

**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> Community Nursing including Intermediate Care		<b>Direction to:</b> <i>NHSS</i>		<b>Overall Budget allocated by IJB for Direction:</b> £3,567,694 Including £475,962 (Intermediate Care Team)	
<b>Reference Number:</b> 2.5		<b>Relevant Function(s):</b> Community Nursing Services		<b>Review Date:</b> <i>September 2022</i>	
<b>IJB Report(s) Reference Number:</b> CC-07-22-F		<ul style="list-style-type: none"> <li>• District Nursing</li> <li>• General Practice Nursing</li> <li>• Advanced Practice</li> <li>• Non-doctor Island Nursing</li> <li>• Specialist Nurses</li> <li>• Intermediate Care Team</li> </ul>			
<b>Date Direction issued/authorised by IJB:</b> 9 <sup>th</sup> March 2022		<b>Date Direction takes effect:</b> 1 <sup>st</sup> April 2022		<b>This Direction supersedes existing Direction:</b> CC-28-20	
<b>How does the Direction link to:</b>	Strategic Plan Actions and Outcomes: 1-5	IJB Key Priorities: 1-16	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: Aligns with Scottish GP Contract and 1-12 of planning and delivery principles	

**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.

<b>Overarching Directions to Function(s)</b>	
<b>Directions:</b>	<b>Performance / Objective(s):</b>
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"> <li>• Vaccination Transformation Programme (VTP);</li> <li>• Development of Community Treatment and Care centres (CTAC); and</li> <li>• Urgent Care services</li> </ul>	<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 &amp; 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>

<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>	<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>
<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>	<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 22/23</p>
<p>Provision of a risk based NHS Shetland Travel Health Service</p>	<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, 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 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.	NA	Proposed £50k saving from existing GP Out of Hours Model – note that some redistribution of funding will be required to support new service.	Sept 22
Continuing to look at new models of care to move forward with OOH/Urgent care redesign. We are currently in the planning stage, Building the ANP/DN workforce to support this services continues.							
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	NA	Investment funding may be required to support remodelling of services	Sept 22
Update to the new Out Skerries model. We are out to recruitment for new model – HCSW role. Working with SAS to review services to the Island communities and provide support.							
Working with Health and social care partners to look at potential for more health hubs across Shetland with digital healthcare access to more remote areas, ie. near me. To allow access to multi agency services. Working with stakeholders to look at a shetland wide respiratory service and identifying a lead nurse for this service.							
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	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	NA	Funding agreed from PCIP monies	Sept 22

		work, sharing of workload across practices  Increased flexibility in access to service provision in Lerwick during core working hours for all islanders		to patients and wider staff groups to promote the service which provides an opportunity to modernise services and promote supported self care			
In the planning stage of enhancing access to health and social care services and 3 <sup>rd</sup> sector services within communities – ie remote digital services (near me).							
CTAC service is still in early stages and more work required to increase access. House of care has been tested in Scalloway Practice – we are rolling out to other areas starting with Lerwick. Results from pilot has been positive.							
Nursing services deliver on service redesign within GP Contract as outlined in Primary Care Improvement Plan	Lead Nursing contribution to areas of service redesign within GP Contract, via Primary Care Improvement Plan (further detail in the PCIP)	Increase in Long Term conditions management by General Practice Nurses  Increase in numbers accessing Travel Health service  Implementation of vaccination team approach to all mass vaccination campaigns across Shetland  Continued development of Advanced Practice Nursing roles across	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 embed in workforce. <u>Mitigation</u> Enhanced management capacity to provide support & supervision to implement changes in practice	NA		Ongoing – timescales as per individual projects

		primary care services					
<p>Redesign of respiratory pathway as a Shetland wide service.</p> <p>Urgent care/OOH service redesign continues.</p> <p>Long term condition management with House of care model has been tested and is now for rollout to other areas. Vaccination team has been created following confirmation of funding from SG. The substantive contracts will commence 31/03/22</p> <p>Continuation of ANPs within PC. 3 new posts have just been filled as training ANPs, We are looking at using ANPs across a variety of Health centres (currently Lerwick, Scalloway and Brae) and will be looking at implementation of ANPs within other islands/areas of Shetland to support the GP models.</p>							
Provision of a suite of service data which supports the demonstration of the provision of Safe, high quality, person centred services	Implement Excellence in Care Measures and other key quality measures	Measures agreed by the National Working Group are: 1. Has the patient's preferred place of death been documented in the nursing care plan?  2. Was the patient's preferred place of death met?  2% improvement in results quarterly (baseline - end of March 20)		<u>Risks</u> Change in working practices may take time to embed in workforce. <u>Mitigation</u> Enhanced management capacity to provide support & supervision to implement changes in practice		Within existing resources	Sept 2022
<p>Continuing to strive for EIC measures in regards to patients choices in regard to place of death. Promotion of good conversations ongoing.</p>							
Care assurance framework continues and led by Edna Mary Watson (Chief Nurse Corporate)							

Safe, high quality service provision	Ensure Care Assurance Framework in place and operationalised across Care Homes, Care at Home and District Nursing Services	Maintain up to date oversight of clinical and staffing situation across nursing and care services, enabling early additional support to be provided as required	Interdependencies between care and nursing workforce	<u>Risk</u> Inability to meet assessed needs through inadequate staffing  <u>Mitigation</u> Systems in place to provide clinical advice and support as well as supplementary staffing for care sector as required		Within existing resources  Additional supplementary staffing available on a Bank basis.  Further work to be undertaken to look at staffing resources across Statutory, Third & voluntary sectors going forward	Ongoing
Enhanced Infection Prevention & Control (IP&C) support across Health and care services / premises both routinely and in outbreak situations	Maintain Infection Control Nurse support for all IP&C activities across Primary and Community Care settings.	Supporting enhanced IP&C practice within Healthcare premises and Care Homes both 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  <u>Mitigation</u> Additional capacity established to support IP&C activity across health and care services		Additional staffing resource funded via Scot Gvmt Oversight funding arrangements	Ongoing
	Implement Essentials of Safe Care package across nursing and care services (including key	Shift in assurance process from being seen to be a scrutiny activity to an ongoing quality	Interdependencies between funding & workforce capacity	<u>Risk</u> Inability to meet increase in need through inadequate	NA	Additional staffing resources to be funded via Scot Gvmt Oversight	Recruitment from 1 April 2022  In post June 2022

	quality measures eg Excellence in Care)	improvement process  Includes focus on fundamentals of care eg nutrition, hydration,		staffing & clinical support  <u>Mitigation</u>  Systems in place to support delivery of clinical advice and support across care sector as required		funding arrangements	
Provision of consistently high quality personalised care for people living in care homes	Implement Healthcare Framework for adults and older people living in care homes	Teams across health and social care work together to meet the increasing complexity of needs of residents of care homes, focusing on increasing the preventative and anticipatory approach to care.	Links to Preventative & Anticipatory care agenda across NHS Board and IJB provided services	<u>Risk</u>  Poor standards of care through inability to meet complex healthcare needs  <u>Mitigation</u>  Use of framework to ensure appropriate access to, and support from, full range of healthcare professionals for individuals living in care homes	NA	Within existing resources	Dependent upon launch of Framework (currently in final stages of consultation)

### 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).