

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

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

<p>Direction: Allied Health Professions (AHPs)</p>	<p>Direction to: Shetland Islands Council (SIC) NHS Shetland (NHSS)</p>	<p>Overall Budget allocated by IJB for Direction: £4,328,108</p> <p>AHP Budget allocation is</p> <ul style="list-style-type: none"> • £2,237,191 (NHSS) • £2,090,917 (SIC)
<p>Reference Number: 1.3</p>	<p>Relevant Function(s):</p> <ul style="list-style-type: none"> • Dietetics and Nutrition • Occupational Therapy (OT) • Orthotics • Physiotherapy • Podiatry • Speech and Language Therapy Services 	<p>Review Date: March 2027</p>
<p>IJB Report(s) Reference Number: CC-10-26</p>		
<p>Date Direction issued/authorised by IJB: 18 March 2026</p>	<p>Date Direction takes effect: 1 April 2026</p>	<p>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes Direction 1.3 (IJB Report Ref. CC-30-25-F)</p>

Purpose of Direction

To deliver Allied Health Professions (AHP) services to the population of Shetland across the life course, service areas being:

- Dietetics and Nutrition
- Occupational Therapy (OT)
- Orthotics
- Physiotherapy
- Podiatry
- Speech and Language Therapy Services

Accountability and Governance

Reporting to IJB; Monthly budget monitoring processes and quarterly budget reporting to IJB and Council; Reporting to Scottish Government, Child Health Weight, Diabetes Prevention and Adult Healthy Weight, MSK 4 Week Wait data.

Overarching Directions to Function(s)

- Provide a Dietetic and Nutrition service
- Provide an Occupational Therapy service
- Provide an Orthotics Service
- Provide a Physiotherapy service
- Provide a Podiatry service
- Provide a Speech and Language Therapy service

Relevant Links:

- [OT Service Plan](#)
- [Joint Strategic Plan](#)

Directions	Outcomes and key actions	Performance Monitoring and Indicators	Challenges & Opportunities – inc. Risks and Finance
<p>To provide modern, fit-for-purpose, sustainable services that align to relevant local and national strategy, aims, standards and guidance to achieve National Health and Wellbeing Outcomes.</p> <p>To balance service delivery across Allied Health Professional teams incorporating both the need for services to be delivered in a generalist specialist model and promoting the positive outcomes and impacts possible through utilising advanced and specialist roles.</p>	<p>Sustainable, high-quality person-centred care</p> <ul style="list-style-type: none"> • Provide the right level of service, at the right time, in the right way 	<ul style="list-style-type: none"> • To demonstrate improved health and wellbeing outcomes throughout individuals' life span following AHP intervention. • To achieve significant, measurable improvement in appropriate patient reported outcome • Sustainable waiting times for access to services • Record Keeping Audit compliance 	<p><u>Risks</u></p> <p>Available finance to maximise benefits of AHP services</p> <p>Resources available</p> <p>Recruitment of Workforce</p> <p>System/professional acceptance and capacity for change</p> <p>Community acceptance of change</p> <p>Services that are delivered by single handed practitioners or small staff numbers.</p> <p><u>Challenges</u></p> <p>Robust data collection for analysis and service planning within some service areas.</p> <p>No AHP mental health workforce funding to deliver</p>
	<p>Maximising Effective Leadership</p> <ul style="list-style-type: none"> • Are agile, flexible and embrace changes opportunities through promoting leadership at all levels. 	<ul style="list-style-type: none"> • Engagement in appraisal and PDP. • Demonstrate use of effective supervision. • Evidence of AHP leadership development. 	

	<ul style="list-style-type: none"> Support staff to feel valued in their roles. 	iMatter survey	<p>and support Mental Health Services and Rehabilitation.</p> <p>Limited Primary Care Workforce – no allocated funding to embed a wider AHP team within primary care to contribute to a primary care MDT approach.</p>
	<p>Continual Learning and Improvement</p> <ul style="list-style-type: none"> Actively seek, encourage and respond to feedback to improve services. 	<ul style="list-style-type: none"> Achieve a high level of service user satisfaction via appropriate feedback mechanisms. Achieve a high level of satisfaction from key stakeholders via appropriate feedback mechanisms 	<p>Balance the need to respond to current workload against the benefits of early intervention and proactive care.</p> <p><u>Opportunities</u></p>
	<p>Enabling Outcomes</p> <ul style="list-style-type: none"> Enable and support a self-management approach for patients and carers in line with the 6 principles of good rehabilitation. 	<ul style="list-style-type: none"> Progress against Rehabilitation self-assessment tool. (newly developed) 	<p>Professional Heads of Service work with AHP Practice Education Lead to maximise local impact of NES Priorities to develop and support AHP workforce</p>
	<p>Connected Workforce</p> <ul style="list-style-type: none"> Build a network with other services locally, regionally and nationally to support development and best practice. 	<ul style="list-style-type: none"> Deliver tri-island and North of Scotland Practise Education work-streams. Support structures for staff at clinical and leadership levels. Demonstrate AHP contribution to workforce and service 	<p>Continue to embed conversations that consider creative asset-based solutions</p> <p>Recognise the strength of Uni-Professional roles alongside the potential to collaborate and maximise achievement of outcomes through working together.</p>

		planning to explore best outcomes and maximise funding opportunities	Collaborate with services to maximise the AHP offer through workforce and service planning, innovation, along with pursuing external funding opportunities. Present evidence based and data driven information to enable informed decision making about the direction of AHP service delivery into the future.
	<p>Learning and Development Culture</p> <ul style="list-style-type: none"> AHPs will deliver high quality practice based learning opportunities and promote pro-active workforce solutions 	<ul style="list-style-type: none"> Positive Student Experience feedback Engagement with Young People to promote career opportunities Delivery of student placement weeks across professions 	
	<p>Trauma Informed</p> <ul style="list-style-type: none"> AHPs deliver services and support staff in line with the National Trauma Transformation Program 	<ul style="list-style-type: none"> Number of AHP Leaders completing STILT Number of attendance/completion of Trauma Training Evidence of Trauma informed reviews of – “did not attend”, administration, supervision 	
	<p>Frailty</p> <ul style="list-style-type: none"> AHPs are at the heart of delivering services to improve outcomes in relation to frailty 	<ul style="list-style-type: none"> Demonstrate an active role in planning and maximising how we deliver services to support individuals 	

		<p>and a whole system approach.</p> <ul style="list-style-type: none"> • Specific measures will be defined as work progresses. 	
<p>To provide a Dietetic Service including assessment, diagnosis and treatment of diet and nutrition problems. This includes the following service areas:</p> <ul style="list-style-type: none"> • Acute hospital based service • Community (including Residential Care) • Outpatients • Paediatrics • Mental health and eating disorders <p>Budget allocation is £238,939 (NHSS)</p> <p>Weight management services are part funded through Scottish Government Child Healthy Weight and Diabetes Prevention funding allocations.</p>	<p>To provide a comprehensive nutrition and dietetic service including advice on therapeutic diets, nutritional assessment and healthy eating. Work in partnership with patients to maximise their nutritional care.</p> <ul style="list-style-type: none"> • Embed Child Healthy Weight Tier 3 programme. • Continue to work closely with health improvement to deliver healthy weight services via single point of referral. • Deliver group weight management service • Allergy pathway review 	<ul style="list-style-type: none"> • 100% of acute patients to be assessed within 48 hours • 100% of urgent enteral tube feeding issues or parenteral nutrition requests to be assessed within 24 hours. • 90% of gestational diabetes patients to be seen within 14 days • Demonstrated improvement via the Diabetes Prevention, Adult Healthy Weight and Child Healthy Weight Standards Analysis dashboard. • Weight management service waiting times – patients to be seen in 18 weeks 	<p><u>Challenges</u></p> <p>Fragility of small teams Acute/Urgent need versus Preventative Work</p> <p><u>Risks</u></p> <p>Capacity to deliver weight management services Psychology input to weight management services Tier 4 pathway capacity Capacity to deliver GLP1 element of pathway</p> <p><u>Opportunities</u></p> <p>Continue with workforce development and flexible approaches</p>
<p>To provide an Occupational Therapy Service including assessment, interventions and review of problems</p>	<p>To facilitate a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve</p>	<ul style="list-style-type: none"> • 100% of people who have critical need are responded to within 14 days 	<p><u>Risk</u></p>

<p>compromising physical and mental health wellbeing and independence.</p> <p>This includes the following service areas:</p> <p>Acute Inpatient Service</p> <p>Paediatric OT Service</p> <p>Intermediate Care Team OT</p> <p>Community OT Service</p> <p>Telecare Service</p> <p>Community Equipment Service</p> <p>Budget allocation is £339,958 (NHSS) and £2,090,917 (SIC)</p>	<p>their maximum level of independence and ability</p> <ul style="list-style-type: none"> • Continue to work with Hjalmland Housing Assoc. to deliver One Stop Shop service. • Deliver an aids and adaptations service in line with national guidance <p>Deliver a safe and responsive community equipment service</p> <ul style="list-style-type: none"> • Deliver Wheelchair Service in collaboration with MARS • Complete Telecare Digital Transition Project. <p>Deliver acute assessment and rehab service</p> <p>Deliver a children and young peoples service</p>	<ul style="list-style-type: none"> • 100% of community referrals have their initial assessment within 12 weeks • One Stop Shop monitoring data and outcomes (6 monthly) • High levels of recycle rates and associated cost savings. • Wheelchair service indicators (part of regional reporting.) • Scottish Hip Fracture Audit – Assessed within 3 days of admission • Stroke Patients are seen on day 0 • Children and young people are seen within 2 weeks for urgent need and 12 weeks for routine 	<p>At risk of delivering safe Community Store service</p> <p>Staff burnout</p> <p>Capacity to deliver change</p> <p>Increasing cost of specialist equipment/aids and adaptations.</p> <p>Staffing vacancies, absences and recruitment challenges which impact responsiveness of services</p> <p><u>Challenges</u></p> <p>Available space and staffing resource to operate and maintain a safe effective community equipment store.</p> <p>Ongoing funding requirements as the Telecare Digital Transition Project project evolves.</p> <p>Particular challenges with children and young people's services and extended waitlists</p>
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<p>To provide an Orthotic Service including assessment and treatment to remedy or relieve a medical condition or disability,</p>	<p>To empower better health, prevent impairment, reduce functional limitations and minimise disability.</p>	<ul style="list-style-type: none"> • 90% treated within 4 weeks national MSK target. 	<p><u>Risk</u></p> <p>Ability to respond to acute need for Orthotics demand</p>

<p>or to prevent or lessen the development of a condition or disability.</p> <p>This includes the following service areas: MSK Neurology Children and young people's services</p> <p>Budget allocation is £112,521 (NHSS)</p>	<ul style="list-style-type: none"> • Deliver a 6 weekly clinical service delivering outpatient assessment and treatment service • Deliver a repair and re-order service to enable continuity in between clinical visits. • Support MDT colleagues to be able to fit suitable devices at the point of need to create a more sustainable approach to Orthopaedic care. 		<p>within the current service model.</p> <p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Engage with small health boards to to increase professional and quality oversight. • Engage with other professional groups to have an enabled workforce to appropriately use simple devices at the point of need.
<p>Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability, regardless of cause.</p> <p>This includes the following service areas Musculoskeletal, Orthopaedics, Children and Young People's services, Learning Disabilities, Neurological and Medical conditions. Acute hospital service Long Term Conditions PHIO digital MSK App</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> <ul style="list-style-type: none"> • LTC team review of front door response, admission prevention and 7 day service options • Assessment at the earliest point – FCP/ MSK pathways 	<ul style="list-style-type: none"> • MSK National Target 90% of patients seen within 4 weeks • Non MSK- 100% of patients seems within 12 weeks • Hip fracture patients assessed on day 0 and mobilised from day 1 • All urgent Outpatients assessed within 10 days inclusive of MSK, LTC and CYP pathways 	<p><u>Risks</u></p> <p>No additional funding for rehabilitation of major trauma patients in Shetland on the Major Trauma pathway has been delivered by Scottish Government leading to gaps in service</p> <p><u>Challenges</u></p> <p>Physiotherapy is not specifically funded within some services so are currently only able to deliver input in response to individual requests/referrals eg</p>

<p>Budget allocation is £1,125,250 (NHSS)</p>	<ul style="list-style-type: none"> • Self-management guidelines, NHS online resources, CSP online • People are able to self-refer to Physiotherapy services. 		<ul style="list-style-type: none"> • Cardiac Rehabilitation • Pulmonary Rehab • No specific Physiotherapy service for oncology patients • No specific Physiotherapy service for Mental Health patients <p>Delivery in some areas of service are challenging:</p> <ul style="list-style-type: none"> • Elements of Children and young people's service e.g. Cerebral Palsy Integrated pathway Scotland. (Not currently undertaken due to recruitment issues) • No integrated chronic pain pathway of which Physiotherapy would be integral • Limited pelvic Physiotherapy services including males <p><u>Opportunities:</u></p> <p>Involvement in research trials to pilot Long Term Condition management.</p>
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<p>To provide a Podiatry Service consisting of triage, diagnosis, treatment and review for patients with both chronic and acute conditions of the foot and lower limb. To prevent and correct deformity, keep people mobile and active, relieve pain, prevent loss of limb and treat infections.</p> <p>This includes the following service areas</p> <p>specialist MSK interventions,</p> <p>Tissue viability expertise,</p> <p>Lower limb protection,</p> <p>High risk foot clinics,</p> <p>Surgical procedures,</p> <p>General Podiatry clinics,</p> <p>F&A Ortho service.</p> <p>Budget allocation is £234,621 (NHSS)</p>	<p>To provide evidence based, cost effective podiatric interventions to the population of Shetland.</p> <ul style="list-style-type: none"> • To enable and empower the population of Shetland (who are able) to look after and improve their own foot and general health, wellbeing and to lead active healthy lives. • Provide relevant podiatric treatment to those unable to do so themselves. • Service leads the way in developing and providing agreed multi-disciplinary clinical care pathways eg Charcot's, diabetic foot ulceration. • Podiatry referral documentation enables robust, speedy and comprehensive triage to indicate high risk and or urgent referral. 	<ul style="list-style-type: none"> • New outpatient 12 week referral to first contact • MSK 90% 4 week referral to first contact. • High Risk patients to be seen within 1 week • Urgent patients to be seen within 2 weeks 	<p><u>Risks</u></p> <p>2.0 WTE B6 specialist post vacant. With local and national challenges to recruit to these posts.</p> <p>Information system challenges</p> <p><u>Opportunities</u></p> <p>Progressive, forward-looking team able to enhance and continually develop service.</p> <p>Fully utilise all skills Podiatrists have, not only to take Podiatry forward but to reduce pressures on other services eg Vascular, MSK, Orthopaedics.</p> <p>Future opportunities for apprenticeship models (PREPARE) currently being piloted across Scotland.</p> <p><u>Challenges</u></p> <p>Changing attitudes and culture to allow Podiatrists to fulfil potential.</p> <p>Resources and funding</p> <p>Robust data collection and collation</p>
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			<p>Low numbers of Podiatry graduates nationally.</p> <p>Staff vacancies currently impacting on ability to safely, efficiently and effectively deliver all services.</p>
<p>To provide a Speech and Language Therapy Service to assess, treat, support and care for people with communication, eating, drinking or swallowing difficulties.</p> <p>Includes services for the following areas:</p> <ul style="list-style-type: none"> • Children’s Speech delay and disorder • Children’s Language delay and developmental language disorder • Children’s Autism • Leading the children’s Autism Diagnostic Pathway • Management of the Adult autism diagnostic service (diagnostician paid through adult services) • Children’s eating and drinking • Adult dysphagia and communication (inpatient and community) • Alternative and Augmentative Communication Service • Adults with Learning Disability • Adult and Children’s Voice 	<p>To enable the population of Shetland to manage and improve their communication and/or swallowing difficulties, look after their own health and wellbeing and live in good health for longer.</p>	<ul style="list-style-type: none"> • All patients seen for initial assessment within 12 weeks • Dysphagia patient seen within 2 working days for inpatient referrals and 2 weeks for community referral 	<p><u>Risk</u></p> <p>Unable to maintain both Autism Pathway delivery and core service delivery.</p> <p>Staff burnout</p> <p>Service stretched too thinly to provide an adequate service to all that need it</p> <p><u>Opportunities</u></p> <p>Committed staff team with ideas and drive to improve service</p> <p>Good relationships with partner organisations</p> <p>Adult Lead role newly in place to improve SLT Leadership across all ages</p> <p><u>Challenges</u></p> <p>Continued increase in demand for service without matched funding.</p>

<ul style="list-style-type: none">• Adult and Children's Fluency <p>Budget allocation is £185,902 (NHSS)</p>			<p>Current service delivery model not sustainable</p> <p>significantly lower staff establishment compared to other similar areas</p> <p>Lack of IT system i.e Morse that allows community-based record keeping.</p> <p>Unable to respond to requests for SLT adult service due to demand on resources</p>
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