



Shetland Islands Health and Social Care Partnership

Annual Performance Report

2024-25



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Contents

Introduction	3
Shetland and localities	4
Shetland in statistics	7
Our priorities	8
Health and Wellbeing Outcomes	9
Our performance	10
Local Government Benchmarking Framework (LGBF)	15
Our achievements in 2024/25	16
Our initiatives in 2024/25	17
Our challenges in 2024/25	18
Financial planning and performance	19
Shifting the Balance of Care	22
Prevention and early intervention	25
Equality and inclusion	27
Inspections and audits	28
Feedback	30
Appendix 1 - National Integration Indicators Shetland HSCP 5 year trends	33
Appendix 2 - National Integration Indicators Ranked against Comparable HSCPs	37
To find out more	41

Introduction

Welcome to the ninth Annual Performance Report of the Shetland Islands Health & Social Care Partnership (HSCP). The HSCP brings together Shetland Islands Council and NHS Shetland through the Integration Joint Board (IJB). The IJB provides strategic oversight and governance of our integrated services. In 2024-25, the IJB was chaired by Ms Natasha Cornick, and Ms Josephine Robinson held the role of Chief Officer.

This Annual Report covers the HSCP's performance for the period of 1st April 2024 to 31st March 2025. In this report we provide an open account of our performance in relation to planning and delivering the health and social care services that we are responsible for.

In 2024-25, our teams have continued to experience operational pressures. Pressures are from changing demographics, including an ageing population and increasing complexity of care needs, continue to be felt in Shetland earlier than in many other parts of Scotland.

Despite these challenges, the strength of our community and the dedication of our staff and partners have remained constant. We are deeply grateful to everyone who contributes to the health and wellbeing of our islands. As we look ahead, we remain committed to working together to deliver the best possible health and care services for the people of Shetland; focusing on innovation, collaboration, and building a future that supports everyone in Shetland to live well.

Shetland and localities

The Shetland HSCP is responsible for delivery of community health and social care services across Shetland, which has a population of approximately 22,900.

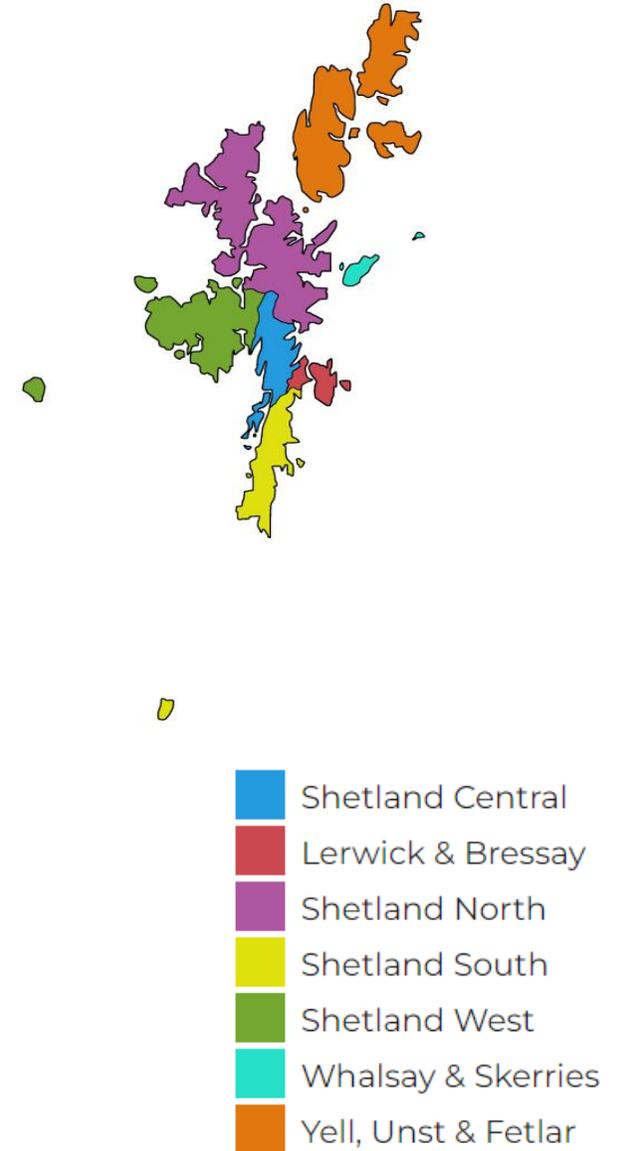
We work closely together with our partners across NHS Shetland, the Shetland Islands' Council, and the wider Shetland Partnership, recognising our shared goals and ambitions to support people in Shetland.

The Scottish Government asks that IJBs divide the HSCP area into localities. In Shetland we have seven localities.

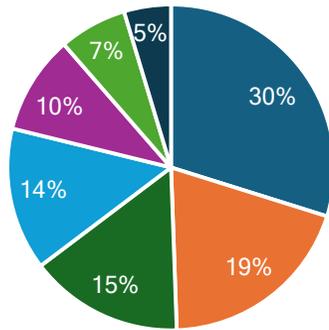
The information below gives some information about the different localities within Shetland.

The data shows that Yell, Unst and Fetlar have the highest proportion of the population over 65 years old, which has increased by 7% over the last 10 years. Central Shetland has the lowest over 65 years population, but this is also increasing.

The average proportion of people over 65 across Shetland is relatively high. We know that health and care needs increase significantly with age for most people - so these changes are important for our services.

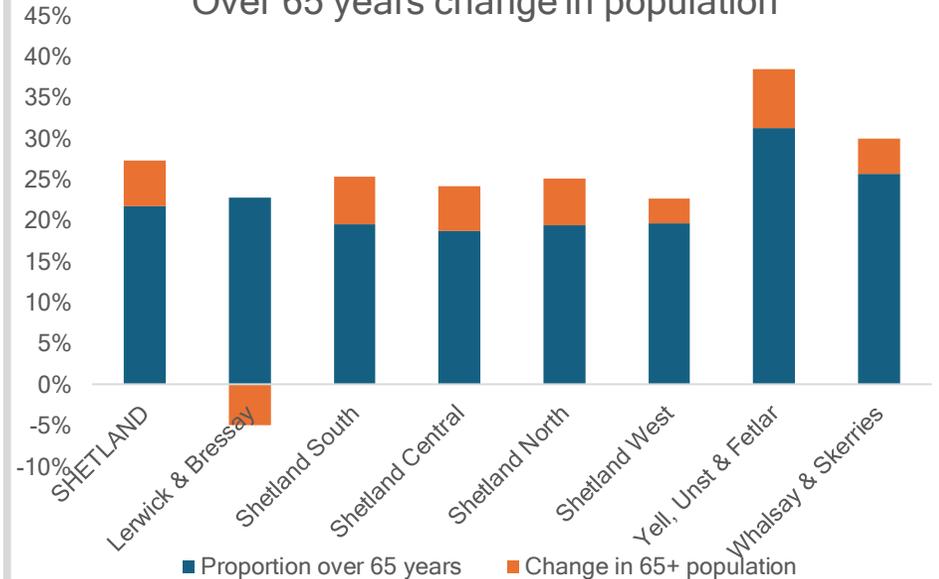


Shetland Population by locality



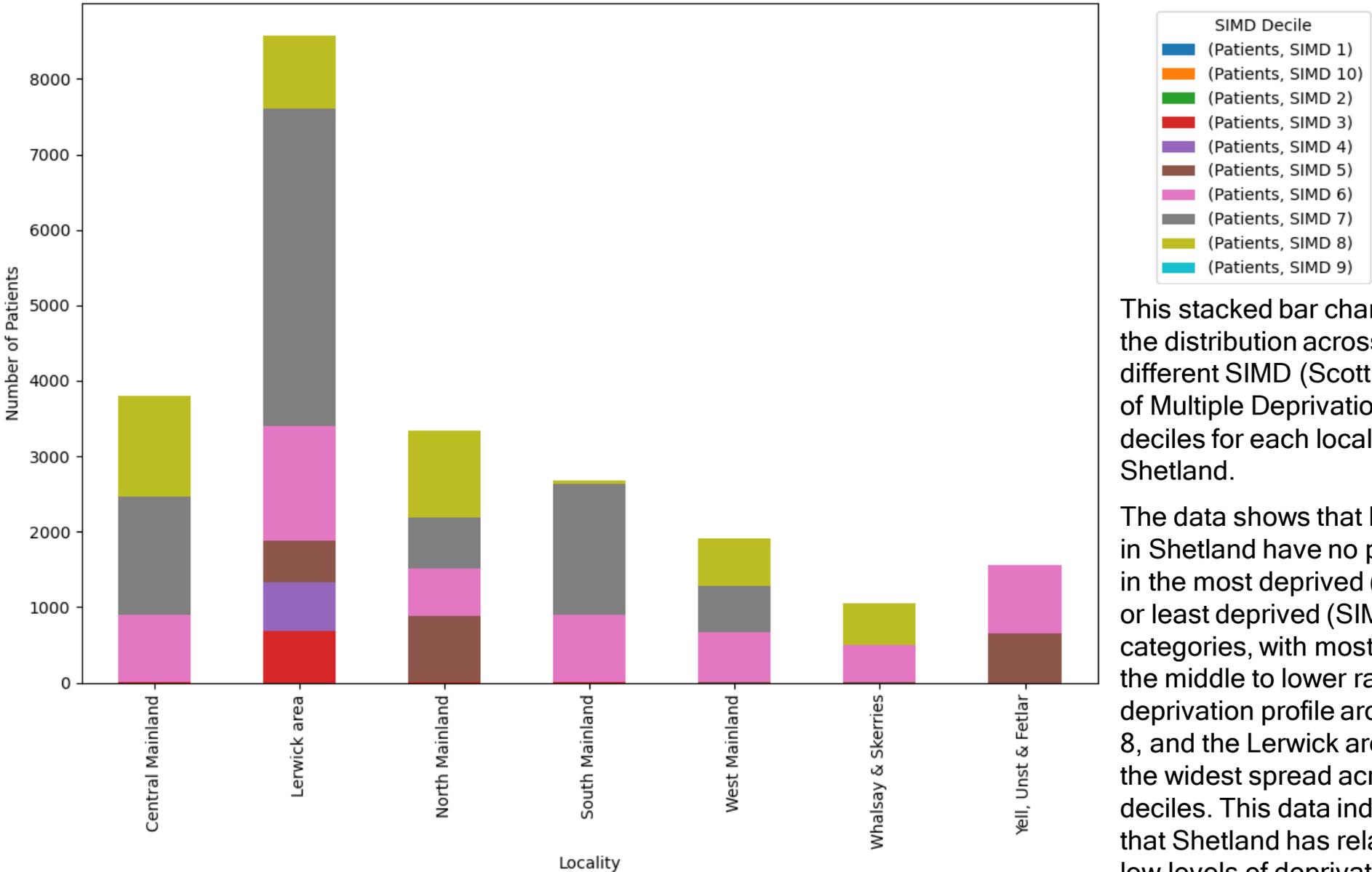
- Lerwick & Bressay
- Shetland South
- Shetland Central
- Shetland North
- Shetland West
- Yell, Unst & Fetlar
- Whalsay & Skerries

Over 65 years change in population



Locality	Population	Percent	Proportion over 65 years	Change in 65+ population over 10 years
SHETLAND	22900	100%	22%	6%
Lerwick & Bressay	6848	30%	23%	-5%
Shetland South	4494	19%	20%	6%
Shetland Central	3494	15%	19%	6%
Shetland North	3251	14%	19%	6%
Shetland West	2246	10%	20%	3%
Yell, Unst & Fetlar	1542	7%	31%	7%
Whalsay & Skerries	1065	5%	26%	4%

SIMD Distribution by Locality (December 2024)



This stacked bar chart shows the distribution across different SIMD (Scottish Index of Multiple Deprivation) deciles for each locality in the Shetland.

The data shows that localities in Shetland have no patients in the most deprived (SIMD 1) or least deprived (SIMD 10) categories, with most areas in the middle to lower range of deprivation profile around 6 to 8, and the Lerwick area has the widest spread across the deciles. This data indicates that Shetland has relatively low levels of deprivation.

The SIMD is a tool developed by the Scottish Government to identify areas in Scotland where people experience disadvantage across multiple aspects of life. SIMD combines data from seven domains to rank small areas from most to least deprived: Income, Employment, Health, Education, Skills and Training, Geographic Access to Services, Crime and Housing.

The usefulness of SIMD in remote and rural areas can be limited as rural deprivation is often more dispersed compared to urban areas, and deprivation could be easily overlooked. We continue to work with community planning partners to better understand deprivation and inequality in a Shetland context.

Shetland in statistics

Shetland's population is just under 23,000, with a demographic profile that presents both opportunities and challenges:

- Around 22% of the population is aged 65 or over – higher than the Scottish average.
- Around 18% of residents report having a long-term health condition or disability.
- Around 2% of the population identifies as belonging to a minority ethnic group.
- 51% of the population is female, and 49% male.
- The number of people identifying as LGBTQ+ is low at about 3%, but this number looks likely to increase over the years, particularly as stigma reduces.

These figures highlight the importance of ensuring services meet the needs of an ageing population, support people with disabilities, and are inclusive for all.

Nine Protected Characteristic Profiles for Shetland have been developed, these offer information on the community and compare local and national data. You can find these profiles on the Shetland Partnership website:

www.shetlandpartnership.org

Our priorities

In 2024-2025 our five strategic priorities were:

1. To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes.
2. To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups.
3. To demonstrate best value in the services that we commission and the ways in which we work.
4. To shift the balance of care towards people being supported within and by their communities.
5. To meaningfully involve communities in how we design and develop services and to be accountable to their feedback.

In addition to our own Strategic Priorities we work towards meeting the National Health and Wellbeing Outcomes.

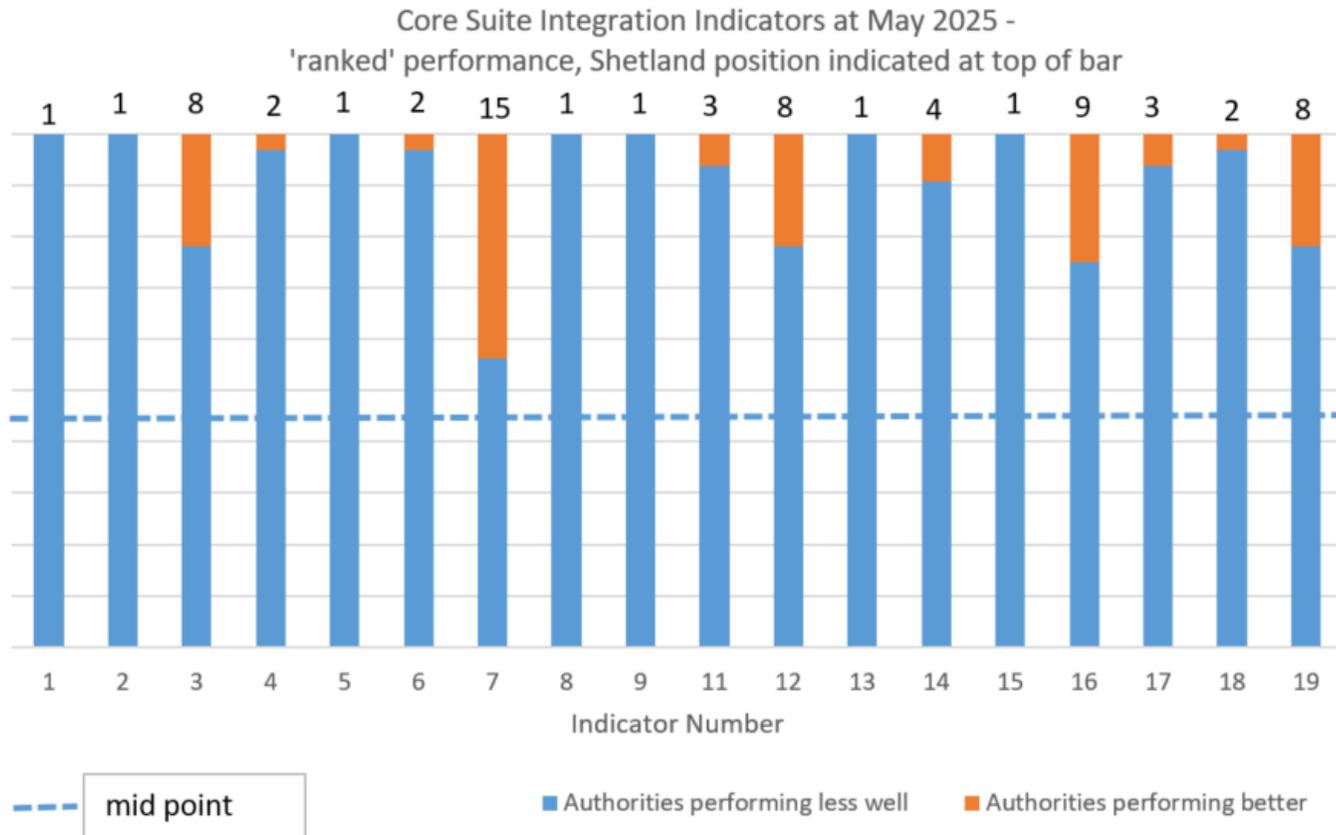
The Scottish Government set out nine National Health and Wellbeing Outcomes for all HSCPs in Scotland, to improve people's experience of health and care services and the outcomes that services achieve. The nine National Health and Wellbeing Outcomes are shown on the following page.

Health and Wellbeing Outcomes

1	Health and Wellbeing	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	Living in the Community	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	Positive Experiences and Dignity	People who use health and social care services have positive experiences of those services, and have their dignity and human rights respected
4	Quality of Life	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 Inequalities	Health and social care services contribute to reducing health inequalities
6	Support for Carers	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 well-being
7	Safe	People who use health and social care services are safe from harm
8	Workforce	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	Use of Resources	Resources are used effectively and efficiently in the provision of health and social care service

Our performance

Our performance is considered next to other HSCPs by the core suite of integration indicators, and by the Ministerial Steering Group (MSG) datasets. The most recent release of the Core Suite of Integration Indicators is below, showing Shetland's performance compared to all other integration authorities.



Our performance

The table below provides some comparisons of our performance against other HSCP's.

Partnership	NI1	NI2	NI3	NI4	NI5	NI6	NI7	NI8	NI9	NI11	NI17	NI18	NI19	NI20
Aberdeen City	90.4	76.8	56.5	63.1	74.9	60.2	74.4	37.1	72.4	448	70.7	56.5	655	26.8
Aberdeenshire	93.4	78.4	66.2	69.8	70.0	62.3	73.6	29.7	79.3	339	78.5	63.1	750	22.2
East														
Dunbartonshire	93.8	79.8	67.7	66.4	77.7	69.4	69.8	25.8	84.6	303	85.6	65.5	481	21.8
East														
Renfrewshire	92.7	80.4	75.0	63.6	74.0	74.9	89.6	28.4	79.5	275	89.3	63.4	315	20.9
Edinburgh	91.9	75.2	57.2	63.1	74.1	75.1	72.0	31.3	78.6	417	83.5	68.2	1117	23.5
Orkney Islands	93.7	77.7	68.1	68.2	82.5	90.1	79.6	34.0	84.1	356	70.7	64.0	1023	20.1
Perth and														
Kinross	93.9	73.9	67.9	57.3	70.1	75.7	75.8	31.9	76.8	344	70.8	63.9	654	25.4
Shetland Islands	94.6	95.4	66.5	72.8	88.2	87.4	70.7	46.3	87.5	327	88.9	76.4	1126	13.2

Our performance

We use a variety of local and national data, alongside feedback, case studies, staff and service user stories, to understand and describe our performance as a Health and Social Care Partnership. This report cannot illustrate every aspect of performance but will provide a general overview and some highlights and challenges that capture the story of our year in Shetland. We also produce quarterly Performance reports which provides detail throughout the year.

The following two pages in this report shows how we are performing among our HSCP colleagues across Scotland. We continue to perform above the Scottish average in the national indicators NI - 1 to NI - 9.

This data is from the management data provisionally released in May 2025. It should be noted that due to publication schedules this early release of data is provided for the purposes annual reporting, but the data is incomplete and must be interpreted with caution. The dataset will be updated in July 2025. The most recent published data was released in July 2024 and is available on the Public Health Scotland website.

The chart indicates our performance relative to other areas rather than the size of a change in our performance, for example a steady performance for us against an increase in other areas could see us drop a few places in ranking. It is, however, appropriate to question why there have been changes, and how Shetland has been differently affected. No single data source can tell a whole story and these should be interpreted with caution, within the context of other data, outcomes and experiences.

The pages following these tables highlight some of our key achievements, initiatives undertaken and the challenges within 2024/25.

Our performance

	Indicator	Title	Partnership rate	Change (pp = percentage points)	Scotland rate	Year of latest data
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	94.6%	Improved <5pp	90.7%	2023/24
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	95.4%	Improved >5pp	72.4%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	66.5%	Worsened >5pp	59.6%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.8%	Improved <5pp	61.4%	
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	88.2%	Improved <5pp	70.0%	
	NI - 6	Percentage of people with positive experience of care at their GP practice	87.4%	Improved <5pp	68.5%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	70.7%	Worsened >5pp	69.8%	
	NI - 8	Percentage of carers who feel supported to continue in their caring role	46.3%	Improved <5pp	31.2%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	87.5%	Improved >5pp	72.7%	

Our performance

	Indicator	Title	Partnership rate	Change (pp = percentage points)	Scotland rate	Year of latest data
Outcome indicators	NI - 11	Premature mortality rate per 100,000 persons	327	Worsened	442	2023
	NI - 12	Emergency admission rate (per 100,000 population)	9,711	INCOMPLETE	11,857	2023/24
	NI - 13	Emergency bed day rate (per 100,000 population)	63,614	INCOMPLETE	119,922	2023/24
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	79	INCOMPLETE	104	2023/24
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	95.1%	INCOMPLETE	88.9%	2023/24
	NI - 16	Falls rate per 1,000 population aged 65+	20.1	INCOMPLETE	22.7	2023/24
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88.9%	Improved	77.0%	2023/24
	NI - 18	Percentage of adults with intensive care needs receiving care at home	76.4%	Same	64.7%	2024
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,126	Worsened	952	2024/25
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	13.2%	Not updated	24.0%	2019/20

Local Government Benchmarking Framework (LGBF)

Local Government Benchmarking Framework (LGBF) data is published annually by the Local Government Improvement, and provides high-level data about key council services. The full dataset with interactive dashboards is available [online](#).

Indicator	Compared to Scottish average	Compared to similar areas
Home care costs per hour for people aged 65 or over	HIGHER	HIGHER
Self-Directed Support spend on adults as a % of total adult social work spend	LOWER	HIGHER
% of people aged 65+ with long term care needs who are receiving personal care at home	HIGHER	HIGHER
% of adults supported at home who agree that their services and support has an impact in improving or maintaining their quality of life	HIGHER	LOWER
% of adults supported at home who agree that they are supported to live as independently as possible	HIGHER	HIGHER
% of adults supported at home who agree that they had a say in how their help, care or support was provided	HIGHER	HIGHER
% of carers who feel supported to continue in their caring role	HIGHER	HIGHER
Residential costs per week per resident for people aged 65 or over	HIGHER	HIGHER
Rate of readmission to hospital within 28 days per 1000 discharges	LOWER	LOWER
Proportion of adult care services graded good or better	HIGHER	HIGHER
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	LOWER	LOWER

Our achievements in 2024/25

In 2024-25 our health and social care teams in Shetland have continued to work hard and remain focused on supporting people across our communities, helping people to live well, improving services, and providing care where it is needed. The HSCP continue to work closely with our partners and Third Sector to support our community.

Shetland HSCP continues to perform well in many areas compared to the national picture, however there have been some areas of performance challenges over the year, this is often linked to staffing vacancies and demand pressures.

Notable achievements include:

- **Drug and Alcohol Services:** Over 92% of clients accessed treatment within 3 weeks, supported by the Recovery Hub's holistic approach.
- **Dental Health:** Shetland ranked 3rd in Scotland for low decay rates in both Primary 1 and Primary 7 pupils.
- **Meals on Wheels:** The service on average delivered over 4,900 meals monthly and provided a vital social contact and nutritional support.
- **Innovative Projects:** Projects like the PHIO app, Hospital at Home, and the Community Link Worker pilot have shown strong early results in improving access, reducing pressure on services, and supporting person-centred care.

Our initiatives in 2024/25

Improvement initiatives in 2024/5 include

- **Shetland Health Intelligence Platform (SHIP):** Proactive care for long-term conditions.
- **Hospital at Home:** 222 bed days delivered, reducing admissions.
- **Community Link Workers:** Positive pilot outcomes in Brae and Whalsay.
- **PHIO App:** Digital MSK support launched, reducing face-to-face appointments.
- **ReSPECT Planning:** Future care planning rolled out in care homes.

Workforce Development initiatives in 2024/5 include

- **“Grow Your Own”** Mental Health Nurse training via Open University.
- **Advanced Nurse Practitioners** piloted in Out-of-Hours care, reducing locum costs by 38%.

Our challenges in 2024/25

We have continued to experience operational pressures in 2024/25 which affects our services, these pressures come from an ageing population, increasing complexity of care needs, and workforce shortages. The demand for our health and social care services continue to grow, budgets remain tight and there continues to be ongoing recruitment challenges in Health and Social Care. Over the year there has been reliance on supplementary staffing, though spend has reduced and there have been successful recruitment and 'grow your own' initiatives.

Key challenges include:

- **Accident and Emergency seen within 4 hours:** Performance has reduced slightly. In Quarter 4 we saw 84% of patients seen within 4 hours, this is still above the Scottish average but below the 95% target.
- **Delayed Discharges:** The number of people delayed over 14 days increased. This reflects the pressures our services are under, particularly in social care capacity. Therefore there has been increased delays, which especially affects older and vulnerable adults.
- **Psychological Therapies:** While the number of new patients seen has increased, we have not managed to meet targets for the number of patients seen within 18 weeks. The progress to meet this target has been impacted by vacancies and capacity constraints.
- **Assessments:** Our teams, in particular Social Work, Occupational Therapy and Intermediate Care teams continued to face challenges in completing assessments. Delays and missed targets have been due to staffing shortages and increasing complexity of need.

Financial planning and performance

Finance for 2024/25

The total budget passed from the IJB to its partner organisations (Shetland Islands Council and NHS Shetland) for 2024/25 increased to £75.086 million (compared to £66.812 million in 2023/24).

For the year ending 31 March 2025, the IJB recorded a small deficit of £61,000. This is an improvement from the previous year's deficit of £556,000.

	2024/25			2023/24		
	SIC	NHSS	TOTAL	SIC	NHSS	TOTAL
	£000	£000	£000	£000	£000	£000
IJB Budget	38,223	36,863	75,086	32,570	34,242	66,812
Cost of Services of the IJB (Contribution from the Parties)	(38,223)	(39,387)	(77,610)	(37,565)	(36,679)	(74,244)
Budget Variance	0	(2,524)	(2,524)	(4,995)	(2,437)	(7,432)
IJB Direct Costs (Audit fee, Insurance & Members Expenses)	19	19	38	19	18	37
Contributions from Parties to meet IJB Direct Costs	(19)	(19)	(38)	(19)	(18)	(37)
Additional contributions (to)/from the Parties to/(from) IJB	(1,281)	3,744	2,463	3,718	3,158	6,876
Final Surplus/(Deficit) of IJB	(1,281)	1,220	(61)	(1,277)	721	(556)

Financial planning and performance

By the end of the financial year, the IJB's services had overspent the budget by £2.524 million. This compares to a much larger overspend of £7.432 million in the previous year.

To help reduce the final deficit to just £61,000, NHS Shetland made an additional contribution payment of £2.524 million to the IJB. This additional contribution from NHS Shetland does not need to be repaid and will not be repeated in future years.

Full details are provided in the IJB Accounts 24/25 reports.

	2024/25			2023/24		
	SIC	NHSS	TOTAL	SIC	NHSS	TOTAL
	£000	£000	£000	£000	£000	£000
Additional contributions (to)/from the Parties to/(from) IJB to meet budget variance	0	2,524	2,524	4,995	2,437	7,432
Transfer of Scottish Government Additionality funding between the Parties	(1,277)	1,277	0	(1,277)	1,277	0
Draw from Reserves	(4)	(158)	(162)	0	(584)	(584)
Pass back to Reserves	0	101	101	0	28	28
Additional contributions (to)/from the Parties to/(from) IJB	(1,281)	3,744	2,463	3,718	3,158	6,876

Financial planning and performance

Staffing costs

Workforce challenges continued to be a major issue throughout 2024/25, reflecting similar difficulties seen across the country. However, there were some important improvements and strategic changes that helped make Shetland HSCP to make progress in areas such as recruitment, staff retention, and building more sustainable staffing models.

Improvements have led to a reduction in spending on temporary (supplementary) NHS staff, which fell from £7.7 million in 2023/24 to £5.5 million in 2024/25. This reduction was made possible by successful international recruitment efforts and the introduction of more flexible GP contracts, which have helped to fill staffing gaps and reduce the reliance on temporary staff.

General Fund Reserve Balance

At the start of the financial year the IJB had a General Fund Reserve of £0.948 million. This reserve came from money that hadn't been spent in previous years.

During 2024/25, the IJB used £0.162 million from its Reserve. This included: £0.109 million from the earmarked portion and £0.053 million for projects the IJB had agreed to fund. At the same time, there was an underspend of £0.101 million in NHS Shetland funding, which was added back into the Reserve.

By the end of the financial year the General Fund Reserve stood at £0.887 million, this was made up of: £0.362 million earmarked for specific purposes and £0.525 million uncommitted and available to support the IJB's strategic priorities.

Summary

Shetland IJB, like many other health and social care partnerships, has faced significant financial challenges. These are expected to continue due to the tough national economic climate and rising demand for services.

To help plan for the future, the IJB approved its Medium-Term Financial Plan (MTFP) for 2025 - 2030 on 19 March 2025. This plan shows that if services continue in their current form, the IJB could face a cumulative funding gap of £4.964 million (5.7%) by 2029/30.

The IJB continues to take strategic action to ensure services remain financially sustainable. The work taken on savings and help with cost reduction in 24/25 will continue, with close oversight from the IJB.

Shifting the Balance of Care

Shifting the balance of care describes working towards a different way of supporting people - in terms of Place, Power, Prevention, and type of delivery. We know people will always require support in many different ways, and taking a person-centred approach means we will always have to be flexible and adaptable as services.

The health and social care 'system' in Shetland has continued to experience significant pressures in 2024-25. There has been capacity issues in social care, this is mostly due to gaps in staffing and has meant helping people to get safely home from hospital has been challenging - we see this is the number of days people spend in hospital when they are ready to be discharged.

There continues to be good performance with low numbers of emergency re-admissions, and relatively low numbers of older people with multiple emergency admissions - this shows our teams in community are supporting people often with significant needs, helping them to stay at home, and keeping them well enough to do so.

This level of care can mean services are stretched, and is a big part of the reason we need to redesign how we deliver services. Locum and agency staffing has allowed us to continue to deliver essential services throughout the year.

Rate of readmission to hospital within 28 days

	2023/24	2024/25	
Scotland	10.2%	10.1%	●
Shetland	7.3%	5.8%	●

Multiple emergency admissions - aged 65+ with 2 or more emergency admissions (per 1000 pop)

	2022/23	2023/24	
Scotland	46.7	49.0	●
Shetland	34.6	34.8	●

Days spent in hospital when ready to be discharged, due to HSC capacity, aged 75+

	2023/24	2024/25	
Shetland	857	2448	●

A+E Attendances (per 1000 population)

	2023/24	2024/25	
Scotland	270.6	283.0	●
Shetland	330.2	332.0	●

Shifting the Balance of Care

Hospital at Home (H@H) - Enhancing Personalised, Community-Based Care

Shetland's Hospital at Home (H@H) service was recently featured in the [NHS Scotland Realistic Medicine Casebook](#) for its innovative approach to delivering hospital-level care in people's homes. H@H offers a safe, personalised alternative to hospital admission, supporting timely and appropriate care in familiar surroundings.

The service emphasises shared decision-making and person-centred care, with continuously refined referral pathways and risk management processes. Following a successful pilot, a dedicated multidisciplinary team was created - including a Consultant Geriatrician, Nurse, Pharmacist, Physiotherapist, and Team Leader - enabling expanded referrals from primary care and emergency services.

Between January 2024 and February 2025, H@H delivered 293 bed days, with an average stay of seven days. November 2024 marked a peak of 60 bed days, highlighting the service's growing impact.

Ongoing developments include expanding the roles of Allied Health Professionals and pharmacy staff, enhancing frailty care, and establishing a referral pathway from the Scottish Ambulance Service. Continuous improvement efforts remain central to delivering care that truly matters to people while supporting a more sustainable health and care system.



"I have nothing but praise for this service and the care and attention I received. Spending long periods in hospital can get on top of you at times but H@H made it possible to be treated and recover in my own home environment among my family and friends, and for that I am extremely grateful."

Shifting the Balance of Care

Supporting Unpaid Carers

Unpaid Carers in play a vital role – not only in supporting the people they care for, but also in helping to sustain our health and social care services. It's estimated that there are over 2,000 unpaid carers in Shetland, though the actual number may be even higher.

The emotional and practical support they provide often reduces the need for formal care, helping people live more independently and with a better quality of life.

In Shetland, a range of support options are available to unpaid carers including Short Breaks, Replacement and Respite Care, Community Groups and Activities, and Leisure Break Funding.

In 2024/25, most of the funding for unpaid carers went towards providing respite and short breaks, through services such as Newcraigielea, Community Care Resources, and Adult Social Work. These were delivered using Self-Directed Support and through contracts with partner organisations.

The Health and Social Care Partnership also began reviewing the Carers Strategy, with the aim of completing the updated strategy by 2026.

Prevention and early intervention

Shetland HSCP has made significant progress in prevention and early intervention work in 2024/25 that ensures proactive and person-centred care, helping to prevent ill health, and support people to stay well for longer their community.

Shetland Health Intelligence Platform (SHIP)

A locally developed digital tool that helps Primary Care teams identify and support people with long-term conditions. Enabling early intervention, reducing complications, and supports better use of resources.

Focus areas: Cardiovascular, respiratory, mental health, frailty, and medication safety.

Alcohol Brief Interventions (ABI)

There has been good progress in delivering ABIs in 2024-2025. ABIs are short, structured conversations about alcohol use delivered in healthcare or community settings by trained professionals.

There has been training developed by the Health Improvement Team to support this valuable work.

Community Link Worker Pilot

A role introduced in two GP practices (Brae and Whalsay) to connect patients with community resources.

This Pilot was successful and helps to reduced GP workload, improve access to non-clinical support, and enhance wellbeing. Work is being undertaken to explore how we can develop this further.

Childsmile

Shetland continues to rank highly, placing 3rd in Scotland for low decay rates in P1 and P7 pupils.

Childsmile works through schools, nurseries, dental practices, and community settings to promote good oral health from an early age.

Our oral health advice clinics and “Caring for Smiles” programme support vulnerable groups.

Prevention and early intervention

Get Started with Healthy Shetland (GSwHS)

The GSwHS programme is the locally developed Tier 2 adult weight management service forming part of the Shetland Adult Healthy Weight pathway and meeting National Weight Standards. It offers a holistic healthy lifestyle and exercise programme to individuals with a BMI between 25-40 kg/m², combining behaviour change support from Health Improvement practitioners with physical activity education in a community, non-health environment.

GSwHS was developed by the Health Improvement team at NHS Shetland and is delivered in leisure centres in partnership with Shetland Recreational Trust (SRT). The programme includes bespoke content, staff training in motivational interviewing, piloting with patients, and full service evaluation. An interim evaluation in 2024 focused on outcomes and feedback from cohort 1, with a full evaluation covering cohorts 2 and 3 due in 2025. Feedback has informed ongoing refinement of resources as part of a continuous improvement cycle.

Individuals are referred to the programme through either self or professional referral, both can be found at <https://www.healthyshetland.com/get-started-programme/> with screening carried out by the Health Improvement Team. If suitable, individuals are placed in a group at a leisure centre that best suits their location or preference. The 12-month programme includes eight fortnightly sessions followed by four check-in sessions. For those for whom group sessions are not suitable, a 1:1 Tier 2 alternative is available.

Due to positive feedback and demonstrated effectiveness, GSwHS is now being delivered on a long-term basis. It continues to be led by Health Improvement with support from SRT staff. Where staff and capacity allows, progression to lead with SRT will be considered to increase delivery capacity in the future.

Equality and inclusion

Working together

Across Shetland local organisations are working together to ensure that everyone, regardless of background or circumstance, has equal access to health, education, and opportunity. The Shetland Community Planning Partnership, includes the Shetland Integration Joint Board (IJB), Shetland Islands Council, NHS Shetland, Shetland College, Schools Service, ZetTrans, and the Shetland Licensing Board are working together, to tackle inequality, and ensure fairness and inclusion.

The Partnership have held focus groups and community engagement events, and the IJB and its partners have identified the barriers faced by specific groups, including people with disabilities. The feedback received from these focus groups and events have helped to create actions and outcomes to break down barriers and improve lives. These outcomes align with key local strategies, including the Joint Strategic Plan and the Shetland's Partnership Plan.

Equality and Lived Experience

The IJB believe equality is key and are keen to embed equality consideration in every decision the IJB makes, to ensure everyone has the same opportunities and access to support. By working together with our partners, we are not just meeting our legal obligations, but are working to ensure Shetland is a place where everyone, regardless of who they are, has the chance to live well and be heard.

Shetland HSCP staff have taken part in trauma-informed lens training, this helps our staff to better understand and support people who've experienced trauma and adversity. The HSCP have also sought ways to improve its communication, such as developing awareness of BSL and supportive tools, making more use of Plain English, using less jargon and providing Easy Read formats to make information more accessible.

The HSCP are actively listening, and have held focus groups and customer discussions, so that the voices of lived experience are at the heart of planning and decisions.

Inspections and Audits

A number of Care inspections took place across our [residential settings](#) in 2024/25 - full reports are available from the [Care Inspectorate website](#). The Care Inspectorate look at the quality of care in Scotland, ensuring it meets high standards.

Results of inspections are below:

Service	Inspection date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Edward Thomason & Taing Support Services	17 Sep 2024	4 Good	4 Good	4 Good	4 Good	4 Good
Fernlea, The Wishart Anderson (Care Home)	27 Feb 2025	4 Good	3 Adequate	4 Good	5 Very Good	3 Adequate
Isleshavn (Care Home)	07 Mar 2025	3 Adequate	2 Weak	3 Adequate	3 Adequate	3 Adequate
North Haven (Care Home)	31 Mar 2025	2 Weak	2 Weak	Not assessed	Not assessed	Not assessed
North Haven (Care Home)	28 Nov 2024	3 Adequate	3 Adequate	4 Good	4 Good	2 Weak

Inspections and Audits

Care Inspectorate Report on the Adult Services (Learning Disability and Autism) - Supported Living and Outreach - Housing Support Service

An inspection of Shetland's Adult Services for people with learning disabilities and autism took place on 18-19 September 2024. The inspection focused on the Supported Living and Outreach - Housing Support Service, which helps people live independently in their own homes or in the community.

Inspection Results

The service received a Grade 5 - Very Good rating in two key areas:

- How well do we support people's wellbeing?
- How good is our staff team?

This means the Care Inspectorate found significant strengths in how care is delivered, with positive outcomes for the people supported.

Internal Audit Review of Shifting the Balance of Care

An internal audit was carried out to review how well the Health and Social Care Partnership (HSCP) is progressing with its strategic goal of shifting the balance of care. The audit found positive assurance that the HSCP is making good progress in shifting the balance of care. Findings include strong foundations, joint working is effective, and communication is well managed.

The audit found there was room for improvement, particularly on how progress is tracked and reported; and work on this has progressed in 24/25 and will continue, to ensure this is addressed.

Internal Audit Review of Financial Governance

The IJB has some strong financial processes in place, and is working to ensure full transparency, accountability, and effective financial planning. The IJB has a Medium-Term Financial Plan (MTFP) for 2023-2028, which is updated annually and financial risks are regularly reviewed by the Performance Management Group, which includes senior finance staff from both the Council and NHS Shetland.

The IJB receives regular financial updates throughout the year, including progress on savings and projected year-end positions. The audit made four recommendations to improve financial governance. Work is already underway to improve these areas.

Feedback

Support@Home Questionnaire

In November 2024, an engagement questionnaire was sent out to over 350 people who receive a service from Support @ Home (Shetland). The results of the questionnaire were positive on the whole, with people feeling that they are treated with respect, that their support plan reflects their wants and needs, that staff are appropriately trained, and that they receive care and support that is of a high quality. The feedback received through this questionnaire has highlighted the strengths of the service as well as areas that could be improved, which will be used to improve the service to ensure we continue to meet the needs of the people in the community.

We have included some of the highlights from this questionnaire below:

Question 1

I am treated with respect

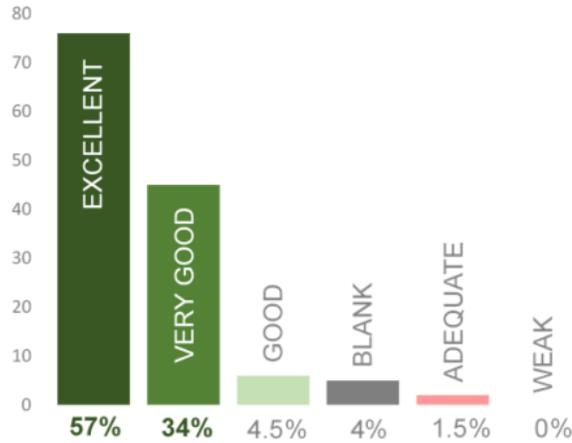


FIGURE E: bar graph of question 1 answers

Question 6

I feel confident that my support workers are appropriately trained to deliver my care.

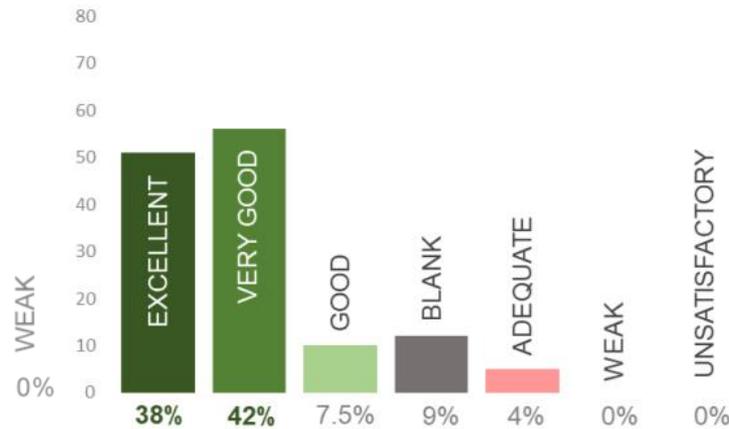
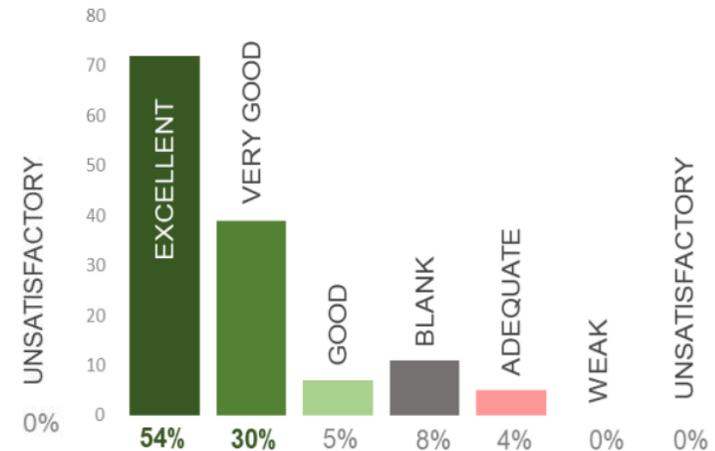


FIGURE G: bar graph of question 6 answers

Question 11

Overall, I am happy with the quality of care and support this service gives me.



Feedback

Gathering feedback in Shetland's GP Practices

In 24/25 Primary Care developed a new, digital way of collecting patient feedback, which provides localised insights. The team used Microsoft Forms and a QR code, this allowed patients to access a short questionnaire on their phones. The digital format means questions can be updated instantly, and it is a low-cost, quick and convenient way to gather feedback directly from patients, so that we can make improvements where needed.

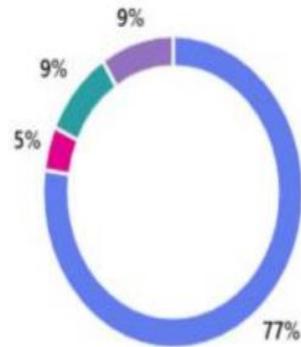
The questionnaire asked about their recent experience—where they were seen, who they saw, how satisfied they were, and whether another location might have been more convenient.

The aim was to test a new, digital way of collecting patient feedback that is SIMPLE

S – Straightforward
I – Inexpensive
M – Measureable
P – Patient focused
L – Local
E – Easy to Amend

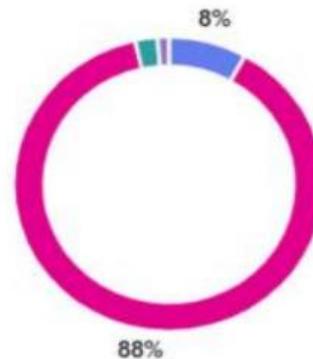
How satisfied are you with your interaction today?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied



I was seen/spoken to:

- By telephone
- In person at the health centre
- By video call
- Via online e.g. askmygp



The early results are encouraging:

88% of patients were seen in person at a health centre

8% had a telephone consultation

Overall, there was a high level of satisfaction with the care received.

*graphs show the percentages of responses received between July 2024 - April 2025

Feedback

iMatter - Listening to our staff

iMatter is an annual staff experience survey used across NHS Scotland and across HSCPs. It gives our staff the opportunity to share how they feel about their work, their team, and the organisation as a whole. The survey is part of the national Everyone Matters: 2020 Workforce Vision strategy.

By gathering honest feedback, iMatter helps team leaders to understand what's working well and where improvements are needed.

Some of the results from our 24/25 iMatter survey are below:

	HSCP NHS/SIC mixed staff teams	HSCP SIC Staff Team	HSCP NHS Staff Team
Well informed	73% strongly agree	75% strongly agree	68% strongly agree
Appropriately trained and developed	67% strongly agree	66% strongly agree	59% strongly agree
Treated fairly & consistently, with dignity & respect	73% strongly agree	69% strongly agree	65% strongly agree
Provided with a continuously improving & safe working environment	72% strongly agree	72% strongly agree	64% strongly agree

Medical Students Experience

In 2023 there was a new style of GP student placement based within NHS Shetland. During the Shetland Medical Student core week, the students from all the disciplines work together with Clinical Development Fellows (CDF's) and run through a variety of scenarios and tutorials., with opportunities to practice clinical skills and gain confidence in practical procedures. Students are offered a high-quality learning experience, and are supported by a dedicated team.

What the 24/25 Students Said:

- Most had chosen Shetland and were very happy with their decision.
- They felt welcomed and well supported by the Shetland team.
- GP students felt included in the induction process, even if they had been in Aberdeen for part of it.
- They appreciated the opportunities available and had no major concerns about accommodation or facilities.

Appendix 1 - National Integration Indicators Shetland HSCP 5 year trends

Percentage of adults able to look after their health very well or quite well	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	98.0	95.4	94.1	95.3	93.0	94.6
Percentage of adults supported at home who agree that they are supported to live as independently as possible	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	74.1	74.5	77.9	93.9	89.8	95.4
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	75.7	77.9	74.5	87.3	77.9	66.5
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	66.2	60.2	72.3	93.6	69.8	72.8
Percentage of adults receiving any care or support who rate it as excellent or good	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	76.7	77.3	85.5	96.9	83.4	88.2
Percentage of people with positive experience of care at their GP practice	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	80.9	88.3	83.3	85.8	84.2	87.4
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	85.9	80.9	82.5	88.2	93.6	70.7
Percentage of carers who feel supported to continue in their caring role	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	45.6	51.1	40.9	49.9	44.6	46.3
Percentage of adults supported at home who agree they felt safe	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24
	82.3	71.1	79.6	95.7	78.3	87.5

Appendix 1 - National Integration Indicators Shetland HSCP 5 year trends

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Premature mortality rate per 100,000 persons	406.6	289.4	322.5	301.7	331.1	356.3	363	282	327
Emergency admission rate (per 100,000 population)	2015/16	2016/17	2017/18	2018/19	2019/20	2020	2021	2022/23	2023/24
	10364.69	10093.40	10593.81	10253.14	9255.84	9854.42	9423.45	9745.58	9711.00
Emergency bed day rate (per 100,000 population)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	75520.41	65110.06	65682.98	68317.12	59943.99	66057.81	71549.46	72908.93	63614.00
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	72.98	68.83	71.65	72.85	86.77	80.90	65.39	68.19	79.00
Proportion of last 6 months of life spent at home or in a community setting	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	93.3	95.2	93.8	93.6	92.9	94.6	93.9	93.4	95.1
Falls rate per 1,000 population aged 65+	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	21.8	21.4	16.2	16.2	22.9	20.5	23.4	24.4	20.1
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2023/24	
	84.38	94.29	88.24	97.06	91.18	92.86	89.19	88.90	
Percentage of adults with intensive care needs receiving care at home	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2024
	73.8	76.9	74.6	71.2	72.0	74.2	80.1	77.7	76.4
Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	528.1	505.0	572.7	499.0	153.0	333.3	732.1	452.4	1126.0

Appendix 1 - National Integration Indicators Shetland HSCP 5 year trends

	2013/14	2015/16	2017/18	2019/20	2020/21	2023/24	
Percentage of adults able to look after their health very well or quite well	98.0	95.0	94.0	95.3	93.0	94.6	
Percentage of adults supported at home who agree that they are supported to live as independently as possible	74.0	75.0	78.0	93.9	89.8	95.4	
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	76.0	78.0	75.0	87.3	77.9	66.5	
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	66.0	60.0	72.0	93.6	69.8	72.8	
Percentage of adults receiving any care or support who rate it as excellent or good	77.0	77.0	86.0	96.9	83.4	88.2	
Percentage of people with positive experience of care at their GP practice	81.0	88.0	83.0	85.8	84.2	87.4	
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	86.0	81.0	83.0	88.2	93.6	70.7	
Percentage of carers who feel supported to continue in their caring role	46.0	51.0	41.0	49.9	44.6	46.3	
Percentage of adults supported at home who agree they felt safe	82.0	71.0	80.0	95.7	78.3	87.5	

Appendix 1 - National Integration Indicators Shetland HSCP 5 year trends

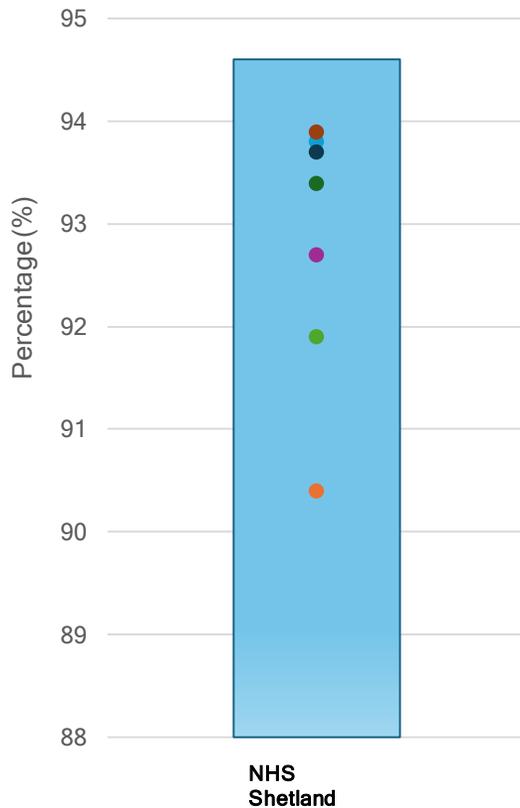
Premature mortality rate per 100,000 persons	2015	2016	2017	2018	2019	2020	2021	2022	
	406.6	289.4	322.5	301.7	331.1	356.3	363	282	
Emergency admission rate (per 100,000 population)	2015/16	2016/17	2017/18	2018/19	2019/20	2020	2021	2022/23	
	10364.69	10093.40	10593.81	10253.14	9255.84	9854.42	9423.45	9745.58	
Emergency bed day rate (per 100,000 population)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	
	75520.41	65110.06	65682.98	68317.12	59943.99	66057.81	71549.46	72908.93	
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	72.98	68.83	71.65	72.85	86.77	80.90	65.39	68.19	
Proportion of last 6 months of life spent at home or in a community setting	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	
	93.3	95.2	93.8	93.6	92.9	94.6	93.9	93.4	
Falls rate per 1,000 population aged 65+	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	
	21.8	21.4	16.2	16.2	22.9	20.5	23.4	24.4	
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22		
	84.38	94.29	88.24	97.06	91.18	92.86	89.19		
Percentage of adults with intensive care needs receiving care at home	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	
	73.8	76.9	74.6	71.2	72.0	74.2	80.1	77.7	
Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	
	528.1	505.0	572.7	499.0	153.0	333.3	732.1	452.4	

Appendix 2 - National Integration Indicators Ranked against Comparable HSCPs

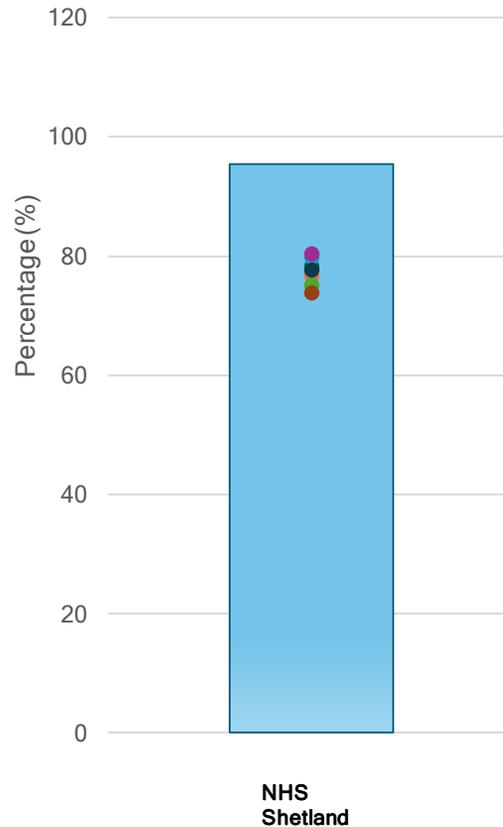
National Integration Indicators shown with Shetland HSCP ranked against comparable HSCPs as advised by the Local Government Benchmarking Framework. Data shown is most recent published depending on source and publishing schedules. Dates for each NI can be seen on Trend data tables.



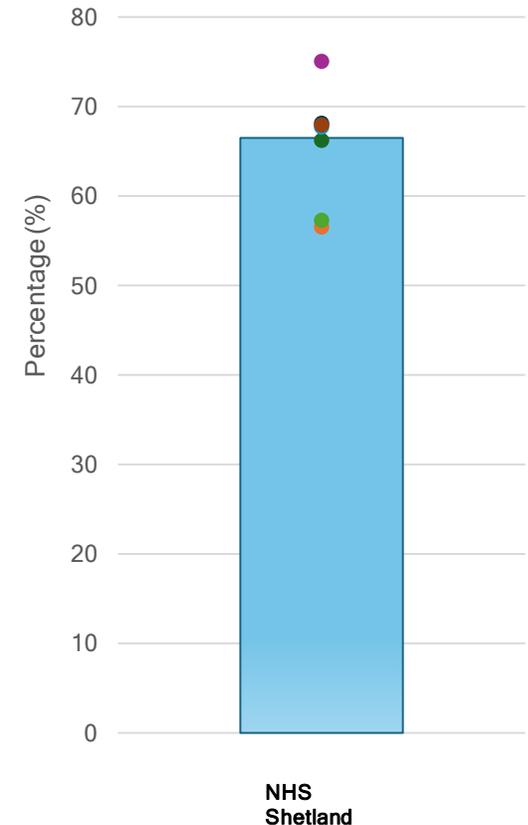
NI1: Percentage of adults able to look after their health very well or quite well



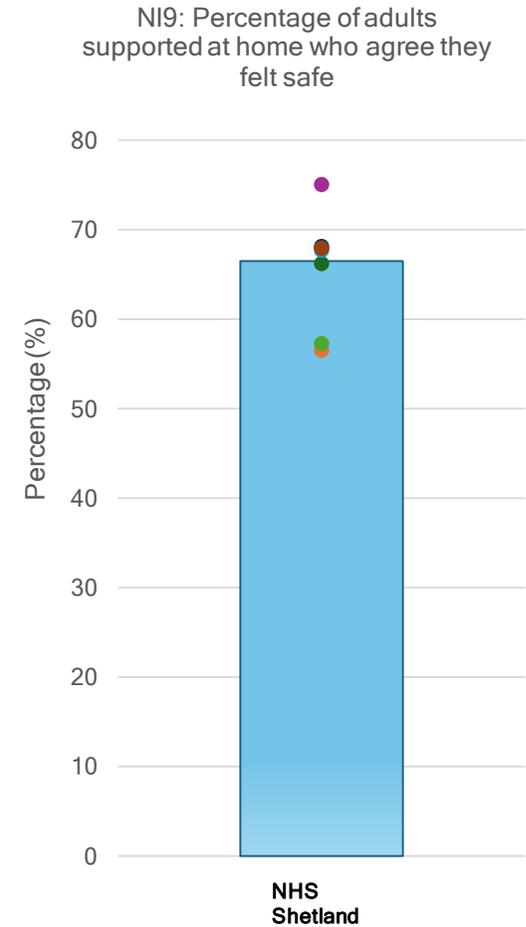
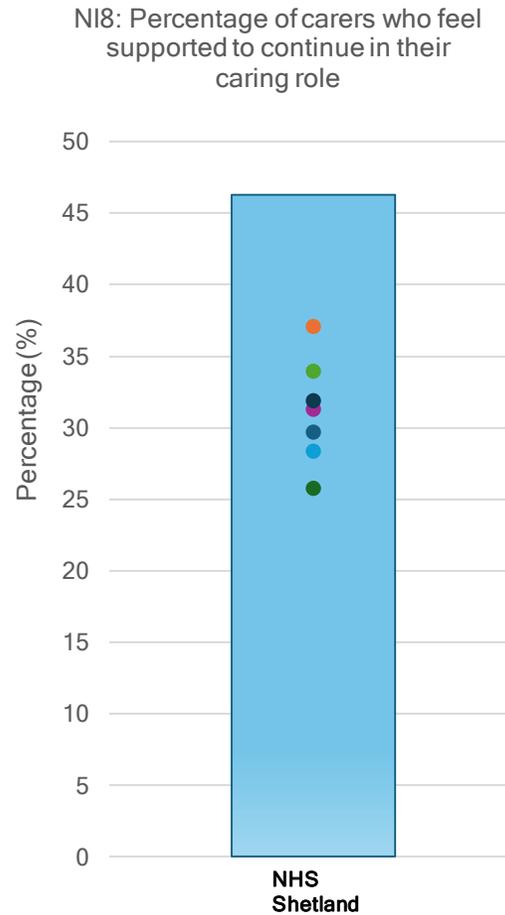
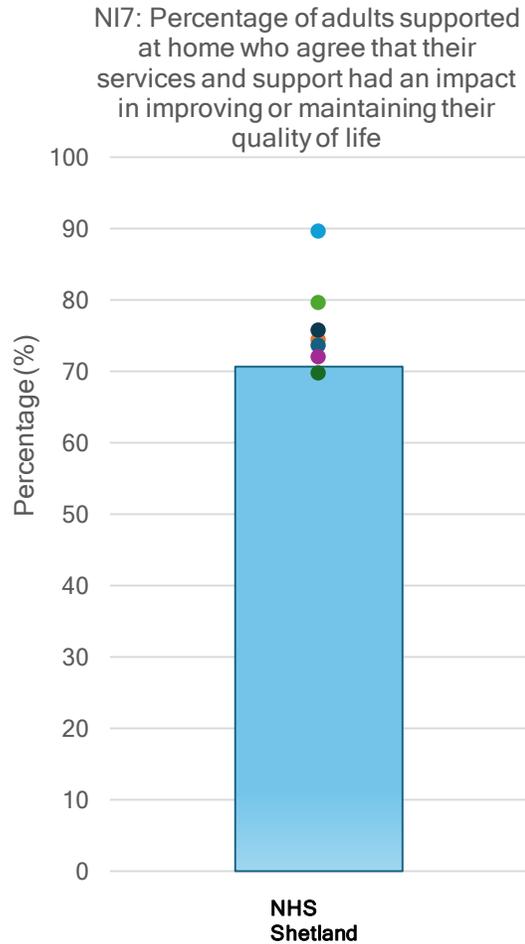
NI2: Percentage of adults supported at home who agree that they are supported to live as independently as possible



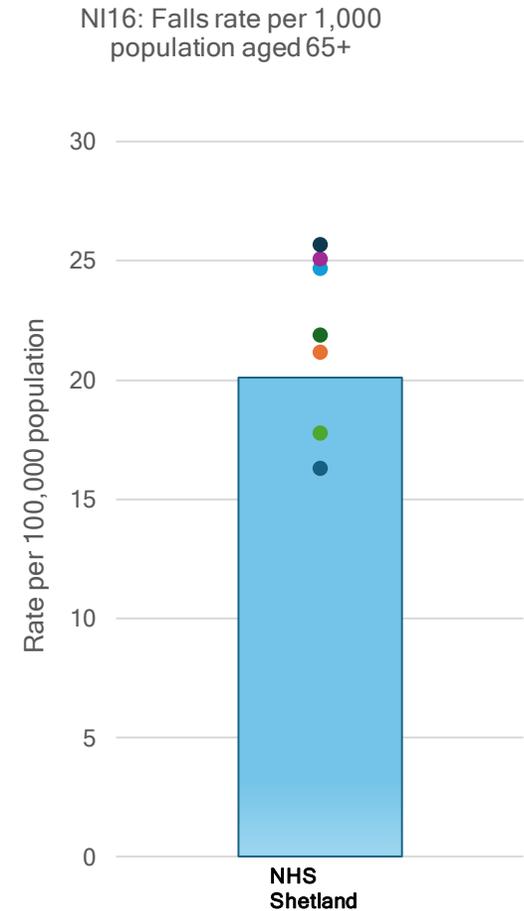
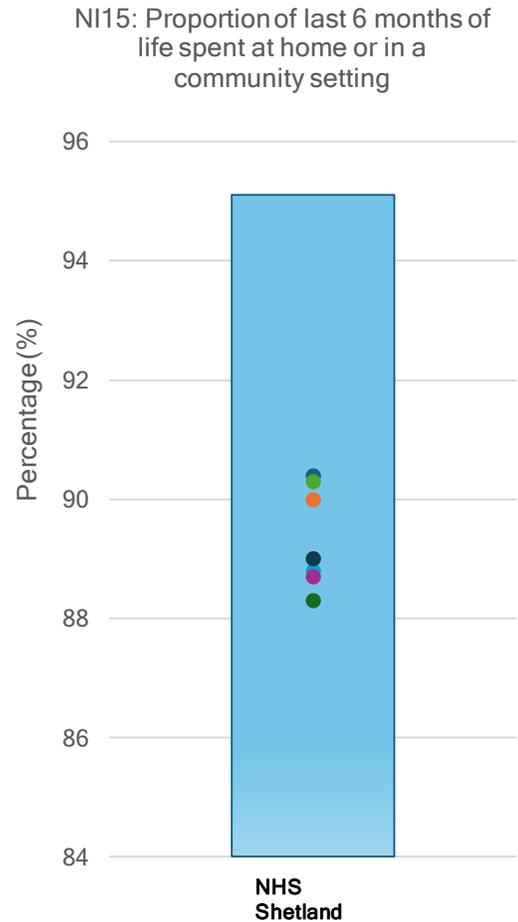
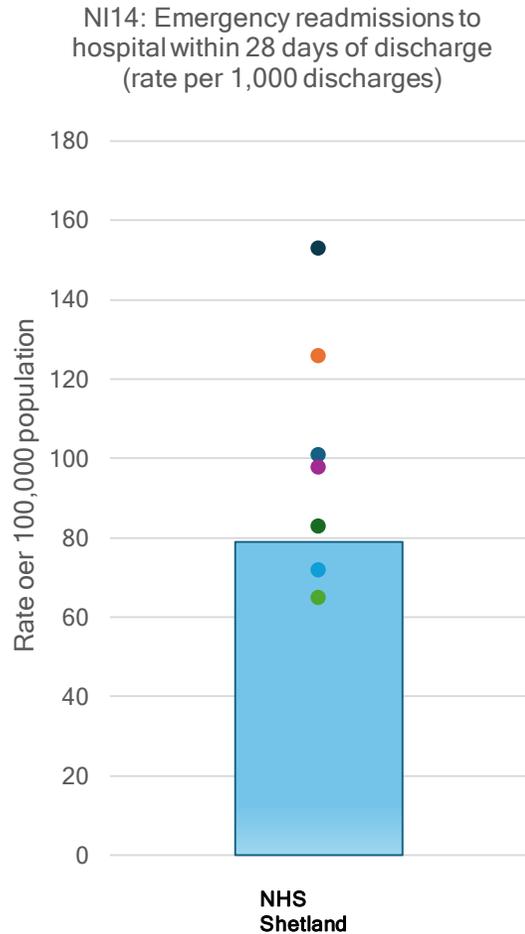
NI3: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



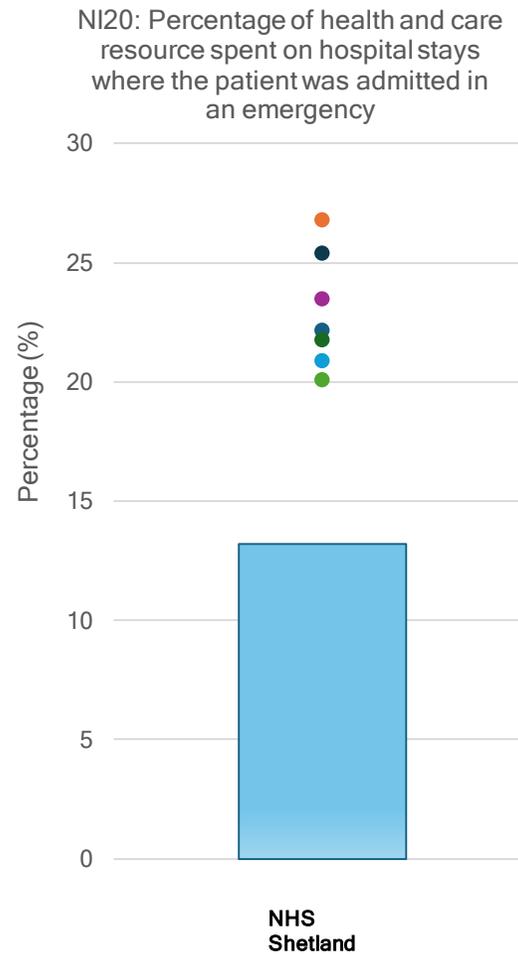
Appendix 2 - National Integration Indicators Ranked against Comparable HSCPs



Appendix 2 - National Integration Indicators Ranked against Comparable HSCPs



Appendix 2 - National Integration Indicators Ranked against Comparable HSCPs



To find out more

Visit our website: www.shetland.gov.uk/social-care-health

Email us: community.care@shetland.gov.uk

Write to us: Community Health and Social Care, NHS HQ Montfield, Burgh Road, Lerwick, ZE1 0LA

Call us: 01595 74 4308

BSL users can contact us using the Contact Scotland BSL Service, their website is:
<https://contactscotland-bsl.org/>