

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	12th December 2023
Agenda reference:	Board Paper 2023/24/58
Title:	Public Health Annual Report 2022-2023
Responsible Executive/Non-Executive:	Dr Susan Laidlaw, Director of Public Health
Report Author:	Dr Susan Laidlaw, Director of Public Health

1 Purpose

This is presented to the Board for:

- Support
- Awareness

This report relates to:

- Population Health

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is provided with an Annual Report

2.2 Background

The core purpose of the Director of Public Health (DPH) is as independent advocate for the health of the population and system leadership for its improvement and protection. This independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available.

Traditionally we have tried to use the Public Health Annual Report to focus on specific topics of relevance to Public Health – either a topic such as tobacco, a setting such as

workplace, or a community of interest such as older people or people within the community justice system. The reports for the past two years have focused on the pandemic.

2.3 Assessment

This year we have focused on Climate Change, as the current greatest long term threat to global health. The first part of the report looks briefly at how climate change affects public health, and some of the actions we can take that also have positive impacts on health and wellbeing, and potentially finances, for individuals and families. Climate change is one of the priorities for the Shetland Community Planning Partnership, with the DPH being the CPP management and leadership team lead for this.

The second part of the report looks at some of the key demographics and disease prevalence figures for the past year, and also summarises some key findings from the population health survey. The third part looks at some of the main activities undertaken by the Public Health Directorate and the final part will link to a set of more detailed topic specific annual reports produced by the Directorate.

2.3.1 Quality/ Patient Care

The teams who deliver patient facing services or work with the general public undertake feedback and evaluation from the service users, some of which is included in this report; and there are clinical governance processes in place for these services.

2.3.2 Workforce

Although we have maintained a slightly increased capacity within the Directorate since the pandemic, we still have fragile teams because of short term funding and Scottish Government funding cuts. We are still short of a legally prescribed 'Competent Person' to provide resilience to the Health Protection function but we are implementing a redesign of the teams to improve that situation.

2.3.3 Financial

The uncertainty surrounding future funding sources and time spent applying for funding, recruitment and constant extension/renewal of short term contracts is unhelpful.

2.3.4 Risk Assessment/Management

There is a major risk that the organisation will not have the capacity to manage future demand if there is not sufficient investment in preventative and population based work, to reduce ill health and inequalities.

2.3.5 Equality and Diversity, including health inequalities

Tackling inequalities is a theme which underpins and runs through our public and population health activity. The aim remains to protect and promote the health of the most vulnerable and disadvantaged within our community.

2.3.6 Other impacts

NA.

2.3.7 Communication, involvement, engagement and consultations

No communication and consultation has taken place prior to submission to the Board.

2.3.8 Route to the Meeting

This report was not considered by other committees prior to submission to the Board.

2.4 Recommendation

- **Support -**
- **Awareness -**

3 List of appendices

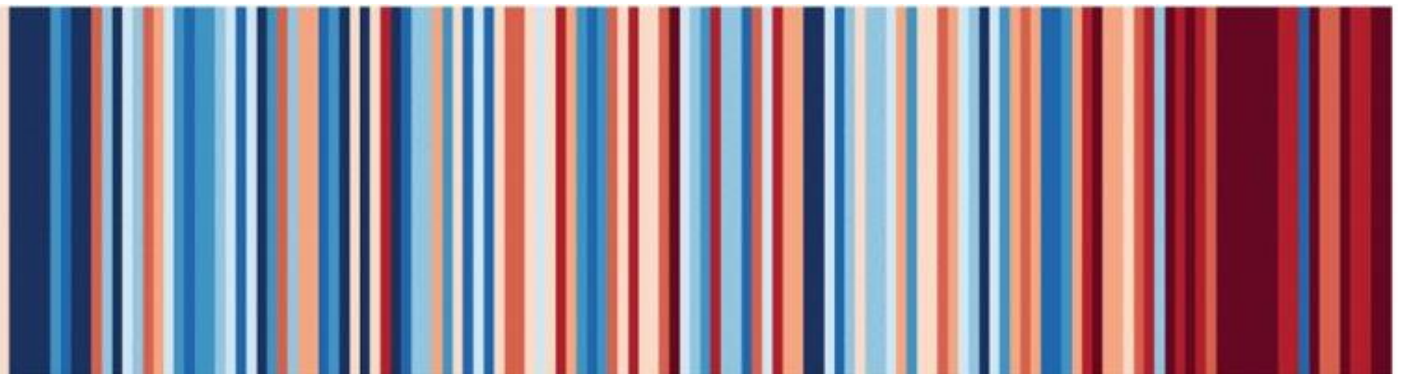
The following appendix is included with this report:

- Appendix 1 : Director of Public Health Annual Report 2022-23



NHS Shetland
Director of Public Health
Annual Report
2022 – 2023

Theme - Public Health & Climate Change



Forward

This is my third Annual Report as Director of Public Health for Shetland and as in previous years, I have focused on a theme of public health significance-climate change.

For the past three years, the public health community has been concentrated on the Covid pandemic, and recovery from the pandemic. We are still suffering from the effects of lockdown on mental and physical health, compounded by the cost of living crisis and impacts of global political unrest and war. However, climate change is the greatest long term global threat to public health which will impact on everyone, but also risks further increasing the inequalities gap between the poorest and most affluent in our society.



The threat to global health and ecosystems cannot be overestimated. The impact of just a few degrees increase in temperature may seem insignificant to those of us who enjoy a sunny holiday, but every incremental change has an impact on the environment and weather patterns. As well as the obvious and direct effects such as extreme weather events and their consequences, there are indirect and more subtle effects on fragile ecosystems and food production, leading to a multitude of potential health effects. Although this may seem overwhelming, there are steps that everyone can make, from individuals, to communities, public and private bodies and Governments. As a health organisation, the NHS is a large producer of carbon emissions, but there are actions that can be taken without compromising patient safety and care to move towards net zero. And on a positive note- many of the actions that can reduce or offset carbon emissions can directly benefit health and/or save money.

This report is split into four parts:

- Public Health & Climate Change
- Population Health Data for 2022-23
- Activity Report reflecting some of the work of the Public Health Directorate for 2022-23.
- Appendices-links to the other annual reports produced by the Public Health Directorate

I would like to thank all the members of the Public Health Directorate, and our colleagues across NHS Shetland and in other partner organisations and our communities for all their hard work in working towards achieving our aims of improving health outcomes and reducing the health inequalities gap. This is not easy work and there are no quick fixes. It takes perseverance and courage to commit to long term change in order to achieve the outcomes.

I hope you find this report informative and we welcome any feedback in order to improve the next annual report.



Dr Susan Laidlaw

Director of Public Health, NHS Shetland

Acknowledgements

I would like to thank all the Public Health Directorate staff for their contributions to this annual report, in particular Fiona Hall, Katrina Reid, Nicola Blance, Astryd Jamieson, Fern Jamieson, Laura Cheyne, Lynsey Rendell, Janice Henderson, Caroline Watt, Kathleen Anderson, James McConnachie, Melanie Hawkins, Kathleen Jamieson, Sarah Dempster.

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Part 1

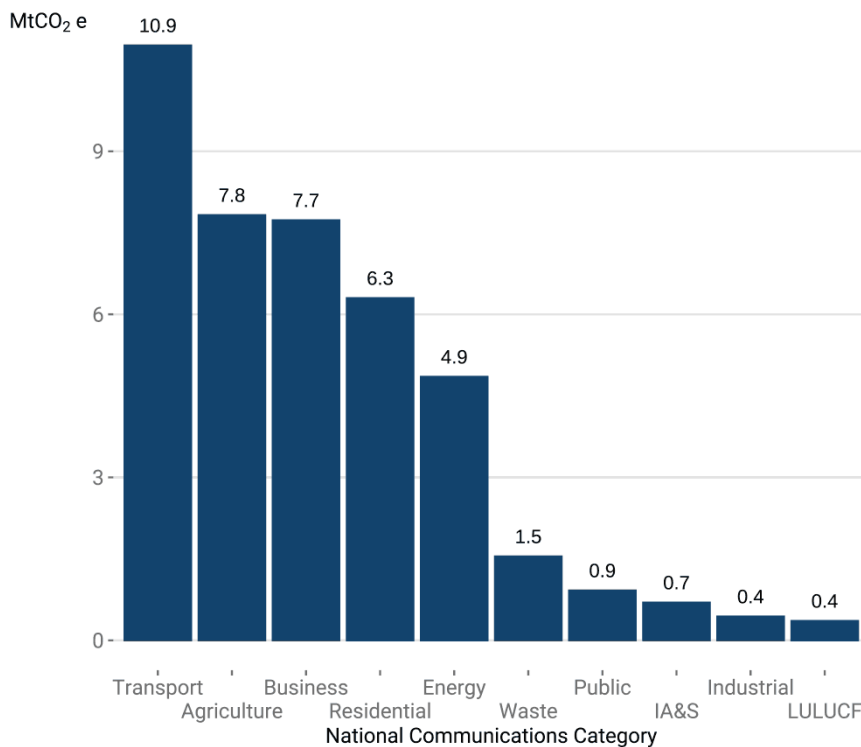
Public Health & Climate Change

1.1 What is climate change?

Climate change refers [to long-term shifts in weather patterns and temperatures](#).

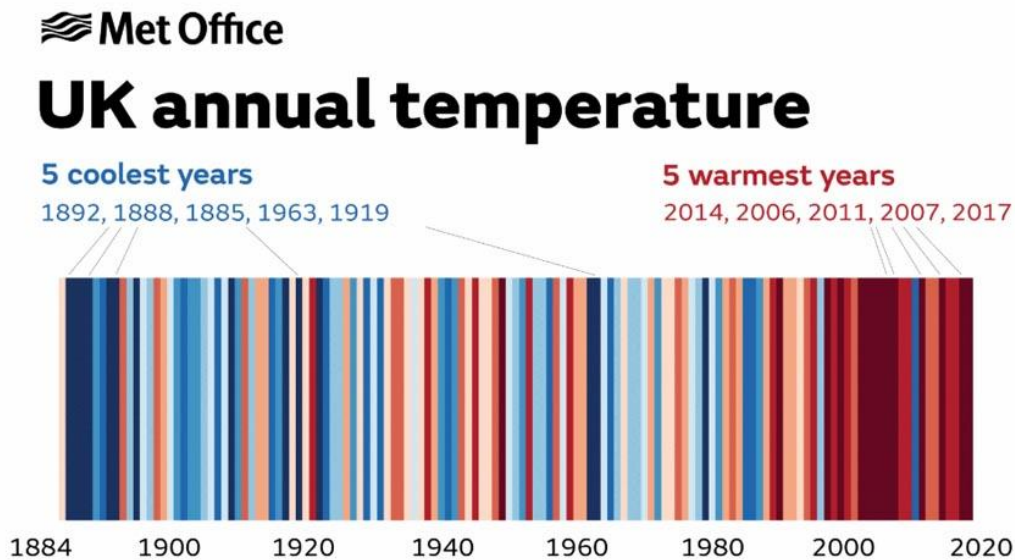
These can be natural, due to changes in the sun’s activity or large volcanic eruptions, but since the 1800s, the main driver has been human activities: primarily due to the burning of fossil fuels like coal, oil and gas. This creates greenhouse gas emissions that engulf the Earth, trapping the sun’s heat and thus raising temperatures. The earth has warmed by about 1.1°C since the beginning of the industrial revolution, with most of this warming happening in the last 50 years.

The main greenhouse gases that are causing climate change include carbon dioxide and methane. Energy, industry, transport, buildings, agriculture and land use are among the main sectors causing greenhouse gases. These are generated by petrol and diesel powered vehicles, and heating systems. Agriculture, oil and gas operations are major sources of methane emissions. Clearing land and cutting down forests can also release carbon dioxide.



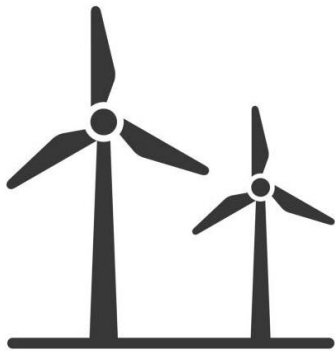
Sources of Scottish Greenhouse Gas Emissions 2021. Values in MtCO₂e. ([Scottish Greenhouse Gas statistics: 2021](#))¹

¹ LULUCF is ‘Land Use, Land Use Change And Forestry’



Global warming results in more intense heatwaves, heavier rainfall, food and water insecurity, and other extremes that put human health and ecosystems at risk. [In the past year](#) there were wildfires in Europe, floods in Pakistan, drought in Africa and heatwaves with new temperature highs and storms in a number of countries. In 2022 temperatures exceeded 40 °C for the first time in the UK, and there were nearly 3000 excess deaths in older people in England during the hot weather.

Scotland is already experiencing the effects of climate change, such as warmer summers and wetter winters. Although warmer weather may be welcomed in Shetland in the summer, the storms and snow in the winter led to considerable disruption and risk to property and health. Climate projections for the next century indicate that these trends will not only continue, but get worse. We have to now adapt and build resilience to the impacts of climate change alongside our actions to reduce emissions.



Scottish and UK governments declared a [climate emergency in 2019](#), with the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 increasing the emission [reductions target to net zero by 2045](#)

Reducing emissions means aiming for [Net Zero](#) ie the amount of greenhouse gas emissions we put into the atmosphere and the amount we're able to take out will add up to zero. Not all emissions can be avoided, so to get to net zero we have to offset these emissions example by planting trees, restoring peatland or using technology like carbon capture and storage.

There is an [Islands Centre for Net Zero](#): *"The ICNZ is part of the Islands Growth Deal, funded by the UK and Scottish Governments. Over the next 10 years, the ICNZ aims to accelerate decarbonisation across Orkney, Shetland and the Outer Hebrides, focussing on what makes sense for local people and environments, maximising community benefit from the transition to net zero and creating world leading skills and expertise across the Islands."*

Adaptation and resilience means preparing for the impacts of climate change which cannot be avoided, for example improving natural flood defences, ensuring transport networks are resilient to climate change and preparing infrastructure and economy for increased temperatures and more extreme weather events.

['Mitigating and adapting to climate change'](#) is one of the priorities for the Shetland Community Planning Partnership for 2023 -24 and onwards.

1.1.1 Health services and climate change

[Health services cause significant carbon emissions](#): *"If healthcare were a country it would be the fifth largest emitter on the planet. The global health care climate footprint is equivalent to the greenhouse gas emissions from 514 coal-fired power plants"*.

The [NHS Scotland climate emergency and sustainability strategy](#) 2022-2026 sets out the plans for NHS Scotland to reduce greenhouse gas emissions and impact on the environment, adapt to climate change and contribute to United Nation sustainable development goals. There are many ways we can reduce the carbon footprint of healthcare.

The [Scottish Chief Medical Officer Report](#) published in June 2023 focuses on how we can deliver healthcare in a more sustainable way: *"we can reduce the carbon footprint of our healthcare through promoting good health, detecting treatable and preventable illness early, utilising convenient access to virtual patient services when*

this is appropriate, reducing prescriptions that are redundant and working together to prescribe the right drugs for the right diagnosis.”

In Scotland there has been considerable work on '[Green Theatres](#)' to reduce carbon emissions -swapping from one medical gas to an alternative reduces carbon emissions by 80% (and it is cheaper).

'Green inhalers' are another innovation that can reduce carbon emissions. We need to prescribe a lot of inhalers, and they account for 25% of the carbon emissions in primary care. Traditional metered dose inhalers contain hydrofluorocarbons- and the environmental impact of one inhaler is the equivalent of driving 175 miles by car. An alternative 'dry powder' inhaler is the equivalent of driving 4 miles. (However, not all patients can use these alternative inhalers.)



1.2 Impact on public health

There is no doubt that climate change is one of the [greatest threats](#) to human health due to the impacts of severe weather events, including extreme heat; air pollution; changes in vector ecology (infectious diseases; increasing allergens; water quality impacts; water & food supply impact and environmental degradation).

It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the functioning of health systems. All aspects of health are affected by climate change, from clean air, water and soil to food systems and livelihoods.

The [World Health Organisation](#) states that “*further delay in tackling climate change will increase health risks, undermine decades of improvements in global health, and contravene our collective commitments to ensure the human right to health for all.*”

Whilst we may not see very extreme high temperatures in Shetland, we are being affected directly by 'bad' weather events locally, and will be increasingly indirectly affected by climate change in other parts of the world affecting food supply for example. And our agriculture and aquaculture sectors are likely to be effected by changes in temperature and ecosystems.

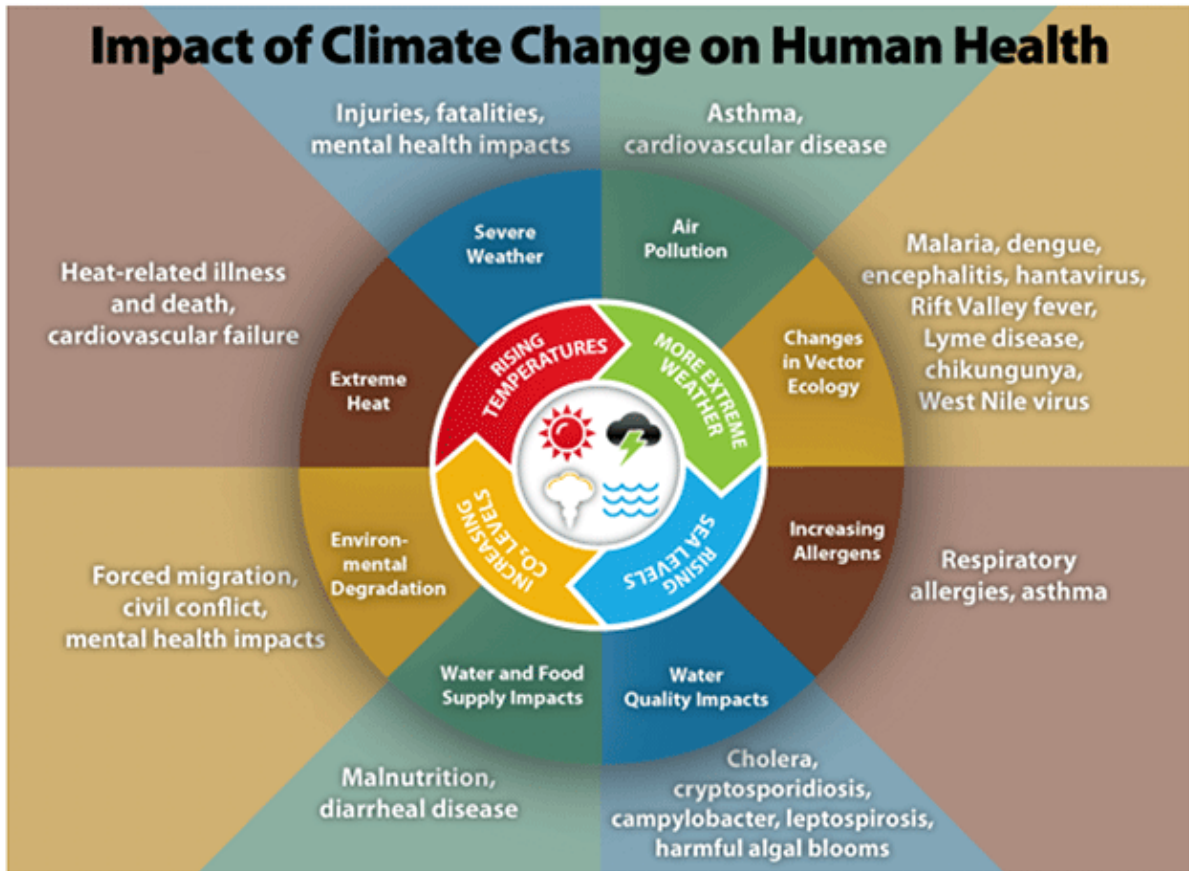
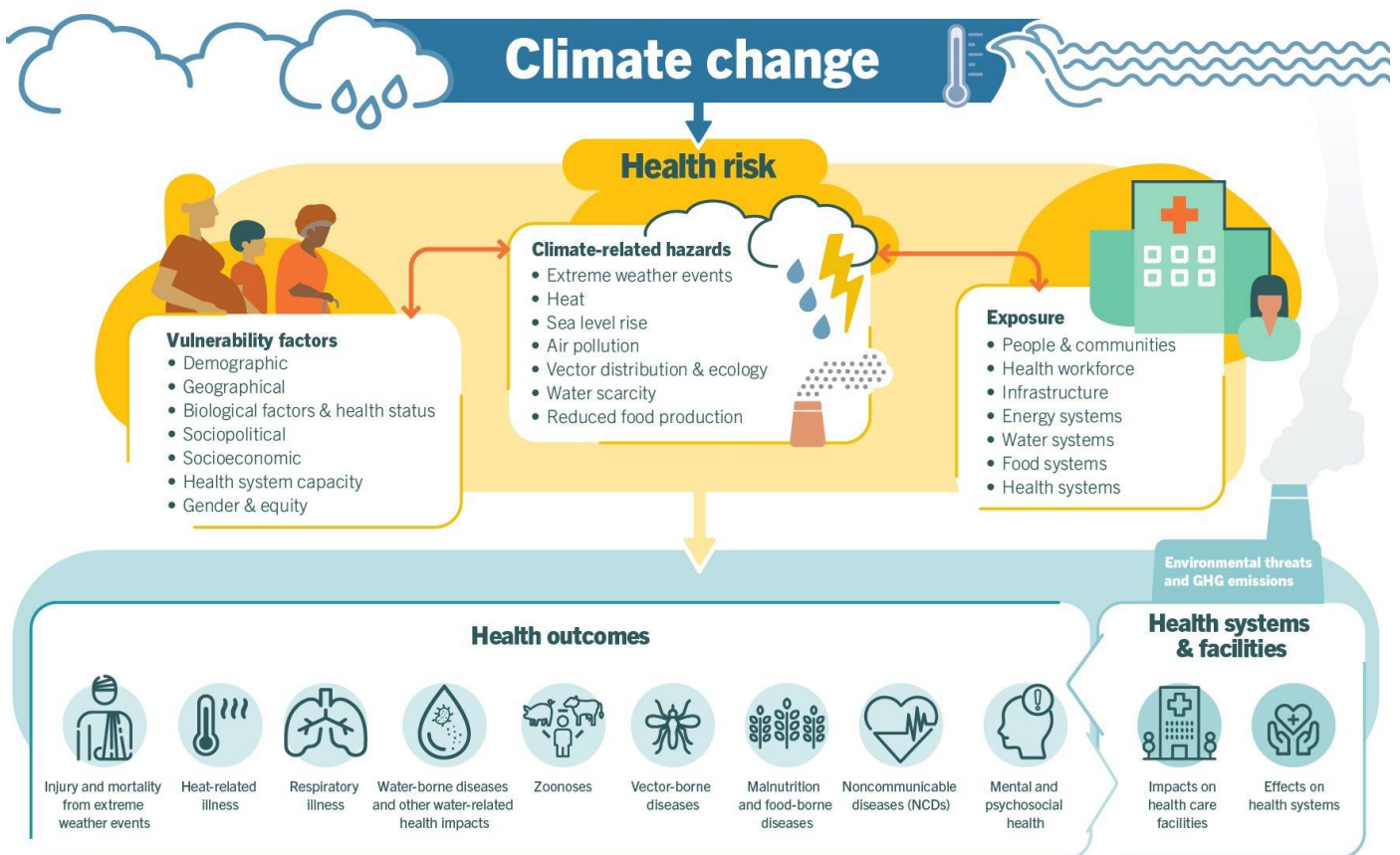


Image from [Chapter 4: Climate and Health: Planet and People in Partnership - Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023 - gov.scot \(www.gov.scot\)](#)

Furthermore, climate change, and the actions taken to tackle it, often affect people who are already more disadvantaged disproportionately. This is both in a global sense, with developing countries being more affected; and locally with the cost of taking action sometimes being prohibitive (for example the cost of investing in an electric vehicle or greener domestic heating systems).

Increasing food (and other commodity) costs due to the impacts of climate change and food insecurity also disproportionately affect poorer households, with wealthier households being able to absorb the increase costs more easily.





An overview of climate-sensitive health risks, their exposure pathways and vulnerability factors. Climate change impacts health both directly and indirectly, and is strongly mediated by environmental, social and public health determinants. ([WHO](#))

A ‘Just Transition’ is about supporting “a net zero and climate resilient economy in a way that delivers fairness and tackles inequality and injustice”. In Scotland there is a [Just Transition Commission](#) to support this ambition.

However, many of the actions we can take to reduce carbon emissions and tackle climate change also have benefits for health and save money. For example walking and cycling rather than driving; efficient home heating and insulation to reduce fuel usage and costs; growing fruit and vegetables at home, reducing costs and food miles and benefitting health through physical activity outdoors. Local actions in relation to two of these areas are explored further below.

1.3 Active travel

The [NHS Scotland climate emergency and sustainability strategy 2022-2026](#) highlights five main themes with associated actions, one of which is sustainable travel.

Locally the [Shetland Active Travel Strategy 2021-2026](#) sets out the vision, objectives and actions to increase walking and cycling journeys in Shetland. This is part of Shetland's response to challenges such as climate change, population health, socio-economic inequalities and continued prosperity. Additionally the [Active Shetland Strategy 2018-2023](#) seeks to support people in Shetland to be more active, increase opportunities and involvement across all levels. There are three working groups within this strategy with priority areas:

- Poverty & inclusion in sport and physical activity
Priority: Ensure those who face multiple barriers, discrimination or inequalities are supported to participate in physical activity and sport
- Supporting the inactive to get active
Priority: Develop targeted programmes of support and engagement for recognised inactive groups and people who are socially or economically isolated
- Active Outdoors
Priority: Encourage children and adults to connect with their natural environment and provide opportunities to participate in outdoor activity

The [Population Health Survey 2021/22](#) highlights that over 45% of individuals use a car to travel for work, school and college. With highest proportion walking to work, school, college in Lerwick North locality (28.9%). Over 70% of individuals across localities reported using a car for leisure activities. Lerwick North also had the highest proportion reporting walking to leisure activities (63.2%).

When asked if they were interested in increasing their use of active travel e.g. walking, cycling or using public transport 42% of respondents are interested. Responses varied according to age with the majority of those aged 65+ years reporting they were not interested in increasing their use of active travel. While over half of those aged under 40 years reported they were.

There was a considerable difference between men/boys and women/girls. A higher proportion of men/boys reported that they did own, or have access to a bicycle, 41.8% compared to 24.3% of women/girls. In Shetland there is a considerable lack of safe cycling and walking routes that are away from cars and accessible to all.

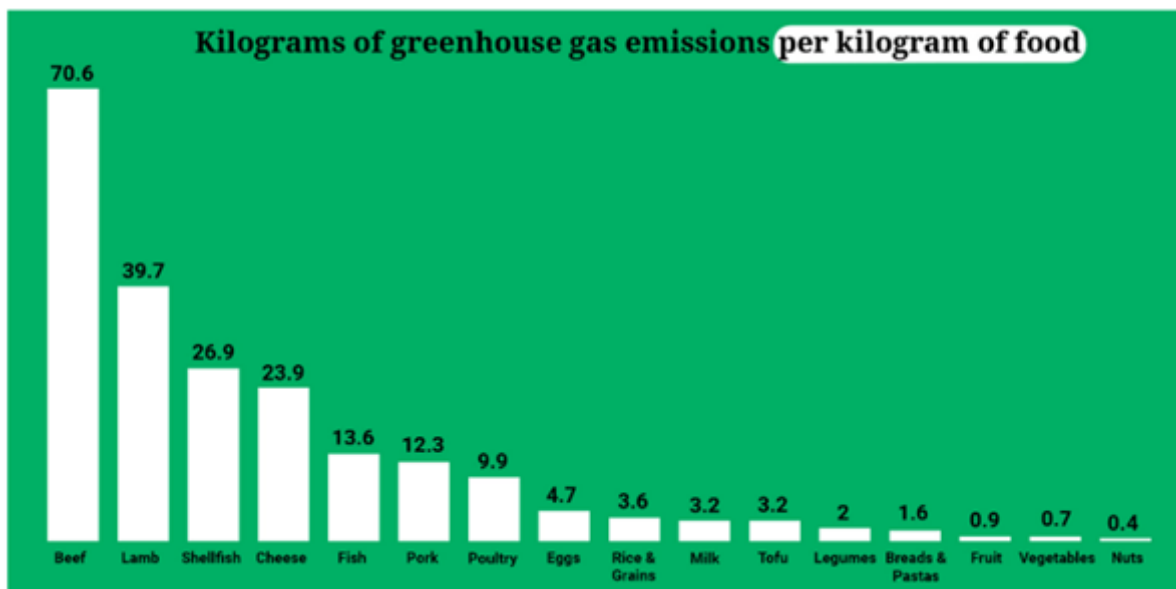


As an example of what organisations can do to reduce carbon emissions due to transport, NHS Shetland has significantly increased the number of electric vehicles in the Board fleet: with 100% of the cars in the fleet running off electric power and 33% of light commercial vehicles. This alongside staff travel off island also benefiting from the modernisation of Loganair airplanes to ATR-72 will help to meet nationally set target for 20% reduction in staff travel emissions by 2030. Staff have access to a car salary sacrifice scheme to allow them to upgrade their personal vehicles to lower emission or zero emission vehicles which should assist in lowering the grey fleet impact on the environment. The Board also has a fleet of 12 electric bicycles located across Shetland that promote the principles of active travel for staff business travel.

1.4 Food

The relationship between healthy diets and climate change is complex. There are many different factors which influence food choices and behaviours including access to and availability of food, food costs, food production methods and the local economy. These factors also impact on climate change. About a [third of all human-caused greenhouse gas emissions are linked to food](#).

Agriculture and land use are the most significant contributors to food related greenhouse gases, for example through the management of livestock and the use of fertilisers. Whilst meat and dairy can be important sources of protein in a balanced diet, plant-based sources of protein can provide greater health benefits and their production releases less greenhouse gases. However, these food groups can be more costly and this is an important factor, particularly considering rising costs of living. In order to reduce emissions we need to consider how changes can be made in the food industry, from producer to consumer.



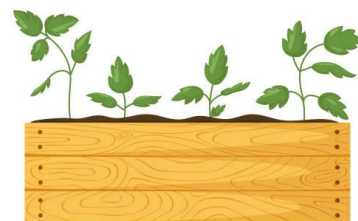
Locally, Shetland has a long history of [producing high quality foods](#). Fish, meat and dairy are in plentiful supply for both local consumption and global export. Despite the colder temperatures and windy climate vegetables, particularly root vegetables, are widely grown whilst other vegetables are grown in plantcrubs which were traditionally used for growing cabbage and kale. Increasingly more fruit and vegetables are being grown locally through modern polycrubs used by both producers and individual households.

There is a lot of local activity in Shetland focused on producing locally and supporting consumers to have greater access to food which is both healthier and better for the environment. [Transition Turrielfield](#) has been producing local grown fruit and vegetables for 15 years and Grow Shetland is a current project supporting local communities to grow their own. [We know that about a third of the Shetland population currently grow their own food](#) and almost a fifth of the population want to grow more of their own food. Whilst older age groups are more likely to grow and eat their own produce, there is a higher proportion of younger people who would like to grow more of their own food than they currently do. The most frequently reported barriers for people to grow their own produce were space and time.

It is important to recognise high costs of living in Shetland and that there are increasing numbers of households accessing food parcels through the [local foodbank](#). Whilst growing produce can be a cheaper alternative, the time and space that is required can be more of a limiting factor for households who are struggling financially. The [Shetland Fair Food Project](#) is a partnership approach which aims to help communities across Shetland access affordable, healthy and environmentally sound food.

Whilst there is much activity which seeks to support communities to access healthier food which is also better for our environment, it must also be recognised that our [local economy is a key driver of food production and consumption](#) in Shetland. Along with the global export of produce, employment within the food industry is an important source of income across the Shetland Isles.

There are many opportunities and challenges for public health when considering how we can tackle climate change and through the production and consumption of food. The 'co-benefits' of healthier diets and environmentally friendly approaches to food production and distribution are clear but they can come with a cost for individuals, communities and businesses. One thing is certain; we must continue to raise the issue, communicate and involve people and communities in understanding these opportunities and challenges.



Part 2

Population Health Data


2.1 Demographic data



Population estimates


The population of Shetland Islands is **22,940**.

This is an **increase of 0.3%** from 22,870 in 2020.





Population structure

The 0-15 year age band has seen the biggest decrease over the last 20 years, **-14.2%**.



The 65-74 year age band has seen the biggest increase over the last 20 years, **69.9%**.





Life expectancy at birth

Life expectancy at birth in the Shetland Islands is higher for females than males

Male	Female
	
79.7 years	83.3 years

Over the last ten years life expectancy has **increased by 2.3%** among males and **2.8%** among females.



Healthy life expectancy at 65 years

Healthy life expectancy at 65 in the Shetland Islands is higher for females than males



Over recent years healthy life expectancy at 65 has **increased by 2.6 years** among females and **decreased by 0.77 years** among males.

	11.0 years
	14.5 years

 **Births and deaths** 


The birth rate in the Shetland Islands is **9.0 per 1,000** population. This is an **increase** from 8.7 per 1,000 population in 2021.

The death rate in the Shetland Islands is **10.0 per 1,000** population. This is a **decrease** from 11.2 per 1,000 population in 2021.


<75 years **Premature mortality** 

The rate of premature mortality in the Shetland Islands **increased by 2%** to **362.7 per 100,000** population in 2021. It has **increased by 5%** among males, and **decreased by 7%** among females.




 **Cancer - premature mortality**


The rate of premature mortality due to cancer in the Shetland Islands has **decreased by 6%** to 160.1 per 100,000 population in 2021.

 **Circulatory disease - premature mortality**

The rate of premature mortality due to circulatory diseases in the Shetland Islands has **increased by 10%** to 76.7 per 100,000 population in 2021.

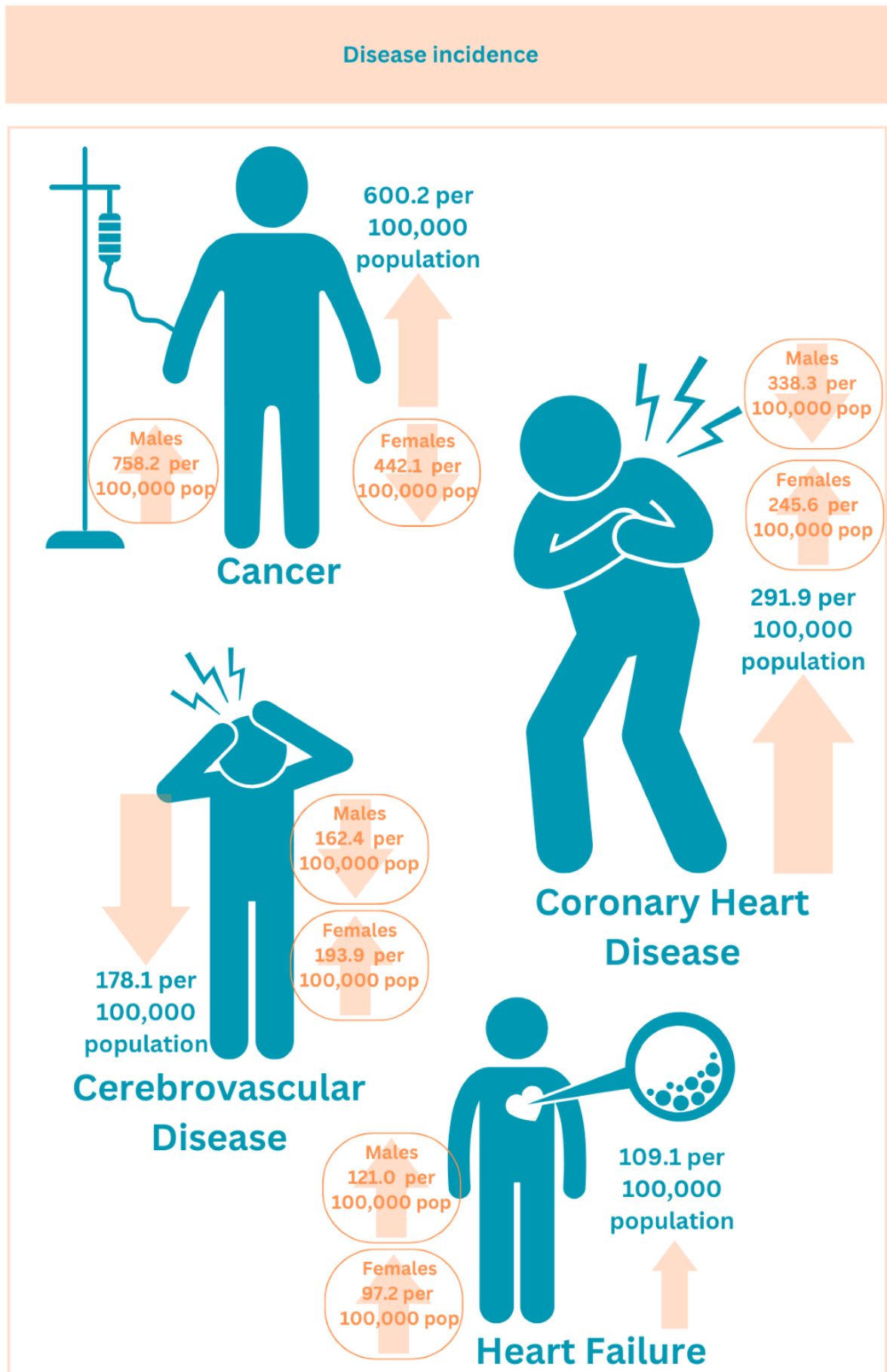
 **Respiratory disease - premature mortality**

The rate of premature mortality due to respiratory diseases in the Shetland Islands has **decreased by 52%** to 8.4 per 100,000 population in 2021.


 **COVID-19 - premature mortality**

The rate of premature mortality due to COVID-19 in the Shetland Islands has **decreased by 3%** to 8.4 per 100,000 population in 2021.


2.2 Disease Incidence




2.3 Population Health Survey



Shetland Population Health Survey




Over half of 18-29 year-olds reported having **felt lonely** in the previous two weeks.




Loneliness appears to **decrease** as **physical activity increases**.

Over **40%** reported that they would be interested in **increasing their active travel**.




Over **70%** of those who reported **active travel** to work/school/college, also reported that they were interested in being **more physically active**.

44.7% of respondents identified that **unaffordable heating costs** are a problem for households.




Those who **rent** their home had the **highest proportion** reportedly in **bad/very bad** general health.

Levels of **chronic pain** are **higher** among **men/boys** compared to **women/girls**.



Levels of **mental health** conditions are **higher** among those who live with **chronic pain**.

Perceptions of **good/very good general health** have **worsened** since **before the pandemic**.



Over **50%** of those who reported being in **good/very good general health** were working as an **employee**.

Part 3

Directorate

Activity Report

3.1 The Health Improvement Team (Healthy Shetland)



During 2022–23 the health improvement team continued their work across the length and breadth of Shetland to improve the health and wellbeing of individuals or communities. A key theme is enabling and encouraging healthy choices as well as addressing underlying determinants of health such as poverty, housing, working conditions, educational opportunities and life/work skills. The team works with a wide range of partners to influence policy, service provision and wider environmental factors that help support positive health outcomes for our population, especially those in greatest need.

Two significant pieces of work in 2022-23 were the launch of a new [Healthy Shetland](#) website which provides an important resource to the community and self-help advice. And the publication of the [Shetland Population Health Survey](#), providing invaluable data for developing and improving services. Some of the key findings from the Population Health Survey are included in Part 2 on Population Health Data.

This section describes some of the other main areas of activity for the Health Improvement Team over the past year.

- Get Started with Healthy Shetland
- Smoking Cessation: Quit Your Way with Healthy Shetland
- Healthy Shetland Activity Challenge
- Money Worries
- Alcohol Brief Interventions
- Healthy Weight and Diabetes
- HENRY
- Community Link Work
- Good Mental Health for All
- Otago Falls Prevention Programme
- Workplace Engagement / Sustrans project

Get Started with Healthy Shetland

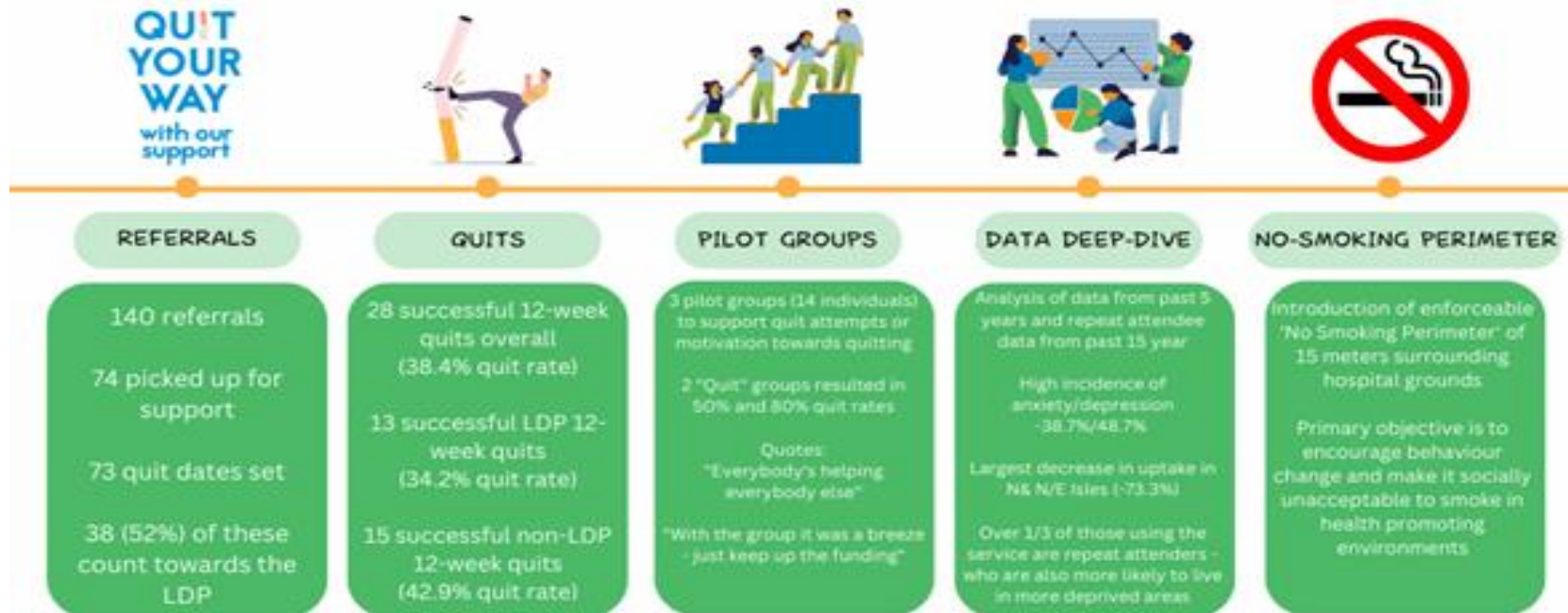
Our '[Get Started with Healthy Shetland](#)' programme is a population wide healthy lifestyle programme. It is bespoke to Shetland, in that it's written, delivered and evaluated locally. We focus on improving a wide range of health such as diet, activity, weight, sleep, mood and more! The programme is run within the local leisure centres with the help of the Shetland Recreational Trust staff and runs for a year, meeting fortnightly initially and less frequently as the year progresses. Locally, we have eight Shetland Recreational Trust staff members delivering the sessions, with the support of NHS Health Improvement Practitioners.

During 2022-23, our Get Started with Healthy Shetland programme has seen some groups reach the finish mark, whilst other groups are just getting started. The data collected from those who have finished the 12 months show some brilliant changes made. Notably, those who lost weight initially have maintained that weight loss, 100% of participants still feel like they are making healthier choice than when they started the programme and 95% of participants feel their mood has improved. As expected there has been some drop offs, but the uptake at 12 months is still very high for a year long programme. Moving in to 2023-24 we expect more groups to start and a thorough evaluation of the programme to begin.



Quit Your Way with Healthy Shetland 2022-23

Last year saw changes to how we receive and process referrals alongside a reduction in staff capacity, resulting in a slight drop in our overall quit rate and the number of individuals we were able to support. The LDP of 38 quits from 60% SIMD zones remains elusive! We progressed our goals to increase capacity and accessibility of the service through three successful pilot stop-smoking groups, and conducted a 'deep-dive' of our smoking cessation data to better inform the direction we take in the future. This year also saw the introduction of the enforceable 15-metre no-smoking perimeter legislation.



Money Worries

'Money Worries' is a partnership between by NHS Shetland, Shetland CAB, Shetland Islands Council and Anchor for Families. The focus is to deliver training and information sessions which seek to:

- highlight the relationship between poverty and health,
- encourage professionals to start conversations about money and to understand the value in using existing relationships to initiate this discussion,
- raise awareness of local support services such as CAB and Anchor and, through the use of case studies, to demonstrate the impact they can have in reducing poverty for individuals and families
- encourage attendees to refer the people they support for financial help

From April 2022 to March 2023:

- 215 people were booked on the course
- 155 people attended the course
- Those attending included employees of SIC, Third sector, and NHS; as well as volunteers from local community organisations.

Feedback showed that 97% of respondents had found the session useful. People felt they had gained confidence and knowledge around raising the issue of money with individuals.

"The knowledge I have gained will help when dealing with customers directly, supporting and training my team as well as in my personal life"

The Cost of Living crisis raised the profile of Money Worries which was a recognised opportunity for increasing local capacity for supporting individuals and households experiencing financial pressures. In early 2023, the number of bookings began to drop. Along with changes in teams involved, consideration was given on how to ensure sustainability of the project. The delivery of live sessions was stopped and a plan was put in place to make recordings available on the SIC Cost of Living web pages.

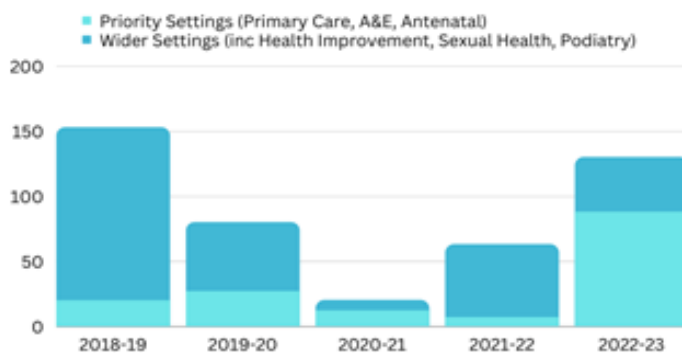


Alcohol Brief Interventions

Alcohol Brief Interventions are short, structured conversations about alcohol consumption with an individual. Using behaviour change techniques, they aim to motivate and support the individual to think about their drinking behaviours and possible changes they could make to reduce their consumption.

ABIs are an important tool in having timely conversations about alcohol and may be the first step in someone making changes. They are one of the board's key targets and are monitored across health care settings. The Health Improvement Team undertook a project in 22/23 with the aim of improving ABI delivery and recording across these settings.

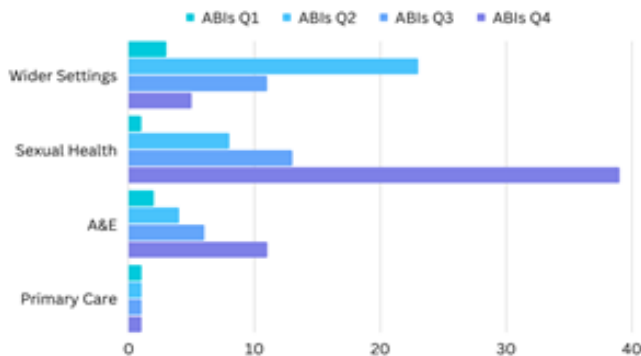
The graph below shows the numbers recorded since 2018 in priority settings such as Primary Care, A&E and Antenatal services, and the wider services such as health improvement, sexual health and podiatry,



The data shows that the number of ABIs completed has been reducing since 2018, with the majority coming from the wider settings. These were due to delivery via specific programmes such as Keep Well health checks and Counterweight delivery. A further reduction in numbers was seen in 2020-21 as a result of COVID-19.

The project identified local ABI training as a key improvement action, targeting the priority settings. On meeting with services and reviewing the literature a new ABI training package for Shetland was developed which consisted of a 1.5hr online session with an accompanying handbook.

Training has been rolled out since December 2022 and up to 31 March 2023, 24 NHS Shetland staff, including almost all A&E's staff, have been trained. The training has had a direct impact on the number of ABIs being recorded in these areas, with a marked increase in the final quarter of 2022-23.



Going forward in 2023-24 we will be continuing to offer regular online training, with support from other agencies being investigated. So far this training has been focused on frontline NHS Shetland staff, however the training will be opened up to non-NHS Shetland staff to encourage other groups, eg emergency services, to do ABIs when the opportunity arises.

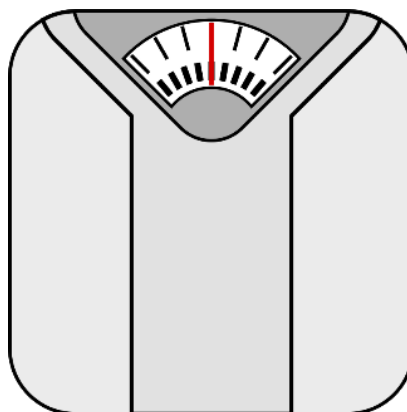


[Alcohol Brief Interventions \(ABIs\) – Healthy Shetland](#)

Healthy weight & diabetes

We are working in partnership with NHS Shetland Dietetics Team to review, redesign and pilot [adult healthy weight programmes](#) in line with the national healthy weight standards including:

- Single point of referral and triaging system for all adult referrals across Tier 2 and 3 weight management services. This will simplify the process for referrers, allow self-referrals and ensure that patients are offered the most appropriate service for their needs.
- Ongoing pilot of Counterweight Plus for Type 2 diabetes remission.
 - First cohort of patients have either completed or most of the way through the programme, the majority of which has been delivered online. Due to the nature of the programme, remission data will be reported at a later date.
 - Challenges were faced with delayed confirmation of funding in 2022-23 and therefore significant delays in recruiting new patients. Working with Levenwick Health Centre to promote the programme and optimise the referral process.
 - Pilot of outsourced psychology support to take place later in 2023-24.



Quotes from patients who have taken part in the Counterweight Plus Programme for Type 2 Diabetes Remission

I enjoyed the experience and proved to myself and others that it can be done.

The level of support was always just what I needed. I am more confident to be more active and do things I may not have tried before.

I found it a very practical programme but there was a lack of emotional and mental health support. Headspace was a big part of why I couldn't maintain.

The program was an opportunity to proactively confront my diabetes and excess weight. I was given support to take control and make positive changes to my life. previously I was passively taking tablets and feeling a failure for 'sinking' to the point of needing them. I was given the tools and practical know how to make a difference to my lifestyle. The support was invaluable. The program was life changing. Thank you so much!

Personally, I changed for the better. I've changed my diet whilst still enjoying food. I enjoy cooking but have eliminated fats, sugar, bread and potato. Healthier alternatives prevail

I know my body better and am proud of it. It has helped me in my therapy to relate my body image to past trauma and not to give up on myself.

I cannot honestly believe how lucky I was to be chosen for this programme and want to thank you for the change and hope it has given to me. My dietician is a lovely empathic professional person. I have wavered and feel guilty still about not doing what I should (ie a little weight gain) but I have hope now to maximise the opportunity I now have. Thank you all so much. I want to stay as long as I can.

HENRY

HENRY's [Healthy Families: Right from the Start Programme](#), and associated workshops, is a holistic approach to support families to achieve a healthy start in life. Locally there are 11 trained HENRY facilitators, including staff in the Health Improvement Team. These facilitators support parents and carers with a child aged between 0-5 years through the Healthy Families Right from the Start programme. In addition to the programme, there are 6 standalone HENRY workshops:

- Starting Solids
- Eat Well for Less
- Fussy Eating
- Healthy Teeth
- Looking After Ourselves
- Understanding Our Children's Behaviour



During 2022-23 local facilitators delivered:

- 4 Fussy Eating Workshops,
- 4 groups – 3 face-to-face and 1 online
- And 3 families completed 1:1 support

During the programme, parents complete a pre and post questionnaire and parents are asked for feedback on their experience. All the families completing the questionnaire would recommend the programme to others and enjoyed learning from other parents and the HENRY content. Families also report making changes to become more active, eating together at mealtimes and using family reward systems.

“I enjoyed trying out the different snacks with my youngest child, and what portions sizes to give them. I found what the group said and HENRY book helpful with regulating emotions and ways to keep them active.” – A parent on what they enjoyed most about the programme.

“Eating together more at mealtimes, using a reward system for my older children which is working well. Getting out more and doing more as a family.” – A parent on the changes they have made.

Community Link Worker

Following a pause in service delivery due to the Covid19 pandemic, the NHS Shetland Health Improvement team began a process of service development to strengthen the provision of health improvement activity within communities and to support patients to access and engage with wider support that is available through statutory and third sector provision across Shetland.

In December 2021 a working group with representation from Health Improvement, Primary Care, Adult Social Work, Community Learning and Development and the third sector was established to review activity and consider potential developments. This work sat within a Primary Care Transformation programme being led by the Director of Health and Social Care for Shetland

A pilot for a [Community Link Worker](#) post in two health centres, Whalsay and Brae, was created with the following outcomes agreed:

- Connections between community resources and primary care are strengthened.
- Pressure on general practice is reduced.
- Improved health & wellbeing outcomes for individuals.
- Gaps in local provision which can address local need and tackle health inequalities are demonstrated with evidence.
- There is clarity on how the CLW role compliments and aligns with the existing HIP role.
- Opportunities for enhanced community-based support through future development of CLW activities are identified.

The CLW postholder commenced in the new role in December 2022. Following a three month induction period, the post holder started to take referrals from Whalsay Health Centre at the end of March and the Brae Health Centre at the beginning of April. Early indications suggest that the CLW project is having a positive impact on patients, colleagues in primary care and the delivery of wider health improvement services. On completion on the pilot a full report will be shared and be used to develop the next steps for the role.

Good Mental Health for All

The [Good Mental Health for All](#) project is being funded by the Shetland Integration Joint Board with the aim of developing:

1. A reliable evidence base that demonstrates community mental health and wellbeing need
2. A Shetland Mental Health and Wellbeing Strategy, based on a public mental health approach
3. A successful community mental health partnership to provide leadership and deliver on strategy outcomes

The project is led by a focused and dedicated multi-agency steering group that represents the following sectors:

- Lived Experience
- Public Health
- Primary Care
- Community Development
- Voluntary Action Shetland
- Children and Young People's Mental Health and Wellbeing Group
- Community Hubs and Community Ethos Group
- Health Improvement



Activity during 2022 -2023

- ✓ Agreed scope of work, and scope of future strategy
- ✓ Established relationships with stakeholders, communications plan in place
- ✓ Data gathering exercise
- ✓ Mapping of community assets
- ✓ Scoping of strategic landscape, locally and nationally
- ✓ Agreed basis of a local mental health indicator 'dataset'
- ✓ Agreed approach, principles and priorities for a consultation and engagement
- ✓ Expressions of interest sought
- ✓ Discussions around future leadership and associated funding

Project development paused January – March due to resource issue

Otago Programme - Falls Prevention

In Shetland, there were six steady classes of [Otago](#) running at the end of March 2023 with a total of 46 participants.

In February 2023, 13 Shetland Recreational Trust exercise professionals and 1 NHS staff member completed the Otago Exercise Programme Leader training, delivered by LaterLife. The training that was delivered allows staff to carry out the Otago programme in their locality and continue to support falls prevention across Shetland. The funding was granted from the Integration Joint Board and has contributed to the sustainability of the service. As a result of the training and increased capacity to deliver Otago, NHS Shetland and [Shetland Recreational Trust](#) are working together to deliver an improvement plan focused on equitable and sustainable delivery of Otago. The priorities for this improvement plan were agreed in March 2023 as being to:

- Create a data collection process for referrals
- Move from paper based PDF to MS forms to coincide with the data collection database
- Carry out a standardisation process across all centres and instructors
- Incorporate qualitative questions into the assessment process to gain more in-depth analysis
- Develop an audit tool to assess current delivery and practice
- Establish a south mainland programme using the new instructors



Workplace Engagement/Sustrans Project

The [Sustrans Workplace Engagement Officer](#), based in the Health Improvement Team, had a key role in many projects across NHS Shetland in 2022. The officer maintained a pool of 12 e-bikes for staff to use for workplace journeys. This included e-bike inductions, documentation and usage, coordinating annual e-bike checks and being a contact if issues arose. The officer also led weekly staff walks and encouraged walking meetings by supporting staff to find a suitable route for their team.

The officer worked collaboratively across NHS Shetland sites, building strong relationships and encouraging staff to be more active. Maintaining the Microsoft Team, social media and promotional materials such as leaflets and posters.

In June 2022, the officer presented their poster “Active Travel within NHS Shetland” at the NHS Scotland event.

The Workplace Engagement Survey in September 2022, collated responses from staff across NHS Shetland, from which the Research and Monitoring Unit (RMU) develop an annual report. The report highlights the significant difference the officer has had in increasing activity across NHS Shetland, such as 40% of participants doing more cycling and 23% doing more walking after engaging in an officer-led activity.

The [Women into Cycling](#) course was locally developed by the Workplace Engagement Officer and local Cycle Scotland Officer to support women to get into cycling. The workshops covered cycling skills, basic maintenance, and group cycling. Participants reported being fully satisfied with the course and that, as a result of the course, they would be cycling more. Participants were reassured, felt confident in bike maintenance and the updated highway code. They also enjoyed the relaxed atmosphere, meeting new people and getting hands-on experience with their bikes.

“Along with how to ride a bike for the first time the knowledge about repairs was fantastic”
– Participant on what they learn from the course

“Being part of a group and having a mix of learning and practical time outside with the bikes” – Participant on what they enjoyed most about the course



Active Travel within NHS Shetland



Background

In September 2019 the Workplace Engagement Programme was established for NHS Shetland in partnership with Sustrans Scotland.

Project Aim

To increase active travel in NHS staff and create a culture where this is normalised.

To align with NHS Shetland strategic commitments¹, emphasising preventative approaches to “ensure that their actions maintain and promote the health, and wellbeing of all staff, patients and carers”².



Methodology

- Initially to establish baseline active travel figures in NHS Shetland by:
 - Engaging staff to understand opportunities and barriers to active travel
 - Active Travel Survey for all staff
 - Understanding existing active travel measures
- Following this, the below actions were completed:
 - Implementation of a **network of eBikes** (12 in total) for NHS Staff across Shetland
 - Delivering **activities** including led walks, eBike inductions, information stalls, Dr Bike sessions
 - Organising **workplace challenges** including “Cycle to Anywhere Day” and the “Step Count Challenge”
 - Raising awareness of initiatives such as the **Cycle to Work** Scheme and cycling mileage claims
 - Developing **Active Travel resources** and promotional materials

Intended benefits:

- HEALTH:** improving mental health and wellbeing, reducing risk of obesity and other diseases.
- EFFICIENCY:** improving productivity, boost staff morale and reduce sickness absences.
- FINANCE:** cost savings from fuel.
- ENVIRONMENT:** reducing carbon emissions and improving air quality.
- AWARENESS:** increased awareness of active travel.

Outcomes

“ This scheme has encouraged me to cycle more with the aim of covering larger distances. It has also encouraged me to be more physically active again in general e.g. walking.

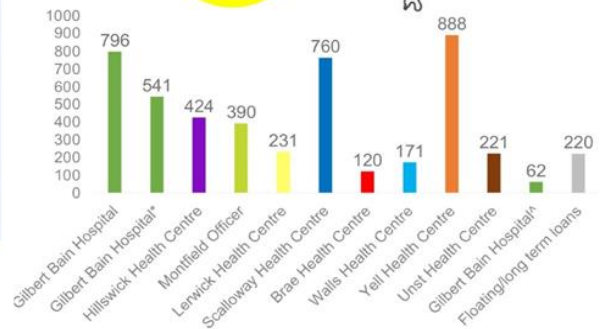
- Between September 2019 and April 2022, staff have cycled **4,824 miles** (7,764km) using the eBike network.
- Saving an estimated **1,242kg of CO2**, compared to equivalent car journeys
- ↑ **walking to work**³: from 12% at baseline to 22% (2020-2021)
- ↓ **Solo car use**³: from 77% at baseline to 51% (2020-2021)
- Staff report **feeling benefits** to their mental and physical health
- Awards granted:**
 - Cycle Friendly Employer Award (Gilbert Bain Hospital)
 - The Walk at Work Award (all sites)

Poster authors: Monika Farkas, contact: monika.farkas@nhs.scot; Gareth Davies; Caroline Tough.

“We aim to make Shetland the most Active Community in Scotland”⁴



1. Photo of eBike in Shetland; 2. eBike storage unit
3. NHS Staff trying eBike in Whalsay



Case Study: Changing Behaviours

Due to Covid-19, ‘Cycle To Work Day’ was adapted to an online event. The Health Improvement Team within NHS Shetland had tried to engage with Whalsay, one of the islands, for many years without success. Staff from Whalsay took part in the initiative, which has led to a staff eBike and storage unit at the Health Centre to support active travel.



Photo 4 & 5: NHS Staff after eBike induction in Whalsay

“ Staff here were all very sceptical when the mention of an eBike was broached ...a bit of an eye rolling moment for some, HOWEVER, this has definitely been one of those instances when the thought was far worse than the doing... Having the bike here has been surprisingly easy, and fun to boot, so embrace the opportunity, get mobile and enjoy

Manager at Whalsay Health Centre

3.2 Partnership working

We work closely with our partner organisations in Shetland at both a strategic and an operational/ delivery level. We cannot achieve our aims of improving population health and reducing health inequalities without working with partners in areas such as community planning, housing, education, employability, community justice, emergency planning, children’s services, transport, community learning and development and the third sector. These partners have a significant role to play in tackling the underlying determinants of health, and inequity, and health inequalities.

The Director of Public Health sits on the [Community Planning Partnership](#) Management and Leadership Team and other members of the Directorate are member of the Community Planning network. During 2022-23 our Senior Public Health Analyst worked closely with the Community Planning Team on a significant piece of work to develop [Locality Profiles](#) covering all communities within Shetland. We led or were involved in a number of specific projects (those led by the Health Improvement Team have been highlighted above) [Eating Well for Less](#); tackling the [cost of living crisis](#); [Money worries](#); [Good Mental Health for All](#); [Get started with Healthy Shetland](#); [Population Health Survey](#). .

We participate and lead on areas of work in a number of other partnerships including the [Community Justice Partnership](#), [Drug & Alcohol Partnership](#), [Children’s Planning Partnership](#), [Domestic Abuse Partnership](#); [Integration Joint Board/ Community Health & Care Partnership](#); [Community Learning and Development Partnership](#).



Shetland
Alcohol & Drug
Partnership



Shetland
Domestic
Abuse
Partnership



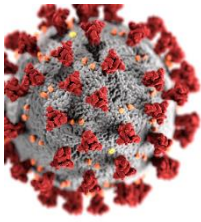
**Shetland Community
Justice Partnership**

Prevent, Reduce, Reintegrate



3.3 Health Protection

3.3.1 Communicable Disease Control



The Covid-19 pandemic continued to dominate the work of the Health Protection Team during the first half of 2022–23 but since then the direct impact of the pandemic on workload has lessened. As UK and Scottish Government policy changed through the year, this resulted in changes to the Test and Protect service. In July 2022, the Test and Protect Team began winding down after two years playing a central role in the management of the pandemic. Over 60 staff were involved with the team on a fixed-term, re-deployment, or bank basis since May 2020, with over 64k swabs taken in Shetland and nearly 7.2k positive cases recorded.

Testing for Covid-19 began to scale back throughout this period; the focus being on testing those who were symptomatic, most vulnerable and considered higher-risk due to their personal or occupational circumstances. We continued to actively manage outbreaks in care homes: there were 17 Covid-19 outbreaks in care homes throughout the period; most of those, unsurprisingly, occurred during the winter months with a period of reprieve from August through to November. In the early part of 2023, we observed the return of Influenza A circulating alongside Covid-19 and other winter respiratory illnesses in our community with a sharp peak in the numbers of cases in January. Around that time there were two separate outbreaks of Flu A in care homes. The Health Protection Team have collaborated closely with Infection Prevention and Control Team in supporting these vulnerable care home communities at highest risk from outbreaks of winter illnesses.

In August 2022, we became aware of a growing cluster of Group A Streptococcal (GAS) infections affecting mostly school aged children in the North Mainland. Soon after, national reports indicated a similar picture across the country, this initiated national messaging and local communication to ensure the public were aware of how to recognise and seek treatment for the infection to curb further spread. As expected, and like previous years, we saw a steady small number of gastrointestinal infections notified throughout the year; this included a small cluster of Shiga Toxin-producing *Escherichia Coli* (STEC) cases reported near the end of the summer. On investigation these cases were found to be unconnected and linked to travel off the island.

We also saw an increase in activity around Avian Influenza across Scotland, and in Shetland it was reported widely that a vast numbers of wild birds had succumbed to the virus; this did have some impact on tourism activity and affected an isolated number of domestic poultry in the isles that initiated a period of monitoring to assess the risk to human health.

During 2022-23 Health Protection Team have been active in developing and updating procedures and guidance and improving our clinical governance procedures. Further information on communicable disease control activity is in the Control of Infection Committee Annual Report 2022-23.

3.3.2 Vaccination and Immunisation

Vaccinations are one of the most effective preventative interventions that we have: the World Health Organization (WHO) states that “the two public health interventions that have had the greatest impact on the world's health are clean water and vaccines”. There are several national population based immunisation programmes: baby and pre-school vaccinations programmes; school based programmes; the seasonal flu and covid vaccination programmes; adult pneumococcal and shingles; vaccinations for pregnant women and high risk babies; and vaccinations delivered in the sexual health clinic. There are also travel; occupational health and ad hoc vaccinations (eg post exposure).

In April 2022, we established a dedicated vaccination team, as part of the Public Health directorate. The team includes a clinical team leader and vaccinators, working alongside and administrative team and other teams delivering programmes, primarily practice and community nursing. The vaccination team’s primary role is the delivery of the covid, flu, shingle and pneumococcal vaccination programmes.



Some of the key vaccination uptake rates are illustrated below. There are further details in the Immunisation Annual Report, including trend data for all vaccinations, clinical governance work and audit outcomes; training delivery; and future plans, including the introduction of new programmes.



Measles, Mumps and Rubella (MMR) vaccine

88.4% of children had the first dose of MMR vaccine by **24 months**

This is an **increase of 3.2%** from 85.2% in 2021/22.



Uptake remains **lower** than the **Scotland rate** by approximately 5%.



Human Papillomavirus (HPV) immunisation

Uptake of first dose among **S1 pupils** was **higher** among **females** than **males**.

84.8%  **75.5%** 

Uptake of second dose among eligible **S2 pupils** was **higher** among **males** than **females**.

77.0%  **82.1%** 



COVID-19 vaccination

Uptake for the COVID-19 winter booster was **78.9%**. This was one of the **highest** across **Scotland**.




Vaccine uptake in Shetland was over **6% higher** than across **Scotland**.



Adult Flu vaccination

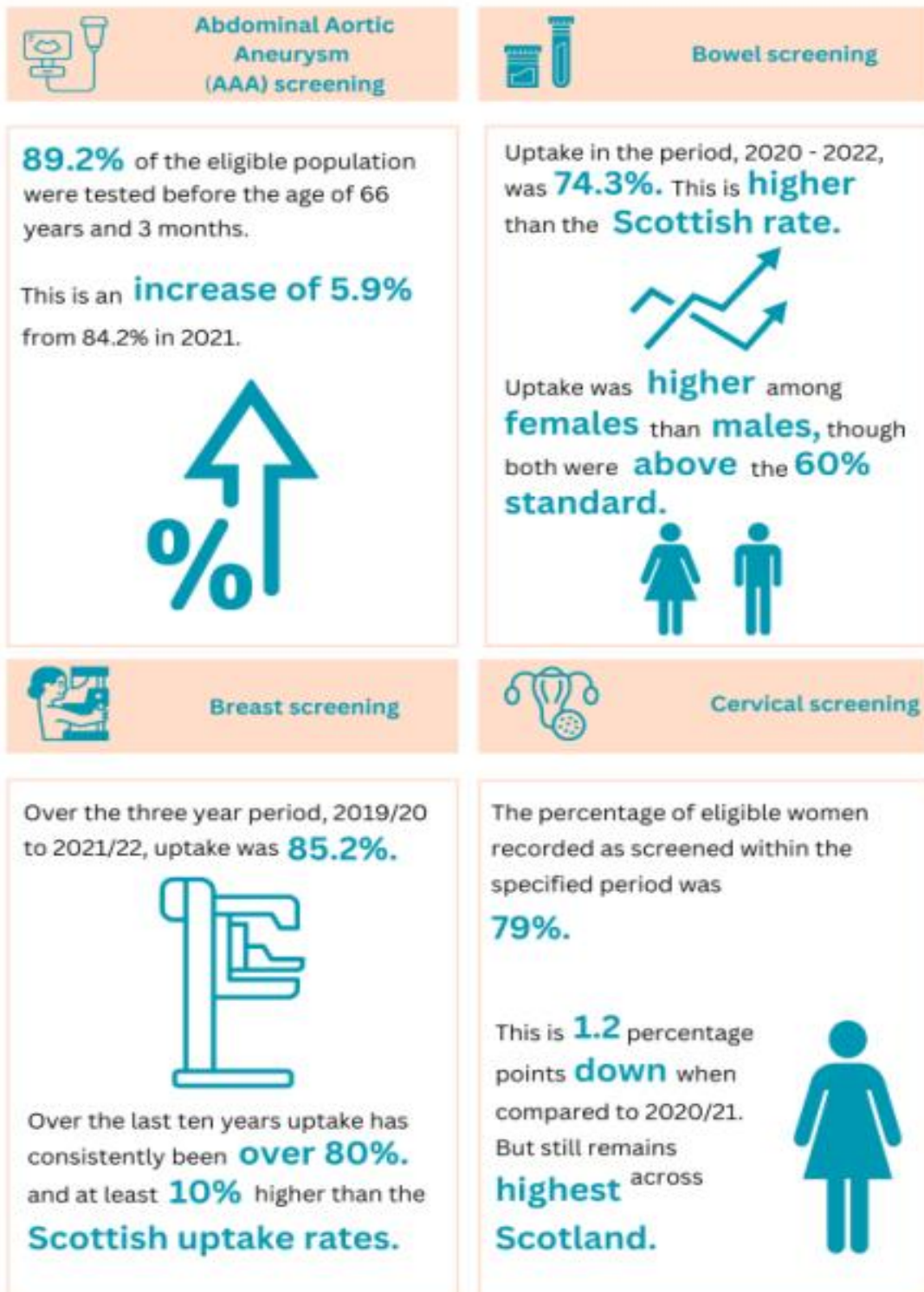
Uptake of the adult Flu vaccination was **71.4%**. This was one of the **highest** across **Scotland**.

Vaccine uptake in Shetland was over **7.5% higher** than across **Scotland**.



3.4 Screening Programmes

There are six population based screening programmes: breast, cervical and bowel cancer screening; Abdominal Aortic Aneurysm screening; pregnancy and newborn screening and diabetic retinopathy. We generally have high uptake rates in Shetland compared to the rest of Scotland, as shown below, but there is scope for improvement especially in inequity of access for some groups. There are further details in the Screening Annual Report, covering all the screening programmes.



National Cervical Screening Audit

During 2022-23, there was considerable work to plan for a [national audit](#) that all health boards are required to complete. This audit is about checking records of patients who have been excluded from the national cervical screening programme because they have an exclusion applied to their record saying that they no longer have a cervix, to check that the exclusion applied was correct (depending on the type of surgery that was done, the person's cervix may or may not have been removed). The audit involves primary care staff and some health board staff, and the initial preparations were mostly about making sure that the right people received appropriate training and had access to the data required to review the records. In Shetland we had around 600 records to review. The audit process started in April 2023.

This little test could help save your life.

The bowel screening test:
What you need to know

- ✓ One sample
- ✓ Complete at home
- ✓ Results within two weeks

NHS SCOTLAND Public Health Scotland

A smear test lasts 5 minutes.

The impact of cervical cancer lasts a lifetime.

Attend your smear test.
Reduce your risk.

Jo's cervical cancer helpline
Call now helpline: 0808 802 8000
Find us online: jostrust.org.uk

NHS SCOTLAND Public Health Scotland

10 minutes could save your life

Make time for breast screening

NHS SCOTLAND Public Health Scotland

Inequalities in Screening

A research project on screening inequalities amongst people with learning disabilities and autism undertaken by one of our staff training in health psychology concluded during 2023 (supported by screening inequalities funding from the Scottish Government). It comprised a clinical audit of available data on cancer screening and HPV immunisation in Orkney and Shetland; and a qualitative study of stakeholders' views and experiences of cancer screening and immunisation.

The results showed that the knowledge and understanding of screening for people with learning disabilities and/or autism to be tentative, with uncertainty around applicability, roles in facilitation and decision-making. Access to screening is hampered by systemic barriers of how programmes are implemented and, at times, relationships between individuals, family and carers / health and care staff. The quality of relationships, including within the wider community, can be conducive to screening but is under-utilised. Several recommendations for improving uptake were identified:

- Targeted efforts are required for all programmes, to raise awareness of the disparity and highlight that screening programmes are inclusive of the learning disability and autism populations.
- A consistent approach across Primary Care including processes for following up non-attenders; formalising and recording reasonable adjustments; and consistency in standardised read codes or templates for recording learning disability and/or autism diagnoses
- Local Authorities and Health Boards should cross-reference their population datasets to address discrepancies.
- It is recommend that both Shetland and Orkney continue to monitor the uptake of cancer screening in these populations as standard.
- Implementing support for decision making around cancer screening, for example using the La Trobe Decision Making Framework.
- Implementing training around enabling screening, including acknowledging discomfort and tools to promote relaxation.
- Use of a co-production approach to support the above recommendations

3.5 Business Continuity and Resilience

The Climate Emergency presents a unique risk for NHS Shetland's organisational resilience via a range of direct and indirect consequences that are already beginning to be experienced, in the weather-related incident of the 2022-23 winter. Adverse weather and risks to supply chains highlight the importance of effective and tested business continuity plans in a remote location. In 2023, a Business Continuity Management System was introduced where managers assessed the risk of disruptive incidents to their service and designed mitigations that combat a loss of staff, premises, utilities, supplies, information technology and equipment. The System is currently being developed onto an automated, digital platform that aims to increase ease-of-use and oversight.

During 2022, business continuity plans have been tested via disruptive incidents to critical systems and the developed plans form the basis for NHS Shetland's adaptation to the Climate Change Risk Assessment that has identified most of the salient risks. In response, NHS Shetland seeks to remain responsive to a changing global environment while continuing to provide an effective healthcare service.

NHS Shetland's Resilience and Business Continuity Officer has also worked to increase overall resilience in several consequential areas;

- Developing a cyber-security exercise, simulating a cyber-related incident.
- Increased chemical, biological, radiological, nuclear and explosive awareness via training and provision of 'first-strike' kits in publicly accessible locations.
- Resilient telecoms to ensure that communications dependent clinical systems and equipment continue to operate during communications disruption.
- Develop a Community Emergency Plan template that aligns with World Health Organisation Guidance relating to empowering communities to respond to climate-related emergencies.
- Working with local and regional partners to develop a capability assessment in response to the Community Risk Register (CCR) for the North of Scotland – the CCR is developed from Scottish Risk Assessment and highlights a range of threats and risks – climate emergencies form part of this.

3.6 Realistic Medicine

[Realistic Medicine](#) is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. Two of the six key principles are shared decision making and a personalised approach to care. The other principles are reducing harm and waste; reducing unwarranted variation; managing the risks associated with healthcare better; and championing innovation and improvement.

Realistic Medicine is relevant to all health and social care professionals, and a multi-disciplinary approach is essential to ensure that it becomes standard care for people in Scotland. There are also cross cutting themes of climate change and sustainability, reducing inequalities, prevention and leadership to support staff to practice Realistic Medicine. The focus is now moving to the concept of 'Value Based Healthcare'. In December 2022 the Scottish Government publish [a vision for value based health and care](#) in Scotland. Based on the principle of person centred care, VBH&C seeks to reduce the waste, harm and unwarranted variation that exist across our health and care system: with the equitable distribution of resources being the key to delivery.



During 2022-23 we worked on the following:

- Embedding RM into Board strategies and plans
- Producing an article each month for the NHS Shetland Staff Newsletter
- Delivering a Realistic Medicine session at a Board member seminar
- Implementing [‘Spaces for Listening’](#) (similar concept to Schwarz rounds)
- Implementing [House of Care](#)
- Promoting [Shared Decision Making Training](#)
- Sharing and promoting Realistic Medicine projects within NHS Shetland, including ‘Green’ initiatives
- Supporting a project to develop Managed Clinical Networks based on Realistic Medicine Principles

There is more information in the Realistic Medicine Annual Report 2022-23.



Managed Clinical Networks

In 2021, NHS Shetland published a Clinical and Care Strategy setting out our strategic aims for the next 10 years. In developing the strategy we asked people in our community who have lived experience of accessing health and social care services what is important to them. The key themes were:

- People want to see improved and easier access to services
- More support to maintain a healthy lifestyle
- More support to be independent and stay in their own homes
- Better continuity in services (and between services) e.g. between GP and hospital or hospital and specialist services
- Young people want to be supported to thrive e.g. access to recreational facilities, support with mental health and wellbeing, access the culture of Shetland (music, social events) and a career.

We know that in order to provide better continuity of services, less duplication and a more person centred and personalised approach to health and social care we need to make fundamental changes to how we plan and deliver them. We also want to place more emphasis on early intervention and prevention, value based healthcare and realistic medicine principles in the way we provide health and care in Shetland. Managed Clinical Networks (MCNs) provide a way of taking a whole system approach, particularly in areas where we need to work together collectively to reduce health inequalities and prevalence of long term conditions.

In January 2023, we established a fixed-term coordinator post to lead the development of three new MCNs to test new ways of working to improve how we address frailty, cardiovascular and respiratory illness. This post is funded by the Integration Joint Board and hosted by the Public Health Directorate, to clearly position the work as early intervention and prevention focused. Each MCN is chaired by a clinical lead. Between January and March 2023, the MCN Coordinator set out plans for the networks and built relationships with stakeholders, with initial meetings planned for April 2023. Future aims include identifying areas for pathway development and redesign, and developing business cases for service improvement.

Part 4

Appendices

[To made available on NHS Shetland Website]