DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD ("IJB")

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

<table>
<tr><td>Direction: Community Care Resources</td><td>Direction to: SIC</td><td>Overall Budget allocated by IJB for Direction:
£14,311,128</td></tr>
<tr><td>Reference Number:
1.4</td><td rowspan="2">Relevant Function(s): Community Care Resources (residential care, care at home, day care)</td><td rowspan="2">Review Date:

March 2024</td></tr>
<tr><td>IJB Report(s) Reference Number:
CC-23-23</td></tr>
<tr><td>Date Direction issued/authorised by IJB:
May 2023</td><td>Date Direction takes effect:
1 April 2023</td><td>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:
Supersedes CC-07-22-F</td></tr>
<tr><td colspan="3">Purpose of Direction</td></tr>
<tr><td colspan="3">The provision of:
Residential Care for long term and short breaks (respite)
Day Services/Day Opportunities
Care at Home
Domestic
Meals on Wheels
Continue to look for opportunities to shift the balance of care and promote individual choice. Apply principles of Self-Directed Support for all elements of care. 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 the corporate plan Our Ambition 2021-2026; Shetland's Partnership Plan; The Joint Strategic Commissioning Plan; and the National Health and Wellbeing Outcomes.</td></tr>
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Accountability and Governance
Quality Grades from Care Inspectorate are reported to Joint Governance Group and SIC Audit Committee Improvement plan activity and impact reported to IJB with any related issues in relation to Best Value, Capital and Revenue expenditure and service plans and charges for Council services.

Overarching Directions to Function(s)	
Directions:	**Performance / Objective(s):**
Maintain high quality services which meet the needs and outcomes of service users, providing: • Residential Care Services • Day Care Services/Day Opportunities • Care at Home • Domestic • Meals on Wheels	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 though 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. Monitoring: 1. Assessments completed by target date, 2. Outcomes being met on With You For You assessments, 3. Reviews completed within time limits, 4. Percentage of adults with intensive care needs receiving care at home (NI-18) 5. Proportion of last 6 months of life spent at home or in a homely setting (NI-15) 6. Care Inspectorate Grades (NI-17)

Improvement Plan

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
Adults and older people living in care homes are supported to optimise their health by health and social care services working in collaboration.	Review of My Health, My Care, My Home – healthcare framework for adults living in care homes in local context, in collaboration with Community Nursing and Primary Care.	Action plan for changes required agreed Q2 23/24	Workforce capacity – improvement (5)		CCR-2324-1 Prevention/ Early Intervention Tackling Inequalities Shifting the Balance of Care (StBoC)
Shifting the Balance of Care – more people are able to remain at home, leading to more person-centred care, and improved health and social outcomes	Continue reconfiguration of services and workforce to support increased care support at home, including overnight, and decrease use of residential care services.	Maintain or improve core suite indicators NI-15, 18 and balance of long term (decrease), short term and respite (maintain or increase) use.	Community/service user expectations – (1) Workforce capacity - recruitment (2)		CCR-2324-3 StBoC Best Value
Care and support across Shetland is delivered equitably and efficiently.	Network Enabled Care – Social Care. Development of framework for what NEC will comprise in Social Care setting, with strong connections to NEC -Primary Care. Includes review of business process, workforce	Framework development Q1 23/24, to inform next steps	Community/service user expectations – (1)		CCR-2324-2 Best Value

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
	planning, and asset/facilities review. Development of NEC-SC framework co-production with services, informed by service-user feedback and experience				
People receiving Meals on Wheels experience benefits of enhanced nutritional support and resultant decreased impact on frailty.	Share learning from evaluation of enhanced nutrition and frailty project in 2022/23. Monitor changes to uptake following increased Meals on Wheels charges, use learning from above to understand wider impacts.	Monitoring impact of changes in MoW charges. 23/24	Workforce capacity – recruitment (2)		CCR-2324-4 StBoC Prevention/ Early Intervention
Improve wellbeing of unpaid carers and help them feel supported to continue in their caring role by increasing support available through the day	Explore co-production/ community options in areas outwith catchment of ET Explore different ways of using Day Care staff (as per Yell doing outreach and social activities) Support increased access to and availability of “Day Opportunities” to better meet needs of Shetland population.	Unpaid carers feel supported to continue in their caring role (NI-8) current (2019/20 49.9%, 2020/21 44.6%) 5% reduction in care at home visits for clients attending extended day care service	Workforce capacity - Recruitment (2) Service User/Unpaid carer expectations (1) Community/Third Sector capacity (4)	Saving source – Care at Home Central and residential respite	CCR-2324-5 StBoC Tackling Inequalities

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
Community Care Resources services are sustainable and able to continue to deliver high quality services.	Increase charges for Meals on Wheels/Meals in Day Care settings Review of balance of permanent vs respite care beds to maximise income, and scoping reversal of 8 week waiver of charges for respite care. Reduce community bed base in 3 care homes by end 23/24 to reflect current usage and continued shift in balance of care Increase charging for self-funding users of residential care to reflect increase costs of service provision Use Modern Apprentices wherever appropriate to support improved sustainability and retention of staffing and decrease locum use.	Change in charging generates £29,000 savings in budget Rebalance of care bed use delivers £95,000 savings Reduce community bed base in 3 care homes by end 23/24 Deliver anticipated savings within 2023/24 Increase recruitment of MAs in 2023/24	Service User/Unpaid carer expectations (1) Decreased uptake in services due to charges (2)	£29,000 savings as noted in 23-24 budget (Meals on Wheels) £95,000 savings as noted in 23-24 IJB budget (Permanent v Respite Care) Savings £34,000 (reducing bed-base) Income generation of £69,000 £53,000 savings anticipated across IJB services through use of MAs (this will depend on numbers recruited	CCR-2324-6 Best Value

#	**Risk**	**Consequences**	**Control Measures**
1	Reputational – alternative service delivery models not acceptable to community/service users	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.
2	Workforce - capacity	Unable to deliver new service models in interim period before change is realized elsewhere (i.e. providing staff for existing and developing services, increasing provision rather than shifting provision).	Being actively managed through SIC and Health and Social Care Workforce Plans. This includes early discussions around international recruitment in social care. Mitigate through Modern Apprentice programme, careers advice, and recruitment with relocation measures. Adopting an 'across the board' approach to promoting jobs in health and social care
3	Finance – extra resource not available, savings made to fund this at scale would be made elsewhere, difficult to track/shift budget across services or organisations.	Unable to sustain delivery of services, unable to invest in developing services. Poorer health and social outcomes for service users who are unable to access support and care closer to or at home	Work with finance to understand shift of resource in system and longer term options for change/to realise savings. Provide IJB with realistic timelines and costings to allow informed decision making, strong leadership and understanding

4	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.	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.
5	Workforce capacity – improvement work	Teams unable to engage in service improvement work due to time constraints and system pressures, in this case engaging in improvement for the future may result in poorer outcomes for current service users.	Shared understanding of priorities within team, scheduling improvement and project work where possible to minimise impact on service delivery. Use of shared resources across system (e.g. admin and management capacity) and shared learning from tests of change to support improvement. Staff engagement through regular team meetings, involvement in change, and individual level supervision and appraisal process to understand development needs and aspirations linked to organisational priorities.
6	Decreased uptake in services due to charges	Services become unaffordable and people choose not to access them, service users experience poorer outcomes due to not being able to access services with few local alternatives available.	Monitor any change in uptake and service user experience. Work in partnership with local CAB to support people to ensure they access all financial benefits to which they are entitled.