

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

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

Direction: Allied Health Professions		Direction to: <i>SIC / NHSS</i>		Overall Budget allocated by IJB for Direction: £3,344,223 NHSS: 1,634,505 SIC: 1,709,718 See Individual Directions (below) for further breakdown.	
Reference Number: 2.3		Relevant Function(s): <i>Allied Health Professions</i>		Review Date: September 2022	
IJB Report(s) Reference Number: CC-07-22-F					
Date Direction issued/authorised by IJB: 9th March 2022		Date Direction takes effect: 1 st April 2022		This Direction supersedes existing Direction: CC-28-20	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1-5	IJB Key Priorities: 1-23	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: 1-12	
Purpose of Direction					
To deliver Dietetic, Occupational Therapy (OT), Orthotic, Physiotherapy, Podiatry and Speech and Language Therapy Services					

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>To provide a Dietetic Service including assessment, diagnosis and treatment of diet and nutrition problems</p> <p>Budget allocation is £144,902 (NHSS)</p>	<p>KPIs: To demonstrate improved health outcomes at the end of dietetic intervention (e.g. gestational diabetes intervention)</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>90% of patients to be seen within 18 weeks</p> <p>Objectives: To enable the population of Shetland to look after and improve their own health and wellbeing and live in good health for longer.</p>
<p>To provide an Occupational Therapy Service including assessment, interventions and review of problems compromising physical and mental health wellbeing and independence</p> <p>Budget allocation is £217,901 (NHSS) and £1,709,718 (SIC)</p>	<p>KPIs: To demonstrate improved health and wellbeing outcomes at the end of OT interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>90% of people are responded to within 14 days</p> <p>Objectives: To facilitate a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their maximum level of independence and ability</p>
<p>To provide an Orthotic Service including assessment and treatment to remedy or relieve a medical condition or disability, or to prevent or lessen the development of a condition or disability.</p> <p>Budget allocation is £147,823 (NHSS)</p>	<p>KPI: To demonstrate improved management of conditions enabling improved health and well-being outcomes</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>90% treated within 4 weeks</p>

	Objectives: To empower better health, prevent impairment, reduce functional limitations and minimise disability
<p>To provide a Physiotherapy service consisting of assessment, treatment and review for patients who have any injury, disease or problem that relates to muscles, bones, joints and peripheral nerves.</p> <p>Budget allocation is £723,484 (NHSS)</p>	<p>KPIs: To demonstrate improved health and wellbeing outcomes at the end of the physiotherapy interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>MSK- 60% of patients seen within 4 weeks</p> <p>Non MSK- 100% of patients seems within 18 weeks</p> <p>Objective:</p> <p>To maintain the health for people of all ages, helping patients to manage pain and prevent disease, encouraging development and facilitating recovery, while helping them to remain independent for as long as possible.</p>
<p>To provide a Podiatry Service consisting of triage, diagnosis, treatment and review for patients with abnormal conditions of the feet and lower limbs. To prevent and correct deformity, keep people mobile and active, relieve pain and treat infections.</p> <p>Budget allocation is £287,742 (NHSS)</p>	<p>KPIs: To demonstrate improved health and wellbeing outcomes at the end of the podiatry interventions</p> <p>To attain a high degree of patient satisfaction</p> <p>To achieve significant, measurable improvement in appropriate patient-reported outcomes e.g. pain level</p> <p>New outpatient 18 week referral to first contact</p> <p>MSK 4 week referral to first contact</p> <p>Objective:</p> <p>To enable the population of Shetland to look after and improve their own health and wellbeing and live in good health for longer.</p>
<p>To provide a Speech and Language Therapy Service including assessment treatment, support and care for people with communication, eating, drinking or swallowing difficulties</p>	<p>KPIs: To demonstrate improved health and wellbeing outcomes at the end of SLT interventions</p> <p>To attain a high degree of patient satisfaction</p>

<p>Budget allocation is £112,653 (NHSS)</p>	<p>To achieve significant, measurable improvement in appropriate patient-reported outcome</p> <p>92% seen within 8 weeks</p> <p>Objective: To enable the population of Shetland to manage their impairment, look after their own health and wellbeing and live in good health for longer.</p>
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Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Dietetic Service							
<p>Develop and implement Scottish Government Child Healthy Weight Tier 3 programme</p>	<p>Develop programme to comply with Standards for the delivery of weight management services for children and young people</p>	<p>Children and young people obesity rates are reduced. Reduction in adult weight management referrals. Lessening of later obesity related health and social wellbeing conditions</p>	<p>Health Improvement</p> <p>Schools including school nurses</p> <p>ARI Children's Specialist Dietitian</p> <p>Other Dietetic services</p>	<p>Risks: Conflicting demands on Dietitians time</p> <p>Specialist skill set required for children</p> <p>Mitigation: Protected time for this project and service delivery</p>	<p>D1</p>	<p>Funding is provided via the Scottish Govt until March 2023.</p>	<p>December 2022 Review implementation of SCOTT programme, and programme development</p> <p>March 2022 Programme fully operational</p> <p>Ongoing review and reporting to the Scottish Govt</p>

				<p>Specific training to support dietitians working with children, young people and their families.</p> <p>Access to off island expert CHW dietitians</p>			
<p>Nutritional polices reflecting national guidelines are updated</p>	<p>Audit existing policies against national standards, rewrite to achieve compliance</p> <p>Seek both internal input and external peer review</p> <p>Implement, complimented by notifications and training updates</p> <p>Agree Review dates</p>	<p>Efficiencies gained through standardised practice</p> <p>Standardised information used as a teaching platform</p> <p>Improved confidence of staff to deliver nutritional support</p>	<p>External dietetic services</p> <p>Medical colleagues</p> <p>NHS catering colleagues</p> <p>School nurses</p>	<p>Risk: Conflicting demands on time, patient's v/s policy update</p> <p>Mitigation:</p> <p>Monthly review to guard against slippage</p>	D2	<p>Within existing budget</p>	<p>November 2022</p> <p>Enteral Feeding Guideline draft ready for external peer review</p> <p>Nutrition Policy analysis commences and time frames for rewrite identified</p> <p>June 2022</p> <p>Enteral Feeding Guidelines ready for release and education</p>

<p>To complete modernisation of Dietetic service</p> <p>Desired outcomes include:</p> <p>The right level of service at the right time in the right way</p> <p>Agile and flexible services</p> <p>Proactive and responsive to change opportunities at a local and national level</p> <p>Enabled and supported self-management approach for patients and carers</p> <p>Staff report feeling supported and valued</p>	<p>Continue to develop, test and implement:</p> <p>Triaging of referrals</p> <p>Use of Near Me in both individual and group consultations</p> <p>Telephone consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web-based materials</p> <p>Improved Outcome measures including a focus on patient experience</p> <p>Staff can work from home safely, securely and successfully.</p> <p>Access to electronic notes- NHS</p> <p>Environmental changes to workplace</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p>	<p>AHP colleagues</p> <p>Resource Nurses e.g. Diabetes</p> <p>IT</p> <p>External Dietetic NHS services</p> <p>Health Protection</p> <p>Medical centres</p> <p>Care Homes</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities, AHP team linkages</p>	<p>D3</p>	<p>Within existing budget</p>	<p>Documented in NHS Dietetic Service Recovery Plan</p> <p>Planned review and service improvements as part of continuous quality improvement plan</p>
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	<p>Ongoing focus on staff communications and wellbeing, both organisational and service specific to individuals</p> <p>Relationships with other dietetic departments established – peer review, supervision, joint project work</p> <p>Development of updated training plan reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID-19 presents</p>						
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Occupational Therapy							
The population of Shetland are supported to manage their mental health and wellbeing through access to an integrated occupational therapy mental health service	Continue to work with HSCP to assess need for mental health OT input	Potential savings through early interventions, lessening the risk of escalating mental health issues	Community Mental Health Service HSCP management GPs Third sector	Risks: Recruitment of experienced OT, skilled at service development and delivery Mitigation: Creative recruitment strategy Engagement with frontline staff to develop role	OT1	Cost and source of funding to be developed through business case	Ongoing development
Continued equitable and transparent access to funded housing adaptations and personal care equipment	Explore options to manage increasing demands and costs for housing adaptations, and equipment, including continuation of contract with Hjaltland Housing Association to deliver One Stop Shop	Patient's disability related needs met, enabling them to remain at home Carers are supported and able to maintain their well being	SIC Housing SIC Legal Hjaltland Housing association Equipment Providers Service users	Risk: Adverse publicity for SIC/IJB Mitigations: Service users consulted and involved Coordinated education and information publicity campaign	OT2	Within existing resources Potential savings to be quantified through options appraisal	September 2022 Dependent on research into possibilities, paper ready for IJB with recommendations

<p>Complete modernisation of OT service</p> <p>Desired outcomes include:</p> <p>The right level of service at the right time in the right way</p> <p>Proactive and responsive to change opportunities at a local and national level</p> <p>Agile and flexible services</p> <p>Enabled and supported self-management approach for patients and carers</p> <p>Staff report feeling supported and valued</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Electronic self-assessment</p> <p>Use of Near Me in both individual and group consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web-based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources.</p> <p>Access to electronic notes- NHS</p> <p>Ongoing focus on staff wellbeing</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on OT caseload, support both patients and staff</p>	<p>AHP colleagues</p> <p>IT</p> <p>Medical centres</p> <p>Social Care staff</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities</p>	<p>OT3</p>	<p>Within existing budget</p>	<p>Documented in NHS and Community OT Service Recovery Plans. Planned reviews</p>
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	<p>Identification of changed training needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified and developed</p>						
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Orthotics

<p>People have access to high quality foot splints and inserts, and hand splints using the precision, accuracy and speed provided by the 3D scanner</p>	<p>Continue to share 3D expertise with associated professional groups including podiatry and OT</p>	<p>Improved patient experience.</p> <p>Time saving, quicker than traditional plaster casting and manual design and fitting</p> <p>Improved work environment for staff</p>	<p>Podiatry OT</p>	<p>Risks: Breakdown of scanner</p> <p>Mitigation: Service contract included in purchase agreement Revert to plaster casting</p>	<p>O1</p>	<p>No further cost anticipated</p>	<p>March 2022</p>
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<p>Complete modernisation of Orthotic service</p> <p>Desired outcomes include:</p> <p>The right level of service at the right time in the right way</p> <p>Proactive and responsive to change opportunities at a local and national level</p> <p>Agile and flexible services</p> <p>Enabled and supported self-management approach for patients and carers</p> <p>Staff report feeling supported and valued</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Use of Near Me in both individual and group consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ongoing focus on staff wellbeing</p> <p>Telehealth opportunities are identified</p> <p>Business Continuity Plan upgraded to reflect current environment and potential risk winter and a second spike of COVID 19 presents</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on Orthotic caseload</p>	<p>IT</p> <p>GBH team</p> <p>Medical centres</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities</p>	<p>O2</p>	<p>Within existing budget</p>	<p>Documented in NHS Orthotics Recovery Plans</p> <p>Ongoing review and service improvements</p>
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Physiotherapy							
The mix of staff skill and expertise ensure a professional and responsive physiotherapy service for the people of Shetland	Commence succession planning Evaluate workforce requirements, including training, taking into account new ways of working	Risk to gaps in service delivery is minimised Expertise is placed in the area of need and potential for improvement	GBH medical staff Community services Medical centres Patients and families	Risk: Ongoing supply of suitable workforce Mitigation: Identify potential successors Review current service Continue to promote Shetland as a positive and rewarding place to live and work	PT1	Within existing budget Possible savings	Ongoing
Service delivery for MSK, paediatric and long-term conditions meets local and national standards	Continue service improvement work as already identified within respective teams. Examples include: Primary Care Physiotherapist in post at Lerwick Health Centre. Evaluate effectiveness of role and impact on secondary care service before making decision re	Improvements made to service delivery, improving patient experience and outcomes	GBH teams SIC community services Medical centres Patients and families	Risk: Change fatigue Mitigation: Use change management strategies Communication	PT2	Within existing budget	March 2022 Develop priorities for action, establish teams, commence planning

	<p>replacement for vacancy</p> <p>MSK OP service redesigned in line with COVID recovery plan and NHS/HPS guidelines. Ongoing review. Patient feedback scheduled for early 2021</p>						
<p>Complete modernisation of physiotherapy service</p> <p>Desired outcomes include:</p> <p>The right level of service at the right time in the right way</p> <p>Proactive and responsive to change opportunities at a local and national level</p> <p>Agile and flexible services</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Use of Near Me in both individual and group consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely,</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on physio caseload</p>	<p>GBH team</p> <p>Medical centres</p> <p>Community services</p> <p>IT</p> <p>Patients and families</p> <p>Third sector</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communications, shared responsibilities</p>	PT3	Within existing budget	<p>Documented in NHS Physiotherapy Recovery Plan</p> <p>Underway</p> <p>Ongoing review and service improvements</p>

<p>Enabled and supported self-management approach for patients and carers</p> <p>Staff report feeling supported and valued</p>	<p>securely and successfully from home, including IT resources. Access to electronic notes- NHS</p> <p>Ongoing focus on staff wellbeing</p> <p>Identification of changed training needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p>						
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Podiatry

<p>Complete modernisation of Podiatry service</p> <p>Desired outcomes include:</p> <p>The right level of service at the right time in the right way</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Electronic referrals including photos</p> <p>Use of Near Me in both individual and group consultations</p> <p>Telephone consultations</p> <p>Electronic assessments</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p> <p>Reduction of waiting list, and length of time on podiatrist's caseload</p>	<p>GBH teams</p> <p>Medical centres</p> <p>Community services</p> <p>IT</p> <p>Patients and families</p> <p>Third sector</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p> <p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication,</p>	<p>P1</p>	<p>Within existing budget</p>	<p>Underway</p> <p>Ongoing review and service improvements</p>
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<p>Proactive and responsive to change opportunities at a local and national level</p> <p>Agile and flexible services</p> <p>Enabled and supportive self-management approach for patients and carers</p> <p>Staff report feeling supported and valued</p>	<p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Extension of TrakCare resources and data analysis</p> <p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources. Access to electronic notes- NHS</p> <p>Ongoing focus on staff wellbeing</p> <p>Opportunities for telemedicine</p> <p>Identification of changed training needs reflective of changed workplace environment</p>			<p>shared responsibilities</p>			
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	Telehealth opportunities are identified						
Speech and Language Therapy							
Further extension of SLT services for those who require specialised services	<p>Contribute to development of Neurodevelopmental pathway for diagnosis and support in Shetland</p> <p>Implement actions relating to Augmentative and Alternative Communication (AAC)</p> <p>Contribute to Emerging Literacy programme</p> <p>Work with Adult Services on Autism Diagnosis pathways</p>	Early diagnosis and interventions offer improved outcomes regarding speech, language and communication abilities.	<p>Schools</p> <p>Day services</p> <p>GBH health professionals</p> <p>Specialist AAC SLTs at the Scottish Centre of Technology for the Communication Impaired (SCTCI)</p> <p>Health Visiting, Bruce Family Centre</p>	<p>Risk: Potential change and increase in workload, insufficient staff resources.</p> <p>Expansion of waiting list</p> <p>Mitigation:</p> <p>Promotion of self-management where appropriate</p> <p>Consultation with key stakeholders</p> <p>Refer to national guidelines for prioritisation of access</p>	SLT 1	Within existing budget	<p>Sept 2022</p> <p>Action plans to facilitate extension of services to be reviewed against current work including the opening of schools</p>
<p>Complete modernisation of SLT service</p> <p>Desired outcomes include:</p>	<p>Continue to develop, test and implement:</p> <p>Triaging</p> <p>Electronic referrals</p>	<p>Improved patient reported experiences</p> <p>Increased self-management by patients</p>	<p>GBH teams</p> <p>Medical centres</p> <p>Community services</p> <p>IT</p>	<p>Risks:</p> <p>Change fatigue</p> <p>Conflicting demands</p> <p>Changing landscape</p>	SLT 2	Within existing budget	<p>Underway</p> <p>Ongoing review and service improvements</p>

<p>The right level of service at the right time in the right way</p> <p>Proactive and responsive to change opportunities at a local and national level</p> <p>Agile and flexible services</p> <p>Enabled and supported self-management approach for patients and carers</p> <p>Staff report feeling supported and valued</p>	<p>Use of Near Me in both individual and group consultations</p> <p>Telephone consultations</p> <p>Electronic assessments</p> <p>Refreshed service delivery processes</p> <p>Use of Microsoft Teams</p> <p>Extension of TracCare resources and data analysis</p> <p>Improved patient resources and public information including web based materials</p> <p>Improved Outcome measures including patient experience</p> <p>Ability of team to work safely, securely and successfully from home, including IT resources. Access to electronic notes- NHS</p> <p>Ongoing focus on staff wellbeing</p> <p>Opportunities for telemedicine</p>	<p>Reduction of waiting list, and length of time on therapist's caseload</p>	<p>Patients and families</p> <p>Third sector</p>	<p>Mitigation:</p> <p>Engagement of team, agreed work plan, weekly communication, shared responsibilities</p>			
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	<p>Identification of changed training needs reflective of changed workplace environment</p> <p>Telehealth opportunities are identified</p>						
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Electronic Notes & Files, All AHP Services

<p>Access to electronic notes and files for all patient activity is granted and activated</p>	<p>Continue to advocate for electronic files and notes</p>	<p>Rapid access to desktop patient files, access to and sharing current digital information across the HSCP ideally</p> <p>Opportunity for standardisation of record keeping across services</p> <p>Opportunity for auditing</p> <p>Improved adherence to HCPC patient documentation guidance</p> <p>Reduction in paper files, letters and reports</p> <p>Reduction in storage cabinets and space.</p>	<p>Information Governance</p>	<p>Risks:</p> <p>AHP need seen as low priority</p> <p>Existing paper files do not meet HCPC requirements</p> <p>Resource to scan paper files</p> <p>Mitigation:</p> <p>Continue to advocate for electronic systems</p> <p>Audit paper notes and facilitate improvements</p>	<p>AHP 1</p>	<p>Within existing resources</p>	<p>September 2022</p>
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Accountability and Governance

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