

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

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

<b>Direction:</b> Health Improvement	<b>Direction to:</b> NHS Shetland	<b>Overall Budget allocated by IJB for Direction:</b> £ 786,548
<b>Reference Number:</b> 1.7	<b>Relevant Function(s):</b> Health Improvement	<b>Review Date:</b> March 2026
<b>IJB Report(s) Reference Number:</b> CC-17-24		
<b>Date Direction issued/authorised by IJB:</b> 29 May 2025	<b>Date Direction takes effect:</b> 1 April 2025	<b>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:</b>  Supersedes Direction 1.7 (IJB Report Ref. CC-17-24-F)
<b>Purpose of Direction</b>		
<p>Three of the IJB’s strategic priorities for 2022-25 are:</p> <ul style="list-style-type: none"> <li>• To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes.</li> <li>• To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups.</li> <li>• To shift the balance of care towards people being supported within and by their communities</li> </ul> <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.

## Accountability and Governance

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.

## Overarching Directions to Function(s)

- **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 and Community Learning and Development Partnership.
- **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 Suicide Prevention 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.

<b>Directions</b>	<b>Outcomes and key actions</b>	<b>Performance Monitoring and Indicators</b>	<b>Challenges &amp; Opportunities – inc. Risks and Finance</b>
<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.</p>	<ul style="list-style-type: none"> <li>• Increase Healthy Life Expectancy</li> <li>• Reduction in incidence of smoking related disease and deaths</li> <li>• Reduction in numbers of people drinking at harmful and hazardous levels in Shetland</li> <li>• Reduction in alcohol related disease, alcohol related admissions to hospital, and alcohol related deaths.</li> <li>• 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.</li> <li>• Reduction in proportion of children with their Body Mass Index outwith a healthy range</li> </ul>	<p>Monitored and reported nationally, and changes will be analysed and discussed during reporting against the Joint Strategic Commissioning Plan. Population health survey.</p> <p>HI-2324-03 HI-2324-14</p>	<p>Build a stable Health Improvement team with appropriate skill mix to support delivery of priorities.</p> <p>Finance: Balancing multiple maternity leaves during 25/26. Opportunity to review service delivery and capacity to ensure experienced staff are retained and options for new staff explored.</p>

	<p>(&gt;=85th centile) (to 15% of Primary 1 children)</p> <ul style="list-style-type: none"> <li>• Increase in positive mental health and reduction in numbers reporting poor mental health.</li> </ul>		
<p>Falls Prevention - Collaboration with colleagues across Shetland to build capacity for falls prevention and deliver the OTAGO service in partnership with Shetland Recreational Trust.</p>	<p>Prevent falls and fractures for older adults and thereby reduce hospital admissions and care.</p> <p>To contribute to increasing Quality of Life (QOL) 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>To provide a sustainable service which provides equity of access for older adults across Shetland.</p>	<p>Referral numbers and engagement in OTAGO.</p> <p>Assessment and review data on QOL and physical improvement data collated.</p> <p>A wider dataset is available from other sources that may be useful to refer to, such as:</p> <ul style="list-style-type: none"> <li>- The total number of falls occurring within a specific population or setting (e.g., hospital ward, care home, community).</li> <li>- Emergency hospital admissions related to falls.</li> <li>- Hip fracture rates. Hip fractures can be a consequence of falls in older people.</li> </ul>	<p>Funding fragile; capacity to deliver accredited OTAGO training to SRT staff; single practitioner coordinator role; changes in MCN setups and support.</p>
<p>Money Worries: Collaboration with partners across SIC, Citizen's Advice Bureau (CAB) and NHS to deliver a partnership approach</p>	<p>To raise awareness of the relationship between health and poverty, to support</p>	<p>Assessing the impact of collaboration with SIC, CAB and NHS to supporting patients' with</p>	<p>Limited staff capacity to deliver money worries training, and support</p>

<p>for building capacity of professionals to support service users and the public to tackle the impact of poverty on health and wellbeing.</p>	<p>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>To continue to deliver Money Worries sessions or similar 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>money worries; including positive engagement and joint project working; including</p> <ul style="list-style-type: none"> <li>- Frequency/number of sessions held and communication between partners</li> <li>- Number of patients signposted or referred</li> <li>- Feedback from patients' and staff</li> </ul>	<p>strategic planning and decision making.</p> <p>Capacity changes in partnership agencies leading to NHS being main contributor to Money Worries sessions, with guest speakers explaining their service. Although CAB unable to commit to regular collaboration, participants will still receive information on CAB and the services they provide.</p> <p><b>Opportunity</b></p> <p>Link to national money matters work. Target and tailor training to specific professional groups with aim of them disseminating to colleagues and partners. Closer working with Community Learning and Development to build capacity.</p>
<p>Sexual Health: Working collaboratively with partners to plan and design sexual health services for young people and adults.</p>	<p>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</p>	<p>Monitored and reported nationally – Sexual Health and BBV group</p>	<p>Activity delivered in partnership with Health Protection and Health Protection Nurse Specialist.</p>

	<p>information materials and campaigns and providing support for tackling health inequalities in the provision of services.</p> <p>To support awareness raising activity and promote specific awareness days as part of campaign calendar and attend events such as PRIDE to engage with variety of population groups.</p>		
<p>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>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>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>Delivery of health and work programme in partnership with Public Health Scotland</p> <p>Staff satisfaction scores related to wellbeing</p> <p>Evidence of social value considerations</p> <p>Number of apprenticeships offered within Health and Care</p> <p>Frequency of Mentally Healthy Workplace Training and Money Worries Training sessions undertaken, the number of participants engaging in the training, and feedback received from training sessions</p>	<p>Limited health improvement capacity to lead health improvement activities.</p> <p>National Healthy Working Lives redesigned by Public Health Scotland with a focus on the important role health and work plays in community wealth building. Awards system no longer in operation.</p> <p><b>Opportunity</b></p> <p>Workplace health focus to be targeted and informed by Shetland data with clearer actions defined. This includes training for staff eg Mentally Healthy Workplace Training and Money Worries Training.</p>

<p>Suicide Prevention</p>	<p>To lead partnership in the delivery of Suicide Prevention activity in Shetland. Including the establishment of national Police reporting system into local sudden death processes with refined local action.</p> <p>Map and actively secure training opportunities in order to have range of wellbeing and suicide prevention specific training available to services and community. Wider community support development and exploration as part of wellbeing agenda.</p> <p>Report activity and action planning as part of stakeholder group into Shetland Public Protection committee.</p>	<p>Number of training opportunities available</p> <p>Multi-agency working and reporting activity</p>	<p><b>Risk</b></p> <p>No associate funding to delivery or lead suicide prevention activity from PHS.</p>
<p>Mental Health and wellbeing training</p> <ul style="list-style-type: none"> <li>- Mentally Healthy Workplaces</li> <li>- Ask/Tell Skilled</li> <li>- ASIST</li> </ul>	<p>To provide accredited training to workplaces and community settings.</p> <p>Work in collaboration with other agencies to scope additional T4T opportunities and co-delivery in order to facilitate sustainable delivery across Shetland.</p> <p>Delivery planned throughout year, with attention paid to attending specific events such</p>	<p>Implementation of practices to support wellbeing in the workplace</p> <p>Number of accredited training undertaken</p> <p>Number of events undertaken within educational settings</p> <p>Reduction/minimised staff sickness absence rates in relation to Mental Health</p>	<p><b>Risk</b></p> <p>Capacity with minimal number of trainers available.</p> <p>Pressures on staff areas, recognition that training not able to be prioritised.</p> <p>Needs senior buy in and back up to ensure staff are supported to undertake training opportunities.</p>

	<p>as schools in service to provide training at opportune times.</p>		<p>Training venues, limited NHS space and competing for rooms at shared spaces such as Islesburgh and limited funding to pay for venue hire.</p>
<p>Increasing capacity to raise the issue and signpost to relevant services</p>	<p>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>To facilitate the delivery of training such as:</p> <ul style="list-style-type: none"> <li>• Raising the Issue for Quit Your Way</li> <li>• Motivational Interviewing</li> <li>• MAP (Motivation, Action, Prompts) behaviour change for health</li> <li>• 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.</li> </ul> <p>2025/26:</p>	<p>Feedback from staff</p> <p>Training completed</p> <p>Number and workplace/field of staff participating in training</p>	<p><b>Risk</b></p> <p>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>Capacity to complete HENRY training and competencies while balancing delivery demands.</p>

	<ul style="list-style-type: none"> <li>• Motivational Interviewing training 2x Bronze Level (Introduction to MI) and 1x Silver Level (Coaching)</li> <li>• MAP Training 4x in-person training dates for staff across Health and Social Care</li> <li>• Procuring HENRY training to increase staff capacity within own role and delivery of HENRY programme and associated workshops.</li> </ul>		
Health behaviour change	<p>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>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</p>	<p>Feedback from Patients</p> <p>Delivery of programmes that support resilience and wellbeing</p>	<p><b>Risk</b> Reduction in health improvement staff (particularly due to maternity leave) will affect the ability to provide patient focused work and service development and monitoring. Opportunity: to define specialist role of HBC with support to build confidence and use in other health care settings.</p> <p>Fixed term funding and contracts affects recruitment and retention of staff with specialist behaviour change training</p>

	<p>support healthy lifestyle choice and self-care. This includes but is not limited to delivery and development of:</p> <ul style="list-style-type: none"> <li>- Quit Your Way Services</li> <li>- Alcohol Brief Interventions</li> <li>- Get Started with Health Shetland</li> <li>- Physical Activity Brief advice</li> </ul>		
<p>Community Link Worker (CLW) Primary Care</p>	<p>Continue with delivery of Primary Care CLW with 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>To continue to deliver and explore expansion of Community Link Worker in health centres across Shetland.</p> <p>Dashboard created and updated as part of evaluation embedded, with resources and tools tested and continue to be in use to support the delivery of service and any expansion.</p>	<p>Number of patient's seen by CLW</p> <p>Number of Health Centres with access to CLW</p> <p>Dashboard usage data which includes patient feedback</p>	<p>Evaluation complete with working group active.</p> <p>Next steps is reviewing CLW functions across HI and how best to meet the needs of populations.</p>
<p>Poverty and Inclusion sub group of Active Shetland Strategy Group (ASSG)</p> <p>To support a whole systems approach in the promotion of physical activity in Shetland. The Poverty and Inclusion</p>	<p>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</p>	<p>Number of meeting by subgroup and range of partners' engaging</p>	<p>Active Shetland Strategy currently being updated, using systems based approach. Subgroups review as part of update,</p>

<p>working group of the Active Shetland Strategy Group is 1 of 3 agreed subgroups which is chaired by Health Improvement.</p>	<p>inclusion and poverty for the population of Shetland accessing physical activity opportunities.</p> <p>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>poverty and inclusion agreed continued focus. Clarity on function and ask of subgroups to be defined.</p>
<p>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>To bring communities together through offering free beginner opportunities in being physically active. Promoting activity, social inclusion and community support.</p> <p>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</p>	<p>Number of people who took walk leader training</p> <p>Number of people undertaking health walks</p> <p>Feedback from walk leaders and participants</p> <p>Number of downloads of resources from Healthy Shetland Website</p>	<p><b>Risk</b></p> <p>Reduction in capacity or lack of engagement of volunteers will impact on delivery of health walks in communities.</p>

	<p>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>Green Health/Nature Prescription Support nature prescription roll out, led by RSPB.</p>	<p>Actively participate in the Green Health Agenda providing expertise on supporting behaviour change and link with key local stakeholders.</p> <p>Support roll out of revamped Nature Prescriptions in partnership with RSPB.</p>	<p>Number of practices using nature prescriptions</p>	<p><b>Risk</b> Capacity in Primary Care to take on updated nature prescription project.</p> <p><b>Opportunities</b> Bitesize training by RSPB to support use of materials and signposting.</p>
<p>Climate change Bringing a focus on health impact and offering expertise in supporting behaviour change.</p>	<p>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>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</p>	<p>Reporting on climate change duties</p> <p>Reduction in local health inequalities</p>	<p><b>Risk</b> Capacity at senior level, capacity to ensure alignment with and translation of key messages from the national public health agenda</p>

	improves local health inequalities.		
Active travel	<p>To build on learning from the Employee Engagement Programme with Sustrans (2019-2022) and commissioned work by ZetTrans such as Walking Workplaces programme in 2024/25. Continue to raise awareness of the benefits of active travel and to promote opportunities.</p> <p>To work with ZetTrans to identify opportunities to provide a health improvement contribution to the Active Travel Strategy.</p>	<p>Staff awareness</p> <p>Number staff engaging with Love to Ride platform</p>	<p><b>Risk</b></p> <p>Limited capacity to lead this agenda, risk of losing momentum following previous work in 2019-2022</p> <p>No ongoing funding to support NHS Shetland Active Travel maintenance or development.</p> <p><b>Opportunities</b></p> <p>ZetTrans funding as part of Regional Transport monies include behaviour change focus. Continue to work in partnership with ZetTrans on planning spend.</p>
Adult Healthy Weight Standards - local implementation	<p>To contribute to the design and delivery of a healthy weight pathway for Shetland which aligns to national standards of practice.</p> <p>2025/26: continued implementation of Get Started with Healthy Shetland (Tier 2 group weight management</p>	<p>Monitored and reported nationally and local governance to be arranged</p>	<p><b>Risk</b></p> <p>Service capacity to deliver change within NHS Board</p> <p>Opportunity: Scottish Government funding baselined providing local flexibility in delivery to meet outcomes</p>

	<p>programme) delivered in partnership with SRT. And ongoing implementation of single point of referral and triage for adult healthy weight services, in partnership with Dietetics.</p> <p>Delivery against Adult Healthy Weight Service standards as set out in implementation planning for Healthier Future Framework.</p>		<p><b>Opportunity</b></p> <p>Contribute to national review of AHW standards and national digital delivery pathways</p>
Type II Diabetes: Remission programme via Counterweight Plus	<p>Operational pathway with appropriate referral routes from primary care.</p> <p>Ongoing refinement of delivery and pathway with learning from pilot. Aligning with Healthier Futures and weight management services delivery across Shetland.</p>	Monitored and reported nationally and local governance to be arranged	<p><b>Risk</b></p> <p>Single professional delivering programme. Development of wider weight management processes impacts on flow of patients while these are being developed. Fragility in Dietetic team, knock on effect potential</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.	Group based support, 1:1 support (online and in-person) and workshops delivered for parents and carers of children between 0-5 years, up-to 12 years for certain workshops, to provide a healthier, happier start in life, family lifestyle and home environment.	<p>Number of workshops and programmes delivered</p> <p>Feedback from participants</p>	<p>Ongoing delivery to be supported by SG Early Years Healthy Weight Initiative funding</p> <p><b>Risk</b></p> <p>Currently no further Scottish Government</p>

	<p>To deliver 2 groups and 12 workshops per year, including partnership deliver with NHS Orkney and NHS Western Isles. One-to-one support in response to need.</p>		<p>funding agreed to support future delivery</p>
<p>EARLY YEARS PREVENTION - HENRY Programme</p>	<p>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>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>Number of held and cancelled peer support sessions</p> <p>Number of referrals</p> <p>Number staff and workplace trained in HENRY core approach and Healthy Families Programme</p>	<p><b>Risk</b></p> <p>Capacity of partners to continue to engage and contribute to local delivery</p> <p>Capacity of commissioned service to deliver ongoing specialist training and no financial resource for this</p> <p><b>Opportunities</b></p> <p>Local training for staff to deliver MAP and Health Beginnings MAP to support knowledge and confidence of frontline staff</p>