DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD ("IJB")

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

<table>
<tr><td>Direction:
Allied Health Professions (AHPs)</td><td>Direction to: SIC and NHSS</td><td>Overall Budget allocated by IJB for Direction:
£3,671,855

AHP Budget allocation is
£1,753,355 (NHSS) and £1,918,500 (SIC)</td></tr>
<tr><td>Reference Number:
1.3

IJB Report(s) Reference Number:
CC-17-24</td><td>Relevant Function(s):
• Dietetics and Nutrition
• Occupational Therapy (OT)
• Orthotics
• Physiotherapy
• Podiatry
• Speech and Language Therapy Services</td><td>Review Date:
March 2025</td></tr>
<tr><td>Date Direction issued/authorised by IJB:
1 May 2024</td><td>Date Direction takes effect: 1 April 2024</td><td>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:
Supersedes Direction 1.3 (IJB Report Ref. CC-23-23-F)</td></tr>
<tr><td colspan="3">Purpose of Direction</td></tr>
<tr><td colspan="3">To deliver Allied Health Professions (AHP) services to the population of Shetland across the life course, service areas being:
• Dietetics and Nutrition
• Occupational Therapy (OT)
• Orthotics</td></tr>
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- Physiotherapy
- Podiatry
- Speech and Language Therapy Services

Accountability and Governance

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

Overarching Directions to Function(s)

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

Directions	**Outcomes and key actions**	**Performance Monitoring and Indicators**	**Challenges & Opportunities – inc. Risks and Finance**
To provide modern, fit-for-purpose, sustainable services that align to relevant local and national strategy, aims, standards and guidance to achieve National Health and Wellbeing Outcomes.	• Provide the right level of service, at the right time, in the right way • Are agile, flexible and embrace changes opportunities. • Actively encourage and respond to feedback to improve services. • Enable and support a self-management approach for patients and carers in line	• iMatter survey results • Engagement in appraisal and supervision process • AHP Public Health Board Action Tracker Dashboard progress. • To demonstrate improved health and wellbeing outcomes throughout individuals'	**<u>Risks</u>** Finance Resources Recruitment of Workforce System/professional acceptance and capacity for change Community acceptance of change

	with the 6 principles of good rehabilitation. • Are delivered in a way aligned to Realistic Medicine principles • Deliver AHP Public Health implementation plan priorities to contribute to improving population health. • Support staff to feel valued in their roles • Build a network with other services locally, regionally and nationally to support development and best practice. • AHPs will deliver high quality practice based learning opportunities and promote pro-active workforce solutions?	life span following AHP intervention. • To achieve significant, measurable improvement in appropriate patient reported outcome • To achieve a high level of service user satisfaction via appropriate feedback mechanisms. • Positive Student Experience feedback •	Services that are delivered by single handed practitioners or small staff numbers. **<u>Challenges</u>** Robust data collection for analysis and service planning within some service areas. No AHP mental health workforce funding to deliver and support Mental Health Services and Rehabilitation. Limited Primary Care Workforce – no allocated funding to embed a wider AHP team within primary care to contribute to a primary care MDT approach. Balance the need to respond to current workload against the benefits of early intervention and proactive care. **<u>Opportunities</u>** Engagement with ongoing national work to progress recommendations from the AHP Education and Workforce Review.

			Professional Heads of Service work with AHP Practice Education Lead to maximise local impact of NES Priorities to develop and support AHP workforce Continue to embed conversations that consider creative asset-based solutions Recognise the strength of Uni-Professional roles alongside the potential to collaborate and maximise achievement of outcomes through working together.
To provide a **Dietetic Service** including assessment, diagnosis and treatment of diet and nutrition problems. This includes the following service areas: • Acute hospital based service • Community (including Residential Care) • Outpatients • Paediatrics • Mental health and eating disorders	To provide a comprehensive nutrition and dietetic service including advice on therapeutic diets, nutritional assessment and healthy eating. Work in partnership with patients to maximise their nutritional care. • Embed Child Healthy Weight Tier 3 programme. • Continue to work closely with health improvement	• 100% of acute patients to be assessed within 48 hours • 100% of urgent enteral tube feeding issues or parenteral nutrition requests to be assessed within 24 hours. • 90% of gestational diabetes patients to be seen within 14 days	**<u>Challenges</u>** Child Healthy Weight Tier 3 programme is funded until March 2027 **<u>Risks</u>** Capacity to deliver weight management services Psychology input to weight management services Tier 4 pathway capacity **<u>Opportunities</u>**

Budget allocation is £155,617 (NHSS) **Weight management services are part funded through Scottish Government Child Healthy Weight and Diabetes Prevention funding allocations.**	to establish single point of referral. • Deliver group weight management service • Allergy pathway review	• Demonstrated improvement via the Diabetes Prevention, Adult Healthy Weight and Child Healthy Weight Standards Analysis dashboard. • Weight management service waiting times – patients to be seen in 18 weeks	Continue with workforce development and flexible approaches
To provide an **Occupational Therapy** Service including assessment, interventions and review of problems compromising physical and mental health wellbeing and independence. This includes the following service areas: **Acute Inpatient Service** **Paediatric OT Service** **Intermediate Care Team OT** **Community OT Service** **Telecare Service** **Employability OT** **Community Equipment Service** **Budget allocation is £239,613 (NHSS) and £1,918,500 (SIC)**	To facilitate a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their maximum level of independence and ability • Continue to work with Hjaltland Housing Assoc. to deliver One Stop Shop service. • Deliver an aids and adaptations service in line with national guidance • Housing panel – early equitable decision making for housing and adaptations Deliver a safe and responsive community equipment service • Deliver Wheelchair Service in collaboration	• 100% of people who have critical need are responded to within 14 days • 100% of community referrals have their initial assessment within 12 weeks • One Stop Shop monitoring data and outcomes (6 monthly) • High levels of recycle rates and associated cost savings. • Wheelchair service indicators tbc • Scottish Hip Fracture Audit – Assessed within 3 days of admission	**<u>Risk</u>** At risk of not delivering safe Community Store service **<u>Challenges</u>** Available space and staffing resource to operate and maintain a safe effective community equipment store. Ongoing funding requirements as the Telecare Digital Transition Project project evolves.

	with MARS • Complete Telecare Digital Transition Project. Deliver acute assessment and rehab service Deliver a children and young peoples service	• Children and young people are seen within 18 weeks	
To provide an **Orthotic** Service including assessment and treatment to remedy or relieve a medical condition or disability, or to prevent or lessen the development of a condition or disability. This includes the following service areas: MSK Neurology Children and young people's services **Budget allocation is £130,326 (NHSS)**	To empower better health, prevent impairment, reduce functional limitations and minimise disability. • Deliver a 4-6 weekly clinical service delivering outpatient assessment and treatment service • Deliver a repair and re-order service to enable continuity in between clinical visits. • Support MDT colleagues to be able to fit suitable devices at the point of need to create a more sustainable approach to Orthopaedic care.	• 90% treated within 4 weeks national MSK target.	**<u>Risk</u>** Ability to respond to acute need for Orthotics demand within the current service model. **<u>Opportunities</u>** • Engage with small health boards to develop mutual aid via MOU to increase professional and quality oversight. • Develop joint leadership options to reduce overcome staffing challenges • Engage with other professional groups to have an enabled workforce to appropriately use simple devices at the point of need.

			• Maximise engagement opportunities with 3rd sector to support people
Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability, regardless of cause. This includes the following service areas Musculoskeletal, Orthopaedics, Children and Young People's services, Learning Disabilities, Neurological and Medical conditions. Acute hospital service Long Term Conditions **Budget allocation is £783,974 (NHSS)**	To maintain the health for people of all ages, helping patients to manage pain and prevent disease, encouraging development and facilitating recovery, while helping them to remain independent for as long as possible. • LTC team review of front door response, admission prevention and 7 day service options • Assessment at the earliest point – FCP/ MSK pathways • Self-management guidelines, NHS online resources, CSP online • People are able to self-refer to Physiotherapy services.	• MSK National Target 90% of patients seen within 4 weeks • Non MSK- 100% of patients seems within 12 weeks • Hip fracture patients assessed on day 0 and mobilised from day 1 • All urgent Outpatients assessed within 10 days inclusive of MSK, LTC and CYP pathways	**Risks** No additional funding for rehabilitation of major trauma patients in Shetland on the Major Trauma pathway has been delivered by Scottish Government leading to gaps in service **Challenges** Currently a proportion of Neuro patients receive services from private providers – which could lead to variations across the group The service is currently NOT able to deliver: • Cardiac Rehab (Not currently funded) • Pulmonary Rehab (Not currently funded) • Elements of Children and young people's service e.g. Cerebral Palsy Integrated pathway Scotland. (Not currently undertaken due to recruitment issues)

			• No specific Physiotherapy service for oncology patients • No specific Physiotherapy service for Mental Health patients • No integrated chronic pain pathway of which Physiotherapy would be integral • Limited pelvic Physiotherapy services including males **<u>Opportunities:</u>** Self-management digital tool for people with MSK problems 0.2 WTE band 6 funding from North east of Scotland Major trauma services available to deliver training on major trauma
To provide a **Podiatry Service** consisting of triage, diagnosis, treatment and review for patients with both chronic and acute conditions of the foot and lower limb. To prevent and correct deformity, keep people mobile and	To provide evidence based, cost effective podiatric interventions to the population of Shetland. • To enable and empower the population of Shetland (who are able) to look after and improve their	• New outpatient 18 week referral to first contact • MSK 90% 4 week referral to first contact. • High Risk patients to be seen within 1 week	**<u>Risks</u>** Impending retiral of 1x WTE Podiatrist – recruitment may be difficult. Information system challenges

active, relieve pain, prevent loss of limb and treat infections. This includes the following service areas specialist MSK interventions, Tissue viability expertise, Lower limb protection, High risk foot clinics, Surgical procedures General Podiatry clinics. **Budget allocation is £303,409 (NHSS)**	own foot and general health, wellbeing and to lead active healthy lives. • Provide relevant podiatric treatment to those unable to do so themselves. • Service leads the way in developing and providing agreed multi-disciplinary clinical care pathways eg Charcot's, diabetic foot ulceration. • Podiatry referral documentation enables robust, speedy and comprehensive triage to indicate high risk and or urgent referral.	• Urgent patients to be seen within 2 weeks	**Opportunities** progressive, forward-looking team able to enhance and continually develop service. Fully utilise all skills Podiatrists have, not only to take Podiatry forward but to reduce pressures on other services eg Vascular, MSK, Orthopaedics. **Challenges** Changing attitudes and culture to allow Podiatrists to fulfil potential. Resources and funding Robust data collection and collation
To provide a **Speech and Language Therapy** Service to assess, treat, support and care for people with communication, eating, drinking or swallowing difficulties. Includes services for the following areas: • Children's Speech delay and disorder • Children's Language delay and developmental language disorder – could combine as SLCN as delay no longer used? delay is	To enable the population of Shetland to manage and improve their communication and/or swallowing difficulties, look after their own health and wellbeing and live in good health for longer. .	• All patients seen for initial assessment within 12 weeks • Dysphagia patient seen within 2 working days for inpatient referrals and 2 weeks for community referral	**Risk** Unable to maintain both Autism Pathway delivery and core service delivery. Staff burnout Service stretched too thinly to provide an adequate service to all that need it **Opportunities**

still used. SLCN would be wider than this • Children's Autism • Leading the children's Autism Diagnostic Pathway • Management of the Adult autism diagnostic service (diagnostician paid through adult services) • Children's eating and drinking • Adult dysphagia and communication (inpatient and community) • Alternative and Augmentative Communication Service • Adults with Learning Disability • Adult and Children's Voice • Adult and Children's Fluency **Budget allocation is £140,416 (NHSS)**			Committed staff team with ideas and drive to improve service Good relationships with partner organisations **<u>Challenges</u>** Continued increase in demand for service without matched funding. Current service delivery model not sustainable Significantly lower staff establishment compared to other similar areas. Lack of IT system i.e Morse that allows community-based record keeping. Unable to respond to requests for SLT adult service due to demand on resources

Shifting Balance of Care	
This Direction links to the following Shifting Balance of Care work streams:	
Project ref	**Service/Programme**
PJR0015	Frailty Matters
PJR0017	System Workforce Planning (NEW)