

Shetland Islands Health and Social Care Partnership



Shetland NHS Board



Shetland Islands Council

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17 September 2020

Dear Member

You are invited to attend the following meeting:

Special Integration Joint Board
Thursday 24 September 2020 at 3pm.
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.

ITEM

- 1. Final Audited Accounts 2019/20
CC-32
- 2. Annual Audit Report 2019/20
CC-31
- 3. Primary Care Medicines Costs.
CC-29
- 4. Directions to Shetland Islands Council and NHS Shetland.
CC-28



Meeting(s):	IJB Audit Committee Integration Joint Board	24 September 2020 24 September 2020
Report Title:	Final Audited Accounts 2019/20	
Reference Number:	CC-32-20-F	
Author / Job Title:	Karl Williamson – Chief Financial Officer	

1.0 Decisions / Action required:

1.1 The IJB Audit Committee RESOLVE to:

- a) CONSIDER the audited Annual Accounts for 2019/20 (Appendix 1);
- b) NOTE the Management Representation Letter (Appendix 2); and

1.2 The IJB RESOLVE to:

- a) APPROVE the audited Annual Accounts for 2019/20 for signature (Appendix 1);
- b) NOTE the Management Representation Letter for signature (Appendix 2).

2.0 High Level Summary:

- 2.1 IJBs are specified in legislation as ‘Section 106’ bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom.
- 2.2 Local Authority Accounts (Scotland) Legislation 2014 requires that IJB Members consider the audited annual accounts and approve them for signature by 30 September 2020 and publish them no later than 31 October 2020.
- 2.3 The management representation letter is written by the IJB’s external auditors, which is signed by the Chief Financial Officer. The letter attests to the accuracy of the financial statements that the IJB has submitted to the auditors for their analysis and is a requirement under the International Standard on Auditing (ISA).

3.0 Corporate Priorities and Joint Working:

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

4.0 Key Issues:	
4.1	<p>The Audited Account are provided as Appendix 1. They include the following key points for Members' consideration:</p> <ul style="list-style-type: none"> • The Management Commentary (page 2 – 15) provides details to help all users of the Accounts understand the most significant aspects of the IJB's financial performance for the year to 31 March 2020 and its financial position as at 31 March 2020; • The Annual Governance Statement (page 16 to 19) explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control; • The Independent Auditors' Report (page 24 to 26) provides Deloitte's opinion on the audit of the Annual Accounts. In their opinion the financial statements give a true and fair view in accordance with applicable law and have been prepared in accordance with accounting regulations and guidance. • The IJB made an accounting surplus of £0.073m in 2019/20, which will be carried forward in the IJB Reserve; • The IJB General Reserve balance as at 31 March 2019 is £0.978m.
5.0 Exempt and/or confidential information:	
5.1	None.
6.0 Implications :	
6.1 Service Users, Patients and Communities:	None
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Health and Social Care Partnership Integration Joint Board (IJB) is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. This requires the IJB to prepare and publish a set of Annual Accounts at the end of each financial year. These accounts must be reviewed by an Independent Auditor who reports their findings to the IJB Audit committee.

	<p>The Local Authority Accounts (Scotland) Regulations 2014 require IJB Members to consider the audited Annual Accounts and approve them for signature not later than 30th September immediately following the financial year to which the accounts relate.</p> <p>Due to the Coronavirus pandemic and in line with the Coronavirus (Scotland) Act 2020 and Local Government Finance Circular 10/2020, the Scottish Ministers consider it reasonable that local authorities may publish their audited Annual Accounts by no later than 30 November 2020.</p> <p>It has not been necessary to delay the signing and publication of the IJB's audited accounts beyond the existing statutory deadline of 30 September 2020.</p> <p>There are no other legal implications directly arising from this report.</p>
6.5 Finance:	There are no financial implications arising from this report.
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None
6.9 Risk Management:	There is no significant issues in relation to the audited Annual Accounts. Deloitte's Annual Report on the 2019/20 audit is presented as a separate item on the agenda.
6.10 Policy and Delegated Authority:	<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>Shetland's Integration Joint Board (IJB) also derives its delegated authority from the Public Bodies (Joint Working) (Scotland) Act 2014, which required the parties to develop an Integration Scheme, Scheme of Administration and Financial Regulations. The 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 Local Authority Accounts (Scotland) Regulations 2014 require that IJB Members consider the audited annual</p>

	<p>accounts and approve them for signature by 30 September 2020 and publish them no later than 31 October 2020.</p> <p>The remit of the IJB Audit Committee includes consideration of audit matters as well as overseeing and reviewing any action taken in relation to audit activity.</p> <p>The preparation and presentation of the Annual Accounts is a key element of the IJB's overall governance and reporting arrangements.</p>	
6.11 Previously considered by:	<i>n/a</i>	<i>n/a</i>

Contact Details:

Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net, 16 September 2020

Appendices:

Appendix 1 – Shetland Health and Social Care Partnership Audited Annual Accounts 2019/20

Appendix 2 – Management Representation Letter

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

Annual Accounts **2019/20**



Shetland Islands
Integration Joint Board

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Introduction

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

The Parties:

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

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

The Parties agreed the Integration Scheme of Shetland Islands Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board. The Integration Scheme was due to be formally reviewed prior to 31 March 2020, however this has been delayed due to the response to Covid-19 pandemic.

The Shetland Health and Social Care Partnership Members for 2019/20, and up to date of signing these accounts, were as follows:

Voting Members:

- Mr A Duncan (Vice Chairperson – SIC) – term ended 31 March 2020
- Ms N Cornick (Chairperson – NHSS) – term ended 31 March 2020
- Ms J Haswell (NHSS)
- Ms S Manson (NHSS)
- Mr R McGregor (SIC)
- Ms E Macdonald (SIC)

Non-Voting Members:

- Mr S Bokor-Ingram (Chief Officer) – In post 1 April 2019 to 12 May 2019 and 1 February 2020 to 18 April 2020
- Mr B Chittick (Interim Chief Officer) – Appointed 13 July 2020
- Ms S Gens (Staff Representative)
- Mr J Guyan (Carers’ Representative)
- Mrs C Hughson (Third Sector Representative)
- Mrs M Nicolson (Chief Social Work Officer) – Resigned 17 July 2019
- Mrs D Morgan (Interim Chief Social Work Officer)
- Ms J Robinson (Interim Chief Officer) – In post 13 May 2019 to 12 July 2020
- Ms J Robinson (Interim Depute Chief Officer) – Appointed 13 July 2020
- Mr I Sandilands (Staff Representative)
- Mrs E Watson (Lead Nurse for the Community)
- Mr K Williamson (Chief Financial Officer)
- Dr P Wilson (Senior Consultant: Local Acute Sector)
- Vacant (GP Representative)
- Vacant (Patient / Service User Representative)

Post Year End Changes to Voting Membership

- Mr A Duncan (Chairperson – SIC) – appointed 1 April 2020 and resigned 17 May 2020
- Ms N Cornick (Vice Chairperson) – appointed 1 April 2020
- Ms E MacDonald (Chairperson – SIC) – appointed 18 May 2020
- Mr S Leask (SIC) – appointed 18 May 2020

Management Commentary

The purpose of the Management Commentary is to inform all users of these Accounts and help them to understand the most significant aspects of Shetland Islands Health and Social Care Partnership's financial performance for the year to 31 March 2020 ("period", "year") and its financial position as at 31 March 2020.

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

Background

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

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

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

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

[nte gration/documents/SHSCPPartnershipIntegrationScheme15May2015_000.pdf](http://www.shetland.gov.uk/Health_Social_Care_Itegration/documents/SHSCPPartnershipIntegrationScheme15May2015_000.pdf)

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

Purpose and Objectives

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

National Health and Wellbeing Outcomes

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

and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care.

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

Shetland’s Partnership Plan

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

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

Extracts from Shetland’s Partnership Plan 2018-2028:

Our shared vision

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

Our shared priorities



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

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

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

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

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

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

Strategic Commissioning Plan

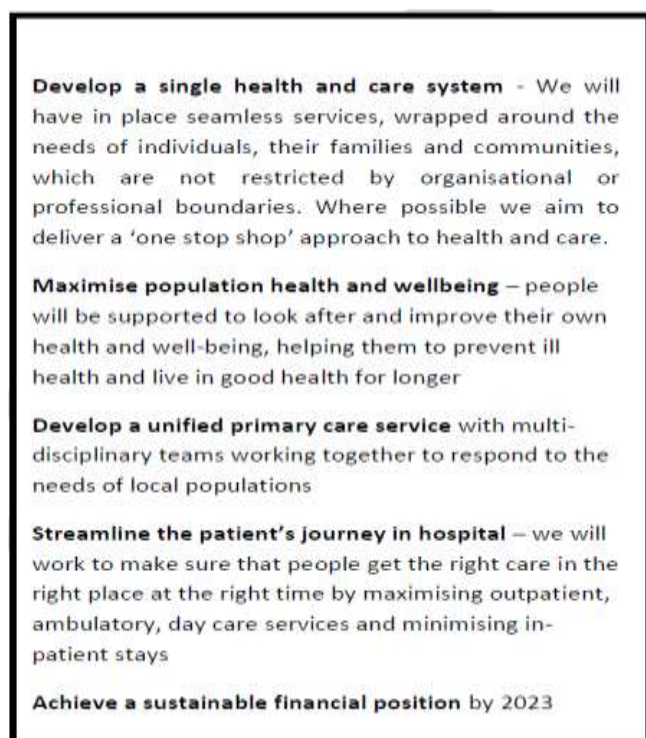
The IJB approved its Strategic Commissioning Plan 2019-2022 on 13 March 2019

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

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

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

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



Performance Overview

The IJB continued to monitor specific targets and objectives to make sure that health and social care service in Shetland provide the best possible outcomes for the community within available resources. The measures used align with those monitored by the Scottish Government to check the system is working as whole.

Shetland performs well against most of the national indicators. The IJB reviews its overall performance using a wide range of performance indicators on a quarterly basis. An example of this can be seen in the report presented on 5 March 2020 "Performance Overview, Quarter 3: October – December 2019 and Performance Directions".

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25075>

The IJB approved the PMF in June 2019. The PMF was jointly developed with NHSS and SIC and represents part of the commissioning cycle which seeks to provide good evidence to ensure that services are prioritised, designed and delivered to meet need. The overall purpose of recording and reporting on performance is to use that evidence to deliver good quality services, and improve how we do things. The PMF replaces the Commissioning and Procurement Framework 2016-2020.

<https://www.shetland.gov.uk/coins/viewDoc.asp?c=e%97%9De%94l%82%90>

On 6 March 2019, The Director General Health and Social Care Directorates, Scottish Government and the Chief Executive, COSLA wrote to Integration Authority Chief Officers, NHSS Board Chief Executives and Local Authority Chief Executives seeking feedback on progress towards health and care integration. The work is in response to the Audit Scotland Report "Health and Social Care Integration – Update on progress" (November 2018). On 14 May 2019 the IJB considered and agreed a self-evaluation template and indicative improvement activities, with a formal Development Plan being submitted to the Scottish Government on 23 August 2019.

The Development Plan set out six Key Features of the Self Evaluation process:

- Collaborative leadership and building relationships;
- Integrated finances and financial planning
- Effective strategic planning for improvement;
- Governance and accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement.

It was hoped that the improvement actions could be met under three broad activities:

- The review of the Integration Scheme;
- The Refresh of the Joint Strategic (Commissioning) Plan; and
- The update to the Medium Term Financial Plan.

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires a review of the Integration Scheme within 5 years is undertaken

by the Health Board and Local Authority. The process for the review of the Integration Scheme was agreed by NHSS and SIC Policy and Resources Committee in August/September 2019 with the IJB noting the information presented and acknowledging they will be invited to participate in the review process. A wide range of stakeholders were detailed with whom engagement was required to ensure an open and collaborative process was followed and communicated broadly. Unfortunately, completion of the review has been halted by the Covid-19 pandemic response, but it is hoped that this work will be progressed as soon as possible and the outcome reported to the IJB.

The process of updating the Strategic Commissioning Plan was considered by the IJB on 28 November 2019. The Strategic Planning Group had considered the required approach to the process and advised that planning and budgeting arrangements were deemed complimentary to one another and the needs assessment that underpinned the current plan had not significantly changed enough to warrant any major shift in strategic direction. This complies with Scottish Government guidance.

A separate engagement exercise on Community Led Support was agreed in May 2019 by the IJB and scheduled to take place over an 18 month period. The Programme is intended to provide a fundamental shift in the philosophy of how public sector services should be designed and delivered with, and for, communities. The objective being to engage with local communities to help to design the 'right services, delivered in the right place and at the right time'. Community Led Support will provide good evidence to inform and shape the Strategic Plan.

Following an inspection of Self Directed Support by the Care Inspectorate during 2018, which looked at six health and social care partnerships across Scotland, including Shetland, the 'Thematic review for self-directed support in Scotland' was published on 27 June 2019. In addition, the specific finding and recommendations of the individual partnerships were published.

The main purpose of the review was to improve understanding of the implementation of self-directed support to deliver the objectives of the Social Care (Self-directed Support) (Scotland) Act 2013. The findings were set out against seven themes:

- Key performance outcomes;
- Getting support at the right time;
- Impact on staff;
- Delivery of key processes;
- Policy development and plans to support improvement in services;
- Management and support of staff; and
- Leadership and direction that promotes partnership.

The inspection report for Shetland found that performance was 'Good' in one key theme, and 'Adequate' in six others, so was therefore positive and provides a baseline to build upon and address recommended improvements. The IJB approved its Self-directed Support Action Plan on 5 September 2019 and recommended that a strategy would help to underpin it.

The IJB agreed in November 2019 that no separate process would be undertaken to update its Strategic Commissioning Plan for 2020-23. Instead it was suggested that the evidence and knowledge gained from the review of the Integration Scheme, the Community Led Support Programme and other co-production projects be used to update and shape the Strategic Commissioning Plan for report back by spring 2020. The Joint Strategic Commissioning Plan 2020-23 is due to be presented to the IJB on 10 December 2020. This has been significantly delayed by Covid-19.

The IJB is obliged by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an annual performance report. The Annual Performance Report (APR) 2019-20 was due to be completed in June 2020, but work on the report has been delayed due to the Covid-19 pandemic response. In previous years, the report has been completed by the Head of Planning and Modernisation, NHS Shetland, who left this post during the year. The post has not been filled by NHSS but it was agreed the strategic planning function of the IJB would continue to be supported by the NHSS through, the Public Health Principal.

In addition to providing an overview of the IJB's performance during the year, the APR also considers the view of service users and the staffing delivering services, and reflects on external feedback through audits and inspections. It can be difficult to demonstrate the impact of the Strategic Commissioning Plan purely through performance indicators. The IJB

therefore needs this broad overview in considering whether intended outcomes have been met, or are likely to be met in the future.

Operational Review

In 2019/20 the IJB set out to put in place arrangement to improve service through a range of initiatives, building on work from previous years.

Our achievements during 2019/20 include:

1. The completion of the “Caring For Bressay” Project which explored the health and care needs of residents on Bressay in order to create a sustainable, affordable and clinically appropriate service model which meets the health and care needs of islanders both now and for the future. The work recognised a number of drivers for change, and through partnership work with Bressay Community Council, other agencies and the Bressay community, developed the new service model. It is now hoped to roll out a similar approach to implementation of co-production methods with communities throughout Shetland, appropriate to the particular community context;
2. Delivery of a series for rights and risks roadshow events and also an online survey to explore rights and risks in the immensely complex landscape of adult social care;
3. Continued development and work to implement the Primary Care Improvement Plan embedding the ethos of ‘right person, right place, right time’;
4. Review and development of IJB Directions following the Statutory Guidance for IJB Directions being published in January 2020, acting on recommendations for improvement made by Internal Audit Glasgow in March 2020;
5. The Palliative and End of Life Care Strategy for Shetland 2019-2022 was developed and approved. The strategy focuses on what is important to people who are dying, their relatives and the carers/family who support them. It promotes respect, choice, dignity and safety for all regardless of age, ability and of diagnosis;
6. Work facilitated through the Self-directed Support Programme Board to take forward the recommendations of the Care Inspectorate’s Self-directed Support Thematic Review and deliver on the Self-directed Support Action Plan 2019/2020;
7. Delivery of a range of Community Led Support sessions with support from the National Development Team for Inclusion who have been commissioned by Health Improvement Scotland following the principles of the Community Led Support Programme;
8. Continuation of the review of Council funded Adult Services for adults with learning disability, autism and complex needs, to ensure equitable access to resource and service and sustainability of resource and service in an area of demographic increase;
9. Establishment of the Assertive Community Transitions (ACT) Service, created to support young adults with learning disabilities and complex needs. The service provides accommodation and staffing to allow intensive support to the individuals, providing better outcomes and avoiding the need to access expensive off-island placements; and
10. Development of Social Care ‘Test of Change’ Projects identified previously through a review of Sustainable Social Care Models. This includes the design and implementation of a scheduled overnight care service, to allow for the delivery of 24 hour support at home, and also planning for extended day care services at Edward Thomason House, to provide longer hours intended to improve outcomes for individuals accessing care and to support their unpaid carers.

Managing performance is part of the ‘commissioning cycle’ which seeks to provide good evidence to ensure that services are prioritised, designed and delivered to meet need. The overall purpose of recording and reporting on performance is to use that evidence to deliver good quality services, and to improve how we do things.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to report against the National Health and Wellbeing Outcomes (detailed on page 2-3), which draw on a mix of qualitative and quantitative measures.

The qualitative measures come from the annual Care Experience and Staff survey administered by the Scottish Government. In terms of system measures, Shetland has performed well against the national benchmarks, as show below.

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

The above indicators relate to 2017/18 and were highlighted the IJB's Annual Performance Report 2018-19 which also provides the full range of indicators. These statistics are made available on a biennial basis, so comparatives have not been provided.

https://www.shetland.gov.uk/Health_Social_Care_Integration/documents/ShetlandCHSCAnnualPerformanceReport2018-19.pdf

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

Financial Performance Indicator	2019/20	2018/19
Percentage of Recovery Plan savings target achieved in year	61%	19%
Percentage of recurrent savings achieved against Recovery Plan savings target in year	4%	11%

Financial Statements

The Financial Statements detail the IJB's transactions for the year and its year-end position as at 31 March 2020. The Financial Statements are prepared in accordance with the International Accounting Standards Board (IASB) Framework for the Preparation and Presentation of Financial Statements (IASB Framework) as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom.

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

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

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

Financial Review

At its meeting on 13 March 2019 the IJB approved its 2019/20 budget of £45.648m (indicative budget 2018/19: £44.099m). Subsequently budget revisions have been made during the year for additional funding allocations and application of contingency and cost pressure budgets with the total budget delegated from the IJB to the Parties for 2019/20 being £49.558m (2018/19: £46.226m).

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

The Comprehensive Income and Expenditure Statement presents the full economic cost of providing the Board's service in 2019/20.

For the year-ended 31 March 2020, the IJB generated a surplus of £0.073m (2018/19: £0.541m), after adjustment has been made for additional contributions made by SIC and NHSS.

The surplus of £0.073m represents the underspend of Scottish Government Additionality Funding and other specific funding allocations during the year off-set by expenditure that the IJB agreed would be met from its Reserve. This surplus will be carried forward and the IJB can then make decisions on how best it can be utilised to further its objectives, in line with its Strategic Commissioning Plan.

The outturn position at 31 March 2020 for the IJB is an overall deficit against budget of £1.951m (2018/19: £3.116m), which represents an underspend in relation to services commissioned from SIC of £0.680m (2018/19: overspend £0.157m) and an overspend in relation to services commissioned from NHSS of £2.631m (2018/19: overspend £2.959m). The £1.951m deficit (which includes 'set aside budget') is detailed in Row 3 in the following table.

In order to achieve the final IJB surplus of the year of £0.073m, NHSS made a one-off additional contribution of £2.734m to the IJB. The additional contribution from NHSS is non-recurrent in nature and does not require to be paid back in future years. The SIC received a one-off additional contribution from the IJB of £0.710m.

Financial Transactions 2019/20

		2019/20			2018/19		
		SIC £000	NHSS £000	TOTAL £000	SIC £000	NHSS £000	TOTAL £000
1	Budgets delegated to the Parties from the IJB	23,698	25,860	49,558	22,396	23,830	46,226
2	Contribution from the Parties to the IJB (against delegated budgets)	(23,018)	(28,491)	(51,509)	(22,553)	(26,789)	(49,342)
3	Surplus/(Deficit)	680	(2,631)	(1,951)	(157)	(2,959)	(3,116)
4	Additional contributions from Parties to meet IJB Direct Costs	(17)	(16)	(33)	(15)	(14)	(29)
5	IJB Direct Costs (Audit fee, Insurance & Members Expenses)	17	16	33	15	14	29
6	Additional contributions (to)/from SIC and NHS to IJB	(710)	2,734	2,024	144	3,513	3,657
7	Final Surplus/(Deficit) of IJB	(30)	103	73	(13)	554	541

Significant Budget Variances

The table at page 13, provides the details of the significant budget variances for the year which led to the overall £1.951m overspend. There are a number of factors which contributed towards the year-end position.

Locum Costs

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

Mental Health

The main reason for the budget variance in Mental Health was the cost (including flights and accommodation) of a Consultant Mental Health locum (£0.453m) (2018/19: (£0.652m)). It was possible to partially offset this cost due to vacancies across NHSS mental health service, £0.185m, and an underspend in employee costs in the Community Mental Health Team, £0.126m, where 2 vacant posts were identified as no longer required following a review of the service. Further savings were achieved after removal of essential car users allowance and provision of pool cars for staff use.

Efforts continue regarding ways to reduce the requirement for expensive locums in Mental Health including the development of a 24/7 nursing model and the redesign of the consultant job description.

Primary Care

The underspend in Primary Care belies overspending on locum cover for General Practitioners during the year in Health Centres where it was not possible to fill vacant posts, with notable overspend against budgets at, Yell (£0.110m) (2018/19: (£0.127m)), Whalsay (£0.102m) (2018/19: (£0.080m)), Unst (£0.091m) (2018/19: (£0.093m)) and Brae (£0.127m) (2018/19: (£0.128m)). The introduction of GP Joy initiative has seen a reduction in overall locum costs during 2019/20.

The overspending above has been off-set by £0.377m of the £1.2m additional primary care, island harmonisation funding received by NHSS from the Scottish Government in February 2020,

increasing the funding allocated by NHSS to the IJB. The remaining £0.823m was set against the 2019/20 efficiency target. This funding was also provided during 2018/19 and it is hoped this funding will be made recurrent as part of NHSS funding allocation.

Unscheduled Care

The majority of the budget variance in Unscheduled Care during the year was also due to locum costs. Locum cover and a bank consultant were required to cover two vacant medical consultant posts during the year (£0.789m) (2018/19: (£0.732m)).

Recruitment to consultant and junior doctor posts actively continues, working closely with the Deanery, Universities and NHS Education for Scotland to look at ways in which training can be developed to support remote and rural practice and encourage doctors to take up posts in Shetland. More flexible contract models for consultants in order to broaden the appeal of the generalist role will also be considered.

Agency Staffing Cost

Shetland has low unemployment and the population is ageing at a faster rate than the rest of Scotland. This has led to challenges for the IJB in recruiting local people to work in Community Health and Social Care roles.

Community Care Resources

Difficulty has been experienced in recent years in recruiting and retaining social care staff. Staff sickness, notably several cases of long-term sickness create extra pressure. In order to continue to safely deliver residential care services, it has therefore been necessary to use agency staff, leading to an overspend of (£0.773m) (2018/19: (£0.534m)) in Community Care Resources.

It was possible to offset some of the agency costs against underspend in employee cost in Community Care Resources budgets £0.403m (2018/19: (£0.069m)) due to vacant posts during the year. It has also been necessary to reduce residential bed capacity at Isleshavn to make best use of available staffing.

There was an underspend of £0.192m in employee costs at Support At Home Central,

which is in part due to an identified 90 hours per week vacant posts being repurposed as the service worked towards establishing scheduled overnight care. Further additional budget of £92k has been agreed for 2020/21 in respect of the scheduled overnight care service, which went live on 11 May 2020.

During 2019/20 negotiation has taken place with Agency staffing providers to arrange lower hourly rates and also to allow for agency staff who would like to join the workforce to be released without penalty payments.

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

The Covid-19 pandemic led to the suspension of day care and respite services in March 2020, with staff redeployed to support people in their own homes and care homes. The full economic impact of the pandemic is unknown, but with unemployment expected to increase, the Council will actively seek to recruit care staff where local people find themselves unemployed.

Another of the Test of Change Projects within Community Care Resources was to increase the provision of day care services at ET House to better support individuals and carers. Due to Covid-19, this is currently on hold, but budget of £51k is in place for 2020/21 to deliver when it is safe to do so. It is hoped this initiative will further support the move to shift the balance of care, whilst making best use of staffing resources.

Community Nursing

Agency staffing have been required in Unst for the full year to cover a band 6 vacancy. The 24/7 nature of this role has made recruitment difficult and led to a significant overspend (£0.149m) (2018/19: (£0.172)).

Vacant Posts

Oral Health

The Dental Director post has been vacant for most of the year as he has been seconded to the Interim Medical Director role, with a further Band

7 vacancy, which has led to an underspend of £0.162m in Oral Health.

The Dental Director has been appointed as Interim Chief Officer of the IJB from 13 July 2020, however post has been backfilled from July 2020. The role of Dental Business Manager has been redesigned with a clinical lead to be appointed.

Adult Social Work

There was an underspend in employee costs, within Adult Social Work of £0.116m (2018/19: £0.071m), due to vacant posts, some of which have proved difficult to recruit to. It was possible to engage agency staffing for a short period of time and the service had been successful in appointing a full-time permanent social worker who will take up post in July 2020 and also a temporary social worker/mental health officer for a 15-month period from the end of June 2020.

As a result of vacancies, it has been possible to increase the Senior Admin Assistant role from part-time to full-time. This post was filled in April 2020 and will facilitate a review of Adult Social Work's Admin's Team and support the development of Community Led Support within the service.

Increased Demand

Adult Services

The overspend in Adult Services is mainly due to the cost of establishing the ACT Service, (£0.103m) (2018/19: Nil) as detailed in the Operational Review at page 6, for which there was no budget. The full annual cost of operating the ACT Service (£0.427m) has been incorporated in the IJB budget in 2020/21.

There was also an overspend in employee costs at Newcraigelea (£0.055m) (2018/19: (£0.053m)) due to staffing above the budgeted level to support increased demand for respite services.

Adult Social Work

The budget for Off Island Placements was also overspent during the year (£0.107m) (2018/19: £0.044m)). These individual packages of specialist support are expensive, so changes to

the number of packages mean costs can vary significantly from year to year.

Self-Directed Support

The overspend in Adult Social Work is primarily due to overspend in the provision of Self Directed Support (SDS).

The Self Directed Support budget is utilised to deal with payments under SDS Options 1 and 2. Individuals with an assessed level of social care need can choose these options as an alternative to having their care provided directly by the local authority. Option 1 allows for direct payments to be made to individuals while Option 2 lets the individual choose a care organisation to provide their support and the local authority will arrange this for them.

Payments are predominantly under Option 1 due to limited availability of providers to deliver Option 2 in Shetland. Despite being able to utilise Scottish Government Additionality Funding to support the increased SDS payments there was an overspend in the year of, (£0.310m) (2018/19: (£0.035m)).

This was due to an increased number of packages, with a few packages now exceeding the annual cost of a permanent residential place where sleep in provision is included. The increased demand is due to demographic pressure on the system as there was no significant reduction in demand for traditional social care services.

It is hoped that the establishment of the scheduled overnight care service may provide an alternative to sleep-ins within SDS packages, with a robust review of rights and risks that support fuller independence to the individuals concerned.

Overachievement of Charging Income

There was an overachievement of Board and Accommodation income in the year, £0.901m (2018/19: £0.504m) within Community Care Resources. Charging income can vary significantly dependent on the financial circumstances of those receiving care and allowance was made in the year for the anticipated level of waived charges as a result of legislation, such as the Carers Act, expected in the year.

Scottish Government Additionality Funding

The IJB recognises an underspend in this funding of £0.080m, a small underspend in Reablement Programme in Care Homes, £0.014m, and underspend in employee costs due to vacant posts within the Intermediate Care Team during the year, £0.066m.

NHSS Specific Funding

At the year-end, NHSS identified a number of specific funding allocations it had not been possible to spend in full during the year. These amounted to £0.496m overall.

Until NHSS funding allocations are confirmed, they are held in General NHSS Contingency, so during the year were not reflected in IJB delegated budget. NHSS made an additional funding allocation to the IJB at the year-end of £2.734m (see table on page 9) which included the transfer of these specific funding allocations.

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

- Additional Alcohol and Drugs Partnership Funding - £0.127m;
- Action 15 - £0.067m;
- Attend Anywhere - £0.025m;
- Child Healthy Weight - £0.032m;
- PCIF - £0.041m;
- Realistic Medicine - £0.003m;
- Rural Fund – Falseified Med (Dispensing) Yr1&2 - £0.049m;
- Rural Fund – Change Mgt - £0.039m;
- Rural Fund – PHEC - £0.008m;
- Rural Fund – Rediscover The Joy - £0.069m;
- Screening Inequalities Yrs 1&2 - £0.026m; and
- Trail Valued Based Healthcare - £0.010m.

Efficiency Target

An efficiency savings target of £2.331m (2018/19: £2.276m) was identified within the 2019/20 IJB Budget, necessitating a Recovery Plan to be implemented during the year. As at 31 March 2020, there was an underachievement of (£0.904m) (2018/19: (£1.850m)) against the Recovery Plan.

Of the £1.427m (2018/19: £0.426m) savings achieved, £0.099m (2018/19: £0.247m) represented recurring savings and £1.328m (2018/19: £0.179m) were non-recurrent.

Significant Budget Variance Table

Service Heading	2019/20			2018/19		
	Revised Budget £000	Budget Variance £000	Budget Variance %	Revised Budget £000	Budget Variance £000	Budget Variance %
Mental Health	2,413	(282)	(11.7%)	2,071	(463)	(22.4%)
Substance Misuse	588	94	16.0%	543	47	8.7%
Oral Health	3,133	162	5.2%	3,084	13	0.4%
Primary Care	5,418	(624)	(11.5%)	5,676	139	2.4%
Community Nursing	2,994	(149)	(5.0%)	2,862	(172)	(6.0%)
Adult Services	5,803	(98)	(1.7%)	5,472	65	1.2%
Adult Social Work	3,090	(310)	(10.0%)	2,530	-	0.0%
Community Care Resources	11,984	752	6.3%	11,350	(398)	(3.5%)
Health Improvement	365	55	15.1%	259	48	18.5%
Unscheduled Care	3,233	(1,006)	(31.1%)	2,964	(823)	(27.8%)
Intermediate Care Team	672	80	11.9%	662	81	12.2%
Other Services	10,769	279	2.6%	10,603	197	1.9%
Efficiency Target	(904)	(904)	100.0%	(1,850)	(1,850)	100.0%
Total	49,558	(1,951)		46,226	(3,116)	

The Balance Sheet as at 31 March 2020

The IJB carried a General Reserve of £0.905m as at 1 April 2019. This reserve was created from previous years underspending in the Scottish Government Additionality Funding £0.431m and underspend in specific NHSS Funding in 2018/19 which were carried forward as an earmarked element of the Reserve £0.474m.

During the year there has been a draw on the IJB Reserve of £0.337m, £0.307m of earmarked reserve and further spend against a number of projects which the IJB have agreed to fund from its Reserve, £0.030m.

As at 31 March 2020 the General Reserve has a balance of £0.978m, of which £0.496m is earmarked and a further £0.118m has been committed to specific projects.

2020/21 Budget and Medium Term Financial Outlook

The IJB Board approved the proposed budget for 2020/21 of £50.736m, on 28 May 2020, subject to NHSS Board approval of their delegated budget at its meeting on 18 August 2020. The IJB noted the risks associated with Covid-19 and the impact this may have on 2020/21 budgets and costs.

For the first time since the inception of the IJB, the proposed payments to the IJB from the Parties are equal to the cost of services. This means the IJB will begin the financial year with a balanced budget position.

General Reserve is also available to support the strategic objectives of the IJB, as detailed in Note 6 to the Accounts (page 31). Since the inception of the Shetland IJB, like other health and social care partnerships, it has faced significant financial challenges and has anticipated that it will be required to operate within tight fiscal constraints into the future, due to the continuing

difficult national economic outlook and increasing demand for services.

Additional funding for Health and Social Care Partnerships has been made available from the Scottish Government. Despite this additional funding, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted in future years.

The Covid-19 pandemic has meant that since March 2020 a huge amount of work has been done by Health and Social Care Partnerships to respond quickly to changing legislation and guidance to manage the virus. Services across the IJB have had to adapt rapidly and the value of partnership working has never been more evident. It is expected during 2020/21 that services will start to return to normal, but social distancing measures will remain and the longer reaching economic impact of the pandemic, while difficult to quantify, will undoubtedly lead to further fiscal pressures.

The IJB has been asked to provide details of emerging cost pressures related to Covid-19 and make projections in-line with the Scottish Government's Route Map through its Mobilisation Plan. The latest version of the IJB Mobilisation Plan, submitted 14 August 2020, estimated the financial impact to the IJB of Covid-19 for the year to 31 March 2020 at £2.467m (£0.789m Social Care services/£1.678m Health services). To date the Scottish Government has indicated £0.596m funding to support the Shetland's Social Care response to the pandemic, with up to £0.025m available to provided additional support for the Chief Social Work Officer. It is anticipated that the additional cost pressures related to Health services will be reimbursed in full by the Scottish Government to NHSS.

The IJB approved its Medium Term Financial Plan (MTFP) 2019/20 to 2023/24 on 13 March 2019. The Plan identified a likely funding shortfall over the five year period of £7.7m if no action is taken to mitigate the impact of rising costs and reducing funding. A revised MTFP is due to be presented in November 2020 following the update of SIC & NHSS MTFPs. The role of the IJB in planning and directing services will be key to addressing the financial challenges it faces into the future.

Principal Risks and Uncertainties

The IJB maintains a Risk register and reports progress on a quarterly basis as part of its performance reporting. The latest report was presented on 5 March 2020 and can be found here:

<https://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25075>

Risks and Uncertainties	Actions to Mitigate
Continued staffing vacancies across IJB services, with difficulty in recruiting to both health and social care roles, resulting in significant expenditure on locum costs.	Explained above under "Significant Budget Variances" (page 10 & 11).
Failure to deliver recurring efficiency savings through service redesign proposals leaving a funding gap for the IJB.	For the first time since the inception of the IJB, the proposed payments to the IJB from the Parties for 2020/21 are equal to the cost of services. This means the IJB will start 2020/21 with a balance budget which fully aligns to its Strategic Commissioning Plan. There will still be a need for redesign and efficiencies within services which will be guided by the Medium Term Financial Plans of the IJB, SIC & NHSS.
In order to maintain financial balance significant changes in current practise or service models may be required. It is important that proposals are evidence based on current and emerging best practice and represent the optimum balance between cost, quality and safety.	Investments are assessed using building better business cases methodology to ensure they align to strategic planning and demonstrate best value. Clinical, Care and Professional Governance arrangements agreed by the IJB ensure sound clinical and care governance are embedded.
The age demographics of Shetland's population is changing. This is expected to put increasing demand on health and social care services.	The Strategic Commissioning Plan 2019-2022 has been developed taking into account the expected demographic changes in the future.
Limited digital connectivity due to remote location, restricting the potential for use of information technology in service delivery.	The Strategic Commissioning Plan 2019-2022 identifies as part of the overall approach of "Right Person, Right Place, Right Time" the need for Technology Enabled Care and Improved Access to Information. The Covid-19 pandemic has accelerated this need and led to some of the perceived barriers to digital connectivity being alleviated. Digital Connectivity in many areas of Shetland is however still inadequate and activity is ongoing to secure funding and prioritise digital requirements.
Impact of the COVID-19 pandemic.	Health and Social Care Services required rapid reorganisation to deal with the initial impact of the Covid 19 pandemic. Close partnership working within IJB has been crucial to the continued delivery of essential services and management of the pandemic in Shetland. As the situation evolves the IJB will continue to respond to policy changes and guidance provided by Scottish Government and look to safely and incrementally restore services in line with the Scottish Government's 'COVID-19 Framework for Decision Making: Scotland's route map through and out of the crisis'. The IJB continues to submit statistical data and detail of emerging financial cost pressures associated with Covid-19 to the Scottish Government through regular updates to its Mobilisation Plan.
Uncertainty around the impact of withdrawal of the United Kingdom from the European Union.	The IJB considers the UK's withdrawal from the European Union (EU) as a key risk. Despite several delays to the withdrawal process, there remains a continued lack of clarity on the practicalities of leaving the EU. The IJB continues to review the latest planning assumptions and assess the potential impact from a Shetland perspective as part of its risk monitoring.

Acknowledgement

We would like to acknowledge the significant effort of all the staff across the IJB who contributed to the preparation of the Annual Accounts and to the budget managers and support staff who have ensured delivery of the outcomes of the Strategic Commissioning Plan within the adjusted financial resources available to the IJB for the year ended 31 March 2020

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 Brian Chittick
 Interim Chief Officer
 24 September 2020

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 Emma Macdonald
 Chair
 24 September 2020

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 Karl Williamson
 Chief Financial Officer
 24 September 2020

Annual Governance Statement

Introduction

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

Scope of Responsibility

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

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

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

Purpose of Internal Control

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

The system of internal control has been in place at the IJB for the financial year ended 31 March 2020 and up to the date of the approval of the Annual Accounts.

The Governance Framework and Internal Control System

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

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

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

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

IJB directed services and all staff employed by SIC working in IJB directed services have been issued with the SSSC Codes of Practice.

Review of Adequacy and Effectiveness

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

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

Issue and Actions

There have been significant changes to the voting and non-voting membership of the IJB during the year ended 31 March 2020 and up to the date of approving the accounts. A new Vice Chair was appointed in April 2020 and a new Chair was appointed in May 2020. The Chief Officer moved to a secondment role in NHS Moray in April 2020 and was replaced by an Interim Chief Officer. Details of these changes were presented to the IJB on 25 May 2020 and are included below:

Voting Member Appointments and Complete Membership Update

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25269>

Appointment of Chief Officer and Depute Chief Officer to the IJB

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=25270>

The change in membership is not considered a significant issue as thorough handovers and assurances have been received from the previous post holders. The new Chair has been a voting member of the IJB from May 2017 and the new Interim Chief Officer has worked for NHS Shetland from 2015 as Dental Director and more recently as Interim Medical Director and has extensive knowledge of the Health & Social Care system in Shetland.

Although the IJB was working in partnership with SIC and NHS Shetland to complete the statutory obligation under section 44 of Public Bodies (Joint Working) (Scotland) Act 2014, to review the Integration Scheme for Shetland Islands Health and Social Care Partnership, it was not completed before the deadline date of 30 June 2020. The principle cause of this delay was the Covid-19 pandemic and a revised plan is in place to complete this by 31 December 2020.

There remains one significant internal control issue which continues to be highlighted by both Internal Audit and the wider scope work of External Audit. The key area of concern remains focused on the carried forward funding gap and ongoing Savings and Efficiency targets. Since the inception of the IJB in 2015 the Financial Recovery Plan has not succeeded in achieving the IJBs aspiration to “develop a Strategic Commissioning Plan which minimises, or ideally eliminates, the need for a Financial Recovery Plan”. This was again evident in 2019/20 where 93% of the £1.425m savings achieved was non-recurrent in nature.

There has, however, been significant progress as evidenced in the 2020/21 IJB Budget which, for the first time, presents a fully balanced position. NHSS has agreed to fund the IJB fully from the outset as opposed to providing one off top up payments at year end. This balanced budget is a welcome development for the IJB but does not negate the need for continued focus on service redesign.

The current MTFP requires in the region of 3% savings to be achieved each year to establish a sustainable financial position for the IJB. The revision of the MTFP has been delayed due to the Covid-19 pandemic but will provide more details on the savings requirement when finalised in November 2020.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

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

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

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. During 2019/20 the strategic internal audit management continued to be provided by Audit Glasgow (part of Glasgow City Council's internal audit function).

The internal audit plan for 2019/20 included one specific IJB related review on the set aside budget arrangements. The fieldwork has been completed with no major issues to report. The Chief Internal Auditor has also conducted a review of all matters arising from NHSS Internal Audit reports issued in the financial year by Scott Moncrieff, and those for SIC, and confirmed there are no significant matters arising specific to the IJB.

The impact of Covid-19 in March 2020 was a significant event, impacting normal business operations and risk assessments. As a result of the changes to the working arrangements arising from the pandemic response, in March 2020 many of the expected systems and controls will have been subject to change. The opinion expressed in this report therefore applies only to the period before the emergency service delivery arrangements were put in

place.

On the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation up to the impact of Covid-19 in March 2020.

Compliance with Best Practice

The IJB complies with the CIPFA Statement on “*The Role of the Chief Financial Officer in Local Government 2016*”. The IJB’s Chief Finance Officer has overall responsibility for the IJB’s financial arrangements and is professionally qualified and suitably experienced to lead the IJB’s finance function and to direct finance staff in both partner organisations to ensure the effective financial management of the IJB. The Chief Financial Officer has direct access to the Director of Finance for NHSS and the Executive Manager – Finance for SIC to address financial issues and is a member of the Local Partnership Finance Team.

The Partnership complies with the requirements of the CIPFA Statement on “*The Role of the Head of Internal Audit in Public Organisations 2019*”. The IJB’s appointed Chief Internal Auditor has responsibility for the IJB’s internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA “*Public Sector Internal Audit Standards 2017*”.

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Brian Chittick
Interim Chief Officer
24 September 2020

Assurance

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

.....
Emma Macdonald
Chair
24 September 2020

Remuneration Report

Introduction

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

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

Remuneration: IJB Chair and Vice Chair

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

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board Members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The Chair and Vice Chair did not receive any taxable expenses paid by the IJB in 2019/20 or 2018/19.

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

Remuneration: Officers of the IJB

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

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief

Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

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

From 13 May 2019, the Chief Officer was seconded to the post of NHSS Interim Chief Executive. An Interim Chief Officer was appointed from 13 May 2019 and although the Chief Officer returned to post on 1 February 2020, the Interim Chief Officer continued in their role working alongside the Chief Officer, initially to allow for handover, but latterly to provide additional support in dealing with the Covid-19 pandemic.

The Interim Chief Officer is employed by SIC, but as with the Chief Officer role, this is a joint post with NHSS, with 50% of their cost being recharged to NHSS. The salary of senior employees of the SIC is set by reference to national arrangements and agreements. Performance appraisal and terms and conditions of service are in line with SIC policies and procedures. Formal line management is provided through the Chief Executive, SIC, but the Interim Director of Community Health and Social Care is accountable to both the Chief Executive of NHSS and the Chief Executive of SIC.

Other Officers

No other staff are appointed by the IJB under a similar legal regime and no other non-voting board Members of the IJB meet the criteria for disclosure. All Partnership officers are employed by either NHSS or SIC, and remuneration to senior staff is reported through the employing organisation.

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

Disclosure by Pay Bands

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

Remuneration

The Chief Officer and Interim Chief Officer received the following remuneration during 2019/20:

Senior Employees	Designation	2019/20	2018/19
		*Total Remuneration £	*Total Remuneration £
Simon Bokor-Ingram	Chief Officer	27,194	95,006
Jo Robinson	Interim Chief Officer	71,396	0

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

Total remuneration for 2019/20 has been apportioned based on the period each senior employee was in appointment.

The full time equivalent value of total remuneration for the Chief Officer is £95,955.

Pension benefits

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

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

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

The Interim Chief Officer participates in the Local Government Pension Scheme (LGPS) which is a funded pension scheme that receives contribution payments from both Scheme members and participating employers. From 1 April 2015, the Pension Scheme moved to a career average related earnings scheme for all scheme members.

Pension entitlement for the Chief Officer and the Interim Chief Officer for the year to 31 March 2020 is shown in the table below, together with the contribution made to this pension by the employing body .

The pension entitlement of Simon Bokor-Ingram for 2019/20 is reported jointly for the post of Director of Community Health and Social Care and Interim Chief Executive NHSS.

The pension entitlement of Jo Robinson for 2019/20 is reported jointly for the post of Interim Director of Community Health and Social Care and her substantive post, Executive Manager – Allied Health Professionals.

It is not possible to separate out the pension attributable to individual posts held by the Chief Officer and Interim Chief Officer during 2019/20, so their respective full entitlements are disclosed in the following table.

Name of Senior Official	Designation	In-Year Employer Pension Contributions		Accrued Pension Benefits			
		2019/20 £	2018/19 £	As at 31 March 2020		Increase from 31 March 2019	
				Pension £	Lump Sum £	Pension £	Lump Sum £
Simon Bokor-Ingram	Chief Officer	19,836	13,889	34,477	74,985	2,498	1,339
Jo Robinson	Interim Chief Officer	16,091	0	25,460	33,486	7,889	10,435

.....
 Brian Chittick
 Interim Chief Officer
 24 September 2020

.....
 Emma Macdonald
 Chair
 24 September 2020

Statement of Responsibilities for the Annual Accounts

The Integration Joint Board's Responsibility

The Integration Joint Board is required to:

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

I can confirm that these Unaudited Annual Accounts were approved for signature by the Integration Joint Board on 24 September 2020.

Signed on behalf of Shetland Islands Integration Joint Board.

.....
Emma Macdonald
Chair
24 September 2020

The Chief Financial Officer's Responsibilities

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

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

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

I certify that the Annual Accounts give a true and fair view of the financial position of the Integration Joint Board at the reporting date and the transactions of the Integration Joint Board for the year ended 31 March 2020.

.....
Karl Williamson
Chief Financial Officer
24 September 2020

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

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Shetland Islands Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the

auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is four years. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

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

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

Risks of material misstatement

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

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

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

from material misstatement, whether due to fraud or error.

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

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

Auditor's responsibilities for the audit of the financial statements

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

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

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

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the

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

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

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

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

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

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of our report

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

.....
Pat Kenny, CPFA (for and on behalf of Deloitte
LLP)

110 Queen Street

Glasgow

G1 3BX

United Kingdom

24 September 2020

Comprehensive Income and Expenditure Statement for year ended 31 March 2020

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

2018/19 Net Expenditure £000		Notes	2019/20 Gross Expenditure £000	2019/20 Gross Income £000	2019/20 Net Expenditure £000
26,789	Health Services		28,491	-	28,491
22,553	Social Care Services		23,018	-	23,018
29	Corporate Services		33	-	33
49,371	Cost of Services		51,542	0	51,542
(49,912)	Taxation and non-specific grant income	4	-	(51,615)	(51,615)
(541)	(Surplus) / Deficit on Provision of Services		51,542	(51,615)	(73)
(541)	Total Comprehensive Income and Expenditure				(73)

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

Movement in Reserves Statement

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

2019/20	General Fund Balance £000
Balance at 1 April 2019	(905)
Total Comprehensive Income	(73)
Increase in 2019/20	(73)
Balance at 31 March 2020	(978)

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

Balance Sheet as at 31 March 2020

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

As at 31 March 2019 £000		Notes	As at 31 March 2020 £000
905	Other Current Assets	5	978
905	Current Assets		978
905	Net Assets		978
	Represented by:		
905	Usable Reserves	6	978
905	Total Reserves		978

The unaudited financial statements were issued on 16 July 2020 and the audited financial statements were authorised for issue by Karl Williamson on 24 September 2020.

The Annual Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2020 and its income and expenditure for the year then ended.

.....
Karl Williamson
Chief Financial Officer
24 September 2020

Notes to the Primary Financial Statements

Note 1: Critical Judgements and Estimation Uncertainty

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

Note 2: Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 24 September 2020. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information. Events taking place after this date are not reflected in the financial statements or notes.

Simon Bokor-Ingram was seconded to Moray Integration Joint Board as their Interim Chief Officer from 18 April 2020, so it was necessary to appoint an interim Director of Community Health and Social Care to cover the expected 12 month period he will be unable to cover his permanent post, which includes his role as Chief Officer of the IJB.

Jo Robinson continued in the role of Interim Director of Community Health and Social Care (including Interim Chief Officer of the IJB) until 12 July 2020. Brian Chittick was appointed as Interim Joint Director of Community Health and Social Care with effect from 13 July 2020, for a minimum period of 10 months, including the role of Interim Chief Officer of the IJB.

Jo Robinson was appointed as Interim Deputy Director of Community Health and Social Care from 13 July 2020, which will include the role as Deputy Chief Officer. This new role will support the Interim Chief Officer and formally deputise at meetings in his absence.

The Covid-19 pandemic has had a substantial impact on IJB services and financial sustainability. It is very difficult to estimate the full financial impact the pandemic will have on the IJB, but based on the Scottish Government Coronavirus

(COVID-19): Scotland's Route Map, as at 14 August the IJB Mobilisation Plan is forecast to cost £2.467m in 2020/21. It is hoped that the Scottish Government will provided additional funding in respect of the majority of this additional cost.

Note 3: External Audit Costs

The authority has incurred the following costs in relation to the audit of the statement of accounts:

2018/19 £000		2019/20 £000
25,000	Fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor for the year.	26,560
25,000		26,560

Note 4: Taxation and Non-Specific Grant Income

2018/19 £000		2019/20 £000
21,277	Funding contribution from Shetland Islands Council	21,728
26,751	Funding contribution from NHS Shetland	28,033
1,884	Other Non-ringfenced grants and contributions	1,854
49,912	Total	51,615

The funding contribution from NHSS shown above includes £5.689m (2018/19: £4.890m) in respect of 'set aside' resources. These are provided by NHSS which retains responsibility for managing the costs of providing the services. The IJB has responsibility for the consumption of, and level of demand placed on these resources.

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

Note 5: Other Current Assets

As at 31 March 2019		As at 31 March 2020
£000		£000
170	Shetland Islands Council	141
735	NHS Shetland	837
905	Total	978

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

The IJB does not have a bank account. Underspends recorded by SIC and NHSS that are carried forward are therefore held in their own bank accounts and reflected as Other Current Assets by the IJB.

Note 6: Usable Reserve: General Fund

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

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

2018/19 £000	General Fund	2019/20 £000
(364)	Balance at 1 April	(905)
	Transfers in:	
(67)	Scottish Government Additionality Funding Underspend	(51)
(431)	Sub-total	(956)
(474)	Earmarked element of Reserve: NHSS Specific Funding Underspend	(22)
(905)	Balance at 31 March	(978)

Note 7: Related Party Transactions

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

The funding contributions made by the SIC and NHSS are detailed in Note 4. The debtor balances of the SIC and NHSS with the IJB as at 31 March 2020 are detailed in Note 5.

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

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

Note 8: Summary of Significant Accounting Policies

A General Principles

The Annual Accounts summarise the IJB's transactions for the 2019/20 financial year and its position as at 31 March 2020.

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

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

B Accruals of income and expenditure

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

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

C Funding

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

D Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March 2020 is represented as a debtor or creditor on the IJB's Balance Sheet.

E Employee Benefits

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

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangement are provided in the Remuneration Report.

Charges from the employing partner are treated as employee costs.

F Reserves

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

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

G Indemnity Insurance

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

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

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

H Events after the Balance Sheet

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

Two types of events can be identified:

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

made in the notes of the nature of the events
and their estimated financial

I VAT

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

Glossary

While the terminology used in the Annual Accounts is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (eg cash and stock). A noncurrent asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

CNORIS

The Clinical Negligence and Other Risks Indemnity Scheme.

COLSA

Convention of Scottish Local Authorities.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the

accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period, e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

LOIP

Local Outcomes Improvement Plan.

MTFP

Medium Term Financial Plan.

PMF

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

SSSC

Scottish Social Service Council

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.



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Private and Confidential

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Interim Director: Brian Chittick
Depute Director: Jo Robinson
Your
Ref:
Our Ref: PK/IJB/2020

Date: 24/09/2020

Dear Pat Kenny,

This representation letter is provided in connection with your audit of the financial statements of Shetland Islands Council Integration Joint Board ('the entity') for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the entity as of 31 March 2020 and of the results of its operations, other comprehensive net expenditure and its cash flows for the year then ended in accordance with the applicable accounting framework as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom.

In addition to the above, this representation letter is provided in connection with your audit of the other information in the annual report, for the purposes set out in the Code of Audit Practice 2016.

We are aware that it is an offence to mislead an auditor of a public body. On behalf of the entity, I confirm as Responsible Financial Officer, to the best of my knowledge and belief, the following representations.

Financial statements

1. We understand and have fulfilled our responsibilities for the preparation of the financial statements in accordance with the applicable financial reporting framework, as set out in the Code of Practice on Local Authority Accounting in the United Kingdom, which give a true and fair view, as set out in the terms of the audit engagement letter.
2. Significant assumptions used by us in making accounting estimates, including those measured at fair value and assessing the impact of Covid-19 on the entity are reasonable. We have made sufficient and appropriate disclosure of the general increased estimation uncertainty arising from the impact of Covid-19.

3. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of IAS24 "Related party disclosures".
4. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed. The impact of Covid-19 has been considered a non-adjusting event given the timing of the outbreak of the epidemic in the United Kingdom.
5. There are no uncorrected misstatements and disclosure deficiencies.
6. We confirm that the financial statements have been prepared on the going concern basis and disclose in accordance with IAS 1 all matters of which we are aware that are relevant to the entity's ability to continue as a going concern, including principal conditions or events and our plans. We do not intend to cease operations as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the entity's ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.
7. We have recorded or disclosed, as appropriate, all liabilities, both actual and contingent.

Information provided

8. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland.
9. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.
10. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error. We are not aware of any deficiencies in internal control of which you should be aware.
11. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
12. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity or group and involves:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) others where the fraud could have a material effect on the financial statements.

13. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
14. We are not aware of any instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing financial statements.
15. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
16. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the applicable financial reporting framework. No other claims in connection with litigation have been or are expected to be received.
17. We confirm that:
 - (i) we consider that the entity has appropriate processes to prevent and identify any cyber breaches other than those that are clearly inconsequential; and
 - (ii) we have disclosed to you all cyber breaches of which we are aware that have resulted in more than inconsequential unauthorised access of data, applications, services, networks and/or devices.
18. All minutes of IJB and Committee meetings during and since the financial year have been made available to you.
17. We have drawn to your attention all correspondence and notes of meetings with regulators.
18. We confirm that all of the disclosures relating to sections of the annual report which are considered 'other information' as set out in the Code of Audit Practice 2016 have been prepared in accordance with relevant legislation and guidance.
19. We confirm that we have appropriately discharged my responsibility for the regularity of transactions.

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

Yours faithfully

Signed as Responsible Financial Officer, for and on behalf of the IJB.



Meeting(s):	IJB Audit Committee Integration Joint Board	24 September 2020 24 September 2020
Report Title:	Annual Audit Report 2019/20	
Reference Number:	CC-31-20-F	
Author / Job Title:	Karl Williamson – Chief Financial Officer	

1.0 Decisions / Action required:

- 1.1 The IJB Audit Committee and the IJB NOTE Deloitte's Annual Audit Report on the 2019/20 Audit (Appendix 1).

2.0 High Level Summary:

- 2.1 IJBs are specified in legislation as 'Section 106' bodies under the terms of the Local Government (Scotland) Act 1973, so are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom.
- 2.2 The purpose of this report is to receive Deloitte's Annual Audit Report on the 2019/20 Audit.

3.0 Corporate Priorities and Joint Working:

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

4.0 Key Issues:

- 4.1 Deloitte has issued a final report for their 2019/20 audit. The report summarises their finding and conclusions in relation to:
- The audit of the financial statements; and
 - Consideration of the four audit dimensions that frame the wider scope of public sector audit requirements, being, financial sustainability, financial management, governance and transparency and value for money.
- 4.2 Based on their audit work, Deloitte expect to issue an unmodified audit opinion in respect of the Annual Accounts.

- 4.3 The management commentary has been prepared in accordance with the statutory guidance and the information contained within is materially correct and consistent with Deloitte's knowledge acquired during the course of performing the audit.
- 4.4 Following amendment for a disclosure deficiency, Deloitte are content that the remuneration report has been properly prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014.
- 4.5 The information given in the Annual Government Statement is consistent with the financial statements and has been prepared in accordance with accounting regulations. Deloitte required a change to the significant governance issues in the year, relating specifically to the IJB's non-compliance with the Public Bodies (Joint Working) (Scotland) Act 2014, which required the Integration Scheme to be reviewed by the end of June 2020.
- 4.6 Deloitte take a risk focused approach to review of the four audit dimensions, covering relevant risks identified by Audit Scotland. Their conclusions and recommendations are set out in the report (Appendix 1) on pages 18 to 33.
- 4.7 The audit was carried out under unusual circumstances, being a remote audit conducted during the national lockdown in response to COVID-19. Deloitte recognised the extra pressure faced by the IJB in preparing the annual report and dealing with the audit. Under "Sector development", the audit report shares additional research, perspectives and best practice based on work across the wider public sector.
- 4.8 An Action plan is set out as an appendix to the report giving recommendations for improvement and providing an update on the actions from the previous year.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :

6.1 Service Users, Patients and Communities:	None
6.2 Human Resources and Organisational Development:	The recommendations contained within the Audit related to the integrated workforce planning and development will be considered at the next available Joint Staff Forum.
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Health and Social Care Partnership Integration Joint Board (IJB) is subject to the audit and accounts provisions of a body under Section 106 of the Local

	<p>Government (Scotland) Act 1973. This requires the IJB to prepare and publish a set of Annual Accounts at the end of each financial year. These accounts must be reviewed by an Independent Auditor who reports their findings to the IJB Audit Committee.</p> <p>IJBs are expected to prepare their financial statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom. Further, the IJB's Annual Accounts must also be prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014.</p>	
6.5 Finance:	There are no financial implications arising from this report.	
6.6 Assets and Property:	None	
6.7 ICT and new technologies:	None	
6.8 Environmental:	None	
6.9 Risk Management:	The Annual Audit Report includes the identification of key risks and internal control arrangements in place to manage those risks, together with any improvement actions required.	
6.10 Policy and Delegated Authority:	<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>Shetland's Integration Joint Board (IJB) also derives its delegated authority from the Public Bodies (Joint Working) (Scotland) Act 2014, which required the parties to develop an Integration Scheme, Scheme of Administration and Financial Regulations. The 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 Audit Committee remit includes consideration of all the reports from the external auditors, including the External Auditor's Annual Report and to review the IJB's financial performance as contained in the Annual Report. Receiving the audited account of the IJB and related certificates and report is a matter reserved by the IJB.</p>	
6.11 Previously considered by:	<i>n/a</i>	<i>n/a</i>

Contact Details:

Karl Williamson, Chief Financial Officer, karlwilliamson@nhs.net, 14 September 2019

Appendices:

Appendix 1 – Deloitte's Annual Audit Report 2019/20

Shetland Islands Integration Joint Board

Report to the Audit Committee, Members of the Integrated Joint Board and the
Controller of Audit on the 2019/20 audit

Issued on 14 September for the meeting on 24 September 2020

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Introduction

The key messages in this report

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

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

I have pleasure in presenting our final report to the Audit Committee ("the Committee") of Shetland Islands Integration Joint Board ("the IJB" "the Board") for the 2019/20 audit. The scope of our audit was set out within our planning report presented to the Audit Committee in February 2020.

This audit was carried out under unusual circumstances, being a remote audit conducted during the national lockdown in response to COVID-19. We recognise the extra pressure faced by the IJB in preparing the annual report and in preparing for the audit. We engaged early with management on the potential implications of COVID-19 for the preparation of the annual report as well as the audit, and management confirmed their desire to stick to the original reporting timetable. While the shift to remote working placed pressure on the original timetable for preparation of the annual report and completion of the audit, we have worked closely with management to mitigate this whilst maintaining audit quality as our number one focus.

This report summarises our findings and conclusions in relation to:

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



Introduction (continued)

The key messages in this report (continued)

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

Conclusions from our testing

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

Following amendments made as a result of the audit, the management commentary and annual governance statement comply with the statutory guidance and proper practice and are consistent with the financial statements and our knowledge of the Board.

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

A summary of our work on the significant risks is provided in the dashboard on page 10.

No misstatements in excess of our reporting threshold of £41k have been identified up to the date of this report. We have identified one disclosure deficiency in relation to the remuneration report, set out on page 39.

Status of the financial statements audit

Outstanding matters to conclude the audit include:

- Receipt of the legal confirmation;
- Finalisation of our internal quality control procedures;
- Receipt of the final version of the annual accounts;
- Receipt of the signed representation letter; and
- Our review of events since 31 March 2020.

Conclusions on audit dimensions

As set out on page 3, our audit work covered the four audit dimensions. Our audit work was risk based and proportionate, covering each of the four dimensions.

Due to the impact of the COVID-19 pandemic and cancellation of Committee meetings up to the end of May, we did not prepare a separate interim report as planned and have instead reported our detailed findings and conclusions within this report.

The outbreak of COVID-19 has brought unprecedented challenges to organisations around the country. It is not yet known what long term impacts these will have on populations and on the delivery of public services, but they will be significant and could continue for some time. While this report makes reference to COVID-19 where relevant in each of the dimensions, we have not considered the full impact of COVID-19 on the IJB at this stage.

Introduction (continued)

The key messages in this report (continued)

Conclusions on audit dimensions (continued)

Financial Management

The IJB has a strong and consistent finance team, and the Audit Committee now takes a more active role in scrutinising the IJB's performance and financial position. We noted improvements in performance against the budget since 2018/19, although the IJB continues to face challenges in achieving its planned savings.

Further work is needed to improve the budget setting process (with a focus on outcomes) and the transparency of financial monitoring during the year. Work to ensure compliance with the IJB's obligations under the Community Empowerment Act remained outstanding during 2019/20, although we are aware of progress and planned actions in this area.

Financial sustainability

The IJB achieved short term financial balance in 2019/20 and has set a balanced budget for 2020/21. However, while progress is evident from the original Medium Term Financial Plan (MTFP), it is still faced with financial challenges in the medium to longer term, with the impact of COVID-19 increasing this risk. It is critical that this is reflected in the comprehensive review of the MTFP planned for 2020/21.

Given the risks identified in 2018/19 regarding medium-term financial planning, the Strategic Commissioning Plan, transformation work and workforce planning, and the importance of each of these areas to the IJB's sustainability, it is concerning that no progress was made in addressing the issues identified in 2018/19 during the year. The IJB should ensure progress on these areas is prioritised in 2020/21.

Governance and Transparency

The IJB has a clear vision. There has been a high level of turnover in Chief Officer and Board Member positions in the year, although transition arrangements have been in place. Appropriate governance arrangements have been put in place in response to the COVID-19 pandemic.

As the IJB has not carried out a review of its Integration Scheme within the legal timeframe, it is now in a non-compliant position with its governing legislation. This needs to be addressed as a priority.

We have not seen any improvements in the IJB's approach to development, self assessment, openness and transparency, or to enhancing the quality of its information. It is likely that significant turnover in the Chief Officer role has impacted on progress in these areas.

Value for money

The IJB has improved its performance management culture by approving a revised framework in the year. We welcome the IJB's commitment to community engagement as it progresses programmes of demand management and changes to service delivery.

Performance data has shown some areas of improved performance with other areas still representing a challenge. There are particular difficulties in relation to psychological therapies and we have serious concerns about the ability of the IJB and its partners to provide appropriate levels of service in this area. We will monitor changes in performance in this area closely in 2020/21. While addressing declines in performance is important, we do recognise that resources are currently focussed on managing the impact of COVID-19.

Our detailed findings are included on pages 18 to 33 of this report. We will consider progress with the agreed actions as part of the 2020/21 audit.

Introduction (continued)

The key messages in this report (continued)

Emerging issues

Deloitte's wider public sector team prepare a number of publications to share research, informed perspective and best practice across different sectors. Most recently, a number of articles have been published focusing on the impact of COVID-19. We have provided a summary of those most relevant to the IJB as an Appendix on pages 35 and 36 of this report.

Next steps

An agreed Action Plan is included as an Appendix on pages 40 to 47 of this report which includes a follow up of progress on previous years agreed actions. We will consider progress with the agreed actions as part of our 2020/21 audit.

In a number of cases, due to staff focusing on the COVID-19 response, we have not been provided with requested evidence to provide an update to our conclusions on the audit dimensions. We understand this and are satisfied that our report remains sufficiently comprehensive. We have made this clear where relevant throughout the report and will follow up these areas again in 2020/21.

Added value

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

This is provided throughout the report. In addition, as information emerges as a result of the COVID-19 pandemic, we have shared guidance with management on areas to consider in relation to internal controls, fraud risks and annual reporting. In addition, invites have been issued to our weekly webinar "Responding to COVID-19: Updates and practical steps" which are open to anyone to join.

We have also included conclusions on the IJB's Best Value arrangements, which are discussed on page 33.

Pat Kenny
Audit Director








Financial statements audit



Quality indicators

Impact on the execution of our audit

Management and those charged with governance are in a position to influence the effectiveness of our audit, through timely formulation of judgements, provision of accurate information, and responsiveness to issues identified in the course of the audit. This slide summarises some key metrics related to your control environment which can significantly impact the execution of the audit. We consider these metrics important in assessing the reliability of your financial reporting and provide context for other messages in this report.

Area	Grading	Reason
Timing of key accounting judgements		There are no significant accounting judgements included in the IJB accounts, which is in line with our expectations and understanding of the IJB.
Adherence to deliverables timetable		There were significant delays in receiving information to support our work on the wider audit dimensions, due to staff focusing on COVID-19. In a number of cases, information has not been provided and we have been unable to fully update our work on the prior year. With regards to the financial statements, we were informed about and accepted a delay to production of the annual accounts and supporting evidence, which did not have a significant impact on our ability to meet the reporting timetable.
Access to finance team and other key personnel		Deloitte and the IJB have worked together to facilitate effective remote communication during the audit.
Quality and accuracy of management accounting papers		On the whole documentation provided has been a good standard. This included documentation that easily reconciled to the draft financial statements.
Quality of draft financial statements		A full draft of the annual accounts was received for audit on the 24 June 2020. The draft was of a high standard with limited changes required, although we have made recommendations for improvement which management should note for 2020/21.
Response to control deficiencies identified		No control deficiencies were identified.
Volume and magnitude of identified errors		We have not identified any financial adjustments above our reporting threshold to date. We identified only one disclosure deficiency, relating to the remuneration report, set out on page 39.



Lagging



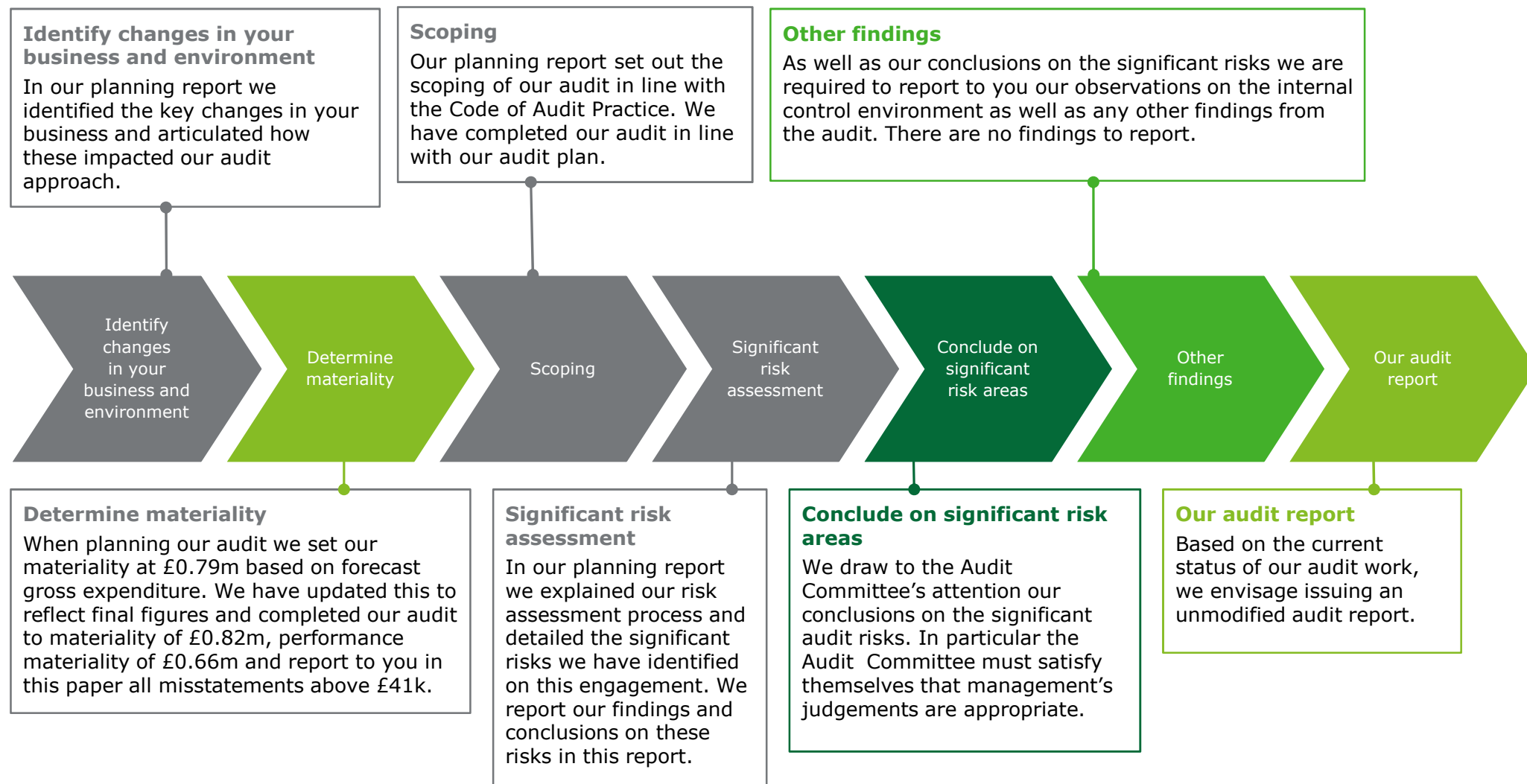
Developing



Mature







Our audit explained

We tailor our audit to your business and your strategy



Significant risks

Dashboard

Risk	Material	Fraud risk	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Page no.
Completeness and accuracy of income			D+I	Satisfactory		Satisfactory	11
Management override of controls			D+I	Satisfactory		Satisfactory	12

Overly prudent, likely to lead to future credit







Overly optimistic, likely to lead to future debit.

D+I: Testing of the design and implementation of key controls

Significant risks (continued)

Risk 1 – Completeness and accuracy of income

Risk identified

ISA 240 states that when identifying and assessing the risks of material misstatement due to fraud, the auditor shall, based on a presumption that there are risks of fraud in income recognition, evaluate which types of income, income transactions or assertions give rise to such risks.

The main components of income for the IJB are contributions from its funding partners, namely Shetland Islands Council ('SIC') and NHS Shetland ('NHSS'). The significant risk is pinpointed to the recognition of this income, being completeness and accuracy of contributions received from SIC and NHSS.



Key judgements and our challenge of them

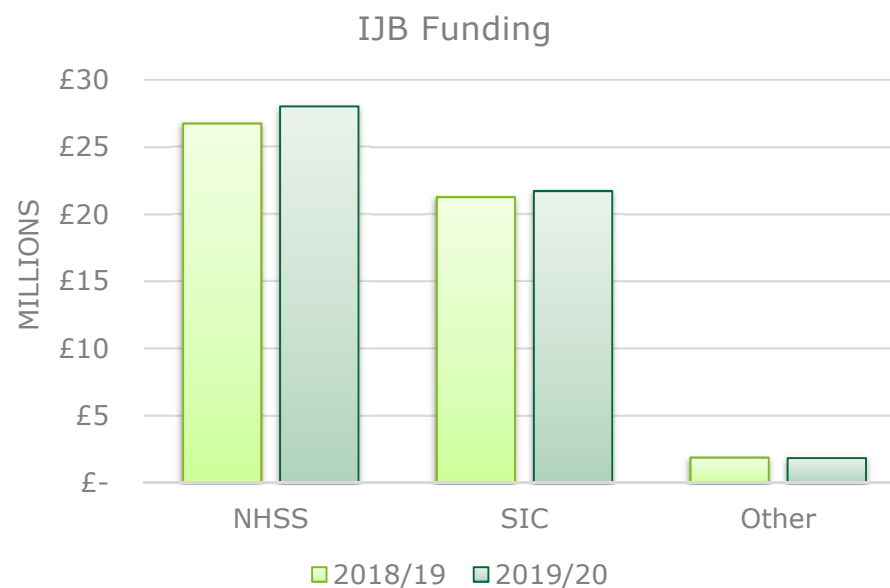
Given the year-end deficit projected by the IJB, there is a risk that overspends could be funded by funding partners in the year following their approval, and therefore contributions could differ from the approved budget.



Deloitte response

We have performed the following:

- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process and that any amendments have been appropriately applied;
- tested the reconciliations performed by the IJB at 31 March 2020 to confirm all income is correctly recorded in the ledger;
- confirmed that the reconciliations performed during 2019/20 have been reviewed on a regular basis; and
- assessed the design and implementation of management's controls around recognition of income.



Deloitte view

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

Significant risks (continued)

Risk 2 - Management override of controls

Risk identified

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



Key judgements

The key judgement in the financial statements is that which we have selected to be the significant audit risk around the completeness and accuracy of income (page 11). This is inherently the area in which management has the potential to use their judgement to influence the financial statements.



Deloitte response

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

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

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

Significant and unusual transactions

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

Journals

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

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

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

Accounting estimates and judgements

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

We have not identified any significant accounting estimates and judgements from our testing.

Deloitte view

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

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

Other significant findings

Financial reporting findings

Below are the findings from our audit surrounding your financial reporting process.

Qualitative aspects of your accounting practices:

The IJB accounts have been prepared in accordance with the Local Authority Code of Practice (the Code). The accounting policies adopted are in line with the Code.

Other matters relevant to financial reporting:

We have not identified other matters arising from the audit that, in the auditor's professional judgement, are significant to the oversight of the financial reporting process.

Significant matters discussed with management:

Significant matters discussed with management related primarily to the impact of COVID-19 on the organisation, the need to review medium to long term plans and the need to review the Integration Scheme to ensure compliance with the IJB's governing legislation.

We will obtain written representations from the Board on matters material to the financial statements when other sufficient appropriate audit evidence cannot reasonably be expected to exist. A copy of the draft representations letter has been circulated separately.

Coronavirus (COVID-19) outbreak

Impact on the annual accounts and audit

The current crisis is unprecedented in recent times. The NHS and social care sectors are most directly exposed to the practical challenges and tragedies of the pandemic, and is undergoing major, rapid operational changes in response.

The uncertainties and changes to ways of working also impact upon the reporting and audit processes, and present new issues and judgements that management and Audit Committees need to consider. We summarise below the key impacts on reporting and audit:

Impact on the IJB's annual accounts	Impact on our audit
<p>The Board need to consider the impact of the outbreak on the annual report and financial statements including:</p> <ul style="list-style-type: none">• Principal risk disclosures;• Change in the funding regime for 20/21;• Onerous contracts and any potential provisions;• Going concern; and• Events after the end of the reporting period.	<p>COVID-19 has fundamentally changed the way we have conducted our audit this year including:</p> <ul style="list-style-type: none">• Teams are primarily working remotely with some challenges in accessing 'physical' documentation and with availability of some staff;• The teams have had regular status updates to discuss progress and facilitate the flow of information;• Timetable of the audit has been shorter given the initial accounts delay whilst working towards the same reporting timetable;• Consideration of impacts on the areas of the financial statements and annual report listed has been included as part of our audit work in the current year and comments have been included where appropriate within this report; and• In conjunction with the Board, we will continue to consider any developments for potential impact up to the finalisation of our work on 24 September 2020.

Our audit report

Other matters relating to the form and content of our report

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



Our opinion on the financial statements

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



Material uncertainty related to going concern

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

While the Board has been faced with financial sustainability issues (as discussed on page 24), it achieved a balanced budget in 2019/20 and has agreed a balanced budget for 2020/21. There is also a general assumption set out in Practice Note 10 (Audit of financial statements of public sector bodies in the United Kingdom) that public bodies will continue in operation, therefore it is appropriate to continue as a going concern.



Emphasis of matter and other matter paragraphs

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

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



Other reporting responsibilities

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

Our opinion on matters prescribed by the Controller of Audit are discussed further on page 16.

Your annual report

We are required to provide an opinion on the auditable parts of the remuneration and staff report, the annual governance statement and whether the management commentaries are consistent with the disclosures in the accounts.

	Requirement	Deloitte response
Management Commentary	The management commentary comments on financial performance, strategy and performance review and targets. The commentary included both financial and non financial KPIs and made good use of graphs and diagrams. The Board also focuses on the strategic planning context.	<p>We have assessed whether the management commentary has been prepared in accordance with the statutory guidance. Minor amendments were required as a result of our audit work.</p> <p>We have also read the management commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.</p> <p>We have noted in our review of the annual accounts that there is significant budget variance analysis which is not required. Similarly, the IJB has utilised the reduced disclosure requirements in 2019/20 in relation to matters such as KPIs and other information. We would recommend that management reconsider the areas of recommended improvement we communicated with them in the preparation of the 2020/21 annual accounts.</p>
Remuneration Report	The remuneration report must be prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chief Officer.	We have audited the disclosures of remuneration and pension benefits, pay bands, and exit packages, and we can confirm that following amendment for the disclosure deficiency set out on page 39, they have been properly prepared in accordance with the regulations.
Annual Governance Statement	The Annual Governance Statement reports that the Board governance arrangements provide assurance, are adequate and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the accounts regulations. We have required management to make changes to significant governance issues in the year, relating specifically to the IJB's non-compliance with the Public Bodies (Joint Working) (Scotland) Act 2014, which required the Integration Scheme to be reviewed by the end of June 2020.

Audit dimensions and best value



Audit dimensions

Overview

As set out in our Audit Plan, public audit in Scotland is wider in scope than financial audits. This section of our report sets out our conclusions on our audit work covering the following areas. Our report is structured in accordance with the four **audit dimensions**, but also covers relevant risks identified by Audit Scotland.

Financial management



Financial sustainability

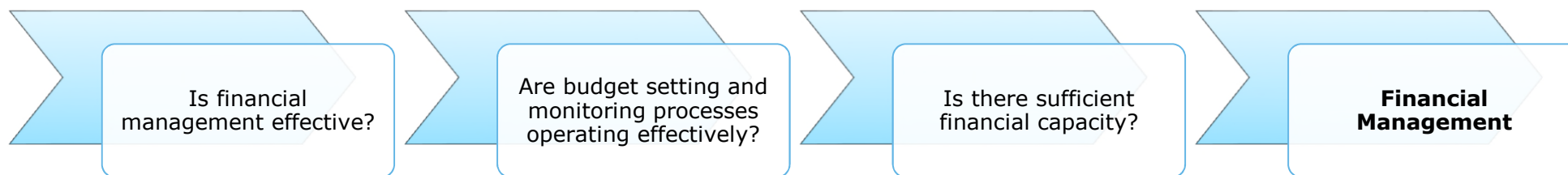
Value for money

Governance and transparency

The Islands (Scotland) Act 2018 received royal assent in July 2018. The Islands (Scotland) Act 2018 places a duty on 'relevant authorities' to have regard to island communities in exercising their functions. Relevant authorities must prepare an island communities impact assessment for any policy, strategy or service likely to have an effect on an island community which significantly differs from that on other communities. This is known as "island-proofing". The Act requires relevant authorities to publish information at least once annually detailing steps taken to comply with their duty of having regard to island communities. We have considered the implications of the Act as part of our consideration of Best Value arrangements (discussed further on page 33).

Financial management

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



Areas considered

Our approach to the audit dimensions is risk focused. We have provided an update for the Board on all areas considered in the prior year audit report. We identified the following risk in our audit plan:

"There remains a risk that the budget setting and monitoring arrangements are not sufficiently robust to ensure that the IJB operates within the delegated budgets."

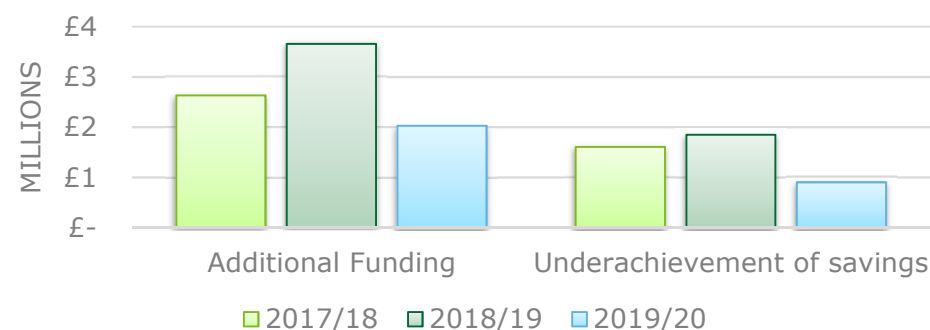
Budget monitoring

2018/19 Conclusion: The 2018/19 budget was noted, rather than approved, by the IJB. The IJB reported an overspend against budget, but recorded a surplus due to additional funding being received from NHS Shetland. Overspends were mainly driven by underachievement of savings in the recovery plan and locum costs in psychiatric, primary and unscheduled care. The IJB's reporting makes it difficult to assess financial performance due to financial monitoring reports ('FMRs') only referring to forecast, rather than actual, spend.

2019/20 Update: The IJB approved, rather than noted, its 2019/20 budget. The IJB budgeted total income of £45.648m funded by £22.019m from SIC and £23.629m from NHSS. The expenditure was budgeted to be £48.181m, which consists of £22.019m of contributions to SIC and £26.162m to NHSS which resulted in a forecast funding shortfall of £2.533m (5.3%) for the year.

As with previous years, NHS Shetland provided 'one off' funding to the IJB (totaling £2.734m in 2019/20) which enabled the IJB to achieve a year-end surplus position of £73k. As shown in the graph across, an improvement in the IJB's achievement of savings has resulted in a reduced additional funding requirement in 2019/20.

Savings and additional funding needs



The IJB's savings target for the year was £2.331m, of which £1.427m was achieved, 93% of which related to non-recurring savings. As with 2018/19, the main areas of overspend continue to be psychiatric, primary and unscheduled care, which combined represent £1.912m (77%) of the IJB's overspend against budget.

We have not noted any changes to the FMRs to better enable the IJB to monitor actual, as well as projected, performance throughout the year.

2019/20 Conclusion: While the achievement of a small surplus position at the end of March 2020 is positive, and there have been improvements since 2018/19, this masks the true position of the IJB, which reported an underachievement of its savings target, significant recurring variances against its budget and a reliance on additional funding from its funding partners. Our recommendation on improving monitoring of the actual financial position, in addition to the projected position, remains.

Financial management (continued)

Financial reporting

2018/19 Conclusion: Amendments to budget are made throughout the year, with these included in the FMRs. High-level narrative on the reasons for major reallocations and amendments to the budget should be included in the FMRs. We highlighted risks regarding the accuracy of budgeting and forecasting given the amount of amendments and savings being used as a 'balancing figure' in the budget. We noted that there is no committee in the IJB with responsibility for monitoring financial performance, with significant Board meeting time spent analysing the detail of IJB finances rather than focusing on strategic thinking and priority areas.

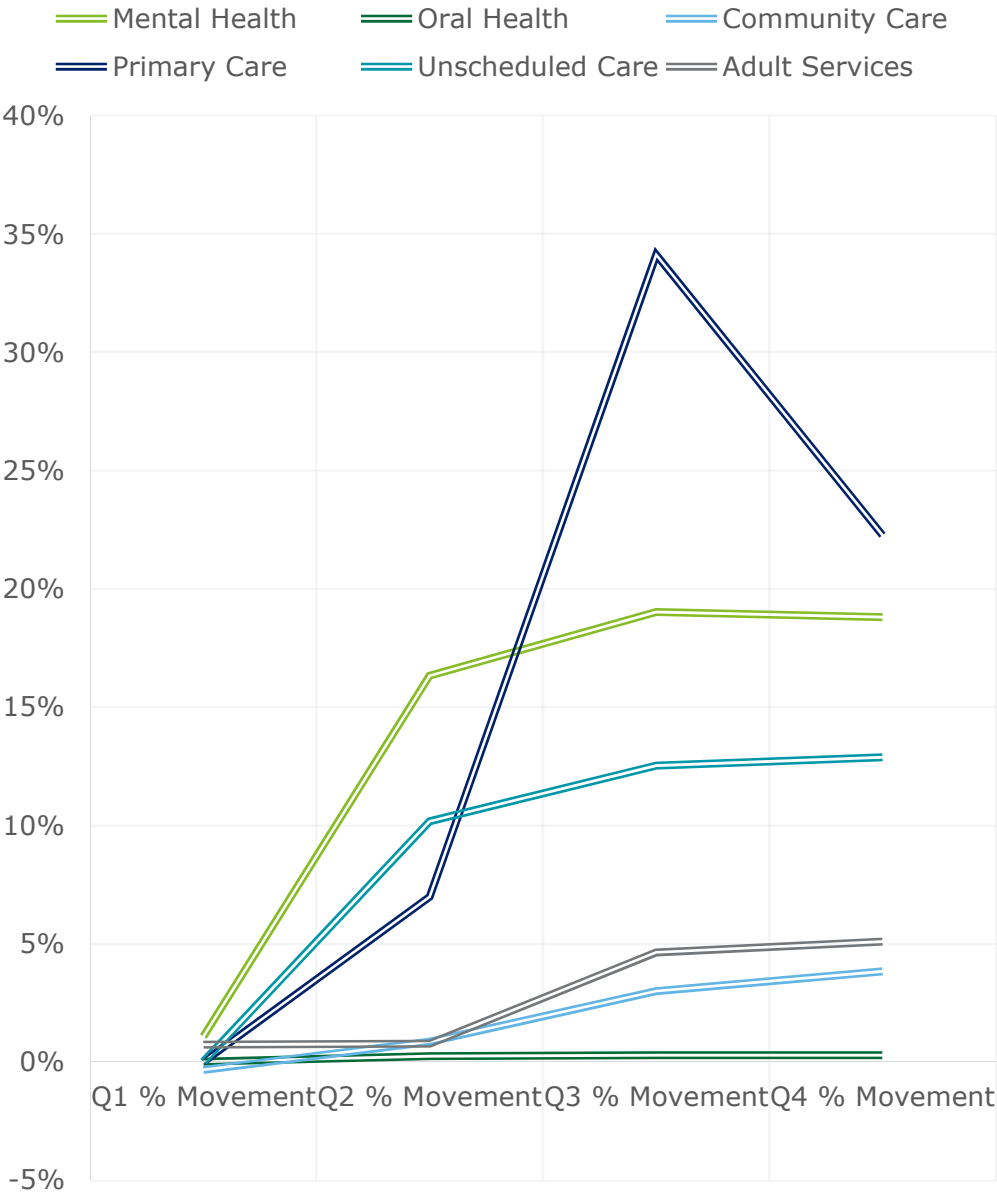
2019/20 Update: As set out on page 19, we have not noted any changes to the FMRs. This includes the lack of information being provided to the IJB on the reallocation or amendment of budgets.

As set out in the graph across, there continues to be significant revisions to the budget. Our findings in 2019/20 are similar to 2018/19, with the revisions to the budget being similar to those made in the prior year. This indicates that the revisions are foreseeable and should be accounted for in the original budget.

While we are not aware of any formal change to the terms of reference of the Audit Committee, we have noted that from November 2019, the Audit Committee has considered the IJB's performance and financial position at its meetings.

2019/20 Conclusion: We welcome the Audit Committee taking a more active role in monitoring of the IJB's performance and financial position. However, the IJB continues to make significant revisions to its budget, with these revisions being foreseeable. Amendments to the IJB's budget are not transparently presented. The IJB should make improvements to its financial reporting processes to address these concerns.

BUDGET AMENDMENTS BY SERVICE



Financial management (continued)

Budget setting

2018/19 Conclusion: Financial planning is not integrated, long-term or outcome focused. Improvements to the budget setting process, linking to the Strategic Commissioning Plan and outcomes, improving engagement and linking to locality plans. The Shetland Partnership (of which the IJB is a key member) is in breach of the Community Empowerment Act, as locality plans do not exist.

2019/20 Update: The IJB has worked with its partners to develop locality plans. However, these were not developed in the year and the Partnership remains non-compliant with the Community Empowerment Act. It is expected that these will be fully developed in 2020/21.

Given that the 2019/20 budget was prepared prior to the publication of our 2018/19 report, our recommendations were not addressed in that year. In the 2020/21 budget, we have not identified any explicit links to the Strategic Commissioning Plan, outcomes or locality plans.

The budget for 2020/21 is the first in the existence of the IJB to be a balanced budget, following an increase in funding from SIC and NHSS of £2.060m and £3.028m respectively.

2019/20 Conclusion: We are pleased that the IJB is in a position to set a balanced budget for 2020/21, suggesting improvements in the integration of financial planning and enabling the IJB to take a more long-term and outcome focused approach to budgeting. However, improvements to the IJB's budget setting process, as set out in 2018/19, remain outstanding. The IJB need to closely monitor the development of locality plans, in conjunction with their partners, to ensure the IJB addresses the non-compliance with its legal responsibilities as soon as possible.

Financial capacity

2018/19 Conclusion: The IJB has suitably qualified and experienced officers leading the finance function. The IJB needs to consider the capacity of the finance function given the dual role being completed by the Chief Financial Officer. The IJB needs to consider if its leadership is appropriately resourced and supported by enough personnel and support services to deliver the strategic change necessary.

2019/20 Update: There have been no changes in the finance function in the year. The quality of reporting, subject to the recommendations made on page 20, remains appropriate.

As with 2018/19, while we are aware that capacity remains an ongoing consideration, we are not aware of a specific review considering the capacity of the finance function, the case for an IJB-specific Chief Financial Officer, or of the resources and support services provided to leadership within the IJB. Given the significant turnover within leadership positions (the loss of the Head of Planning and Modernisation in October 2019 and with three Chief Officers being in post between March 2019 and September 2020) and the loss of continuity knowledge and experience, this takes on more importance. In order to mitigate the impact on continuity knowledge and experience, the IJB retained the Interim Chief Officer appointed in May 2019 in an Interim Chief Officer position until July 2020, and subsequently in an Interim Depute Chief Officer position.

While officers within the Council and NHS who perform IJB delegated services were involved in the development and updating of the Council and NHS workforce plans, the IJB itself was not involved. It is not clear from a review of the NHS and Council workforce plans that the IJB's needs have been appropriately considered and therefore that there are sufficient plans in place to ensure an appropriate workforce is available over the medium-term to deliver the IJB's objectives.

2019/20 Conclusion: There is insufficient information for us to express a view as to whether there is, or is not, a need for an IJB-specific Chief Financial Officer and as to whether the level of support provided to the IJB is appropriate. However, a significant number of actions have not been taken forward in the year, which suggests there is an issue with capacity within the IJB at a senior level (we accept the outstanding recommendations do not all sit with the Chief Financial Officer, however, the level of outstanding recommendations is indicative of a wider capacity issue within the IJB).

The IJB needs to work with its partners to carry out this review, as set out in 2018/19, to consider if it is satisfied that it has the resources and personnel it needs to achieve its objectives. The IJB should ensure it is involved in the annual reviews of the Council and NHS workforce plans, to assure itself as to the robustness of those plans for the IJB's needs, in line with the IJB's objectives.

Financial management (continued)

Internal audit

Shetland Islands Council's Chief Internal Auditor provides the internal audit function for the IJB.

In 2019/20, internal audit carried out one IJB-specific review on the set aside budget arrangements, with no significant issues noted. A review of SIC and NHSS internal audit reports was also carried out, with no issues arising in these internal audits being specific to the IJB.

The internal audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal controls. During the year, we have completed an assessment of the independence and competence of the internal audit team and reviewed their work and findings. The conclusions have helped inform our audit work, although no specific reliance has been placed on the work of internal audit.

Standards of conduct for prevention and detection of fraud and error

We have reviewed the IJB's arrangements for the prevention and detection of fraud and irregularities. Overall we found the IJB's arrangements to be designed effectively and implemented appropriately.

Deloitte view – Financial management

The IJB has achieved a surplus position in 2019/20, with improvements on performance against the budget noted since 2018/19. Improvements recommended in 2018/19 with regards to monitoring of the budget position were not actioned in the year.

We are pleased to note that the Audit Committee has taken a more active role in the scrutiny of the IJB's performance and financial position. However, we have not noted improvements to the transparency of financial reporting to the IJB in the year, despite recommendations being made in this area in 2018/19.

The IJB has a strong and consistent finance team. However, the IJB needs to consider the capacity of its finance function, the support provided to its leadership and the workforce plans developed by SIC and NHSS to ensure that these are all sufficient to support the delivery of the IJB's objectives.

While we have noted improvements in the year, the IJB continues to face challenges in achieving its planned savings. In order to ensure future financial sustainability, it is critical that the Board set realistic targets with clear plans in place, ensuring there is sufficient lead time to implement the changes required.

Financial sustainability

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



Areas considered

Our approach to the audit dimensions is risk focused. We have provided an update for the Board on all areas considered in the prior year audit report. We identified the following risks in our audit plan:

"There is a risk that the plans for efficiency savings, achieving financial balance and service redesign are not robust enough to allow the benefits to be realised."

"There is an increased risk in achieving short term financial balance."

Short-term financial balance

2018/19 Conclusion: The IJB achieved financial balance in 2018/19, following the receipt of additional funding of £1.2m from the Scottish Government (provided through NHS Shetland) and additional funding of £3.6m provided by NHS Shetland directly. The IJB identified an 'efficiency target' of £2.28m, achieving £0.43m of these. The IJB needs to operate within the delegated budget and commission services from the Council and NHS on this basis. It is poor practice and not in line with the Integration Scheme to budget using non-existent resources where savings are not identified.

2019/20 Update: In 2019/20, the IJB again received additional funding of £1.2m from the Scottish Government, through NHS Shetland. As set out on page 19, NHS Shetland additionally provided a further £2.734m to the IJB. These actions, in conjunction with the achievement of £1.427m of savings achieved in the year, have enabled the IJB to achieve financial balance in 2019/20.

In May 2020, the IJB set its 2020/21 budget. As set out on page 21, the IJB has set a balanced budget for the first time since its inception, following significant uplifts in the funding provided by both SIC and NHSS. While there are no efficiency targets built into the IJB's budget, it has noted that it aims to deliver 3% recurring savings each year, and will need to deliver short-term savings during 2020/21 as and when the opportunities arise. These savings have not been identified in the budget and there is a risk that they will not be achieved.

In setting the budget, the IJB recognised that current developments in relation to COVID-19 are likely to incur significant additional costs, and noted that significant revisions to the budget are likely throughout the year. The IJB may need to consider emergency budget measures as the impact, financially and operationally, of mobilisation and response to COVID-19 are better understood.

The IJB developed a mobilisation plan detailing the additional activities undertaken to support its response to COVID-19, alongside the estimated financial impact. This is being monitored and updated on a regular basis, with the estimated costs associated with the IJB submitted to the Scottish Government. While the full funding allocation from the Scottish Government has not yet been confirmed, the interim allocation to address immediate social care pressures is not sufficient to fund all pressures.

2019/20 Conclusion: The IJB achieved financial balance in 2019/20. A balanced budget has been set for 2020/21, following significant uplifts in the funding provided by the Council and NHS. However, the impact of COVID-19 remains a significant risk which could impact on the IJB achieving short term financial balance.

Financial sustainability (continued)

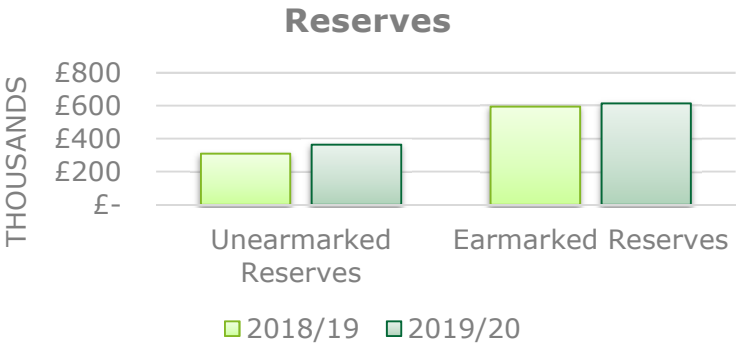
Reserves

2018/19 Conclusion: The IJB has a clear Reserves Policy in place, which was approved in 2017/18. The IJB carried forward £0.431m of unearmarked reserves to 2019/20, providing some flexibility for the IJB to drive forward redesign, transformation and programmes of demand management.

2019/20 Update: The IJB reviewed its Reserves Policy in the year. The policy does not set out a reserves target, as management feel this would not be feasible when the IJB is looking to find efficiencies within budgets alongside managing increasing demographic pressures. In 2019/20, we noted that the IJB's unearmarked reserves have increased from £0.431m to £0.956m.

We note that the IJB has developed an IJB Reserve Application Form which is to be used for all future bids for funding from the reserve, which will enable the IJB to better monitor whether the use of reserves is appropriate.

2019/20 Conclusion: In line with good practice, the IJB continues to review its reserves strategy. We welcome the development of an application form for funding from reserves, which will enable improved monitoring. The IJB should give consideration to setting a budgeted contribution to reserves in future to allow the IJB greater flexibility to manage demand fluctuations and to support financial planning over the medium to longer term.



Medium term financial sustainability

2018/19 Conclusion: The IJB developed an MTFP, forecasting a need to achieve £7.7m of recurring savings by 2023/24. The robustness of the MTFP needed substantial improvement, set out in the action plan on page 41. Work is ongoing on service redesign and business transformation, but savings are not being realised at the required levels. Overall, the IJB is not in a financially sustainable position.

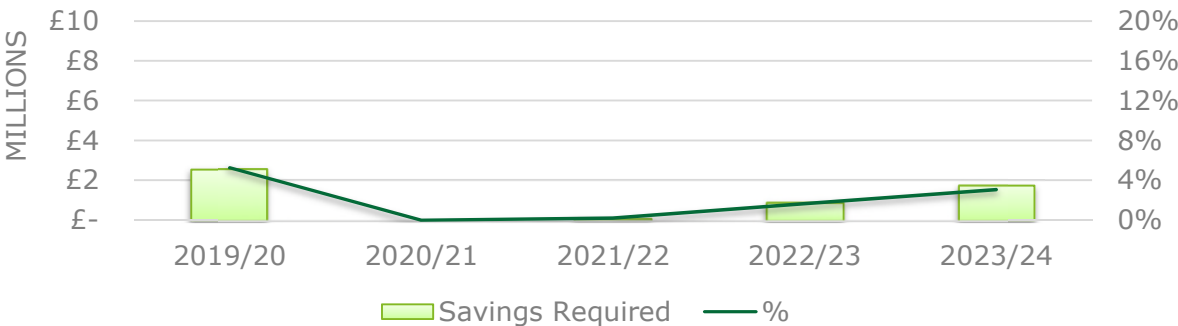
2019/20 Update: The MTFP has not been reviewed in the year, with delays initially as a result of the 2020/21 budget settlement process and subsequently COVID-19.

In 2019/20, £2.53m of savings were required, with £1.43m of savings achieved (56%). This is a significant improvement on the prior year, although there is heavy reliance on non-recurrent savings. In its 2020/21 budget, the IJB noted a significant increase in funding from both SIC and NHSS, increasing its funding from £45.648m to £50.736m. This enables the IJB to set a balanced budget for 2020/21, and reduces the funding shortfall by 2023/24 from £7.66m (14%) to £1.73m (3%). This savings target is in line with the efficiency targets set by the Scottish Government.

We are aware of the ongoing work in service redesign and business transformation, however, progress on these has not yet resulted in the release of savings.

2019/20 Conclusion: The IJB is now in a financially sustainable position. While the position of the IJB looking forward to 2020/21 has significantly improved on the same position in the prior year, this should be seen by the IJB as an opportunity to focus on appropriate changes to service delivery and demand management, managing change over the medium-term rather than needing to focus on short-term policies to achieve a breakeven position. It is important that the IJB does not perceive the improved position as evidence that change over the medium-term is not needed.

IJB Funding Gap 2019/20 - 2023/24



Financial sustainability (continued)

Medium term financial planning

2018/19 Conclusion: The IJB's MTFP should refer to the key principles of public service reform. The IJB should include the impact that decisions will have on the IJB's position against the in-year budget and the funding gap identified in the MTFP in the 'Finance Implications' section of reports. The implications of decisions on long-term outcomes and needs of the community should also be enhanced.

2019/20 Update: From our review of reports in the year – including directions issued to the Council and NHS – we have not noted any changes in the finance implications reported, with it remaining unclear what impact decisions will have on the position against the in year budget and the MTFP.

The MTFP was not revised in the year, as set out on page 24.

2019/20 Conclusion: In order to develop a culture of consideration of long-term financial sustainability, ensuring this is at the forefront of decision makers' minds, we remain of the view that the IJB should enhance the finance implications set out within its reporting where decisions will have an impact on the position agreed by the IJB in its budget or MTFP. When the MTFP is revised in 2020/21, the IJB should ensure to make reference to the principles of public service reform, setting out how the IJB intends to align its resources to these principles and monitor progress against them.

Strategic Commissioning Plan

2018/19 Conclusion: The IJB developed a Strategic Commissioning Plan covering 2019-22. The plan requires improvement in quantifying demand pressures and the resulting costs and identifying the level of transformation required, being linked to the Council and NHS programmes. The IJB needs to develop specific and detailed action plans to ensure the plan is achieved.

2019/20 Update: The Strategic Commissioning Plan was not revisited in the year. Despite the recommendations noted above, the Board took a decision in November 2019 to agree "that no separate process be undertaken to update the Strategic Commissioning Plan for 2020-23." The report underpinning this decision did not make reference to the fact that audit had identified a need to improve the plan. Further reporting was due in early 2020, although this did not occur due to the impact of COVID-19.

2019/20 Conclusion: We have not noted improvements in the year. Our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

Transformation work

2018/19 Conclusion: The IJB does not have a standalone transformation programme, instead relying on the Council and NHS programmes. The IJB needs to assess these programmes and consider whether they meet the IJB's needs, or consider developing its own programme. The IJB should receive reporting on progress against the programmes in relevant areas.

2019/20 Update: From review of Board and Audit Committee reports, we have not identified any reporting to the IJB on the Council and NHS transformation programmes. A number of areas of both the Council and NHS programmes are relevant to the IJB, but it is not clear that the IJB has considered whether they are sufficient.

2019/20 Conclusion: We have not noted improvements in the year. Our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

Workforce planning

2018/19 Conclusion: The IJB needs to work with the NHS and Council to ensure that the IJB's needs are met through their respective workforce plans. The IJB should receive reporting on how it has been involved in the development of the Council and NHS workforce plans, and how IJB needs have been built into the plan.

2019/20 Update: The IJB received no reporting on workforce planning in the year, relating either to the NHS or Council plans. While the Chief Officer was consulted in the development of both plans, the Board was not involved and has not received assurance on what the IJB's needs are, how these will be met and how any gaps will be addressed.

2019/20 Conclusion: We have not noted improvements in the year. Our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

Financial sustainability (continued)

Deloitte view – Financial sustainability

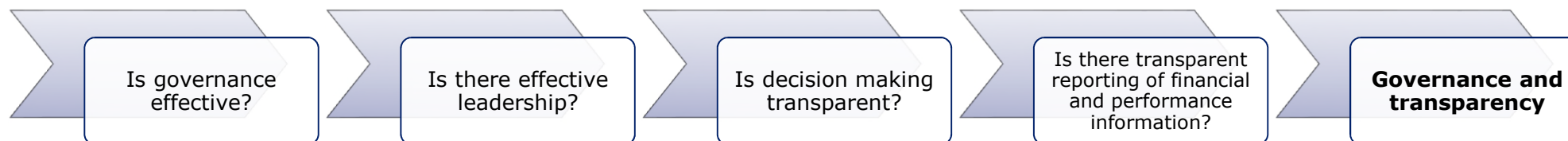
As noted on page 22, the IJB achieved short term financial balance in 2019/20 and has set a balanced budget for 2020/21. However, while progress is evident from the original MTFP, the IJB is still faced with financial challenges in the medium to longer term, with the impact of COVID-19 increasing this risk.

The current MTFP was not revisited as part of the annual budget process, although plans are in place for a comprehensive review in 2020/21. Given the risks associated with COVID-19, these will need to be taken into account in updated medium and long term plans. It is therefore critical that this comprehensive review takes place.

Given the risks identified in 2018/19 regarding medium-term financial planning, the Strategic Commissioning Plan, transformation work and workforce planning, and the importance of each of these areas to the IJB's sustainability, no progress was made in addressing the issues identified in 2018/19 during the year. The IJB should ensure progress on these areas is prioritised in 2020/21.

Governance and transparency

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



Areas considered

Our approach to the audit dimensions is risk focused. We have provided an update for the Board on all areas considered in the prior year audit report. We identified the following risk in our audit plan:

"There is a risk that the scrutiny and governance arrangements are not sufficiently robust to achieve the full benefits of integration."

Leadership and vision

2018/19 Conclusion: The IJB has a clear vision, set out in the Shetland Partnership Plan, which is clearly linked to its Strategic Commissioning Plan. The IJB has strong executive leadership.

2019/20 Update: There have been a number of changes in the IJB in the year. The Chief Officer took up the Interim Chief Executive position within NHS Shetland in April 2019, with an Interim Chief Officer appointed in May 2019. The Chief Officer returned to post in February 2020, but subsequently left on secondment in April 2020. The Interim Chief Officer appointed in May 2019 remained in that position until July 2020 when they took up the Interim Depute Chief Officer position, with a new Interim Chief Officer appointed from that date.

A new Chair was appointed in April 2019. Subsequently, a new Vice Chair was appointed in April 2020, with a new Chair appointed again in May 2020. There have also been numerous changes to the membership and Chair of the Audit Committee. These changes all occurred as a result of requirements included in the Integration Scheme to rotate the Chair and Vice Chair roles between members appointed by NHS Shetland and Shetland Islands Council.

2019/20 Conclusion: The IJB had transition arrangements in place to manage the changes in key positions, and provided training to new members of the Board. However, having such a high level of turnover risks delays to the IJB's work as new leadership and new Board members embed themselves in the work of the IJB and their new roles. The IJB and its partners should continue to monitor the high level of changes to understand if there is an underlying cause that needs to be addressed.

Development

2018/19 Conclusion: The IJB does not have a training plan at an individual officer, Member, Committee, or Board level. No skills gap analysis has been carried out, and appraisals are not carried out for Members. The effectiveness of training is not assessed. The IJB needs to fundamentally overhaul its approach to training and adopt a formal, ongoing approach to development.

2019/20 Update: While we are aware of some training provided to new members in December 2019, we were not provided with any evidence of a training plan being developed, appraisals being carried out, a skills gap analysis being performed or self-assessments of Committee or Board performance.

2019/20 Conclusion: The provision of training to new members in the year is welcome. However, we have not noted improvements in the year in relation to the development of a training plan. Our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

Governance and transparency (continued)

Effectiveness of governance

2018/19 Conclusion: The IJB does not have a structured approach to regular self-assessment and needs to develop a self-assessment and review programme. The IJB faces a risk from declining attendance at Board meetings.

2019/20 Update: The IJB completed a self-assessment on how it has progressed the proposals made by the Ministerial Strategic Group to improve integration. The IJB prepared a development plan, focussing on review of the Integration Scheme, the MTFP and Strategic Commissioning Plan. As set out elsewhere in this report, the IJB has not refreshed any of the above documents to date.

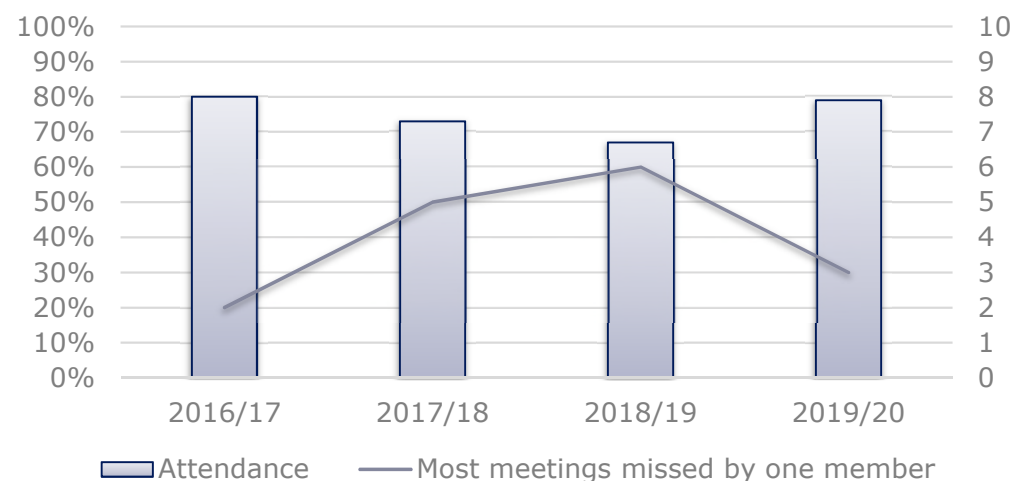
Other than this review, we have not been provided with any evidence of a self-assessment programme.

Attendance at IJB meetings has improved in the year, as shown in the graph across, from 67% in 2018/19 to 79% in 2019/20, reversing a previous trend of declining attendance. The most meetings missed by any one member has also declined from 6 (100%) to 3 (60%) in the year.

In response to the COVID-19 pandemic, all formal governance meetings were suspended and delegated authority to the Chief Officer to take operational decisions that would normally require Board approval. These arrangements have been kept under review and full Board meetings were held on 28 May 2020, 16 July 2020 and 10 September 2020.

2019/20 Conclusion: Appropriate arrangements have been put in place in response to the COVID-19 pandemic. We welcome improvements in attendance rates in the year and the preparation of a development plan in response to the Ministerial Strategic Group, although substantial work remains outstanding to progress the aims of this plan. Our view, as expressed in 2018/19, remains that the IJB needs to better establish a structured approach to self-assessment.

Attendance: 2016/17 – 2019/20



Quality of information

2018/19 Conclusion: The IJB provides extensive and timely information to Members to enable them to take decisions. The IJB should review whether the style of reporting is appropriate, and consider the detail provided in the meeting minutes. The IJB should consider webcasting of meetings.

2019/20 Update: We have not been provided with any evidence of a review of the style of reporting or documenting of the minutes of meetings being carried out in the year. While the Council has recently moved to webcasting of Council meetings, we have not noted the IJB following this route.

2019/20 Conclusion: We have not noted improvements in the year. Our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

Governance and transparency (continued)

Openness and transparency

2018/19 Conclusion: We concluded that in general, the IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this. We noted that the IJB should review its approach to openness and transparency, involving stakeholder engagement, to identify how it can continue its journey of continuous improvement in this area.

2019/20 Update: We have not been provided with any evidence of stakeholder surveys or engagement in assessing the IJB's approach to openness and transparency, or of any review in this area being carried out in the year.

2019/20 Conclusion: We have not noted improvements in the year. Our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

Commitment to improvement

2018/19 Conclusion: The IJB is required by law to carry out a formal review of its Integration Scheme by the fifth anniversary of its adoption, identifying and assessing potential changes which could improve integration. The IJB should consider its approach to openness and transparency on an annual basis, and carry out annual self-assessments of its performance as a body and the effectiveness of its governance through committee and Member evaluations. These should be published through an annual self-evaluation report.

2019/20 Update: In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to work together with the Council and NHS to formally review the Integration Scheme by the fifth anniversary of its approval, being May 2020. This review has not been completed and the IJB, along with its partner organisations, is non-compliant with the relevant legislation. The requirement for this review was communicated to all three organisations during our audits in summer 2019, and insufficient progress was made in early 2020, with planned work on this area then further delayed due to the COVID-19 pandemic.

As set out elsewhere in this report, the IJB has not carried out a review into its approach to openness and transparency and has not carried out a review of the effectiveness of its governance arrangements. A review of integration in response to the Ministerial Strategic Group was carried out. The IJB did not prepare a self-evaluation report in the year.

2019/20 Conclusion: The IJB is currently non-compliant with its responsibilities under its governing legislation and needs to address this as a priority. As set out throughout this report, there are a number of areas where we have not identified any improvement in the year, which highlights risks to the IJB's commitment to improvement.

Deloitte view – Governance and transparency

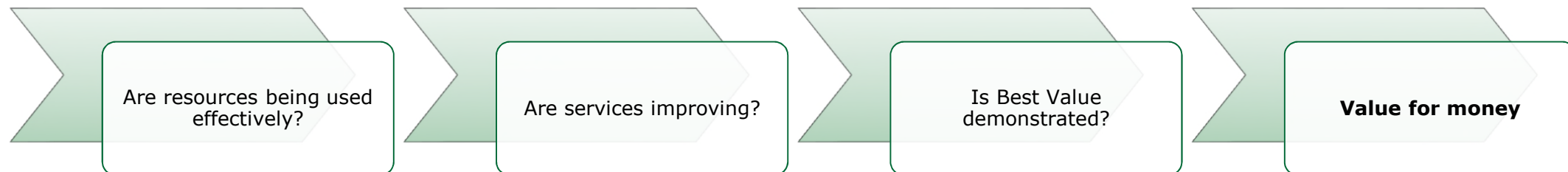
The IJB, with its partners, has a clear vision for what it wants to achieve for the people of Shetland. The transition of new Chief Officers and Board Members during the year went smoothly and appropriate governance arrangements have been put in place in response to the COVID-19 pandemic. Given the high level of turnover in these key positions in the year, we have insufficient evidence upon which to conclude whether the IJB continues to have strong executive leadership.

We have not identified any improvements in the IJB's approach to development, self assessment, openness and transparency, or to enhancing the quality of its information.

Despite highlighting the need for a review of the Integration Scheme in June 2019 – with the review required to be completed by June 2020 – progress on this through the year was slow, with further delays then caused by the impact of COVID-19 resulting in the IJB being in a non-compliant position. The IJB needs to address this as a matter of priority.

Value for money

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



Areas considered

Our approach to the audit dimensions is risk focused. We have provided an update for the Board on all areas considered in the prior year audit report. We identified the following risk in our audit plan:

"There is a risk that the scrutiny and governance arrangements are not sufficiently robust to achieve the full benefits of integration."

Performance management

2018/19 Conclusion: The IJB has a performance management framework in place, with performance regularly considered by management and the Board. While this is currently based on the existing frameworks within the Council and NHS, further work is required to provide a fully integrated suite of indicators for the IJB linked to its Strategic Commissioning Plan and the Scottish Government's National Performance Framework.

2019/20 Update: In June 2019, the IJB approved a new Performance Management Framework 2019-2024, which was jointly developed with the Council and NHS. Performance reporting to the IJB is set out against this revised framework, with reporting on Council wide indicators, health and wellbeing outcomes and national integration indicators.

2019/20 Conclusion: We welcome the preparation of a revised framework in the year, which is linked to the IJB's strategic plans, the Shetland Partnership Plan and the National Performance Framework.

Sickness absence

2018/19 Conclusion: We noted that the sickness absence information reported to the IJB differs to that reported to the Council, despite being for the same period and covering the same staff, undermining the ability of the Board to effectively monitor performance in this area.

2019/20 Update: In 2019/20, reporting to the IJB has been consistent with reporting to the Council and NHS.

Sickness absence within the IJB remains significantly higher than comparative figures for the Council and NHS. Within the IJB, sickness absence in 2019/20 was approximately 5.7%, compared to 3.7% for the Council and 3.8% for NHS Shetland. The IJB's absence rate is also higher than the Scottish Government's target rate of 4%.

2019/20 Conclusion: An increased sickness absence rate results in additional pressure on the IJB's financial position, due to the need to make greater use of locum and agency staff, and risks performance where roles cannot be filled. These impacts demonstrate why it is important that the IJB is involved in the development of the Council and NHS workforce plans, and to satisfy itself that the plans are appropriate for its needs, given that the staff performing IJB functions remain employees of the Council and NHS.

Value for money (continued)

Performance data

2018/19 Conclusion: The IJB has been performing consistently against its targets. The IJB should review its historical performance and its targets and challenge whether targets set are realistic and demonstrating a commitment to continuous improvement. While performance information is lengthy, it is highly numerical and difficult to follow with the accompanying report lacking detail and associated narrative being very high-level.

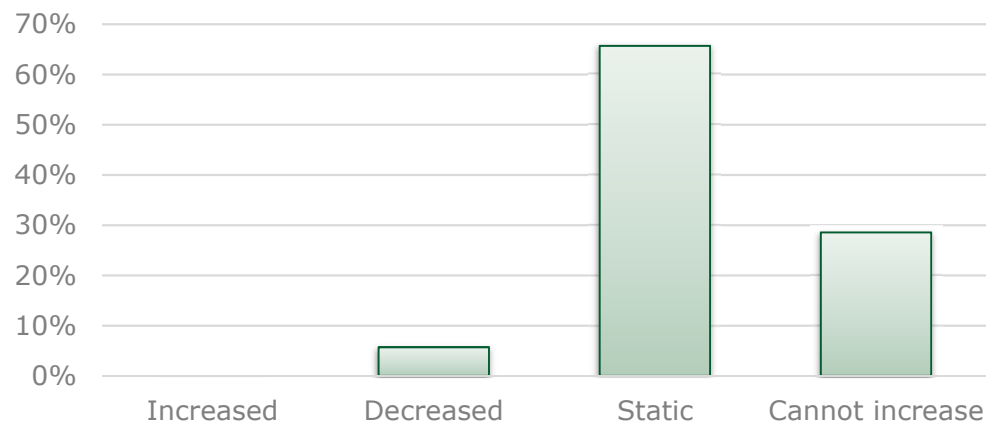
2019/20 Update: The IJB continues to perform consistently against its targets: In 2018/19, it achieved 21 targets and missed 15 and in 2019/20, it achieved 21 targets and missed 15. While the IJB has performed consistently, this is because it is meeting targets which have not changed, so while the IJB is meeting targets, this doesn't mean that performance is improving. From our review of indicators in 2019/20, we noted that performance has declined from 2018/19 in 54% of cases (improving in 29%).

In 2018/19, we noted significant declines in performance in the referral time for psychological therapies, which is a key national indicator. Performance declined from approximately 75% within 18 weeks in 2016/17 to approximately 55% in 2017/18, to 33% in Q3 2018/19. In 2018/19, management earmarked funding for an additional therapist, with alternatives being provided to some on the waiting list. The IJB noted that it had an improvement plan in place to achieve the 90% target by Q3 2019/20. Despite this, performance has continued to decline, to 16% in Q3 2019/20.

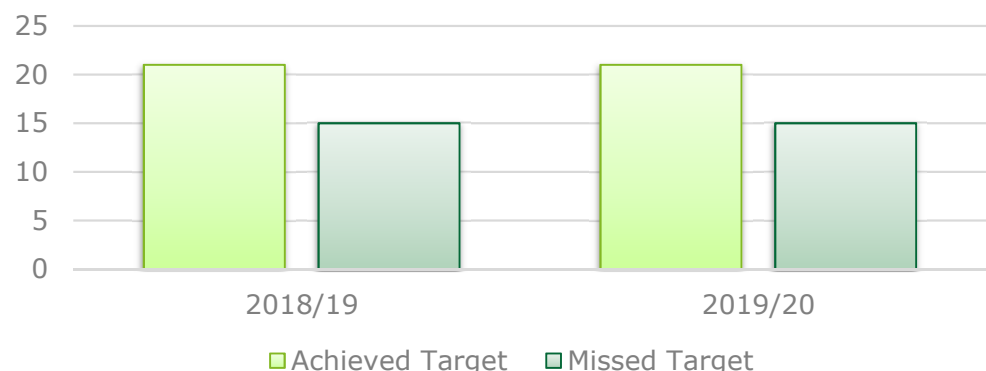
We have not been provided with any evidence of the IJB reviewing the targets set in the year. We have not identified any changes to performance reporting with the reports continuing to lack detail and being difficult to understand, undermining its usefulness.

2019/20 Conclusion: While the IJB continues to perform consistently against its targets, performance has declined in 54% of areas. While addressing this decline in performance is important, we do recognise that resources are currently focussed on managing the impact of COVID-19. We have not noted improvements in the year in relation to a review of targets or of performance information, and our conclusions from 2018/19 therefore remain relevant and appropriate in 2019/20.

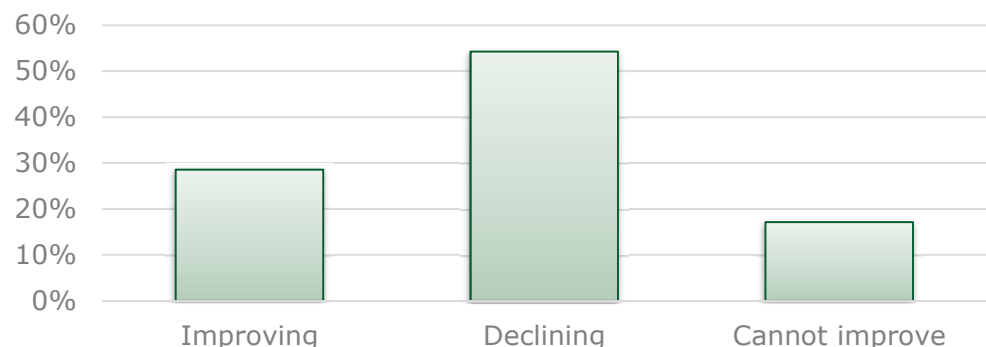
Targets: 2017/18- 2019/20



Performance against target: 2018/19 - 2019/20



Performance Indicators: 2018/19 - 2019/20



Value for money (continued)

Demand management

2018/19 Conclusion: The IJB has been involved in several programmes of demand management, including in areas such as mental health, primary care, intermediate care and social care. The progress reports provided to the IJB do not enable it to effectively monitor and properly scrutinise performance in these areas.

2019/20 Update: The IJB continues to engage in programmes of demand management. We have been impressed by the level of community engagement demonstrated in the 'Caring for Bressay' project, and are highlighting this as an area of good practice. As a result of effective engagement with the community, the IJB was able to transform the healthcare delivery model for Bressay to better suit the needs of residents whilst also realising savings to be reinvested in the community.

We have not identified progress reports being presented to the IJB outlining progress in the areas set out in 2018/19 or on the 'Caring for Bressay' project (since the revised model was approved in September 2019).

2019/20 Conclusion: We welcome the IJB's commitment to community engagement as part of reviews of service delivery and commend the Board on work in this area, particularly in relation to the 'Caring for Bressay' project. As set out in 2018/19, it is important that the IJB improves how it monitors progress in these areas to identify if savings and benefits are being realised and to learn and apply any lessons learned to future programmes.

Deloitte view – Value for money

The IJB has improved its performance management culture by approving a revised framework in the year, which is linked to the IJB's strategic plans, the Shetland Partnership Plan and the National Performance Framework. We welcome the IJB's commitment to community engagement as it progresses programmes of demand management and changes to service delivery, although improvements in monitoring progress against these remains outstanding.

Performance data has shown some areas of improved performance with other areas still representing a challenge. Performance declined in 54% of cases, with improvement noted in 29% of cases. While addressing this decline in performance is important, we do recognise that resources are currently focussed on managing the impact of COVID-19.

It is important that as the Board moves to the next phase in responding to COVID-19 that it focuses on lessons learned and how some of the changes made can be sustained. It is positive to note that the IJB has already started collating this information.

Given the long-running nature of the performance issues in the area of psychological therapies and the trend of declining performance, we have serious concerns about the ability of the IJB and its partners to provide appropriate levels of service in this area. We will monitor changes in performance in this area closely in 2020/21.

Best Value

It is the duty of the IJB to secure **Best Value (BV)** as prescribed in Part 1 of the Local Government in Scotland Act 2003.

Duty to secure best value

1. It is the duty of the IJB to make arrangements which secure best value.
2. Best value is continuous improvement in the performance of the IJB's functions.
3. In securing best value, the IJB shall maintain an appropriate balance among:
 - a) The quality of its performance of its functions;
 - b) The cost to the IJB of that performance; and
 - c) The cost to persons of any service provided by the IJB for them on a wholly or partly rechargeable basis.
4. In maintaining that balance, the IJB shall have regard to:
 - a) Efficiency;
 - b) Effectiveness;
 - c) Economy; and
 - d) The need to make the equal opportunity requirements.
5. The IJB shall discharge its duties in a way that contributes to the achievement of sustainable development.
6. In measuring the improvement of the performance of an IJB's functions, regard shall be had to the extent to which the outcomes of that performance have improved.

BV arrangements

The IJB has a number of arrangements in place to secure Best Value. This is evidenced through the Strategic Commissioning Plan and performance reporting. In 2018/19, we noted a view held by management and the Board that the IJB struggles to achieve Best Value and does not have sufficient information or consider a wide enough range of areas to assure itself that Best Value is being achieved, noting in its local response to the national report on integration that "Best Value is an area that is less developed."

As noted elsewhere within this report, while there have been improvements in a number of areas, there continue to be a significant number of areas where there has been no improvement in the year and performance has dropped to unacceptable levels, or the IJB has failed to meet its legal responsibilities (for example, in relation to the Community Empowerment Act and the Public Bodies Act).

Across the 22 areas we considered in both 2018/19 and 2019/20, we identified improvements in 12 areas, with no improvement or disimprovement identified in 10 areas. As set out on page 41, we have noted that only 3 of the 16 recommendations made in our prior year audit were fully implemented in the year.

In relation to the new requirements in relation to the Islands Act, the IJB has not yet carried out islands community impact assessments and has not published information about the steps the IJB plans to take to ensure compliance with its responsibilities under the Act when they come into force.

Deloitte view – Best Value

The IJB has a clear understanding of areas which require further development. However, it is not clear that the IJB has sufficient arrangements in place to ensure continuous improvement and deliver Best Value.

Sector developments



Sector developments

Responding to COVID-19

As part of our “added value” to the audit process, we are sharing our research, informed perspectives and best practice from our work across the wider public sector.

An emerging legacy

How COVID-19 could change the public sector

While governments and public services continue to respond at scale and pace to the COVID-19 pandemic, its leaders have begun to consider how the crisis might permanently change their agencies – and seven legacies are emerging.

The COVID-19 pandemic has been uncharted territory for governments. Elected representatives, officials and public service leaders around the world are making profound decisions with no precedent to draw upon and little certainty around when the crisis will end. As French President Emmanuel Macron observed, this is a kinetic crisis – in constant motion with little time to make far-reaching decisions.

In the UK and across much of Europe, government responses have been radical and exhaustive. Health services have mobilised at scale, finance ministries have acted fast to support businesses, and the full spectrum of departments have made rapid adjustments to ensure public needs continue to be met.

While leaders across the public sector remain focused on the immediate COVID-19 threat, they are increasingly mindful of its longer-term implications – and for some, the crisis could be an inflection point for their agency. This paper explores the pandemic’s likely legacy on governments, public services and the debates that shape them.

Seven emerging legacies:

1. Our view of resilience has been recast;
2. Governments could be left with higher debt after a shock to the public finances;
3. Debates around inequality and globalisation are renewed;
4. Lines have blurred between organisations and sectors;
5. The lockdown has accelerated collaborative technologies;
6. Civil society has been rebooted and citizen behaviour may change; and
7. The legacy that still needs to be captured.

Read the full article at:

<https://www2.deloitte.com/uk/en/pages/public-sector/articles/an-emerging-legacy-how-corona-virus-could-change-the-public-sector.html>

Sector developments (continued)

Responding to COVID-19 (continued)

COVID-19: Preparing for the 'next normal'

As the COVID-19 pandemic continues to unfold there is unlikely to be a rapid or decisive transition from crisis to recovery. Organisations are more likely to face a sequence of operational environments that oscillate between restriction and relaxation, before a final end-state of relative normality.

The first phase of COVID-19 response has been characterised by significant and rapid changes in the way people live their lives and how organisations operate. Many of these changes have been government-mandated. The next phase will be an opportunity for organisations to reflect and plan for a period of uncertainty and disruption. During this period businesses will need to maintain their responsibilities to their customers and staff while modifying operations to meet changes in demand and supply as government restrictions change. They will need to ensure that their recovery is sustainable in terms of resource use and flexible enough to meet change.

Copies of this report can be accessed through the following link:

<https://www2.deloitte.com/uk/en/pages/risk/articles/preparing-for-the-next-normal.html>

COVID-19: Impact on the workforce

It's likely that the way we work will be forever changed as a result of COVID-19. All of us are seeking answers to guide the way forward. That's why Deloitte's Global and UK Human Capital practice have produced a series of articles to inform business leaders on their path to respond, recover, and thrive in these uncertain times. These articles explore the impact of COVID-19 on the workforce and are aimed at supporting HR teams as they navigate their organisation's response to the pandemic.

HR leaders, in particular, have been at the centre of their organisation's rapid response to COVID-19, and have been playing a central role in keeping the workforce engaged, productive and resilient. Understandably, recent priorities have been focused almost exclusively on the respond phase. As progress is made against respond efforts, another reality is forming quickly. Now is the time for HR leaders to turn their attention toward recover to ensure their organisations are prepared to thrive.

The latest thinking from our UK Human Capital practice is "**COVID-19 CHRO Lens: Work, Workforce and Workplace Considerations**". This workbook provides a framework to enable leaders to plan for recovery. It sets out a series of key questions across the dimensions of work, workforce and workplace, enabling organisations to plan for multiple scenarios and time horizons, as they shift from crisis response to recovery.

The workbook can be found at the following link, along with links to other articles which we would encourage you to explore.

<https://www2.deloitte.com/uk/en/pages/human-capital/articles/COVID-19-impact-on-the-workforce-insight-for-hr-teams.html>

Appendices



Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

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

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

The scope of our work

Our observations are developed in the context of our audit of the financial statements.

We described the scope of our work in our audit plan.

Use of this report

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

What we don't report

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

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

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

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



Pat Kenny, CPFA

For and on behalf of Deloitte LLP

Glasgow | 14 September 2020

Audit adjustments

Disclosures

Disclosure misstatements

The following disclosure misstatement has been identified up to the date of this report which management have corrected. We nonetheless communicate it to you to assist you in fulfilling your governance responsibilities, including reviewing the effectiveness of the system of internal control.

Disclosure	Summary of disclosure requirement	Quantitative or qualitative consideration
<i>Remuneration Report</i>		
The Remuneration Report is required to disclose the actual remuneration received by the Chief Officer. The disclosure should specifically relate to their period in post, and not include remuneration for other positions held.		
Due to changes in the Chief Officer role in the year, the disclosure in relation to the Interim Chief Officer was incorrectly apportioned. The remuneration disclosed has been revised from £63,171 to £71,396.	Local Authority Accounts (Scotland) Regulations 2014 – Remuneration of Chief Officer	This disclosure is considered qualitatively material given that it relates to compliance with legislation and is a key regulatory focus area.
The disclosure in relation to the Chief Officer was incorrect and revised following audit from £27,776 to £27,194.		

Action plan

Recommendations for improvement

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
<i>Financial Sustainability</i>	The IJB should ensure it is involved in the reviews of the Council and NHS workforce plans and receives reporting on how these workforce plans will meet the IJB's needs.	A report will be presented to the IJB on an annual basis, outlining the NHS and Council workforce planning arrangements and any points of note for or risks to the IJB.	Chief Officer	31/03/2021	High
<i>Financial sustainability</i>	The IJB should receive reporting on the Council and NHS transformation programmes and how these are specific to the IJB's needs. The IJB should specifically consider whether the Council and NHS transformation programmes are sufficient, or whether it should develop a standalone transformation programme.	NHS Shetland's Project Management Office (PMO) will report on all transformation programmes across the health & social care system. A standard quarterly report will be created by the PMO that can be presented to various Boards/Committees to avoid duplication of work. The report will clearly link these projects to the Strategic Commissioning Plan, Medium Term Financial Plan and Directions.	Public Health & Planning Principal (NHSS)	31/03/2021	High

Action plan (continued)

Follow up on 2018/19 Action Plan

We have followed up the recommendations made in our previous year reports and note that only 3 of the total 16 recommendations made have been fully implemented. We will continue to monitor the 13 that have not been fully implemented as part of our 2020/21 audit work.

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Financial Sustainability	<p>The MTFP should be made more robust, giving specific consideration to the following:</p> <ol style="list-style-type: none"> 1. Include scenario analysis and risk assessments of assumptions. 2. The MTFP needs to outline the options available to the IJB to address the funding gap. 3. The MTFP should outline how the IJB intends to use its resources to deliver the Strategic Commissioning Plan. 4. The MTFP should make reference to the key principles of public service reform - prevention, performance, partnership and people - and how these key principles are reflected in the IJB's financial planning, and how the IJB intends to align its resources to these key principles and monitor progress against them. 	<p>The Strategic Commissioning Plan (SCP), which is refreshed annually will be the primary mechanism for addressing these recommendations. However, the MTFP will be updated annually so that it is aligned to the SCP.</p> <p>This is an ongoing iterative process where the SCP and MTFP are interdependent.</p>	Chief Financial Officer	31/03/2020	High	<p>Not implemented: The IJB has not revised its MTFP in the year, with subsequent delays due to COVID-19. The IJB intends to update its MTFP in 2020/21, and we encourage management to implement these recommendations when doing so.</p> <p>Updated management response: The IJB MTFP has been delayed due to the COVID-19 Pandemic. The plan will be aligned to the SIC MTFP which is due to be finalised in November 2020.</p> <p>Updated target date: 31/03/21</p>
	<p>The IJB needs to have annual self-assessments of governance arrangements, committee and Board performance. The IJB should agree a structured self-assessment and review programme.</p>	<p>This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.</p>	Executive Manager, Governance & Law (SIC)	31/12/2019	High	<p>Not implemented: The IJB has not performed self-assessments or agreed a self-assessment programme as set out in this recommendation.</p> <p>Updated management response: This will be addressed during this year with the NHS Shetland who undertook the last assessment on behalf of the Board.</p> <p>Updated target date: 31/03/21</p>

Action plan (continued)

Follow up on 2018/19 Action Plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Value for Money	The IJB should review its historical performance and its targets and challenge whether targets set are realistic and demonstrating a commitment to continuous improvement.	As the IJB is a relatively small organisation with limited resources this recommendation will be addressed through existing mechanisms.	Chief Officer	30/03/2020	High	Not implemented: The IJB has not reviewed the targets set in the year or developed an improvement plan.
	To demonstrate a focus on improving performance and outcomes, the IJB should develop an Improvement Plan. This Improvement Plan should informed by service self-assessments, stakeholder surveys and national reports.	The annual refresh of the SCP, subsequent directions and the Performance Management Framework will represent a continuous improvement cycle.				Updated management response: KPIs from the Strategic Commissioning Plan will be benchmarked and linked to Directions which are issued annually. Updated target date: 31/03/21
Value for Money	The IJB should review its historical performance and its targets and challenge whether targets set are realistic and demonstrating a commitment to continuous improvement.	As the IJB is a relatively small organisation with limited resources this recommendation will be addressed through existing mechanisms.	Chief Officer	30/03/2020	High	Not implemented: The IJB has not reviewed the targets set in the year or developed an improvement plan.
	To demonstrate a focus on improving performance and outcomes, the IJB should develop an Improvement Plan. This Improvement Plan should informed by service self-assessments, stakeholder surveys and national reports.	The annual refresh of the SCP, subsequent directions and the Performance Management Framework will represent a continuous improvement cycle.				Updated management response: KPIs from the Strategic Commissioning Plan will be benchmarked and linked to Directions which are issued annually. Updated target date: 31/03/21

Action plan (continued)

Follow up on 2018/19 Action Plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
<i>Financial Management</i>	The IJB should delegate authority to a committee to review and report to the Board on financial performance to better spread workload, free up time in Board meetings, improve the scrutiny of financial performance and enhance the importance attached to committees by the IJB.	As the IJB is a relatively small organisation with limited resources this recommendation will be addressed through existing committee structures. IJB agendas and chairing technique will be reviewed to allow greater scrutiny of financial reports.	Chief Officer	31/03/2020	Medium	<p>Not implemented: There have been no changes in the year.</p> <p>Updated management response: Consideration will be given to delegating responsibility for scrutinising financial performance to the Audit Committee.</p> <p>Updated target date: 31/03/21</p>
<i>Financial Sustainability</i>	<p>The Strategic Commissioning Plan should be reviewed to include:</p> <ol style="list-style-type: none"> 1. Quantification of demand pressures and the resulting costs in a 'no change' environment, linked clearly to the MTFP. 2. Identification of the level of transformation required, linked to NHS Shetland's and Shetland Islands Council's transformation programmes. 3. Specific, detailed action plans need to be developed and linked to the plan to ensure it is achievable. 	<p>The SCP, which is refreshed annually, will address these recommendations.</p> <p>The MTFP will be updated annually so that it is aligned to the SCP.</p> <p>This is an ongoing iterative process where the SCP and MTFP are interdependent.</p>	Chief Officer	31/03/2020	Medium	<p>Not implemented: The Strategic Commissioning Plan was not reviewed in the year.</p> <p>Updated management response: The update of the SCP has been impacted by the COVID-19 pandemic. A light touch refresh will be completed during 2020/21.</p> <p>Updated target date: 31/12/20</p>

Action plan (continued)

Follow up on 2018/19 Action Plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Financial Management	<p>A number of improvements are required to the budget setting process:</p> <ol style="list-style-type: none"> 1. There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan. 2. There needs to be improved links between the budget and outcomes. 3. The IJB should work with the Board to identify what engagement is necessary as part of the budget setting process. 4. Funding allocations should be based on need, and the IJB should challenge allocations which are not. 5. The budget is required to be linked to locality plans. The IJB is not complying with this requirement as no locality plans exist. 6. The IJB should maintain a central record of all queries received on the budget and answers provided, with this being publicly available. 	<p>The SCP, which is refreshed annually, will be the primary mechanism for addressing these recommendations.</p> <p>The budget setting process will be reviewed during 2019/20 to ensure the budgets are aligned to need.</p> <p>There is an ambition to maintain core records within the new website which is currently under development.</p>	Chief Financial Officer	31/03/2020	Medium	<p>Partially implemented: IJB funding is now based on need and the IJB has set a balanced budget for 2020/21, with Directions clearly linking budgeted expenditure to expected priorities and outcomes. Further work is required in linking the budget to locality plans.</p> <p>Updated management response: No progress has been made in linking the budget to locality plans in 2019/20 and the IJB will look to address this in 2020/21.</p> <p>Updated target date: 31/03/21</p>
Governance & Transparency	<p>The IJB needs to adopt a formal, ongoing approach to development. The IJB needs to carry out a skills gap analysis as part of the annual self assessment of committees and the IJB, work in conjunction with the Board to develop training plans for them (specific to committees/Members' needs), assess the effectiveness of all training provided and track and report attendance at training by the Board. The IJB should specifically consider a joint development programme with the NHS and Council to improve understanding and integration.</p>	<p>This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.</p>	Executive Manager, Governance & Law (SIC)	31/12/2019	Medium	<p>Partially implemented: Seminars have been arranged, although a training plan has not been developed.</p> <p>Updated management response: A significant number of seminar and information sharing events have been undertaken in year. Development of a training plan going forward will be undertaken as part of the governance review.</p> <p>Updated target date: 31/03/21</p>

Action plan (continued)

Follow up on 2018/19 Action Plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Governance & Transparency	The IJB should carry out annual reviews of how open and transparent it is, seeking the views of the wider community. The IJB should carry out regular stakeholder surveys to help inform its approach to openness and transparency.	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.	Executive Manager, Governance & Law (SIC)	31/12/2019	Medium	Not implemented: The IJB did not carry out a review into how open and transparent it is in 2019/20.
	The results of these reviews should be made publicly available through the publication of an Annual Self-Evaluation Report.	There is an ambition to maintain core records within the new website which is currently under development.				Updated management response: Although a review was not carried out one improvement which should flow from a project being undertaken by SIC is the opening up of public meetings to greater attendance through virtual means and the capacity to record and publish meetings to the wider public. This has a project completion date in 2020/21 and implementation soon thereafter subject to an investment decision by SIC. Updated target date: 31/03/21
Governance & Transparency	The IJB should consider developing its own website, to improve the level and accessibility of publicly disclosed information and clearly demonstrate to stakeholders and the wider public what the IJB is responsible for and how it is driving improvement across the health and social care system.	SIC is currently refreshing its internet platform and the IJB will have its own website within this system.	Chief Officer	31/03/2020	Medium	Not implemented: The IJB does not have its own website and has not adopted webcasting of its meetings in the year. Updated management response: Test website in place with go live date of 31 October 2020. Updated target date: 31/10/20

Action plan (continued)

Follow up on 2018/19 Action Plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Governance & Transparency	<p>The IJB is required by law to carry out a formal review of its Integration Scheme by the fifth anniversary of its adoption, identifying and assessing potential changes which could improve integration. This review needs to:</p> <ol style="list-style-type: none"> 1. Ensure that there is agreement of responsibility and accountability arrangements. 2. Clearly set out roles and responsibilities of each of the parties. 3. Address any perceived lack of clarity in the Integration Scheme and set out how local arrangements will work. 4. Establish, communicate and enforce a clear governance structure, outlining who is responsible for service performance and quality of care. 	<p>The IJB will carry out a formal review of its Integration Scheme by the fifth anniversary of its adoption, identifying and assessing potential changes which could improve integration.</p>	Director of Corporate Services (SIC)	15/11/2020	Medium	<p>Not implemented: The IJB has not completed a review of the Integration Scheme and is now non-compliant with its obligations under its governing legislation. This is now a 'high' priority.</p> <p>Updated management response: The review of the Integration Scheme was significantly impacted due to the COVID-19 pandemic but is now a priority task.</p> <p>Updated target date: 31/12/20</p>
	<p>Progress reports provided to the IJB should make it clear:</p> <ol style="list-style-type: none"> 1. What work has been undertaken to date; 2. What work is still to be completed; 3. Why there are revised due dates (if any) and the financial impact this has had; and 4. Whether or not the action has been completed on time, and if not, what lessons have been learned and remedial actions taken. 	<p>This recommendation will be addressed through the IJB Performance Management Framework 2019-2024.</p>	Chief Officer	31/03/2020	Medium	<p>Not implemented: We have not identified any progress reports presented to the IJB in the year.</p> <p>Updated management response: This recommendation is to be addressed through the Performance Management Framework 2019-24 which was approved by the IJB in June 2019.</p> <p>Updated target date: 31/03/21</p>

Action plan (continued)

Follow up on 2018/19 Action Plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Governance & Transparency	The IJB should review whether the style of reports used and is appropriate. Covering reports should identify the key matters being considered and the implications of decisions.	This recommendation will be addressed through the IJB Governance Review which features in the IJB Business Programme.	Executive Manager, Governance & Law (SIC)	31/12/2019	Medium	<p>Not implemented: We have not received any evidence of a review into the style of reporting, and noted no changes in covering reports in the year.</p> <p>Updated management response: Although a review of reporting styles was not completed in year, focus was diverted to ensuring that the template for authors included prompts to directly address the need or otherwise to recommend any necessary new Directions (or variation of existing Directions) arising from the subject-matter of a report so as to give effect to the IJB's legal requirements and statutory Guidance.</p> <p>Updated target date: 31/03/21</p>

Our other responsibilities explained

Fraud responsibilities and representations



Responsibilities:

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



Required representations:

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

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



Audit work performed:

In our planning we identified the risk of fraud in relation to completeness and accuracy of income and management override of controls as a key audit risk for your organisation.

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

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

Concerns:

No issues to report.



Independence and fees

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

Independence confirmation	We confirm the audit engagement team, and others in the firm as appropriate, Deloitte LLP and, where applicable, all Deloitte network firms are independent of the Board and our objectivity is not compromised.
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Fees	The audit fee for 2019/20, in line with the expected fee range provided by Audit Scotland, is £26,560, as analysed below:
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	£
Auditor remuneration	18,300
Audit Scotland fixed charges:	
Pooled costs	1,790
Contribution to PABV	5,360
Audit support costs	1,110
Total fee	26,560

No non-audit services fees have been charged for the period.

Non-audit services	In our opinion there are no inconsistencies between the FRC's Ethical Standard and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.
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Relationships	We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence.
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We are not aware of any relationships which are required to be disclosed.

Quality of public audit in Scotland

Annual report 2018/19

Audit Scotland published its annual assessment of audit quality carried out on the audit work delivered by Audit Scotland and appointed firms. A copy of the full report is available: <https://www.audit-scotland.gov.uk/report/quality-of-public-audit-in-scotland-annual-report-201819>

Public audit in Scotland

Recent high-profile corporate collapses in the private sector have led to considerable scrutiny of the audit profession. The Brydon review is looking into the quality and effectiveness of the UK audit market. The Kingman review, the Competition and Markets Authority market study of the audit services market and the Business, Energy and Industrial Strategy Committee's report on the Future of Audit have all reported on structural weaknesses in the private sector audit regime. The reviews are placing a strong focus on the need for independence of auditors from the bodies they audit.

The public audit model in Scotland is fundamentally different to the private sector audit regime and is well placed to meet the challenges arising from the reviews of the auditing profession. Public audit in Scotland already operates many of the proposed features to reduce threats to auditor independence including:

- independent appointment of auditors by the Auditor General for Scotland and Accounts Commission
- rotation of auditors every five years
- independent fee-setting arrangements and limits on non-audit services
- a comprehensive Audit Quality Framework.

The Audit Scotland Audit Quality and Appointments (AQA) team will continue to develop its activities to provide the Auditor General for Scotland and Accounts Commission with assurance about audit quality. The Audit Quality Framework will be refreshed to take account of the findings from the first two years of its application and to reflect on the developments in the wider audit environment. Further development is planned over the following year to include:

- enhancing stakeholder feedback
- reviewing the structure and transparency of audit quality reporting.

Key messages

The programme of work carried out under the Audit Quality Framework provides evidence of compliance with auditing standards and the Code of audit practice (the Code), together with good levels of qualitative performance and some scope for improvements in audit work delivered in the period 1 April 2018 to 31 March 2019.

Independent external reviews of audit quality carried out by The Institute of Chartered Accountants of Scotland (ICAS) show evidence of compliance with expected standards:

- ICAS did not identify any concerns with audit opinions
- 55 per cent of financial audit files reviewed by ICAS over the last two years were graded as limited improvement required, the remaining reviews were graded as improvement required (*100% of Deloitte files – limited improvement*)
- ICAS noted considerable improvements in the documentation of performance audits and Best Value assurance reports.

Other performance measures showing good performance include:

- 78 per cent of internal reviews of financial audits in the last two years required only limited improvements (*100% of Deloitte internal reviews graded as no improvement required*)
- all audit providers have a strong culture of support for performing high-quality audit
- stakeholder feedback shows audit work has had impact
- non-audit services (NAS) are declining in number and value and requests made complied with the Auditor General for Scotland and Accounts Commission's NAS policy.

AQA monitors progress against areas for improvement. A common area for improvement in the last two years has been the need for better documentation of audit evidence. In 2018/19 further areas for improvement were identified in:

- the use of analytical procedures
- the application of sampling.



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Shetland Islands Health and Social Care Partnership

Agenda Item

3



Meeting(s):	Shetland Integration Joint Board	24 th September 2020
Report Title:	Prescribing Costs	
Reference Number:	CC-29-20-F	
Author / Job Title:	Anthony McDavitt – Adv. Pharmacist & Prescribing Advisor Chris Nicolson- Director of Pharmacy	

1.0 Decisions / Action required:

- 1.1 The IJB is asked to APPROVE and support the cost efficiency focussed work outlined the appendix.
- 1.2 NOTE how cost adjustments and drug pricing can affect the allocation available to allocate to prescribing.
- 1.3 NOTE the activities undertaken by the pharmacy service linked to prescribing costs.

2 High Level Summary:

- 2.1 The budget for 2020/21 delegated to the IJB for Primary Care Prescribing is £4,500,731. This is part of the Pharmacy and Prescribing Budget of £6,636,441 approved by the IJB on 28 May 2020. The appendix outlines how the national financial risk sharing processes such as Drug Tariff adjustments disproportionately negatively affect Shetland. Variations in medicine costs make the allocation of an appropriate prescribing budget and the resultant ability to show true savings a challenge.
- 2.2 Only discrete areas of efficiency work can be measured, and these activities are tabulated.
- 2.3 However, the directions have also described the activities of the pharmacy service required for the coming year, many of which are also aimed at cost avoidance and longer term efficiencies in medicine use linked to health gains. The effective use of the pharmacy workforce in GP practices to achieve this, is also a key component of the new GP contract.

3.0 Corporate Priorities and Joint Working:

- 3.1 Improving efficiency in prescribing requires cooperation between NHS Shetland and the Shetland IJB in identifying benefits and savings at a patient level.
- 3.2 Patient centred and keeping people safe from harm are shared priorities.

4.0 Key Issues:

- 4.1 2020/21 Primary Care prescribing budget is £4,500,731 however, the funding received from the Scottish Government by NHS Shetland which supports this budget will also be reduced by either £165,000 or £195,000 depending on the calculations used. This means that limitations imposed on available funding from Scottish Government to the NHS will impact on the funding available to fund and manage prescribing and to demonstrate savings. Prescribing Savings are long term and seldom realised in the same financial year, some savings seen this year are a consequence of previous year's activities. Savings plans must also be dynamic to cope with fluctuating treatment costs.
- 4.2 NHS Shetland Pharmacy have scoped out efficiency activity for the year which can realise reductions in spend in discrete areas of prescribing activity however activity around managing the COVID crisis is impacting on the ability to see patients reducing the opportunity to make the required changes.
- 4.3 Depending on the outcome of national trade talks as the UK exits the EU there are likely to be increases in the costs, and shortages of medicines

5.0 Exempt and/or confidential information:

- 5.1 None

6.0 Implications :

6.1 Service Users, Patients and Communities:	Safe and efficient prescribing has been shown to bring individual health benefits to patients.
6.2 Human Resources and Organisational Development:	<p>(a) Pharmacists need to be in clinical roles and practicing their clinical skills, spend to save therefore has limited impact on the ability to make short term savings.</p> <p>(b) Recruitment of an appropriate skill mix remains important for development of services. Increasing the number of prescribers may increase prescribing costs in the short term. Having the optimum skill mix helps to ensure the most effective use of medicines across the disciplines and across health and social care.</p>
6.3 Equality, Diversity and Human Rights:	No specific issues
6.4 Legal:	<p>There are no legal requirement around the specifics of savings plans. Health Boards are however required to manage prescribing within available resources.</p> <p>The overarching legislation applicable to Integration Joint Boards is the Public Bodies (Joint Working) (Scotland) Act 2014 which required the parties to develop and operate in accordance</p>

	with an Integration Scheme, Scheme of Administration and Financial Regulations.
6.5 Finance:	<p>Tariff adjustments will result in a cost reduction of £165,000 on medicine expenditure during 2020/21. However, NHS Shetland will incur a top slice funding reduction of either £165,000 or £190,000 depending on the calculations used. If top slice contributions are based on NRAC, NHS Shetland's funding will be reduced by £190,000 whereas if the contribution is based on actual medicine usage the reduction will be £165,000. NHS Shetland may be allocated a larger clawback than actual use if Tariff adjustments are distributed to boards via NRAC formula instead of actual use. This will be a loss of around £25,000. This will reduce spend on medicines by around £165,000</p> <p>The pharmacy and prescribing service aim to reduce medicine spend by around £100,000, around 50% of this may be realisable within the current financial year, as described in the Annex. Not all of this saving will be recurring.</p> <p>If these savings plans are realised in 2020/21 they will help support the in year IJB Recovery Plan, currently being developed, by £50,000.</p> <p>The recurrent savings will reduce the funding gap identified in the IJB Medium Term Financial Plan.</p>
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	None.
6.8 Environmental:	None.
6.9 Risk Management:	<p>The ability to generate prescribing savings is high risk. The risks around the cost of new medicines and new uses for medicines is modelled at local regional and national level. Through having a dynamic savings plan and a portfolio of short term efficiency work and longer term input into prescribing as described in the annex, the risk can be mitigated.</p> <p>The management of clinical risk associated with efficiency work is largely a function of the Area Drug and Therapeutic committee and clinical governance. The professional responsibility to manage medicines risk on a day to day is a function of both doctors and pharmacists. Mitigation of risk involves strategies which are patient centred and provide benefits for the patients as well as cost advantages.</p>
6.10 Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) derives its delegated authority from the Public Bodies (Joint Working) (Scotland) Act 2014, which required the parties to develop an Integration Scheme, Scheme of Administration and Financial Regulations.

	The Integration Scheme allows the IJB to decide on any investment and disinvestment opportunities arising from the appendix.	
6.11 Previously considered by:	List the committees / working groups or other fora that have considered the matters covered by the report.	<ul style="list-style-type: none"> • Pharmacy Clinical Governance group • Area Drug and Therapeutic Committee <p>Both these groups report through the Joint Governance Group to the Clinical care and Professional Governance Committee. The ADTC is part of national forum of ADTCs.</p>

Contact Details:

Anthony McDavitt, Adv Clinical Pharmacist & Prescribing Advisor, August 2020.

Appendices:

Summary paper of Prescribing costs.

Background Documents: None

PRESCRIBING SPEND

SUMMARY OF KEY POINTS

- 2020/21 Primary Care prescribing budget is £4,500,731
- NHS Shetland will save around £165,000 from spend on medicines due to tariff adjustments
- NHS Shetland could lose around £25,000 of resource allocation if adjustments are made via NRAC instead of actual medicine use (£190,000 NRAC adjustment vs £165,000 actual use)
- NHS Shetland pharmacy service has successfully recruited additional pharmacist and technician resource
- NHS Shetland pharmacy have scoped out efficiency activity for the coming year which can realise reductions in spend in discrete areas of prescribing activity
- NHS Shetland pharmacy continues to work closely with other stakeholders across Scotland and within the North of Scotland region to provide benefits to patients via prescribing

1. ALLOCATING BUDGET AND RESOURCE

Resources for medicines spend are allocated using National Resource Allocation Committee formula (NRAC). This allocation is made after adjusting for population share, age-sex share and additional needs (MLC index). Prescribing accounts for 11.7% of health care resource allocation in Scotland.

NHS Shetland provides services to around 0.43% of Scotland's population. After adjustment, NHS Shetland receives 0.38% of the overall prescribing budget – reflecting a lower MLC index - 4th lowest in Scotland. The prescribing budget does not reflect an "Excess cost index" adjustment as seen in the Hospital and Community Health Service allocation, which is necessary given Shetland's rurality and the additional costs this brings in service delivery. Within NRAC, there is the assumption that medicines are uniformly priced, rurality shouldn't significantly influence medicines use.

NHS Shetland's prescribing budget for 2020/21 is: £4,500,731.

1.1. ADJUSTMENTS TO THE PRESCRIBING BUDGET

After allocation, other adjustments are made to the primary care prescribing budget in the form of national and local adjustments.

1.1.1. PART 7 DRUG TARIFF ADJUSTMENTS (CLAWBACKS)

In both the previous and current financial years, adjustments have been made to the overall Scottish prescribing budget to reflect progressive reductions made in the remuneration package for community pharmacies. Adjustments have taken been made via price reductions in Part 7 (generic medicine) of the Scottish Drug Tariff.

The Drug Tariff determines the price contractors are paid for supplying items to the public in receipt of a prescription. Adjustments made to medicines tariff prices reduce the purchasing margins available to dispensing contractors (community pharmacies and dispensing doctors). An agreement was reached nationally to adjust the prices of a selection of medicines; which based on the previous 12 months use, would have delivered a reduction in spend of £25million nationally in the coming 12 months.

In the previous financial year, 19/20, adjustments were applied using NRAC formula allocations. This approach delivered a larger adjustment to NHS Shetland's prescribing budget than would've have been achieved through dispensing activity i.e. NHS Shetland received 0.38% of the £25million Scottish adjustment, whilst NHS Shetland only used 0.33% of the medicines – a difference of 0.05-0.06% or around £12,500.

Applying the same methodology within the current financial year would have seen a further negative adjustment vs actual usage of between £25,000– a difference between a usage-based adjustment of £165,000 and an NRAC based adjustment of £190,000.

Adjustment Scenario	19/20	20/21	Total Adjustment (19/20 and 20/21)	Overall Difference NRAC vs USAGE only scenarios
1 NRAC both years	-95,000	-190,000	-285,000	-37,000
2 NRAC 19/20 only	-95,000	-165,000	-260,000	-12,500
Reference: USAGE ONLY	-82,500	-165,000	-247,500	N/A

In both years, NHS Shetland has been and will be spending less on medicines due to the tariff adjustments - £82,500 (19/20) and £165,000 (20/21). Tariff adjustments will also mean that subsequent increased volume of the adjusted products will continue to cost less in the future.

It is likely that NHS Shetland will incur a further disproportionate adjustment in this and future financial years, reducing the year on year savings which can be made. The £12,500 difference in NRAC vs actual from last year's budget, is also factored into the budget allocation process for this year.

1.1.2. REINVESTMENTS OF TARIFF ADJUSTMENTS

NHS Scotland has agreed to reinvest part of the national cost reductions achieved, back into service provision in the forms of:

- NHS Scotland Pharmacy First (expanded Minor Ailments Service)

Every person registered with a general practice in NHS Scotland will benefit from this service, from any pharmacy across Scotland. This service will improve accessibility of treatments in community pharmacy and will provide greater equity of access. The service is expected to continue to develop beyond current provisions of minor ailments treatments, treatment of uncomplicated Urinary Tract Infection in women and Impetigo.

- NHS Scotland Common Clinical Conditions in Community Pharmacy

With development of independent prescribing skills in pharmacists in Community Pharmacy, NHS Shetland has an opportunity to develop an enhanced community pharmacy service where patients have access to a prescriber, which can support the treatment of minor ailments as well as common clinical conditions including but not limited to:

- Urinary tract infections
- Respiratory infections
- Ear, nose and throat
- Dermatological presentations
- Allergies
- Eye infections (in conjunction with local optometry services)

1.1.2.1. LOCAL ADJUSTMENTS

Each year budgets are adjusted to reflect anticipated savings targets identified from discrete elements of work throughout the year.

Opportunities to improve cost-effectiveness have been identified for the current financial year, however dealing with the COVID pandemic has slowed the roll-out of this work and will continue to present a barrier to some efficiency type projects, particularly projects requiring face to face reviews of patients or requiring assessment before switches.

Expectation remains that the use of medicines will continue to increase in the short and long term, with an increasing number of medicines being used as the Shetland population ages. In the short term because of COVID fewer than expected patients may be started on new treatments.

2. PLANNED ACTIVITY DURING 2020/21

The below table highlights planned activity for efficiency focused prescribing work for implementation during 2020/21.

Item	Therapeutic Area	Maximum Annual Impact	Estimated Achievement Overall	Adjusted Annual Impact	Comment
Rivaroxaban to Edoxaban	Anticoagulation	45000	66%~	29700	Challenging switch, higher risk medicine with potentially higher risk patients not suitable for switch. Requires quality improvement focus also.
Apixaban to Edoxaban	Anticoagulation	23000	<20%	4500	Apixaban is as effective and is taken differently. It has a wider application in practice, especially in renal impairment.
Melatonin Preference Switch	Paediatrics	20000	90%	18000	
Blood Glucose Meter Preferences	Diabetes	17000	70%	11000	Challenging to facilitate at a distance
Gliptin Preferred	Diabetes	12000	90%	10800	Minimum expectation, as patients may stop gliptins entirely.
Mesalazine Preference Switch	Gastro-intestinal	9000	90%	8000	
Topical Rectal Steroids	Gastro-intestinal	1300	80%	10000	Requires continued use of alternatives from secondary care colleagues.
Beclometasone inhaler preferred brand	Respiratory	12000	100%	12000	

2.1. FOCUS OF COST-EFFICIENCY WORK

The focus of the work above will mitigate growth in the costs of these therapeutic areas, where some spend and trend information has been provided below (Appendix 1). In important, high volume therapeutic areas such as Cardiovascular, Diabetes and Respiratory, costs are expected to continue to grow in the longer term.

These are key prescribing areas where there is a combination of quality and efficiency work, which can contribute towards improved patient outcomes, such as better disease control, reduced risk from medicines use, as well as benefitting the organisation.

3. TRENDS AND OBSERVATIONS IN NHS SHETLAND PRESCRIBING SPEND

3.1. COMPARABLE SPEND YEAR VS YEAR

NHS Shetland continues to perform comparatively well vs other Scottish Health boards when reviewing spend over time, continuing to be in the bottom 5 lowest spend per 1000 patients of all 14 health board areas. Spend is also comparable to other isles boards, with Shetland positioned between NHS Orkney (lower spend) and NHS Western Isles (higher spend).

3.2. GROWTH OVER TIME

Using 2010/11 Financial Year as a baseline for comparison, in each year (excepting 2012/13 and 2018/19), the prescribing spend has continued to grow. Comparing 2019/20 with 2010/11, spend has grown by over 25% per year.

Year to year, growth varies between 2% and 6%, averaging around 4% per annum. Within each previous financial year, some seasonality exists, however only 8 of the last 36 quarters since 2010/11 have seen no growth or reductions in quarter vs quarter spend.

The expectation remains that the costs and use of medicines will continue to increase in the short and long term, with increasing morbidity from existing treated patients and new presentations, changes in clinical guidance in areas such as diabetes, and improved access to prescribers (other factors will contribute also). As above, COVID may present a short-term reduction in the rate of new patients starting new treatments, but it is expected that the need for treatments and new presentations of long term conditions in particular has not changed, with resuming services detecting and treating conditions.

4. ACHIEVING COST-EFFECTIVENESS

Cost-effective prescribing is not exclusive to the pursuit of using the treatment with the lowest acquisition cost. Cost-effective prescribing must also consider the value treatments can deliver and ensuring that there continues to be a selection of complementary activity occurring within General Practice.

4.1. PHARMACOTHERAPY & PRIMARY CARE TRANSFORMATION

It continues to be essential to maintain an appropriate balance between cost-efficiency work and supporting effective medicines use within primary care. This involves using valuable pharmacy resource to deliver switch projects, as well as delivering Pharmacotherapy aspects of the GMS contract and continuing to develop the role of the General Practice Clinical Pharmacist and General Practice Pharmacy Technician in Shetland.

Pharmacy is well placed to develop along with the transformation of primary care in NHS Shetland. Depending on pace and scope of primary care transformation, a new model of service may provide an improved structure for delivery of pharmacotherapy services more widely and with increased resilience across NHS Shetland – i.e. delivery of some aspects of pharmacotherapy services via a “hub”, sharing administration burdens between practices, improving workflow within practices by engaging in Practice Administrative Staff Collaborative via Healthcare Improvement Scotland, utilising working models which have been successful in other areas such as Orkney and other Scottish boards.

4.2. WORKFORCE

With skilled pharmacy staff, well integrated into general practice, the opportunity to influence prescribing and provide more leadership over prescribing processes is becoming more realisable. This is a result of investment and successful recruitment of additional Pharmacy staff including a new technician post. It is anticipated that additional funding from the Scottish Government will become available in the coming years to come closer to the national target of 1 pharmacist per GP practice, however the overall staff mix of clinicians in primary care will need to be considered as there are recruitment difficulties across professions. In the future, recruitment may be focussed on skill mix rather than a professional discipline.

Pharmacy presence within practice supports visiting short term GPs and the current Rediscover the Joy model by providing them with continuity in prescribing within the practices; supporting them with queries and case management.

4.3. QUALITY FOCUSED WORK

Continued participation with stakeholders and local structures such as the Area Drug and Therapeutics Committee, General Practice Cluster and other groups (i.e. Managed Clinical Networks, local and NHS Grampian) will provide ongoing opportunities to drive improvements in prescribing quality.

This work is expected to focus on the use of anticholinergics, increased safety in the use of oral anticoagulants and reviewing performance in specific asthma indicators at individual practice level – including use of high dose steroids, inhaler technique reviews and inhaler rationalisation.

Ongoing quality work will be a core element of the pharmacy team's activity within general practice, which will realise benefits for individuals in appropriate use of medicines, improved safety in medicines use and review of medicines for the individual's patients.

5. OTHER FACTORS AFFECTING PRESCRIBING

5.1. COVID

During COVID, less patients may be started on therapies, existing patients may not receive the same level of review they have in previous years and so opportunities for review of existing therapies may be less in the coming year. It is difficult at the moment to understand the impact COVID is having on medicines spend, with only April and May data available.

Further COVID impacts may impact the success of projects by redirecting staff resource and presenting barriers to review of patients to carry out switches, i.e. a restriction on face-to-face appointments, difficulties accessing rooms to see patients within or appropriate IT facilities at practices.

5.2. BREXIT

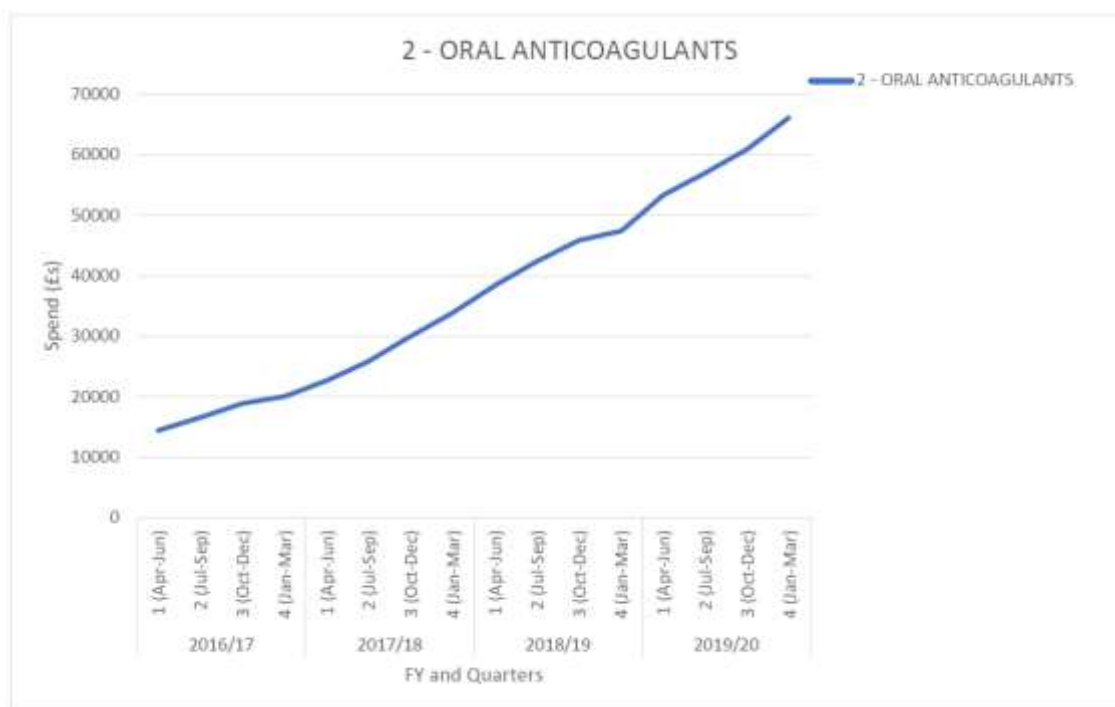
Brexit continues to be an unknown consideration in medicines use and costs. Brexit could increase the costs of medicines and could produce shortages, causing rising prices or the need to switch to less cost-effective alternative medicines in the short or longer term.

APPENDIX 1 – KEY PRESCRIBING GROWTH AREAS AND TRENDS

5.3. ANTICOAGULANTS

Anticoagulants provide patients with essential stroke and clot risk reduction across a variety of conditions. With an ageing population and the presence of risk factors, the presentation of conditions requiring anticoagulation with continue, increasing prevalence.

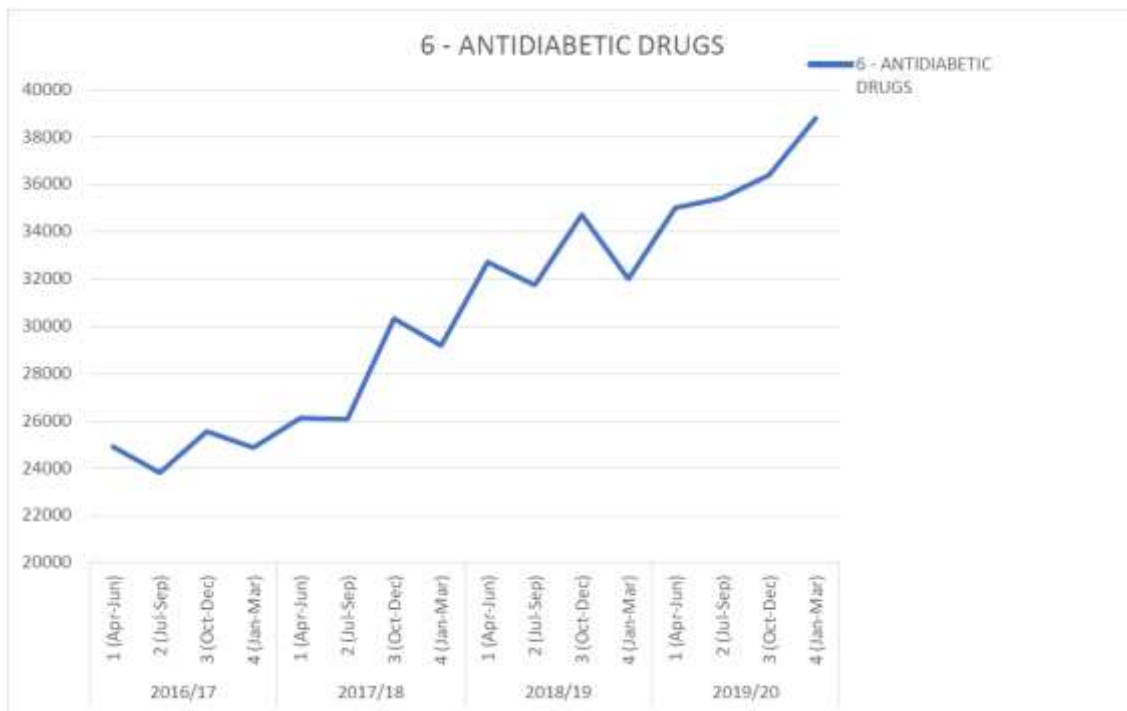
Prescribers are also much less likely to use older anticoagulants such as Warfarin. This is due to guidance and evidence favouring newer Direct Oral Anticoagulants (DOACs). Warfarin has a lower drug acquisition cost; however, requires significant monitoring and health care support worker resource in primary care.



5.4. ORAL DIABETIC MEDICINES (FOR TYPE 2 DIABETIC PATIENTS)

Within the current and subsequent financial year(s), the following therapeutics are likely to grow in use and increase costs:

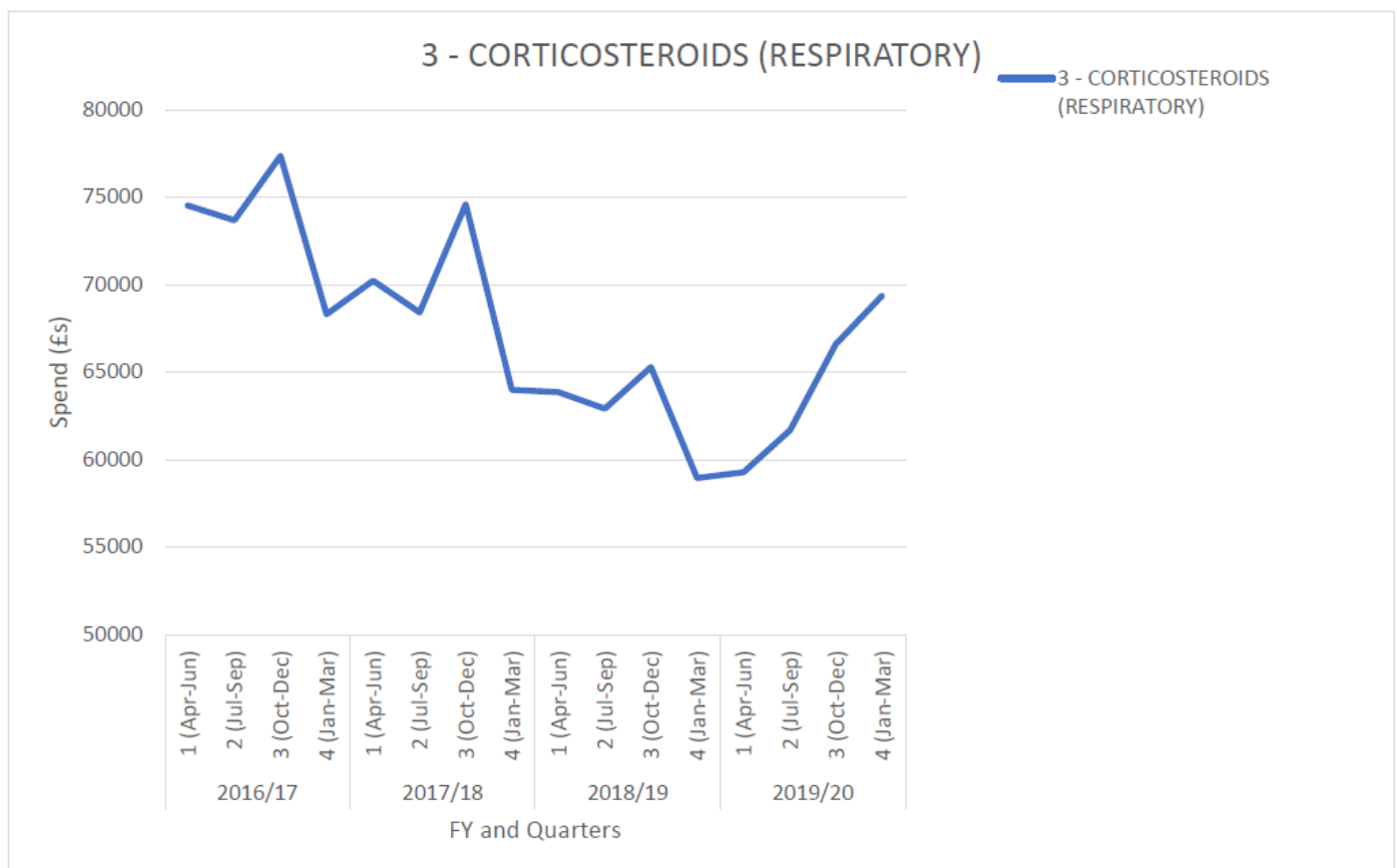
- SLGT2i medications ('flozins) – which have recently been relicensed for lower renal functions and are increasingly recognised as valuable medicines in the treatment of diabetes and it's complications (renal disease and cardiovascular outcomes).
 - In Shetland we are promoting the most cost-effective medicine (20% more cost-effective than closest rival)
- GLP-1 agonists ('tides) – The Scottish Medicines Consortium are soon to be considering an oral version of this medication which may lead to an increase in use, this will put further pressure on the diabetes budget.



5.5. INHALED CORTICOSTEROIDS (INHALERS FOR ASTHMA AND COPD)

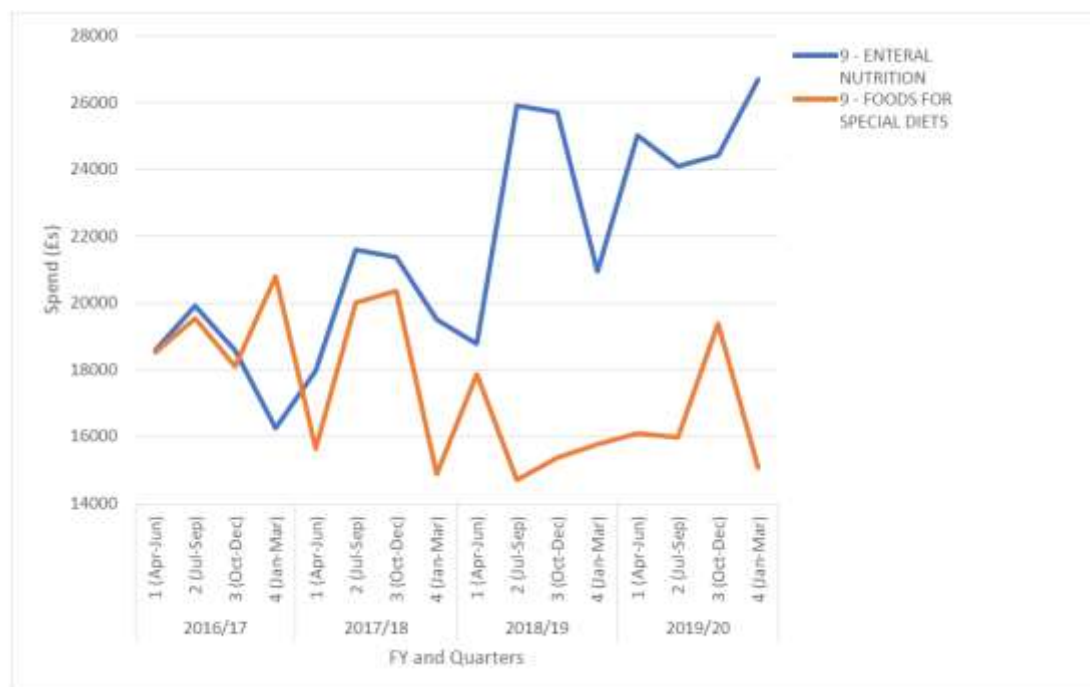
NHS Shetland has continued to be the most cost-effective board in Scotland for spending on respiratory products, a recent achievement given a concerted effort to improve this area of prescribing via prescribing audit and facilitated formulary implementation.

Changes have been observed recently, that may create increasing costs in the coming months. Opportunities remain within this therapeutic area to improve cost-effectiveness, however, requires significant face to face patient activity to achieve and will require engagement with key stakeholders such as practice nursing to achieve.



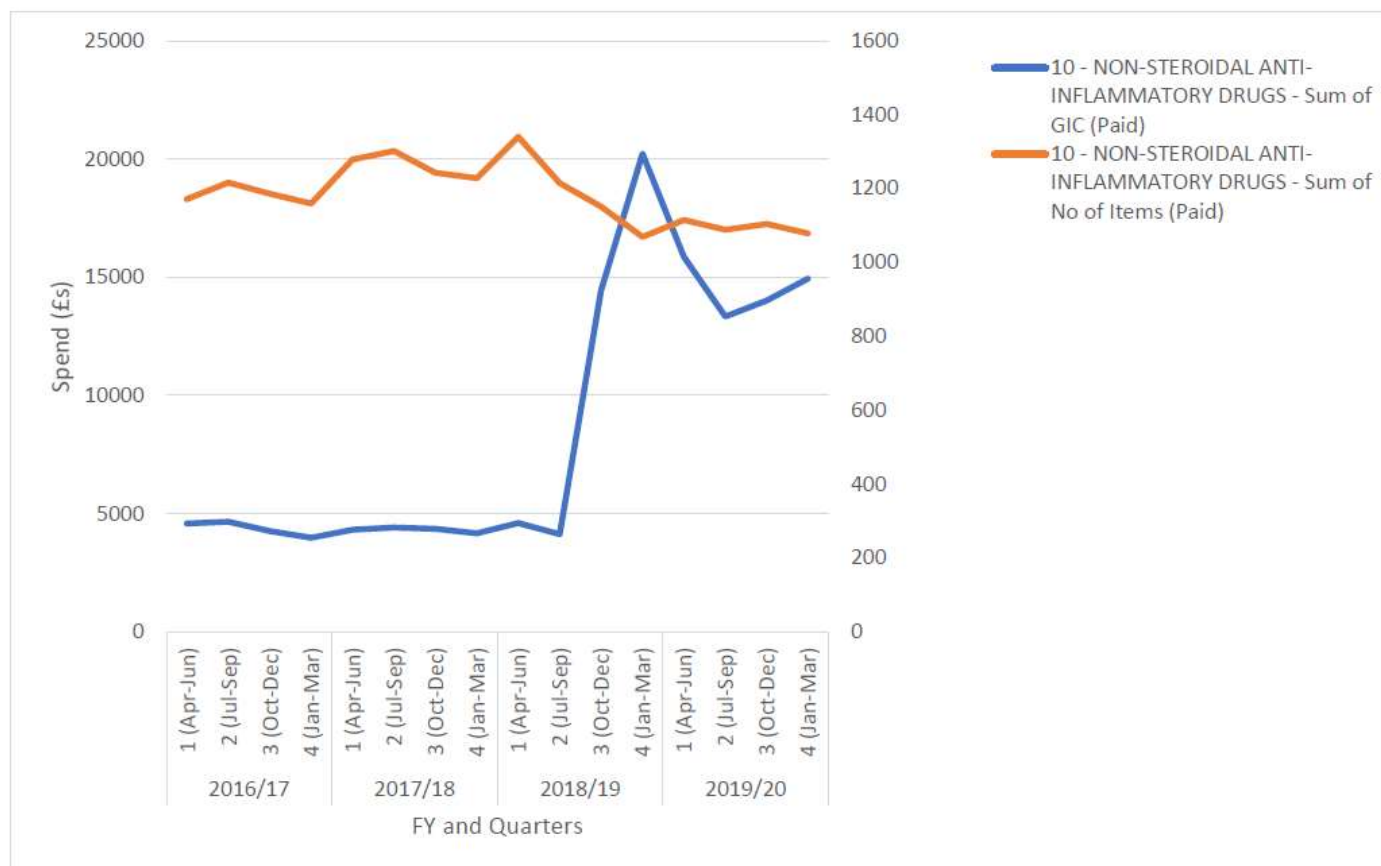
5.6. ORAL NUTRITIONAL SUPPLEMENTS

NHS Shetland continues to have one of the higher costs in Scotland for oral nutritional supplement use, with significantly different costs vs comparable boards such as NHS Orkney. Some cost mitigation activity has had a small effect on spend so far, however it will require more engagement and delivery of the update oral nutritional supplements pathway the dietetic service is developing, with a requirement for more resource to support dietetic review in the community.

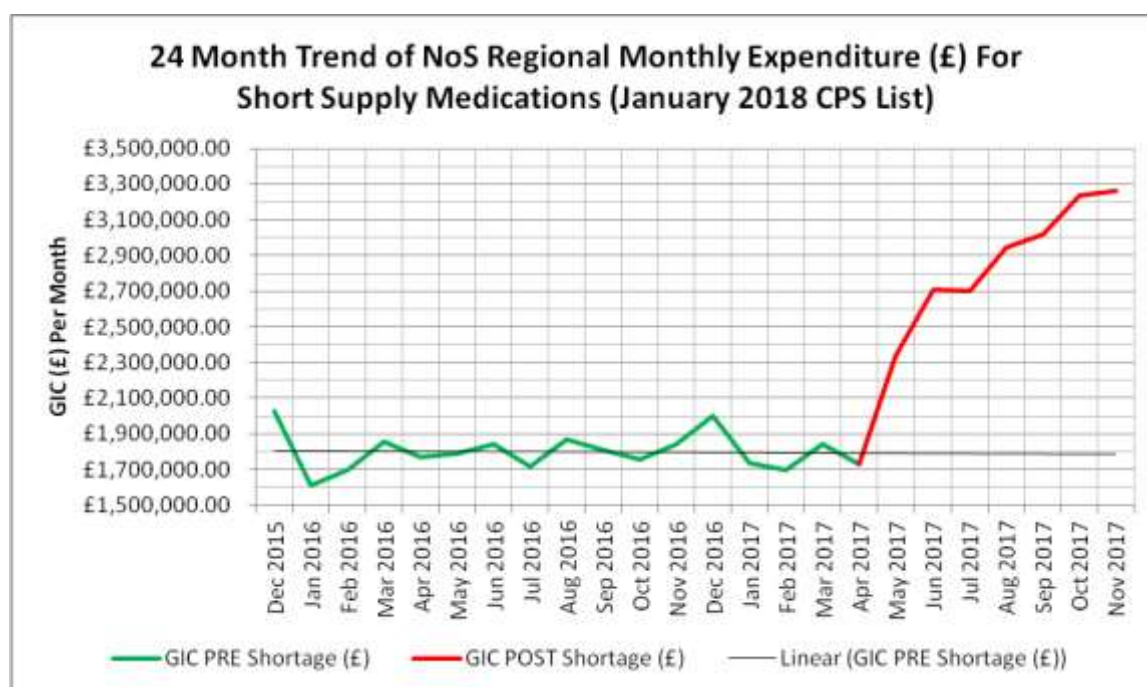


5.7. NAPROXEN TARIFF PRICE HIKE FOLLOWING AFTER 2018/19 SHORTAGE

Naproxen, a widely used drug used to treat inflammation and associated pain, has been used as an illustrative example in this report to show the impact shortages can have on prescribing spend. Since the shortage of naproxen in Q3 2018/19, the tariff price has not returned to its baseline and continues to be priced higher. This presents additional costs of around £10,000 per quarter (£40,000 per annum), despite reducing volumes as we change patients to less expensive alternatives.



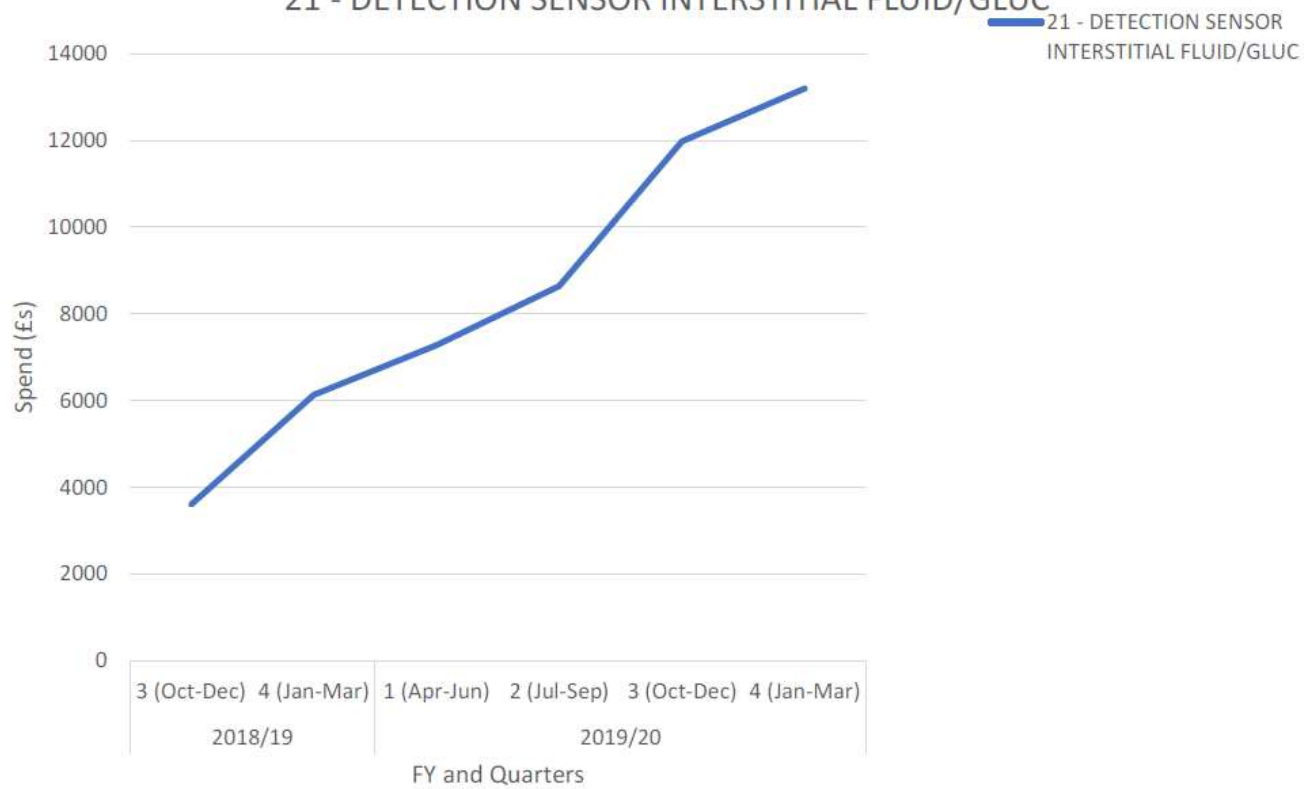
The below graph is taken from a previous paper, where the effect of shortages was highlighted in across the North of Scotland region:



5.8. BLOOD GLUCOSE TESTING STRIPS AND FREESTYLE LIBRE

Where significant savings have been realised in blood glucose testing strips, the introduction of new technology in the form of Freestyle Libre, has added significant new costs to the provision of interventions in the treatment of diabetes, as illustrated below for Shetland.

21 - DETECTION SENSOR INTERSTITIAL FLUID/GLUC



Shetland Islands Health and Social Care Partnership

Agenda Item

4



Meeting(s):	Integration Joint Board	24 September 2020
Report Title:	Directions to Shetland Islands Council and NHS Shetland	
Reference Number:	CC-28-20-F	
Author / Job Title:	Jo Robinson, Depute Director of Community Health and Social Care	

1.0 Decisions / Action required:

- 1.1 That the Integration Joint Board APPROVES the Directions and related Improvement Plans to Shetland Islands Council and NHS Shetland set out in Appendix 1.
- 1.2 That the Integration Joint Board NOTES 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.

2.0 High Level Summary:

- 2.1 On 23 June 2017 (Min Ref: 29/17), the IJB approved a report by the Executive Manager, Governance and Law (Shetland Islands Council) in respect of the legislative requirements for Directions. That report set the mechanism and template to be used for the IJB to direct the operational bodies – NHS Shetland and Shetland Islands Council – to deliver the services as required.
- 2.2 In February 2019 the Ministerial Strategic Group for Health and Community Care published a report on the review of progress with integration. The report contained 25 proposals intended to increase the pace and effectiveness of integration. One of these proposals was that statutory guidance on Directions would be published to support improved practice in issuing and implementing Directions. This statutory guidance was published in January 2020, and its implications in terms of governance arrangements in place for the operation of the IJB was the subject of a separate report to the IJB on 28 May 2020. At this meeting a new Directions template was approved as was a checklist to be used when drafting Directions which sets out the main requirements for the content of Directions from the statutory guidance (Min ref.11/20). The presentation of Directions for 2020/21 reflect this revised statutory guidance.
- 2.3 The IJB approved the Joint Strategic Commissioning Plan for 2019-2022, on 13 March 2019 (Min Ref: 10/19). The NHS Board did not require the IJB to rewrite the

Strategic Plan when it met on 16 April 2019. Shetland Islands Council Policy and Resources Committee recommended the Strategic Plan to Shetland Islands Council on 13 May 2019 (Min Ref: 28/19) and Shetland Islands Council approved the Strategic Plan on 15 May 2019 (Min Ref: SIC 24/19)

3.0 Corporate Priorities and Joint Working:

- 3.1 The IJB Joint Strategic Commissioning Plan (The Strategic Plan) describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.
- 3.2 The IJB is required to issue Directions in writing to the Council and NHS Shetland to deliver services in accordance with the Joint Strategic Plan. Directions will impose obligations on Shetland Islands Council and NHS Shetland in respect of matters delegated by the Integration Scheme. Each delegated function, its improvement plan, and the associated net budget required to deliver the services are detailed in the written Directions.

4.0 Key Issues:

- 4.1 Directions set out clear descriptions of each specific service the IJB is commissioning from its delivery partners, NHS Shetland and Shetland Islands Council. There is then an expectation that NHS Shetland and Shetland Islands Council will deliver those services, within the resources allocated and achieve the performance targets and outcomes as determined. Directions for 2020/2021 now also include, where appropriate, improvement plans which set out the improvement activity individual service areas will undertake in 2020/2021. These improvements will be monitored by the IJB throughout the year, through its regular performance reporting, and its management accounts reporting.
- 4.2 Effective monitoring of performance is essential to ensuring the delivery of the Joint Strategic Plan. Primary responsibility for performance management in respect of delivery of delegated services rests with the Integration Joint Board. Shetland Islands Council and NHS Shetland will provide relevant performance information for services to allow the Board to monitor progress in the delivery of the Strategic Plan and compliance with the Directions.
- 4.3 Directions are required to set out how delegated functions are to be delivered, along with the associated budget and performance measures. Directions are presented in Appendix 1, Section 2; using the new template approved on 28 May 2020, in line with the checklist approved the same day.
- 4.4 The following Directions are presented to the IJB for decision:
- Allied Health Professions
 - Community Nursing
 - Hospital Based Services
 - Mental Health
 - Pharmacy
 - Substance Misuse
 - Unpaid Carers

Directions previously approved by the IJB in July 2020 are noted in the table below.

4.5 The Table below shows the alignment of services, budgets and Directions. These total £49,486,564. The remainder of the full IJB budget approved at the IJB meeting on 28 May 2020 of £50,735,817 is made up of costs not covered by these directions, including Directorate and Pensioners costs.

Ref	Service	Approved Budget 2020-21 £	Latest Direction	Status
2.1	Adult Social Work	£3,672,954	July 2020	Current
2.2	Adult Services	£6,252,366	July 2020	Current
2.3	Allied Health Professionals	£3,058,167	May 2019	Revised Direction for approval
2.4	Community Care Resources	£12,145,598	July 2020	Current
2.5	Community Nursing including Intermediate Care Team	£3,326,989	May 2019	Revised Direction for approval
2.6	Criminal Justice	£68,175	July 2020	Current
2.7	Health Improvement	£ 225,199	July 2020	Current
2.8	Hospital-Based Services	£3,295,184	May 2019	Revised Direction for approval
2.9	Adult Mental Health	£2,344,687	May 2019	Revised Direction for approval
2.10	Pharmacy and Prescribing	£6,636,441	May 2019	Revised Direction for approval
2.11	Primary Care	£4,746,904	July 2020	Current
2.12	Oral Health	£3,131,837	May 2019	Revised Direction for approval
2.13	Substance Misuse	£582,063	May 2019	Revised Direction for approval
2.14	Unpaid Carers	Budgets are spread across other service areas	May 2019	Revised Direction for approval

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :

6.1 Service Users, Patients and Communities:	The Joint Strategic Plan sets out the way in which services will respond to the needs of service users, patients and communities. The Directions set out more detail of the service delivery arrangements, expected outcomes and performance measures for certain categories of service users.
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6.2 Human Resources and Organisational Development:	Impacts on Human Resources and Organisational Development arising from the delivery of directions by either the Health Board or Council will be taken forward in line with relevant policies.	
6.3 Equality, Diversity and Human Rights:	There are no specific issues to consider, however design and delivery of directions take account of the needs of individuals in respect of equality, diversity and human rights.	
6.4 Legal:	<p>The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to issue Directions in writing. The Directions must set out how each function is to be exercised and the budget associated with that function.</p> <p>The proposals in this report are consistent with the Public Bodies (Joint Working) (Scotland) 2014 Act, the Integration Scheme for Shetland's IJB and the Scottish Government's Statutory Guidance on Directions issued January 2020.</p>	
6.5 Finance:	<p>The IJB have a statutory responsibility for the delivery of services within the budget allocations.</p> <p>Per the legislative requirements, the Directions presented for approval set out the budget for each relevant function.</p>	
6.6 Assets and Property:	There are no specific issues to consider.	
6.7 ICT and new technologies:	There are no specific issues to consider. ICT and new technologies are taken account of in the design of service delivery.	
6.8 Environmental:	There are no specific issues to consider.	
6.9 Risk Management:	Formal written Directions between the IJB and the delivery partners assist with clarity of expectation and therefore minimise any potential for misunderstanding in terms of service delivery and performance. They provide the Chief Officer and Chief Financial Officer with clear instructions on what each partner organisation will deliver on behalf of the IJB.	
6.10 Policy and Delegated Authority:	The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland. These delegated functions are detailed in the Integration Scheme and the IJB is required to issue Directions to the parties to ensure services are delivered within the allocated budgets.	
6.11 Previously considered by:	None.	

Contact Details:

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Appendices:

Appendix 1 - Directions from Shetland Integration Joint Board to NHS Shetland and Shetland Islands Council



Directions from Shetland Integration Joint Board to NHS Shetland and Shetland Islands Council

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Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan 2019- 2022/ Integration Joint Board Key Priorities

Priorities for the next 3 years:

1. Develop a single health and care system - We will have in place seamless services, wrapped around the needs of individuals, their families and communities, which are not restricted by organisational or professional boundaries. Where possible we aim to deliver a 'one stop shop' approach to health and care.
2. Maximise population health and wellbeing – people will be supported to look after and improve their own health and well-being, helping them to prevent ill health and live in good health for longer
3. Develop a unified primary care service with multi-disciplinary teams working together to respond to the needs of local populations
4. Streamline the patient's journey in hospital – we will work to make sure that people get the right care in the right place at the right time by maximising outpatient, ambulatory, day care services and minimising in-patient stays
5. Achieve a sustainable financial position by 2023

National Health and Wellbeing Outcomes

The national health and wellbeing outcomes are high level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

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

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

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

Outcome 4: health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5: health and social care services contribute to reducing health inequalities

Outcome 6: people who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

Outcome 7: people using health and social care services are safe from harm

Outcome 8: people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: resources are used effectively and efficiently in the provision of health and social care

Core suite of integration Indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*
11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*

14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

*Indicator under development

<https://www.gov.scot/publications/health-social-care-integration-core-suite-indicators/>

Integration Planning and Delivery Principles

The integration planning and delivery principles are the lens through which all integration activity should be focused to achieve the national health and wellbeing outcomes.

They set the ethos for delivering a radically reformed way of working and inform how services should be planned and delivered in the future.

The principles also set a clear tone for both the national guidance and local implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

The main purpose of the integration planning and delivery principles is to improve the wellbeing of service-users and to ensure that those services are provided in a way which:

1. Are integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respects the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protects and improves the safety of service-users
9. Improves the quality of the service
10. Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipates needs and prevents them arising
12. Makes the best use of the available facilities, people and other resources

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: <i>Allied Health Professions</i>		Direction to: <i>SIC / NHSS</i>		Overall Budget allocated by IJB for Direction: £3,058,167	
Reference Number: <i>CC-28-20</i>		Relevant Function(s): <i>Allied Health Professions</i>		Review Date: September 2021	
IJB Report(s) Reference Number: 2.3					
Date Direction issued/authorised by IJB: 24/09/2020		Date Direction takes effect: 24/09/2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes CC-22-19 1.10	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1-5	IJB Key Priorities: 1-23	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

To deliver Dietetic, Occupational Therapy (OT), Orthotic, Physiotherapy, Podiatry and Speech and Language Therapy Services

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
To provide a Dietetic Service including assessment, diagnosis and treatment of diet and nutrition problems	<p>KPI's: To demonstrate improved health outcomes at the end of dietetic intervention (e.g. gestational diabetes intervention)</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>90% of patients to be seen within 18 weeks</p> <p>Objectives: To enable the population of Shetland to look after and improve their own health and wellbeing and live in good health for longer.</p>
To provide an Occupational Therapy Service including assessment, interventions and review of problems compromising physical and mental health wellbeing and independence	<p>KPI's: To demonstrate improved health and wellbeing outcomes at the end of OT interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>90% of people are responded to within 14 days</p> <p>Objectives: To facilitate a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their maximum level of independence and ability</p>
To provide an Orthotic Service including assessment and treatment to remedy or relieve a medical condition or disability, or to prevent or lessen the development of a condition or disability.	<p>KPI: To demonstrate improved management of conditions enabling improved health and well-being outcomes</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>90% treated within 4 weeks</p>

	Objectives: To empower better health, prevent impairment, reduce functional limitations and minimise disability
To provide a Physiotherapy service consisting of assessment, treatment and review for patients who have any injury, disease or problem that relates to muscles, bones, joints and peripheral nerves.	<p>KPI's: To demonstrate improved health and wellbeing outcomes at the end of the physiotherapy interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>MSK- 60% of patients seen within 4 weeks</p> <p>Non MSK- 100% of patients seen within 18 weeks</p> <p>Objective:</p> <p>To maintain the health for people of all ages, helping patients to manage pain and prevent disease, encouraging development and facilitating recovery, while helping them to remain independent for as long as possible.</p>
To provide a Podiatry Service consisting of triage, diagnosis, treatment and review for patients with abnormal conditions of the feet and lower limbs. To prevent and correct deformity, keep people mobile and active, relieve pain and treat infections.	<p>KPIs: To demonstrate improved health and wellbeing outcomes at the end of the podiatry interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcomes e.g. pain level</p> <p>Objective:</p> <p>To enable the population of Shetland to look after and improve their own health and wellbeing and live in good health for longer.</p>
To provide a Speech and Language Therapy Service including assessment treatment, support and care for people with communication, eating, drinking or swallowing difficulties	<p>KPI's: To demonstrate improved health and wellbeing outcomes at the end of SLT interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>92% seen within 8 weeks</p>

Objective: To enable the population of Shetland to manage their impairment, look after their own health and wellbeing and live in good health for longer.

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Dietetic Service							
Develop and implement Scottish Government Child Healthy Weight Tier 3 programme	Develop programme to comply with Standards for the delivery of weight management services for children and young people	Children and young people obesity rates are reduced. Reduction in adult weight management referrals. Lessening of later obesity related health and social wellbeing conditions	Health Improvement Schools including school nurses ARI Children's Specialist Dietitian Other Dietetic services	Risks: Conflicting demands on Dietitians time Specialist skill set required for children Mitigation: Protected time for this project and service delivery Specific training to support dietitians working with	D1	Funding is provided via the Scottish Govt until March 2021. Opportunity to negotiate further funding will be dependent on the outcomes Dietetics achieve	September 20 SCOTT training for dietitians October 20 Commencement of programme development December 20 Review progress;- use of SCOTT programme, programme development March 21

				children, young people and their families. Access to off island expert CHW dietitians			Programme fully operational Ongoing review and reporting to the Scottish Govt
Significant nutritional policies reflecting national guidelines are updated	Audit existing policies against national standards, rewrite to achieve compliance Seek both internal input and external peer review Implement, complimented by notifications and training updates Agree Review dates	Efficiencies gained through standardised practice Standardised information used as a teaching platform Improved confidence of staff to deliver nutritional support	External dietetic services Medical colleagues NHS catering colleagues School nurses	Risk: Conflicting demands on time, patients v/s policy update Mitigation: Monthly review to guard against slippage	D2	Within existing budget	September 20 Enteral Feeding Guideline draft ready for external peer review November 20 Enteral Feeding Guideline draft ready for internal peer review Nutrition Policy analysis commences and time frames for rewrite identified January 2021 Enteral Feeding Guidelines ready for release and education
To complete modernisation of Dietetic service Desired outcomes	Continue to develop, test and implement: Triaging of referrals	Improved patient reported experiences	AHP colleagues Resource Nurses e.g. diabetes IT	Risks: Change fatigue Conflicting demands	D3	Within existing budget	Documented in NHS Dietetic Service Recovery Plan Underway

include: the right level of service at the right time in the right way, enabled and supported self-management resources for patients and carers, improved utilisation of resources, staff are supported and report feeling valued, agile and flexible services	<p>Use of Near Me in both individual and group consultations</p> <p>Telephone consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web-based materials</p> <p>Improved Outcome measures including a focus on patient experience</p> <p>Staff can work from home safely, securely and successfully.</p> <p>Environmental changes to workplace</p> <p>Ongoing focus on staff communications and wellbeing, both organisational and service specific to individuals</p>	Increased self-management by patients	<p>External dietetic departments</p> <p>Health Protection</p> <p>Medical centres</p> <p>Care Homes</p>	<p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities, AHP team linkages</p>			Ongoing review and service improvements
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	<p>Relationships with other dietetic departments established – peer review, supervision, joint project work</p> <p>Development of updated training plan reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID-19 presents</p>						
Access to electronic notes and files for all patient activity is granted and activated	Continue to advocate for electronic versus paper files	Rapid access to desktop patient files, access to and sharing current digital information across the HSCP and NHS ideally, opportunity for standardisation of record	Information Governance	<p>Risks:</p> <p>Need seen as low priority</p> <p>Patient files do not meet HCPC requirements</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p>	D4	Unknown	Outside AHP control

		keeping across services, opportunity for auditing, improved adherence to HCPC patient documentation guidance, reduction in paper files, letters and reports, reduction in storage cabinets and space		Audit paper notes and facilitate improvements			
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Occupational Therapy

The population of Shetland are supported to manage their mental health and wellbeing through access to an integrated occupational therapy mental health service	Continue to work with HSCP to confirm need and best placement of OT	Potential savings through early interventions, lessening the risk of escalating mental health issues	Community Mental Health Service HSCP management GPs Third sector	Risks: Recruitment of experienced OT capable of developing a new service and delivering it Poor uptake by health professionals and public Mitigation: Structured recruitment strategy	OT1	Band 7 OT £38,890 to £44,503	Ongoing
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				<p>Involvement of frontline staff in development of role</p> <p>Communication re role and function with professionals, third sector and the public</p>			
Continued equitable and transparent access to funded housing adaptations and personal care equipment	Explore options to manage increasing demands and costs for housing adaptations, and equipment	<p>Patient's disability related needs met enabling them to remain at home</p> <p>Carers are supported and able to maintain their well being</p>	<p>SIC Housing</p> <p>SIC Legal</p> <p>Hjaltland Housing association</p> <p>Equipment Providers</p> <p>Service users</p>	<p>Risk: Adverse publicity for SIC/IJB</p> <p>Mitigations: Service users consulted and involved</p> <p>Coordinated education and information publicity campaign</p>	OT2	To be quantified	<p>December 20</p> <p>Dependent on research into possibilities, paper ready for IJB with recommendations</p>
<p>Complete modernisation of OT service</p> <p>Desired outcomes include: the right level of service at the right time in the right way, enabled and</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Electronic self-assessment</p> <p>Use of Near Me in both individual and group consultations</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time</p>	<p>AHP colleagues</p> <p>IT</p> <p>Medical centres</p> <p>Social care staff</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed</p>	D2		<p>Documented in NHS and Community OT Service Recovery Plans</p> <p>Underway</p> <p>Ongoing review and service improvements</p>

supported self-management resources for patients, improved patient experience improved utilisation of resources, staff are supported and report feeling valued	<p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web-based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources</p> <p>Environmental changes to workplace</p> <p>Ongoing focus on staff wellbeing</p> <p>Identification of changed training needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p>	on OT caseload, support both patients and staff		work plan, weekly communication, shared responsibilities			
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	Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID 19 presents						
Access to electronic notes and files for all patient activity is granted and activated	Continue to advocate for electronic versus paper files	Rapid access to desktop patient files, access to and sharing current digital information across the HSCP ideally, opportunity for standardisation of record keeping across services, opportunity for auditing, improved adherence to HCPC patient documentation guidance, reduction in paper files, letters and reports, reduction in storage	Information Governance	<p>Risks:</p> <p>Need seen as low priority</p> <p>Patient files do not meet HCPC requirements</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p> <p>Audit paper notes and facilitate improvements</p>	D3		Outside AHP control

		cabinets and space					
Orthotics							
<p>Complete modernisation of Orthotic service</p> <p>Desired outcomes include: the right level of service at the right time in the right way, enabled and supported self-management resources for patients, improved patient experience improved utilisation of resources, staff are supported and report feeling valued</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Use of Near Me in both individual and group consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources</p> <p>Environmental changes to workplace</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on Orthotic caseload</p>	<p>IT</p> <p>GBH team</p> <p>Medical centres</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities</p>	O1		<p>Documented in NHS Orthotics Recovery Plans</p> <p>Underway</p> <p>Ongoing review and service improvements</p>

	<p>Ongoing focus on staff wellbeing</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID 19 presents</p>						
Access to electronic notes and files for all patient activity is granted and activated	Continue to advocate for electronic versus paper files	Rapid access to desktop patient files, access to and sharing current digital information across the HSCP ideally, opportunity for standardisation of record keeping across services, opportunity for auditing, improved adherence to HCPC patient documentation guidance, reduction in paper files,	Information Governance	<p>Risks:</p> <p>Need seen as low priority</p> <p>Patient files do not meet HCPC requirements</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p> <p>Audit paper notes and facilitate improvements</p>	O2		Outside AHP control

		letters and reports, reduction in storage cabinets and space					
Physiotherapy							
The mix of staff skill and expertise ensure a professional and responsive physiotherapy service for the people of Shetland	Commence succession planning Evaluate workforce requirements, including training, taking into account new ways of working	Risk to gaps in service delivery is minimised Expertise is placed in the area of need and potential for improvement	GBH medical staff Community services Medical centres Patients and families	Risk: Ongoing supply of suitable workforce Mitigation: Identify potential successors Review current service Continue to promote Shetland as a positive and rewarding place to live and work	PT1	Possible savings	Ongoing
Service delivery for MSK, paediatric and long-term conditions meets local and national standards	Continue service improvement work as already identified within respective teams	Improvements made to service delivery, improving patient experience and outcomes	GBH teams SIC community services Medical centres Patients and families	Risk: Change fatigue Mitigation: Use change management strategies Communication	PT2	Within budget	October 20 Develop priorities for action, establish teams, commence planning

<p>Complete modernisation of physiotherapy service</p> <p>Desired outcomes include: the right level of service at the right time in the right way, enabled and supported self-management resources for patients, improved patient experience improved utilisation of resources, staff are supported and report feeling valued</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Use of Near Me in both individual and group consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources</p> <p>Environmental changes to workplace</p> <p>Ongoing focus on staff wellbeing</p> <p>Identification of changed training</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on physio caseload</p>	<p>GBH team</p> <p>Medical centres</p> <p>Community services</p> <p>IT</p> <p>Patients and families</p> <p>Third sector</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communications, shared responsibilities</p>	PT3		<p>Documented in NHS Physiotherapy Recovery Plan</p> <p>Underway</p> <p>Ongoing review and service improvements</p>
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	<p>needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID 19 presents</p>						
Access to electronic notes and files for all patient activity is granted and activated	Continue to advocate for electronic versus paper files	Rapid access to desktop patient files, access to and sharing current digital information across the HSCP ideally, opportunity for standardisation of record keeping across services, opportunity for auditing, improved adherence to HCPC patient documentation guidance, reduction in	Information Governance	<p>Risks:</p> <p>Need seen as low priority</p> <p>Patient files do not meet HCPC requirements</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p> <p>Audit paper notes and facilitate improvements</p>	O2		Outside AHP control

		paper files, letters and reports, reduction in storage cabinets and space					
Podiatry							
Complete modernisation of Podiatry service Desired outcomes include: the right level of service at the right time in the right way, enabled and supported self-management resources for patients, improved patient experience improved utilisation of resources, staff are supported and report feeling valued	Continue to develop, test and implement: Triaging Electronic referrals including photos Use of Near Me in both individual and group consultations Telephone consultations Electronic assessments Refreshed service delivery processes Use of Microsoft Teams Extension of TrakCare resources and data analysis Improved patient resources and public information including web based materials	Improved patient reported experiences Increased self-management by patients Reduction of waiting list, and length of time on podiatrist's caseload	GBH teams Medical centres Community services IT Patients and families Third sector	Risks: Change fatigue Conflicting demands Changing landscape Mitigation: Engagement of team, agreed work plan, weekly communication, shared responsibilities	P1		Underway Ongoing review and service improvements

	<p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources</p> <p>Environmental changes to workplace</p> <p>Ongoing focus on staff wellbeing</p> <p>Opportunities for telemedicine</p> <p>Identification of changed training needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID 19 presents</p>						
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Access to electronic notes and files for all patient activity is granted and activated	Continue to advocate for electronic versus paper files	Rapid access to desktop patient files, access to and sharing current digital information across the HSCP ideally, opportunity for standardisation of record keeping across services, opportunity for auditing, improved adherence to HCPC patient documentation guidance, reduction in paper files, letters and reports, reduction in storage cabinets and space	Information Governance	<p>Risks:</p> <p>Need seen as low priority</p> <p>Patient files do not meet HCPC requirements</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p> <p>Audit paper notes and facilitate improvements</p>	O2	Unknown	
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Speech Language Therapy

Further extension of SLT services for those who require	Contribute to development of Neurodevelopmental pathway for diagnosis and support in Shetland.	Early diagnosis and interventions offer better the outcomes	Schools Day services	Risk: Potential change and increase in workload, insufficient staff	SLT 1	Within budget	October 2020 Action plans to facilitate extension of services to be
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specialised service	<p>Implement actions relating to Augmentative and Alternative Communication (AAC)</p> <p>Contribute to Emerging Literacy programme</p>	regarding speech, language and communication abilities.	<p>GBH health professionals</p> <p>Specialist AAC SLTs at the Scottish Centre of Technology for the Communication Impaired (SCTCI)</p> <p>Health visiting, Bruce family centre, Schools</p>	<p>resources. Expansion of waiting list</p> <p>Mitigation:</p>			reviewed against current work including the opening of schools
<p>Complete modernisation of SLT service</p> <p>Desired outcomes include: the right level of service at the right time in the right way, enabled and supported self-management resources for patients, improved patient experience, improved utilisation of resources, staff are</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Electronic referrals</p> <p>Use of Near Me in both individual and group consultations</p> <p>Telephone consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Extension of TracCare resources and data analysis</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on therapist's caseload</p>	<p>GBH teams</p> <p>Medical centres</p> <p>Community services</p> <p>IT</p> <p>Patients and families</p> <p>Third sector</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities</p>	SLT 2		<p>Underway</p> <p>Ongoing review and service improvements</p>

supported and report feeling valued	<p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources</p> <p>Environmental changes to workplace</p> <p>Ongoing focus on staff wellbeing</p> <p>Opportunities for telemedicine</p> <p>Identification of changed training needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike</p>						
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	of COVID 19 presents						
Access to electronic notes and files for all patient activity is granted and activated	Continue to advocate for electronic versus paper files	Rapid access to desktop patient files, access to and sharing current digital information across the HSCP ideally, opportunity for standardisation of record keeping across services, opportunity for auditing, improved adherence to HCPC patient documentation guidance, reduction in paper files, letters and reports, reduction in storage cabinets and space	Information Governance	<p>Risks:</p> <p>Need seen as low priority</p> <p>Patient files do not meet HCPC requirements</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p> <p>Audit paper notes and facilitate improvements</p>	SLT 3	Unknown	

Accountability and Governance
Reporting to IJB; Monthly budget monitoring processes and quarterly budget reporting to IJB and Council; Reporting to Scottish Govt (Child Healthy Weight)

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: <i>Community Nursing including Intermediate Care</i>		Direction to: <i>NHSS/SIC</i>		Overall Budget allocated by IJB for Direction: £3,326,989	
Reference Number: 2.5		Relevant Function(s): <i>Community Nursing Services</i> <ul style="list-style-type: none">• <i>District Nursing</i>• <i>General Practice Nursing</i>• <i>Advanced Practice</i>• <i>Non-doctor Island Nursing</i>• <i>Specialist Nurses</i>• <i>Intermediate Care Team</i>		Review Date: <i>01/10/2021</i>	
IJB Report(s) Reference Number: <i>CC-28-20</i>					
Date Direction issued/authorised by IJB: <i>24/09/2020</i>		Date Direction takes effect: <i>01/10/2020</i>		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: <i>Yes, supersedes previous Direction - May 2019 – CC 22-19 – 1.5</i>	
How does the Direction link to:	Strategic Plan Actions and Outcomes: <i>1-5</i>	IJB Key Priorities: <i>1-16</i>	National Health and Wellbeing Outcomes: <i>1-9</i>	National Planning and Delivery Principles: <i>Aligns with Scottish GP Contract and 1-12 of planning and delivery principles</i>	

Purpose of Direction – to deliver nursing and re-ablement services within community settings to meet the health and care needs of the local population

The Community Nursing Service comprises a range of services which provides nursing care, treatment and support within a community setting.

These services include:

District Nursing - community based nursing service to individuals within their own home, or a care home, on a 24 hours a day, seven days a week, 365 days a year basis.

Practice Nursing – at all 8 Board provided general practices;

Advanced Nurse Practitioners – Advanced Nurse Practitioner posts based in Primary Care;

Specialist Nurse - Continence Nurse Advisor – Shetland wide service to support patients, care and nursing staff;

Non-Doctor Island Nursing – nurses resident on the small outer islands of Fair Isle, Foula, Fetlar, and Skerries;

and

Intermediate Care Team – multi-disciplinary, partnership team focussed on provision of re-ablement programmes, additional support to increase independence on discharge home from hospital and provision of additional support at home to prevent unnecessary admission to hospital or care home.

The provision of NHS Shetland Travel Health Service is also provided through the Community Nursing service. This private service is being provided by the NHS Board as a health protection issue due to the lack of a local commercial provider.

Whilst the District Nursing Services predominantly provide a front line clinical service to individuals who are over the age of 16years and are housebound, all of the services within Community Nursing will endeavour to meet the needs of any individual across the lifespan from birth to death, within the community setting who have a nursing and/or health need.

Community Nursing staff also provide support and teaching to informal or family carers to enable them to care effectively for their relative, whilst also addressing any care and support needs the individual carer might have themselves.

All of the component services within the Community Nursing service work together with the aim of maintaining as many individuals as possible at home within a community setting wherever possible.

Overarching Directions to Function(s)	
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Directions:	Performance / Objective(s):
Provide care and support for all adults within the community who have a nursing or re-enablement need	<p>KPI - Number of visits undertaken by the District Nursing service on a quarterly/annual basis</p> <p>KPI - Percentage of early supported discharges with no readmission in 30 days by Intermediate Care Team</p>
<p>Plan, develop and implement the nursing contribution of Year 3 of the Primary Care Improvement Plan, specifically in relation to</p> <ul style="list-style-type: none"> • Vaccination Transformation Programme (VTP); • Development of Community Treatment and Care centres; and • Urgent Care services 	<p>Objective - Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way.</p> <p>KPI – Delivery of Flu immunisation to a minimum of 75% of the over 65s and under 65s at risk (as per national target)</p> <p>KPI - Contribute to the delivery of Flu immunisation to 60% of frontline health and care workers (as per national target)</p> <p>KPI for CTAC to be developed</p>
Implementation of the Transforming Nursing roles agenda to ensure that the nursing workforce within community settings can deliver on the service developments as outlined in the new GP contract.	<p>Objectives –</p> <p>Nursing staff have enhanced skills and roles supporting the delivery of care by right practitioner, right place, right time for the local population thus improving continuity and timeliness of care to all Shetland residents.</p> <p>Nursing staff play a key role within integrated teams within General Practice.</p> <p>KPI – Percentage of Band 6 & Band 7 Community Nursing staff who possess a Specialist Practitioner Qualification, Advanced Clinical Assessment skills and a Non-Medical Prescribing Qualification (thus supporting independent practice)</p> <p>KPI – Number of Band 5 staff to commence Graduate Diploma in Integrated Community Nursing (new programme of education)</p>

Develop new service models which are sustainable, affordable, and clinically appropriate which meet the health and care needs of Shetland residents both now and for the future.	<p>Objective – Create sustainable, affordable, and clinically appropriate service models to support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way.</p> <p>KPI – Percentage improvement in recruitment to the remote islands posts.</p>
Implement a consistent and robust framework for measuring, assuring and reporting on the quality of nursing practice in place within Community services utilising the Excellence in Care Framework and other key quality measures.	<p>Objective - Evidence the delivery of high quality, timely and appropriate care and support to Shetland residents from the component parts of the Community Nursing service.</p> <p>KPI- Number of Anticipatory Care Plans in Place</p> <p>KPI – percentage of District Nursing records for palliative patients with patient's preferred place of death documented in the nursing care plan</p> <p>KPI – Percentage of District Nursing records which evidence that the patient's preferred place of death was met</p> <p>KPI - Percentage of Catheter Associated Infections identified in individuals with an indwelling urinary catheter in the community.</p> <p>Further KPIs to be developed in 20/21</p>
Provision of a risk based NHS Shetland Travel Health Service	<p>Objective – to support people to have local access to appropriate assessment and immunisation prior to foreign travel to support public safety and protection</p> <p>KPI – Number of Travel Health Assessments conducted</p>

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce,	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding /	Milestones; deadlines; and/or review dates

			partners)			savings	
Reduction in admission to care homes for mainland Shetland Residents; Availability of 24/7 Community Nursing Support.	Implement 24hour shift based nursing and care at home service Potential remodel of OOH service to be ANP led	Increased number of individuals with complex care needs who continue to be cared for either at home or in a community setting	Linked to future planning in relation to unscheduled overnight care to reduce unnecessary admission to hospital.	<u>Risks</u> Recruitment challenges. Financial challenges in relation to 'scaling up' from savings achieved elsewhere.		Proposed £50k saving from existing GP Out of Hours Model – note that some redistribution of funding will be required to support new service.	31/03/21
Increased resilience within local communities	Review model of service provision in remote areas, with respective communities, to ensure sustainable, safe, effective, person-centred services are in place	Appropriate services support residents health and care needs, irrespective of their home location	Multi-agency approach to sustainability of services will be required	<u>Risks</u> Risks particular to each area will be considered as core part of project work		Investment funding may be required to support remodelling of services	31/03/21
Enhanced Infection Prevention & Control (IP&C) support across Health and care services / premises both routinely and in outbreak situations	Develop Infection Control Nurse post to support IP&C activities across Primary and Community Care settings.	Supporting enhanced IP&C practice within Healthcare premises and support for Care Homes routinely and in outbreak situations	Links to IP&C service / agenda across NHS Board and IJB provided services	<u>Risk</u> Potential outbreak, increasing risk to patients and staff, through inadequate IP&C practice		Initial funding of £64,000 to develop substantive post requested from IJB reserves	New post in place from 1/4/21

				<u>Mitigation</u> Temporary post currently established to support COVID response			
Improved patient access to services in line with Primary Care Improvement Plan	Establish Community Treatment Assessment Centre (CTAC), as per GP contract	Improved patient access, enhanced patient choice, potentially reduce patient travel time and time away from work, sharing of workload across practices Increased flexibility in access to service provision in Lerwick during core working hours for all islanders	Links to Primary Care redesign as per Primary Care Improvement Plan	<u>Risk</u> Inadequate uptake of new service to ensure viability <u>Mitigation</u> This new way of working will require good communication to patients and wider staff groups to promote the service which provides an opportunity to modernise services and promote supported self care		Funding agreed from PCIP monies	31/03/21
Nursing services deliver on service redesign within GP Contract as outlined in Primary Care Improvement	Lead Nursing contribution to areas of service redesign within GP Contract, via Primary Care Improvement Plan (further	Increase in Long Term conditions management by General Practice Nurses Increase in numbers accessing Travel	Links to Primary Care redesign as per Primary Care Improvement Plan	<u>Risks</u> Recruitment is biggest challenge Change in working practices may take time to			Ongoing – timescales as per individual projects

Plan	detail in the PCIP)	<p>Health service</p> <p>Implementation of vaccination team approach to all mass vaccination campaigns across Shetland</p> <p>Continued development of Advanced Practice Nursing roles across primary care services</p>		<p>embed in workforce.</p> <p><u>Mitigation</u></p> <p>Enhanced management capacity to provide support & supervision to implement changes in practice</p>			
Safe, high quality service provision	Ensure Care Assurance Framework in place and operationalised across Care Home sector and District Nursing	Maintain up to date oversight of clinical and staffing situation across the nursing and care service, enabling early additional support to be provided as required	Interdependencies between care and nursing workforce	<p><u>Risk</u></p> <p>Poor standards of care through inadequate staffing</p> <p><u>Mitigation</u></p> <p>Systems in place to provide clinical advice and support as well as supplementary staffing for care sector as required</p>		<p>Within existing resources</p> <p>Additional supplementary staffing available on a Bank (temporary contract) basis</p>	In place from July 2020 / ongoing
Provision of a suite of service data which supports the demonstration of	Implement Excellence in Care Measures and	Measures agreed by the National Working Group are: 1. Has the		<p><u>Risks</u></p> <p>Change in working practices may</p>		Within existing resources	31/03/21

the provision of Safe, high quality, person centred services	other key quality measures	<p>patient's preferred place of death been documented in the nursing care plan?</p> <p>2. Was the patient's preferred place of death met?</p> <p>2% improvement in results quarterly (baseline - end of March 20)</p>		<p>take time to embed in workforce.</p> <p><u>Mitigation</u> Enhanced management capacity to provide support & supervision to implement changes in practice</p>			
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Accountability and Governance

NHS Shetland is accountable for the delivery of the services within Community Nursing, which have been commissioned by the Integration Joint Board (IJB).

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Hospital-Based Services		Direction to: NHS Shetland		Overall Budget allocated by IJB for Direction: NHS Unscheduled Care £3,057,121 Renal £238,063 Total £3,295,184	
Reference Number: 2.8		Relevant Function(s): Hospital Based Services		Review Date: 09/2021	
IJB Report(s) Reference Number: CC-28-20					
Date Direction issued/authorised by IJB: May 2020		Date Direction takes effect: 24/09/2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes, supersedes Direction May 2019, CC-22-19, 1.12	
How does the Direction link to:	Strategic Plan Actions and Outcomes: Reflected in the Annual Operational Plan 2020-21 and Joint Strategic Commissioning Plan Actions 1,2,4,5	IJB Key Priorities: Strategic priority 4,8,10,12,13,14,15,16,19,20,21,22		National Health and Wellbeing Outcomes: See below and appendix 1-9	National Planning and Delivery Principles: Yes, the plan reflects the national principles 1-12

Purpose of Direction
Delivery of hospital based services

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p><u>Renal Services</u></p> <p>Renal services include a planned outreach renal clinic from NHS Grampian and a local Dialysis unit, which is a satellite of the NHS Grampian service.</p> <p>The Dialysis Unit provides:</p> <ul style="list-style-type: none"> • Haemodialysis • Holiday Dialysis • Peritoneal Dialysis • Pre Dialysis Education <p>The only unscheduled aspect of the service is the delivery of holiday dialysis to patients visiting from other parts of the UK.</p> <p>Further investment in the workforce to support dialysis is required from 2020-21 onwards, which has been put forward as a request for additional funding in 2020-21 budget setting.</p>	<p>To provide safe and effective dialysis for patients in Shetland</p> <p>To provide safe and effective dialysis for visitors (holiday dialysis)</p> <p>To continue to review the workforce requirements for the service in line with safe staffing legislation and requirements</p> <p>To continue to review the elective renal service and opportunities to offer increased access and reduced clinical/patient travel</p> <p>To ensure that there is a training and succession plan in place for nurses running the dialysis unit (in line with the workforce plan)</p>
<p><u>Sexual Health</u></p> <p>The Sexual Health Service includes:</p> <ul style="list-style-type: none"> • A Sexual Health and Wellbeing Clinic (delivered in the hospital setting) • Family Planning Service (delivered in the hospital setting) • Contraceptives (provided in Primary Care) • Health Screening following Rape or Sexual Assault (delivered in the hospital setting) • Health Improvement and Education provided by a wide range of professionals including: GPs, Midwives and School Nurses <p>The sexual health strategy sits in the Public Health portfolio</p>	<p>National standards for sexual health are under development via Healthcare Improvement Scotland and a scoping report was published in November 2019, delayed by the pandemic</p> <p>The standards will include the following themes:</p> <ul style="list-style-type: none"> • Preventing sexually transmitted infections • Preventing unintended pregnancy • Services for men who have sex with men (MSM)

	<ul style="list-style-type: none"> • Services for young people • Sexual wellbeing • Education and training • Information and support • Leadership and governance <p>That we meet the standards set by Healthcare Improvement Scotland for Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: Children, young people and adults standards</p> <p>http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_services.aspx?theme=mobil e</p>
<p><u>Unscheduled Care</u></p> <p>Unscheduled care takes place across community, hospital and specialist settings. This Direction is in respect of Unscheduled Care in the hospital setting.</p> <p>The majority of healthcare functions within the wider healthcare system have an unscheduled care response or pathway, but the main ones covered by this Direction are defined as:</p> <ul style="list-style-type: none"> • Accident and Emergency Services (Including Mental Health and Paediatrics) 	<p>There are a number of HEAT targets which specifically relate to quality or performance markers for effective emergency care systems:</p> <ul style="list-style-type: none"> • Delayed Discharges • Total Delayed Discharges • A and E four hour waits • Rate of attendance at A and E • Rate of emergency patients admitted to hospital • Number of presentations 'Out of Hours' (OOHs) • Number of children admitted to hospital (and length of stay) • Average length of stay in hospital

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Q4 2020-21	Review access to emergency care and identify ways in which acute ambulatory care pathways can be delivered e.g. SDEC	Less patients will wait more than for hours in ED for ambulatory care Improved patient experience	External factors such as alternative care settings and access to specialist opinion off island impact on speed of access to services.	Audit is being undertaken to review case mix Working patterns and handover times for medical staff are being reviewed	Outcome 9 Outcome 4	Funding requirements are described in the remobilisation plan – savings are to be determined following tests of change during Q4 2020-21	
Q4 2020-21	Review the workforce model for senior medical posts to develop a more sustainable approach	Sustainable medical services that can meet the needs of the remote and rural care model	Recognised as a national recruitment risk Interplay with primary care/care of the elderly role development and advanced nursing practice	We have a carefully selected team of bank Consultants providing acute medical care – to mitigate issues with quality and	Outcome 9 Outcome 4	To be determined, as that will be based on the blended model of recruitment used	

		Reduction in the need for supplementary staff		continuity of care			
Q4 2020-21	Implement real time early supported discharge via Discharge Lounge and HCSW team	Further reducing patient LoS. Reducing delays for patients with transport, medicines etc Improved support for carers	Connected with primary care, community care, pharmacy, SAS and community nursing services	A multi-agency group is in place reviewing discharge pathways Operational, MDTs in place to manage individual patient pathways We have trained HCSWs to undertake this role	Outcome 9 Outcome 4	Funded via the Winter Planning allocation in 2020-21.	
Q4 2020-21	Review renal service workforce and model of care	Ensure that we have a sustainable dialysis service in line with predicted activity	Connected with NHS Grampian renal services (visiting Consultants and Dialysis Unit)	Risk that patients would need to relocate to Aberdeen if a safe service could not be delivered in Shetland – hence modelling for forecast in patient numbers and	Outcome 9 Outcome 4	To be funded as a cost pressure by NHS Shetland from 2020-21 onwards	

				staffing requirements, including training			
Q4 2020-21	Review sexual health team capacity to support rape and sexual assault pathway and provide care in line with national standards	To ensure that we have practitioners in place who can support the FME to undertake medical examinations and patient follow up	Connected with NHS Grampian, third sector and Police Scotland	Risk that we are not able to provide appropriate support in line with clinical standards. On call rota is in place – more practitioners planned to be trained when the next NES course is available	Outcome 9 Outcome 4	To be funded by SG in 2020-21 but will need to consider longer term sustainability of service as part of regional planning	
Q4 2020-21	Reviewing how we delivery emergency care to children	Ensuring that we have the right model to deliver emergency care for children	Connected with NHS Grampian – Children's Hospital, regional planning redesign programmes, primary care redesign	Risk that we do not factor in the skillset required to provide paediatric care into the MDT – currently mitigated via training, guidelines, case based discussion (but needs to be consider in line with the medical	Outcome 9 Outcome 4	Scoping work will be funded via general allocation for services – business case will need to be considered separately	

				workforce review)			
Q4 2020-21	Reviewing how we use digital approaches to improve emergency and planned care	To ensure that patients have access to the right information, right practitioner, right time	Project which will be a sub set of a larger programme of work to look at Near Me roll out		Outcome 9 Outcome 4	Spend to save and recovery plan projects during 2020-21	

Accountability and Governance

NHS Shetland is accountable for the delivery of the services within this Direction, which have been commissioned by the Integration Joint Board (IJB).

Unscheduled care is an umbrella term used to describe services which provide an emergency or unplanned service response. The majority of unscheduled care takes place in the community setting and is managed by community health and social care teams.

The overarching aim of services aligned to unscheduled care activities is to provide safe, effective and person centred care for patients who are presenting to health or social care services 'in an emergency'. Unscheduled care takes place across community, hospital and specialist settings.

Current Services Provided

The majority of healthcare services have an unscheduled care pathway, but the main ones can be defined¹ as:

- **Out of Hospital Services – e.g. community nursing and primary care services 'out of hours'**
- **Accident and Emergency Services**
- **Acute Inpatient Medical Services (including admission of renal patients)**
- Acute Inpatient Surgical Services
- Critical Care Services

¹ The services shown in bold are part of the joint service planning arrangements set out in the Integration Scheme – known as part B 'set aside' services.

- Theatre Services
- Obstetric Services
- Emergency Service provision at NHS Grampian for patients requiring specialist interventions
- Diagnostic Services (e.g. Medical Imaging, Laboratory Services)

In addition to this, NHS partners such as NHS24 and the Scottish Ambulance Service (SAS) play a critical role in the co-ordination of unscheduled care, including the provision of air transfer and critical care retrieval for adults, children accessing tertiary care centres and patients accessing specialist mental health facilities.

Other services which are subject to joint commissioning arrangements include: **Sexual Health and Renal.**

Drivers for Change

Over recent years, services that provide unscheduled care have been under increasing pressure. There are a number of factors which have caused these pressures:

- A growing elderly population with increasing and complex health and social care needs
- Increasing public expectation of and access to health and social care services
- Delays in accessing up-to-date patient information - impacting on or slowing down clinical decision making
- Need for improved team working and better co-ordination of care between NHS partners (primary care, SAS, NHS 24, secondary care and tertiary care)
- Need for greater collaborative working to reduce delays particularly at the health and social care interface
- Need for closer working between health and social care services to develop integrated models of anticipatory and community based care
- Challenges in training, recruitment and retaining of staff

Plans for Change

In 2019 NHS Shetland consistently met the target for 4 hour maximum wait in A&E with an average performance of 95.9% and the actions outlined below are intended to sustain this position and work towards the 98% target² However, achieving the target has been more challenging at times during 2020-21, because we have seen an increase in the clinical complexity and frailty of patients presenting at A&E, particularly following the first phase of the pandemic and this has had a wider impact on patients across the hospital system. We have also seen increasing numbers of

² Data taken from the Discovery platform, reflects calendar year to date for 2019 (up to November 2019)

patients attending A&E for same day emergency care (SDEC) and we are actively looking at ways in which we can create a new pathway for these patients and identify alternatives to hospital care, in collaboration with community and primary care teams.

We have also seen a significant increase in the use of locums to supplement the Consultant workforce, where more than 60% of Consultant posts have been vacant during 2020-21. This has also had an impact on thresholds for admission and transfer to specialist services, but access to A&E and overall emergency demand has remained good, but we need to review how we triage patients and review our pathways for acute ambulatory care; as we have seen considerable success in redesigning these pathways for elective care.

This improvement work is line with our changing patterns and usage of inpatient beds and impact over redesign programme over the last five years. In that time we have reduced acute ward occupancy by 8.1% and between 2018-19 and 2019-20, we have seen a 38% reduction in the number of occupied emergency medical bed days (standardised rate per 1000 population).

We have worked with health care planners to set out scenarios for future models of service delivery and developed a plan that describes short, medium and long term plans for the optimal configuration of the hospital to support clinical services. In 2020-21, we will start the formal process of developing a case for change to explore what type of health and care facilities we will need for the next 50 years and the replacement of the existing Gilbert Bain Hospital and refreshing our clinical and care strategy.

In light of the recruitment challenges, we will undertake a focused options appraisal to review the medical workforce to identify ways of creating more sustainable teams and opportunities for multi-professional models of care. We expect to appoint a Consultant Physician to lead on older peoples care and frailty from October 2020 onwards who will work across settings.

Building on work already underway, we will also review how we can deliver more technology based care and digital approaches. This will include wider scale roll out of Near Me in medical Outpatient clinics and patient 'opt in' services.

Risks/Challenges

- Our workforce is made up of many small teams and that means some services remain fragile – we will need to reconsider some of the models that we have in place, for example, where we have single handed practitioners to ensure that we can continue to deliver safe services. This is an issue across health and social care, but is a particular challenge when considering services in the community, including those supporting very remote communities. We also need to review the workforce model for medical staffing, in line with national recruitment and retention we have a number of vacancies in our senior medical team and we have started to review options in order to identify alternative approaches/skill mix to deliver emergency medical care.
- Affordability of the current models is a key challenge because of the diseconomies of scale across services. We will need to determine the balance of locality based services and centralised services we need to deliver services safely and affordably – our overnight care services (social care, community and primary care) are largely based on models using 'on call' staffing and there is a level of duplication in the way that services are provided overnight. Developing hub and spoke models to increase and enhance overnight care will need to be considered in order to deliver sustainable services for the future along with a change in the skill mix. The output from the Professional Alliance sets out the priorities we have agreed to take forward in 2020-21.

- We will need to develop a clear e-health strategy which focuses on technology enabled care – to support decision making and create opportunities for connecting locality based services with secondary and specialist care services.
- We will need to develop a clear approach and strategic plan to support self-directed care and self-management. There is more work to do in developing our signposting, redirection and health education/awareness services to ensure that the public know what services are available, when they are available and how to access them appropriately.

Targets/Outcomes

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

- Number of emergency admissions
- Admissions from Accident and Emergency
- Number of unscheduled hospital bed days; acute specialties
- Number of unscheduled hospital bed days; long stay specialties
- Accident and Emergency Attendances
- Percentage of attendances at Accident and Emergency seen within 4 hours
- Delayed discharge bed days
- Minimum data set for forensic medical care

Shetland performs well across these indicators.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Adult Mental Health		Direction to: SIC and NHSS		Overall Budget allocated by IJB for Direction: £2,344,687	
Reference Number: 2.9		Relevant Function(s): Adult Mental Health (Community Psychiatric Service, Psychological Therapies Service, Substance Misuse Recovery Service, Dementia Assessment Service, Community Mental Health Support Services)		Review Date: September 2021	
IJB Report(s) Reference Number: CC-28-20					
Date Direction issued/authorised by IJB: 24 September 2020		Date Direction takes effect: 24 September 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes CC-05-19	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1,2,3,4,5	IJB Key Priorities: 2,3,4,5,7,9,10,15,17,18.	National Health and Wellbeing Outcomes: 1, 2, 3, 4, 5	National Planning and Delivery Principles: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.	

Purpose of Direction
<p>The provision of:</p> <ul style="list-style-type: none"> • Community Psychiatric Service • Psychological Therapies Service • Substance Misuse Recovery Service • Dementia Assessment Service • Community Mental Health Support Service

- Specialist Services through Service Level Agreement with NHS Grampian
- Specialist Services through Managed Clinical Networks

Overarching Directions to Function(s)

Directions:

The provision of:

- Community Psychiatric Service (NHS):

Provision of a comprehensive psychiatric service to adults (18+) by Consultant Psychiatrist, Community Psychiatric Nurses (CPNs), Specialist Social Worker / Mental Health Officer (MHO)

- Psychological Therapies Service (NHS)

Provision of Psychological Therapies Service for patients who have mild to moderate and severe to extreme distress as a consequence of life events or health conditions (depression, anxiety, personality disorder, suicidal ideation, trauma)

Provision of population wide 'Stress Control' classes

- Substance Misuse Recovery Service (NHS)

Provision of a Substance Misuse Recovery Service for adults (16+) by Consultant Psychiatrist, GP with Special Interest (GPwSI), Specialist Nurses, Recovery Workers

Performance / Objective(s):

There are 30 Mental Health Quality Indicators; 27 of which are relevant to Shetland Adult Mental Health Services. **n.b**, those with an asterix are currently being collected, those without are not yet required by Government.

1. Psychological Therapies 18 week waits*
2. Drug & Alcohol 3 week waits*
3. Unscheduled presentations referred to specialist mental health services within 4 hours
4. First presentation psychosis patients start treatment within 14 calendar days of referral
5. Suicide rates*
6. Discharged psychiatric inpatients follow-up by community mental health services within 7 calendar days*
7. Unscheduled care presentations where self-harm is a presenting feature *
8. People prescribed lithium who experienced Lithium toxicity in past 12 months*
9. Carers of people with mental health problems who feel supported to continue caring

<ul style="list-style-type: none"> • Dementia Assessment Service (NHS) <p>Provision of a specialist diagnostic service for Dementia with development of locally based Dementia Care</p> <ul style="list-style-type: none"> • Community Mental Health Support Service (SIC) <p>Provision of Community Mental Health Support Services including supported accommodation, Outreach Service and Skills Centre</p> <ul style="list-style-type: none"> • Specialist Services through Service Level Agreement with NHS Grampian (NHS) <p>Provision of in-patient care.</p> <p>Provision of specialisms for: learning disabilities, neuropsychology, older adults (including dementia), forensic (both in patient and community), eating disorder out-patients, transgender service, substance use.</p> <ul style="list-style-type: none"> • Specialist Services through Managed Clinical Networks (NHS) <p>Multi agency provision of services to violent / vulnerable mentally disordered offenders and Forensic Psychiatry (through North of Scotland Forensic Mental Health Network)</p> <p>Multi agency provision of services to eating disordered individuals through the North of Scotland Eating Disorder Managed Clinical Network</p>	<ol style="list-style-type: none"> 10. Adults with mental health problems supported at home who agree that their services and support had an impact in improving or maintaining their quality of life* 11. People with mental health problem that agree with statement “people took account of the things that mattered to me” 12. Number of people with advanced statements registered per year with the Mental Welfare Commission for Scotland 13. People in mental health services seen for at least 1 month that show improvement in any personal outcome measurement over the previous month 14. Number of days people spend in hospital when they are ready to be discharged 15. People prescribed antipsychotics for reasons other than psychoses and bipolar disorder treatment 16. People with severe and enduring mental illness and/or learning disability who have had their BMI measured in the last 12 months 17. People seen for at least 1 month that show improvement in functioning using any clinical outcome measurement over the previous month 18. People seen for at least 1 month that show improvement in symptom severity using any clinical outcome measurement over the previous month 19. Rate of emergency bed days for adults 20. Readmissions to hospital within 28 days of discharge 21. Total psychiatric inpatient beds per 100,000 population 22. Total mental health spend as percentage of total spend 23. Did not attend appointments for community based services of people with mental health problems* 24. Premature mortality rate for persons in contact with mental health services
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<p>Multi agency provision of services to individuals through the North of Scotland Peri-Natal Managed Clinical Network</p>	<p>25. Number of Emergency Detention Certificates per 100,000 population</p> <p>26. People with a severe and enduring mental illness and / or a learning disability who have had an annual health check in last 12 months *</p> <p>27. Caseload with an anticipatory care plan</p> <p>Objectives: Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020; Shetland's Corporate Plan; The Joint Strategic Commissioning Plan; and the National Health and Wellbeing Outcomes.</p> <p>The service aims to enable people with enduring mental illness to live as independently as possible within the community.</p> <p>The service aims to enable people with mental health/substance use issues to recover and achieve independence without the need for further service input.</p> <p>The service aims to support carers/families to be enabled to continue to provide unpaid support.</p>
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Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Reduction in presentation/admission to Gilbert Bain Hospital	<p>Introduction of sustainable, safe and high quality nurse-led out of hours service</p> <p>Redesign of current nursing team to be able to provide crisis intervention and home treatment options</p>	<p>Reduction of out of hours presentations resulting in admission.</p> <p>Reduction in reliance on Consultant Psychiatrist being first on call.</p>	<p>Funding- Additional 2 x B6 nurses required + on-call payments for existing B6 nurses. Offset against savings made if able to not have Psychiatrists on call.</p>	<p>Unable to identify additional funding/resource to deliver community and crisis work and a nurse-led out of hours service.</p> <p>Mitigate – continue with Psychiatrist on call</p> <p>A nurse-led service without any local Consultant input will be reliant on Royal Cornhill Hospital providing the</p>		<p>Costs to be identified through improvement plan</p>	<p>March 2021</p>

				<p>Consultant cover - to be explored further with RCH and Mental Welfare Commission and other island boards.</p> <p>Mitigation – continue dialogue with RCH and MWC to find alternative solutions</p>			
Improved recovery outcomes for service users	<p>Recruit to vacant posts</p> <p>Establish and implement</p>	<p>Reduction in off island placements. Reduction in out of hours presentations</p> <p>More efficient use of resources,</p>	<p>Relies on being able to recruit</p> <p>Relies on partners being able to agree</p>	<p>Challenges with recruitment to specialist roles. Mitigate by adopting an 'across Board' approach to promoting jobs in health and social care.</p> <p>Inability to release nurses to</p>		<p>2x B6 CPNs Community Psychiatric Nurses £108k</p>	<p>March 2021</p> <p>March 2021</p>

	pathways for particular conditions to ensure individuals are given appropriate time limited interventions. i.e pathways for Survive and Thrive group, anxiety management	individuals move through the service quicker	on different pathways. Relies on additional nurses being trained to deliver S&T groups	undertake S&T training. Mitigation – ensure plan is in place to enable nurses to be released – Public/community expectation of receiving individual face to face contact as opposed to group work. Mitigation - Positive promotion of new ways of working		£2,200 – funded by NES TPTIC money	
Quicker access and enhanced therapies for individuals	Increase capacity within Clinical Psychology to reduce the long waits, develop a sustainable consultancy model,	Individuals with complex trauma are seen with 18 weeks of referral. Other professionals are able to provide	Positive working relationships and streamlined triage and referral pathways to ensure referrals are appropriate	Challenges with recruitment to specialist roles. Inability to secure additional funding. Mitigate by adopting an 'across Board' approach to		An additional full time 8a post has been requested via the Remobilisation plan £78,000 1 x B6 Therapist has	Sept 2020

	provide training to other professionals	appropriate support to individuals and reduce the number of inappropriate referrals for psychology		promoting jobs in health and social care.		been requested via the remobilisation plan £55,000	
	Roll out Stress Control classes in partnership with Health Improvement	Reduction in referrals as individuals able to self manage low level stress, anxiety and depression		Staff being unavailable to facilitate programme Mitigation – ensure contingency plan is in place to facilitate programme delivery		WER of CMHT and Health Improvement	Milestone: agreement from Stress Control provider to deliver virtual T4T by end Sept 2020
	Review TTS vacant post to include guided self-help i.e. Brief Behavioural	Reduction in referrals of individuals for one-one work		Inability to recruit Mitigate – advertise as permanent position		WER	Oct 2020

	Activation programme						
Sustainable Dementia Assessment service	Succession planning for the service regarding the development of the Nurse Consultant post	Ability to continue to deliver on 8 pillar model of Dementia Strategy	Close working between dementia service/ NHS Grampian, NHS Highland, primary care and Director of Nursing to ensure robust service structure is in place	Inability to Replace the Nurse Consultant with the necessary skills Mitigate – work closely with colleagues in NHS Highland & NHS Grampian for the necessary skills if not available on island		WER for Nurse Consultant. Additional funding required for Specialist Nurse (Source of funding to be identified)	Feb 2021
Individuals receive appropriate joined up care packages	Develop a single care/recovery plan for individuals who come under both CMHSS and CMHT	Recovery for individuals aligned and co-delivered across H&SC and the third sector	Joined up working between the CMHT, Annsbrae,	Inability to provide single plan due to different assessment tools, and ways of working Mitigate – continue to explore creative ways of working in order to align 2		WER	To be reviewed in November 2020

	Establish an Occupational Therapist to be based in CMHT			separate plans. Inability to source additional funding and/or recruit. Mitigate: Continue exploring alternative funding options.		1x B6 OT £55k Equipment £800 Total £55,800	Oct 2020
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Accountability and Governance

Reporting to IJB, Shetland Mental Health Partnership

Mental Welfare Commission annual visits; Joint Clinical Governance Group; Obligate network

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: <i>Pharmacy and Prescribing</i>		Direction to: <i>NHSS</i>		Overall Budget allocated by IJB for Direction: £6,636,441	
Reference Number: <i>2.10</i>		Relevant Function(s): <i>Pharmacy and Prescribing</i>		Review Date: <i>09/2021</i>	
IJB Report(s) Reference Number: <i>CC-28-20</i>					
Date Direction issued/authorised by IJB: <i>28/09/2020</i>		Date Direction takes effect: <i>28/09/2020</i>		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: <i>Yes CC13-20</i>	
How does the Direction link to:	Strategic Plan Actions and Outcomes: <i>1 to 5</i>	IJB Key Priorities: <i>1-10, 16, 17</i>	National Health and Wellbeing Outcomes: <i>7,8,9</i>	National Planning and Delivery Principles: <i>1 to 12</i>	

Purpose of Direction

- To provide pharmaceutical services within the hospital including procurement, storage, supply and dispensing of medicines.
- To support and apply governance around prescribing both in the hospital and primary care, considering cost, effectiveness, training, safety and clinical input.
- To ensure safe and appropriate contractual arrangements are in place for the delivery of community pharmacy. To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy
- To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland.
- To ensure support training and governance in medicine use and administration in community care and care at home settings.

To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy service.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
The pharmacy service will work as a single team across traditional boundaries of Regional, Primary Secondary and Community Care to support the seamless and safe transfer of patients and their medicines between settings.	<p>The overarching outcome is to contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes. KPI's which will assist in performance monitoring are:</p> <ul style="list-style-type: none"> ▪ Number of patients dispensed medicines out of hours by wards staff on Ward 1&3 ▪ Number of medicines dispensed by ward staff out of hours ▪ Percentage of discharge prescriptions completed within 1 hour ▪ Percentage of Outpatient prescriptions where the patient is waiting completed within 15 minutes.
Building on "Achieving Excellence in Pharmaceutical Care" by developing a workforce plan to describe how a modern pharmacy service can be developed which incorporates the clinical specialisms and technical services and meets the increasing need for pharmacotherapy services.	<p>The pharmacy workforce plan will ensure provision of a balanced workforce able to provide both clinical and technical expertise in medicines and their management and be reactive to the need for specific specialisms as part of the multidisciplinary plan.</p> <p>This year's (2020) planning will form part of a wider Future for Pharmacy document prepared by the Director of Pharmacy.</p>
In carrying out the services covered by this Direction, the Pharmacy Service is required to provide safety and clinical checks on medicines prescribed within the hospital environment and will	<p>Objectives:</p> <ul style="list-style-type: none"> - Regular attendance on secondary care ward rounds and interaction with the wider multidisciplinary team will provide

<p>provide clinical as well as technical support to GP practices in Shetland.</p>	<p>assurance of safe and appropriate prescribing of medicines within acute care.</p> <ul style="list-style-type: none"> - The service will demonstrate an increase multidisciplinary working particularly in GP practices and care settings as outlined in “Achieving Excellence”. - The provision of pharmacist and technician input into each GP practice and Care Home. - Further development of specialist pharmacists roles, across all sectors of pharmacy practice as part of the multidisciplinary team <p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> ▪ Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland ▪ Number of polypharmacy reviews completed
<p>In carrying out the services covered by this Direction, systems and processes need to be fit for purpose. There is a requirement to reduce waste, improve efficiency and demonstrate value for money. Savings will be anticipated by delivering the priority cost savings projects: Biologicals/Biosimilars; Diabetes prescribing; respiratory prescribing waste reduction and polypharmacy reviews.</p>	<p>On an annual basis we recognise and undertake savings projects in areas of prescribing where savings can be identified. This is under continual review.</p> <p>Patients often have a quantity of medicines at home which they are not using as a result of changes to medication or the medicine no longer being required. This poses a risk of medicines misadventure particularly in an older population and so we plan regular medicines amnesties to help to highlight the risk and collect unwanted medicines safely and securely.</p> <p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> ▪ Cost per patient in Shetland as a percentage of Scottish cost per patient ▪ Cost per patient in Shetland as a percentage of Scottish cost per patient ▪ Number of polypharmacy reviews completed

<p>The Pharmacy Service will provide information and support to patients and prescribers around medicine use as required.</p>	<p>Patient information leaflets are supplied with every dispensed medicine. Verbal information may also be given as appropriate by pharmacists and pharmacy technicians when discussing medicines usage with patients. Where appropriate further written or on-line information will also be supplied.</p>
<p>Carrying out the services covered by this Direction will involve working with North of Scotland Health Boards to maximise the effect of this Direction, avoiding duplication of effort and conflicting strategies.</p> <p>Participate in regional working across the North of Scotland in the areas of –</p> <ul style="list-style-type: none"> • Hospital Electronic Prescribing and Medicines Administration (HEPMA) • Pharmacy staff education and development • Production of Patient Group Directions(PGD) • Quality and Efficiency projects 	<ul style="list-style-type: none"> • NHS Shetland is committed to the implementation of HEPMA within Gilbert Bain Hospital (GBH) and is working together with the relevant stakeholders both at regional and local level to effect this in the early months of 2021. • We have a regional commitment working as part of the Highland Pharmacy Education and Research Centre to promote both under and postgraduate training to be undertaken across the Highlands and Islands. In providing these opportunities it enables us to develop a robust and island centric workforce which will stabilise our workforce enabling people to live and work locally while still being able to access all educational opportunities. It encourages people from outside the area to see the islands as a realistic and exciting place to live and work. • By working as part of a North of Scotland group producing and authorising PGD's it reduces duplication and workload across the region. It allows us to use expertise which we may not always have in the islands and streamlines the process for all. It provides assurance for us that we are meeting appropriate legislative requirements. • Recent work started between the island boards shows promise of reducing work through pooling of ideas and expertise to produce savings projects appropriate to remote and rural areas.
<p>The Pharmacy Service will lead on governance for medicines prescribed by all clinicians in Shetland including those provided directly to patients by “Homecare” companies</p>	<p>Work closely with NHS Grampian to ensure that a regional approach is applied to medicine governance and policy. NHS Shetland uses the Grampian Formulary.</p> <p>Locally we have the following committees providing governance around use of medicines –</p> <ul style="list-style-type: none"> • Area Drug and Therapeutics Committee

	<ul style="list-style-type: none"> Antimicrobial Management Team
The Pharmacy Service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled drug monitoring.	<p>The Accountable Officer for Shetland is legally responsible for the use of controlled drugs in Shetland but delegates</p> <ul style="list-style-type: none"> the operational activity within NHS Shetland to the Principal Pharmacist <p>The inspection process and reporting is undertaken by NHS Grampian Controlled Drugs team.</p>
The Pharmacy Service will work with GP practices within Shetland to improve management of repeat prescribing.	<p>Pharmacists and technicians will work with GP practices as appropriate to enable them to improve the efficiency and safety of the repeat prescription process. This involves-</p> <ul style="list-style-type: none"> Regular review of medicines usage and associated monitoring of blood tests and other measures to ensure effectiveness of the medicines Increasing the use of the Community Pharmacy Medicines Care and Review service for provision of serial prescriptions. Regular audit work on appropriate choice of medicines as per local and national guidelines.
Pharmacotherapy development will necessitate the development of systems and leadership in managing medicine reconciliation and provision of support to General Practitioners within Shetland so that safe and effective prescribing can be demonstrated.	<p>Pharmacists staff will work with GP Practices as appropriate to provide</p> <ul style="list-style-type: none"> Assurance of safe transfer of patients between services by providing a medicines reconciliation service at each transfer and solving medicines related issues. Polypharmacy and medicines reviews with patients to ensure that patients are maintained on medicines that are appropriate and efficacious. Specialist clinics as appropriate to the practice in agreement with the wider multidisciplinary team.
Expand the work of technicians to increasingly provide support for people to manage their own medicines in community settings and	Our Community Care Technician will provide assurance of appropriate medicines use across all care settings through advice on medicines

provide services within care homes to ensure residents are receiving medicines safely and that waste is avoided	use, staff training in medicines storage and administration, and assessment and advice on medicines management needs of individual clients.
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Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Improved patient care	Increase the pharmacist input into Pre-assessment and Rheumatology in GBH by placing of a Pharmacist Independent Prescriber within these specialist clinics	This will increase the safe use of medicines and provide appropriate advice particularly for complex patients coming in for surgery. This is likely to streamline admission to surgical ward.	Impact seen across these specialities	Because of small team need to build sustainability. Other members of team need to maintain their ability to input into these services during periods of staff shortage		Funding agreed as part of HEPMA/On-call pharmacy provision.	Dec 20
Provision of medicines reconciliation and one stop dispensing by technicians	Development of the pharmacy technician role within secondary care to provide a clinical role	This is likely to improve the admission and discharge process by streamlining the medicines process	Staff in place but delay in completion of training has held this development back at the moment.	Small team so need to build resilience into service to try to reduce risk of failure. There will be the need for the clinical pharmacists to		Small savings possible through more efficient medicines supply	Dec 20

				provide back up for this service.			
Maternity cover	Recruit to 6 month Secondary Care Maternity cover post	This will enable us to cover clinical work within GBH while maintaining the traction on the HEPMA project	HEPMA and other clinical pharmacy post	Risk that if we do not recruit we will be unable to progress the HEPMA project due to lack of pharmacist time to take responsibility for this project		From Maternity pay and other savings work within pharmacy	Dec 20
Expanded primary care pharmacy team	Recruit to Primary Care Pharmacy technician post	Increases the availability of pharmaceutical skill and introduces skill mix to Primary Care Pharmacy. This will enable the pharmacy service to more appropriately carry out the pharmacotherapy work required as part of the GMS contract and free up time for the pharmacists to concentrate on patient facing activities.	Impacts on Primary Care	Risk of being unable to recruit to this post due to national shortage of pharmacy technicians. Possibility of having to train a new pharmacy technician to undertake this work. 2 years in house training.		PCIF funding	Mar 2021
Electronic prescribing and medicines	Implementation of HEPMA within GBH	Improve patient safety and quality of care as a	This will impact on the discharge process and	Risk that we fail to implement due to shortage of		Funding provided by SG and local	Mar 21

administration in acute care		result of improved management of prescribing and medicines administration	improve safety of medicines in primary care. We are dependent on eHealth systems being in place and work with the wider multidisciplinary team involving all prescribers and nursing staff.	appropriate personnel. Also risks around the change management process introducing previously unidentified risks. Risk of lack of staff engagement will put patients at risk of staff error. Mitigation will be to design an appropriate engagement and training initiative prior to implementation.		funding for staffing agreed	
Pharmacotherapy objectives in GMS contract met	Ability to provide a pharmacotherapy service to 80% of the health centres in NHS Shetland as appropriate.	This will increase the safety of the repeat prescription process and improve medicines management making prescribing safer	This will only be possible effectively with implementation of single practice model in the 8 practices run by NHS Shetland.	Inability to recruit and retain staff base to provide service. Delay in GPIT upgrade will delay ability to deliver this service remotely.		Long term savings through improved repeat prescribing systems and safer prescribing	Mar 2021
Prescribing savings	Complete project work as per prescribing savings plan	This will allow us to produce savings towards our allocated Savings target	Depends on having adequate staff available to complete the work as well as	Staffing changes mean that we have a less experienced team so training		Savings of up to £110K in Pharmacy and	Mar 2021

			agreement from GP Cluster. Pharmacotherapy work in GP contract.	time will be required slowing the rate at which this work can be completed. We also have a requirement to deliver the Pharmacotherapy ask within the GP contract which will impact on ability to deliver the savings. Risk of lack of agreement of GPs and/or patients to switch which would reduce the possible savings		Prescribing budget	
Maintain good quality prescribing of antimicrobials in order to reduce resistance	Use of antibiotics in the community is maintained at as low a level as clinically appropriate	This work is on-going and is a regular part of what we do.	We work with all prescribers to maintain this	The effect of the COVID 19 pandemic has been to increase the use of antibiotics and it will be difficult to move away from this position again due to concerns in the community and among prescribers.		Pharmacy and prescribing budget	Mar 2021

Ensure appropriate use of medicines	Polypharmacy reviews and reduction in waste	This work is part of our day to day work. It helps people manage their medicines better and makes prescribing safer by reducing unnecessary prescriptions. It therefore also reduces waste	Impact seen across health and social care as medicines are managed better, less admissions to hospital and people live more safely at home	Risk that these do not get done as they consume a lot of time and we do not have enough staff time to undertake these.		Long –term, on-going savings to Health and Social Care budget	Mar 2021
Improved safety of prescribing in Primary Care	Implementation of Medicines decision support software such as Eclipse	This identifies clinical risk based on risky combinations of medicines being prescribed or medicines being prescribed when biochemical results would suggest significant risks.	GPIT	Risk of message fatigue for GPs meaning that the messages are ignored. Need to agree the level of message that would be shown.		Cost – we already pay a subscription to Scriptswitch which we understand will cover this.	June 21

Accountability and Governance

Within the Pharmacy Service, the Area Drug and Therapeutics Committee provides governance around medicines and their use in Shetland. The Clinical and Care Governance Committee provides governance arrangements for the wider work of the IJB in relation to standards of health and care services provided.

We carry out a number of activities which provide assurance around the above directions –

- Annual prescribing report for each GP practice in Shetland

- Antimicrobial audit work both in acute and primary care
- Audit based on national therapeutic indicators as applicable in Shetland
- Audit work to inform prescribing savings projects
- We maintain a set of KPI's which assist in governance as outlined in the directions.
 - Cost per patient in Shetland as a percentage of Scottish cost per patient
 - Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland
 - Number of polypharmacy reviews completed
 - Number of patients dispensed medicines out of hours by wards staff on Ward 1&3
 - Number of medicines dispensed by ward staff out of hours
 - Percentage of discharge prescriptions completed within 1 hour
 - Percentage of Outpatient prescriptions where the patient is waiting completed within 15 minutes.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Substance Misuse		Direction to: SIC and NHSS		Overall Budget allocated by IJB for Direction: £582,063	
Reference Number: 2.13		Relevant Function(s): Substance Misuse Recovery Team, Health Improvement, Adult Social Work		Review Date: September 2021	
IJB Report(s) Reference Number: CC-28-20					
Date Direction issued/authorised by IJB: 24/9/2020		Date Direction takes effect: 24/9/2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: CC-22-19, 1.1	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1-5	IJB Key Priorities: 1-5	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

To deliver on the strategic priorities for Alcohol and Drug Partnerships (ADP), as set out by Scottish Government in the Rights, Respect and Recovery Strategy –

- Fewer people develop problem drug or alcohol use
- People access and benefit from effective, integrated, person centred support to achieve their recovery
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported
- Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported
- People who experience alcohol or drug related harm do not experience stigma or discrimination

Overarching Directions to Function(s)	
<p>Directions:</p> <p>Provision of –</p> <ul style="list-style-type: none"> • Education programmes (including peer education) within schools and other young people’s settings • Education programmes for parents and carers • Education programmes for delivery in the workplace/community groups • Drug detection and deterrent service • Supported work placements for those who experience multiple barriers to employment • ABI training (to support delivery as part of the Board targets) • Alcohol Screening • Supported behaviour change for low level alcohol use • Information and signposting • Engagement in to treatment • Alcohol and drug treatment programmes • Psychosocial interventions • Harm reduction interventions • Pre and post treatment support • Assertive outreach 	<p>Performance / Objective(s):</p> <p><u>Performance</u> (measurable from existing data)</p> <ul style="list-style-type: none"> • Waiting times targets met • ABI targets met • Targets of third sector commissioned services met • Delivery of the Staying Alive in Scotland good practice indicators • Delivery of Drug Death Task Force recommendations • Delivery of Medication Assisted Treatment standards • Delivery of Recovery Orientated Systems of Care • Reduction in alcohol or other drug related hospital attendances • Reduction in alcohol or other drug related hospital admissions • Reduction in harmful and problem alcohol or other drug use • Reduction in Child Protection referrals/registrations/re-registrations in relation to parental substance use • Reduction in alcohol or other drug related harm • Reduction in alcohol or other drug related deaths • Increase in illegal substances removed from circulation • Increase in those experiencing multiple barriers to employment entering training/education/paid or voluntary work. • Increase in lived and living experience input into service planning and provision <p>Performance (measurable through engagement processes)</p>

<ul style="list-style-type: none"> • Residential rehab • Community engagement • Alcohol and Drug profiling projects 	<ul style="list-style-type: none"> • Reduction in stigma experienced by those affected by substance use • Increase in knowledge relating to substance use and harms, including how to access local and national support <p><u>Objectives</u></p> <p>The overall objective is the delivery of local and national priorities to contribute to the Shetland Alcohol and Drug Partnership vision -</p> <p>Every individual, family and community in Shetland should have access to:</p> <ul style="list-style-type: none"> • a full and meaningful life without alcohol or drug related harm • dignified and respectful treatment free from stigma or discrimination • encouragement and support to find their own type of recovery
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Improvement Plan							
Expected Outcome	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates

Reduction in harm	Develop an additional, comprehensive IEP service with capacity for outreach and additional harm reduction interventions.	Increased uptake in IEP and related services	Delivered by the Recovery Hub with support from SMRS and nursing staff. Funded by additional 3 year allocation from Scottish Government	Loss of funding/carry over - Pilot runs for 2 rather than 3 years. Pursue underspend.	n/a	Within existing budget – Scottish Government additional investment in to drug and alcohol services.	Delivered as part of a 2 year pilot, commencing July 2020.
	Enhance information sharing protocols to create a near-fatal overdose alert system and implement procedures to review near-fatal overdose incidents.	People who have experienced a near fatal overdose are proactively followed up. Near fatal overdoses are reviewed for learning.	Agreement required between Scottish Ambulance Service, A&E and ADP regarding information sharing. Multi-agency data sharing arrangements required	Barriers to information sharing – seek guidance from Information Governance Manager Barriers to information sharing - Follow national guidance and implement via Information	n/a	Delivered by ADP Support Team budget within existing budget – ADP baseline allocation.	Review March 2021

				Governance Manager			
	Increase the number of outlets that distribute naloxone to include pharmacies and other non-drug treatment services.	Increase in number of naloxone kits distributed.	Free online training provided by Scottish Drugs Forum. Governance arrangements required between pharmacy and distributors.	Delay in updating governance arrangements Seek support from Scottish Drugs Forum	n/a	Within existing budget – ADP baseline allocation.	Review March 2021
Improve outcomes for people who experience problems with alcohol or other drugs	Conduct and evaluate a pilot tier 2 support service with accessible, client centred, recovery focused support (The Recovery Hub).	Increase in delivery of therapeutic activities that support recovery. Increase in delivery of harm reduction interventions. Increase in individual's recovery outcomes being met Increase in individuals who access alcohol and drug support services receiving	Requires multi-agency collaboration and procurement of external services.	Unable to operate a hub environment due to COVID restrictions - Make building COVID-secure Loss of funding/carry over - Pursue carry over and commit to 2 year pilot.	n/a	Within existing budget - Scottish Government additional investment in to drug and alcohol services £127,000	Review March 2021 Evaluate July 2022

		support from other services (to support recovery outcomes)					
Protect vulnerable people from harm and exploitation	Raise awareness and provide information in the community about drug related crime, coercion, and exploitation. Encourage people to report suspected exploitation to the police.	Increased community engagement relating to drug related crime, coercion and exploitation. Identification by services, of those at risk of or experiencing drug related crime, coercion and exploitation	Led by Police Scotland. Requires buy in from the Community.	Lack of engagement from Community - Careful use of ADP communication and media strategy Balance reducing stigma with increasing awareness of crime, coercion and exploitation - Careful use of ADP communication and media strategy	n/a	No budget implication.	Review March 2021.
Ensure high quality alcohol and drug education is delivered in schools/young	Use existing resources to develop a core education package.	Standardised education package delivered across all schools/young	Requires close working with Children's Services	Lack of capacity within Children's Services team to provide a lead person.	n/a	Delivered by ADP Support Team budget within existing budget – ADP baseline allocation.	Review March 2021

people's settings		people's settings		Collaborate with QIO team.			
Contribute to the delivery of the licensing objectives	Scrutinise applications for alcohol licenses in Shetland and offer expertise to the licensing board in their decision-making process.	Comments on license applications and variations are reviewed by Public Health and comments submitted.	Requires ADP support staff or Public Health Staff to proactively seek applications for variations. Requires active involvement with the Licensing Forum and engagement with the Licensing Board.	Lack of capacity to proactively seek applications. Request that applications are forwarded as a good practice measure.	n/a	Delivered by ADP Support Team/Public Health within existing budget – ADP baseline allocation.	Review March 2021
Board ABI target is met	Develop ABI training for appropriate staff groups.	Staff groups and undertaking training and delivering ABIs	Health Improvement leads on the development and implementation of an improvement plan and delivery of training.	Staff shortages/pressure - Support Health Improvement with service agreement.	n/a	Delivered within existing service agreement and budget – ADP baseline allocation.	Review March 2021

Accountability and Governance

Alcohol and Drug Services are included within the Integration Authority scheme of delegation, alongside other adult health and social care services provided by the NHSS and SIC. The ADP will ensure that effective oversight arrangements are in place to deliver the local strategy and will provide performance and financial reports to the Integrated Authority and Scottish Government.

The Scottish Government's direct funding to support ADP projects in 2020-21 has been transferred to NHS Boards via their baseline allocations for onward delegation to Integration Authorities (**IAs**) for ADP projects.

Ministers are clear that the full funding allocation should be expended on the provision of projects and services which deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. The allocation represents the minimum amounts that should be

expended on these services in 2020-21 and it is expected that additional resources, including funding, will continue to be invested in reducing alcohol and drug harms and deaths. Further, all of these resources should be invested transparently in partnership, and be informed by the evidence base to deliver priorities within local strategic plans and be based on an appropriate and current needs assessment.

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Unpaid Carers		Direction to: SIC		Overall Budget allocated by IJB for Direction: SIC - Budgets are spread across other service areas	
Reference Number: 2.14		Relevant Function(s): Unpaid carers		Review Date: July 20121	
IJB Report(s) Reference Number: CC-28-20					
Date Direction issued/authorised by IJB: 24 September 2020		Date Direction takes effect: 24 September 2020		Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Yes CC-11-19	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1, 2, 5	IJB Key Priorities: 1-5, 7- 9, 12-15, 18,19	National Health and Wellbeing Outcomes: 1, 2, 3, 4, 5, 6, 7, 9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

To provide support to unpaid carers through a variety of methods in order to meet their needs/ personal outcomes and sustain their ability to provide care

Overarching Directions to Function(s)

To enable carers to be:

- Identified;
- Supported and empowered to manage their caring role;

<ul style="list-style-type: none"> • Enabled to have a life outside of caring; • Free from disadvantage and discrimination; • Fully engaged in the planning and shaping of services; • Recognised and valued as equal partners in care. 	
Directions:	Performance / Objective(s):
Provide support for unpaid carers through the implementation of the Carers Act (Scotland) 2016.	<p>Carer's Strategy to be reviewed over 2020/2021.</p> <p>Monitor number of Carer Support Plans</p> <p>Ensure sustainability of 3rd Sector contracts</p>
To deliver/provide information on the 4 Options within Self-directed Support, which allows people to choose how their support is provided, and gives them as much control as they want of their individual budget.	Self-directed Support Action Plan reviewed at Programme Board on 25 June – members have agreed to meet every second month, to renew focus.
<p>Progress the roll out of the Community Led Support approach, with launch of the innovation site in Brae and initial Living Well Hub.</p> <p>Through the Living Well Hub continue to explore how best to focus support on improving people's quality of life, with an emphasis on early intervention and preventative services and tackling inequality.</p>	By engaging in trusted partnerships with local communities and having good conversations with people, Community Led Support will enable positive outcomes for all people in Shetland.
To deliver an 'asset based' approach to needs assessment, whereby the assessment of need starts from the premise of what a person is able to do for themselves, then works outwards to statutory provision.	<p>Quantitative measures</p> <ul style="list-style-type: none"> • Number of Carer Support Plans • Numbers of older people and those with disabilities or long term conditions able to remain at home or in a homely setting in their community • Numbers able to maintain or increase levels of independence and inclusion • Reduction in unplanned, emergency and inappropriate admission to hospital • To facilitate discharge from hospital appropriately

	<ul style="list-style-type: none"> To protect adults from abuse
<p>To provide care and support for adults with learning disabilities (LD) and/or autism spectrum disorder (ASD) with assessed need. And unpaid carers</p> <ul style="list-style-type: none"> • Short Break and Respite Services • Day care • Support for unpaid carers. 	<p>KPI: Number of hours provided</p> <p>KPI: Number of individuals and unpaid carers supported by services</p> <p>KPI: Number of incidents of emergency (unscheduled) respite provided for adults with Learning Disability/Autistic Spectrum Disorder</p> <p>KPI: Number of future care plans in place to avoid crisis</p> <p>Objectives: To support people with learning disability and autism and their unpaid carers achieve:</p> <ul style="list-style-type: none"> • A Healthy Life • Choice and Control • Independence • Active Citizenship:
<p>Provision of:-</p> <p>Respite Care Services</p> <p>Day Care Services</p> <p>Maintain high quality services which meet the needs and outcomes of service users</p>	<p>The assessment of need for Community Care Services takes an increasingly 'assets based' approach. It starts from a consideration of what an individual is able to do for themselves and works outwards towards statutory provision promoting choice and control through Self Directed Support. The service supports staff to be mobile, flexible and working to their maximum skill set across the service working closely with GP's and Community Nurses to ensure that needs are met in line with the wishes and aspirations of service users. An emphasis is maintained on how best to improve people's wellbeing with a focus on early intervention and preventative services; utilising emerging technology to support people to live independently at home.</p> <p>Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020; Shetland's Corporate Plan; The Joint Strategic Commissioning Plan; and the National Health and Wellbeing Outcomes.</p> <p>Performance Reporting/KPI's</p> <ol style="list-style-type: none"> 1) Assessments completed by target date, 2) Outcomes being met on With You For You assessments, 3) Reviews completed within time limits,

- 4) Care Inspectorate Grades
- 5) Proportion of care home beds being used as respite
- 6) Amount of day care provided

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones ; deadlines; and/or review dates
People in all communities know about and can access quickly the right person to talk to in order to maintain independence and identify the right supports for their needs	<p>Feedback from people about experience of CLS approach:</p> <p>Hubs are easy to access (right person, right place, right time), with staff applying 'Good Conversations'</p> <p>Staff are provided with autonomy and delegated decision making</p> <p>Supporting shift away from crisis</p>	<p>*Living Well Hub had been due to launch at Brae High School on 24 April, however this was postponed due to COVID-19</p> <p>*Lessons Learned from COVID-19 – including, development of COVID-19 Support Hub; Community Support & Resilience partnerships;</p>	Adult Social Work; Community Health & Social Care; Rights and Risks framework roll out; 3 rd Sector agencies	<p><u>Risks:</u> Recruitment and retention challenges to maintain pace in relation to 'scaling up' the redesign</p> <p><u>Mitigations:</u> Continued developing range of partnerships, maintaining and enhancing skills of multi-disciplinary team and flexible working.</p> <p>Continued working with</p>		Funding secured from IJB reserves for 18 month Community Led Support programme, whilst roll out supported within existing resources across CH&SC, and other partners	Review September 2020

	intervention to planned and preventative supports	community/citizen response and mobilisation; streamlined assessment processes; etc		3 rd sector and voluntary agencies Continue to develop strengths based approach, and community assets to increase opportunity for inclusive citizenship for all			
People have improved quality of life, confidence and social networks within communities	<p>Evidence of positive outcomes for individuals from CLS approach e.g. what's changed for whom, how?</p> <p>People say they feel valued and can contribute and be connected to their community</p>	*Lessons Learned from COVID-19 – including, development of COVID-19 Support Hub; Community Support & Resilience partnerships; community/citizen response and mobilisation; streamlined assessment processes; etc.	Adult Social Work; Community Health & Social Care; Community Planning & Development; Integrated Children's Services; 3 rd Sector agencies Rights and Risks framework roll out	<p><u>Risks:</u> Financial challenges in relation to 'scaling up'</p> <p><u>Mitigations:</u> Continued developing range of partnerships, maintaining and enhancing skills of multi-disciplinary team and flexible working. Continued working with 3rd sector and</p>		Funded through existing services across CH&SC	Review September 2020

				voluntary agencies Continue to develop strengths based approach, and asset based community development approaches to increase opportunity for active citizenship for all.			
Service redesign is informed by communities, through inclusive community participation	Evidence of communities/ community reps feeling involved in the Partnership Evidence of co-design, coproduction as part of CLS	Work to date on CLS informed by range of people involved in workshops Series of workshops held, culminating in 'Visions & Outcomes' of CLS, December 2019	Adult Social Work; Community Health & Social Care; Community Planning & Development; Integrated Children's Services; 3rd Sector agencies	<u>Risks:</u> Financial challenges in relation to 'scaling up' <u>Mitigations:</u> Continued developing range of partnerships, maintaining coproduction at heart of service redesign.		Funding secured from IJB reserves for 18 month Community Led Support programme, whilst roll out supported within existing staffing resources across CH&SC, and other partners	Review September 2020
Enhanced support for carers	Extended Day Care at ET and Taing House to	5% reduction in care at home visits	Saving source – Care at Home Central and residential respite	Recruitment challenges as above		Savings 2020/2021 from MOW Delivery	Quarterly reviews

	include extended hours and 'drop in' facility	for clients attending extended day care service				contracts (£72,410) reinvested to enable increased Day Care Support (£51,343)	
Commissioning of services will reflect CLS principles to provide more flexible supports	Shift in balance of care/support – more use of community assets/ resources – reduced demand on H&SC system More flexible supports for service users and carers	*Living Well Hub had been due to launch at Brae High School on 24 April, however this was postponed due to COVID-19 *Consider Lessons Learned from COVID-19	Adult Social Work; Community Health & Social Care; NHSS; Community Planning & Development; Integrated Children's Services; 3 rd Sector agencies	<u>Risks:</u> Financial challenges <u>Mitigations:</u> Work to begin over 2020/21 with NDTi and 'Northern collaborative' to explore micro-enterprise and commissioning , utilising self-directed support Continued developing range of partnerships, maintaining and enhancing skills of multi-disciplinary team and flexible working Continued working with 3rd sector and		Funded through existing services across CH&SC	Review September 2020

				voluntary agencies Work collaboratively towards external funding, eg Big Lottery, Charitable Trust			
<p>Strategic Plan Actions and Outcomes: 1, 2, 3, 5.</p> <p>IJB Key Priorities: 1 - 5, 7 - 10, 17, 18..</p> <p>National Health and Wellbeing Outcomes: 1.2.3.4. 6.7.9.</p> <p>National Planning and Delivery Principles: 1 - 12</p>	<p>Explore and implement alternative safe and effective models of flexible and responsive service in relation to Support@Home and supported living for people with LD/ASD living in the family home with aging carers and those with unsustainable living arrangements.</p>	<p>To ensure that support to live at home or in a homely environment enables independence, good health and wellbeing and active citizenship</p> <p>To reduce the risk of emergency care being required in the event of critical change in caring arrangements.</p>	<p>Community Care Social Work; Community Learning Disability Nurse & Specialist Learning Disability SVs; Allied Health Professions; SIC Housing Dept.; Hjaltland Housing Association; Training and Learning Providers</p>	<p><u>Risks:</u> Increasing number of aging adult carers continuing to provide care in the family home for adult children with LD and/or ASD.</p> <p>Supported living tenancies are fully occupied.</p> <p>Volume of assessed need exceeding resources.</p> <p>Risk as a result of</p>	TBC	<p>Funded through existing Adult Service budget within control</p>	<p>Quarterly review in line with performance and budget reporting Service review and budget planning meetings August annually Deadline 2023</p>

				<p>unscheduled care need and/or people/families reaching crisis when there are insufficient resources available.</p> <p><u>Mitigations:</u> Continued agile working, maintaining and enhancing skills of multi-disciplinary and flexible team/working</p> <p>Workforce has appropriate skills, training and knowledge</p> <p>Consider application to SIC Change Fund to explore different ways of working. Consider application to IJB Reserve</p>			
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				Fund to explore different ways of working			
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Accountability and Governance

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to issue Directions in writing. The Directions must set out how each function is to be exercised and the budget associated with that function. The IJB have a statutory responsibility for the delivery of services for carers within the budget allocations.