

Meeting:	Shetland NHS Board
Date:	17 August 2021
Report Title:	Public Health Annual Report 2020-21
Reference Number:	Board Paper 2021/22/33
Author / Job Title:	Dr Susan Laidlaw, Interim Director of Public Health

Decisions / Action required:

The Board is asked to:

- (i) receive the Public Health Annual Report
- (ii) continue to support efforts to improve and protect the public's health in Shetland
- (iii) continue to support the work of the Public Health Directorate in maintaining and progressing its wide range of work to improve and protect the health of the Shetland population.

High Level Summary:

This year we have produced a Public Health Annual Report which focuses mainly on the Coronavirus Pandemic. This report summarises some of the key activities undertaken by the public health team to manage the pandemic, and the other areas of work that have continued, albeit often delivered in different ways.

Health Protection, which includes protecting individual, groups and populations from single cases of infectious disease, incidents and outbreaks, and non-infectious environmental hazards such as chemicals and radiation. Whilst this area of work requires a lot of planning, training and preparation, the reactive elements can be hugely unpredictable and difficult to manage within routine capacity.

As we move forward from the pandemic we hope to spend more time on the national Public Health Priorities:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years
3. A Scotland where we have good mental wellbeing
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
6. A Scotland where we eat well, have a healthy weight and are physically active.

As we move on from the pandemic we hope to be able to direct more effort to the final area of Public Health practice which is support for health, community and social care services; improving services through assessing the health of the population through the study of patterns of disease, health needs assessment and health impact assessment, the use of information - health intelligence, and assessing the evidence of effectiveness of healthcare interventions, programmes and services.

Corporate Priorities and Strategic Aims:

The first of Shetland NHS Board's five **corporate objectives** is to improve and protect the health of the people of Shetland. This has been the key focus for this last year.

In parallel we have attempted to continue our work on the following **national outcomes**:

- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk
- We live our lives safe from crime, disorder and danger
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Key Issues:

1. Since the first alerts about a novel coronavirus were received in January 2020, most of the public health team have focused on the pandemic and little else.
2. The pandemic has caused long lasting physical and mental health effects in our community. Although we know that most people who test positive for COVID-19 have a relatively mild illness (especially now if vaccinated) or no symptoms at all, there are people who have been seriously ill and requiring intensive care, people who have sadly lost their lives and people who still have symptoms months after their initial illness. The lockdown and ongoing restrictions have impacted on mental health, education, employment and the local economy (which in turn affect health and health inequalities) and the effects are likely to be significant and long lasting.
3. This report summarises some of the key activities undertaken by the public health team to manage the pandemic, and the other areas of work that have continued, albeit often delivered in different ways.
4. We now need to concentrate on tackling the underlying causes of poor physical and mental health, and health inequalities, in Shetland, whether impacted by the pandemic or not.
5. We will continue to redesign our service to ensure that we have an appropriately trained and resilient team to enable the Board to deliver on its priorities.

Implications :

Service Users, Patients and Communities:

The Public Health Team is focused on the health of the population of Shetland. The Coronavirus pandemic has demonstrated the essential nature of this relationship and the importance of working with communities.

Human Resources and Organisational Development:

Significant levels of recruitment were required this year to provide temporary capacity within the team to manage the pandemic response. The pandemic also demonstrated the inter-reliance of teams on each other and a great capacity for flexible and inter-disciplinary working, which we have valued hugely. However the core Public Health team remains extremely fragile.

Equality, Diversity and Human Rights:	The pandemic has increased inequalities, exclusion and poverty which in turn increases poorer health outcomes. We must continue to support the most vulnerable and excluded in our communities; along with specific work on tackling health inequalities.
Partnership Working	Partnership working is essential for nearly all areas of public health and health improvement work. The report reflects this.
Legal:	All public health and health improvement work is conducted within existing legislation, including the Coronavirus Act 2020.
Finance:	Substantial additional funding has been provided via the Scottish Government to support the increase in Public Health activity this year. It is likely that a small proportion of this funding will be recurring.
Assets and Property:	<i>None</i>
Environmental:	We continue to develop and deliver work on reducing carbon emissions, and developing safe and health-promoting environments which encourage and enable healthy living.
Risk Management:	The resilience of the Public Health team needs to be considered in the longer term, if the additional funding and staffing provided this year is not maintained.

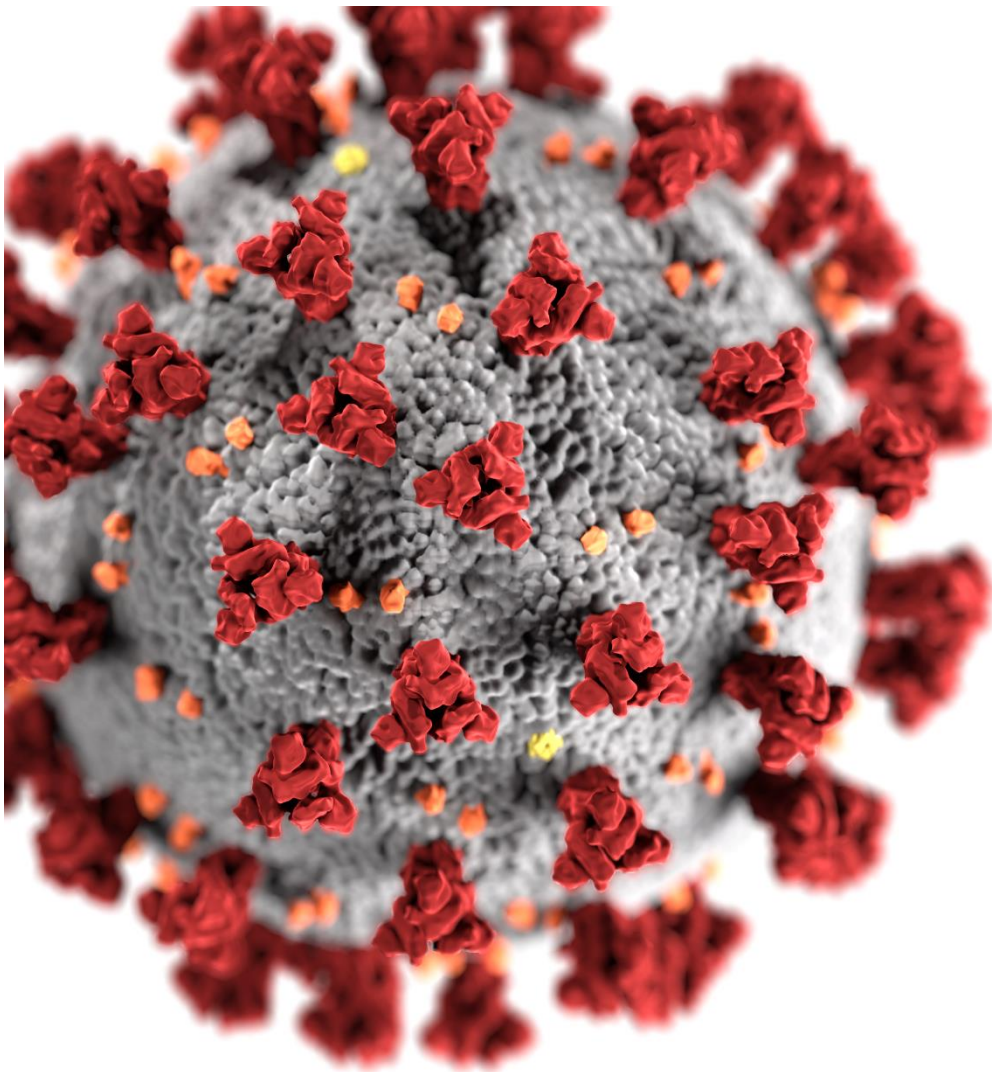
Policy and Delegated Authority:		
Previously considered by:	<i>N/A</i>	<i>Provide dates of the meetings</i>

“Exempt / private” item	<i>N/A</i>
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NHS Shetland

Public Health Annual Report 2020-21



Forward

The last year has had a profound effect on the public health of our community and has been incredibly challenging for the NHS Shetland public health team and partners.

Since the first alerts about a novel coronavirus were received in January 2020, most of the public health team have focused on the pandemic and little else. Our usual health improvement activities were stopped for several months, with the health improvement team redeployed across NHS Shetland. We are now coordinating the biggest vaccination programme this country has ever seen.

The pandemic has caused long lasting physical and mental health effects in our community. Although we know that most people who test positive for COVID-19 have a relatively mild illness (especially now if vaccinated) or no symptoms at all, there are people who have been seriously ill and requiring intensive care, people who have sadly lost their lives and people who still have symptoms months after their initial illness. The lockdown and ongoing restrictions have impacted on mental health, education, employment and the local economy (which in turn affect health and health inequalities) and the effects are likely to be significant and long lasting.

This report summarises some of the key activities undertaken by the public health team to manage the pandemic, and the other areas of work that have continued, albeit often delivered in different ways.

As interim Director of Public Health for NHS Shetland, I would like to thank all my colleagues in NHS Shetland and partner organisations, and the community of Shetland, for all their hard work, perseverance and understanding during the last 18 months. The Team would also like to thank our Director of Public Health from 2016 - 2021, Susan Webb, and Honorary Consultant in Public Health, Professor Shantini Paranjothy, who supported us through this period. The pandemic is not over though; there may be further waves and there certainly will be long term impacts, but we have hopefully been through the worst of it.

I now want to concentrate on tackling the underlying causes of poor physical and mental health, and health inequalities, in Shetland, whether impacted by the pandemic or not.



Dr Susan Laidlaw
Interim Director of Public Health
NHS Shetland

Thank you to Lisa Gray, Elizabeth Robinson, Fiona Hall, Nicola Balfour, Melanie Hawkins, Rachael Hunter, Jim McConnachie and the Shetland Health Improvement Team for their contributions to this report.

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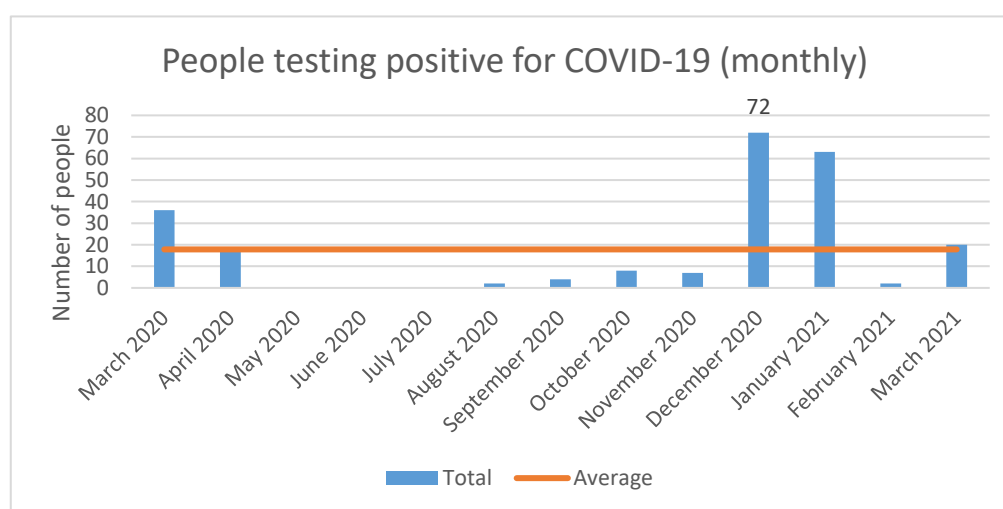
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COVID-19

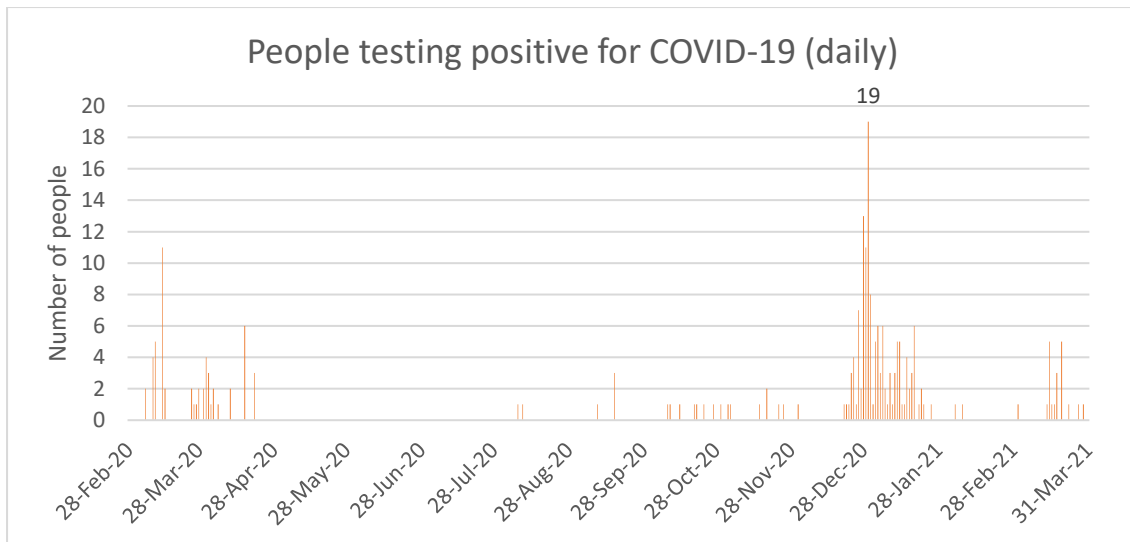
Our planning for Novel Coronavirus started in January 2020, and we saw our first cases in Shetland in March 2020. In the early days of the pandemic we rapidly set up COVID-19 testing services and a contact tracing service from scratch and are now co-ordinating the local implementation of the largest vaccination programme we have ever seen in the UK. At the same time we are managing cases, clusters and outbreaks. The pandemic has been unprecedented and a steep learning curve for all of us; many staff involved in these services had never worked in public health before but took the daily challenges in their stride.

We do not know the exact number of people in Shetland who have had COVID-19. We know that between March 2020 and March 2021, 222 cases were reported. There was very little testing available during the lockdown period March to June last year, which means that large numbers of people will not be included in the figures. Sadly, eleven people died during 20-21 after testing positive for COVID-19, although the virus may not have been the primary cause of death. The serious illness or death of a loved one during the pandemic (whether through COVID-19 or not) has been particularly distressing for family and friends because of the restrictions on visiting, travel and funerals.

The charts on the following pages give an indication of the numbers affected by COVID-19 between March 2020 and March 2021:



There was a significant outbreak connected with the first cases in Shetland. These reduced after we went into full lockdown in late March 2020 and there was very limited testing; but as the country started to ease restrictions in late July 2020 and there was increased testing, we saw an increase in the isles. We had a significant outbreak during the festive period, when there were increased social gatherings and people were able to meet others within their households. Another spike in cases occurred in March after a new policy to test all contacts was introduced and increasing numbers of asymptomatic cases were identified.



COVID-19 Testing Pod/ UK GOV Satellite Scheme

The COVID-19 testing pod was established at the beginning of the pandemic to provide a local PCR testing facility for specific patient groups. These have changed over time and now include:

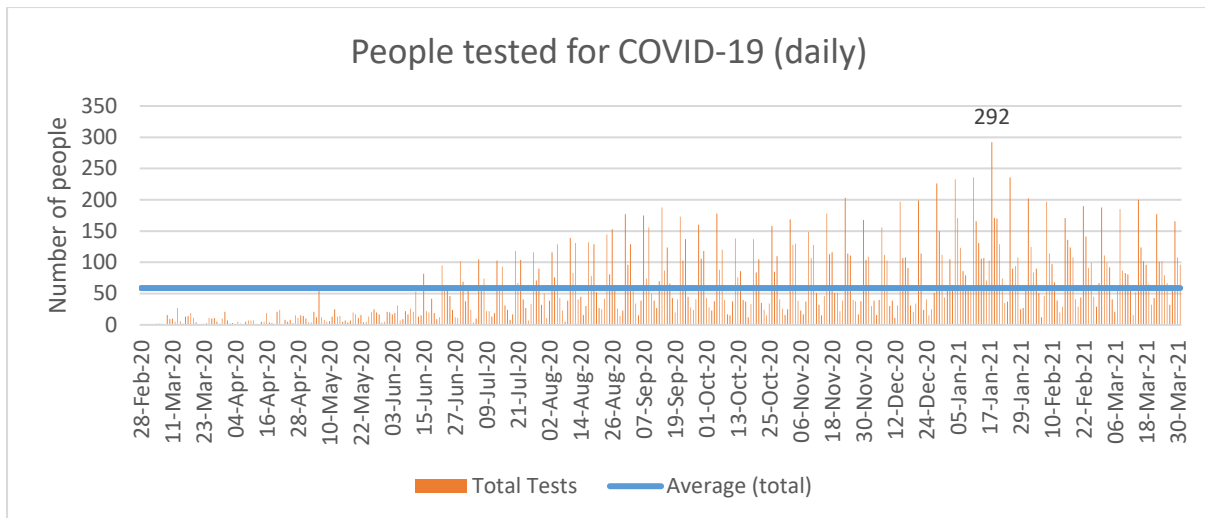
- Asymptomatic screening for pre-operative patients who are due to be admitted to hospital
- Asymptomatic screening of some health and social care staff, including new staff and locums
- Symptomatic testing of any individual who is assessed as requiring local testing, such health and social care staff, those who have recently travelled to / returned to Shetland and others at high risk of having been exposed to COVID-19
- Asymptomatic testing of contacts

The testing pod operates a seven day service and is on a referral-only/appointment basis. It is managed by local co-ordinators and operated by dedicated testing staff. The pod has the capacity to test up to 50 people a day; this is rarely required unless there is an outbreak situation within the community that needs quick response.

Although results are expected to be back within 24 hours they are often returned in under six hours which is hugely beneficial as positive results can be acted on very quickly.

The team can also travel to other locations to undertake mass testing exercises if required depending on the location and needs of the identified group (see Mass Testing section).

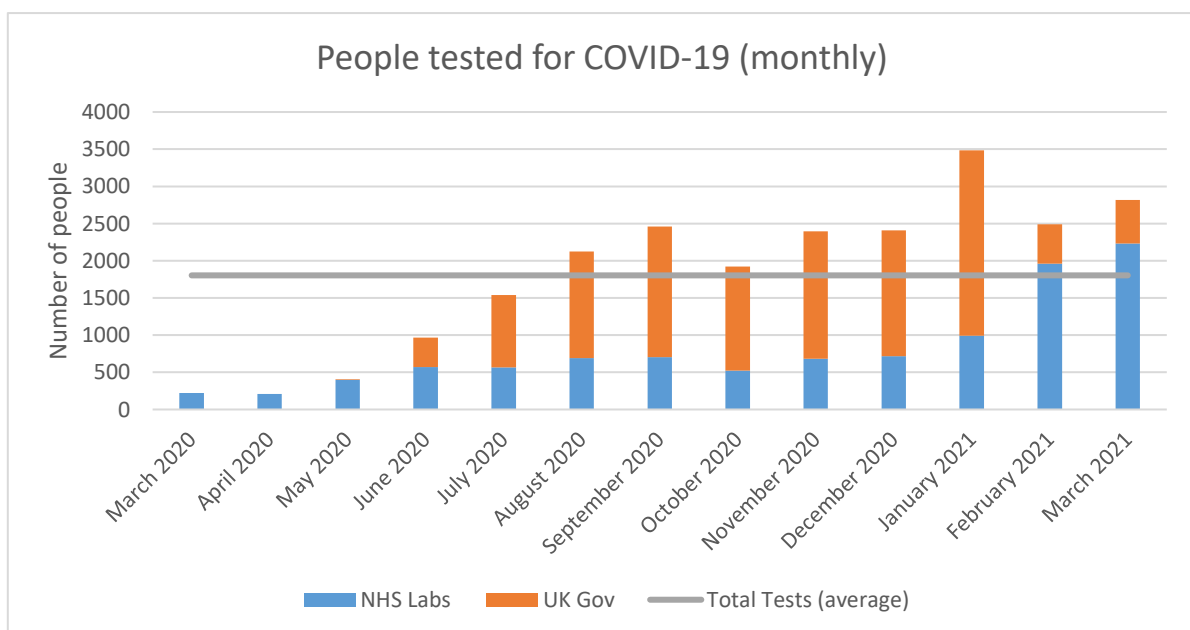
Anyone who does not fit the criteria for local testing is provided with a self-testing home kit which is then sent to the Lighthouse Lab in Glasgow. This scheme is unique to Shetland, adapted by us to fit the needs of living remotely. Individuals complete an online request form; if they are eligible for a test a local delivery driver delivers the testing kit to the individual's home address and waits outside for it to be completed. All completed tests are packaged up securely and taken by the Northlink Ferry to Aberdeen and then by private courier to Glasgow. Results are usually back within 36-48hrs of the swab being taken.



Testing is supported by wider clinical teams: all patients admitted to hospital are swabbed by the ward teams; the community nursing team swab patients who are unable to attend the pod for clinical reasons or those living in the remote island communities. Some patients are swabbed in primary care and until recently, people in the community who required a clinical assessment of their symptoms were seen at the Clinical Assessment Unit at Lerwick Health Centre, and were swabbed there. New staff requiring screening out of hours may be swabbed in A&E.

The requirements for testing has changed over time, with decreasing demand for symptomatic PCR testing as vaccination uptake increased and a shift towards asymptomatic testing of identified close contacts and those who have tested positive on lateral flow devices and require confirmatory PCR testing. Pre-operative testing has also increased with the re-introduction of routine clinical services.

The graph below shows that testing increased dramatically during January - March 2021 while positive case rates were high in Shetland. In addition, the testing of identified close contacts of positive cases was introduced early in February 2021.



Mass Testing

The local testing team undertook several mass testing exercises during 20-21 in locations across Shetland, including the outer isles. Numbers in each exercise ranged from 15 to 70 individuals. This has been an essential resource in helping to contain the spread of COVID-19 in the community, and enabling early identification of cases, especially those who are asymptomatic.

Mass testing takes a co-ordinated and multidisciplinary approach to be successful and has been a useful learning process that has changed and adapted as staff have gained more experience and acted on learning from previous mass tests. We were very pleased to have Military Liaison Officers in Shetland to assist in planning and implementing our first mass testing exercise. More recent mass testing has also included issuing Lateral Flow tests to contacts to promote regular testing both during isolation to identify anyone who may be incubating the virus and not detected on initial testing, and continued routine and regular testing once their isolation is complete.

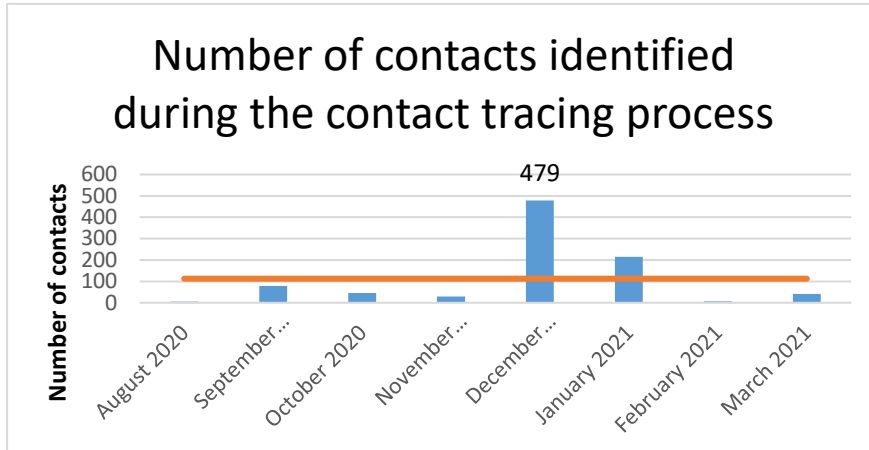


Contact Tracing

Contact tracing is a fundamental public health control measure used to curb the spread of outbreaks. At the start of the pandemic, contact tracing was done by local public health teams, but as the case numbers increased, dedicated staff were needed. The Scottish contact tracing service started in July 2020, made up of local and national teams. In October 2020 NHS Shetland recruited 18 Whole Time Equivalent Contact Tracing Practitioners in line with Scottish Government staffing requirements for a 12 hour seven day a week service. This was a huge recruitment process to undertake during the ongoing pandemic. Staff work remotely from home and all training is offered virtually via Microsoft Teams. All the contact tracing teams in Scotland use one system called CMS 'Case Management System' to record and manage cases and contacts. The role of the contact tracers has changed frequently as guidance for managing positive cases and their contacts has evolved, but primarily involves speaking to all new cases and identifying where they have been and who they were in contact with during their infectious period (before they developed symptoms or tested positive). Then speaking to all the contacts to request them to isolate and get tested themselves. The contact tracers also make sure that people can access the support they need to help them self isolate.

In Shetland, the contact tracing team work closely with the testing team, which significantly increases the responsiveness of the service, with new cases and contacts being identified and isolated quickly.

The chart below shows the number of contacts identified between March 2020 and March 2021:



On average each positive COVID-19 case had 7 contacts; this varied between cases, with the maximum number of contacts being 114 for one person. On average 113 contacts were traced each month.

Vaccination programme

The biggest vaccination programme that the UK has ever seen started in December 2020. It had taken less than a year for effective vaccines against the SARS-CoV-2 virus to be developed, tested and authorised. The first vaccine available in the UK was the Pfizer vaccine, followed by Astra Zeneca vaccine and then the Moderna vaccine. Each of these requires two doses, which initially were given at eight weeks, later changed to 12. The programme is highly complex and has been subject to frequent changes as it is being rolled out. A huge number of people across NHS Shetland, and also in Shetland Islands Council and the voluntary sector have been involved in delivering the vaccination programme.

People over 16 in the highest risk groups were offered vaccination first – these included those in care homes and the social care workers who looked after them, followed by frontline health and other social care workers, people over 70 and those who were considered ‘extremely clinically vulnerable’ (or ‘shielding’). Then people who were in other clinical risk groups, unpaid carers and people over 50 were vaccinated before moving to younger age groups. The island boards including Shetland were able to move faster with the programme than the mainland boards and by the end of March we had given first doses to 12420 people (68.3% of over 18s) and second doses to 2784 people (15.3%).

Increased Health Protection team

The nature, scale and complexity of the necessary public health response to the pandemic required a rapid expansion of the team to focus on delivering services to protect population health. The government provided funding to create the Test and Protect service, consisting of contact tracers, a team leader, and swabbers; we were very grateful for considerable contributions from staff who were redeployed to the Health Protection Team. We received additional specialist public health support from Grampian during 2020-21, with one of their honorary consultants joining the Shetland team. Towards the end of 2020, in recognition of the need for more capacity to support the very small local team, funding was made available via the government and through internal redesign to recruit a Business Continuity and Resilience Officer, additional administrative support, a Senior Public Health Information Analyst, a Screening and Immunisations coordinator and additional Health Protection Nursing input - all on a temporary basis.

Outbreak management

The Shetland Public Health Team has many years of experience in dealing with a wide range of health protection incidents ranging from food poisoning to more complex problems such as outbreaks of flu in care homes and norovirus in schools. During the pandemic, the team has been responsible for the management of local COVID-19 incidents, investigating cases, clusters and outbreaks and undertaking rapid information gathering and risk assessment to decide if a multi-professional / agency response should be convened. This is usually initially a Problem Assessment Group (PAG) to undertake an initial investigation and assess the situation before declaring an incident or outbreak, when an Incident Management Team (IMT), usually chaired by a Consultant in Public Health. The IMT is an independent group with responsibility for analysing relevant data, investigating and managing the incident. The IMT Chair has overall responsibility for managing a public health incident and coordinates the activities of other agencies as required.

There have been several PAGs and IMTs called between March 20 and March 21; however, there were three significant outbreaks during this period, the first cases within the community, an outbreak at a care home and then another community outbreak around the North Mainland (although this outbreak later spread to other areas of Shetland).

Situation	Outbreak declared	Outbreak declared over	Earliest date of onset	Peak day	Confirmed cases	Possible cases
Community	11/03/20	30/03/20	04/3/20	9/3/20	23*	2**
Carehome	27/03/20	25/06/20	19/3/20	4/4/20	32*	
North Mainland	24/12/20	08/02/21	18/12/20	25/12/20	72	

*Numbers are likely to have significantly higher, but testing of COVID was halted by the government during this period.

**There were two possible cases, where the patient was symptomatic but unable to be tested.

Care home assurance

In line with government guidance, a Care Home assurance group was established in April 2020 to oversee assurance activity in respect of care homes in each health board area. The aim of the group was to ensure that Care Homes were maintained as safe environments for their residents, building in a review of data from the local HSCP and Care Inspectorate. Membership included the Director of Public Health, Chief Social Work Officer, Director of Nursing and representatives from the care inspectorate as well as managers from the Care Home sector. The group continued to meet on a weekly basis throughout 20-21 to examine any issues of concern, to ensure regular testing of staff and residents, to review reports on infection and prevention and control, training required, and implementation of national policies on visiting.

Communications

It was immediately clear that the pandemic response required enhanced communications, internally, within NHS Shetland, and externally with partners and the public. While the NHS Shetland Communications Team undertook this formally, members of the Health Improvement team played an essential role in transforming the existing Healthy Shetland Website into a COVID-19 information resource, developing videos to support COVID-19 testing and vaccinations, and accessible, infographic based reports on numbers and significant events and milestones. This created a new level of visibility online and a positive reputation for NHS Shetland as a trusted and recognised source of information in the community.

The aim of our communication with the public was to provide clear, calm and consistent messaging and information to enable everyone in the community to follow the national guidance and help reduce the spread of infection, whilst providing reassurance and support.

The team made sure to provide and promote 'feel good' content as well as the essential information, which included celebrating staff in the NHS and Social Care and supporting the launch of 'Shetland Scrubs'. A video backed by a reworking of 'I'm too Sexy' by 'Right Said Fred' led to world wide recognition; members of the hospital and care staff took part in a music video to celebrate and thank those who had helped to make new scrubs. The video caught national attention with a team member speaking on the BBC's Susan Calman Show.

Outbreak Control Plan

We published our Shetland Outbreak Control Plan in October 2020. The aim of this plan was to:

- Save lives.
- Reduce and control the spread of infection as quickly as possible; and
- Support and minimise the impact that the virus is having on our most vulnerable groups.

This plan set out how we would prepare, respond and adapt to restrictions and a new reality, allowing schools to remain open, young people to attend college and businesses to operate while also continuing to protect against the spread of the disease. We committed to acting within the context of guidance from Scottish Government which included specific restrictions on businesses and social interactions as further waves of the pandemic evolved.

This was a Shetland plan that builds on the strong relationships and approaches already in place with key public partners for tackling situations locally during the pandemic. These partners included Shetland Islands Council, Public Health Scotland, Shetland Health and Social Care Partnership, Shetland Emergency Planning Forum Executive, NHS Shetland and Community Planning.

Our plan has provided a framework for the response to COVID-19 incidents and outbreaks that occur in the Shetland Islands. It is structured around nine interconnected themes and has evolved with the pandemic.

Theme 1: Data and Surveillance

Ensuring access to the right local data to support planning, prevention and management of outbreaks.

Theme 2: Cluster and Outbreak Management

Coordinating arrangements to prevent the spread of COVID-19 and proactively manage outbreaks.

Theme 3: Prevention and Precautions in Care Homes

Ensuring outbreaks are prevented and managed effectively in care homes, taking a proactive approach wherever possible.

Theme 4: Prevention and Precautions in Educational Settings

Preventing and managing outbreaks in educational settings, taking a proactive approach wherever possible.

Theme 5: Prevention and Precautions in High Risk Workplaces, Locations and Communities

Helping to keep as many services and businesses as possible operating in a way that is safe and supports the recovery of our local economy by preventing and managing outbreaks in high-risk locations, workplaces and communities.

Theme 6: Prevention and Precautions in Port Health

Preventing and managing outbreaks associated with sea and air travel by taking a proactive approach wherever possible.

Theme 7: Detection:

Test and Protect Test and Protect is a national strategy aimed at managing the spread of COVID-19 by quickly identifying cases of the virus and breaking the chains of transmission. We will use local, regional and national testing capacity to best meet current and potential demand for contact tracing and outbreak management.

Theme 8: Care for People

Supporting vulnerable people to stay safe and get help to self-isolate. This also means ensuring services meet the needs of diverse local communities.

Theme 9: Local Governance

Taking local actions to contain outbreaks and communicate effectively in a timely, accessible manner with the general public

Staff Wellbeing Support

The COVID-19 outbreak created unprecedented pressures on NHS and Social Care services and so considerations around staff resilience and reducing the likelihood of burnout, trauma and other longer term emotional consequences was a major consideration. To address these potential needs, a Staff Wellbeing Support (SWS) service was established with support from members of the Health Improvement and Public Health Teams. The service included

- Support for managers to promote staff wellbeing by encouraging staff to take regular breaks and attend to their physical needs for refreshments and rest.
- Refreshments, psycho-education and self-help information accessible in quiet rooms, posters for walls and web links for devices.
- Sharing of audio and video clips for personal devices to use as needed. These included short exercises for mindfulness, stress reduction, sleep hygiene and relaxation.
- A dedicated SWS telephone helpline and email service were set up for staff seeking support.
- Information about online stress and CBT courses was shared with staff.

NHS Shetland now has a bank of volunteer staff supporters who act as listeners, coaches and whistle blowing confidential contacts. Training and development is ongoing with this group of staff to ensure that they and all of our staff are well supported.

Health Improvement Team

In the early stages of the pandemic the Health Improvement Team demonstrated their agility and flexibility by ceasing non-essential work and immediately organising themselves into a contact tracing and health protection support team. At the same time they made themselves available for redeployment, and took up positions in HR, Staff Development Redeployment Hub, PPE store, IT setup Support, Communications, Contact Tracing, Test Kit making and distribution. We received extremely positive feedback on our staff in terms of their efficiency, willingness to learn new skills and conscientiousness.

Prior to the pandemic Health Improvement Practitioners delivered one-to-one services either in health centres throughout Shetland or at Grantfield in Lerwick. The need for Practitioners to work remotely from home meant that the Stop Smoking Programme and Counterweight, as well as general lifestyle advice, had to be delivered through telephone and Attend Anywhere appointments. The service has evolved and adapted during this time to ensure patients still receive the same level of support.

Some patients have preferred to wait until face-to-face appointments are available again but the vast majority have engaged well with telephone and or video appointments.

Learning from new ways of working:

- more flexibility of appointments, which are more inclusive for patients who would have previously had difficulties attending face to face appointments.
- opportunity to chat through general worries and a chance to connect with someone during such a isolating time
- A lack of face to face contact means that the time it takes to build rapport with a patient can take longer
- There remains some public reluctance to access online platforms for care.
- However, generally patient feedback has supported the use of different ways of working

'This is an absolutely brilliant service, it's lovely to be able to talk to someone from the comfort of your own home'. Weight management patient

Other Public Health and Health Protection activity

Screening programmes

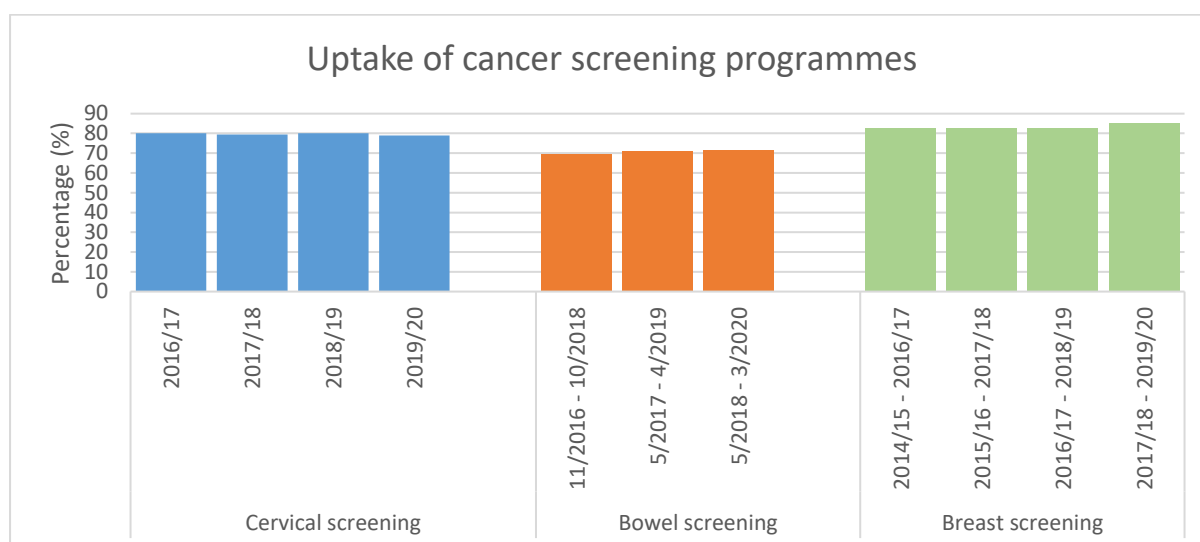
Screening programmes were halted during the pandemic, however this is not reflected in the figures below as the most recent published figures only go up to 2020.

Cancer screening programmes¹²³

We consistently have one of the highest uptake rates of cervical screening in Scotland. The most recent figures show that 79% of females aged 25-64 with a record of a previous screening test taken within the last 3.5 years or 5.5 years, compared to 71.2% across Scotland.

Bowel screening uptake rate within Shetland has also been one of the highest in Scotland over recent years. For the invitation period May 2018 to March 2020 bowel screening uptake was 71.7%, above the Health Improvement Scotland standard of 60% and above the national rate of 63%.

Similarly uptake of breast screening among females aged 50-70 years in Shetland has always been higher, with uptake rates being the highest in Scotland. In the most recent 3-year period 85.1% of women attended a breast screening appointment, which was above the achievable uptake standard set of 80%, and above the national uptake rate of 72.2%.



Abdominal Aortic Aneurysm (AAA) screening⁴

In Shetland in the year ending 31 March 2020 100% of men were invited for screening before their 66th birthday, the target timescale for invitation. This is slightly higher than the national rate of 97.4%.

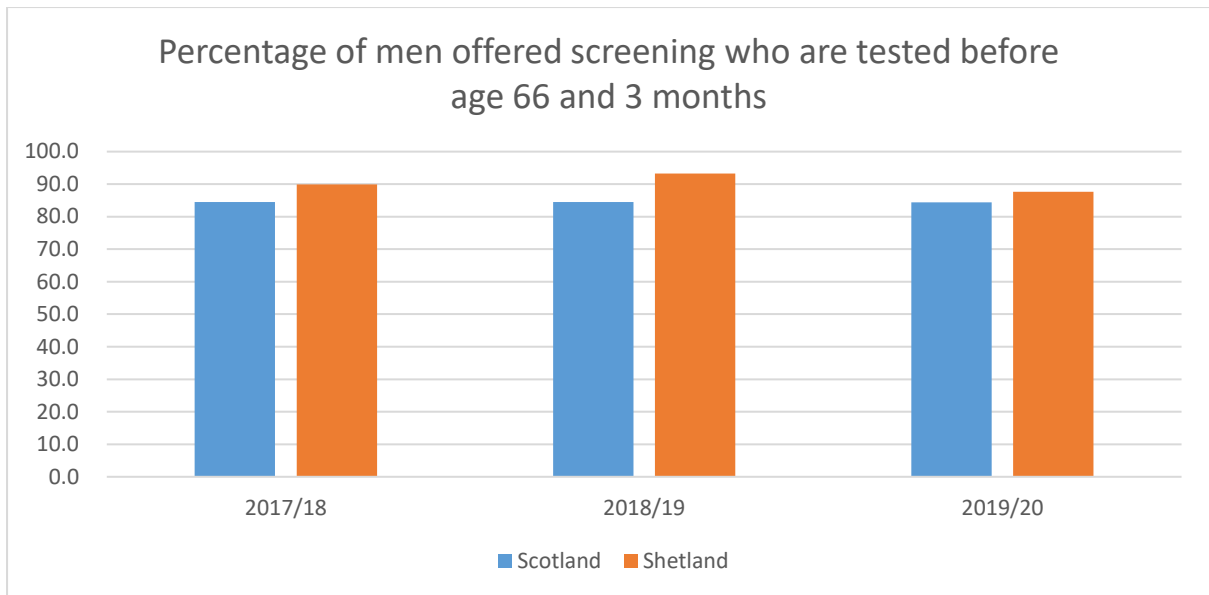
87.6% of all men eligible for screening were tested before age 66 and 3 months, the target timescale for screening. Again, this was higher than the national rate of 84.4%.

¹ Scottish cervical screening programme statistics, annual update to 31 March 2020, Public Health Scotland

² Scottish bowel screening programme statistics, May 2018-March 2020, Public Health Scotland

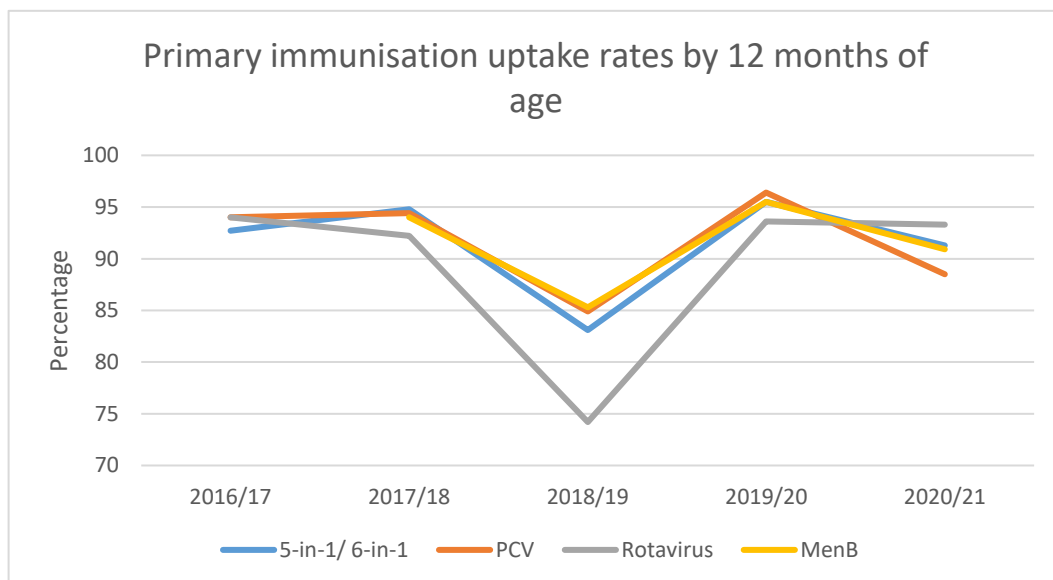
³ Scottish breast screening programme statistics, annual update to 31 March 2020, Public Health Scotland

⁴ Scottish Abdominal Aortic Aneurysm (AAA) screening programme statistics, year ending March 2020, Public Health Scotland



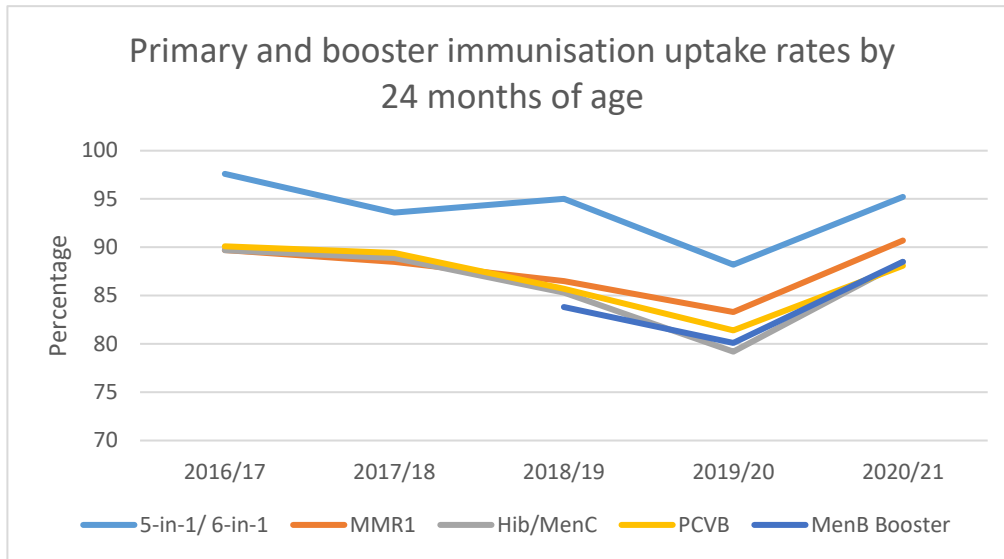
Immunisations⁵

Routine immunisation programmes have continued throughout the pandemic. The most recent immunisation rates for babies and young children show uptake for the year 2020/21 had fallen compared to last year for children reaching the age of one, after an increase the previous year. Uptake for this cohort of the different primary vaccines was between 88.5% and 93.3%. Some of this may be explained by the pandemic, but rates in Shetland have fluctuated around these sort of figures several years.

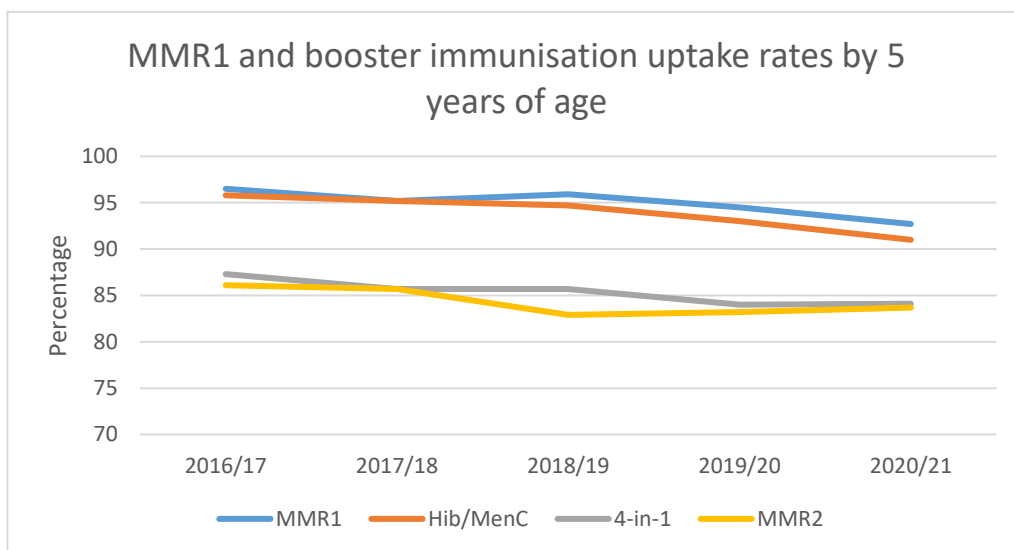


For those reaching the age of two, uptake this year was higher, between 88.1% and 95.2%, and was an increase on last year.

⁵ Childhood immunisation statistics Scotland, Public Health Scotland



Uptake of the pre-school booster measured at age 5 years has been low for a number of years, and remains the same.



The uptake for 2nd dose of MMR remains stubbornly low and has plateaued in recent years. In Shetland uptake by 5 years of age was 83.7% compared to the national uptake rate of 92.3%.

Teenage boosters⁶

By the end of the 2019/20 school year uptake of Teenage Td/IPV Booster and MenACWY Immunisation in Shetland was lower than the national rate and was the lowest of all NHS boards. However it is important to note that, in contrast to most other boards, this programme was only introduced as a school based programme in Shetland a few years ago, having been delivered previously in primary care and it is taking time to increase the uptake. Also the 2019/20 teenage booster immunisation programmes in NHS Shetland were not fully completed because of the schools being closed at the time we normally deliver it.

⁶ Teenage booster immunisation statistics Scotland, School year 2019/20, Public Health Scotland

Td/IPV booster uptake

MenACWY uptake



Health Protection

In addition to managing the COVID-19 pandemic the public health team also dealt with the usual range of communicable disease, although in smaller number than usually seen. These included campylobacter, and a single case of salmonella, along with some suspected clusters of gastrointestinal infection in care homes, which were not confirmed by laboratory testing. Although there had been a number of cases of flu in January –March 2020, there were no cases reported between April 2020 and March 2021. There were no cases of whooping cough (which had been a significant issue in 2019). More information on these will be included within the Control of Infection Annual Report.

Emergency planning

During 2020-21 the pandemic tested Business Continuity (BC) arrangements, with staff and management finding ways to maintain or adapt most services. However, it became evident that current BC arrangements required improvement; something that had been anticipated by the preceding Internal Audit. Additional areas specified by the NHS Scotland: Organisational Standards also required development to ensure future compliance. As such, it became clear that NHS Shetland would benefit from dedicated input from a Resilience Advisor, in order to effectively progress the developing and expanding resilience workload. Previously, this had been managed via a Service Level Agreement, with support provided by Shetland Islands Council's Emergency Planning Advisor. This arrangement ended due to capacity issues exacerbated by the pandemic.

Since commencing post in February 2021, the NHS Shetland Resilience Advisor has fully engaged with partners and condensed the Organisational Standards into a Work Plan, which will underpin the priorities for resilience activities during 2021-22. This includes the initiation of a Business Continuity Management System, with the associated Business Impact Analysis and training.

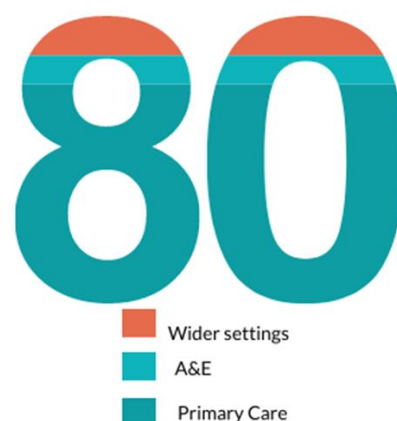
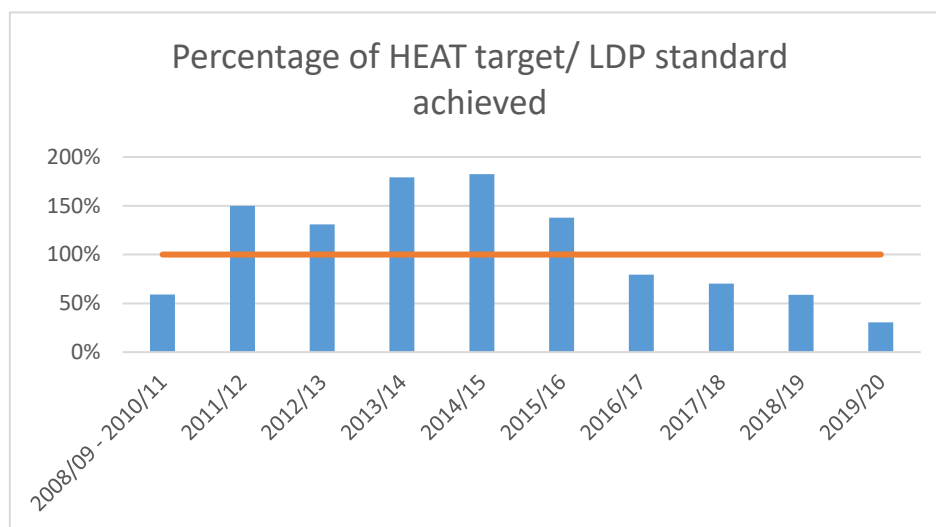
The post-pandemic resilience landscape will reflect learning from the last two years, while including the emerging threats and hazards relating to the Climate Emergency, which are wide-reaching and unpredictable. This will likely be reflected in the national review of Resilience Strategy, which is expected to recommend a more whole-community-approach to resilience.

Health Improvement Activity

Alcohol Brief Interventions (ABIs)

The Health Improvement Team have responsibility for supporting and encouraging staff in primary care, A&E, maternity and other settings to undertake Alcohol Brief Interventions on a routine and opportunistic basis. We have not met the target for delivering ABIs again this year, despite doing well in earlier years. In 2019-20 only 80 ABIs were undertaken against a target of 261 with 76% of these being delivered in primary care. The remainder were delivered in A&E (10%) and across wider settings (14%).

It is not clear if patients are being asked about alcohol, but their response is such that an intervention is not required, or if people are not routinely being asked about alcohol intake, or declining to discuss it. More work is needed to understand why the target was not being met even before the pandemic, especially as we know that alcohol is a significant issue in Shetland.



Stop smoking support

A smaller number of clients were referred into our stop smoking service this year; 119, as opposed to 158 and 175 in the two previous years. Only 5 were seen via pharmacy, again a big drop from previous years. 30 were smoke free at 1 month follow up and 24% were still smoke free at three

months post quit. This may show the success of phone and virtual support, as opposed to face to face support, as in previous years only 17% and 14% respectively remained quit at three months.

We continue to adapt our approaches and develop the programme to find ways of targeting and engaging those who need most help in stopping smoking.

Adult Healthy Weight

As the pandemic began we had been due to launch a new Healthy Lifestyle Programme 'Healthy Shetland' in conjunction with our partners at SRT. We rapidly converted this into an on-line programme, but the lack of a face to face element limited its effectiveness in engaging with participants. We opted to pause the programme until it can be delivered as planned in Leisure Centres and see it as a great opportunity to launch it post pandemic. Meanwhile staff have adapted the training for SRT staff that it can be delivered online as well as developing a refresher for those who were already trained.

During 2020-21, there were 54 referrals into Health Improvement Team for healthy weight support. The average waiting time for support was 11 weeks.

2020-21 Quarter	Referrals
Q1: April-June	6
Q2: July-September	16
Q3: October-December	15
Q4: January-March	17
Total referrals	54

Of the 54 referrals received, 34 did not complete the active intervention phase. Reasons for this include 20 onward referrals to Dietetics Tier 3 weight management service due to inappropriate initial referral; 7 left service for unknown reasons and 7 declined input.

Of the remaining 20 referrals, 10 completed the active intervention phase and 10 are under active review and have not yet reached this point. The active intervention phase consists of regular review over 3 month period, supporting tailored goal setting and lifestyle changes. This past year posed additional challenges, a COVID-19 lockdown which impacted physical activity, food choices/availability and mental health/wellbeing. However participants made significant changes:

- Engaging consistently in support
- Walking daily, over 10,000 steps/day
- Sticking to eating plans
- Saving money
- Consistently engaging in sessions
- Significant weight loss
- Type 2 diabetes in remission
- Reducing medications
- Meeting physical activity guidelines
- Average weight loss of 10kg

HENRY

Preparation for the delivery of 'HENRY', a multi-agency approach to embedding 'Healthy Families: Right from the Start' as part of core service delivery. HENRY is a holistic approach to supporting families to promote a healthy start and prevent childhood obesity.

Funding has enabled delivery partners to be trained in online programme delivery, allowing for immediate online group implementation in line with COVID-19-secure guidelines.

Falls Prevention

The OTAGO Falls Prevention classes which were delivered in the Leisure Centres throughout the isles were put on hold in line with national lockdown measures. Sadly, a number of participants reported a deterioration in physical health and are concerned about not being able to participate when the classes restart. We recognise that the classes serve to have both a physical and mental benefit to the groups as a place to socialise and exercise. We did trial an online class with the Lerwick based group, which involved setting up individuals with access to zoom via the SRT system, and having one instructor delivering the class and the Falls Prevention co-ordinator online to check in on those attending and following up if there were any concerns of safety. The patient feedback was that it wasn't the same as face to face and the online method limited those being able to attend.

Workplace Engagement Officer Active Travel Project

Limitations on group activities have meant that many activities were put on hold and are yet to resume. The Project has adapted to make up for the reduction in activities and time with staff, including:

- NHS staff induction active travel session was adapted to an online presentation; while this gave an opportunity to share information with both new and existing staff, the lack of discussion and 'one-way' nature of e-learning is a loss.
- Creating an 'active and sustainable travel page' as a resource to provide information and resources and a place to post updates.
- Adaptation of 'cycle to work day' into 'cycle to anywhere' day. The online approach engaged previously unreached sites and staff.
- Outdoor and socially distanced 1:1 activities such as e-bike inductions, bike maintenance skills session and drop off/pick up Dr Bike sessions undertaken as restrictions have allowed. This has included establishing a COVID-19 risk assessments and putting precautions in place.

Diabetes Framework

The aim of the Diabetes Framework is prevention, early detection and early intervention of Type 2 Diabetes. The planned engagement events with patients with experience of gestational diabetes and maternal obesity are underway, to further shape care pathways, structured education and routes into adult healthy weight services postnatally.

Target groups include:

- People with type 2 diabetes (T2DM); pre-diabetes; gestational diabetes; at moderate-high risk of T2DM.
- People with overweight or obesity ·
- Communities vulnerable to health inequalities ·
- Children, Families and Young People (including Early Years) ·
- Staff delivering Healthy Weight Service

A specialised Weight Management Dietitian has been recruited to support people with type 2 diabetes, including weight management.

Wellbeing week

A staff wellbeing week was organised with the theme of "nature and the environment" in line with the Mental Health Foundation's theme. NHS Health Improvement and SIC Wellbeing combined together to put on a well-being week for staff from both sectors. We invited local people with an interest in nature and the outdoors to talk about what they do and how nature impacts their mental health. We had a total of 24 talks ranging from gardening to kayaking, underwater photography to

nature prescription. The hope was that people would attend sessions, recognise a familiar face and be inspired to try something new to help their own mental health.

Mental Health

The Health Improvement team have historically offered a range of mental health related training courses. During the pandemic staff have been trained to deliver 'Ask Tell' sessions. The sessions cover looking after your own mental health, how to spot the signs that someone is struggling, having conversations about mental health and how to respond to someone who is feeling suicidal. It has been delivered to 70 people including health and social care staff, voluntary sector and Shetland Young Farmers.

The response to the training has been positive and has increased individuals' confidence in speaking about mental health and we are looking at rolling it out across the local fire service. We've also assisted companies developing suicide protocols in case someone presents to them feeling suicidal.

The Self Harm Awareness course has been redesigned for online delivery and reduced the duration of the course to 3 hours (reduced from 1 day face to face). Going forward we hope to collaborate with Mind Your Head to deliver training and reach a wider audience.

Money Worries

The strain of financial worries will have impacted many people during the pandemic. The associated stigma of speaking about money may have further compounded the issue. Lower socio-economic status is associated with higher likelihood of developing and experiencing mental health problems.

Shetland Citizens Advice Bureau (CAB), the Anchor Early Help team and NHS Shetland's Health Improvement team worked in collaboration to develop and deliver Money Worries sessions. These online workshops were developed with the aim of supporting people to see the role they can play in raising the issue of money worries, and to improve knowledge and understanding of the support offered by CAB.

This training has been designed following feedback from individuals and families involved in the ANCHOR Project: welcoming open discussions about money to introduce them to what is available. It also builds on previous work by maternity services around the positive attitudes of patients to being asked about money contradicted by the belief of health professionals that these discussions would be intrusive. The wider aim is that making discussions about money more commonplace will contribute to a culture of decreased stigma around seeking support, and a normalisation of discussing finances and concerns at the earliest opportunity.

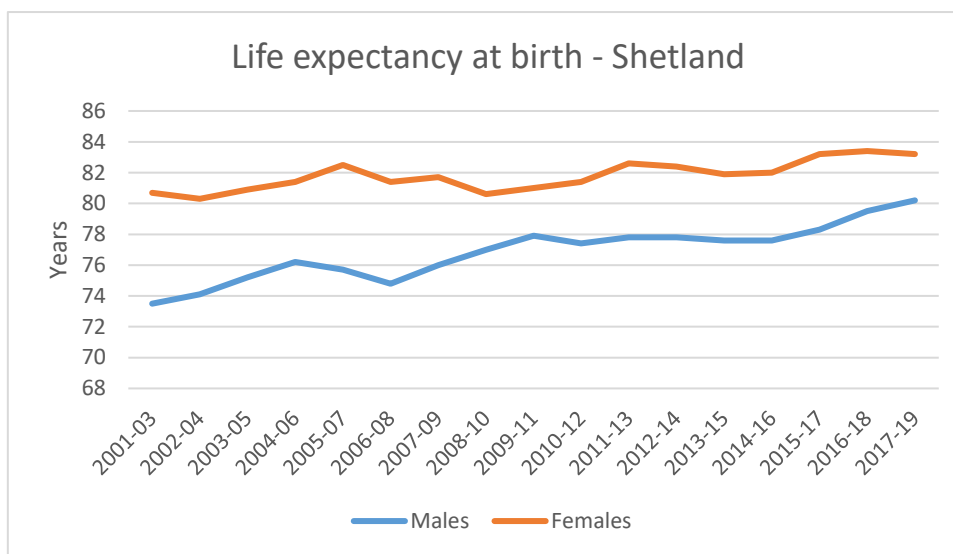
The Money Worries workshops have attracted attendees from schools, nursing, housing services, the family centre, the Hub alcohol and drugs recovery service, health visiting staff, a mental health charity and the health improvement team.

Health data

Life expectancy⁷

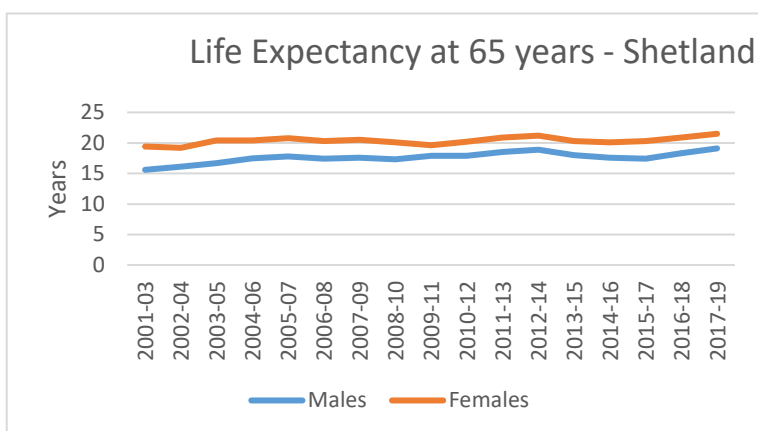
In Shetland, life expectancy at birth was higher for females (83.2 years) than for males (80.2 years) in 2017-19 and it is higher than at Scotland level for both females and males.

Between 2001-03 and 2017-19, female life expectancy at birth in Shetland has risen by 3.1% while male life expectancy at birth has risen by 9.1%.



In Shetland, life expectancy at age 65-69 was higher for females (21.5 years) than for males (19.1 years) in 2017-19 and it is higher than at Scotland level for both females and males.

Between 2001-03 and 2017-19, female life expectancy at age 65-69 in Shetland has risen by 11.3% while male life expectancy at age 65-69 in Shetland has risen by 22.2%.



⁷ Life Expectancy in Scotland, 2017-2019, National Records of Scotland

Healthy life expectancy

Across Scotland it is estimated that a baby boy expects to live 61.7 years in good health and a baby girl 61.9 years in good health. In Shetland a baby boy would expect to live 69 years in good health and a baby girl 61.9 – the same as the national average.

For males, healthy life expectancy at birth was highest in East Dunbartonshire (69.8 years) and lowest in Glasgow City (54.6 years).

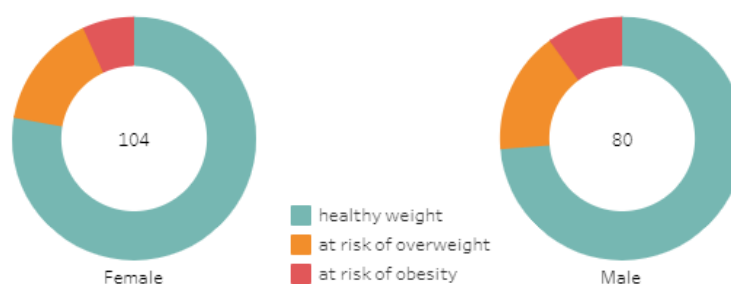
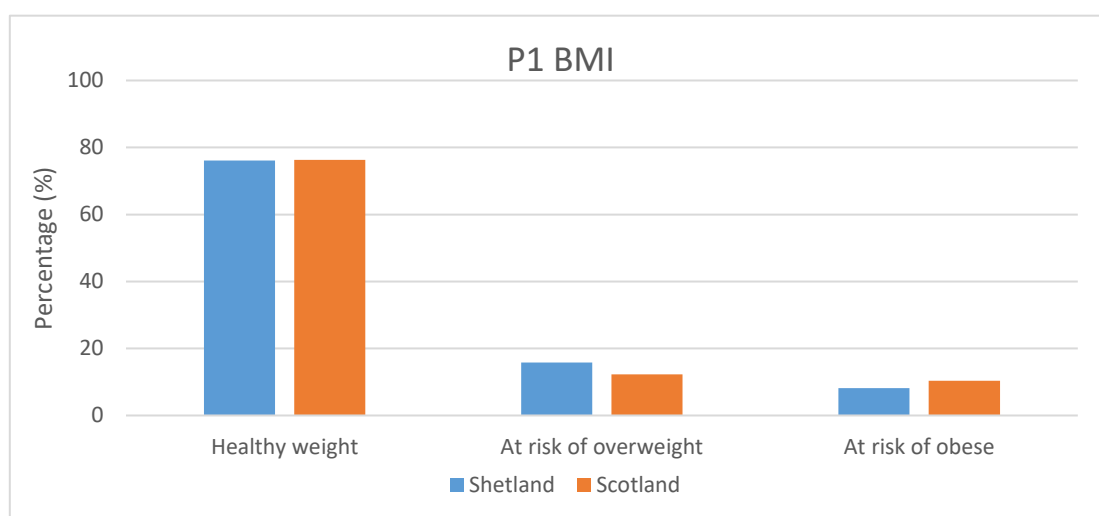
For females, healthy life expectancy at birth was highest in Orkney (75.1 years) and lowest in North Ayrshire (56.3 years).

The gap in healthy life expectancy at birth between the most and least deprived areas was 25.1 years for males and 21.5 years for females.

P1 Body Mass Index BMI⁸

School pupils in Primary 1 have a health assessment, including measurement of their body mass index. The coverage of P1 BMI reviews in Shetland in 2019/20 was higher than the national average – with 76.7% of P1 children receiving their review.

In 2019/20 the percentage of Primary 1 children were deemed to be at risk of being overweight was the 2nd highest in Scotland (with the Western Isles being the only other area with a higher rate). In Shetland there was a higher proportion of boys who were deemed to be at risk of being overweight and/or obese, which is a similar picture to that seen nationally.

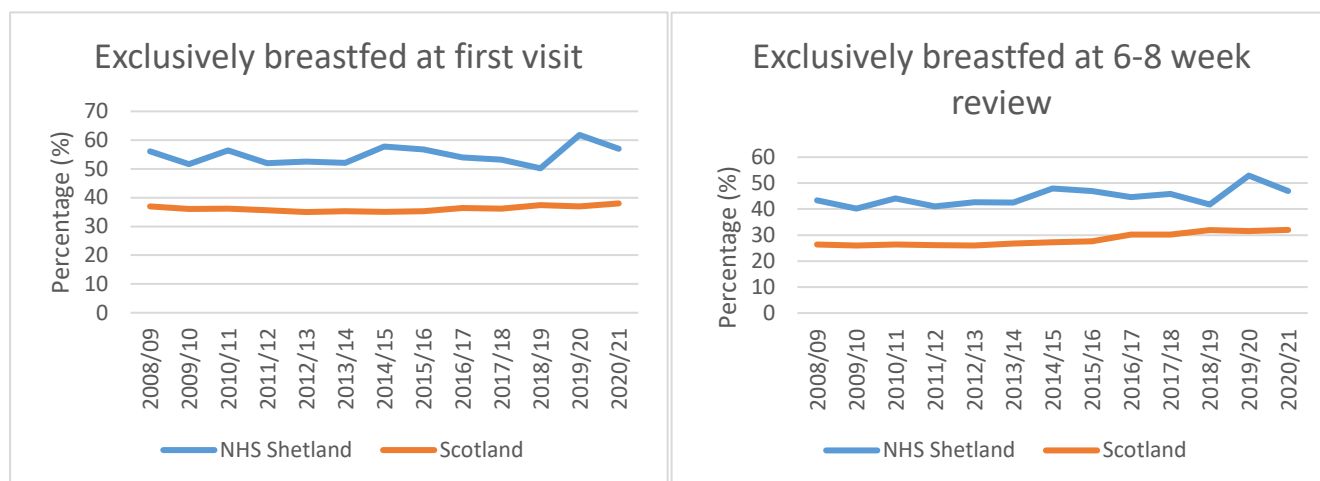


⁸ Primary 1 Body Mass Index (BMI) statistics Scotland, School year 2019 to 2020, Public Health Scotland

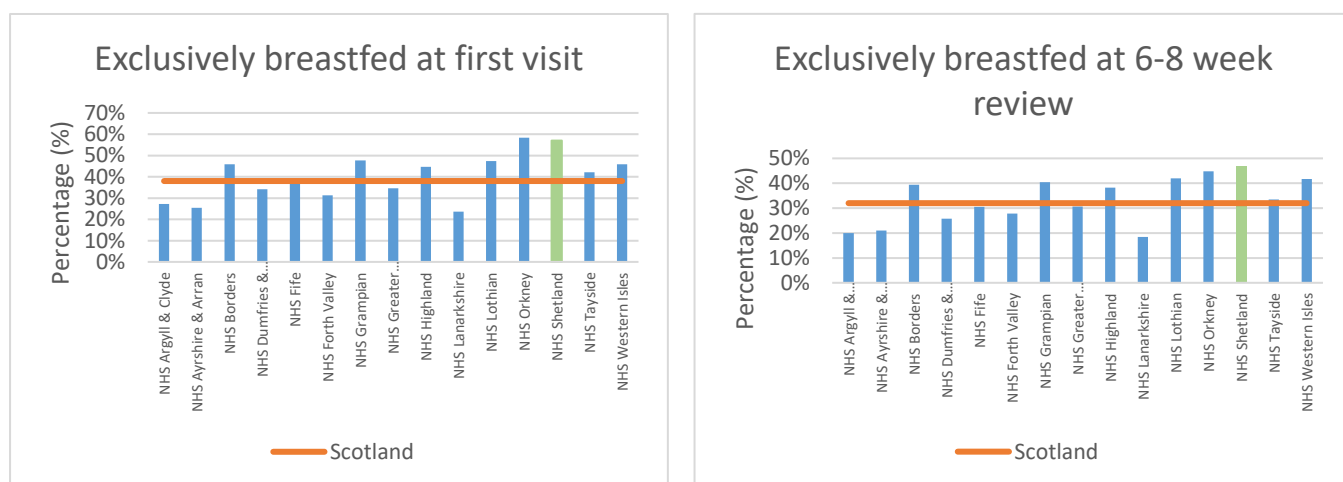
In the 12 year period between 2008/09 and 2019/20 the rate of children who are outwith the health BMI range in Shetland has been fluctuating with those deemed to be at risk of being overweight ranging from 9.3% to 15.8% and those deemed to be at risk of being obese ranging from 8.5% to 14.3%.

Infant feeding^{9,10}

Shetland has historically had a high breastfeeding uptake rate, with consistently more than 50% of babies being exclusively breastfed at the time of the health visitor first visit and more than 40% at the time of the 6-8 week review.



In 2020/21, Shetland has the 2nd highest breastfeeding rate at health visitor first visit – 57%, with Orkney being the only other board that had a higher rate – 58%. However, at the time of 6-8 week review Shetland had the highest rate of babies being exclusively breastfed (47%).



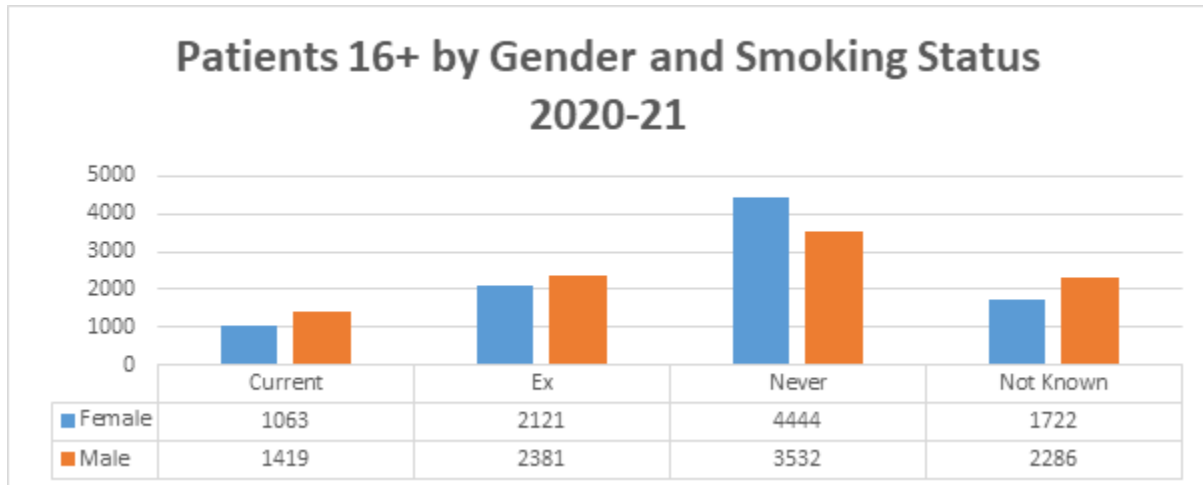
While Shetland has a high rate of breastfeeding, there is also a higher than average drop off rate between health visitor first visit and 6-8 week review. In 2020/21 the national drop off rate was 6%, however in Shetland that was 10% - this was the 2nd highest drop off rate across NHS boards.

⁹ Infant feeding statistics, Financial year 2019 to 2020, Public Health Scotland

¹⁰ 2020/21 data is from Public Health Scotland COVID-19 wider impacts on the health care system Dashboard

Smoking Status

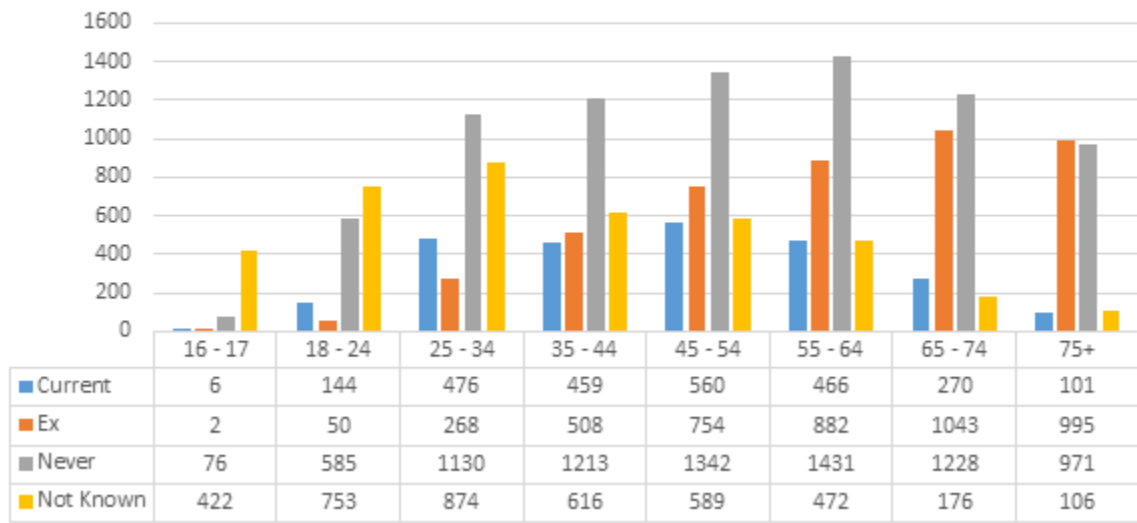
As at 1 April 2021, GP systems recorded a population of 23,070 in Shetland, with 18,968 being 16+ years of age. 2,930 unique patient's smoking statuses (16+ years of age) EMIS records were updated, down from 6,162 the previous year. The data shows that 2482 people aged 16+ are recorded by their GP Practice as being current smokers.



The above chart shows smoking status by gender for 16+ that has been recorded up until 31 March 2021. There were 18,820 patients aged 16+ registered at Health Centres in the NHS Shetland area on 31/3/2021.

- 13.1% (2,482) of patients 16+ in NHS Shetland are current smokers, previously 13.7% (2,582)
- 23.7% (4,502) of patients 16+ in NHS Shetland are ex smokers, previously 24.7% (4,561)
- 42.0% (7,976) of patients 16+ in NHS Shetland have never smoked, previously 43.2% (8,130)
- 21.1% (4,008) of patients 16+ in NHS Shetland have no recorded status or a status which is unknown, previously 18.4% (3,457)

Patients 16+ by Age Group and Smoking Status 2020-21



The above chart shows the data by age group and smoking status. Note the increasing trend in ex-smokers especially between the ages of 18 and 74. Not all groups span 10 years, nor encompass a similar number of people, so might be misleading. Note also the decline in number of smokers from 45-54 onwards.