

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

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT2014

Direction: Health Improvement	Direction to: NHS Shetland	Overall Budget allocated by IJB for Direction: £328,761
Reference Number: 1.7	Relevant Function(s): Health Improvement	Review Date: March 2024
IJB Report(s) Reference Number: CC-23-23		
Date Direction issued/authorised by IJB: 18 May 2023	Date Direction takes effect: 1 April 2023	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes Direction 2.7 (IJB Report Ref. CC-07-22-F)
Purpose of Direction		
<p>Three of the IJB’s strategic priorities for 2022-25 are:</p> <ul style="list-style-type: none"> • To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes. • To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups. • To shift the balance of care towards people being supported within and by their communities <p>To achieve these changes a shift in ways of working and approach towards service delivery and planning which focuses on prevention, early intervention and person-centred care is required across all services in our organisation. Tackling inequalities in health is core to meaningfully improving health and supporting communities most vulnerable to poor health outcomes. Efforts across our system to improve health must focus on the right to the highest attainable standard of physical and mental health for everyone.</p>		

Achieving this shift requires leadership, capacity and a continued commitment to prioritising preventative and early intervention approaches. As a system, we must also recognise that health behaviours are significantly influenced by societal and economic factors; change doesn't happen simply by knowing better or by being encouraged or instructed; hence a focus on creating health promoting environments and services which nurture wellbeing and facilitate health behaviour change is paramount.

This Direction refers to the Health Improvement Team who are one small part of the system that must realise this change. As well as delivering health improvement activity the Health Improvement team also have a role to support change across our system, however this must be complemented by appropriate conditions for change in service planning and delivery for other areas.

The Public Health and Health Improvement team provide an essential role in supporting and facilitating long term change in services and staff approaches and attitudes, aspects of this role are shared below. The vision of the Health Improvement team is that:

Shetland is home to healthy, resilient, empowered and inclusive communities. We want to see the health and wellbeing of individuals and families improve for future generations, particularly for those experiencing unfair differences in life expectancy and health outcomes.

Our values describe how we approach our work and the principles that inform our priorities. Through our values-based approach we seek to be impactful, inclusive, community led, leaders, kind, continuously improving, collaborative and empowering.

- **Consultation and advice in the development of strategies, policies and planning** – putting prevention, inequalities and health in all policies, and on all agendas through leading, or active involvement in local strategic and operational partnership groups, e.g., Integrated Children Services Partnership, Active Shetland Strategic Group and subgroups, Community Learning and Development Partnership and the Good Mental Health for All Steering Group.
- **Capacity building of others** – to ensure health improvement and prevention is “on the agenda” below strategic level; this includes training, tests of change and collaborating with others.
- **Delivery of Evidence Based Health Improvement Interventions** and programmes, including (but not limited to) 1:1 interventions for smoking cessation, brief interventions and group-based programmes such as Healthy Shetland, Quit Your Way and Falls Prevention.
- **Provision of information and resources, and local coordination of national campaigns** - provision of and signposting to health improvement resources and information, improving local engagement with national health improvement campaigns through social media and public facing webpages.
- **Representation of Shetland at national level** through active involvement in national forums and groups e.g., National Child and Adult Healthy Weight Leads group, National Child Poverty Group.
- **Health Improving Service development and Systems Improvement** – work on shorter term projects (typically 3-5 years) evaluating and facilitating change by developing the practical aspects of systems work, e.g. Type 2 Diabetes Prevention, Health Literacy, Learning Disabilities/Autism Cancer Screening Project – these are often funded through external short-term funding, IJB reserves, Scottish Government, which inevitably draws on resources and is an inefficient use of time devoted to recruitment processes.

Accountability and Governance	
<p>Accountability and governance for the Health Improvement team primarily sits within the Public Health Department and Clinical Governance for NHS Shetland. However, due to the breadth of funding sources for Health Improvement there are several other routes of accountability. For example, this includes but is not limited to, Scottish Government, Shetland Alcohol and Drug Partnership, Shetland Primary Care Improvement Fund and the Shetland IJB.</p>	
Overarching Directions to Function(s)	
Summary of directions:	Performance / Objective(s):
<p>Supporting system change towards prevention and early intervention via activities and change listed below will result in longer term changes in the health of Shetland's population. Some key indicators are captured here. These indicators are examples of those that can be relevant to health improvement and tackling health inequalities however they reflect long term change and influences on these are complex and numerous. They are monitored and reported nationally, and changes will be analysed and discussed during reporting against the Joint Strategic Commissioning Plan. In addition, a significant amount of work has been carried out over recent years to develop local data and indicators. The population health survey is an example of this and provides an opportunity to benchmark local change.</p>	<ul style="list-style-type: none"> • Increase Healthy Life Expectancy • Reduction in incidence of smoking related disease and deaths • Reduction in numbers of people drinking at harmful and hazardous levels in Shetland • Reduction in alcohol related disease, alcohol related admissions to hospital, and alcohol related deaths. • Reduction in numbers of adults who are overweight or obese, which will in turn contribute to reductions in Type II Diabetes, Cardiovascular Disease and some cancers. • Reduction in proportion of children with their Body Mass Index outwith a healthy range (≥ 85th centile) (to 15% of Primary 1 children) • Increase in positive mental health and reduction in numbers reporting poor mental health.
Poverty and inclusion	
<p>SERVICE DELIVERY - Falls Prevention: Collaboration with colleagues across Shetland to build capacity for falls prevention and deliver the OTAGO service in partnership with Shetland Recreational Trust. The aim is to prevent falls and fractures for older adults and thereby reduce hospital admissions and care.</p>	<p>Objective – To contribute to increasing Quality of Life for older adults by supporting independent living through improved strength and balance. This will in turn reduce costs to health and care services through decreased care requirements, reduced falls, hip fractures and hospital admissions.</p> <p>Target – To provide a sustainable service which provides equity of access for older adults across Shetland.</p>

	<p>Risks – No mainstreamed funding for NHS Shetland to host Falls Prevention Coordinator role; fragile capacity to deliver accredited OTAGO training; sustained leadership capacity to support a collaborative approach through the Falls and Frailty Managed Clinical Network. To note, IJB funding in 2022 has helped secure training for building capacity for OTAGO delivery within Shetland Recreational Trust, carried out in Feb 2023.</p>
<p>SYSTEM CHANGE - Money Worries: Collaboration with partners across SIC, Citizen’s Advice Bureau (CAB) and NHS to deliver a partnership approach for building capacity of professionals to support service users and the public to tackle the impact of poverty on health and wellbeing.</p>	<p>Objective - To raise awareness of the relationship between health and poverty, to support professionals to have good conversations about money, and to build capacity for referring and signposting to local services which can help to maximise income for the general public.</p> <p>Target – To continue to deliver Money Worries sessions in response to demand in relation to the Cost of Living (CoL) crisis; to support development of local campaign activity and dissemination of relevant materials and resources and to work in partnership with CAB to facilitate collaborative working with NHS Shetland.</p> <p>Risks – Limited capacity to support strategic planning and decision making, particularly in relation to immediate need and response to the Cost of Living (CoL) crisis. Capacity changes in partnership agencies leading to plans for recorded session delivery to be tested.</p>

<p>SYSTEM CHANGE - Sexual Health: Working collaboratively with partners to plan and design sexual health services for young people and adults.</p>	<p>Objective – To contribute to the Blood Borne Viruses (BBV) and Sexual Health Steering group for Shetland providing health improvement advice and expertise, supporting local communication through sourcing appropriate information materials and campaigns and providing support for tackling health inequalities in the provision of services.</p> <p>Target – To inform group activities with evidence to support a population health and preventative approach.</p> <p>Risks – Limited health improvement capacity to lead health improvement activities.</p>
<p>SYSTEM CHANGE - Community Wealth Building: Working with partners to contribute to community wealth building through the delivery of local anchor institutions, local procurement pathways and supporting fair work/workplace wellbeing.</p>	<p>Objective – To facilitate a public health contribution to local community wealth building activities in collaboration with partners across health and social care and community planning partnerships. This will include a focus on workplace health and wellbeing through the delivery of a refreshed health and work programme in partnership with Public Health Scotland.</p> <p>Target – To continue to support the Community Benefit Gateway, to have a clearly defined contribution to community wealth building activities with partners and to align the delivery of workplace activities with local priorities on anchor institutions.</p> <p>Risks – Limited health improvement capacity to lead health improvement activities.</p>

Mental Health and Wellbeing	
<p>SERVICE DELIVERY - Stress Control: Contributing to delivery of community-based stress control education sessions.</p>	<p>Objectives – To contribute to the delivery of the local Stress Control programme by facilitating sessions/courses with trained facilitators and providing advice and support for establishing this new community-based approach to improving mental health and wellbeing.</p> <p>Target - To contribute to the delivery of two Stress Control courses in partnership with colleagues in Community Mental Health Team (CMHT). To support the planning and design of delivery locally by sharing learning and expertise for community-based delivery of health improvement activities.</p> <p>Risk – Project lead/management capacity for this programme still to be identified (led by CMHT).</p>
<p>SYSTEM CHANGE - Good Mental Health for All (GMHFA): Leading a short-term project to develop a multi-agency Mental Health and Wellbeing Strategy to improve mental health and wellbeing and to tackle inequalities in local communities.</p>	<p>Objectives - A local public mental health and wellbeing strategy with clear achievable outcomes that balance promotion, prevention and treatment & care, focusing on early intervention, prevention and equalities work.</p> <p>Target – Community engagement approach complete, dashboard to enable evidence-informed decision making and leadership and priorities for future activity agreed by GMHFA Steering Group by Sept 2023.</p> <p>Risk – capacity of multi-agency partners to commit to development and planning; long term resource to support delivery and implementation beyond Sept 2023 remains to be secured; leadership capacity to drive implementation; no local lead for suicide prevention – responsibility for this sits with local authority.</p>

<p>SYSTEM CHANGE - Self Harm Awareness Raising training</p>	<p>Objectives – To support the development and delivery of Self-Harm Awareness training with partners in child protection and education in line with national resources and local mental health delivery plans.</p> <p>Target – To have staff undertaking Self-Harm Awareness training via TURAS appropriate to their needs. Have an identified lead in Education to bring in line with NICE guidance. Promote launch of protocol when released by Child Protection lead.</p> <p>Risk – Capacity in Education to facilitate named lead, lack of engagement by management to support staff to undertake online training and follow up with service lead actions.</p>
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Healthy lifestyle and behaviour change

<p>SYSTEM CHANGE - Increasing capacity to raise the issue and signpost to relevant services</p>	<p>Objective – To build capacity and confidence of colleagues within the wider health and social care system to have good conversations with people about health and wellbeing, to lead conversations informed by behaviour change theory and to signpost to relevant health improving services.</p> <p>Target – To facilitate the delivery of training such as:</p> <ul style="list-style-type: none"> • Raising the Issue for Quit Your Way • Motivational Interviewing • MAP (Motivation, Action, Prompts) behaviour change for health • Raise, Engage, Refer for HENRY (Health, Exercise and Nutrition for the Really Young) parenting programme with colleagues who will engage with individuals and families as part of their core roles.
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	<p>Risk – capacity for staff to take on new tools in their approaches to working with service users; staff turnover leading to a loss in developed capacity.</p>
<p>SERVICE DELIVERY - Health behaviour change</p>	<p>Objective – To develop, deliver, evaluate and promote evidence-based health behaviour change programmes for both individual and group delivery of interventions. To provide access to support which is timely, effective and inclusive.</p> <p>Target - To support patients wellbeing through motivational interviewing and health behaviour change techniques which enable patients to take control of certain factors influencing their health and wellbeing. To improve community health and resilience through community-based services which seek to support healthy lifestyle choice and self-care. This includes but is not limited to delivery and development of: Quit Your Way Services Alcohol Brief Interventions Get Started with Health Shetland Physical Activity Brief advice</p> <p>Risk – Reduction in health improvement staff (particularly due to maternity leave) will affect the ability to provide patient focused work and service development and monitoring.</p>
<p>(SERVICE DELIVERY) - Community Link Worker (CLW) Pilot Project</p>	<p>Objective – To pilot the provision of support for non-clinical issues which are impacting on the health and wellbeing of patients, in the primary care setting.</p> <p>Target - To deliver a pilot project to establish a Community Link Worker in two health centres across Shetland – Brae and Whalsay. This will involve the development of tools and resources to support the pilot and the delivery of a CLW service in the two health centres.</p>

	<p>Risk – Short-term planning due to the nature of the funding, uncertainty of demand versus capacity, managing expectations for how this service could be rolled out, if successful.</p>
<p>Place Based Approaches</p>	
<p>SYSTEM CHANGE – Poverty and Inclusion sub group of Active Shetland Strategy Group (ASSG): To support a whole systems approach in the promotion of physical activity in Shetland. The Poverty and Inclusion working group of the Active Shetland Strategy Group is 1 of 3 agreed subgroups which is chaired by Health Improvement.</p>	<p>Objective – Providing a regular meeting space with focused discussion areas, represented by a range of services to raise, discuss, problem solve and work together on tackling issues of inclusion and poverty for the population of Shetland accessing physical activity opportunities.</p> <p>Target – Group includes representation of partners from NHS, SIC (sport and leisure), SRT, CAB, Social Work (Adult and Children and Families), Sport Scotland, Ability Shetland, Community Learning, Recovery Hub, ANCHOR, Shetland connections and Sport Scotland. To ensure we have a shared understanding of the barriers being faced by populations of greatest inequalities across Shetland and facilitate actions to reduce these.</p> <p>Risk- Reduction in partners capacity to attend and engage reduces the impact and ability to provide collective solution focused actions.</p>
<p>SERVICE DELIVERY – Walk da Rock: To engage and upskill volunteers in the community to lead safe and accessible walking groups throughout Shetland. Building capacity in communities to support the inactive to get active through walking.</p>	<p>Objective To bring communities together through offering free beginner opportunities in being physically active. Promoting activity, social inclusion and community support.</p> <p>Target Continue to work alongside Paths for All to provide walk leader training and upskill volunteers as walk leaders; Work with partners across NHS, Paths for All, SIC, Ability Shetland, SRT and community groups to engage more volunteers to become walk leaders and to build up recognition of walks on offer; Support and empower current walk leaders with the ongoing delivery and evaluation of walks to ensure long-term sustainability with the project.</p> <p>Risk – Reduction in capacity or lack of engagement of volunteers will impact on delivery of health walks in communities.</p>

<p>SYSTEM CHANGE – Green Health/Nature Prescription Support nature prescription roll out, led by RSPB</p>	<p>Objective – Actively participate in the Green Health Agenda providing expertise on supporting behaviour change and link with key local stakeholders.</p> <p>Target – Support roll out of revamped Nature Prescriptions in partnership with RSPB.</p> <p>Risk - Capacity in Primary Care to take on updated nature prescription project.</p>
<p>SYSTEM CHANGE – Climate change <i>Bringing a focus on health impact and offering expertise in supporting behaviour change.</i></p>	<p>Objective – Using a place-based approach in working alongside partners to deliver on sustainability and climate change actions. Being a key stakeholder and have active participation in both NHS Shetland and Shetland wide climate change and sustainability action plans.</p> <p>Target – To provide a place-based approach to supporting meaningful engagement with communities, use quality data and evidence to guide decisions. Provide a holistic view that can cross siloed thinking and link key resources to see sustainable action that improves local health inequalities.</p> <p>Risk – Capacity at senior level, capacity to ensure alignment with and translation of key messages from the national public health agenda</p>
<p>SYSTEM CHANGE – Active travel</p>	<p>Objective – To build on learning from the Employee Engagement Programme with Sustrans (2019-2022) and to continue to raise awareness of the benefits of active travel and to promote opportunities.</p> <p>Target – To work with ZetTrans to identify opportunities to provide a health improvement contribution to the Active Travel Strategy; to continue to collaborate with Sustrans to pursue further funding.</p> <p>Risk – limited capacity to lead this agenda, risk of losing momentum following previous work in 2019-2022.</p>

Diet and Physical Activity	
<p>SERVICE DELIVERY - Adult Healthy Weight Standards - local implementation</p> <p><i>(NB see service improvement plan below for related work associated with triage/referral pathways)</i></p>	<p>Objective: To contribute to the design and delivery of a healthy weight pathway for Shetland which aligns to national standards of practice. Current delivery focused on pilot of tier 2 service delivery (Get Started with Healthy Shetland pilot) with on-going service planning to align with service delivered in partnership with dietetics.</p> <p>Target: Delivery against Adult Healthy Weight Service standards as set out in implementation planning for Healthier Future Framework.</p> <p>Risks: Service capacity to deliver change within NHS Board.</p>
<p>SYSTEM CHANGE - Type II Diabetes: Remission pilot via Counterweight Plus</p>	<p>Objectives: Operational pathway with appropriate referral routes from primary care.</p> <p>Target: Pilot programme with 22-25 patients with associated evaluation to demonstrate impact, learning and recommendations for future service development.</p> <p>Risks: Project still in pilot phase and local impact to be demonstrated.</p>
<p>SERVICE DELIVERY- HENRY Programme delivery: A holistic approach to working with families, underpinned by evidence on risk and protective factors for early nutrition, child obesity and child development.</p>	<p>Objectives: Group based support, 1:1 support (online and virtual) and workshops delivered for parents of children between 0-5 years to provide a healthier, happier start in life, family lifestyle and home environment.</p> <p>Target: To deliver 2-4 groups, 6 workshops and 1:1 support in response to need.</p> <p>Risks: Ongoing delivery to be supported by SG Early Years Healthy Weight Initiative funding.</p>

SYSTEM CHANGE - HENRY Programme delivery	<p>Objectives: Continued capacity building efforts with multiagency frontline staff to develop skills, knowledge and confidence in order to support families they have contact with to achieve a healthy start in life and ensure appropriate referrals to support provided in communities.</p> <p>Target: Quarterly peer support sessions; ongoing communication and promotion of HENRY focused activity; continued data collection; appropriate alignment with system wide approach to coordinating parental support in partnership with Shetland Family Centre.</p> <p>Risks: Capacity of partners to continue to engage and contribute to local delivery</p>
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Improvement Plan

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
Infrastructure/facilities					
<p>HI team have an appropriate space for effective hybrid working</p> <p>OFFICE</p>	<p>Grantfield remodel and upgrade planned for 2023</p> <p>Understand joint approach to SIC/NHS building management for shared spaces</p> <p>ICT upgrade to facilitate effective hybrid working. This includes ability to connect to server (wifi or ether) and having appropriate equipment at each desk such as HB hub, screen and laptop stand.</p>	<p>Completed remodel of Grantfield office with clarity on business management arrangements (Q3 2023/24).</p>	<p>Team effectiveness decreased (1)</p> <p>Health and safety concerns around water ingress (2)</p>	<p>Funding from NHS Shetland capital improvements programme 2023/24.</p>	<p>HI-2324-01</p> <p>Best Value</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
<p>HI team have appropriate spaces for effective hybrid working</p> <p>COMMUNITY</p>	<p>Continue to link with Primary Care and use facilities where possible to support system shift towards improvement, prevention and community based services.</p> <p>Maintain links within communities using community venues wherever possible to de-medicalise health improvement activity, offer choice, accessibility and support community assets.</p>	<p>To have a comprehensive view of options for working within communities providing flexibility and choice for service users – this includes physical space and ICT capabilities.</p> <p>To ensure continued awareness of options and inclusive approaches with all partners, particularly primary care.</p> <p>Target completion Q2 2023/24.</p>	<p>Primary Care physical capacity (3)</p> <p>Inequality of access across communities (4)</p>		<p>HI-2324-02</p> <p>Shifting the Balance of Care</p> <p>Best Value</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
Workforce Development					
<p>Build a stable Health Improvement team with appropriate skill mix to support delivery of priorities</p>	<p>Explore options to extend management capacity beyond Sept 2023</p> <p>Admin support for health improvement activity and programmes (B3)</p> <p>B5 v B6 – delivery v planning and improvement. Currently lacking longer term capacity to deliver on Alcohol, Mental Health, Poverty and Place based approaches.</p> <p>Ability to provide maternity cover for core posts **Note capacity risks against core functions above to illustrate impact of staffing**</p>	<p>Permanent Band 8A Health Improvement Principal.</p> <p>Band 3 Information and Programme Officer recruitment</p> <p>Fixed Term Contract).</p> <p>Band 6 capacity to provide management and strategic capacity. Core Band 5 capacity with maternity cover as required (~2.2WTE)</p>	<p>Minimal management capacity (5)</p> <p>Finance not secured to support this (6)</p> <p>Strategic priorities Tackling Inequalities and Prevention not achieved (7)</p> <p>Momentum around service improvement work lost due to competing pressures (10)</p>	<p>Funding for Band 3 Information and Programme Officer from SG Early Years Healthy Weight Initiative funding.</p> <p>Band 8A cost pressure submitted</p> <p>Band 5 maternity costs ongoing cost pressure.</p>	<p>HI-2324-03</p> <p>Best Value</p> <p>Tackling Inequalities</p> <p>Prevention/Early Intervention</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
Getting Started with Healthy Shetland programme delivery sustainable and led by SRT – community based early intervention	Ongoing capacity building with SRT staff; monitoring of year 1 and year 2 participant outcomes; staff feedback to be sought regarding confidence in delivery and support required for future delivery.	In collaboration with SRT, year 2 of pilot programme running in every leisure centre with gym facilities across Shetland - total 7 groups with approx 60 people attending	Partner capacity and engagement with change (8) HI capacity for evaluation (9)	Early intervention and prevention providing spend to save approach.	HI-2324-04 Best Value Prevention/Early Intervention Community Involvement StBoC
People’s contact with Health and Care services is supportive, trauma informed and health improving – exemplar service. Influencing change.	Trauma informed practice/trauma informed lens work	All staff to be trained up to skilled level practice via the NES online platform by June 2023. Complete workshops on taking a trauma informed lens at adult and child services with an action plan in place for both adult and child services by Aug 2023. Add trauma informed practice actions into core review of services.	Partner capacity and engagement with change (8) HI capacity (9)		HI-2324-05 Tackling Inequalities Prevention/Early Intervention StBoC

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
System Improvement					
Shetland aligns with ADULT Healthy Weight standards supporting prevention, early intervention, and delivering effective specialist intervention where necessary	Collaboration between colleagues in health improvement and dietetics to review referral processes and patient need; development of single point of referral and appropriate triage processes	Single point of referral criteria and processes established by end of March 2024	Partner capacity and engagement with change (8) HI capacity (9) Associated structures in place to provide necessary oversight and governance	Appropriate processes contributing to early intervention and prevention providing spend to save approach.	HI-2324-06 Prevention/Early Intervention Best Value
Service delivery and planning in Shetland is based on robust local intelligence	Continue sharing data from Population Health Survey Invite and complete “deep dive” sub-reports for services (by application/interest) Develop timescales and understand resource required to refresh/repeat survey	Public Health Data Analyst completing sub reports and support dissemination – Summer 2023. Complete a review of project with project resource demands for future surveys September 2023.	Partner capacity and engagement with change (8) HI capacity (9)		HI-2324-07 Prevention/Early Intervention Tackling Inequalities Community Involvement

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
Access and barriers to Cancer Screening for people with Learning Disabilities is understood in order that services can improve.	Completion of audit, qualitative research and review of current service provision (joint approach between NHS Shetland NHS Orkney); co-production of resources/materials to build capacity and support people with Learning Disabilities to access services in NHS Shetland.	Summer 2023	HI capacity (9)	Tackling inequalities and delivering early intervention and prevention providing spend to save approach.	HI-2324-08 Tackling Inequalities Prevention/Early Intervention
Shetland has a robust strategic approach to mental health and wellbeing across the spectrum allowing people to achieve maximal mental health and wellbeing.	<p>Good Mental Health for All project:</p> <ul style="list-style-type: none"> • Mapping of national and local strategic environment to inform scope of local strategy • Mapping of available assets and partners to ensure strategy is realistic and deliverable • Development of local dataset to understand • impact of project and subsequent strategy 	Funding supports resource in place until Sept 2023.	Continuity HI Leadership Capacity MH (9) Partner capacity and engagement with change (8)		HI-2324-09 Tackling Inequalities Prevention/Early Intervention StBoC Best Value

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
Tackling inequalities – services in Shetland are more accessible to groups at risk of health inequalities.	Work with Scottish Government: British Sign Language access to Primary Care Health literacy in Community Learning and Development	Share learning from initial phase, including feedback to Scottish Health Literacy Action Plan Implementation Group. Q1 23/24 (this will inform next steps)	Partner capacity and engagement with change (8) HI capacity (9)		HI-2324-10 Tackling Inequalities Prevention/Early Intervention
Reduce the harm caused by alcohol in Shetland	Implement ABI Improvement Plan which includes training to build capacity, improvement in data collection, and network for resource sharing.	March 2024	Partner capacity and engagement with change (8) HI capacity (9)		HI-2324-12 Prevention/Early Intervention
Service Improvement					
People are able to access smoking cessation support in a way that works for them	Quit Your Way service group delivery pilot – completed and evaluated (quit success and participant experience)	Report complete June 2023.	HI capacity (9) Community/patient engagement with new ways of working (11)		HI-2324-13 Prevention/Early Intervention Best Value Community Involvement

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc dates)	Risks (full detail in risk register below)	Savings/ funding (amount and source)	Ref and linked priorities
Enhanced focus on community based service delivery in primary care, supporting the Shifting the Balance of Care agenda.	<p>Building on current pilot, embed Community Link Worker in Brae and Whalsay Primary Care sites to support facilitating community connections to address non-medical needs for patient contact and to support associated capacity development for staff</p> <p>Continued input into strategic aspects of Shifting the Balance of Care – community asset building, and relevant support of workforce and volunteers.</p>	March 2024	<p>Community/patient engagement with new ways of working (11)</p> <p>Partner capacity and engagement with change (8)</p>		<p>HI-2324-14</p> <p>Prevention/Early Intervention</p> <p>StBoC</p> <p>Community Involvement</p>
Launch on new Healthy Shetland website	Launch of website aligned with NHS Shetland website.	April 2023	<p>HI capacity (9)</p> <p>Delays to corporate delivery of NHS Shetland website</p>	Public facing information supporting access to information and services for Early intervention and prevention activity facilitating spend to save.	<p>HI-2324-15</p> <p>Prevention/Early Intervention</p> <p>StBoC</p>

Risk table against Improvement Plan

	Risk	Consequences	Control Measures
1	Team effectiveness decreased	Unable to deliver core services, engage fully with improvement work or engage effectively with wider system partners – unable to achieve progress against strategic objectives.	Strong leadership and communication within team, team involvement in redesign process. Effective work planning and prioritisation within team to minimise impact.
2	Health and safety concerns around water ingress	Office becomes unsafe to use due to H&S concerns. Team must work fully from home, impacts on wellbeing, team effectiveness and limitations inability to complete some aspects of patient facing work.	Concerns raised with Estates and Facilities (NHS) and Building Manager (SIC). Robust communication within team to report change/concerns.
3	Primary Care physical capacity	HI unable to be co-located with Primary Care – unable to support and influence change of practice of primary care staff. Shift towards prevention/early intervention slowed or not achieved in Primary Care. Community ethos approach not embedded within Primary Care, Shifting the Balance of Care impacted.	Continue to offer flexibility, and communicate effectively as part of Primary Care Teams. Continue to explore community venues and assets to make best use of time and influence in community settings.
4	Inequality of access across communities	Availability and quality of community space variable across geographies – potentially offering enhanced service where space more easily accessed and supported, which may not be where need is greatest.	Understand local need to support tackling inequalities through use of local intelligence, including Population Health Survey. Continue engagement with Community Learning and Development and Community Led Support to ensure appropriate, effective input and support building of community assets
5	Minimal management capacity	Unable to effectively lead and prioritise across multiple work streams. Unable to engage effectively with executive level system leadership due to lack of representation. System improvement work uncoordinated or not taken forward.	Robust work planning and contingency planning for staffing eventualities. Raise risk at executive management level.

6	Finance not secured to support this	Unable to deliver core service, or improvement work due to lack of funding for workforce.	Prioritisation of activity to have most impact with reduced resource. Upskilling wider workforce to support prevention/early intervention work. Submission of funding proposal to NHS Board.
7	Strategic priorities Tackling Inequalities and Prevention not achieved	Continued unsustainable pressure on Health and Social Care system, people in Shetland have poorer health and social outcomes.	Effective illustration of value of work through Directions process and representation at Executive Management and Board level.
8	Partner capacity and engagement with change	System shift towards prevention and early intervention does not happen, continued unsustainable pressure on Health and Social Care services in longer term, poorer outcomes for Shetland population.	Continue positive engagement and communication with all partners. Offer practical support and training/development where appropriate.
9	HI capacity (9)	Prioritisation of activity requiring decision making between continuation of core services OR shift to prevention/early intervention. Service change is not robustly evidenced as evaluation of change does not take place, poor understanding of progress or evidence for upscaling change. Tackling Inequalities, Prevention/Early Intervention not achieved.	Robust work planning to understand impacts, engagement with wider systems and evidence gathering to demonstrate value and continue to build business case. Engagement with Health and Social Care Workforce Planning process to support viable future service modelling.
10	Momentum around service improvement work lost due to competing pressures (10)	Service improvement slows or fails, revert to core service delivery only – achieving individual level change, but not service, system, or population change.	As above to protect management and improvement capacity.
11	Continuity HI Leadership (11)	Work does not progress without HI coordination or leadership, Tackling Inequalities and Prevention/Early Intervention remain a low priority for other local partners.	See work re: team stability above. Continue engagement with local system and partners.

12	Community/patient engagement with new ways of working (12)	Uptake of offered services is poor, prevention and improvement of health outcomes at an individual level not realised – continued pressure on health and care services in treatment of preventable ill-health, poorer outcomes for patients receiving treatment but unable to engage in lifestyle modification.	Continue to gather service user/patient feedback, monitor engagement and success. Build understanding of services through public and professional communication of availability.
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Relevant Workforce detail to support understanding of articulated risks:

Workforce		
<p>Establishment: In budget (in post)</p> <ul style="list-style-type: none"> • WTE: <ul style="list-style-type: none"> Band 8A – 0.67WTE Band 7, HI Team Lead – 1WTE Band 6, HI Advisor – 2WTE Band 6, Specialist Weight Management Dietitian – 0.67WTE Band 5, HI Practitioner – 5.9WTE Band 5, Falls Prevention Officer – 0.48WTE Band 4, Community Link Worker - 1WTE Band 4, Information and Resources Officer – 0.5WTE 	<p>Vacancies</p> <ul style="list-style-type: none"> • Band 6 0.4WTE • Band 5 1.1WTE (maternity cover) 	<p>Other relevant info:</p> <ul style="list-style-type: none"> - Band 8A Fixed Term Contract to Sept 2023 - Band 5 maternity leave ~2.2WTE planned for 23/24 - Development of band 3 role - Band 6 – WTE x 1 Fixed Term Contract to Sept 2023