

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

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

Direction: Adult Mental Health	Direction to: Shetland Islands Council (SIC) NHS Shetland (NHSS)	Overall Budget allocated by IJB for Direction: Total: £3,665,347 <ul style="list-style-type: none"> • NHSS £2,897,584 • SIC £767,763
Reference Number: 1.9	Relevant Function(s): Mental Health	Review Date: March 2026
IJB Report(s) Reference Number: CC-10-26		
Date Direction issued/authorised by IJB: 18 March 2026	Date Direction takes effect: 1 April 2026	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes Direction 1.9 (IJB Report Ref. CC-24-25-F)
Purpose of Direction		
<p>Effective, resilient and sustainable secondary care mental health services that addresses a range of mental health needs through collaboration with partners and community resources. The services in secondary mental health will provide a range of interventions which reflect each person’s needs and preferences. The services will promote the principles of recovery, personal responsibility, autonomy and self-management.</p> <p>The community based services will ensure that person-centred and trauma-informed approaches are embedded within the core services and support appropriate pathways and responses. They will strive to improve experiences and outcomes for people who use adult mental health services supporting and influencing service improvement and system development.</p> <p>They will continue to support and raise awareness of established pathways and responses that shift focus towards prevention and early intervention, and decrease numbers of people requiring secondary mental health service support and providing services which are appropriate for their needs.</p>		

Contribute to the delivery of local and national priorities with ongoing work on embedding mental health quality standards that support the community to have improved health and wellbeing, lead healthy lives that maintain independence and allow people to contribute to society in a positive way.

The service will engage and support Shetland's Partnership Plan; the Joint Strategic Commissioning Plan; the Shetland Alcohol and Drugs Partnership Strategic Plan; and the National Health and Wellbeing Outcomes.

The services aim to improve outcomes for people who use secondary mental health services in Shetland, and ensure a range of high quality services and interventions are provided, in a timely way for everyone who requires them.

Services will engage with policy and planning locally and nationally to enable measurement of quality and support improvement in delivery.

The service aims to support carers/families to be enabled and empowered and to continue to provide unpaid support where appropriate.

Accountability and Governance

Reporting to IJB, Shetland Alcohol and Drugs Partnership; Mental Welfare Commission annual visits; Public Health Scotland; Joint Clinical Governance Group; Obligate network.

Overarching Directions to Function(s)

The provision of:

- Community Psychiatric Service
- Psychological Therapies Service
- Substance Misuse Recovery Service
- Dementia Assessment Service
- Learning Disability nursing service
- Community Mental Health Support Service
- Specialist Services through Service Level Agreement with NHS Grampian
 - Provision of in-patient care -This service is managed and provided by NHS Grampian. NHS Shetland should seek to support best outcomes for service-users by participating in discussions about their care, for example via virtual ward rounds, and by facilitating effective discharge. Quality monitored and managed by NHS Grampian
 - Provision of specialisms for: learning disabilities, neuropsychology, older adults (including dementia), forensic (both in patient and community), eating disorder out-patients, transgender service.

Relevant Links:

- [HSCP Joint Strategic Plan](#)
- [Dementia strategy for Scotland](#)

Directions	Outcomes and key actions	Performance Monitoring and Indicators	Challenges & Opportunities – inc. Risks and Finance
<p>Community Psychiatric Service (NHS), provision of a comprehensive psychiatric service to adults (18+) by:</p> <ul style="list-style-type: none"> • Consultant Psychiatrist, • Mental Health Nurses(MHNs) • Healthcare Support Workers (HCSWs) • Specialist Social Worker / Mental Health Officer (MHO) 	<p>Growing the nursing team and supporting skill mix and development to ensure a sustainable, resilient, skilled and valued staff team:</p> <ul style="list-style-type: none"> • Crisis and out of hours intervention where needed and where appropriate • sustainable home treatment options working with a person’s own social system in assessment and crisis resolution • sustainable, safe and high quality out of hours service • Appropriate skill mix to deliver a variety of interventions <p>Work across multi-disciplinary team and wider health and social care system to work towards people being able to access the right care, form the right person, in the right place.</p> <p>People should have access to a range of interventions to support their individual needs from time limited low level mental health support to severe and enduring and mental illness.</p> <p>People will be supported to live well with mental illness in their community and achieve recovery in a meaningful</p>	<p>Performance</p> <ol style="list-style-type: none"> 1. Discharged psychiatric inpatients follow-up by community mental health services within 7 calendar days 2. Advanced statements – detailing how someone would like to be supported if they become unwell. 3. Unscheduled care subject to monthly reporting through Mental Health Unscheduled Care Network <p>Governance structures established with routine audits built in and reported to Mental Health Clinical Governance, eg medicine audits</p> <ol style="list-style-type: none"> 4. Adults with mental health problems supported at home who agree that their services and support had an impact in improving or maintaining their quality of life 5. Did not attend appointments for 	<p>Recruitment.</p> <p>Third sector partner capacity.</p> <p>Finance.</p> <p>Collaborative engagement with PH, third sector partners and community in suicide prevention and post vention support.</p> <p>Development of advanced nursing roles to build resilience and support retention.</p> <p>Care opinion – promotion of this with patient group across of MH services to capture patient experiences.</p> <p>Developing indicator on service experience and feedback.</p>

	<p>way for them.</p> <p>Commissioning and oversight of local DBI pathway in partnership with Third Sector colleagues.</p> <p>Perinatal mental health – Working with national group to look at service specific support in remote and rural context to ensure all people referred to this pathway get timely evidenced based support</p>	<p>community based services of people with mental health problems</p> <ol style="list-style-type: none"> 6. People with a severe and enduring mental illness and / or a learning disability who have had an annual health check in last 12 months 7. Positive feedback, patient experience and a reduction in complaints 8. Scottish Government quality indicators for Mental Health 9. PHS – Mental Health safer staffing tool 10. 	
<p>Psychological Therapies Service (NHS)</p> <p>Provision of Psychological Therapies Service for patients who have mild to moderate and severe to extreme distress as a consequence of life events or health conditions (depression, anxiety, personality disorder, suicidal ideation, trauma, substance use).</p>	<p>Deliver sustainable effective Psychological therapies services with short term continued collaboration with NHS Orkney colleagues via Service Level Agreement (SLA).</p> <p>Deliver a range of face to face and remote / digital evidenced based psychological therapy group work in line with Psychological therapies matrix.</p> <p>Offer a range of therapies through a skilled workforce, offering patients contact in a way that meet their needs and locations through remote support and face to face therapy.</p>	<p>Individuals referred for Psychological therapies are seen within 18 weeks of referral.</p> <p>Monthly reporting of waiting time to Public Health Scotland (PHS) and Scottish Government.</p> <p>Reporting to NES Psychology on outcomes of funding and providing assurance through data.</p> <p>Patient view and experience collated at beginning and end of treatment episode.</p>	<p>Workforce capacity and population demand</p> <p>Work with Public Health Scotland in trajectory monitoring to reflect capacity and projected work.</p> <p>Waiting well.</p>

	<p>Provision of teaching, training, reflective practice and consultancy to wider Mental Health team.</p> <p>Provision of training opportunities to staff and services across Shetland in Trauma informed practice.</p>		
<p>Substance Misuse Recovery Service (NHS)</p> <p>Provision of a Substance Misuse Recovery Service for adults (16+) by:</p> <ul style="list-style-type: none"> • Consultant Psychiatrist • GP with Special Interest (GPwSI) • Specialist Nurses • Recovery Workers <p>(Note budget included within Alcohol and Other Drugs Direction, but service managed within Mental Health)</p>	<p>This service should be recovery focused and trauma informed and meet the Quality Principles: Standard expectations of care and support in drug and alcohol services. The service will include medication assisted treatment, psychosocial interventions and harm reduction interventions.</p> <p>Provision of a specialist prescribing service for people who experience dependency in substances and requires medicated support</p> <p>Improve effectiveness, consistency and timeliness of multi-disciplinary team working around prescribing, i.e. by protecting Specialist Pharmacist input.</p> <p>Provide training and support to services, staff in specialist and trauma informed support</p> <p>Provision of Naloxone to people who use substances and their families, loved ones or carers</p> <p>Provision of blood borne virus testing,</p>	<p>Substance misuse performance indicators</p> <ul style="list-style-type: none"> • Numbers of alcohol related admissions • 3 week treatment waiting Time target • Naloxone provision • Outreach injecting equipment provision • BBV testing for people on Opiate Substitute Treatment (OST) <p>Medication Assisted Treatment (MAT) standards – continued monthly engaged with MAT implementation teams.</p> <p>**Delivery of appropriate Medication Assisted Treatment standards is monitored by the Scottish Government (via Government returns).</p>	<p>Additional resource required to fund pharmacy time so input can be prioritised.</p> <p>Positive and commendable report from MAT implementation team around progress.</p> <p>Training and development of team members to be able to provide resilience to prescribing service and holistic support for patients, for example, with nurse prescribers with advanced practice skills and qualifications and training and support of one counsellor in service.</p> <p>ADHD – financial impact of assessment and diagnosis.</p> <p>Lived & Living Experience Recovery Network (LLERN) involvement for experiential feedback and data collection.</p>

	<p>education and harm reduction including support people through any required treatments as a result of testing through effective liaison with Aberdeen specialist services</p> <p>Supporting people who experience substance use issues to access Mental Health supports and have access to Psychological therapies when they require</p> <p>**Delivery of appropriate Medication Assisted Treatment (MAT) standards (implementation overseen by Alcohol and Drug Partnership).</p>	<p>Data sets adapted for reporting to SADP on outcomes of discharge and treatment.</p>	
<p>Dementia Assessment Service (NHS) Provision of a specialist diagnostic service for Dementia. Provision of a quick-response stress/distress/behavioural symptom management service.</p>	<p>Dementia Assessment Service – embed dementia strategy for Scotland in a meaningful way for Shetland through collaboration with a number of partners and stakeholders.</p> <p>Provide specialist training and support to services, staff and families who support people with Dementia.</p> <p>Engage with local third sector partners and local services providing Dementia support in the community.</p> <p>Ensuring families, loved ones and important people are involved and supported in assessment, diagnosis and required support.</p>	<p>Performance indicators</p> <ul style="list-style-type: none"> • People diagnosed with dementia have the opportunity to access appropriate post-diagnostic support (PDS) – national PDS reporting. • Dementia database – numbers in Shetland with diagnosed Dementia. • Medicine audits fed back into Mental Health Clinical Governance. 	<p>Training developed and rolled out to support non pharmacological support of challenging behaviour.</p> <p>Advanced nursing roles.</p> <p>Brain health – prevention and early intervention opportunities.</p>

<p>Community Mental Health Support Service (SIC)</p> <p>Provision of Community Mental Health Support Services including supported accommodation and Outreach Service</p>	<p>The aim of the service is to empower and to improve the quality of life of individuals with mental health illness including supporting their independence and social skills through compassionate care. It is a service which is adaptable to individual assessed needs.</p> <p>The service meets the needs of individuals with mental health difficulties</p> <ul style="list-style-type: none"> • To improve coping/functioning skills • To develop/enable activities of daily living • To manage their finances to the maximum of their ability • To access community facilities • To deal with practical issues in the event of crisis 	<p>Performance indicators</p> <ul style="list-style-type: none"> • Community Care Resources service audits • Care inspectorate Quality Improvement framework Service Improvements Action Plan – led by improvement data and methodology • Care Inspectorate Inspections Mental Welfare Inspections • I matter Action Plan • View point survey action plan Reflective learning for improvement. 	<p>Recruitment/Retention, including international recruitment Future proof Digital Systems To build a competent, capable, and informed workforce.</p>
<p>Learning Disability nursing service</p>	<p>The aim of this service is to improve the physical and mental health, quality of life and independence of people with learning disabilities across all ages.</p> <p>The small team support access to health care, aim to reduce health inequalities, provide specialist advice, care and treatment plans for complex needs</p>	<p>Performance indicators</p> <ul style="list-style-type: none"> • Annual health checks 	<p>Small team with large caseload –</p> <ul style="list-style-type: none"> • Supporting conversation and action around growing our own for succession planning <p>Annual health checks – Primary care nurse lead supporting with roll out and integration into primary care</p>

	<p>The aims include supporting families and caregivers to understand their rights and roles as part of a holistic model of care</p> <ul style="list-style-type: none"> • Ensuring individuals with learning disabilities are valued, supported, and have equal access to mainstream health services • Working with multidisciplinary teams (GPs, therapists, social workers, education) to create tailored, person-centered care plans • Offering guidance and training to families, carers, and staff teams to ensure consistent, high-quality care • Offering expert intervention for complex health needs, including supporting people with behaviours of concern 		<p>to increase number of people having annual health checks</p>
<p>Specialist Services through Service Level Agreement with NHS Grampian (NHS)</p>	<p>See overarching directions section above for detail of what is included.</p>		