

Clinical and Care Strategy 2021-2031

Executive Summary



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NHS Shetland's Clinical and Care Strategy sets out how we will shape services that continue to provide high quality care to our population over the next 10 years.

This strategy document is the culmination of a series of engagement events and discussions with our staff, people who access care and support and the wider Shetland community during 2020/2021. It also incorporates information drawn from feedback, complaints and workshops over recent years as well as learning from the COVID-19 Pandemic.

Our strategic aims are:

- Integration of services around the needs of local communities
- Making sure the care provided in our NHS is the right care for an individual, that it works, and that it is sustainable
- Making best use of new technologies to improve access, promote person-centred care and reduce inefficiencies

Our strategic priorities, based on what we have learnt from the engagement activities:

- We will work more closely with our communities
- We will place more emphasis on preventative approaches
- We will continue to prioritise joined up working and reduce duplication
- We will use digital solutions, where they are appropriate to improve access and bring care closer to home
- We will develop new roles and models for training to support our generalist workforce

We hope you find the strategy inclusive and useful. Thank you to everyone who has participated in the process.

Kathleen Carolan
Director of Nursing & Acute Services

Dr Kirsty Brightwell
Medical Director

A diagram to show the method used to develop the engagement approach and gather information to inform the content of the clinical and care strategy



Topics identified as priorities by the participants in Workshop 1



Workshop 1 covered the following three areas...

Pathways Prioritisation

*What pathways should we focus on to develop whole system working?
Who could deliver them?*



Access to Services

*How could we provide access to services differently?
Who could provide services?*



Technology Implementation

What is the place of technology in the development of whole system working?



dhl.co.uk/nad/comm

Topics identified as priorities by the participants in Workshop 2

Workshop 2 covered the following areas:



Long term Conditions

The session included five charities and voluntary organisations: Shetland Community Connections (SCC), Moving on Employment Project, Anchor Project, Community Led Support (CLS) Voluntary Action Shetland (VAS)

Mental Health

The session included presentations from Steve Turner, Professor of Child Health and honorary consultant paediatrician. Jacqueline Whitaker and Clare Stiles spoke on the maternity.

Community Support and resilience

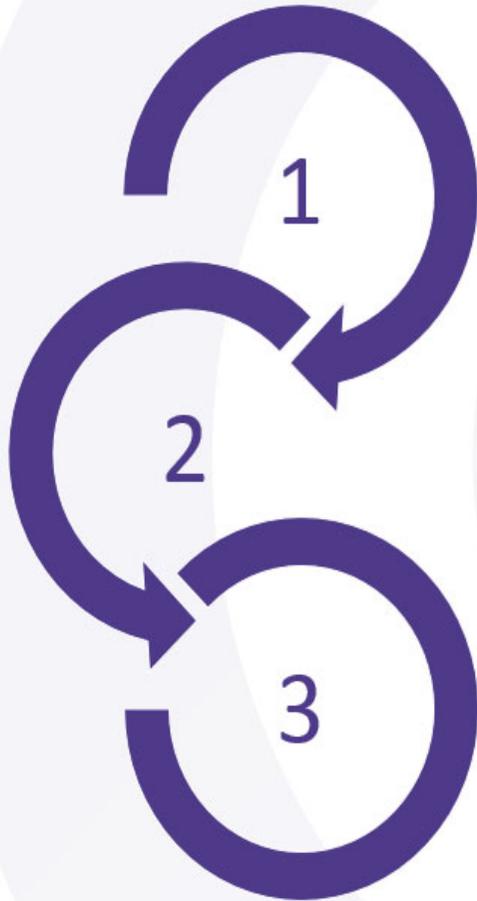
The session started with a presentation by Dr Graham Kramer, GP and Clinical Lead for the House of Care Model and Dr Kirsty Brightwell, Medical Director, NHS Shetland

The session started with a presentation from Mary Roberts, Consultant Psychologist in NHS Shetland.

Children and babies

Topics identified as priorities by the participants in Workshop 3

Workshop 3 focus



Self-Care and Realistic Medicine

Lived Experience – Community Connections

*Jenny Pitts – Community Led Support,
National Development Team for Inclusion*

Collaboration and Integration

Project Lift, NHS Education for Scotland

Buurtzorg - Britian & Ireland

Enablers – the use of technologies to support whole systems working

Brian Wayling – Intermountain Telehealth, Utah.

*Jamie Hogg & - Innovation Hub, NHS Grampian
Chal Chute (DHI)*



Findings from the community engagement survey

Our aim in the development of the strategy was to genuinely listen to people and find out 'what really matters' to people in Shetland. The things that we need to change about the way we provide support through health and care services has been driven by the feedback.

A survey was made available electronically and as a paper document with a freepost address for ease of return, so that people could offer their views and experiences on local health and care services to inform the new strategy.

Over 200 people completed the survey which was open for eight weeks during January and February 2021. In addition to this, we received feedback from young people who organised group discussions to tell us what is important to them.

A summary of the findings is shown below and the feedback, along with contributions from the workshops has been used to develop the emerging themes for the strategy which are shown on the following page.

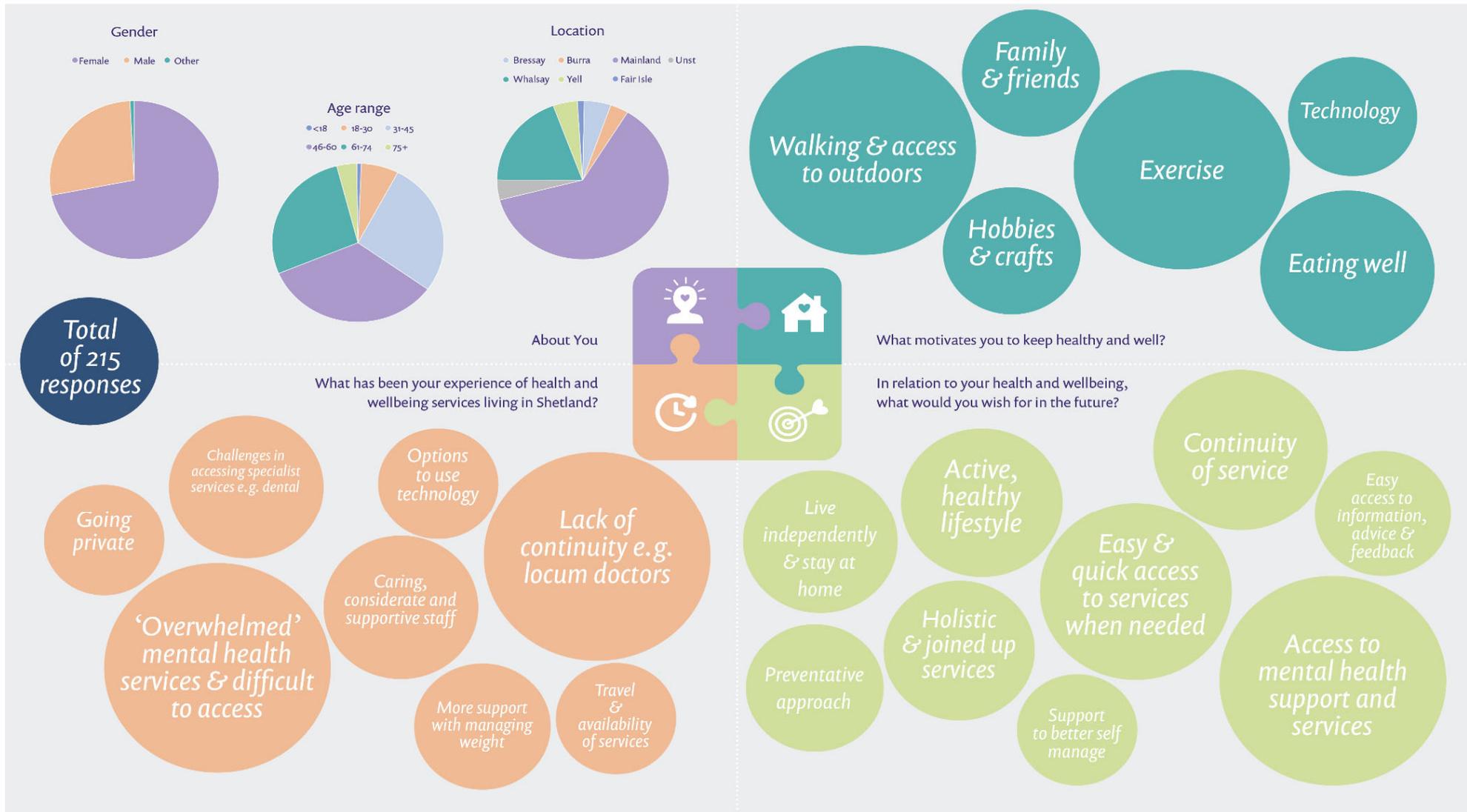
There is remarkable consistency between the themes identified in the workshops with the individual feedback received from people who have personal experience of accessing health and care services across Shetland. People want to see:

- 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

A chart to show the combined themes from the engagement activities e.g. engagement survey feedback

Findings: Community Engagement Tool



A diagram to show the emerging themes from the engagement activities September 2020 to March 2021



Working Together and Next Steps

Some of the areas for change and improvement are very clear from the feedback we have gathered in the process of developing this strategy.

These key areas that we will focus on are:

- The need to **work more closely with our communities** and people who access health and care support – there is clear evidence that supporting people early has the greatest benefit and often non statutory organisations such as the third sector are often best placed to offer early interventions and are already in communities and neighbourhoods.
- The need to place **more emphasis and resources on prevention** which will help people to have healthy lives (not just longer lives). We need to move away from being seen as ‘fixing’ health conditions to supporting and enabling people to make good choices about their life and lifestyle. This is a very complex premise, but over time we hope to see evidence of how working in partnership with people will shift everyone’s thinking on the role that health and care organisations play in the wellness of people in the community. This is a central principle in the concept of realistic medicine and realistic care.
- We need to continue to **prioritise joined up working and reduce duplication**. This was a common theme described by patients and professionals – we need to think about where there are opportunities to work together more closely, stop doing things that do not add value and build relationships. This will improve access to the right type of help and support that people need.
- Use **digital solutions where they are appropriate to improve access and bring care closer to home**. The way in which technology can support the delivery of health and care in Shetland is a strong theme. This does not mean that all services should be provided in this way and we also need to continue to

consider how we address digital poverty and digital literacy in Shetland. Tele-health and tele-care access has been accelerated as a result of the pandemic and we want to continue to build on the benefits that increased access through technology has brought us.

- **Recognising that we need to develop new roles and models for training to support our generalist workforce.** Much of our strength comes from our ability to work in collaboration and we need to focus on how we can develop the networks that exists and future networks to support professional/clinical supervision, opportunities for skills development and working alongside specialist teams. This may mean more hub and spoke models in the future where practitioners based in Shetland are accessing advice from colleagues in other parts of Scotland; or practitioners in Shetland are providing expertise to support patients who do not live in Shetland. Again, technology plays a significant role in this, but so too does our relationship with academic partners in schools and universities, as well as our ability to work with other health boards to develop regional or intra-board alliances that help to strengthen the resilience of the workforce and the delivery of care to our population.

In terms of next steps, we will identify the priorities set out in the Clinical and Care Strategy and reflect them in the future strategic plans for NHS Shetland and the Integration Joint Board (IJB), to inform the development of the clinical and care models that are described here.

The Clinical and Care Strategy also sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a strategic assessment for the re-provision of the Gilbert Bain Hospital which will be undertaken during 2021-22. The clinical and care models will be used to help build a 'case for change' that supports the need to look at our built environment as well as our clinical and care pathways.

A chart to show our future vision for health and care over the next five years

