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: Health Improvement</td><td>Direction to: NHS Shetland</td><td>Overall Budget allocated by IJB for Direction:
£372,733</td></tr>
<tr><td>Reference Number:
1.7</td><td rowspan="2">Relevant Function(s): Health Improvement</td><td rowspan="2">Review Date:
March 2025</td></tr>
<tr><td>IJB Report(s) Reference Number:
CC-17-24</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 1.7 (IJB Report Ref. CC-23-23-F)</td></tr>
<tr><td colspan="3">Purpose of Direction</td></tr>
<tr><td colspan="3">Three of the IJB's strategic priorities for 2022-25 are:

• 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

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.</td></tr>
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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, 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.

Directions	**Outcomes and key actions**	**Performance Monitoring and Indicators**	**Challenges & Opportunities – inc. Risks and Finance**
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.	• 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)	Monitored and reported nationally, and changes will be analysed and discussed during reporting against the Joint Strategic Commissioning Plan. Population health survey. HI-2324-03 HI-2324-14	Build a stable Health Improvement team with appropriate skill mix to support delivery of priorities.

	• Increase in positive mental health and reduction in numbers reporting poor mental health.		
Falls Prevention - Collaboration with colleagues across Shetland to build capacity for falls prevention and deliver the OTAGO service in partnership with Shetland Recreational Trust.	Prevent falls and fractures for older adults and thereby reduce hospital admissions and care. 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. To provide a sustainable service which provides equity of access for older adults across Shetland.		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.
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.	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		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

	maximise income for the general public. 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.		leading to plans for recorded session delivery to be tested. Risk: Money Worries sessions under review with staffing changes in ANCHOR and CAB. Opportunity: 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.
Sexual Health: Working collaboratively with partners to plan and design sexual health services for young people and adults.	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. To inform group activities with evidence to support a	Monitored and reported nationally – Sexual Health and BBV group	Limited health improvement capacity to lead health improvement activities.

	population health and preventative approach.		
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.	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. 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.		Limited health improvement capacity to lead health improvement activities. National Healthy Working Lives redesign by Public Health Scotland underway. Awards system no longer in operation. Opportunity: workplace health focus to be targeted and informed by Shetland data with clearer actions defined. This could include training for staff on health concerns eg Mental health and Suicide.
Stress Control: Contributing to delivery of community-based stress control education sessions.	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		Project lead/management capacity for this programme still to be identified (led by CMHT).

	approach to improving mental health and wellbeing. 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.		
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.	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. 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.		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. Opportunity: collaboration with 3rd sector on specific issues such as suicide and build capacity to deliver prevention training. Scoping with other island

			boards on co-delivery model.
Self Harm Awareness Raising training	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. 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.		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.
Increasing capacity to raise the issue and signpost to relevant services	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. To facilitate the delivery of training such as: • Raising the Issue for Quit Your Way • Motivational Interviewing		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.

	• 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.		
Health behaviour change	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. 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		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. Opportunity: to define specialist role of HBC with support to build confidence and use in other health care settings. Risk – fixed term funding and contracts affects recruitment and retention of staff with specialist behaviour change training

	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		
Community Link Worker (CLW) Pilot Project	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. 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.		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. Evaluation underway with active working group active. Opportunity with evaluation to review CLW functions across HI and how best to meet the needs of populations.
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.	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.		Reduction in partners capacity to attend and engage reduces the impact and ability to provide collective solution focused actions.

	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.		
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.	To bring communities together through offering free beginner opportunities in being physically active. Promoting activity, social inclusion and community support. 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		Risk – Reduction in capacity or lack of engagement of volunteers will impact on delivery of health walks in communities.

	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.		
Green Health/Nature Prescription Support nature prescription roll out, led by RSPB	Actively participate in the Green Health Agenda providing expertise on supporting behaviour change and link with key local stakeholders. Support roll out of revamped Nature Prescriptions in partnership with RSPB**.**		Risk - Capacity in Primary Care to take on updated nature prescription project. Opportunities – bitesize training by RSPB to support use of materials and signposting.
Climate change *Bringing a focus on health impact and offering expertise in supporting behaviour change.*	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. 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		Risk – Capacity at senior level, capacity to ensure alignment with and translation of key messages from the national public health agenda

	thinking and link key resources to see sustainable action that improves local health inequalities.		
Active travel	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. 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.		Risk – limited capacity to lead this agenda, risk of losing momentum following previous work in 2019-2022. Risk – no ongoing funding to support NHS Shetland Active Travel maintenance or development. Opportunities – Zettrans proposal for Cycle UK role locally.
Adult Healthy Weight Standards - local implementation	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 integrated service delivered in partnership with dietetics.	Monitored and reported nationally and local governance to be arranged.	Risk - Service capacity to deliver change within NHS Board. Risk – fixed Scottish Government funding includes staff and resource to deliver pathway.

	Delivery against Adult Healthy Weight Service standards as set out in implementation planning for Healthier Future Framework including gap analysis and future mapping		
Type II Diabetes: Remission pilot via Counterweight Plus	Operational pathway with appropriate referral routes from primary care and via diabetes education pathway Pilot programme with 22-25 patients with associated evaluation to demonstrate impact, learning and recommendations for future service development. Key outcomes & deliverables: - Increase in type 2 diabetes remission as a result of Counterweight plus programme. - Improve diabetes control - Improvement of appropriate referrals, engagement, achieving remission.	Monitored and reported nationally and local governance to be arranged.	Risk – fixed Scottish Government funding includes staff and resource to deliver programme; limited programme uptake could result in less data available for evaluation and service development.
SERVICE DELIVERY- HENRY Programme delivery: A holistic approach to working with families, underpinned by evidence on risk	Group based support, 1:1 support (online and virtual) and workshops delivered for		Ongoing delivery to be supported by SG Early

and protective factors for early nutrition, child obesity and child development.	parents of children between 0-5 years to provide a healthier, happier start in life, family lifestyle and home environment. To deliver 2-4 groups, 6 workshops and 1:1 support in response to need.		Years Healthy Weight Initiative funding. Risk – currently no further Scottish Government funding agreed to support future delivery.
HENRY Programme delivery	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. 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.		Risk - Capacity of partners to continue to engage and contribute to local delivery. Risk – Capacity of commissioned service to deliver ongoing specialist training and no financial resource for this Opportunities – Local training for staff to deliver MAP and Health Beginnings MAP to support knowledge and confidence of frontline staff

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)
PJR0024	Locality profiles - data combining
PJR0025	Shared Decision Making/Realistic Medicine
PJR0032	Improving the Cancer Journey
PJR0038	Good Mental Health for All
PJR0049	Community Link Workers