a huge amount of work progressed across

	<p>services prior to COVID-19 but it was important through the risks and challenges to focus on the opportunities identified since then.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• CONSIDERED the 2019/20 Unaudited Annual Accounts for the Shetland Integration Joint Board (Appendix 1) and;</li> <li>• CONSIDERED the information at section 4.0 that highlights the key issues from the 2019/20 accounts</li> <li>• APPROVED the Annual Governance Statement 2019/20 that forms part of the accounts (Appendix 1)</li> </ul>
<b>15/20</b>	<b>Financial Monitoring Report to 31 March 2020</b>
<b>Report No. CC-19-20-F</b>	<p>The IJB considered a report by the Chief Financial Officer that presented the 2019/20 Managements Accounts for the year ended 31 March 2020.</p> <p>The Chief Financial Officer introduced the report and advised that there was much duplication from the previous item, and moved directly to questions.</p> <p>Reference was made to Pharmacy and it was noted that there was a typographical error - "September 2021" should read "September 2020"</p> <p>In terms of the savings identified within Pharmacy, Officers were asked if savings were possible given the issues around Brexit and the supply situation since the outbreak of COVID-19. The Interim Depute Chief Officer advised that work was ongoing for Directions to be presented in September 2020 and Pharmacy would be included. In terms of savings she advised that during the early stages of the process the Director of Pharmacy indicated £100k savings. She said in previous years there had been confusion around savings being retained by Government but there would be more explanation on that at the September meeting.</p> <p>During debate the Chair said that it was important not to waste time on trying to find unrealistic savings but focus on what could be achieved.</p>
<b>Decision</b>	The IJB NOTED the 2019/20 Management Accounts for the year ended 31 March 2020.
<b>16/20</b>	<b>Directions to Shetland Islands Council and NHS Shetland</b>
<b>Report No. CC-15-20-F</b>	The IJB considered a report by the Interim Depute Director of Community Health and Social Care, which sought approval of

the Directions and related Improvement Plans to Shetland Islands Council and NHS Shetland as set out in Appendix 1.

The Depute Interim Chief Officer introduced the report and said that this was the first tranche of Directions to be presented. She explained that there had been a delay in presenting the report due to COVID-19 but thanked Members for their patience. She advised that the template for Directions had been approved at the last meeting on 28 May 2020, following which officers drew up their documents with assistance from Legal Services and managers in other areas. The Depute Interim Chief Officer referred to the list of remaining Directions at paragraph 4.5 and said those would be presented to the IJB in September 2020 for approval. She advised that Appendix 1 provided an introduction to all Directions and set out the criteria to be achieved. She added that Officers were present to answer any questions.

(Edna Mary Watson, Senior Clinician, Senior Nurse, attended the meeting)

Each Manager was invited in turn to present the Direction in respect of their area of responsibility. Each manager provided an overview of content in their Direction, explained the impact of COVID-19 on the delivery of specific areas within their services and how they had responded to specific challenges and what measures, resources and support had been put in place for service users and their families during lockdown. Managers reported on the changes to delivery of services that had been necessary and where these changes may be carried forward into the future. The IJB also heard of the issues faced in terms how guidance was being received from the Scottish Government and the difficulties faced in preparing for the easing of restrictions and ensuring the continued safety of clients and staff. Officers then responded to a number of questions as follows:

#### Adult Social Work

In responding to a question in regard to the current Self Directed Support information system's compatibility with a new system, the Executive Manager – Adult Social Work explained that the procurement process had been halted by lockdown and there had been challenges in the selection of a preferred system provider. He said that it was necessary to look at how data is gathered. The Depute Interim Chief Officer advised that the project board for the new information system had reviewed lessons learned from the last procurement exercise but reported that the process, going forward, had been delayed.

The Executive Manager – Adult Social Work was thanked for his presentation.

#### Adult Services (Learning Disability and Autism)

The Chair commented that she had been reassured that Managers were doing all they could to support families in the current circumstances but said that the Scottish Government

needed to understand that people are sitting at home who do need a high level of support.

These comments were echoed and it was acknowledged that it was important for the IJB to hear and understand the information that Managers had presented. In terms of flexibility for service users to move between options of service delivery, the Executive Manager – Adult Services was asked how direct payments were being used to achieve these outcomes. The Executive Manager – Adult Services advised that some families had withdrawn their family member from the day services in preference of a personal assistant, and made use of the direct payment to do that. This was explained in more detail and the IJB were advised that Adult Services and Adult Social Work were working together to support families in crisis and had looked at increases in wider support as well.

The Executive Manager – Adult Services was thanked for her presentation.

#### Community Care Resources

Comment was made that it was excellent to see the overnight support being expanded, and thanks was expressed for this.

In terms of a timescale for reintroducing the day care service, the Executive Manager – Community Care Resources advised that there was no timescale at present. She said that on 16 March when the instruction was received to close, Officers followed the adverse weather policy. She advised that day care was made an outreach service providing contact through virtual means and activity boxes continued to be delivered. In preparing for a return of day care services the Executive Manager – Community Care explained that consideration was being given to how many clients can be accommodated, whether the number of days open can be increased, what transport needs to be provided, can alternative venues be used to accommodate everyone but how would that be supported.

The Executive Manager – Community Care Resources was thanked for her presentation.

#### Criminal Justice

There being no questions the Executive Manager – Criminal Justice was thanked for her presentation.

#### Health Improvement

In responding to a question relating to reducing the reliance on alcohol and the uptake in delivery of Alcohol Brief Interventions (ABIs), the Public Health Principal was asked if this would be incentivised to increase delivery. The Public Health Principal said that ABIs are mostly delivered through primary care opportunistically and some areas of primary care are more difficult to reach. She said that it may be possible to take a more holistic approach to this using Attend Anywhere technology. The



Public Health Principal said that incentives had been offered previously but that did not work and it was acknowledging that there were still cultural issues that made it less likely that people would be asked about their alcohol intake. She said that this matter continued to be a significant issue and she was running out of ideas.

Reference was made to Falls Prevention services and the Public Health Principal confirmed that the service was still being funded in Shetland for the next year and that she was optimistic in regard to future funding for diabetes prevention. She said however that it was important to look at these areas on a longer term basis.

The Public Health Principal was thanked for her presentation.

#### Primary Care

There being no questions the Primary Care Manager was thanked for her presentation.

#### Oral Health

There being no questions the Interim Director of Community Health and Social Care was thanked for his presentation.

The Chair acknowledged the amount of work that had gone into preparing the Directions and the importance of all the services being delivered. She said that working collaboratively was essential with commitment to early intervention and preventions. The Chair said that she was delighted to have received this report as this is what the IJB is here to do and she looked forward to receiving further Directions in September 2020. The Chair extended her thanks to all Managers and their teams for the work they had undertaken during this difficult time.

The Executive Manager – Governance and Law agreed with the comments of the Chair and said that the Directions were a tool for scrutiny and decision making. He said that at the recent seminar he indicated that this was a mechanism that was key to unlock how important a pooled budget was to achieve outcomes. He said that with thanks to the Chief Executive, NHS there was now a balanced budget that would allow Managers to look for sustainable savings. He said that he was excited to where these Directions would take the IJB going forward.

The Interim Chief Officer added that the Direction were visioning of what the IJB wants and provides a framework to facilitate that. He said that the IJB now has a means of understanding how services will be delivered and monitored. The Interim Chief Officer also acknowledged the good work of staff.

In responding to an additional question in regard to how integration indicators are measured, the Depute Interim Chief Officer advised that she would provide a briefing that explains the background to the national integration indicators.

	Mrs Macdonald moved that the IJB approve the recommendations contained in the report. Mr McGregor seconded.
<b>Decision</b>	<p>The IJB</p> <ul style="list-style-type: none"> <li>• APPROVED the Directions and related Improvement Plans to Shetland Islands Council and NHS Shetland set out in Appendix 1; and</li> <li>• NOTED that the on-going impact of the current Covid-19 pandemic may change the requirements of services in order to respond to the crisis and this may impact on the delivery of particular Directions. The full implications of these impacts are not yet known. As further information becomes available, additional reports detailing these changes will be presented to the Integration Joint Board.</li> </ul>
<b>17/20</b>	<b>IJB Records Management Plan</b>
<b>Report No. GL-16-IJB-F</b>	<p>The IJB considered a report by the Team Leader – Administration (SIC) that presented the draft IJB Records Management Plan, prepared in accordance with the Public Records (Scotland) Act 2011.</p> <p>The Team Leader – Administration provided a detailed introduction of the report.</p> <p>There being no questions Mrs Macdonald moved that the IJB approve the recommendations contained in the report. Mr McGregor seconded.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• CONSIDERED and commented on the draft IJB Records Management Plan (RMP), and the Interim Report from the Keeper of the National Records of Scotland;</li> <li>• AGREED to the position statement in relation to the current information management and governance arrangements, and that the responsible officers in both organisations work towards producing, for agreement by the IJB before the end of March 2021, the information governance documentation required, as referred to in section 4.6; and</li> <li>• DELEGATED authority to the Team Leader – Administration (SIC), to prepare supporting comments, amendments or updates to the RMP as required by the IJB and the Interim Report, in consultation and agreement with the NHS Records Manager, the IJB Interim Chief</li> </ul>

	Officer and the IJB Chair, and to submit these with the final RMP, as amended, to the Keeper by 31 August 2020.
<b>18/20</b>	<b>IJB Business Programme 2020 and IJB Action Tracker</b>
<b>Report No. CC-18-20-F</b>	<p>The IJB considered a report by the Interim Chief Officer that presented the IJB Business Programme for 2020 and IJB action Tracker that enabled the Board to consider the planned business to be presented during the financial year to 31 March 2021.</p> <p>The Interim Chief Officer introduced the report.</p> <p>Comment was made that the next ordinary meeting of the IJB was not until December and concern was expressed in regard to the timeline for the presentation of the Winter Plan. The Interim Chief Officer advised that the review of the Winter Plan was about to start in the process of remobilisation and recovery plans for the Scottish Government. He said that the next submission to the Scottish Government would consider winter planning with COVID-19 in mind and what impact there may be this year.</p> <p>During further discussion it was acknowledged that COVID-19 had not gone away and that the need for remote meetings continue to be important. The IJB were encouraged to seek support from their respective ICT services should they experience issues with their connections.</p> <p>The IJB unanimously approved the recommendations contained in the report.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• RESOLVED to approve its business planned for the financial year to 31 March 2021 (Appendix 1); and</li> <li>• REVIEWED the IJB Action Tracker (Appendix 2).</li> </ul>

The meeting concluded at 4.30pm.

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Chair



# Shetland Islands Health and Social Care Partnership

Agenda Item

**1**



<b>Meeting(s):</b>	Integration Joint Board	10 September 2020
<b>Report Title:</b>	Financial Monitoring Report to 30 June 2020	
<b>Reference Number:</b>	CC-25-20-F	
<b>Author / Job Title:</b>	Karl Williamson / Chief Financial Officer	

## **1.0 Decisions / Action required:**

The IJB is asked to:

- 1.1 Note the Management Accounts for the period to 30 June 2020.
- 1.2 Instruct service managers, through the Chief Officer, to develop a Recovery Plan to address the forecast overspend on the NHSS arm of the budget.

## **2.0 High Level Summary:**

- 2.1 The IJB approved its balanced 2020/21 budget of £50.736m on 28 May 2020.
- 2.2 As a result of NHSS finalising and approving their budget on 18 August 2020, the IJB budget has increased to £52.440m as at 30 June 2020. The increase is predominately due to NHSS zero basing their pay budgets in the period following the IJB meeting on 28 May 2020 (£1.502m) and SIC Carry-Forward Funding agreed in July 2020 (£0.202m)
- 2.3 The current projected year-end position for the IJB commissioned services is an overspend of £0.429m at 31 March 2021.
- 2.4 As required by the Integration Scheme a Recovery Plan must be developed to address the forecast overspend.
- 2.5 The Covid-19 pandemic has had a significant impact on service delivery and associated finances. Detailed work has been done to track and forecast Covid-19 cost pressures and report these as required to the Scottish Government (SG). It is anticipated that all Covid-19 cost pressures will be fully funded by the SG and are therefore not factored into the current year-end projections.

## **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 2020/21 IJB budget was approved at the meeting of 28 May 2020 (Min. Ref. 10/20), subject to NHSS approval of the delegated budget at its meeting on 18 August 2020.
- 4.2 Since the meeting on 28 May, NHSS has finalised its budget by zero basing the pay costs and including the unavoidable cost pressures highlighted by management. NHSS approved their delegated budget to the IJB on 18 August 2020. The revised IJB budget is included in Appendix 1.
- 4.3 This report represents the Management Accounts as at the end of the first quarter of the 2020/21 financial year.

##### **Financial Position**

- 4.4 The Management Accounts for the period ended 30 June 2020 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. The current projected outturn to the end of March 2021 is an adverse variance of £0.429m. This overspend is represented by a £0.456 underspend on the SIC arm of the budget and a £0.885 overspend on the NHSS arm. A Recovery Plan is therefore required to address the projected overspend on the NHSS arm of the IJB budget.
- 4.6 If the IJB cannot address this projected overspend through a Recovery Plan during 2020/21 the Chief Officer and Chief Financial Officer will be required to prepare a business case to the relevant funding partner/s requesting additional funds to balance the IJB outturn position. If this request is successful, the IJB as a separate legal entity, will achieve a balanced financial position as at 31 March 2021. The forecast underspend on the SIC arm of the budget is fortuitous in nature and not in line with the Strategic Commissioning Plan. Should this underspend materialise it cannot be used to offset the NHSS overspend and must be returned to SIC as per the Integration Scheme.
- 4.7 Explanations for the significant budget variances are included in Appendix 1 along with links to the relevant Directions that set out clear descriptions of each specific service the IJB is commissioning from its delivery partners. There is an expectation that SIC and NHSS will deliver those services within the resources allocated and achieve the performance targets and outcomes specified. It is important that the financial position is considered within the wider scope of overall performance and value for money.
- 4.8 The IJB general reserve at 30 June 2020 is detailed below:

Free Reserve	£0.364m	Available for IJB projects
Earmarked for Specific SG Initiatives	£0.496m	This represents the unused specific funding allocations carried forward by the IJB

Committed	£0.118m	Projects already agreed by IJB
<b>Total</b>	<b>£0.978m</b>	

## Covid-19

- 4.9 The Covid-19 pandemic has resulted in significant cost pressures across the IJB services. Detailed work has been done to track and forecast these costs to inform an IJB Mobilisation Plan and report this information to SG as requested of all IJBs. The latest submission of our IJB Mobilisation Plan was made to the SG on 14 August 2020 detailing the extra costs incurred, up to the end of June, as a result of the pandemic. It is anticipated that SG will provide funding to offset all Covid-19 cost pressures for the 2020/21 financial year. Costs included in the Mobilisation Plan are detailed below.

<b>Costs April to June 2020</b>	<b>Projections July 2020 to Match 2021</b>	<b>Total</b>
£0.733m	£1.734m	<b>£2.467m</b>
<b>Funding confirmed to June 2020</b>	<b>Funding anticipated from July 2020 to March 2021</b>	
£0.621m	£1.846m	<b>£2.467m</b>

- 4.10 As all Covid-19 costs are expected to be funded by the SG they have not factored into the financial projections contained in this report. Updates will be provided throughout the year, regarding projected costs and SG intentions, in the quarterly IJB Management Accounts.
- 4.11 Details of the additional Covid-19 costs and funding are included at Appendix 2.

## Financial Sustainability

- 4.12 The IJB Medium Term Financial Plan (MTFP) is currently under review and is expected to be finalised in November 2020. Current information suggests a savings target in the region of 3% will be required in each of the next 5 years to reach a sustainable financial position over the term of the plan.
- 4.13 NHSS has provided a fully funded 2020/21 IJB budget for first time since the IJB was formed in 2015. Although this is a significant development in IJB funding arrangements we must remain focussed on service redesign and look to accelerate the current work that is underway by service managers to develop redesign proposals over the term of the MTFP and beyond.
- 4.14 In addition to the longer-term redesign that is required over the term of the MTFP the IJB must also look to address the forecast overspend in the current financial year. The IJB is therefore advised to Instruct service managers, through the Chief Officer, to develop a Recovery Plan to address the forecast overspend of £0.855m on the NHSS arm of the budget.
- 4.15 NHSS will introduce a Project Management Office (PMO) in the next few months to help support redesign projects across the health and social care system. This new arrangement will see an increase in pace regarding redesign.

## Conclusion

- 4.16 The current projected out-turn position at 31 March 2021 is an overspend of £0.429m. The IJB must look to address this in-year position and, in the longer term, deliver in the region of 3% savings each year to reach a sustainable financial position by 2025. This is in line with the MTFPs of SIC, NHSS and IJB.
- 4.17 The Covid-19 pandemic has resulted in significant financial pressures across IJB delegated services. These costs have therefore been excluded from the projections contained in this report.

## 5.0 Exempt and/or confidential information:

None

## 6.0

<b>6.1 Service Users, Patients and Communities:</b>	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.
<b>6.2 Human Resources and Organisational Development:</b>	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.
<b>6.3 Equality, Diversity and Human Rights:</b>	None
<b>6.4 Legal:</b>	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.
<b>6.5 Finance:</b>	As at 30 June 2020, the projected 2020/21 year-end position for the IJB is an overspend of £0.429m against budget. In the longer term the IJB is required to deliver in the region of 3% savings each year to reach a sustainable financial position by 2025. The Covid-19 pandemic has resulted in significant financial pressures as detailed in paragraph 4.9. The Scottish Government is expected to fund these pressures during 2020/21 so we have excluded these costs from current projections. Future financial monitoring reports will provide updates on the Covid-19 pressures and Scottish Government intentions. A Recovery Plan is required to address the current projected overspend of £0.885 in the NHSS arm of the budget.



	Should the IJB require funding in addition to the agreed budget the Chief Officer and Chief Financial Officer will have to prepare a business case requesting further funding from SIC and/or NHSS. This additional funding may balance the IJB financial position in 2020/21 but will not improve the IJBs long-term financial sustainability.	
<b>6.6 Assets and Property:</b>	None arising directly from this report.	
<b>6.7 ICT and new technologies:</b>	None arising directly from this report.	
<b>6.8 Environmental:</b>	None arising directly from this report.	
<b>6.9 Risk Management:</b>	<p>There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.</p> <p>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.</p>	
<b>6.10 Policy and Delegated Authority:</b>	<p>Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.</p> <p>This report presents information with regard to the budgets allocated to the IJB including the NHSS “set aside” allocation. The Public Bodies (Joint Working) (Scotland) Act 2014 required the parties to develop an Integration Scheme. The IJB has delegated authority under the Integration Scheme to deliver the approved Strategic Plan within the budget allocated.</p>	
<b>6.11 Previously considered by:</b>	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](mailto:karlwilliamson@nhs.net)  
19<sup>th</sup> August 2020

#### Appendices:

- 1 – Year end forecast outturn position
- 2 – Covid-19 Cost Pressures and Funding

## **Background Documents**

IJB 2020/21 Budget Report – 28 May 2020

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25272>

**Consolidated Financial Monitoring Report**  
**Forecast year-end outturn position**

Service	2020/21 Approved IJB Annual Budget	2020/21 Revised IJB Annual Budget	Projected Outturn at Quarter 1	Variance (Adv) / Pos	Variance (Adv) / Pos	Narrative	Direction Ref. No.
	£	£	£	£	%		
Mental Health	2,344,687	2,418,701	2,773,284	(354,583)	(14.66%)	Psychiatry locums continuing until March 2021, (£0.417m) / Vacancy in Dementia Services until June, £0.045m. An improvement plan for adult MH services is being implemented. This will facilitate more efficient ways of working and enable the substantive Consultant Psychiatrist post to be re-advertised.	2.9
Substance Misuse	582,063	582,191	582,191	0	0.00%		2.13
Oral Health	3,131,837	3,149,872	3,016,195	133,677	4.24%	Dental Director vacancy until July 2020, £0.061m / Band 7 post redesigned to clinical lead role which is funded from non-discretionary allocation, £0.047m / Grampian orthodontic service, £0.013m / Underspend on childsmile consumables, £0.012m.	2.12
Pharmacy & Prescribing	6,636,441	7,178,308	6,831,885	346,423	4.83%	Hep C underspend as no notification of new patients, £0.080m / Healthcare at home current underspend expected to continue, £0.262m. Calculations still under review.	2.1
Primary Care	4,746,904	5,369,468	5,462,468	(93,000)	(1.73%)	Locum pressures in Scalloway, (£0.048m) and Brae, (£0.045m).	2.11
Community Nursing	2,871,183	3,046,789	3,046,789	0	0.00%		2.5

Directorate	929,687	824,433	852,556	(28,123)	(3.41%)		N/A
Pensioners	81,035	81,035	81,035	0	0.00%		N/A
Sexual Health	45,769	45,598	45,598	0	0.00%		N/A
Adult Services	6,252,366	6,297,314	6,228,272	69,042	1.10%	Band 7 vacancy until October 2020 on NHSS delivered services. The projected overspend on SIC services is mainly due to an estimated under achievement of non-residential charging income of (£0.044m) off-set by projected underspend in employee costs £0.073m due to vacant posts in the ACT Service and Supported Living and Outreachl.	2.2
Adult Social Work	3,672,954	3,675,378	3,865,294	(189,916)	(5.17%)	The projected overspend is mainly due to increased cost of off-island placements due to a package of care which was not anticipated in budget setting (£0.121m) and a projected overspend in SDS Option 1 payments due to increased demand and complexity of packages (£0.073m).	2.1

Community Care Resources						<p>The projected underspend is mainly due to projected overachievement of residential charging income, £0.583m, where income fluctuates based on the financial circumstances of those receiving care.</p> <p>There is also a projected underspend in off-island placement costs £0.080m due to changes in some of the packages of care and a projected underspend in employee costs due to vacant Team Leader post at Montfield (filled from July 2020), delay in recruiting 2 Senior Admin posts and staff for the budgeted extended daycare service at ET House, £0.067m. Mileage costs are projected to underspend by £0.057m due to maximising use of pool vehicles and provision of some extra fleet vehicles in quarter 1. This is off-set by the projected agency staffing costs as a result of vacant posts across the service (£0.216m).</p>	
	12,145,598	12,411,307	11,783,013	628,294	5.06%		2.4
Criminal Justice	68,175	68,978	68,978	0	0.00%		2.6
Speech & Language Therapy	96,886	106,639	106,639	0	0.00%		2.3
Dietetics	122,361	128,062	128,062	0	0.00%		2.3
Podiatry	259,065	267,192	267,192	0	0.00%		2.3
Orthotics	147,239	151,028	151,028	0	0.00%		2.3
Physiotherapy	644,269	673,589	673,589	0	0.00%		2.3
Occupational Therapy	1,788,347	1,802,990	1,801,070	1,920	0.11%		2.3
Health Improvement	225,199	283,571	283,571	0	0.00%		2.7

Unscheduled Care						Overspends in Ward 3 (£0.098m) and A&E (£0.035m) due to additional staffing costs required to cover sickness and maternity leave. Medical continues to require locums to cover two vacancies (£0.810m) but a proposed model change from October should result in a more sustainable service. The proposed model will be presented to the NHSS Board in October and if approved will secure additional funding and therefore reduce the projected overspend.	
	3,057,121	3,148,438	4,091,438	(943,000)	(29.95%)		N/A
Renal	238,063	264,291	264,291	0	0.00%		N/A
Intermediate Care Team	455,806	458,278	458,278	0	0.00%		N/A
SG Additionality	166,000	166,000	166,000	0	0.00%		N/A
IJB Running Costs	26,762	29,780	29,780	0	0.00%		N/A
<b>Total</b>	<b>50,735,817</b>	<b>52,629,230</b>	<b>53,058,496</b>	<b>(429,266)</b>	<b>-0.82%</b>		

## Covid-19 cost Pressures and Funding

	Projected Outturn at Quarter 1	Anticipated SG Funding	Variance (Adv) / Pos	Narrative
	£s	£s	£s	
SIC Delivered Services	789,000	621,000	(168,000)	The projected overspend is due to overall projected expenditure on Covid-19 of (£0.789m). The significant costs are; cost of employing a Depute Director of Community Health & Social Care (£0.070m), increased expected employee costs in Community Care Resources in respect of additional hours and overtime to cover absences and ensure safe service delivery (£0.370m), projected increase in employee costs in Adult services as it is expected staffing levels will need to increase by 5FTE Social Care Workers in order to deliver services in line with Covid-19 guidance, (£0.093k), increased PPE and cleaning costs across CH&SC (£0.104m), projected cost of equipment/furniture required due to Covid-19 restrictions (£0.080m), this includes the proposed re-flooring of the day care areas in 5 Care Centres and also the set-up of the AHS Hostel to provide additional bed capacity to avoid delayed discharges from hospital which has now been ended. This is off-set by projected funding from Scottish Government to support the Covid-19 response by Social Care of £0.621m.
NHSS Delivered Services	1,678,000	1,678,000	-	Significant cost pressures are as follows: Primary Care – 3WTE fixed term GPs to augment existing staffing and provide cover for respiratory centres / also to backfill AMD to enable more Covi-19 related support to practices (£0.320m), additional admin (£0.015m). Community Nursing – 5WTE to support development of skills and capacity in immunisation and to enable a rotational model for non-doctor island cover (£0.283m). Mental Health – 7WTE to increase resilience (£0.459m). Unachieved savings impacted by pandemic (£0.377m). SG funding is expected to offset these additional costs but confirmation still outstanding.

<b>Total</b>	<b>2,467,000</b>	<b>2,299,000</b>	<b>(168,000)</b>	This projected overspend has not been factored into Appendix 1 as we anticipate further funding will be issued by SG
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Shetland Islands Council



Agenda  
Item

**2**

<b>Meeting(s):</b>	Education and Families Committee Policy and Resources Committee Integration Joint Board	31 August 2020 7 September 2020 10 September 2020
<b>Report Title:</b>	Chief Social Work Officer Report 2019-20	
<b>Reference Number:</b>	CS-17-20-F	
<b>Author / Job Title:</b>	Denise Morgan, 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 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.
- 2.3 This report follows a set template completed by all Chief Social Work Officers across Scotland; the template has been adapted to take account of the increased pressure placed on CSWOs and services during Covid 19. Areas covered in this report are Governance and Accountability; Service Quality and Performance; Resources; Workforce and Covid 19.
- 2.4 Overview of Governance and Accountability
  - Governance frameworks are in place for statutory and social care services across Children's Services and the Community Health and Social Care Partnership. Scrutiny, monitoring and assurance 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 Chief Social Work Officer (CSWO).

- Each Directorate reports on governance issues to the Children and Education Committee and the Integration Joint Board.
- Governance frameworks are monitored to ensure that they remain fit for purpose.

## 2.5 Overview of Service Quality and Performance

- Social Work and Social Care continue to deliver good quality services and this is evidenced in the grades achieved by registered services.
- The Services continue to work in partnership with other statutory and third sector partners in order to deliver services that deliver individual outcomes.
- Quality assurance and self-evaluation activity has improved and remains a priority across services.

2.6 The Services have led on and contributed to some key developments during this period. Partnership working and contributing to national developments remains a priority to ensure the Islands context is considered. Some of these developments include:

- Participation in the Independent Care Review and the STOP and GO programme.
- Shetland hosted the Festival of Care that focused on some of the challenges and opportunities faced by care-experienced children and young people in Shetland.
- Creation of a multi-agency community parent and baby assessment to ensure safe and effective parenting assessment and support within Shetland.
- The implementation of a new service - Assertive Community Transition (ACT) Service (intensive support).

## 2.7 Resources and Workforce

- All services have benefitted from the Council's commitment to maintaining investment in social work and social care services and this has resulted in services not facing budget reductions. However, we do continue to struggle to provide human resources to meet growth in need and therefore we must continue to review service delivery to meet this demand.
- In 2019/20 Children's Services budget totalled £45.8m of which £6.1m related to social work and social care. There was an underspend of £87k, mainly in relation to staff vacancies. The 2020/21 budget for children's social work sits at 6.3m.
- In 2019/20 the budget for Community Health and Social Care in relation to social services, totalled £23.7m. This budget was underspent by £680k, mainly due to overachievement in charges in residential care, however, this was offset by an increase in direct payments. The 2020/21 budget for Community Health and Social Care is £25.3m.
- Services work closely with workforce development to ensure staff receive appropriate training in place for registration and professional development.
- Recruitment to key posts remains difficult and we continually provide training opportunities to meet this need.

## 2.8 COVID-19

- The majority of social work and social care services remained open through lockdown with departments quickly adapting service delivery to meet the needs of their service users. Statutory functions continued to be delivered.

- Care staff were not able to work from home and were on the front line of direct care delivery from the start. Their ability to deliver safe care during this time whilst managing the anxiety of service users and families, including their own, must be commended.

### **3.0 Corporate Priorities and Joint Working:**

- 3.1 The Chief Social Work Officer's report was prepared by engaging with Leads across social 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 Community Health and Social Care Joint Strategic Commissioning Plan.
- 3.3 The Integrated Children's Service 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.

### **4.0 Key Issues**

- 4.1 Early intervention, prevention and enablement, remains a focus for social work and social care services, working with others to empower, support and protect people.
- 4.2 Protection and Safety remains a priority and this covers child and adult protection, and offender management.
- 4.3 The focus of all services over the next period is the safe opening of services and preparation for the unknown impact of Covid 19. This will include:
- Implementation of individual recovery plans.
  - Safety of staff and service users as services reopen.
  - Recommencement of face-to-face assessments and interventions.
  - Continuation of Community Coronavirus Hub.
  - Continuation of Care for People Team.

### **5.0 Exempt and/or confidential information:**

- 5.1 None

### **6.0 Implications**

<b>6.1 Service Users, Patients and Communities:</b>	Social services are delivered, often in partnership with other services, and takes account of the views of carers and service users.
<b>6.2 Human Resources and Organisational Development:</b>	Workforce planning and development is fundamental to ensuring there is the capacity and skills within the workforce to deliver services.
<b>6.3 Equality,</b>	Ethical awareness, professional integrity, respect for human

<b>Diversity and Human Rights:</b>	rights and a commitment to promoting social justice are at the heart of social work practice.	
<b>6.4 Legal:</b>	The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer. Statutory guidance issued by the Scottish Government requires that the CSWO should produce and publish a summary annual report for local authorities and IJBs on the functions of the CSWO role and delivery of the local authority's social work services functions.	
<b>6.5 Finance:</b>	This report provides relevant social work and social care information that can be used when considering financial priorities.	
<b>6.6 Assets and Property:</b>	No implications.	
<b>6.7 Environmental:</b>	No implications.	
<b>6.8 Risk Management:</b>	<p>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. This report provides Members with specific information in relation to adult and child protection. Risk management of services is dealt with by the respective Directorates responsible for social services.</p> <p>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.</p>	
<b>6.9 Policy and Delegated Authority:</b>	<p>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.</p> <p>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 and Justice Social Work.</p> <p>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.</p>	
<b>6.10 Previously considered by:</b>	<p>This report will be presented to:</p> <p>Shetland Island Council's Risk Board Social Work Governance Group</p>	<p>18 August 2020 TBA</p>

	Clinical Care and Professional Governance Committee	TBA
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**Contact Details:**

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**Report Finalised:** 21 August 2020

**Appendices**

Appendix 1 - Chief Social Work Officer Annual Report 2019/2020

**END**



**Shetland Islands Council**  
**Chief Social Work Officer**  
**Report 2019-20**



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

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Section	
1	Introduction
2	Overview of governance arrangements
3	Service Quality and Performance
4	Resources
5	Workforce
6	Covid 19
7	Contact Details
8	Appendix 2 - Inspection Grades



## **1 Introduction**

I am pleased to present the Chief Social Work Officer's Annual Report for the period 1 April 2019 - 31 March 2020. 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. This report follows a set template completed by all Chief Social Work Officers across Scotland, the template has been adapted to take account of the increased pressure placed on CSWOs and services during Covid 19. Areas covered in this report are: Governance and Accountability; Service Quality and Performance; Resources; Workforce and Covid 19.

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 the support and management of high risk and/or complex needs in the most vulnerable members of our communities, including those who cause serious harm to others and who are managed through the criminal justice system. Social care workers who provide the day to day care and support to enable people to live in their own homes or those working in supported and residential care. Mental Health Officers with 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.

March 2020 was a time of unprecedented difficulties, and staff across all services have had to adapt quickly to ensure the safe and effective delivery of services to members of our community. The balance of providing necessary face to face care, whilst also ensuring that service users, staff members and their families remained safe was no small feat, and the staff managed this difficult situation stoically. I would like to express my sincere thanks to all involved in keeping the services open through such challenging times. I would also like to acknowledge and thank our colleagues across other statutory services and the third sector, who supported us on a daily basis to make positive differences to people's lives.

## **2 Role of the Chief Social Work Officer and Overview of Governance Arrangements**

### **Overview of Governance Arrangements**

Governance is the processes by which organisations ensure good service delivery and promote good outcomes for people who use our services. Governance frameworks are in place for statutory and social care services across Children's Services and the Community Health and Social Care Partnership. Work has been undertaken during the past year to ensure that governance is embedded at various levels within the organisation. Scrutiny, monitoring and assurance 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 Chief Social Work Officer (CSWO). Each Directorate reports on Governance issues to the Children and Education Committee and the Integration Joint Board. The CSWO sits on the Joint Governance Group, the Clinical Care and Professional Governance Committee and the Integration Joint Board.

All social worker and social care 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*.

Governance frameworks are continually monitored to ensure that they remain fit for purpose.

### **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 also to 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 several partnerships and the corporate management team which ensures the opportunity for involvement in corporate decision making, and provides the professional guidance, governance and scrutiny to ensure risks for the profession and the local authority are managed.

As part of the CSWO role to assure the quality of social workers and of social work practice, a number of focus groups were carried out with staff across the social work functions to address what it was like to deliver social work in Shetland. These sessions enabled the social work teams to come together across disciplines to discuss professional and personal issues and enabled the CSWO to gain a greater understanding of current issues being experienced. The feedback from the sessions was in the main very positive with staff stating they enjoyed working within social work and felt they were encouraged to learn and develop. Other key points included good working relationships with service users and opportunities to help support positive outcomes; good resources and partnerships with colleagues and the third sector. Some challenges included living and working on an Island; meeting increased need in communities with small teams, culture of long working hours and the geographical difficulties of accessing specialist services. The sessions resulted in a development plan to build on the positive feedback and address some of the challenges.

### **3. Service Quality and Performance**

Over the past 12 months, the services have delivered on their individual service plans and have concentrated on the delivery of services within the community, reducing the need for off island placements. They have explored and implemented alternative safe and effective models of care that are flexible and responsive to meet individual needs. Good partnership working and the creative use of resources has resulted in positive outcomes for individuals who use our services. This is evidenced through feedback from individuals and their families at reviews and through ongoing case work.

Quality assurance and self-evaluation activity is improving and remains a priority across services for both adults and children. Individual services have started to review their key processes and tidy up their data in preparation for a move to a new ICT system. Children's Social Work have developed a quality assurance framework and quality improvement group which supports the work of the service, and contributes towards service development and improved outcomes for children and young people. Learning reviews are undertaken across the services for cases that have been particularly complex; these highlight good practice as well as areas for improvement.

In July 2019, the lead officer for adult and child protection and the senior social worker for the adult duty team undertook an analysis of adult protection cases from 2018/19. This showed positive and effective work by social work both alone and in partnership with all relevant SIC departments and other agencies, to reduce risk and support adults to be safer.

Statutory Social Work services continue to fulfil their statutory functions and deliver on care and protection. The tables below show there has been an increase in the number of referrals received into services but the amount of statutory intervention remains stable.

**Table 1: Child Protection Case Conference Activity**

Child Protection	No of children 2017/18	No of children 2018/19	No of Children 2019/20
Initial Child Protection Case Conferences	10	14	13
Review Child Protection Case Conferences	25	19	32
Number of children on the Child Protection Register	19	25	28
Number of children on the Child Protection Register on 31 March	<5	14	10

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 (as of 31/3/2020), children were registered for between 2 and 12 months. This shows the effectiveness of registration and support planning as a way of improving the safety of a child and supporting families. The ages of children based on the register ranged from unborn to 14 years. 14 children were under 5 (this includes unborn babies) and 14 were between the ages of 5 and 14 years. This fits with national patterns where half of the children registered (between 2018 and 2019) were under the age of 5. All case conferences conducted by the Local Authority were held within the nationally prescribed timescales.

**Table 2: Looked After Children at 31 March**

Looked After Children		No of children 2018/19	No of children 2019/20
Total number of Looked After Children	28	33	34
Looked After at Home	7	7	5
Looked After in Kinship Care	<5	<5	<5
Looked After in Foster Care	10	14	17
Looked After in Residential Care	<5	<5	<5
Accommodated Off-Island	<5	<5	0
Throughcare and Aftercare	28	33	34
Continuing Care		<5	6

As of 31.3.20, all children and young people requiring care out with their own homes are being cared for within Shetland. All young people entitled to continuing care have remained within their normal placements or accepted an alternative placement with support. 28 young people were entitled to and receiving through care and aftercare and the service has continued to support a further 6 young adults over the age of 26.

**Table 3: Adult Support and Protection Activity**

Category	2017/18	2018/19	2019/2020
<b>Adult Concern Referrals</b>	118	112	225
Initial Inquiries	118	112	225
<b>Adult Support Referrals (Meeting 3 point test)</b>	9	19	18
Number of Investigations	<5	12	<5
<b>Source of Referral:</b>			
Police	63	53	136
Health	32	24	29
SIC	19	26	29
Third Sector	<5	6	<5
Carer/Family Member	<5	9	13
Self-Referral	<5	<5	<5
Other	7	17	16
<b>Outcomes for those meeting 3 point test</b>			
Number of Case Conferences	<5	<5	<5
Number of Protection Plans	<5	<5	<5
Safeguarding measures	7	16	4
<b>Outcomes for those not meeting 3 point test</b>			
NFA	28	43	62
Advice and Support	86	69	145

The number of adult concern referrals has doubled in 2019/20 with the greatest number being referred by the Police. This increase is partly due to changes within Police Scotland guidance and multiple referrals being received for a small group of people. The majority of referrals were received due to concerns around individual mental health, well-being and self-harm. 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, the majority go on to receive advice and support through social work services or referral to other agencies.

**Table 4: Mental Health Activity**

Category	2018/19	2019/20
MHO Contacts	45	52
Individuals subject to Compulsory Treatment Orders	7	6
Emergency Detentions up to 72 hours	<5	<5
Short Term Detentions	7	10
Social Circumstances Reports	11	11
Other Mental Health Assessments	<5	6
Assessment Order	0	<5
Adults With Incapacity Reports	<9	8
Mental Health Reviews	7	<5
Mental Health Tribunals	9	<5
Welfare Guardianship Reviews	42	30

Category	2018/19	2019/20
Consultations under the Mental Health (Care and Treatment) (Scotland) Act 2003	< 5	9
Individuals subject to Welfare Guardianships	27	32
Individuals CSWO Guardianship	<5	4
Compulsory Treatment Order Applications	7	5
Consultation under Adults with Incapacity (Scotland) Act 2000	8	11
Mental Health Officer report for Compulsory Treatment Order Extension / Variation	<5	<5

Mental Health Officers 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.

**Table 5: Criminal Justice Service Activity**

Category	2018/19	2019/20
Criminal Justice Social Work Reports/203's	62	63
Community Payback Orders	44	45
Offender Supervision Requirement	31	33
Unpaid Work Requirement	35	31
Other Requirements	<5	5
Unpaid Work Hours Imposed	4850	2913
Unpaid Work Hours Completed	2750	3180

Justice activity has remained constant over the past two years with only the imposition of unpaid work hours showing a decrease. The service is seeing an increase in intensive programme work such as 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.

**Table 6: Inspection Activity of Registered Services (April 2019 to March 2020)**

Grade	Care and Support	Environment	Staffing	Management and Leadership	Well being
6 - Excellent	1	1	0	0	0
5 - Very Good	12	0	2	2	2
4 - Good	3	1	3	2	8
3 - Adequate	3	0	0	1	0
2 - Weak	0	0	0	0	0
1 - Unsatisfactory	0	0	0	0	0
Not Inspected	6	25	22	22	17

Many of our social care services for children and adults are registered with the Care Inspectorate and inspected against National Care Standards. The table above provides a summary of the inspections that took place during 2018/19. 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 have specific requirements that they must meet, have support plans in place and are monitored by the Executive Manager of that area.

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

Unpaid Carers make a huge contribution to social care provision and unpaid carer assessments are in operation.

### **Service Developments**

The Services have led on and contributed to some key developments during this period. Partnership working and contributing to national developments remains a priority to ensure the Islands context is considered. Some of these developments include:

### **Children's Services**

- Participation in the Independent Care Review and the STOP and GO programme. The report has now been published and the implementation plan is due shortly. We were due to launch the report in March but this had to be cancelled due to the Covid 19 lockdown.
- Shetland hosted the Festival of Care which focused on some of the opportunities and challenges faced by care experienced children and young people in Shetland. This was organised by some of our care experienced young people alongside Who Cares Scotland and children's services. Events took place in several venues and included a good mix of professionals and school children. Feedback from all parties was that it was a great success and there was some useful learning which we will take forward with our implementation plan for the care review.
- Creation of a multi-agency community parent and baby assessment to ensure safe and effective parenting assessment and support within Shetland. Previously this would have been undertaken in a specialist baby and parent unit on the mainland, however the closure of the unit presented an opportunity to try a localised approach.
- Public Protection Development Day which involved partners from across several agencies and active participation by young people involved in the Peer Project, care experienced young people and young ambassadors. The learning from the day has shaped the business plan for 2020/21 and created an opportunity for further participation with young people.
- Working with the Anchor Project on identifying effective early interventions for families. Families involved have expressed positive outcomes in parenting, sign posting to services within communities, access to appropriate benefits and career advice.



- In February 2019, the Council approved plans for a new residential childcare service, which will be located in Tingwall. The build is progressing but there has been some delay due to the Covid 19 Lockdown.

### **Services for Adults**

- The implementation of a new service - Assertive Community Transition (ACT) Service (intensive support). ACT provides intensive, flexible support for people with learning disabilities, autism and complex needs where significant difficulty is being experienced and there is critical risk of breakdown of current arrangements.
- Continued work on the Self Directed Support Improvement plan following the thematic Inspection led by the Care Inspectorate and Health Improvement Scotland.
- Phase two of the community led support programme- there has been a suite of public awareness raising sessions around community led support, involving communities across Shetland. Training has been provided to a cross section of staff on what a good day looks like for a person living in Shetland and how they can achieve this within their communities. It has been agreed that the Brae area will be the pilot for a community base, though the vision of this may change slightly due to current circumstances of Covid 19.
- Physical and mental stimulation has been a priority for residential and day care services with the development of group work activities for people with dementia. The services have continued to deliver individual well-being exercises, and this has involved working in partnership with the Shetland Arts Trust. The purchase of assisted bikes will also enable increased outside activity.

### **Justice Social Work**

- Partnership working with dental services and health improvement to ensure easy access to health and dental checks.
- Supported Advocacy Shetland with their project to provide additional advocacy to individuals and their families with experience of the justice system.
- Pilot project with Scottish Prison Service to deliver virtual prison visits for family and friends.

### **Key Risk to Service Delivery**

The key risk to service delivery is the ongoing difficulty in recruiting to key posts such as experienced social workers and mental health officers. We are also seeing an increase in high level care packages that are resource intensive, in terms of both staffing and finance. Maintaining the balance of increasing needs, personal outcomes and choice, when finances are reducing will continue to be a challenge for services.

<b>4 Financial Resources</b>
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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 continuing to prioritise its spending.

In 2019/20, the Children's Services revised budget totalled £45.8m. £6.1m of this budget related specifically to Children's Social Work, and showed an underspend of £87k. This underspend is mostly in relation to staff vacancies during the ongoing restructure of Children's Social Work. However, due to the nature of these posts it was necessary to utilise agency staff to cover some of these vacancies. It is recognised that some service areas are experiencing growth, for example children's residential care and direct payments, whereas in other areas, demand can fluctuate from one year to another, for example off island placements and any unexpected demand for these services may be costly.

The Council's Community Health and Social Care Directorate's revised budget for 2019/20 totalled £23.7m. This budget was underspent by £680k, mainly due to overachievement of charging income from board and accommodation in residential care, payment of which can fluctuate greatly depending on the financial circumstances of those receiving care. This was however offset by overspend related 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 overspend in self-directed support Option1&2 payments, due to increased demand for packages and increased costs of some packages, where overnight support cost is provided. In addition, there was an increase in off-island placements costs in-year, which can fluctuate based on demand for any specialist services we are unable to provide in Shetland. The Assertive Community Transitions Service was established in 2019/20 but this had not been budgeted for. The costs involved in establishing and delivering this new service should be viewed in the context of its success in reducing expenditure on specialist off-island placements.

The 2020/21 budget set for Children's Services was £48.6m, £6.3m of which was for Children's Social Work. For Community Health and Social Care Services, it was £25.3m. In 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. The Medium Term Financial Plan is due to be updated in September 2020. This refresh will consider the continued challenges of changing demographics and shrinking resources and will also now reflect on the expected impact(s) the Covid-19 pandemic will have in terms of service delivery and the future economic landscape. It will be more important than ever that services continue to change and adapt, including exploring different models of service delivery.

## **5. 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 across the three statutory services which assists in the assessment and support of high risk and complex care cases.

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 being 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 Services have also invested in sponsorships for four employees to undertake the BA in Social Work. This should ensure that we have sufficient applicants for difficult to fill posts. We have also accepted university students for social work placements which will hopefully encourage local students to return to Shetland.

A priority from 2018/19 was to review staff structures, roles and responsibilities to ensure our services and skill sets continue to meet service requirements and to ensure we are competitive in the national market, this piece of work is still ongoing.

## **6. Covid 19**

The majority of social work and social care services remained open through lockdown with departments quickly adapting service delivery to meet the needs of their service users. Individual plans were put in place for the prioritisation of services and office based staff were mobilised to work from home. Day care and respite services were closed in line with government guidance and services worked with individuals and families to ensure bespoke packages of care were put in place for those individuals with critical need. Day care staff tried to ensure some form of engagement though the distribution of craft and activity sets to their service users and some were provided with lunches and individual support. Some individuals withdrew from services during the initial lockdown period with care being provided by families. The withdrawal of planned respite care ensured that there was capacity within the residential estate for individuals requiring emergency care or being discharged from hospital.

Coronavirus emergency legislation was implemented where necessary and the statutory teams managed to undertake their work and maintain contact with service users, this tended to take place via telephone and other electronic means but face to face contact did take place as per assessed risk and need. Data gathered so far has shown that the duty teams were appropriately responding to child and adult protection concerns; there was an increased level of contact with service users and all children who were subject to statutory supervision or support were being seen or contacted on a weekly basis.

Care staff were not able to work from home and were on the front line of direct care delivery from the start. Their ability to deliver safe care during this time whilst managing the anxiety of service users and families, including their own, must be commended.

Some new services were developed in order to ensure additional support and this included critical childcare hubs and overnight support at home. Although the child care hubs will not be needed as we move forward, we hope the development of overnight support will enable more individuals to continue to live within their communities and reduce the need for residential care.

Human Resources worked closely with the services to ensure that staff were redeployed from closed services to the care homes and care at home teams and this enabled packages to run as normal. Some staff did require to shield and self-isolate but general sickness rates were below average.

We were very fortunate to be able to fulfil our statutory obligations during this difficult time but we are cautious for the future as services start to reopen and the impact of Covid 19 and lockdown becomes more apparent. We are very conscious that staff are becoming increasingly tired and we are encouraging staff to use their annual leave and to access emotional support as required. Home working remains the norm for office based staff and although this has had its challenges, staff have quickly adapted to the situation. Poor internet connections remains an issue in some areas and finding a work life balance can be more difficulty with home working.

The Care for People Team led by the CSWO implemented the Care for People Plan which focused on areas such as community support and resilience, statutory social work, unknown vulnerable people, psycho-social support, substance misuse and domestic violence. Each area had a designated multi agency sub-group that reported to the care for people team. The CSWO then reported weekly to the Shetland Emergency Planning Forum and Chief Officer Group. This format ensured that key managers across the Council and third sector had a good overview of what was happening across Shetland and the services and could react quickly to changing need. Each subgroup ensured that there was information sharing and signposting to services for staff and our communities. The community learning and development team were instrumental in the development of the Community Coronavirus Hub, the hub enabled a central point for shielding individuals to receive information and support and it played a key role in ensuring the coordination of food boxes, medication and supermarket slots.

During the lockdown period the Shetland communities were very active in mobilising themselves to offer support to those who needed it. The numbers who formally volunteered was commendable and this provided a lifeline to those living by themselves or with little support. This level of community resilience and support is something we hope to build on as we move forward. Partnership working across Shetland has been excellent and again the mixture of knowledge and skills from the different areas enabled us to deliver on projects within very short timescales, again this is something we aim to keep as we move forward.

### **Key Challenges and Priorities for Recovery:**

The greatest challenge for services has we move into the recovery stage is the unknown impact of Covid 19 on individuals and families. We are already seeing an increase in referrals for support from mental health and substance misuse services and we expect to see an increase in support for females who have experienced domestic violence. The impact on local businesses and the economy will have a significant effect on people's life styles and life choices and this in itself can have negative consequences. Carers have managed remarkably well supporting their family members during lockdown but we are already seeing an increase in crisis care being requested as resilience wanes, particularly in those families who rely on day services and respite care. As redeployed staff return to their normal workplaces, there will be challenges within some services to meet any increases in demand for services and managers are already making preparations for this.

Each service area has developed their own recovery plan detailing their key priorities, however there are common themes emerging and these include the safety of staff and service users as service reopen; recommencement of face to face assessments and interventions for service users, their families and unpaid carers; building resilience in staff and service users in preparation for a re-emergence of cases. We will continue the Community Coronavirus Hub to support individuals coming out of shielding and to respond to any guidance changes as required. The Care for People Team and sub-groups will remain in place throughout the recovery stages to maintain an overview of emerging themes.

<b>10      Contact Details</b>
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For further information contact:

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**Social Services Inspection Grades**
**Appendix 2**

Service	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Leadership & Management		Wellbeing	
	2019/20	Previous Grade	2019/20	Previous Grade	2019/20	Previous Grade	2019/20	Previous Grade	2019/20	Previous Grade
Children's Residential	5 Very Good	4 Good	N/A	N/A	N/A	N/A	N/A	4 Good	5 Very Good	N/A
Windybrae	3 Adequate	5 Very Good	N/A	4 Good	N/A	5 Very Good	N/A	4 Good	4 Good	N/A
Short Breaks for Children	3 Adequate	5 Very Good	N/A	4 Good	N/A	5 Very Good	N/A	4 Good	4 Good	N/A
Edward Thomason & Taing	4 Good	5 Very Good	N/A	N/A	N/A	N/A	N/A	N/A	4 Good	4 Good
Eric Gray @ Seafield	6 Excellent	6 Excellent	6 Excellent	N/A	N/A	N/A	N/A	6 Excellent	N/A	N/A
Fernlea	5 Very Good	5 Very Good	N/A	N/A	N/A	N/A	N/A	N/A	4 Good	5 Very Good
Isleshavn	5 Very Good	5 Very Good	N/A	N/A	N/A	N/A	N/A	4 Good	4 Good	5 Very Good
Isleshavn Day Care	5 Very Good	4 Good	N/A	N/A	5 Very Good	N/A	N/A	4 Good	N/A	N/A
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	N/A
Montfield Support Service	5 Very Good	5 Very Good	N/A	N/A	N/A	N/A	N/A	N/A	4 Good	N/A
Newcraigielea	5 Very Good	5 Very Good	N/A	N/A	N/A	N/A	4 Good	5 Very Good	N/A	N/A
Newcraigielea Support Service	5 Very Good	5 Very Good	N/A	N/A	4 Good	N/A	N/A	4 Good	N/A	N/A
Nordalea	5 Very Good	5 Very Good	N/A	N/A	N/A	N/A	N/A	N/A	4 Good	5 Very Good

North Haven	3 Adequate	3 Adequate	N/A	N/A	N/A	N/A	N/A	N/A	4 Good	4 Good
North Haven Support	4 Good	4 Good	N/A	N/A	4 Good	N/A	N/A	4 Good	N/A	N/A
Overtonlea	5 Very Good	5 Very Good	N/A	N/A	N/A	N/A	N/A	4 Good	5 Very Good	5 Very Good
Support at Home Shetland	5 Very Good	5 Very Good	N/A	N/A	N/A	5 Very Good	5 Very Good	N/A	N/A	N/A
Supported Living and Outreach	5 Very Good	N/A	N/A	N/A	5 Very Good	N/A	4 Good	N/A	N/A	N/A
Walter and Joan Gray Home (commissioned service)	4 Good	3 Adequate	4 Good	4 Good	4 Good	3 Adequate	3 Adequate	4 Good	4 Good	3 Adequate

 <b>Shetland NHS Board</b>	 <b>Shetland Islands Council</b>
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<b>Meeting(s):</b>	Integration Joint Board	10 September 2020
<b>Report Title:</b>	Appointment to IJB Audit Committee	
<b>Reference Number:</b>	GL-21-20-IJB	
<b>Author / Job Title:</b>	Executive Manager - Governance and Law	

#### **1.0 Decisions / Action required:**

That the IJB

- 1.1 Appoint one Council appointed voting member as a member of the IJB Audit Committee.

#### **2.0 High Level Summary:**

- 2.1 The purpose of this report is for the IJB to make the necessary appointment to the IJB Audit Committee, in accordance with the Integration Scheme and the approved Scheme of Administration and Delegations.

#### **3.0 Corporate Priorities and Joint Working:**

- 3.1 Approval of the decision required in this report will ensure that membership of the IJB and its committees is maintained, which supports the strategic aims of the Partnership to ensure joint strategic and operational planning, clear accountability for decision-making and spending decisions, and responses to community needs and aspirations.

#### **4.0 Key Issues:**

- 4.1 The IJB Audit Committee has a key role with regard to:
  - Ensuring sound governance arrangements are in place for the IJB; and
  - Ensuring the efficient and effective performance of Shetland's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.
- 4.2 The IJB makes all appointments to the IJB Audit Committee. The Committee consists of four voting members of the IJB comprising two elected members of the Council and two non-executive members of the Health Board.
- 4.3 The current membership of the IJB Audit Committee comprises.

Chair/NHS Vice-chair/SIC IJB Voting Member NHS IJB Voting Member SIC		Shona Manson Robbie McGregor Jane Haswell Vacant
4.4	The recent resignation of Mr Stephen Leask as a Member of the IJB, left a vacancy within the IJB Audit Committee. On 10 August 2020, the Council appointed Mr John Fraser as the Councillor Members to fill the vacancy of a voting Member of the IJB.	
4.5	In this regard, the IJB is required to appoint one of the Council appointed voting members of the IJB to the IJB Audit Committee, as set out in the Terms of Reference.	
<b>5.0</b>	<b>Exempt and/or confidential information:</b>	
5.1	None.	
<b>6.0</b>	<b>Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The decision in this report will not impact on service users, patients or communities.	
<b>6.2 Human Resources and Organisational Development:</b>	The decision in this report will not impact on employees and/or wider workforce management and development. There are no issues health, safety and wellbeing which need to be addressed.	
<b>6.3 Equality, Diversity and Human Rights:</b>	The decision in this report does not have any Equalities, Diversity or Human Rights and does not require an Equalities Impact Assessment to be undertaken.	
<b>6.4 Legal:</b>	Appointment of the members of the IJB Audit Committee is in line with the Integration Scheme and the Public Bodies (Joint Working) (Scotland) Act 2014.	
<b>6.5 Finance:</b>	Any expenses and costs associated with the IJB including backfill for the members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes.	
<b>6.6 Assets and Property:</b>	There are no implications for major assets and property arising from this report.	
<b>6.7 ICT and new technologies:</b>	There are no implications for ICT and ICT systems arising from this report.	
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.	
<b>6.9 Risk Management:</b>	The main risk addressed by this report is failure to make all the appointments necessary to populate the IJB in line with legislation and the Integration Scheme.	
<b>6.10 Policy and Delegated Authority:</b>	The appointment of voting members of the IJB to the IJB's Committees is a matter for the IJB.	



	Section 2.9 of the IJB Scheme of Administration and Delegations relating to terms of office, states that "... individual IJB appointments will be made as required when a position becomes vacant for any reason."
<b>6.11 Previously considered by:</b>	None.

**Contact Details:**

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Finalised: 2 September 2020

**Background Documents:**

Integration Scheme and IJB Scheme of Administration

[http://www.shetland.gov.uk/Health Social Care Integration/IntegratedJointBoard.asp](http://www.shetland.gov.uk/Health_Social_Care_Integration/IntegratedJointBoard.asp)





Meeting(s):	Integration Joint Board (IJB)	10 September 2020
Report Title:	Strategic and Operational remobilisation and recovery planning presentation	
Reference Number:	CC-26-20-F	
Author / Job Title:	Brian Chittick, Interim Director of Community Health and Social Care	

## 1.0 Decisions / Action required:

### 1.1 That the Integration Joint Board:

NOTE the content of this presentation which provides an update and overview of the current position in relation to recovery and re-mobilisation of services and risks during the Covid- 19 pandemic.

## 2.0 High Level Summary:

- 2.1 In March 2020, the Community Health and Social Care partnership entered into pandemic RESPONSE phase after the confirmation of a number of positive cases of Covid-19.
- 2.2 In late April, a Covid Recovery Group was formed to plan the recovery and remobilisation of services across health and care. Services were asked to draw up their own service recovery plans which were amalgamated into a high level recovery plan. This high level plan then fed into the remobilisation planning process overseen by Scottish Government.
- 2.3 From a planning perspective the recovery plan was split into 4 distinct phases: PREPARE, Initial Operating Capability (IOC), Full Operating Capacity (FOC), and SUSTAIN.
- 2.4 Planning has been underpinned by a need to undertake concurrent planning for further Covid-19 case management within services as well as recovery of services to a new operating normal. Planning has also incorporated Covid-19 contingency planning in alignment with annual winter planning.

2.5	Planning also incorporated focus on the “renewal” of services which is establishing what lessons were learnt during the pandemic from a service provision perspective and incorporating these into new proposed ways of working.
2.5	A number of high level risks were identified as part of recovery planning. These include the spread of Covid-19 in health and care facilities as well as impact on the workforce of a cluster outbreak.
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.
4.0	Key Issues:
4.1.	Focus has to be on the recovery of services across the system in Shetland and therefore the recovery of health and care services in the Directorate of Community Health and Social Care is underpinned by national guidance as well as in collaboration with partners to ensure services are recovered in a realistic and manageable manner.
4.2	Service recovery plans have now been requested for the first two phases which also includes contingency planning for winter.
4.3	Via the individual service recovery planning process, new ways of working have been identified and action is being undertaken to sustain these changes into the future.
4.4	It should be noted that the recovery of services is dependent on input from support services (eg. HR, ICT) and change of operating infrastructure (either physically or digitally), and this will impact on the ability of services to recovery to new ways of working in a timely manner; the recovery planning process has facilitated discussion about this symbiotic relationship.
5.0	Exempt and/or confidential information:
5.1	None.
6.1	Service Users, Patients and Communities:
6.2	Human Resources and Organisational Development:
	Some initial access to services will be variable as services remain reconfigured to deal with a pandemic cluster and try to re-establish normal services. The recovery and remobilisation plan identifies a number of actions to help recovery of the services. The re-mobilisation plan looks at the planning and managing of the Community Health and Social Care and ensures that recovery of services is completed in a joined up way. The plan has involved Corporate Communications to help with the messaging around the recovery of services.
	Some additional resources and training needs have been identified and are included in the recovery and remobilisation plan.

6.3 Equality, Diversity and Human Rights:	The planning process has been implemented at an early stage to decrease health inequalities and facilitate access to services for those who need them most.	
6.4 Legal:	There are no direct legal implications arising from this report. However, there are a number of recovery actions within the planning process that may have legal implications. Legal advice will be sought as matters progress to ensure that Shetland Islands Council and NHS Shetland complies with all statutory and legal requirements.	
6.5 Finance:	<p>The planning process has also fed into the generation of financial remobilisation plans which were submitted to Scottish Government to highlight requisite funding associated with managing the pandemic.</p> <p>The latest IJB Mobilisation Plan submitted projected additional expenditure of £2.467m for 2020/21 in respect of the Covid-19 response. It is anticipated that the Scottish Government will provide funding to off-set this cost. Further detail in respect of Covid-19 cost pressures is included in a separate report on today's agenda.</p>	
6.6 Assets and Property:	Services were asked to identify equipment required for recovery and changes to their service estate (eg. reconfiguration of working areas due to social distancing) in service recovery plans.	
6.7 ICT and new technologies:	Additional resources and assets have been included in the recovery plan. This includes additional digital infrastructure such as the provision of additional laptops and software to enable remote working.	
6.8 Environmental:	None identified	
6.9 Risk Management:	Departmental and Strategic risk were identified during the planning process and have been added to the relevant risk registers.	
6.10 Policy and Delegated Authority:	<p>Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations.</p> <p>The IJB assumed responsibility for the functions delegated to it 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.</p>	
6.11 Previously considered by:	None	

**Contact Details:**

Brian Chittick

Interim Director of Community Health and Social Care and Chief Officer IJB





<b>Meeting(s):</b>	Integration Joint Board	10 September 2020
<b>Report Title:</b>	IJB Business Programme 2020 and IJB Action Tracker	
<b>Reference Number:</b>	CC-27-20-F	
<b>Author / Job Title:</b>	Brian Chittick - Interim Chief Officer IJB/Interim Director Community Health and Social Care	

## 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 2021 (Appendix 1); and
- 1.2 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 2021, 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.

<b>5.0 Exempt and/or confidential information:</b>	
5.1	None.
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	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.
<b>6.2 Human Resources and Organisational Development:</b>	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. Formal consultation with trade unions through the Council's Employees JCC and the NHS Area Partnership Forum may also be required in line with existing organisational policies.
<b>6.3 Equality, Diversity and Human Rights:</b>	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.
<b>6.4 Legal:</b>	<p>The IJB is advised to establish a Business Programme, but there are no legal requirements to do so.</p> <p>There are no direct legal impacts with regard to approval of the Business Programme, although individual reports that relate to business and actions contained within the Business Programme 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.</p>
<b>6.5 Finance:</b>	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.
<b>6.6 Assets and Property:</b>	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.
<b>6.7 ICT and new technologies:</b>	There are no ICT and new technology issues arising from this report.
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.
<b>6.9 Risk Management:</b>	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.
<b>6.10 Policy and Delegated Authority:</b>	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.
<b>6.11 Previously considered by:</b>	NA

**Contact Details:**

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**Appendices:**

Appendix 1 Business Programme 2020-21

Appendix 2 IJB Action Tracker





Shetland NHS  
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**Integration Joint Board**

**Meeting Dates and Business Programme 2020/21**

as at Monday, 07 September 2020

Integration Joint Board 2020/21		
	Date of Meeting	Business
<b>Quarter 1 -</b> 1 April 2020 to 30 June 2021	Thursday 28 May 2020 10 a.m.  Online	<ul style="list-style-type: none"> <li>• Council Voting Member Appointments and Complete Membership update</li> <li>• Appointment of Chief Officer and Depute Chief Officer to the IJB</li> <li>• Appointment to IJB Audit Committee</li> <li>• IJB Meeting Dates, Business Programme and IJB Action Tracker</li> <li>• Directions Report – Implementation of Statutory Guidance</li> <li>• 2020/21 budget</li> <li>• Oversight of COVID 19 activity in Care Homes in Shetland</li> <li>• COVID-19: IJB Governance</li> <li>•</li> </ul>
	Thursday 16 July 2020 <i>Special Meeting A/Cs only</i> 3 p.m.  Online	<ul style="list-style-type: none"> <li>• IJB Meeting Dates, Business Programme and IJB Action Tracker</li> <li>• Unaudited IJB Accounts 2019/20</li> <li>• Financial Monitoring Report to 31 March 2020</li> <li>• Directions to Shetland Islands Council and NHS Shetland</li> <li>• IJB Records Management Plan</li> </ul>
<b>Quarter 2 –</b> 1 July 2020 to 30 September 2020	Thursday 10 September 2020 10 a.m.  Online	<ul style="list-style-type: none"> <li>• IJB Meeting Dates, Business Programme and IJB Action Tracker</li> <li>• Financial Monitoring Report to 30 June 2020</li> <li>• Chief Social Work Officer report</li> <li>• Update on Recovery Planning presentation</li> <li>• Appointment to IJB Audit Committee</li> </ul>
	Thursday 24 September 2020 <i>Special Meeting A/Cs only</i> 3 p.m.  Online	<ul style="list-style-type: none"> <li>• IJB Performance Annual Performance Report</li> <li>• Shetland Islands Health and Social Care Partnership Quarterly Performance Overview : Quarter 4 – January - March 2020 and Quarter 1 April – June 2020</li> <li>• Audited IJB Annual Accounts 2019/20</li> <li>• Pharmacy - Primary Care Medications</li> <li>• External Auditors Report</li> <li>• Directions inc. Mental Health, Allied Health Professions, Pharmacy</li> <li>• IJB Meeting Dates, Business Programme and IJB Action Tracker</li> </ul>
<b>Quarter 3 -</b>	Thursday 10 December November 2020	<ul style="list-style-type: none"> <li>• IJB Budget progress report</li> </ul>



Shetland NHS  
Board



Shetland Islands  
Council

Shetland Health and Social Care Partnership  
**Integration Joint Board**  
**Meeting Dates and Business Programme 2020/21**  
as at Monday, 07 September 2020

1 October 2020 to 31 December 2020	10 a.m.	<ul style="list-style-type: none"> <li>Financial Monitoring Report to 30 September 2020</li> <li>IJB Performance</li> <li>Winter Plan</li> </ul>
<b>Quarter 4 -</b> 1 January 2021 to 31 March 2021	Thursday 18 February 2021 <i>Special Meeting A/Cs only</i> 3 p.m.	<ul style="list-style-type: none"> <li>IJB Meeting Dates, Business Programme and IJB Action Tracker</li> <li>Final IJB Budget</li> <li>Financial Monitoring Report to 31 December 2020</li> </ul>
	Bressay Room, Montfield	
	Thursday 25 March 2021 10 a.m.	<ul style="list-style-type: none"> <li>IJB Meeting Dates, Business Programme and IJB Action Tracker</li> </ul>
	Bressay Room, Montfield	

**Planned business still to be scheduled - as at Monday, 07 September 2020**

- Code of Corporate Governance
- Right to Advocacy
- Joint Organisation and Workforce Development Protocol
- Community Justice Partnership Report

END OF BUSINESS PROGRAMME as at Monday, 07 September 2020

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		<p>Training Budget issues for GPs and other professionals to be raised as an issue for future budgeting</p> <p>Briefing to be provided on general practice nursing</p> <p>More detail on how far along towards completion of actions to be included in Appendix 2</p>	<p>Future reporting through performance reporting.</p> <p>Interim Chief Officer to provide update re training budget</p>	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		<p>For future reporting on the Risk Register more clarity in the wording used to be considered.</p> <p>Indicator E15 data to be provide differently on ongoing basis.</p> <p>Appendix 1A will be refreshed and updated for 2019/20 following the approval of the Joint Strategic Commissioning Plan.</p>	<p>IJB seminar being arranged to focus on the development of the risk register</p> <p>Seminar previously arranged for 19<sup>th</sup> June. Seminar postponed and to be re-arranged due to presenter availability.</p> <p>Dates for seminars to be organised and entered into diaries as soon as possible</p>	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	2020/21 IJB Budget Progress Report	Director of Nursing and Acute Services	28.11.19		Briefing or Seminar to be prepared to share information around risk assessment regarding workforce, what is to be delivered and the financial costs involved.	Information to be shared by briefing updates.	G
5	Council Voting Member Appointments and Complete Membership Update	IJB Chief Officer	28.05.20		L Ward no longer a substitute – remove from membership list.  Consideration to be given to including a Pharmacy Representative as a Non-Voting Member when the IJB's Scheme of Administration is next presented to Ministers for approval.	Membership list has been updated and L Ward has been removed from list.	
6	Directions to Shetland Islands Council and NHS Shetland	IJB Depute Officer	16.07.20		A briefing to be provided that explains that background to the national integration indicators.	Provided an IJB briefing (0720) on 28/07/20 regarding National Integration Indicators.	C