

**DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)**  
**ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT**  
**2014**

<b>Direction:</b> Adult Social Work	<b>Direction to:</b> SIC	<b>Overall Budget allocated by IJB for Direction:</b> £5,575,401
<b>Reference Number:</b> 1.1	<b>Relevant Function(s):</b> Adult Social Work	<b>Review Date:</b>  September 2023
<b>IJB Report(s) Reference Number:</b> CC-23-23		
<b>Date Direction issued/authorised by IJB:</b> 18 May 2023	<b>Date Direction takes effect:</b> 1 April 2023	<b>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:</b>  Supersedes Direction 2.1 (IJB Report Ref. CC-07-22-F)
<b>Purpose of Direction</b>		
To deliver an Adult Social Work service to the Shetland public including the assessment of social need, care management, Mental Health assessment, support and intervention, Adult Support and Protection and an Out of Hours Social Work Service.		
<b>Accountability and Governance</b>		
Governance arrangements are in place as detailed in the social work and social care governance framework. Reporting to Social Work Governance Group, Joint Governance Group and IJB Audit Committee.		

### Overarching Directions to Function(s)

- *Screening of Referral to establish whether or not a social work response is required*
- *Provision of assessment of social need and care management as a result of assessment*
- *Provision of Mental Health assessment, support and intervention*
- *Provision of Adult Support and Protection*
- *Provision of an Out of Hours Social Work Service*

#### Directions:

##### **Adult Support & Protection (AS&P)**

Deliver statutory duties under Adult Support and Protection (Scotland) Act 2007 via Social Work/Council Officer roles

#### Performance / Objective(s):

##### Objective:

To protect adults from abuse by delivery of statutory duties, implementation of ASP Action Plan following Inspection, and by update of Multi-Agency Adult Support and Protection procedures.

##### Monitoring:

- Ongoing quality assurance on the work undertaken under the act.
- Implementation of improvement plan following Scotland wide inspection (actions across Shetland Partnership, including Social Work, Public Protection, Police and NHSS).  
Public Protection hold and will monitor the action plan.
- New Adult Support and Protection Dataset as appropriate for a Shetland context – in development by Scottish Government, local implementation group working to align with recording and reporting processes

<p>Deliver statutory duties under the <b>Mental Health (Care and Treatment) (Scotland) Act 2003</b> and <b>Adults with Incapacity (Scotland) Act 2000</b> via the Social Work and Mental Health Officer (MHO) roles</p>	<p>Create a more stable MHO workforce, via training and recruitment of MHOs (see improvement plan) to build sustainable provision.</p>
<p>To deliver an ‘<b>asset based</b>’ 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>	<p>Objectives:</p> <p>To support delivery of the IJB’s vision that:</p> <p>“The people of Shetland are supported in and by their community to live longer, healthier lives, with increased levels of well-being and with reduced inequalities.”</p> <p>Services support people to maintain independence as far as possible, supported by their networks, community and statutory provision, where necessary. Using a Good Conversations approach to assessment ensures an asset based approach, with further development this will be a consistent approach across the Health and Social Care Partnership.</p> <p>8 places train the trainer this year (they will develop targeted implementation plan after)</p> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Roll out of “Good Conversations” approach – 8 “train the trainer” places filled from across HSCP. Targeted implementation plan will be developed thereafter, including monitoring of “Good Conversations” approach</li> <li>• 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: <ul style="list-style-type: none"> <li>○ NI-1 Percentage of adults able to look after their health very well or quite well</li> <li>○ NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ NI-3 Percentage of adults supported at home who agree they had a say in how their help, care or support was provided</li> <li>○ NI-7 Percentage of adults supported at home who agree that their services had an impact in improving or maintaining their quality of life</li> <li>○ NI 12 Emergency admission rate per 100,000 population</li> <li>• To facilitate discharge from hospital appropriately, in partnership with Acute hospital team, Community Nursing and Intermediate Care teams and other colleagues: <ul style="list-style-type: none"> <li>○ NI-14 Emergency readmissions to hospital with 28 days of discharge (per 1000 discharges)</li> <li>○ NI-19 Number of days people spend in hospital when they are ready to be discharged (per 1000 popn)</li> <li>○ Delayed discharges profile(CH-DD-01/CH-DD-02)</li> </ul> </li> </ul> <p>*Note these measures are affected by a number of factors, with Adult Social Work contributing to, rather than responsible for, the outcomes</p> <ul style="list-style-type: none"> <li>• IN DEVELOPMENT - Shifting the Balance of Care programme metric to aid understanding of progress, support decision making, and monitor impact of changes made (both positive and negative)</li> </ul>
<p><b>Self-Directed Support (SDS)</b></p> <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.</p>	<p>Current Information system does not support gathering of robust data, as it does not enable reporting on all 4 Options. New system roll out has started.</p> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Implementation of new national standards alongside Social Work Scotland.</li> <li>• Implementation of audit recommendations.</li> </ul> <p><b>**Note SDS Improvement Programme within improvement plan**</b></p>

<p><b>Surge Planning</b></p> <p>Provide a service that is able to manage (predictable) changing demand across the year, and respond to unexpected increases in demand by improving use of data, and using multi-disciplinary winter planning group to support move from Winter Plan to “Surge Plan”, based on Business Impact Assessment and understanding from Business Continuity Planning process.</p>	<p>Up to date Business Impact Assessment and Business Continuity Plan in place – this is reviewed at least annually, and in response to any relevant incidents.</p> <p>Management of service level, and escalation to Directorate level, risk register.</p> <p>Management data in weekly and quarterly reporting used to inform service planning for staffing across year. Gaps or concerns reported via risk register.</p>
<p><b>Unpaid Carers</b></p> <p>Provide support for unpaid carers through the implementation of the Carers Act (Scotland) 2016.</p>	<p>Note this work and associated development is detailed within the Unpaid Carers Direction.</p> <p>While Adult Social Work have a significant role in supporting Unpaid Carers, it is recognised that action is required across the Health and Social Care system, and the wider Shetland Partnership, to have a meaningful impact on Unpaid Carer experience, outcomes and inequalities.</p>
<p><b>Community Led Support (CLS)</b></p> <p>Support “Community First Approach” by progressing the roll out of the Community Led Support approach.</p> <p>Support system improvement by exploring and sharing how best to focus support on improving people’s quality of life, with an emphasis on early intervention and prevention and tackling inequalities.</p> <p>Understand barriers, and work with partners to explore solutions, to people being able to be connected within and between communities. Current focus community transport arrangements.</p>	<p>Support improved health, wellbeing and social outcomes for all people in Shetland by engaging in trusted partnerships with local communities and having good conversations with people – see Shetland Partnership Plan for community outcomes.</p> <p>Use of Living Well Hubs, and access to Community Led Support in other localities. Engage in partnership approach to identifying assets and barriers, finding solutions and supporting effective connections.</p> <ul style="list-style-type: none"> <li>• Evaluation of Community Led Support to understand effective next steps will take place this year.</li> <li>• Key partner in shaping next steps of “Community Ethos” strand of Shifting the Balance of Care programme, which will be informed by CLS evaluation</li> </ul>

<p><b>Financial wellbeing, fuel poverty and social isolation / loneliness</b></p> <p>Work with wider Shetland Partnership to identify people in need, and at risk, and provide or enable appropriate support.</p>	<p>To prevent individuals suffering avoidable harm due to financial situation, fuel poverty or social isolation/ loneliness</p> <p>Note work with Community Planning and Development under the Community Ethos strand of Shifting the Balance of Care will help to inform this work on strategic level</p> <p>Staff access to Good Conversations and Money Worries training will help day-to-day interactions</p>
---	---

## Improvement Plan

Strategic Priorities 2022-25, and associated heading used in table:

- To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes (**Prevention/Early Intervention**)
- To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups (**Tackling Inequalities**)
- To demonstrate best value in the services that we commission and the ways in which we work (**Best Value**)
- To shift the balance of care towards people being supported within and by their communities (**StBoC**)
- To meaningfully involve communities in how we design and develop services and to be accountable to their feedback (**Engagement**)

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref and linked priorities
<b>Adults at risk of harm</b> in Shetland are well supported.	<p>Implement actions arising from adult support and protection inspection (Jan '23).</p> <p>Embed streamlining of paperwork and processes undertaken in preparation for inspection.</p> <p>Implement Adult Support and Protection Minimum Dataset for monitoring</p> <p>Updating of ASP procedures</p>	<p>By end 23/24</p> <p>By end Q1 23/24</p> <p>Report on Q1 by 28/07/2023</p> <p>End Q3 23/24</p>	Workforce capacity – improvement (1)	Within existing resource	<p>ASW-2324-1</p> <p>Prevention/ Early Intervention</p> <p>Tackling Inequalities</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref and linked priorities
<p><b>Self-Directed Support</b></p> <p>Supported people and their carers can make informed choices about what their looks like and how it is arranged, manage and delivered.</p>	<p>Evaluate 6 month trial of social workers approving funding for SDS packages at lower rate – to understand impact on service users, staff and management.</p> <p>SDS Improvement Programme in Shetland – work with In Control Scotland to review and test an improved model to support resource allocation to meet individual outcomes. 6-9 month programme of work, dependent on capacity locally and In Control Scotland.</p>	<p>Will be reviewed as part of SDS Improvement Programme 23/24 By end 23/24</p>	<p>Service user/family expectations – not aligned to potential changes in budgets/provision (3)</p> <p>Workforce capacity-improvement (1)</p>	<p>IJB reserves allocation approved for In Control Scotland work £3,600 (match funded by Scottish Government) Anticipate future savings with improved model – savings costed at £582,000 in 23/24 Budget note this is indicative only</p>	<p>ASW-2324-2</p> <p>Tackling Inequalities StBoC Best Value Meaningful Engagement</p>



Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref and linked priorities
Services shift from crisis intervention to <b>planned and preventative support</b> , with changes informed by evidence and designed with communities through inclusive community participation.	<p>Migration to new data system (Care Director) to support improved outcomes and data gathering. Note delays in implementation due to central issues with Care Director system.</p> <p>Shift from “winter plan” to “surge plan” to support effective flexibility with changes in demand – implement changes and learning from adverse events into Business Impact Assessment and BCP.</p>	<p>March/April 2024</p> <p>Q1 23/24</p>	<p>New system teething problems (4)</p> <p>Workforce capacity – core service (2)</p> <p>Workforce capacity – improvement (1)</p>	Costs associated with Care Director system	<p>ASW-2324-3</p> <p>StBoC</p> <p>Best Value</p> <p>Meaningful Engagement</p> <p>Prevention/Early Intervention</p>
<b>Community Led Support:</b> People in all communities know about and can access quickly the right person to talk to in order to maintain independence and	Plan and undertake evaluation of Community Led Support pilot to understand key success factors to support scaling/implementing in different contexts, and impact on service users, communities and other services (inc. Duty Social Work).	Q2 23/24	<p>Recruitment and retention (5)</p> <p>Workforce/finance capacity to undertake(/commission) evaluation (1 + 6)</p>	Roll out of CLS supported within existing resources across CH&SC – note this is creating cost pressures across Social	<p>ASW—2324-4</p> <p>StBoC</p> <p>Prevention/Early Intervention</p> <p>Best Value</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref and linked priorities
<p>identify the right supports for their needs.</p> <p>People have improved quality of life, confidence and social networks within their communities</p>	<p>Good Conversations training – resource to access “Train the Trainer” course secured for 8 staff, run this course and develop targeted delivery thereafter to upskill system – linking with “Value Based Care” and Realistic Medicine approach to support whole HSCP approach.</p>	<p>Train the trainer complete</p> <p>End 23/24</p>	<p>Finance to continue roll out of programme (6)</p> <p>Lack of capacity within communities/Third Sector to support Community First approach</p>	<p>Work budgets to maintain service.</p> <p>Good Conversations training funding through IJB Reserves £15,450 Should deliver longer term savings in line with StBoC.</p>	<p>Tackling Inequalities</p>
<p><b>Improved job satisfaction</b> for staff – staff feel trusted and empowered to engage in good conversations with people and find creative solutions</p>	<p>Improve confidence and opportunity for personal development via training opportunities. Reviewed via support, supervision and appraisal processes.</p> <p>Streamlining processes to give people autonomy and minimise role-related bureaucracy. Delegated authority implemented, evaluation to be completed as part of SDS Improvement Programme</p>	<p>R/V'd annually in appraisal processes</p>	<p>Workforce capacity – core service and improvement (1+2)</p>	<p>Within resource</p>	<p>ASW-2324-5</p> <p>Best Value</p> <p>Meaningful Engagement</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref and linked priorities
<b>Improve stability of MHO workforce</b> to improve staff wellbeing and retention and ability to respond in periods of pressure.	<p>Team Leader role embedded – should offer stability and decrease fragility going forward, dependent on workforce availability.</p> <p>Targeted recruitment of MHO's</p> <p>Offer “Grow-Your-Own” training opportunities for current staff towards MHO.</p>	<p>1 additional MHO within existing team qualified Sept 2023</p> <p>1 additional MHO training commencing this year (outwith ASW team)</p>	<p>Recruitment/retention (5)</p>		<p>ASW-2324-6</p> <p>Best Value</p> <p>StBoC</p>

#	Risk	Consequences	Control Measures
1	Workforce capacity to undertake improvement work	Improvement work not undertaken, in favour of delivering core service. Short term maintenance of standards, no long term improvement of outcomes.	Strong leadership and guidance around prioritisation of improvement work. Support for improvement work from where available (though capacity also limited). PMG support in monitoring implementation of improvement plans.
2	Workforce capacity to deliver core service	Increased waiting times, poorer service outcomes, expectations not met. Delivering basic rather than optimum service. Increased incidence of crisis.	Active engagement with Health and Social Care and SIC Workforce Planning supports active management of identified recruitment risks. Continued agile working, maintaining and enhancing skills of multi-disciplinary team and flexible working. Continued input into locality and MDT working to anticipate flow around system and respond as possible. Work on Business Continuity Plan and Surge plan to decrease decision making load when under system pressure.
3	Service user/family expectations not met	Lack of engagement with design and delivery, services do not meet needs. Poor experience of services. Negative experience of workforce.	Strong collaborative leadership.  Communication and engagement throughout change, exploration of options and budget decision making processes.  Consistent reporting of outcomes and reasons for change.
4	Issues with implementation of new Care Director system	Service data lost or not comparable. Gaps in data not resolved by implementation of new system (e.g. around care hours provided). Unable to evidence need for change, or success/failure of work	Planning for changeover between information and system users. Awareness raising around use of data to inform change, and in feedback to SG. Clinical and Professional Oversight Group oversight of data to understand any system related output issues.

#	Risk	Consequences	Control Measures
5	Recruitment/retention – staff not available locally or nationally to fill vacancies	Unfilled vacancies, unable to provide adequate core services, service user outcomes and experience impacted	Continued agile working, maintaining and enhancing skills of multi-disciplinary team and flexible working. Work with wider Shetland Partnership around attracting people to Shetland. Work detailed within Health and Social Care and SIC Workforce Plans.
6	Finance not available to implement changes that will deliver long term savings (savings may be in other parts of H+SC system)	Continuing same service under increasing pressure will result in poorer service user outcomes over time, less ability to do planned/preventative work, poorer staff experience.	Robust evaluation of improvement work to provide assurance. HSCP wide consideration of impact to understand where resource is saved. Application to time-limited reserve funding where appropriate.
7	Lack of capacity in community/third sector to provide alternatives	Increased demand on statutory services, poorer outcomes for service users, unpaid carers and families. Unable to work towards prevention and early intervention due to crisis management as services aren't available. Community Led Support fails.	Engagement with Community Development, Third Sector and communities to support strengths based asset development in communities. Leadership and advocacy for our third sector locally to support “Community First” ethos.