

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

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

Direction: Health Improvement		Direction to: NHS Shetland		Overall Budget allocated by IJB for Direction: £327,938 Including £76,000 from IJB Reserves (£65,000 for Good Mental Health for All project £11,000 for Otago Falls Prevention Training)	
Reference Number: 2.7		Relevant Function(s): Health Improvement		Review Date: September 2022	
IJB Report(s) Reference Number: CC-07-22-F					
Date Direction issued/authorised by IJB: 9 th March 2022		Date Direction takes effect: 1 st April 2022		This Direction supersedes existing Direction: Yes DIR002.7/16.07.20/CC-15-20/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1, 2, 3, 5	IJB Key Priorities: 1, 6, 10, 11, 16	National Health and Wellbeing Outcomes: 1-9	National Planning and Delivery Principles: 1-12	

Purpose of Direction

This direction represents a way of working and shift in thinking that is fundamental to the IJB’s commitment to improving the wellbeing of people who use health and social care services. This shift is essential if we are to move away from a ‘fix and treat’ approach to our health and care to one based upon anticipation, prevention and self-management, as described in the Health and Social Care Delivery Plan, and make progress against the Public Health Priorities for Scotland in a Shetland context.

Achieving this requires changes in ways of working across the organisations, and support and leverage from leaders to encourage these changes is essential. 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 which facilitate health behaviour change.

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. These services include, but are not limited to, others provided under the IJB. We will also document the core services in the areas of prevention that we deliver.

- **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 and Young People Forum, Active Shetland Strategic group and sub groups, Mental Health Partnership and Forum.
- **Coordination of health improvement and prevention activity** – including building alliances for health, campaigns and projects, and contribution to a systems approach which will see more effective and efficient use of resources.
- **Capacity building of others** – to ensure health improvement and prevention is “on the agenda” below strategic level, and is improving quality and effectiveness of care and treatment of those accessing services; this includes training, and support in developing services to be health improving and inequalities sensitive.
- **Delivery of Evidence Based Health Improvement Interventions** and programmes, including (but not limited to) one-to-one interventions for smoking and weight management, and workplace health, and capacitybuilding within other services to deliver similar to an appropriate level.
- **Provision of information and resources, and local coordination of national campaigns** - provision of and sign-posting to health improvement resources and information, improving local engagement with national health improvement campaigns.
- **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, Falls prevention, Learning Disabilities/Autism Cancer Screening Project – these are often funded through external pots, IJB reserves, Scottish Government, which inevitably draws on resources and is an inefficient use of time devoted to recruitment processes.

Overarching Directions to Function(s)

Directions:	Performance / Objective(s):
Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through the Shetland Partnership Plan, and Scotland’s Public Health Priorities.	Increase in healthy life expectancy

<p>Work with partners to reduce the overall smoking rate in Shetland from 14.6% in 2019 to 5% by 2022.</p>	<p>Reduction in incidence of smoking related disease such as Chronic Obstructive Pulmonary Disease (COPD) and death in Shetland</p> <p>Improved healthy life expectancy</p>
<p>Support Primary Care, A and E, AHPs, Dental services and Maternity to achieve the annual target for Alcohol Brief Interventions (261), in order to reduce the burden of alcohol related disease and socio-economic costs of alcohol.</p>	<p>Reduction in numbers of people drinking at harmful and hazardous levels in Shetland</p> <p>Reduction in alcohol related disease, alcohol related admissions to hospital, and alcohol related deaths.</p> <p>Reduction in levels of crime and domestic abuse</p> <p>Increase in healthy life expectancy</p>
<p>Support Community Planning Partners to take action to tackle the obesogenic environment.</p>	<p>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.</p> <p>Reduce the proportion of children with their Body Mass Index outwith a healthy range (\geq85th centile) (to 15% of Primary 1 children)</p> <p>Increase in healthy life expectancy</p>
<p>Support partners in working towards achievement of fewer than 20% of adults reporting low/very low physical activity – helping the least active to become more active.</p>	<p>Increase in positive mental health and reduction in numbers reporting poor mental health.</p> <p>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.</p> <p>Reduce the proportion of children with their Body Mass Index outwith a healthy range (\geq85th centile) (to 15% of Primary 1 children)</p> <p>Increase in healthy life expectancy</p>

<p>Delivery of 'Good Mental Health for All Project': Work towards the formation of a robust and effective Mental Health Partnership, in order to promote good mental wellbeing and to strengthen outcomes for individuals and communities experiencing mental health difficulties. It builds on work already underway across local agencies, within a period of Covid-19 recovery and renewal.</p> <p>Application for use of IJB Non Earmarked Reserve Funding - Ref: FS-Case-394135181 £65,000</p>	<p>The foundations of a successful mental health partnership are established through the formation of a short life steering group. The steering group will function for 1 year and will work to inform the development of a multi-agency partnership to implement a refreshed mental health strategy for Shetland.</p> <p>Redrafted mental health strategy in light of the impact of Covid-19 and current data. Strategy to set out a shared vision for good community mental health in Shetland, that balances 'promotion', 'prevention' and 'care and treatment'. Strategy to consider experience across communities and across the lifespan.</p> <p>Creation of a dataset with incorporated indicators, which is to be maintained and updated regularly and act as an ongoing profile for mental health in Shetland</p> <p>Formation of a 'community mental health partnership' that will deliver an action plan defined by the mental health strategy. The purpose of this group is to tackle the local determinants of poor mental health, and to reach effective solutions that balance 'promotion', 'prevention' and 'care and treatment' through the launch and implementation of the refreshed strategy.</p>
<p>Funding to train a new cohort of SRT staff to ensure the OTAGO classes in SRT are maintained and secured in line with the Falls Prevention agenda.</p> <p>Application for use of IJB Non Earmarked Reserve Funding - Ref: FS-Case-403165085 £11,000</p>	<p>The gap in SRT trained staff carries the highest service delivery risk for the Falls Prevention Programme in Shetland so this application is for funding to train up to a further 16 SRT staff members as OTAGO Exercise Programme Leaders (OEP). The OEP course is provided by Later Life training who were used to train the first cohort in 2018. The course consists of 22 exercises which make up the OEP. The OEP course also provides staff with the underpinning knowledge that covers the rate of aging and falls in the aging population and the effects of physical activity on health, physical performance, movement control, confidence and quality of life in old age. This knowledge gained by more staff will help increase awareness and provide the opportunity in each leisure center to review all programmes with active aging in mind and to further increase falls awareness in the community.</p>

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e between performance, funding, workforce, partners)	Risks and steps to mitigate	Project Reference number	Budget breakdown	Milestones, deadlines and/or review dates
Fewer people develop Type II Diabetes in Shetland	Implement Type II Diabetes Prevention Framework: Detailed implementation plan and milestones attached.	Decrease in people with Type II Diabetes	Reliance on all stakeholders detailed within Framework being fully engaged.	Risk: ending or reduction in funding from government Mitigation: mainstreaming implementation of Diabetes Prevention Framework into whole systems approach to Obesity (Shetland Partnership Priority)	NA	£102,275 from Scottish Government to end March 2021 Long-term savings to health and social care from Type II Diabetes complications – £300,000 over 3 years	31 st March 2023
Progress against milestones impacted by limited capacity in dietetic service – discussions ongoing to identify opportunity for joint work 2022-23. Expect this to continue with focus on Counterweight Plus (CWP+), pre-diabetes prevention pathway implementation, Healthy Shetland and review of data collection for Counterweight (CW)							
Stable workforce which gives capacity for growth and development.	Building capacity across NHS and IJB for prevention by: Reviewing skill mix of staff to potentially create a tiered model of staff who are qualified to deliver health behaviour change Continue to implement programme of succession planning within team; this includes recognition of need for ongoing maternity covers given staff demographics.	Increase in prevention capacity, succession planning in place	Reliance on short term funding and fixed term posts creates inefficiencies in terms of time spent on recruitment, settling in periods, consistency of approach etc.	Explore potential for staff to be made permanent, with a commitment to redesign as posts become vacant.	NA	Currently short term funding sources leading to inefficiencies – funding sources to be reviewed	September 2022

Business cases for substantive contracts submitted to EMT Nov 2021.

Resilience and succession planning central to revised staff structure Jan 2022.

Competency review underway to ensure training and development needs understood and met. Expect this to continue with additional focus on capacity to develop community based support and work in collaboration with partners.

<p>Improve success rate of pharmacy quits to 30%, support meeting of board smoking target</p>	<p>Complete training of pharmacy counter staff as smoking cessation advisors</p> <p>Roll out tiered approach to smoking cessation practitioner training to other organisations e.g. Housing support workers, Third sector</p>	<p>Improved success rate of pharmacy quits</p>	<p>Relies on partners being willing to engage and understanding impact of smoking on long term conditions.</p>	<p>Risk: as our smoking rate reduces, the numbers accessing services may reduce; people continuing to smoke are often more complex.</p>	<p>NA</p>	<p>Within IJB funding</p> <p>Long-term savings to health and social care from smoking related cancers and other smoking related Long Term Conditions (LTCs)</p>	<p>31st March 2022</p>
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This action will continue but with a focus on learning from research into group based support for smoking cessation

<p>Reduce reliance on alcohol</p>	<p>Training of front line staff to understand importance of Alcohol Brief Interventions and commitment to deliver positive/motivati onal conversations.</p> <p>Delivery of extended brief</p>	<p>Increased number of alcohol screenings and subsequent alcohol brief interventions.</p>		<p>Lack of uptake of and commitment to training</p>		<p>£ from SADP</p> <p>Long-term savings to health and social care from alcohol related cancers and other conditions.</p>	<p>December 2020</p>
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	interventions by HI practitioners in Primary Care (in line with psychological interventions matrix)						
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ABI improvement plan in development. ABI training to be piloted with pharmacy team and practitioners. Coding test of change underway with three health centres. ABI+ intervention to be developed based on Orkney.

Early identification of modifiable social and financial factors and referral into appropriate services. Establishment of person centred model	Establish Health Check programme for Criminal Justice clients, extend to offer to other vulnerable groups Use health check tool as opening conversation, targeted at groups affected by inequalities who typically have poorer outcomes.	Reduction in numbers of people financially and socially excluded.	Primary care, Citizens Advice Bureau, accessibility of service, range of support services	Staff on short term contracts means constant change, lack of continuity and difficulty in programming services	NA	Within IJB funding Longer term savings to health, social care and social work.	September 2022
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Expect this to continue but potentially as two separate lines - one around the delivery of health improvement service in partnership with organisations engaging with socially excluded communities i.e. community justice, ANCHOR, employability partnership. Another around the delivery of community link worker service seeking to identify social factors impacting on health and wellbeing and to establish appropriate referrals.

Decrease demand on mental health service and psychological therapies, capacity approx 200 patients per year	Provide facilitated self-help service for mild-moderate depression service to allow direct access to	Reduction in numbers of people waiting for Psychological Therapies	Liaison with Primary Care and CMHT	Staff on short term contracts means constant change, lack of continuity and difficulty in programming services		Funding source not identified funding for 10 days of Band 5 practitioner time to allow 1 day per week per health centre	December 2022
BBA paused due to limited capacity from CMHT to provide necessary supervision – scoping the re-establishment of this.							
Work towards the formation of a robust and effective Mental Health Partnership, in order to promote good mental wellbeing and to strengthen outcomes for individuals and communities experiencing mental health difficulties	Scoping of services, groups and activity currently contributing to mental health agenda within Shetland. Overview of current context. Consultation and engagement exercises with both professionals and communities in Shetland. Data collation and creation of evidence base. Development of intended outcomes that inform the strategy and associated activity. Research into approach taken in other similar areas and their lessons learned. Plan for the launch and promotion of completed strategy. Formation of a 'community mental health partnership' that	Increase in positive mental health	Key representatives across communities and services.	Lack of capacity for engagement. If IJB Reserves funding is not agreed then project cannot go ahead.		Bid to IJB Reserves for £65k The proposed actions for achieving good mental health for all will contribute to longer term savings for health and social care in Shetland through early intervention and prevention of poor mental health and wellbeing.	March 2023

	<p>will deliver an action plan defined by the mental health strategy. The purpose of this group is to tackle the local determinants of poor mental health, and to reach effective solutions that balance 'promotion', 'prevention' and 'care and treatment' through the launch and implementation of the refreshed strategy.</p>						
<p>Decrease demand on clinic time, e.g. Orthopaedic clinic, and demand on GP/ANP time</p>	<p>Establish Health Improving/prevention focussed training programme and more coordinated engagement of HCSW workforce across Primary and Secondary care</p>		<p>Train existing workforce to maximise existing contacts, improve effectiveness of existing management routes. Training delivered within HI resource.</p>	<p>Time allowed for training and willingness to manage within existing services – have begun building network/relationships with relevant services, will seek to offer consultative support but for services with HCSWs to be self-sufficient</p>	<p>NA</p>	<p>Within IJB funding</p>	<p>March 2023</p>

Lead Type II diabetes prevention framework	Broadening Tier 2 weight management access Continue to embed weight management programme jointly delivered with SRT	20% increase in clients seen 15% increase in clients meeting 5-10% weight loss	Maintain relationship with Shetland Recreational Trust Impact will be seen across system rather than in health improvement service	Delayed until SRT re-opens, but currently running on- line groups/home exercising programmes. Need to build sustainability through regularly monitoring/training updates		Within IJB funding	March 2023
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Launch of Healthy Shetland. On-going delivery of programme and focus on F2F sessions.

Continued reduction in falls among elderly vulnerable population	Continue to deliver and work towards mainstreaming of Otago Falls prevention programme			Risk that older, vulnerable people continue to be required to shield and are unable to access facilities. On-line service being developed, but connectivity may be a constraint.		IJB funding Savings realised across wider system rather than within Health Improvement. Falls related costs to health and social care have previously been calculated nationally as: 'Cost per person falling was over £1720, rising to over £8600 for those seeking medical assistance. A	March 2023
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						hip fracture admission cost £39,490, compared with £21,960 for other falls-related admissions' Craig et al (2013).).	
OTAGO programme continues to be delivered in partnership with SRT. Capacity issues have resulted in challenges but these will be addressed by Application for use of IJB Non Earmarked Reserve Funding Process - Ref: FS-Case-403165085 for £11,000 to train Shetland Recreational Trust staff in Otago. Awareness raising, referral routes and sustainable training options will all be a priority in 2022/23							
Reduced levels of sickness absence and presenteeism. Workplaces consistently promote and protect staff health.	Deliver Workplace Health Promotion service with particular emphasis on non- office based workplaces	Increase in health promoting policies and practices in workplaces.	Maintain relationship with employers and employer representative organisations e.g. fishing, crofting, Living Lerwick	Risk of reduced engagement given economic climate		Within IJB funding	Sept 22
Continue to participate in the Health and Wellbeing group but the group has been impacted by reduced capacity and issues relating to covid response. Expect this to continue but will develop explicit focus on workplace							
All contacts with patients, clients and public are used opportunistically to promote health	Deliver Health Promoting Health Service targets, including Healthy Shetland communications strategy	Increase in referrals to weight management, smoking cessation, financial advice services	Reliant on staff teams being willing to be trained in Making Every Opportunity Count approaches	Risk that services don't prioritise prevention. Strong engagement from leaders required.		Within IJB funding	March 2023
PA BI training being scoped with Active Shetland Strategy Group members, communication of HI service to be developed in 2022/23 to reflect partnership working and promotion of locality based health improvement service.							

Accountability and Governance

Health Improvement Team report through the Public Health Principal to the Director of Public Health for NHS Shetland. The Public Health Principal sits as a member of the CH&SC Management Team.