# NHS Shetland

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| **Meeting:** | **NHS Board Meeting** |
| **Meeting date:** | **20th September 2022** |
| **Agenda reference:** | **Board Paper 2022/23/41** |
| **Title:** | **Public Health Annual Report 2021-2022** |
| **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:**

- Public and Population Health

**This aligns to the following NHSScotland 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.

Last year we wrote about the Covid pandemic, and this year we have continued this focus.

## 2.3 Assessment

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

Much of the covid response was led through the Health Protection Team which is responsible for 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 plan to refocus our capacity on the wider public health and population health agenda as expressed through 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.

Most importantly, we need to recognise the impact that the current cost-of living crisis will have on health. Increases in heating costs, rising food bills, transport costs and associated stresses impact on the building blocks of health and we can expect to see very direct consequences. We ask our colleagues and partners to work with us to mitigate these consequences as far as possible.

### 2.3.1 Quality/ Patient Care

The DPH Annual Report describes some of the ways in which we have adapted our ways of working during the pandemic to ensure that we are meeting patient, client, and community needs as far as possible. In some examples, the move to online delivery of services has increased uptake, accessibility and impact; for example, in delivery of the HENRY programme, online mental health training, and supporting people in stopping smoking.

### 2.3.2 Workforce

The Public Health workforce increased substantially during the pandemic, primarily due to Scottish Government funding. The majority of the remaining temporary posts will come to an end in September 2022. Recognising the inadequacy of our health protection capacity

at the beginning of the pandemic, we have been able to increase capacity slightly, with some additional specialist nursing hours and the appointment of a part time public health practitioner to focus on immunisation and screening. However, with the appointment of our CPHM to the DPH post, we are still short of second consultant level specialist (who can act as a 'Competent Person' as required under the Public Health etc Act 2008 ) to provide resilience to the Health Protection function. A permanent Business Continuity and Resilience officer has now been appointed (replacing a previous Service Level Agreement with the Shetland Islands Council) , alongside a senior Public Health Information Analyst (replacing the gap in Public Health Intelligence left when previous staff moved to the Information Department several years ago.) These new staff have made a significant difference to our Public Health capacity, enabling priority areas of work that had been neglected (even pre-pandemic) to be picked up and driven forward again. However, wider public health capacity and in particular health improvement capacity remains extremely vulnerable because of the reliance on short term funding from multiple sources.

**2.3.3 Financial**

As noted above, the uncertainty surrounding future funding sources and time spent applying for funding, recruitment and frequent extension/renewal of short term contacts is very difficult to manage; when trying to create a sustainable workforce to take forward the public health priorities, protecting and improving population health and reducing inequalities and inequity.

**2.3.4 Risk Assessment/Management**

There remains a significant risk around the role of 'Competent Person' within the health protection team and reliance on short term and varied funding sources.

The risk to the organisation of not supporting and appropriately funding primary and (and secondary) prevention of poor health, is the impact on the capacity of the organisation to manage the increased burden of disease and ill health in the future.

**2.3.5 Equality and Diversity, including health inequalities**

Tackling inequalities, and inequity, 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. (Other than within the Public Health Directorate).

**2.3.8 Route to the Meeting**

As an independent report by the DPH to the Board, this report was not considered by other committees prior to submission to the Board.

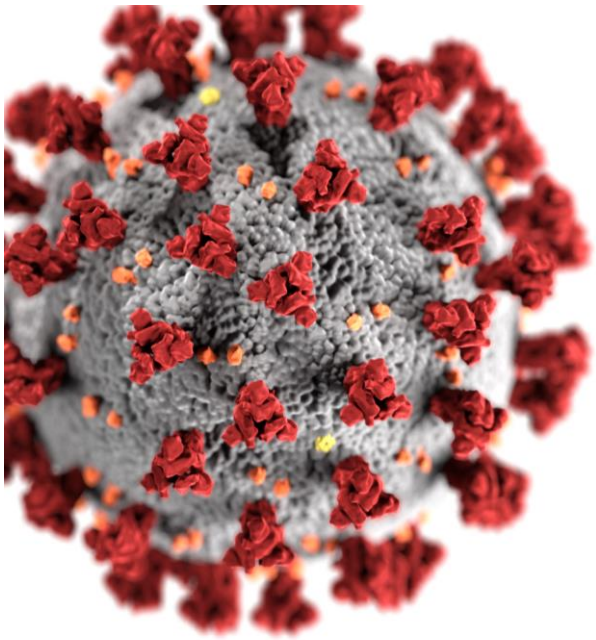
## 2.4 Recommendation

- Support the Public Health Directorate in its ambitions to improve population health and reduce the inequalities gap through a whole system approach to prevention and inequity, through all working together across Directorates as a ‘Public Health organisation’.
- Raise awareness of the huge impact of the pandemic, on staff across the organisation and the entire population, now exacerbated by other factors leading to an immediate cost of living crisis, and the impact this will have on health and wellbeing if not addressed quickly and comprehensively.

## 3 List of appendices

The following appendix is included with this report:

- Appendix 1 : Director of Public Health Annual Report 2021-2022



# Public Health Annual Report 2021-2022

## Forward

The COVID-19 pandemic continued to dominate the work of the Public Health Directorate during the past year. The Health Protection and Test and Protect teams remained exceptionally busy, even more so once restrictions were relaxed and other services began to return to normal, as case numbers then rapidly increased. However, unlike earlier in the pandemic, the risk of serious illness, hospitalisation and death amongst the Shetland population was hugely reduced thanks to the incredibly successful COVID vaccination programme. This allowed health and other services, and life in general, to largely return to normal during the Spring of 2022, despite many more people becoming infected with variants of the coronavirus that cause COVID-19.

The Health Improvement Team has been successful in continuing to reintroduce a number of programmes to support individuals and families in making behaviour changes to improve their health and to prevent illness and disability in the future. Screening programmes were reinstated after a pause in 2020 and are now back on track, with the breast screening unit visiting Shetland later in summer 2022, only a few months after the scheduled date. Throughout the pandemic, we have continued with the routine immunisation programmes, managing other health protection issues and developing our business continuity and resilience work.

One priority that has remained throughout and will dominate much of our work going forward is continued collaboration with our partners, communities, families and individuals to tackle inequalities in health, especially to prevent and reduce the impact of poverty and socioeconomic disadvantage. We know that as well as affecting individuals' physical health, the pandemic (and the actions taken to control the pandemic) have had a profound impact on people's mental health and wellbeing, and in many cases on their income and livelihood. Unless addressed, this will result in poorer health for many people, and a bigger inequalities gap in our community, which is detrimental to everyone.

At the time of writing, these issues have been further exacerbated by other national and international factors leading to a cost of living crisis in the UK. In parallel, we also have an international climate change emergency requiring radical and sustained action, which can seem overwhelming, and sometimes at odds with the immediate solutions to other complex problems (such as single use PPE during the pandemic) and with our life in Shetland (reliance on air travel as a lifeline service for example). However there are examples of activity that can have positive effects on health, finances and the climate (eg active travel), but these often require

significant changes to be taken at every level – individual, communities, local organisations and national government. If such changes were easy, we would have made them years ago.

This report reflects on public health activity during the pandemic in 2021-2022, and summarises other areas of work that have continued. A significant project, that was started last year and will be completed soon, is the development of a comprehensive health and care needs assessment of the Shetland community. This includes a population health survey led by the Health Improvement Team and partnership working with Public Health Scotland using an extensive range of data to create a health profile. This work, which will support the development of future services and enable us to monitor progress, will be the theme of my annual report next year.

I would like to thank every member of the Public Health Directorate, and all those who were redeployed to work with us, for all their incredibly hard work over the past two years. In particular those who took on completely new roles to support the pandemic response and all those who were employed on a temporary basis in the Test and Protect Team and for the vaccination programme.  Testing and contact tracing was the frontline of the pandemic response, in order to slow down and prevent spread of infection within the Shetland community. Many of the Test and Protect Team worked remotely, some not even in Scotland, but along with the Vaccination and Health Protection teams, they have prevented ill health and saved lives in our community.

Dr Susan Laidlaw
Director of Public Health
NHS Shetland

## Acknowledgements

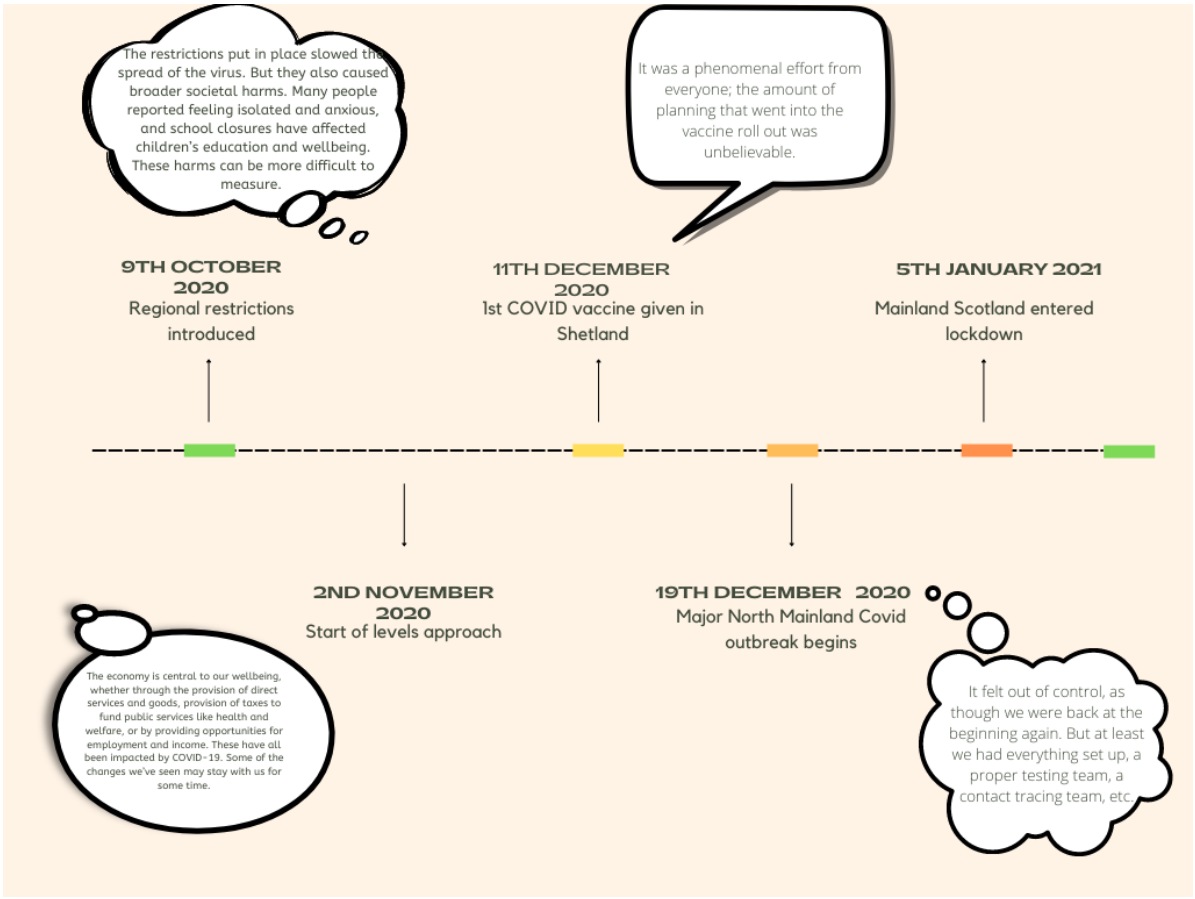
Thank you to my colleagues Elizabeth Robinson, Fiona Hall, Katrina Reid, Nicola Balfour, Melanie Hawkins, Jim McConnachie, and the Shetland Health Improvement and Test and Protect Teams for all their contributions to this report.

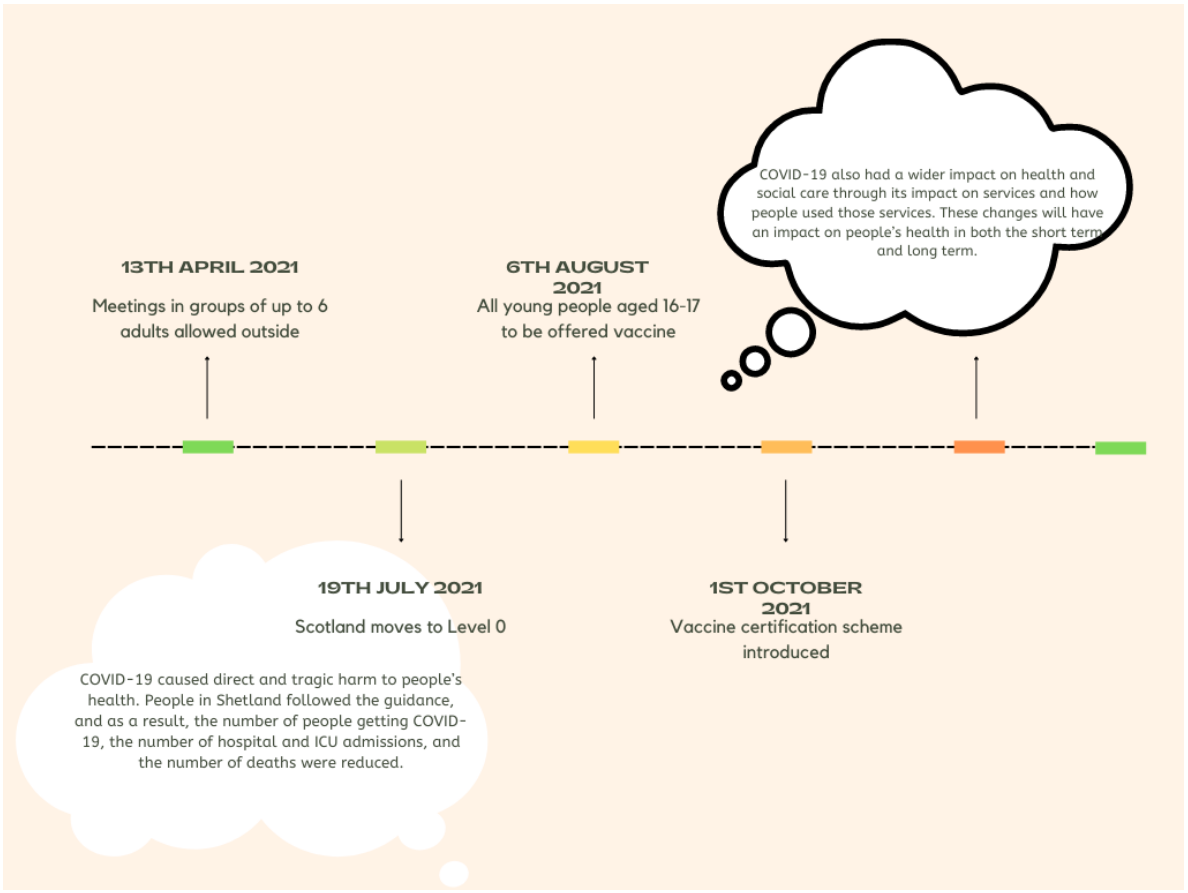
## Contents

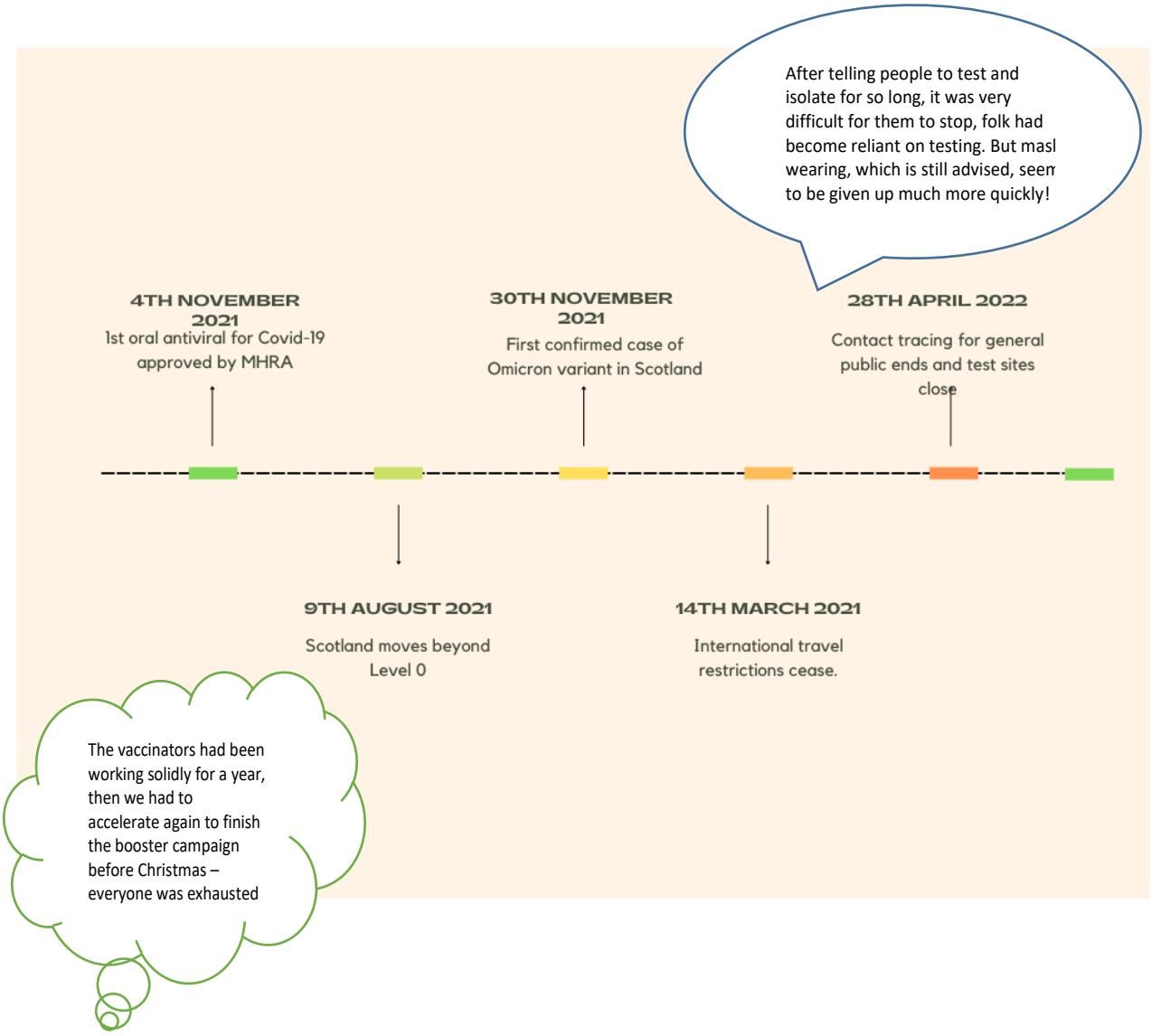
## COVID-19 Pandemic and Recovery

In our last annual report we described our planning for, and initial response to 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 proceeded to co-ordinate the local implementation of the largest vaccination programme we have ever seen in the UK.

This report picks up from the last one, describing the ongoing response to the pandemic, and how we have participated in recovery from it. It is impossible to describe everything that happened during the two years of the pandemic, but this timeline is an attempt to draw out some key moments and reflect on some of the thoughts of people who were involved in delivering the response. A comprehensive commentary on the whole pandemic response in Shetland will be produced in due course, including outbreak reports and learning for future scenarios.


The restrictions put in place slowed the spread of the virus. But they also caused broader societal harms. Many people reported feeling isolated and anxious, and school closures have affected children's education and wellbeing. These harms can be more difficult to measure.
It was a phenomenal effort from everyone; the amount of planning that went into the vaccine roll out was unbelievable.
9TH OCTOBER 2020
Regional restrictions introduced
11TH DECEMBER 2020
1st COVID vaccine given in Shetland
5TH JANUARY 2021
Mainland Scotland entered lockdown
2ND NOVEMBER 2020
Start of levels approach
19TH DECEMBER 2020
Major North Mainland Covid outbreak begins
The economy is central to our wellbeing, whether through the provision of direct services and goods, provision of taxes to fund public services like health and welfare, or by providing opportunities for employment and income. These have all been impacted by COVID-19. Some of the changes we've seen may stay with us for some time.
It felt out of control, as though we were back at the beginning again. But at least we had everything set up, a proper testing team, a contact tracing team, etc.

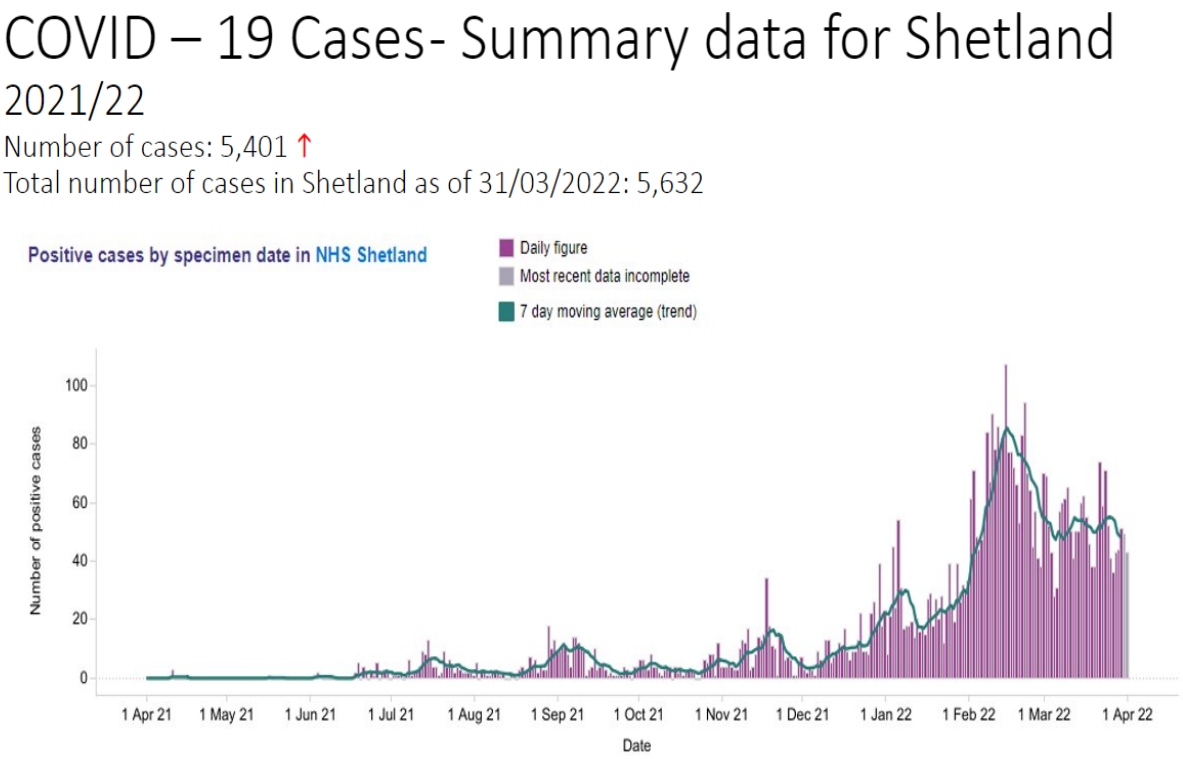

COVID-19 also had a wider impact on health and social care through its impact on services and how people used those services. These changes will have an impact on people's health in both the short term and long term.
13TH APRIL 2021
Meetings in groups of up to 6 adults allowed outside
6TH AUGUST 2021
All young people aged 16-17 to be offered vaccine
19TH JULY 2021
Scotland moves to Level 0
1ST OCTOBER 2021
Vaccine certification scheme introduced
COVID-19 caused direct and tragic harm to people's health. People in Shetland followed the guidance, and as a result, the number of people getting COVID-19, the number of hospital and ICU admissions, and the number of deaths were reduced.




Although specific interventions such as population testing, isolation and contact tracing have largely ceased, there remain some key public health interventions which, if used across the population and especially in high risk settings, will help to control the spread of both covid and other respiratory illness, especially during the autumn and winter periods. Masks and face covering are still recommended , along with hand and respiratory hygiene, good ventilation, vaccination, and staying away from other people when symptomatic. There is always the risk of a surge in numbers, especially in winter, and / or a new variant leading to an increase in serious illness, especially if the vaccination programme is not maintained.

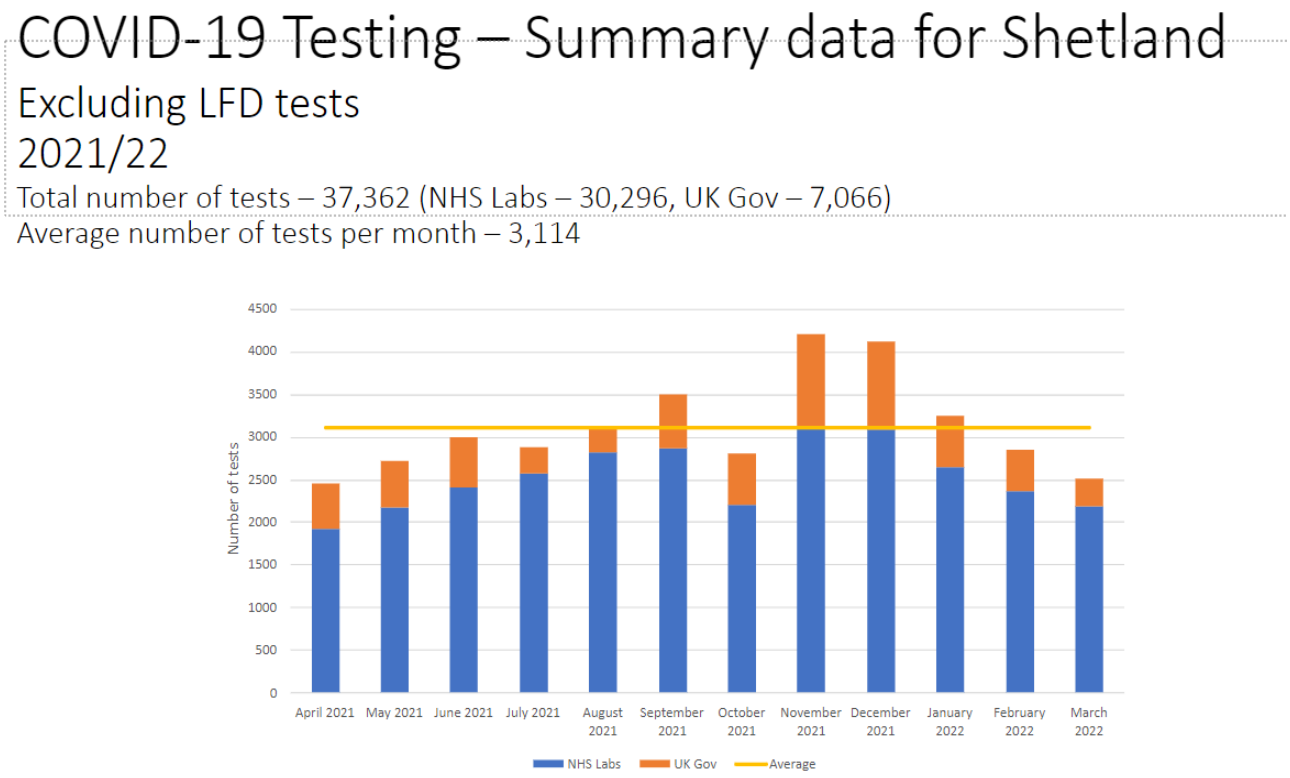
## COVID data

The table below shows the pattern of cases in Shetland over the year, from April 2021 to March 2022. Over 112,000 COVID tests were taken and recorded in Shetland during this period, including 30,296 PCR tests analysed by NHS and Government labs, and 75,000 Lateral Flow Tests (LFTs). That is nearly 5 tests for every individual in Shetland. However there will also have been a significant number of LFTs not recorded and included in our figures.




**Source**: PHS COVID-19 in Scotland Trends & demographics Dashboard https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview [Retrieved 14/06/2022]

The chart below shows how incredibly busy the NHS Shetland Laboratory team was during the year. Despite this, the turnaround time for getting results within 24 hours was almost always 100 % and never less than 99.5%, which is a phenomenal achievement.



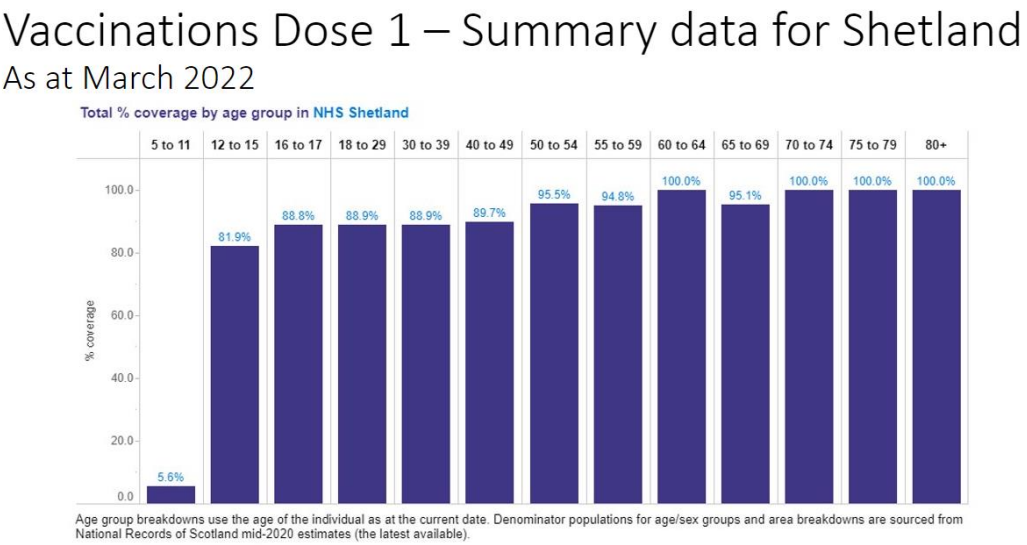

**Source**: PHS Daily Case Trends By Health Board: https://www.opendata.nhs.scot/dataset/covid-19-in-scotland/resource/2dd8534b-0a6f-4744-9253-9565d62f96c2 [Retrieved 14/06/2022]

## Contact Tracing

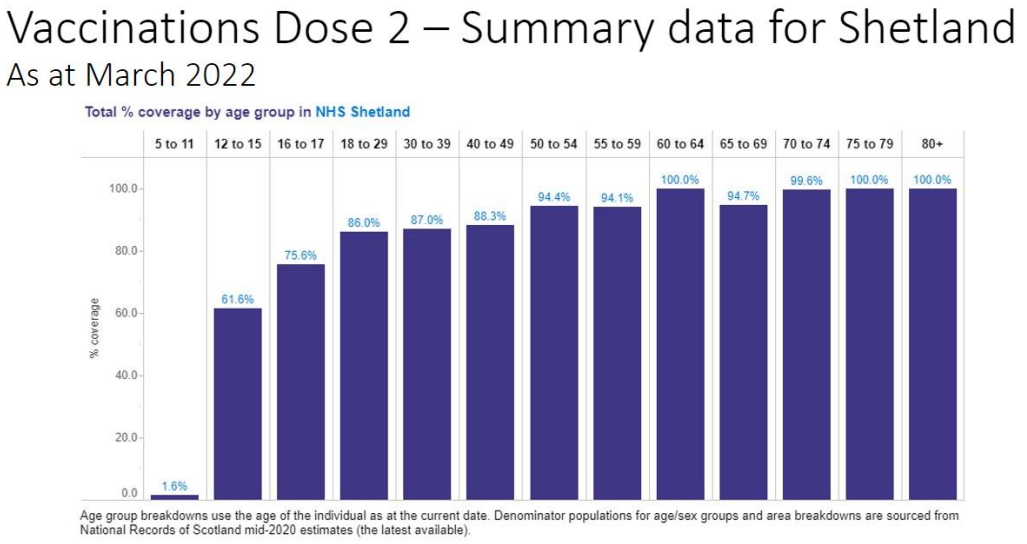
On average, out Test and Protect contact tracing team followed up 950 contacts per month, with four being the average number of contacts per case. In reality, the busiest period was between November 2021 and March 2022, as lock-downs and restrictions were lifted. By this point, the virus was still circulating but many people had not yet been exposed in Shetland because the community and services had worked so hard to dampen down spread. As restrictions eased, especially around travel, more people became exposed and infected. But the vaccination coverage protected the population, especially the most vulnerable from becoming very unwell.

## COVID Vaccination Programme

The COVID vaccination campaign was the biggest of its type in the history of vaccination. The data in the tables on the following page show the effectiveness and reach of the campaign, but numbers alone cannot describe the number of people who were involved in setting up the programme. There was a whole range of activity including identifying and fitting out venues; storing and distributing vaccines, whilst maintaining the cold chain; engaging volunteers to support the clinics; sorting out transport;  recruitment and training for staff; communications; manning phone lines and scheduling clinics ; gathering data and reporting locally and to Scottish Government; and contingency planning.



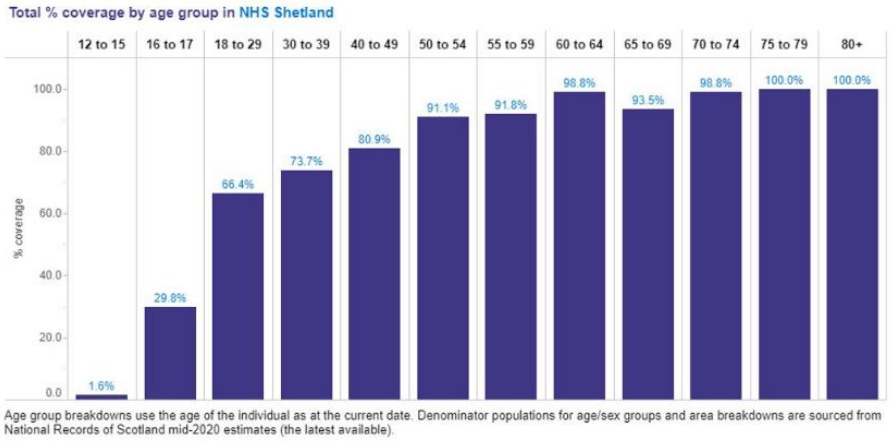

**Source:** PHS COVID-19 in Scotland Trends & demographics Dashboard https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview [Retrieved 06/04/2022]




**Source:** PHS COVID-19 in Scotland Trends & demographics Dashboard https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview [Retrieved 06/04/2022]

## Vaccinations Dose 3/Booster – Summary data for Shetland

As at March 2022




**Source:** PHS COVID-19 in Scotland Trends & demographics Dashboard https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview [Retrieved 06/04/2022]

The uptake rates in Shetland are the highest in Scotland for nearly every age cohort and vaccine dose. The programme will continue throughout 2022, with primary courses for children and a further booster campaign in the winter for people at highest risk, alongside the seasonal flu programmes.

## ‘Non covid’ Public Health Activity

The work of the public health directorate includes leadership & management /co-ordination of specific public health services and programmes:

- Health Improvement
- Health Protection
- Vaccination programmes
- Screening programmes
- Resilience and business continuity

Summaries of these area of work are highlighted below, and in more detail in specific Annual Reports.

We also provide public health input to health services (Healthcare Public Health) eg:

- Health intelligence
- Needs assessment
- Evidence based practice

This is often in the context of strategy development and service redesign. Current work includes the development of a Shetland Population Health and Care Needs Assessment as described earlier and input to health and care planning process, through the planning team which sits within the Public Health Directorate.

Another stand of work is **Realistic Medicine** which is also managed through the Directorate. The six core stands of Realistic Medicine are:

- shared decision making
- personalised approach to care
- reducing harm and waste
- reducing  unwarranted variation
- managing risk better
- becoming improvers and innovators

But is also encompasses overarching themes of support for staff and leadership; tackling inequalities; sustainability and value based health care. There is more information in the local Realistic Medicine Annual report 2021-22 and on the Realistic Medicine website.

## Population Health

A core part of the Public Health Directorate's remit is the wider population health agenda, working with partner organisation and communities to improve population health. This is where we address the determinants of health, and specifically health inequalities and inequity and focus on prevention. The population health approach is:

> *"An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies."*
>
> The Kings Fund 2018 A vision for population health: Towards a healthier future

The Kings Fund describes four pillars of population health:

- The wider determinants of health
- Health behaviours and lifestyle
- Places and communities -local environment
- Integrated health and care systems

We are involved in each of these 'pillars' at local and national levels. We have the Shetland Community Partnership, the Health and Social Care Partnership / Integration Joint Board; and specific partnerships including those for Community Justice, Children, Domestic Abuse (Gender based Violence); Drugs and Alcohol; Mental Health; Community Learning and Development.

Although much of this work slowed down in the pandemic, and we had very limited capacity in public health to engage, we are now picking up this wider remit again, especially in the light of significant impacts on health , wellbeing and inequalities caused by the pandemic and the actions taken to control it. This will enable us the address the six national Public Health priorities.

A Scotland where we:

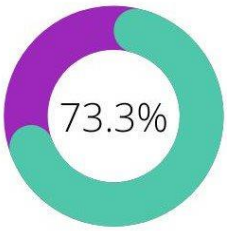
- live in vibrant, healthy and safe places and communities.
- flourish in our early years
- have good mental wellbeing
- reduce the use of and harm from alcohol, tobacco and other drugs
- have a sustainable, inclusive economy with equality of outcomes for all
- eat well, have a healthy weight and are physically active.

## Screening programmes

There are a number of national population based screening programmes: bowel, breast and cervical cancer screening; abdominal aortic aneurysm screening; diabetic retinopathy screening; and pregnancy and newborn screening. Each programme is delivered in a different way and often combines national and local elements. After a gap of many years, we will be producing a Shetland Screening Annual Report for 2021-22 with details of each of the programmes, uptake and detection rates.

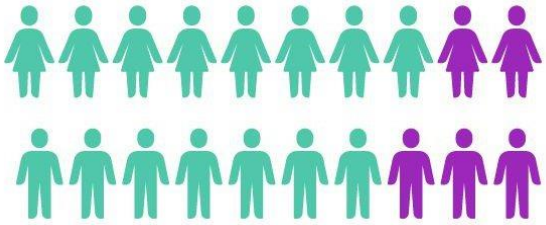
Below is a summary of the uptake rates for the four population wide programmes for older adults. There is further information the programmes on the NHS Inform website and the National Services Scotland website. These screening programmes were paused for six months during 2020 because of the pandemic. However, we have seen continued high uptake rates in Shetland in the latest figures, which all include part of the pandemic period.

### Bowel Cancer Screening




Shetland saw the highest uptake rates in Scotland,73.3% for bowel cancer self test kits for the period 2019-21.

The highest uptake rate in Scotland, with 64.9% being the average.

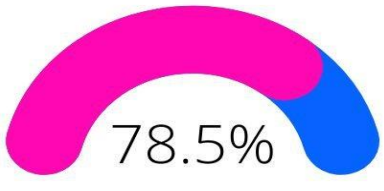



There is consistently a higher rate amongst women (76.1%) compared to men (70.5%).

Of those who had a positive result on the self test kit, and were invited for a colonoscopy, 84.1% went on to have a colonoscopy, compared to 72.4% in Scotland.[1]

[1] https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/scottish-bowel-screening-programme-statistics-for-the-period-of-invitations-from-may-2019-to-april-2021/

## Cervical Cancer Screening



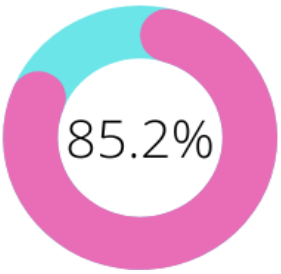

Uptake of cervical cancer screening at 3.5 years for the period 20-21

There was a 78.5% uptake of cervical cancer screening at 3.5 years for the period 20-21, compared with 66.3% for Scotland.[2]

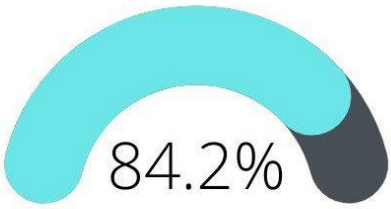
## Breast Cancer Screening

There was a 85.2% uptake for breast cancer screening for the three year period 2018-21, compared to 73.3% for Scotland.[3] The figures for breast screening cover a three year period which includes when the mobile unit was last in Shetland in 2019. The unit is here again in 2022, only delayed by a few months by the pandemic.

Breast cancer screening uptake rates 2018-2021




## Abdominal Aortic Aneurysm Screening




84.2% for aortic aneurysm screening - men screened by age of 66 and 3 months who turned 66 in year ending March 2021

84.2% of eligible men in Shetland attended for aortic aneurysm screening - this is the figure for men screened by age of 66 and 3 months who turned 66 in year ending March 2021. The figure for Scotland was 78%.[4]

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[2] https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/scottish-cervical-screening-programme-statistics-annual-update-to-31-march-2021/

[3] https://publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2021/

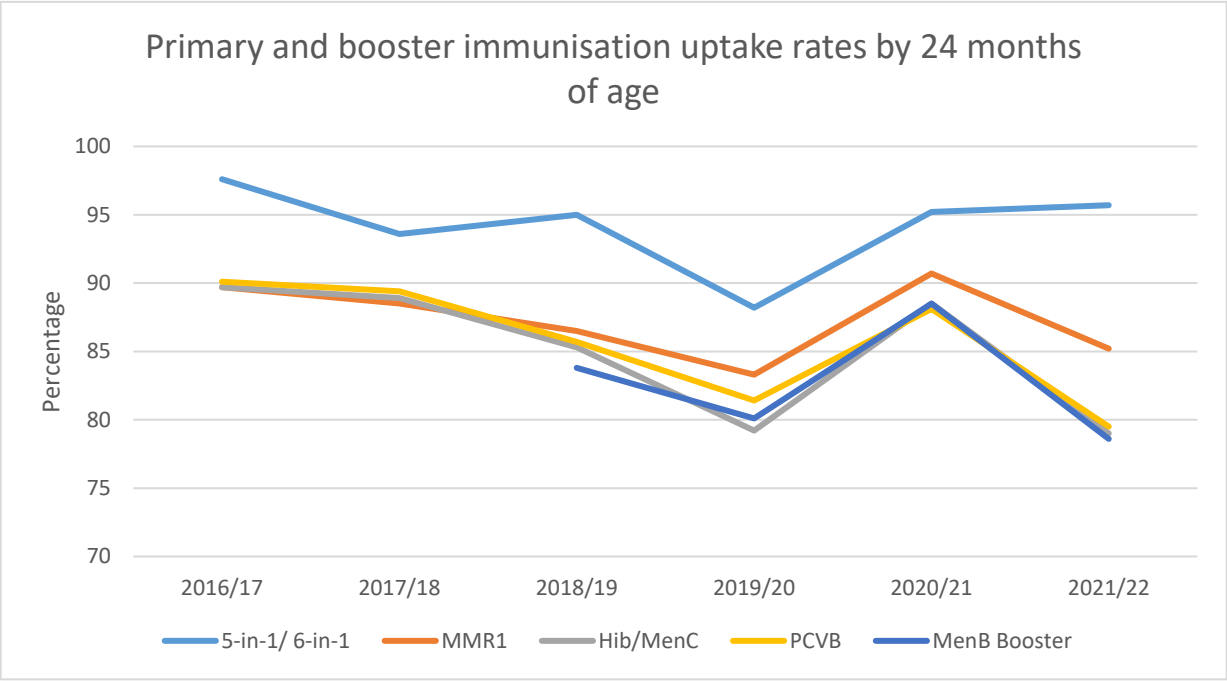
[4] https://www.publichealthscotland.scot/publications/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics-year-ending-31-march-2021/

## Immunisation Programmes

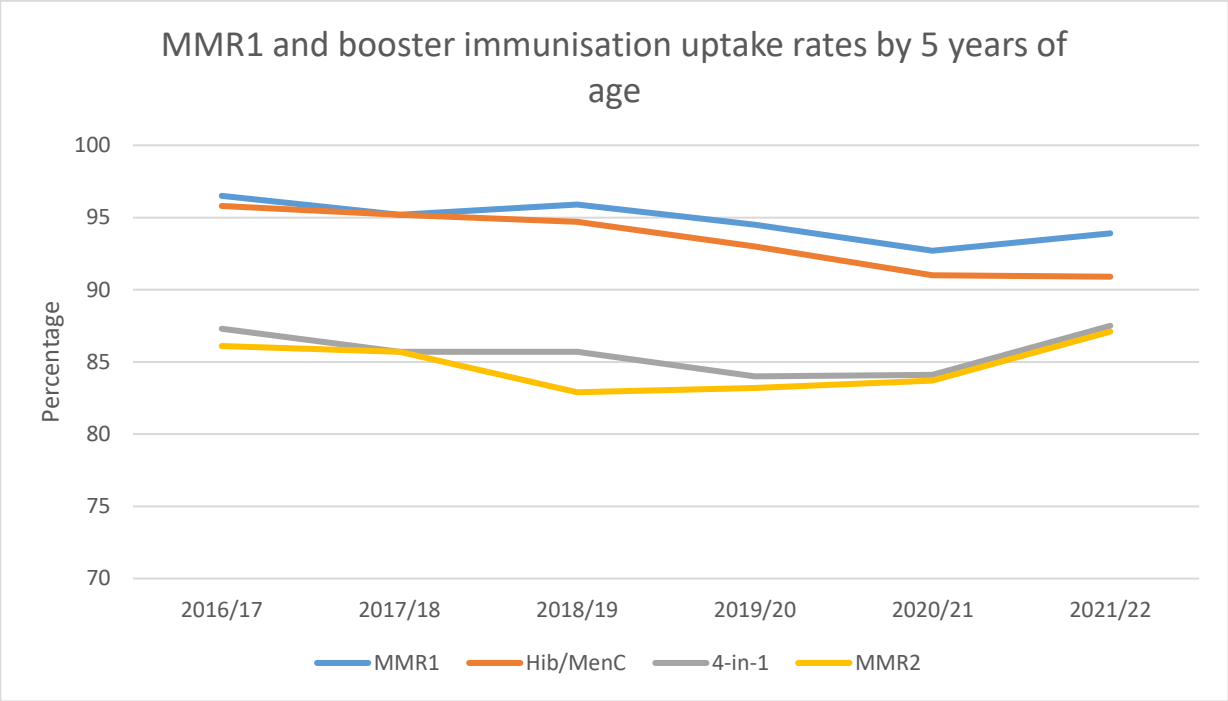
In addition to the COVID vaccination programme that was introduced during the pandemic, the childhood immunisation programmes, seasonal flu programme and adult programmes have continued. A Shetland Vaccination and Immunisation Annual Report for 2021-2022 is being produced with details of each of the programmes, including uptake rates, locally and in relation to Scotland, and a detailed commentary.

The most recent immunisation rates for babies and young children show uptake for babies reaching the age of one year during 2021-2022 had fallen for some immunisations, 6-in-1 (Tetanus, Diptheria, Polio, Pertussis, Hib and Hepatitis B) and Rotavirus, whilst it has increased for PCV and MenB. With rotavirus, if it is not given by six months, then is not given at all. With other vaccines, children can be caught up later. Uptake for this cohort of the different primary vaccines was between 89.9% and 92.6%.

Uptake of these primary immunisations is again measured at the age of two along with the Men B and PCV boosters, Hib / MenC and first dose of MMR which should be given at age of 12-13 months. For those reaching age two during 2021-2022, uptake largely fell compared to 2020-21. Once children reach the age of two, if they have not had Men B and PCV then they are not required to catch up as they the risk of these infections reduces considerably. Uptake ranged from 78.6% for the MenB booster to 95.7% for the 6-in-1. Uptake of the first dose of MMR was 85.2 %, similar to previous years and still well below the rest of Scotland.



The pre-school booster, consisting of a 4 in 1 vaccine (Tetanus, Diptheria, Polio, Pertussis) and the second MMR vaccine should be given at 3 years and 4 months, but uptake is measured at 5 years. Uptake of the pre-school booster has been low for a number of years, but there was an increase in the percentage of children that had received two MMR vaccines to 87.1%.




The vaccinations delivered in schools during 2021-2022 were impacted by the pandemic with only a 69.9% uptake amongst S3s for MenACWY and Tetanus, Diptheria and polio adolescent booster. However, the uptake for those who had reached S4 was 85%. For HPV vaccination, 88.8% of girls and 77.6% of boys received their first dose, and 86.1% of girls and 80.6 % of boys received their second dose.

For the seasonal flu programme, the rates for older adults and those at risk has remained high this year, after a significant increase during the first year of the pandemic ( 85.9% for those aged 65-74 years, 84.8% for those aged 75 and over, and 70% for those in risk groups).

The shingles and pneumococcal vaccine programmes for adults due to be vaccinated during the pandemic were largely delivered from April to September 2022, and uptake figures will be reported next year.

## Health Protection

In addition to managing the COVID-19 pandemic, the Health Protection Team also dealt with the usual range of communicable diseases, although in smaller number than usually seen, including Influenza A and B, Hepatitis C, campylobacter, cryptosporidium, and Lyme disease. The full range is described within the Control of Infection Committee Annual Report 2021-22.

The role of the Health Protection Team is to offer advice and institute control measures where necessary, often in conjunction with Environmental Health. Staff have been involved in a range of activities including:

- Communicable disease surveillance
- Public health management of communicable diseases and environmental issues, especially incidents and outbreaks
- Direct contact with and liaison between patients, the public, NHS staff, environmental health and others
- Communications and dissemination of information including to patients, the public, NHS staff and the media
- Continued local implementation of the Public Health etc (Scotland) Act 2008

## Resilience and Business Continuity (Emergency Planning)

Resilience and Business Continuity (BC) continues to improve NHS Shetland's ability to respond to and recover from disruptive incidents, as well as fulfilling its duties as a Category 1 responder, in terms of Civil Contingencies Act. A Business Continuity Management System is being adopted and looking forward, the emphasis will be on embedding a Business Continuity culture through the use of the appropriate tools, training and methodologies. This will incorporate learning from the pandemic that will assist in winter planning, as well as dealing with a rapidly changing world. Climate Change adaptation and risk mitigation are becoming a more salient concern, which cuts across Resilience and nearly all areas of Health Board activity. With NHS Shetland being committed to being a net-zero greenhouse gas emitter by 2040, this is a rapidly developing area of work.

NHS Shetland's capacity to respond to a Chemical, Biological, or Radiological incident at the Gilbert Bain Hospital has also been bolstered; a new team has been trained in the operation of Powered Respiratory Protective Suits in order to facilitate safe decontamination of casualties.

Furthermore, NHS Shetland is actively involved in the application of the UK Content anti-terrorist strategy, through the safeguarding Prevent work stream, as well as planning for the upcoming Protect duty, where a legal responsibility will be placed upon organisations with Publicly Accessible Locations.

Further details of recent activity are described in the Resilience and Business Continuity Annual Report 2021-2022.


## Health Improvement Activity

The Health Improvement Team is managed within the Public Health Directorate but has delegated functions to the Health and Social Care Partnership (HSCP). Our funding comes from a number of sources: the Integration Joint Board (IJB), NHS Shetland, Scottish Government, Sustrans and the Shetland Alcohol and Drug Partnership.

During the initial phases of the pandemic, most health improvement activities were paused as staff were deployed to other roles. However, as we emerge from the pandemic, we have been re-focusing and re-prioritising our work to ensure we are responsive to the longer-term impacts. Core to this is a population and prevention approach; empowering communities; tackling inequalities; and focusing on holistic health and wellbeing. This is a progressive agenda but we face some significant challenges including funding, increased demand and the short

**Our Vision**

Shetland is home to healthy, resilient, empowered and inclusive communities.

The health and wellbeing of individuals and families improves for future generations, particularly for those experiencing unfair differences in life expectancy and health outcomes.

term nature of many projects. The cost effectiveness of prevention can also be difficult to prove in the short term, but we know it pays dividends in the longer term. We need to support our partners to shift their focus and culture to be about preventative action to create the change we want to see and realise the right to the highest attainable standard of physical and mental health for our communities.


As part of our work to establish the vision of health improvement in Shetland, we have also agreed a set of values which highlight the behaviours and principles that underpin our work with partners and communities in Shetland.

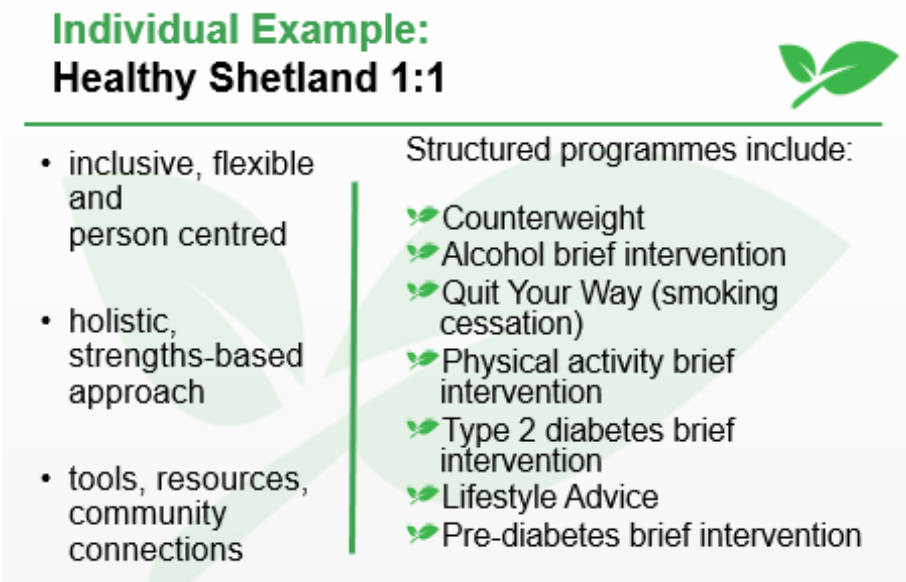
We work with a range of tools, techniques and resources to increase capacity, improve knowledge and understanding and inform strategic planning with research, data, evidence and lived experience. Examples of our approaches include the delivery of training, evaluation, developing information resources, planning and delivering projects in collaboration with partners and enabling the use of data and evidence.

Our long term goal is to improve healthy life expectancy for future generations and to reduce the difference in health outcomes between different communities. This will be achieved through taking a whole systems approach to build capacity for planning and delivering holistic and inclusive services which seek to improve health outcomes.

Within the Health Improvement Team we deliver a range of programmes; one to one and group delivery, and service development. A number of our programmes are highlighted below.

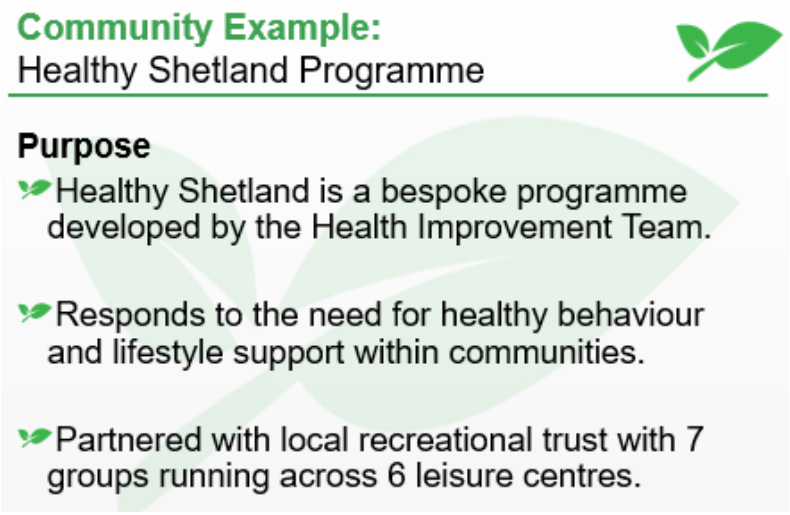
**1:1 Healthy Shetland**

Anyone in Shetland can access our 1:1 Healthy Shetland service through referrals from primary care or self-referral. But we work within communities to engage with people most likely to benefit from our services. Through an inclusive, flexible and person-centred approach we empower individuals to identify where they can make choices and changes which will have a positive impact on their health and wellbeing. We take a holistic, strengths based approach to supporting improved health and wellbeing; using tools and techniques which focus on the needs of individuals and understanding what is important to them. Building on what matters to individuals, our practitioners can deliver a range of evidence based programmes to support health and wellbeing. Our structured programmes are highlighted below. Some people benefit from discussion about health and wellbeing, motivational interviewing and signposting to other services within our communities, rather than a structured programme.



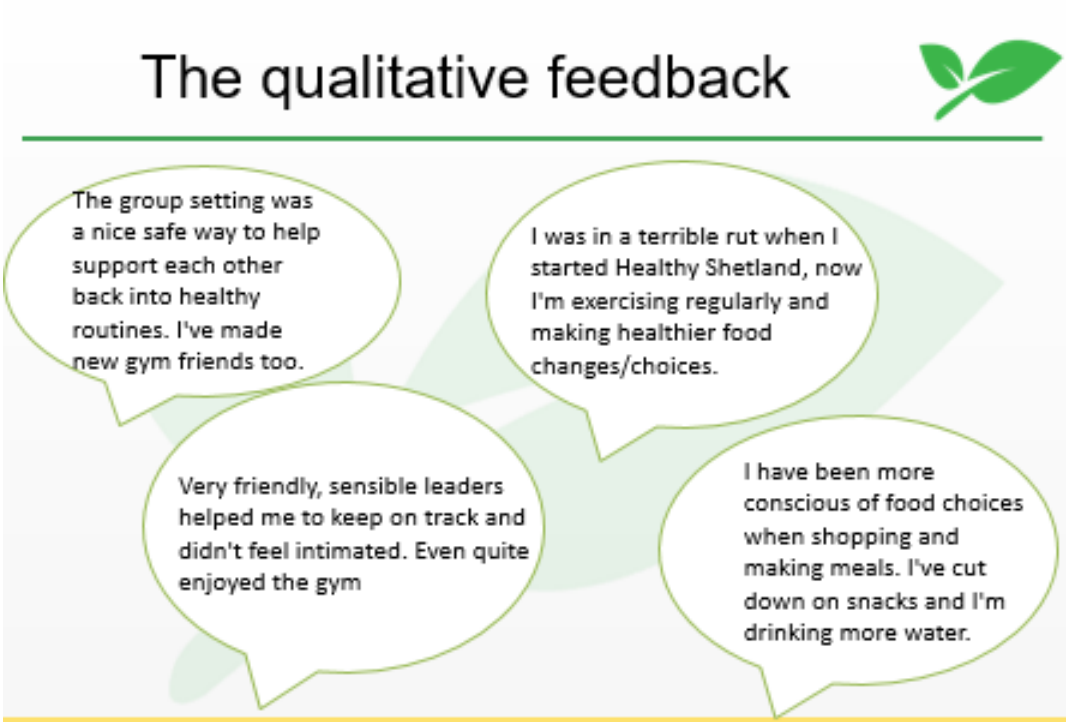
**Healthy Shetland -group based programme**

NHS Shetland does not have the resources to deal with the healthcare implications (coronary heart disease, stroke, type 2 diabetes and various cancers) which will result from more than two-thirds of the adult population in Shetland being overweight and more than one-third of the adult population being obese. To help address this we are working to upskill and support local Shetland Recreational Trust leisure centre staff to deliver a programme focused on health and wellbeing to people who self-identify or are referred by a health or social care professional. This programme is based on working with local groups to provide support to navigate healthy lifestyle changes with the use of existing self-help resources (e.g. British Heart Foundation resources and NHS online resources) and local community based spaces.



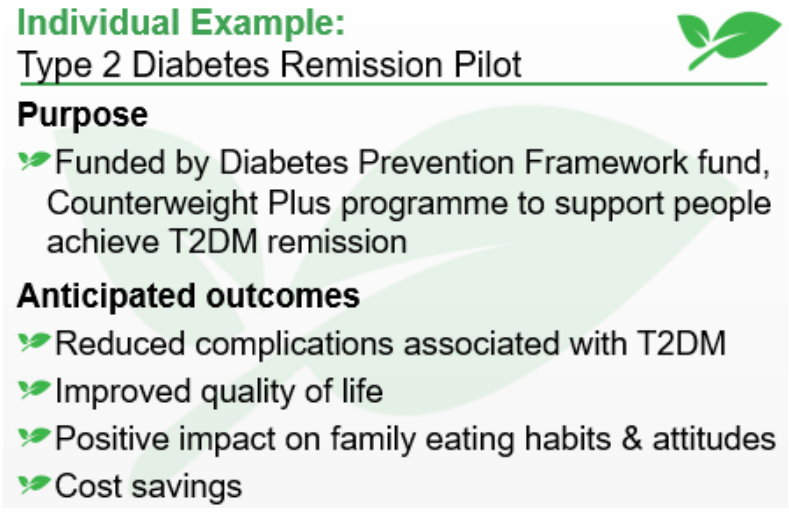


Within the first cohort, 56 participants have completed the first four months of the 12 month programme (88%). 28 staff members have been trained to deliver Healthy Shetland with 18 currently still employed by SRT.




**Counterweight Plus**

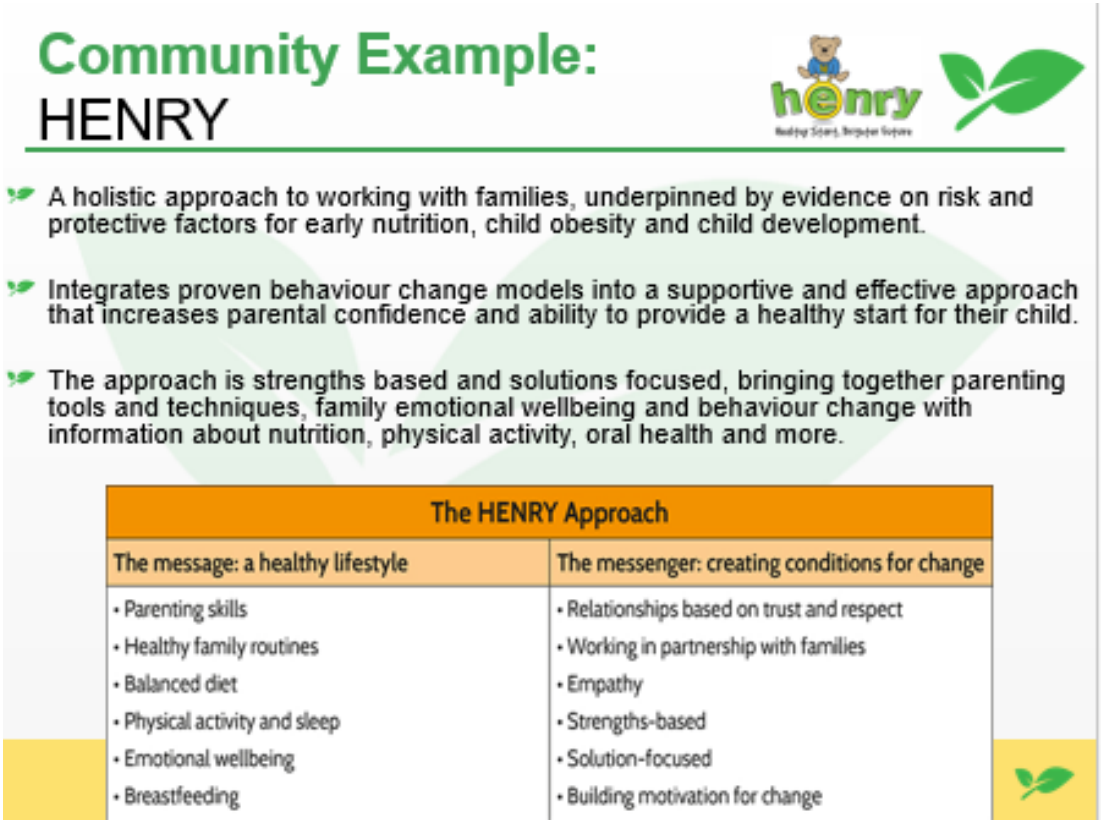
The Counterweight Plus programme is a 12-24 month intensive weight loss programme with funded shakes and soups, education and support with behaviour change. It is delivered and evaluated by a specialist weight management dietician, funded by the Diabetes Prevention Framework fund and hosted within the NHS Shetland health improvement team. The aim of the programme is to support Type II Diabetes patients to achieve remission through losing weight and maintaining weight loss. Remission is where a person with T2DM has blood glucose levels within the non-diabetes range without the need for diabetes medications. There is a strong evidence base that people with T2DM have high chance of achieving remission with weight loss of 15kg (criteria apply). Patients report feeling healthier at a lower weight; being more active; having freedom from side effects of diabetes drugs; reduced or no requirement for blood pressure medication; more in control of their eating; and better knowledge about food and its impact on health. There are direct cost savings from reduced prescribing and reduced complications/co-morbidities in the future.



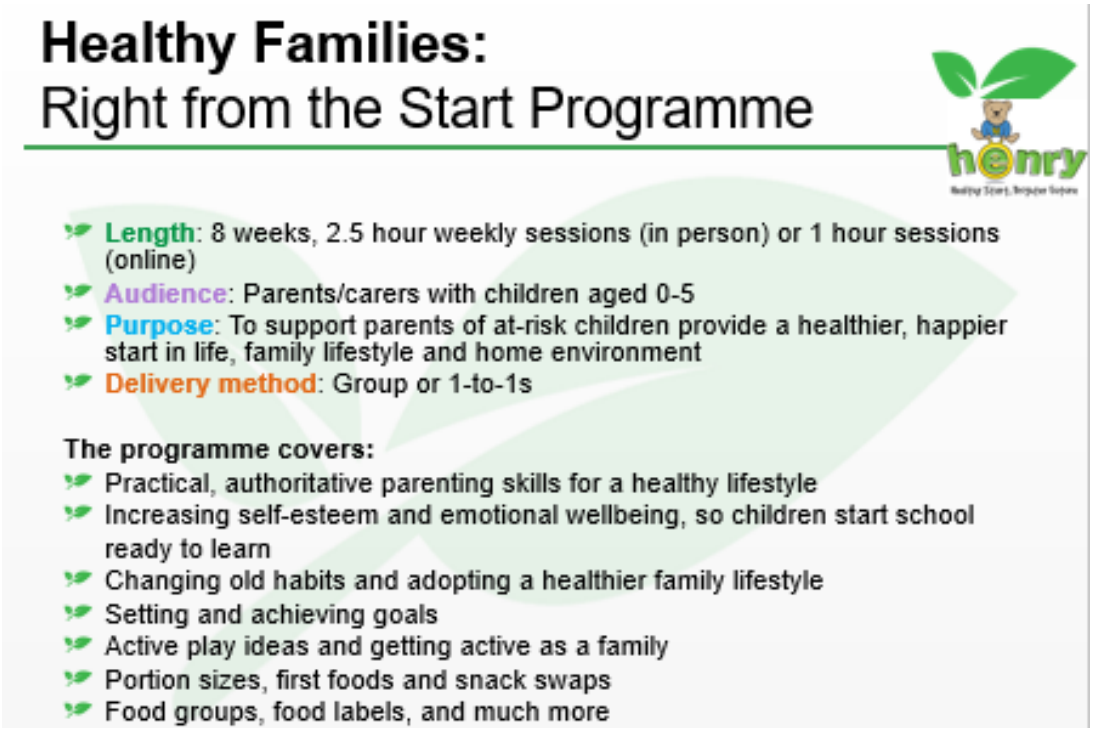
Further development of the project includes:


**HENRY: Healthy Eating and Nutrition for the Really Young**

Research shows that information alone is unlikely to achieve sustained lifestyle change. The HENRY approach enables practitioners to create the conditions for change and to support parents to put theory into practice as part of everyday life. The NHS Shetland programme is part of a national pilot; we are one of three NHS Boards that received funding. 'Healthy Families: Right from the Start' has the strongest evidence-base of any national early years child obesity intervention in the UK and is one of a suite of HENRY programmes we are delivering locally.

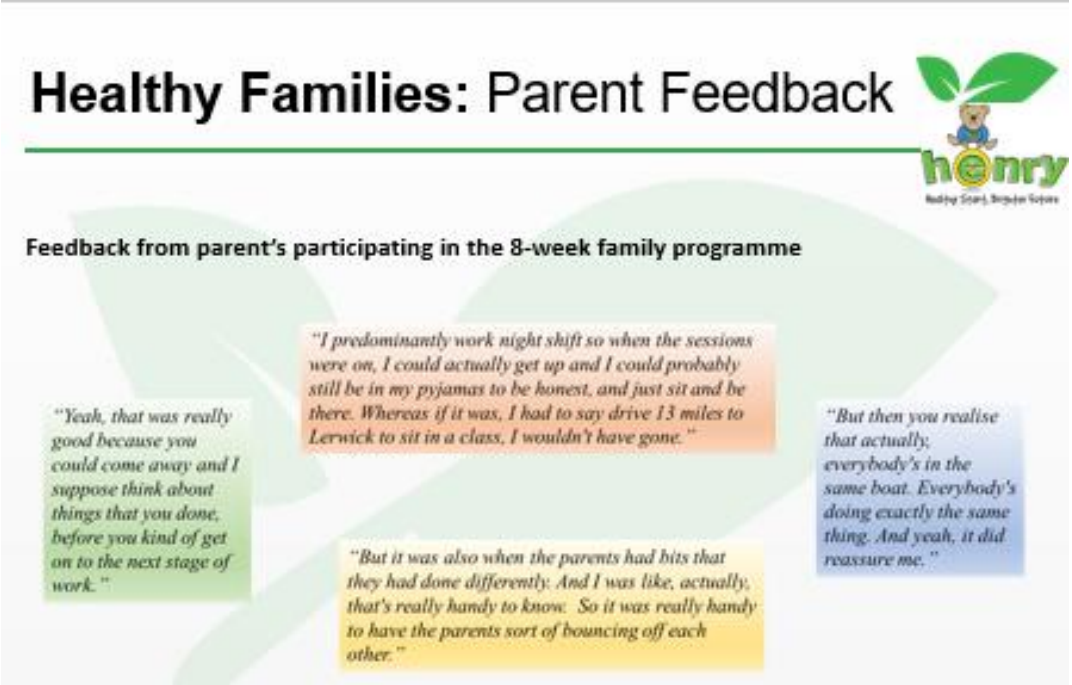



In Shetland we offer HENRY to all parents, partly to extend reach, but also to normalise the support available. The work was planned to commence in 2020 but was significantly impacted by COVID. Initially the intention was for HENRY to be delivered face to face but further training enabled us to deliver this online. We are now able to deliver sessions in person but the feedback from online delivery has been really positive with many participants saying they would not have been able to participate without online access. The programme will expand to include 'Planning for Parenthood' as part of antenatal services next year. This will be in partnership with maternity services, the Shetland Family Centre and the Health Visiting Service.




In 2021-2022

- 71% of respondents reported improved family eating habits and behaviour
- 71% of respondents said their children eat more fruit and vegetables
- 71% of respondents reported improved confidence in parenting skills
- 100% of respondents reported improved emotional wellbeing




**Workforce development**

Over the last year we have worked to develop the skills and capacity needed for our patient facing service and to understand in more detail, our training and development needs.
Using Quality Improvement approaches we are looking into the changes we can make to allow us to work more effectively, eliminate waste and ensure quality. There is no national set training for a Health Improvement Practitioner, which is both a strength and a weakness.

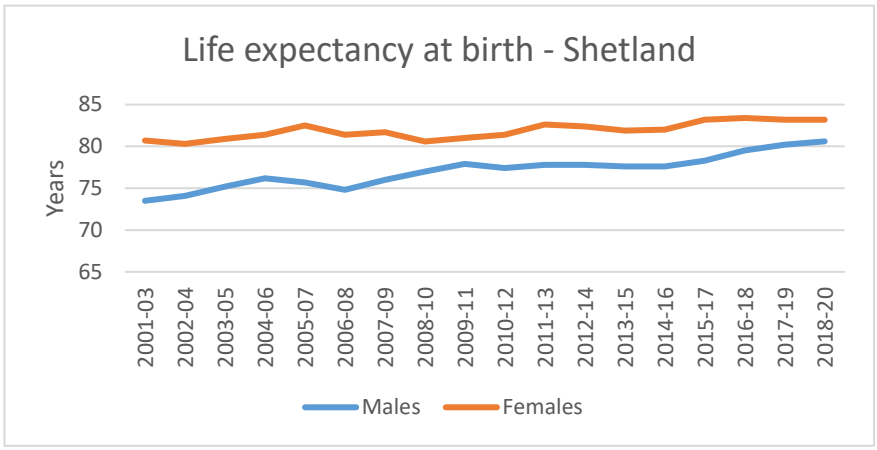
As a ‘strength focused action’ we have as a team reviewed our training needs against Health Behaviour Change Competency framework. Through this we have identified key areas of core training such as Motivational Interviewing and ‘ MAP’.  The MAP (Motivation, Actions & Prompts) of Health Behaviour Change is the NES Learning Programme for all health and care practitioners whose role provides them the opportunity to help people make positive health and lifestyle related changes. The programme aims to give practitioners skills and confidence to notice, discuss and support opportunities for patients to make and maintain behaviour changes. And also training for specific health conditions/ treatments  including Quit Your Way (smoking cessation);  Mental Health;  HENRY, where the Health Improvement staff are the best placed to deliver.

## Health data

**Life expectancy[5]**

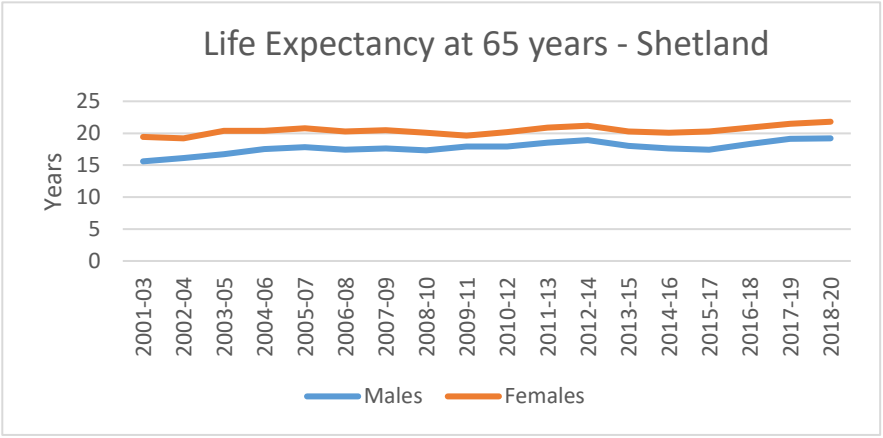


In Shetland Islands, life expectancy at birth was higher for females (83.2 years) than for males (80.6 years) in 2018- 2020 (most recent available figures); and it is higher than the Scottish average for both females and males. Between 2001-2003 and 2018-20, female life expectancy at birth in Shetland Islands has risen by 3% while male life expectancy at birth has risen by 9.7%.



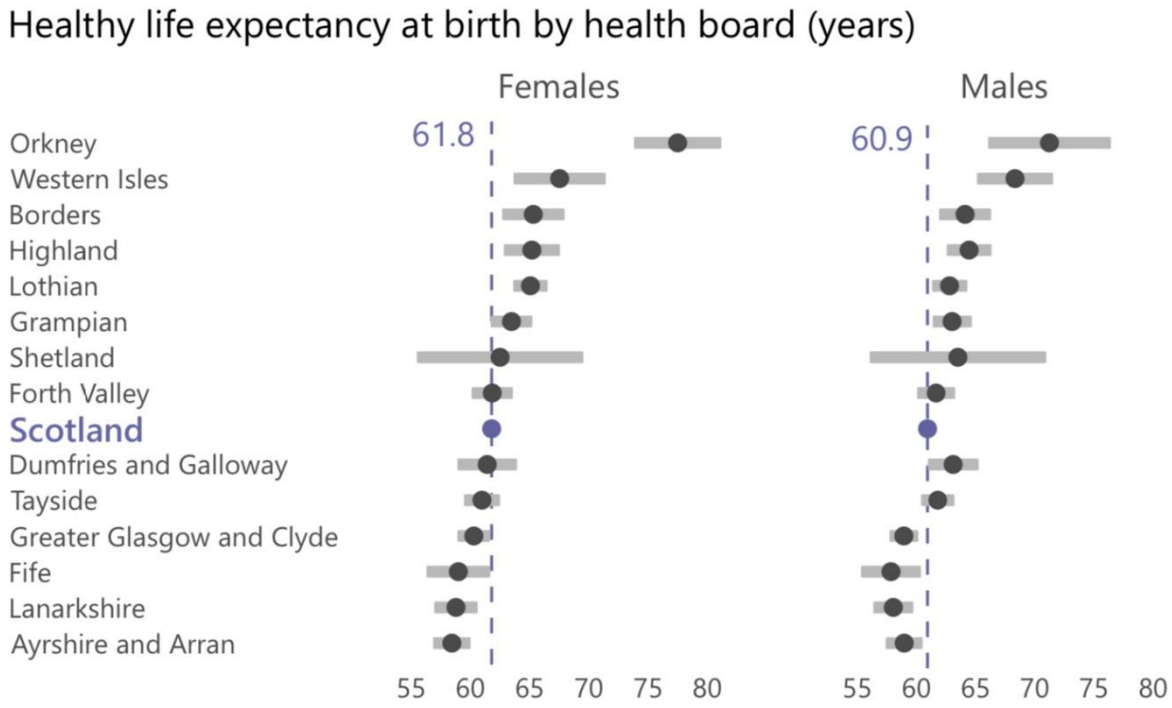



In Shetland, life expectancy at age 65-69 was higher for females (21.8 years) than for males (19.2 years) in 2018-2020 and it is higher than at Scotland level for both females and males. Between 2001-2003 and 2018-2020, female life expectancy at age 65-69 in Shetland Islands has risen by 12.6% while male life expectancy at age 65-69 in Shetland has risen by 22.9%.




[5] Life Expectancy in Scotland, 2018-2020, National Records of Scotland

Although our life expectancy looks good in Shetland, our health life expectancy[6] may be little better than the average for Scotland. (There are wide confidence intervals which can make interpretation difficult). This implies that although people live longer in Shetland, many years are spent in ill health.

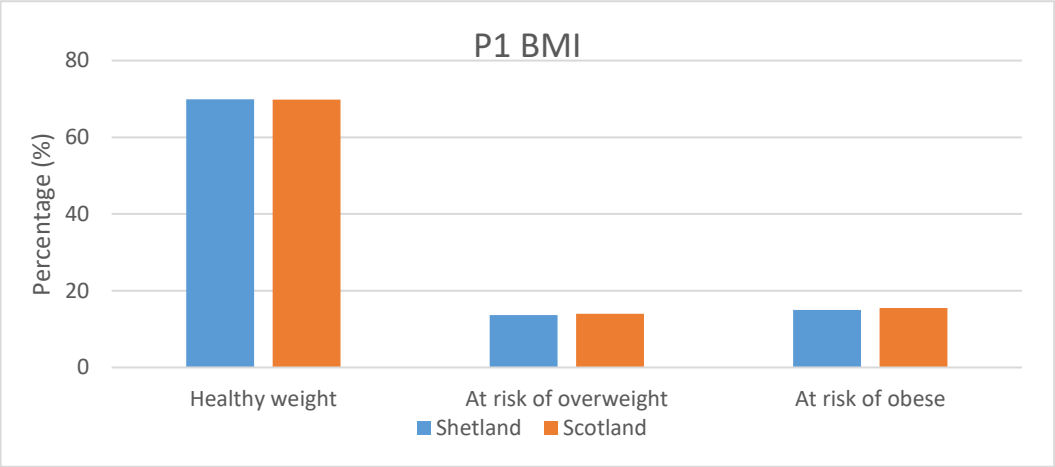



**Primary 1 Body Mass Index (BMI)[7]**

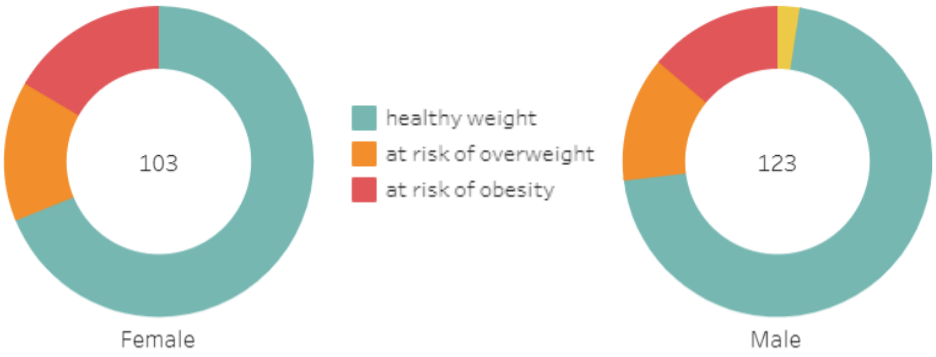
Measuring BMI in children can give an indicator of those likely to be at risk of being overweight or obese in the future. The coverage of P1 BMI reviews in Shetland in 2020/21 was higher than the national average – with 92.3% of P1 children receiving their review. The percentage of Primary 1 children who were deemed to be at risk of being overweight was the 4th highest in Scotland (however data was not reported for many NHS boards as coverage was low in that year). 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 what is seen nationally.

[6] National Records of Scotland Healthy life Expectancy in Scotland, 2018-2020

[7] Primary 1 Body Mass Index (BMI) statistics Scotland, School year 2020 to 2021, Public Health Scotland



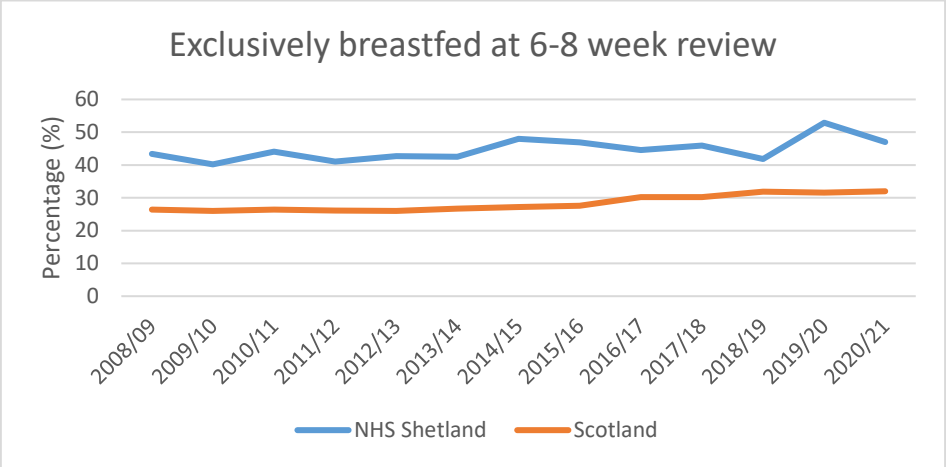

In the 12 year period between 2008/09 and 2020/21 the rate of children who are outwith the health BMI range in Shetland has been fluctuating with those deemed to be at risk of being overweight ranging from 9.3% to 15.8% and those deemed to be at risk of being obese ranging from 5.8% to the current rate of 15%, the highest it has been in the thirteen year period.




## Infant feeding[8]

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 – 2021 (most recent data) , Shetland had the 2nd highest breastfeeding rate at health visitor first visit – 53.6%, with Orkney being the only other board that had a higher rate –56.3%. However, at the time of 6-8 week review Shetland and Orkney both had the same rate of babies being exclusively breastfed (40.9%).

[8] Infant feeding statistics, Financial year 2020 to 2021, Public Health Scotland

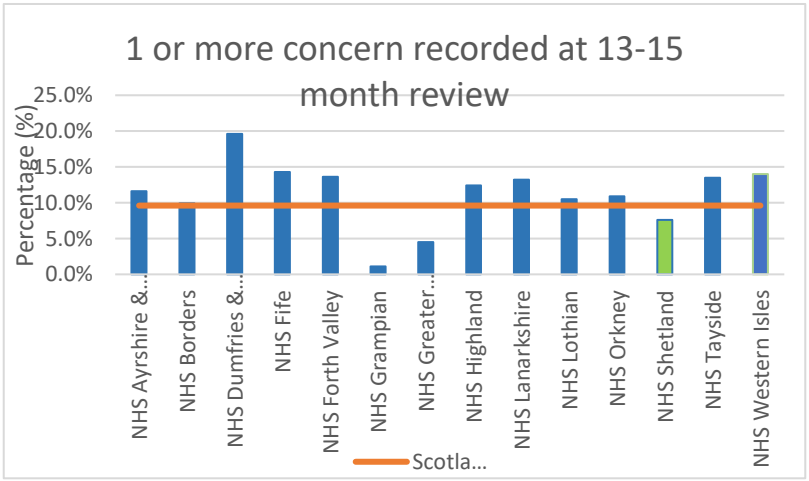



## Early child development[9]

All children in Scotland are offered the child health programme which includes a series of child health reviews, including an assessment of children's development at 13-15 months, 27-30 months and 4-5 years. These reviews involve asking parents about their child's progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child's development. At the end of the review Health Visitors record whether they have any concerns about each area of the child's development.

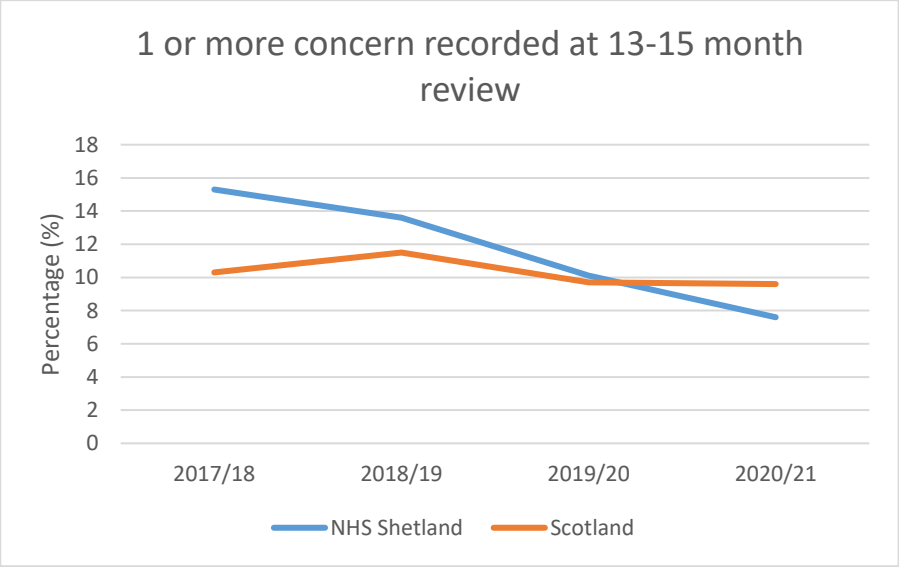
## Age 13 -15 month reviews

The coverage of 13-15 month reviews in Shetland in 2020-2021 was higher than the national average – with 92.5% of children receiving their review. Coverage within Shetland had always been above the national level, with over 90% of children consistently having a 13-15 month review recorded. Over recent years the proportion of children in Shetland with one or more concern recorded at their 13-15 month review has fallen from 15.3% to 7.6%, and is now lower than the Scottish rate.



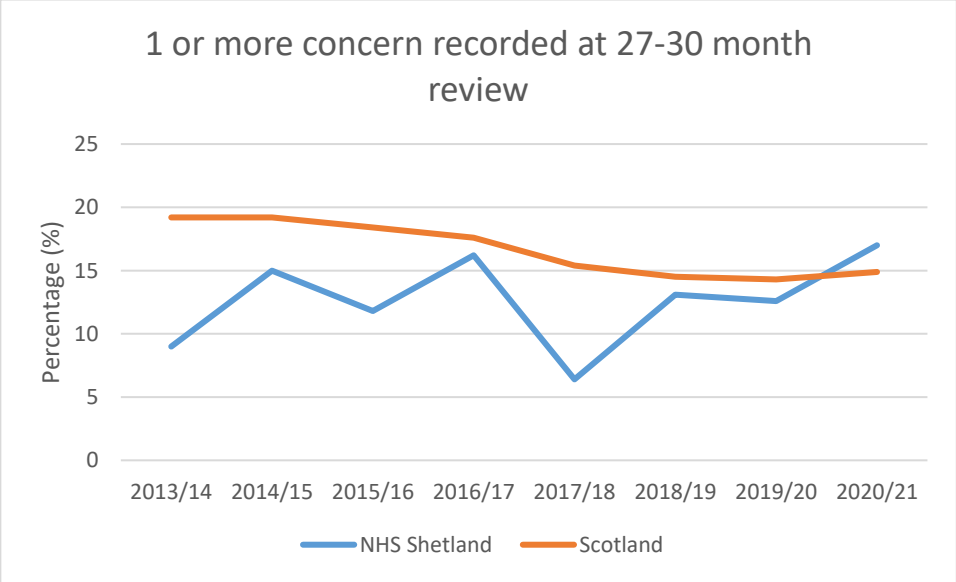

[9] Early child development, Scotland 2020/21, Public Health Scotland

In 2020-2021, 7.6% of children undergoing a 13-15 month review in Shetland had a concern recorded about at least one area of their development. This was one of the lowest rates recorded across all NHS boards.




**Age 27-30 month reviews**

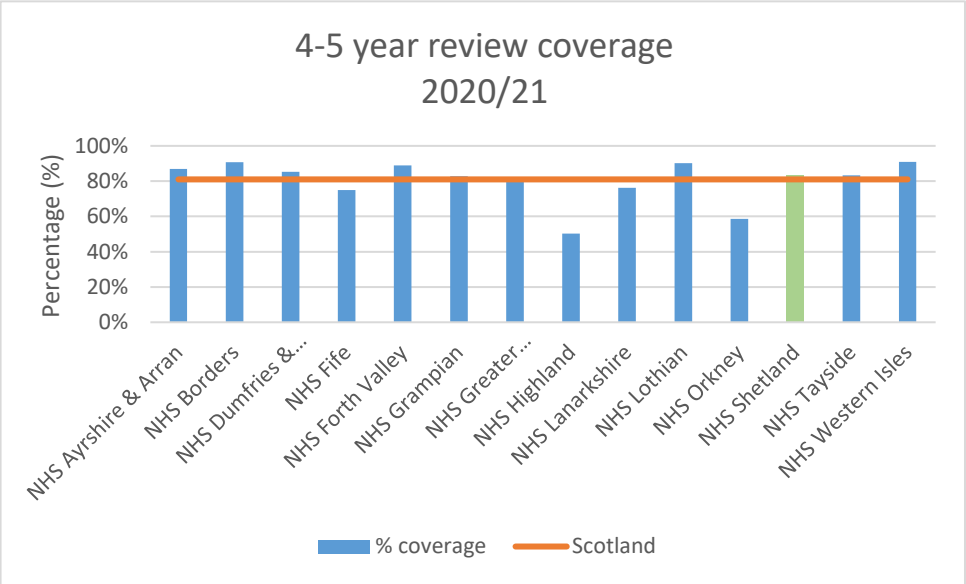
The coverage of 27-30 month reviews in Shetland in 2020-2021 was slightly lower than the national average – with 88.8% of children receiving their review. Until 2020-2021 coverage within Shetland had always been above the national level, with over 90% of children consistently having a 27-30 month review recorded.. Over recent years the proportion of children in Shetland with one or more concern recorded at their 27-30 month review has ranged from 6.4% to 17.0%, and until 2020- 2021 had been lower than the Scottish rate.



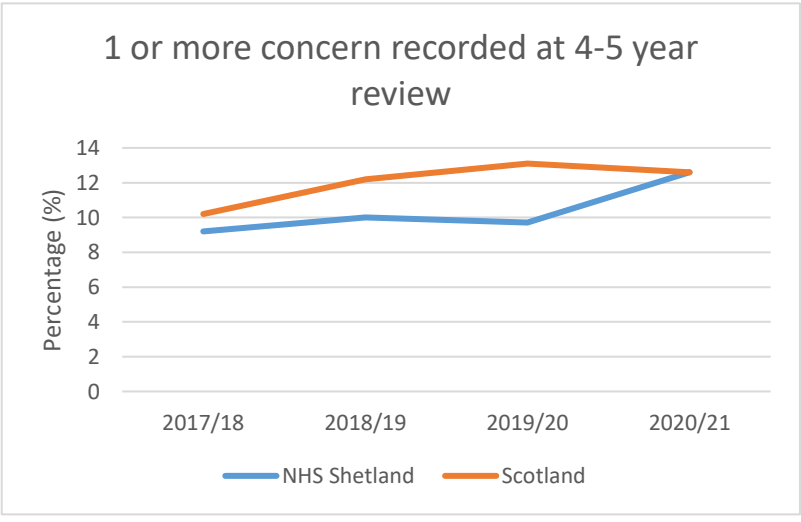
In 2020-2021, 17.0% of children undergoing a 27-30 month review in Shetland had a concern recorded about at least one area of their development. This was above the national rate of 14.9% and one of the highest rates recorded across all NHS boards

**Age 4-5 year reviews**

The coverage of 4-5 year reviews in Shetland in 2020-2021 was higher than the national average – with 83.5% of children receiving their review. Coverage within Shetland had always been above the national level, with over 80% of children consistently having a 4-5 year review recorded.




Over the last three years the proportion of children in Shetland with one or more concern recorded at their 4-5 year review has ranged from 9.2% to 12.6%, however it has always been lower or equal to the Scottish rate. In 2020-2021, 12.6% of children undergoing a 4-5 year review in Shetland had a concern recorded about at least one area of their development. This was equal to the national rate.



## Appendix 1 Associated Annual Reports

These are further details of many of the work areas summarised in this Public Health Annual Report in the following associated reports:

## Produced by the Public Health Team

**Control of Infection Committee Annual Report 2021-2022**

- Annual Surveillance Report 2021-2022 - details of communicable diseases, outbreaks and incidents.
- Vaccination and Immunisation Annual Report 2021-22

**Screening Programmes Annual Report 2021-2022**

**Resilience and Business Continuity Annual Report 2021 – 2022**

**Realistic Medicine Annual Report 2021-2022**

## Partnership Reports

**Child Poverty Annual Report 2021-2022**

**Shetland Drug and Alcohol Partnership Annual Report 2021-2022**

**Shetland Community Justice Annual Report 2021-2022**