Bòrd SSN Nan Eilean Siar
Western Isles NHS Board

Public Health Division

NHS
Eileanan Siar
Western Isles

HEALTH PROMOTION DEPARTMENT
Strategy and Operational Plan 2018-2021

Public Health is "the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private communities and individuals".

Foreword

Dr Margaret Watts

Director of Public Health
NHS Western Isles

I am pleased to introduce the NHS Western Isles Health Promotion Strategy and Operational Plan 2018-2021.

The World Health Organisation defines health promotion as "the process enabling people to increase control over and to improve their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions".

This Health Promotion Strategy and plan sets out how the NHS Western Isles Public Health Division intends to promote the health of the people of these islands. It is informed by health intelligence on the causes of poorer health and by evidence of what works to improve population health and wellbeing.

Over the next three years, we plan to address key priorities that will make a difference at individual, community and population level. The work will be continually evaluated and will continue to be monitored in the light of emerging evidence of effectiveness of approaches.

Changes to public health with the establishment of national public health priorities will be considered, reviewed and incorporated as appropriate to the circumstances of the Outer Hebrides as we continue our work to improve health and reduce health inequalities for all our citizens.

Thanks to NHS Western Isles Health Promotion Department staff for their contribution to this Plan:

Lewis Office: Block 11, Laxdale Court, Stornoway, Isle of Lewis, HS2 0GS.
Tel. 01851 762017

Colin Gilmour	Head of Health Improvement
Norma MacLeod	Healthy Working Lives Co-ordinator
Karen Peteranna	Health Improvement Practitioner
Mary MacLean	Fas Fallain Manager
Joanne O'Donnell	Smoking Cessation Co-ordinator
Jeanne Mackay	Smoking Cessation Prevention/Advisor
Margaret Ralston	Smoking Cessation Prevention/Advisor
Angela Grant	ADP Development Officer
Lorraine Gillies	Senior Administrator
Donna Morrison	ADP Administrator

Health Information & Resources Service, Health Centre, Springfield Road, Stornoway, Isle of Lewis, HS1 2PS. Tel. 01851 701545

Marissa MacLennan	Health Information & Resources Officer

Uist Office: 42 Winfield Way, Balivanich, Benbecula, HS7 5LH. Tel. 01870 602588

Isabel Steele	HIV/AIDS, Sexual Health & Young People Officer
Alison MacDonald	Senior Health Promotion Officer
Mairead MacDonald	Smoking Cessation/Prevention Adviser
Marion Matheson	Health Improvement Practitioner
Mustapha Hocine	ADP Co-ordinator
Yvonne Morrison	Administrator

Barra Office: Castlebay Surgery, Castlebay, Isle of Barra, HS9 5XD. Tel. 01871 810895

Joyce Beverstock	Smoking Cessation/Prevention Adviser

Website: www.promotionswi.scot.nhs.uk   Facebook: HIRS Western Isles

Contents

Introduction

Colin Gilmour

Head of Health Improvement
NHS Western Isles

The Health Promotion Department of the Public Health Division of NHS Western Isles (NHSWI), places the highest priority on improving health and reducing inequalities in health. We adopt a population focus and have an understanding of the factors that influence the health of the population as a whole. We have health improvement as our key function and also as the unifying concept for all our activities and component parts.

The need for a sustained emphasis on the health improvement agenda is clear:

- healthy life expectancy of the whole population needs to improve
- inequalities in health within the population need to narrow. Outcomes for communities are impacted unequally by socio-economic factors
- specific interventions need to be developed and targeted to include the smaller but significant groups of people who have particularly extreme or unusual health needs.

The return on investment of public health interventions is significant.(Masters et al, 2017) Most public health interventions are substantially cost saving, including comparisons with returns for investment in healthcare. A systematic review of health promotion indicates an average cost benefits ratio of 14:1 on interventions, ranging from workplace health risk management, smoking programmes, exercise for falls prevention or targeted interventions for socioeconomically deprived children. The often complex preventative nature of the interventions means that savings tend to be achieved in the long term.

Public Health also understands that the determinants of health are multiple and interactive in what is, in essence, a complex societal system. The key is to appreciate that there is a complex system and that health is an emergent quality of that system. Because many determinants of health fall outside the health sector, those working in NHS Western Isles must forge effective relationships with groups often not associated with health but whose activities have an impact on health. It is therefore important to enable a participatory health development process that involves relevant partners for health at all levels and that promotes joint decision-making, implementation and accountability. This requires multisectoral strategies to tackle the determinants of health, taking into account physical, economic, social, cultural and gender perspectives and ensuring the use of health impact assessments.

Health inequalities remain a significant challenge, with the most deprived in our society dying earlier and having higher rates of disease, including mental illness. In order to reduce inequalities in healthy life expectancy and wellbeing generally, priorities have been identified where action is most needed:

- children's very early years, where inequalities may first arise and influence the rest of their lives
- addressing the inter-generational factors that risk perpetuating health inequalities from parent to child, particularly by supporting the best possible

start in life for all children in Scotland

- the high economic, social and health burden imposed by mental illness, and the corresponding requirement to improve mental wellbeing
- the "big killer" diseases: cardiovascular disease and cancer - addressing risk factors such as inactivity, obesity and smoking, which are frequently linked to deprivation
- alcohol and drug problems, which often link to violence and other social problems

In the light of these priorities, and evidence about what causes inequalities in health, we have defined key principles to drive our work. These include:

- improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances and hence their health
- engaging individuals, families and communities most at risk of poor health in services and decisions relevant to their health
- delivering health and other public services that are universal, but also targeted and tailored to meet the needs of those most at risk of poor health. We need to prevent problems arising in the future, as well as addressing them if they do
- realising the goal of 'community empowerment', which requires changes in the ways that organisations and professional groups work and see their roles. It is also a goal in which many of the members of the community may not be interested, thereby requiring us to invest in sustained efforts and a range of approaches to secure

community engagement
- NHS Western Isles, where possible, puts the population at the centre of the decision making process. We aspire for people to be responsible for decisions that affect their own lives. Therefore in our ways of working we will provide mechanisms to allow these choices to be exercised – often working in conjunction with the local authority and other partnerships.

How will we make it happen?
Health Promotion has consistently developed a field of practice fully aligned to the Public Health Skills and Knowledge Framework.

Health in all policies – Influence and shape the application of public health strategy in NHS, Local Authority and Community Planning Partnership policies and plans. Monitor ongoing impact and influence accordingly.

Population focus - Provide a wellbeing and population focus within service planning to reduce the burden and expenditure on health and social care services.

Public Health intelligence - Collect and use public health intelligence and data to understand the causal factors that: drive activity and expenditure in health and social care services; determine health inequalities and create local health priorities. We use this to make recommendations and advocate on the best intervention to address needs.

What works - Work with NHS services and partner agencies to ensure prevention programmes are designed with a practical application of the evidence base and have a robust evaluation.

Deliver interventions - Design and manage interventions to improve health and reduce inequalities through direct service delivery, commissioned programmes and /or influencing practice of mainstream health and social care services.

Connecting communities - Provide skills and capacity to work with communities to identify needs and priorities, engage in service planning and decision making and to co-produce solutions.

Wider partners - Engage and build relationships with a wide range of external partners to influence decision making and develop strategic approaches to improve health and reduce inequalities.

Build capacity - Deliver learning and development activities to enable NHS / Social Care / wider partners to develop and deliver effective interventions and service engagement.

Capable and Competent Workforce – Develop a defined and quality assured and / or registered workforce with skills and expertise in health promotion and public health practice.

In order to deliver effectively to our population, we have identified a range of programmes that address the major risk factors, key age groups and priority settings. We have detailed the background and evidence of effectiveness, developed practical aims and objectives and methods of evaluating progress. This takes the form of a three year strategic statement followed by a one year operational plan.

Aims

Primary Drivers

Secondary Drivers

Enable people to increase control over their health and its determinants

Support the efforts of local communities and community planning partners to reduce health inequalities

Ensure health promotion activities are evidence based and good quality

Contribute to the national health promotion agenda by target setting and participating in national groups

Support people to make positive lifestyle choices and increase positive health outcomes

Use an asset based approach to create resilient communities where people live longer healthier lives

Enable behaviour change through health promotion activities and interventions

Focus on early childhood and development

Focus on older people to ensure people live longer healthier lives

Support an NHS Western Isles healthy workforce

Inequalities
Reduce health and social inequalities by improving the health of individuals and families; in particular those who are vulnerable due to poverty and homelessness.

Physical Activity
Increase physical activity levels by encouraging and enabling the inactive to be more active and the active to stay active throughout their life.

Healthy Eating
Children and adults living in the Outer Hebrides have improved their knowledge and skills on a healthy diet and are of a healthy weight.

Mental health & Wellbeing
Improve the mental wellbeing of the population and increase understanding of mental ill health.

Smoking
Create an environment where people choose not to smoke, are protected from second-hand smoke and are helped to quit smoking.

Drugs & alcohol
Reduce alcohol and drug problems among young people & adults and the harmful impact on communities in the Outer Hebrides.

Sexual Health and Relationships
Improve the sexual health and wellbeing of people, including improving the outcomes for pregnancy and parenthood in young people and those at risk of or affected by BBV.

Early Years
Our Children and Young People will have the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

Older People
Improve health and wellbeing of older people in Outer Hebrides to ensure they live longer healthier lives.

Workplace
Improved healthier working environment systems and policies to allow for improved health opportunities in the workplace.

Strategic Programmes and Operational Plans 2018-2021

Communities and Inequalities

Physical Activity

Nutrition

Mental Health

Smoking

Substance Use

Sexual Health and BBV

Early Years, Children and Young People

Older People

Working Age

Background/Evidence/ Local and National Priority

Health inequalities exist to varying degrees throughout Scotland. They are defined as unfair and avoidable differences in people's health; across social groups and between different population groups (NHS Health Scotland 2015). In the Outer Hebrides these inequalities are more easily identifiable at an individual level than by geography, though some communities can have poorer outcomes than others (Locality Profiles SG 2017). Often economic factors are the primary determinants, but these can also underpin or exacerbate other dimensions of social inequality, such as differences in power and opportunities, as well as discrimination on the basis of gender, race, disability, age, sexuality or religion. Individual health consequences, for example, rates of diseases including CVD, cancer and mental illness are influenced by socio-economic status (Watt. et al. 2016). Risk factors like alcohol consumption, smoking rates, low birth weight are also related to health inequalities (Gruer 2009).

There is a general desire for good health but for many people this is difficult to achieve due to a range of factors. Some of these are outwith their control, with experiences and deprivation in early years persisting into adulthood. Nonetheless, there are behaviour change interventions, aligned to local interventions and supported by policy, that can impact upon population health; for example, smoking interventions. Many of these programmes operate across the whole population but, where appropriate, the scale or intensity of those actions should be proportionate to need or disadvantage. These can be implemented using a universally proportionate response to mitigate the effects of health inequalities on individuals. Major national health reviews conducted over the last 30 years have all concluded that the greatest positive impact on health and health inequalities comes from policies which address the wider determinants of health. These determinants include education, income, employment, transport, the environment and housing. Action is therefore required to tackle the unfair differences in people's experience of environmental factors such as work, education and health (SG Report on HI, 2015). Working in partnership is essential to influence those factors that are beyond an individual's control, but can limit their chances of living longer, healthier lives.

Unless these underlying "determinants of health" can be addressed, tackling the direct causes may be difficult or impossible. An asset-based approach is one which seeks to positively mobilise the assets, capacities or resources available to individuals and communities, which could enable them to gain more control over their lives and circumstances (Foot 2010), rather than focusing on problems and deficits. The approach aims to empower individuals, enabling them to rely less on public services. A wide range of techniques including asset mapping, co-production and various community-led, community engagement and community development methods show improvements in intermediate outcomes such as increased self-esteem and reduced social isolation.

The Community Empowerment Act (2015) places a statutory duty on NHS Boards to engage with communities using a 'person centred' approach; to work with people as active participants rather than passive recipients of health or social care programmes, in ways which are empowering, and could ultimately lead to less reliance on public services (GCPH 2011).   Research shows that communities and individuals who have a stronger sense of coherence are more likely to maintain health and have improved physical measurements such as lower blood pressure, a reduced incidence of heart disease and reduced all-cause mortality (Erikkson, Lindstrom 2006, NICE 2016).

Focus

Aims: To reduce health and social inequalities by improving the health of individuals and families; in particular those who are vulnerable due to poverty and homelessness.

Target Groups:
- Early years and children
- Vulnerable individuals and families in remote and rural communities
- Individuals with high risk factors

Outcomes:
- Increased financial support for vulnerable families
- Improved access to public services
- Reduced health consequences of homelessness
- Improved smoking cessation rates in targeted areas
- Increased health literacy
- Reduction in fuel poverty for elderly frail

Objectives

- Training to ensure that the public sector workforce is sensitive to all social and cultural groups, to build on the personal assets of communities and service users
- Link services for vulnerable or high risk individuals (e.g. income maximisation welfare advice for low income families linked to healthcare)
- Provide specialist and targeted services for particularly high risk individuals (e.g. looked after children and homeless)
- Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language or health literacy)
- Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with communities and service users

Output Indicators

- Locality Plans in place.
- Inequalities Impact assessments of key CPP programmes
- Health and Homelessness Plan
- NHS referral system for fuel poverty
- 5 training sessions completed.
- Place standard tool used in 3 localities
- Smoking cessation services provided in localities

Evaluation

- Measurable actions in place from locality plans
- New issues identified by communities through place standard tool are integrated into locality plans
- Improved referral mechanism and services for homeless
- Increased number of referrals for fuel poverty by elderly
- Increased numbers attending and review quality of training
- Increased numbers attending smoking cessation services from targeted areas

OBJECTIVE 1: Ensure Public Sector Workforce responds appropriately to inequalities

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Ensure an inequalities impact assessment process is carried out for all major programmes in the Local Outcome Improvement Plan	Work in partnership to utilise inequalities impact assessment tool when developing programmes Follow up recommendations where appropriate	March 2019 June 2020	Production of 3 impact assessment reports based on programme Findings from Report	Head of Health Improvement Head of Health Improvement
Increase the knowledge of professionals on the impact of inequality	Deliver training sessions in partnership with CAB on health and homelessness Deliver awareness sessions to GPs during protected training allocation time Run poverty awareness community/frontline staff training to raise issues and dispel myths surrounding poverty in the Outer Hebrides Run educational inputs in Lews Castle College	March 2019 March 2019 December 2018 March 2019	4 training sessions delivered 6 sessions delivered 3 sessions delivered 2 inputs into LCC	Fas Fallain Manager Fas Fallain Manager Fas Fallain Manager Fas Fallain Manager

OBJECTIVE 2: Link services for vulnerable and high risk individuals

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Implement the Prevention and Inequalities Strategy and Action plans for the CPP	Substance Misuse Education within schools and youth activities Alcohol Brief Interventions delivered in a wide range of settings by a range of partners Information and support for parents on alcohol and drugs Partnership with police, health and ADP, to work with those young people who are misusing alcohol	March 2019 March 2019 December 2018 December 2018	6 sessions delivered 6 sessions delivered Develop and distribute information leaflet Developing programmes in conjunction with Police Scotland and other agencies	ADP Co-ordinator/ Dev Officer ADP Dev Officer ADP Dev Officer ADP Dev Officer

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
	and drugs at an earlier stage			
	Accessible and affordable provision for physical and social/community activities	September 2018	Community Activity Plan details transport and access. All activities organised with the department have been inclusive to all	Head of Health Improvement/ All
	Delivery of parenting classes and support	March 2019	6 parenting classes delivered	Senior HP Officer (Uist)
	Support for breast feeding and child nutrition	March 2019	Dissemination of information and support	HIRS Officer
	Specialised support for young mums	December 2018	Collaboration with Pointers/Report on progress	Senior HP Officer (Sexual Health)
	Encouragement of physical activities from a very early age and on into school	March 2019	AFC/Play@Home/ Resource	HI Officer (Stornoway)
	Multi-agency delivery of diversionary activities for young people including delivery of HI-FIReS programme, Youth Advantage Outreach Programme	September 2018	Attend 3 meeting per year which support additional activities for youth engagement programmes	HI Officer (Stornoway)
Social Isolation/ Navigator	Community Navigators will be employed to work with people referred from health and care services to develop wellbeing plans connecting them to activities in their community, as well as to new technology to enhance support for health and wellbeing	Bi-annual	2 meeting per year with the Community Navigators to train and engage on HP issues, linking to locality plans	Fas Fallain Manager
Financial Assessments	Promote the advice and support available to those on benefits and facing poverty	Quarterly to March 2019	4 partnership events a year promoting the awareness of the support services available within the Outer Hebrides	Fas Fallain Manager

OBJECTIVE 3: Specific and targeted interventions

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Implement the public health aspects of the local housing strategy focusing on vulnerable groups including those affected by homelessness	Review of Health and Homelessness standards	September 2018	4 meetings of Health and Homelessness Committee. Report on review.	Head of Health Improvement
	Health Impact Assessment of Housing First	September 2018	Impact assessment report	Head of Health Improvement
Support the development of homeless services as part of the health and homelessness group	Support the delivery of a Health and Homelessness Survey	December 2018	Health Needs Assessment	Head of Health Improvement
	Support the development of pathways to ensure client access	December 2018	Mental Health and Alcohol and Drug Recovery Pathways	Head of Health Improvement/ ADP
	Continue to co-ordinate the meal voucher scheme. Assess access to foodbanks	June 2018	Report to HHC	Head of Health Improvement
Increase vulnerable young people's knowledge of nutrition	Run REHIS course targeting young vulnerable people working in partnership with organisations such as Cothrom, Action for Children and Adult learners	March 2019	Run 2 courses per year	Fas Fallain Manager
Increase opportunities for those on low incomes to access healthy food	Uists /Trussell Trust to develop a food bank	September 2018	Foodbank established and 2 promotional campaigns supporting its usage	Fas Fallain Manager
	Provide advice to community groups starting growing projects and engaging with hard to reach groups	December 2018	Support 2 groups with funding and promotion of the work being carried out	Fas Fallain Manager
	Support access to allotments/land for food production and engaging with hard to reach groups	September 2018	Support 2 groups with funding and promotion of the work being carried out	Fas Fallain Manager
Cancer Friendly Health Walks	Co-ordinate and run cancer-friendly health walks in various locations of the Outer Hebrides	March 2019	50 walks with 25 specifically targeted to attract over 50s	HI Officer (Stornoway)

OBJECTIVE 4: Accessible Services

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Implement a joint initiative with a local housing agency and primary care to identify at risk households, offering energy efficiency measures and referral service	Establish group with suitable partners to create an effective pathways for services to engage with appropriate agencies Carry out awareness raising sessions on services available to support households	March 2019 March 2019	Move Together Project Report A pathway created and 2 awareness sessions carried out to engage partners	Head of Health Improvement/ Fas Fallain Manager Fas Fallain Manager
Health Literacy	Increase the health literacy of those from ethnic minorities through videos and visual campaigns Raise awareness though GP and Primary Care Training and using language line to ensure understanding of health issues	March 2019 March 2019	Usage of videos and visuals to promote understanding of health campaigns 4 training sessions completed	HIRS Officer Head of Health Improvement/ Fas Fallain Manager
Promoting Access and Health partnership project – opening up paths and use of natural environment for walking through provision of guided walks, markers and regular maintenance through volunteering	Supporting the locality planning group to increase physical activity and promotion of open access to all for walking Increased access to those who are inactive. Complete a physical activity campaign to be supported by partner organisations Supporting the volunteer centre to engage volunteers and co-ordinate walk leaders throughout the islands	Quarterly to Mar 2019 December 2018 Annually	Attend 4 meetings per year and support the work being carried out Report on inactivity levels and campaign reach 2 PATHS leader training programmes. Annual Report to include geographical and health condition analysis	Head of Health Improvement/ Senior HP Officer (Uist) HWL Advisor/ HI Officer (Stornoway) HI Officer (Stornoway)

OBJECTIVE 5: Community Engagement

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Develop Community Locality Plans for two of our areas, displaying the greatest inequalities and need for improvement	Work with partners to identify specific areas, and staff resources to target identified areas Consultations with communities to continue 3 local assessments utilising place standard tool	December 2019 Uists March 2019 Stornoway March 2019	2 locality planning groups established and a list of priorities set out Community representatives contacted and engaged Reports completed	Head of Health Improvement/ Senior HP Officer (Uist) Fas Fallain Manager Senior HP Officer (Uist)/ Fas Fallain Manager
To work with people and communities experiencing poverty to empower them to address poverty issues	Develop work with local and national organisations to build a strong anti-poverty network Attend Poverty Action Group meetings and represent NHS on the Welfare Reform and Poverty Officers Group and provide secretariat support Work with communities to raise awareness about poverty and encourage debate about solutions	Annually March 2019 March 2019	Report on national meetings local PAG 4 meetings attended specific to the welfare and poverty groups 4 awareness and engagement sessions held in 4 localities	Fas Fallain Manager Fas Fallain Manager Fas Fallain Manager
To improve community relations and increase multicultural understanding	Work with different cultures to plan and organise cultural social events inclusive to all Develop cultural awareness workshop for delivery in localities	September 2018 March 2019	Support 2 events being held 2 awareness sessions	Fas Fallain Manager Fas Fallain Manager

Physical Activity Programme 2018-2021

Background/Evidence/ Local and National Priority

Physical inactivity results in around 2,500 premature deaths in Scotland each year (7 per day), costing the NHS around £91 million annually and is the second biggest cause of mortality (joint with smoking; behind blood pressure) (Scottish Government 2014). Being physically active can help prevent and treat more than 20 chronic diseases and improve an individual's mental health and wellbeing (Taylor, Sallis & Needle 1995). People who lead an active life live longer and are less likely to develop serious diseases such as heart disease, diabetes and cancer. Analysis that takes into account the relationships between relevant factors shows that, in Scotland, the groups most at risk of being physically inactive are those with a disability and/ or long-standing poor health and older age groups (Public Health England 2018).

The evidence suggests that physical activity, especially in the form of play, during the first five years of life is a basic and essential dimension which must be fostered, encouraged and provided.

Although there is no universal agreement about what constitutes low levels of activity for adults or children, guidelines define inactivity as less than 30 minutes physical activity per week for adults and less than 30 minutes physical activity per day for children and young people.

In 2016, 76% of children met the physical activity recommendations (including school-based activity) while boys (79%) remained more likely than girls (72%) to meet the guideline. 64% of adults aged 16 and over met the current moderate/vigorous physical activity (MVPA) guideline with men (69%) being more likely than women (59%) to meet the guideline. The gap was widest within the oldest age group: 39% of men aged 75+ met the guideline, compared with 24% of women of the same age (Scottish Government 2016).

It is clear that socioeconomic status influences physical activity in adults and children; however, there are differences between adults and children. Adults with a higher socioeconomic status generally have a greater likelihood of meeting physical activity guidelines. In children, those with higher socioeconomic status are more likely to participate in sport while those from more deprived areas are more likely to walk to school; little difference was found in meeting physical activity guidelines. However, the trend for a widening gap in inequality of sports participation is of particular concern (Scottish Government 2017).

Workplaces offer an ideal setting and infrastructure to support the promotion of health to a large audience. The health of workers is also affected by non-work related factors (WHO 2006). The environment and open space of the Outer Hebrides provides opportunities to increase levels of physical activity for all of its population with proven benefits to mental wellbeing. We therefore wish to increase the number of people making use of our outdoor assets.

International reviews conclude that reversal of the reduction in physical inactivity requires public health programmes to encourage increasing activity at societal level, but also interventions to help high risk individuals to increase their levels of physical activity (Allender, Foster, Scarborough & Rayner 2006).

For individuals, there is evidence to support the benefits of counselling and brief interventions in primary health care settings, which may be particularly relevant for groups who are inactive through disability or a long standing health problem. A brief intervention in primary care, such as a consultation session with a clinical professional lasting less than 30 minutes, with goal-setting and follow-up, has been shown to successfully increase physical activity of the client in the short-term. Interventions of this nature are also cost effective (Cavill, Hillsdon & Anstiss 2011).

The Scottish Governments "Take Life on" campaign suggests that small, achievable lifestyle changes can help people to feel better and improve their health (Scottish Government 2018).

Meeting national physical activity guidelines decreases the risk of dying by 30% and the risk of being diagnosed with diseases such as diabetes, heart disease and some cancers by 20-40%. There are also positive benefits to mental health and wellbeing (Public Health England 2018).

Focus

Aims: Increase physical activity levels by encouraging and enabling the inactive to be more active and the active to stay active throughout their life.

Target Groups:
- Early Years: the early years is one of the critical time periods in the establishment of sedentary and physical activity behaviours
- Older people: a quarter of the inactive adults in Scotland are aged over 75 and 42% of the inactive group are retired
- Workplace: the workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society
- Inactive adults and those with existing conditions: a first step towards increasing physical activity can be supporting people to walk more

Outcomes:
- People become more physically active
- People remain physically active throughout their lives
- Government figures will show a rise on those meeting the guidelines for physical activity

Objectives

- Provide a range of resources and services/programmes to focus on early childhood development
- Enable access to physical activity opportunities for older people to ensure they live longer and healthier lives
- Support an Outer Hebrides healthy workforce by utilising the workplace as a venue for increased awareness and access to physical activity
- Support the inactive and those with long term conditions to make positive lifestyle choices and increase use of referral pathways

Output Indicators

- Increase in Play@Home resources requested and inputs completed
- Increase in those who achieve the national guidelines for physical activity
- Increase in attendance at baby massage classes
- Increase in numbers attending over 50s classes and classes on gentle movement
- Increase in numbers of trained walk leaders and in those attending organised walks

Evaluation

- Successful completion and feedback from training programmes
- Review percentage of young people, adults and older people meeting national guidelines
- Keep a register of how many Play@Home sessions are delivered to parents
- Monitor baby massage classes provided
- Amount of funding that services have received and the % increase in attendance at these services.
- Monitor number of people trained in walk leading and attending health walks

OBJECTIVE 1: Provide a range of resources and services/programmes to focus on early childhood development

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Promote Play@ Home	Source and provide resources to health visitors throughout the Outer Hebrides on a quarterly basis	March 2019	3 training courses completed; 12 resource packs distributed	HI Officer (Stornoway) HI Officer (Stornoway)
	Offer 3 training courses on Play@Home. Include advice and information on reducing technology related inactivity	March 2019	24 inputs completed (one-to-one or group numbers)	HI Officer (Stornoway)
Baby massage	Ensure sessions are being offered to all new parents. Co-ordinate work in Uist and Barra. Work in Lewis & Harris is co-ordinated by HV team	Annually	12 classes completed and 50 new parents in attendance in Uist and Barra	Senior HP Officer (Uist)

OBJECTIVE 2: Enable access to physical activity opportunities for older people to ensure they live longer and healthier lives

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Support over 50s classes through funding	Provide funding to set up and run classes specific to the over 50s	March 2019	Fund 2 projects specifically aimed at the over 50s	Head of Health Improvement
Peer support	Highlight the importance of peer support to groups	December 2019	Ensure 60% of funding bids (PA related) show how peer support will be used	Head of Health Improvement
Strength & balance for all exercise programmes	Undertake training provided by Paths for All on strength & balance	September 2018 Bi-annual	Numbers of trained Walk Leaders trained to making use of strength and balance exercises. 2 training programmes of strength & balance per year	HI Officer (Stornoway)
Growing projects	Provide funding for growing projects	March 2019	Support 2 projects financially Numbers of over 50s attending increased by 20%)	Fas Fallain Manager

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Health Walks	Co-ordinate and run health walks in various locations of the Outer Hebrides	March 2019	50 walks with 25 specifically targeted to attract over 50s	HI Officer (Uist)
Promote gardening as a form of physical activity	Highlight the importance of gardening as a physical activity option	March 2019	Ensure 50% of funding bids show they will promote gardening as a physical activity option	Fas Fallain Manager
Intergenerational activities	Support and co-ordinate the care homes and nurseries to build relationships with one another	December 2018	2 care homes linked with nursery and 6 sessions carried out	HI Officer (Uist)

OBJECTIVE 3: Support an Outer Hebrides heatlhy workforce by utilising the workplace as a venue for increased awareness and access to physical activity

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Healthy Working Lives	Support workplaces to meet criteria for award and to maintain award	March 2019	Meet Key Performance Indicators for training, accessing and policies	HWL Advisor
Health Promoting Health Service	Prepare annual submission following meetings with stakeholders	September 2018	Report submitted by 29th September 2018	HWL Advisor
Cycle to work	Support NHS Western Isles to introduce cycle to work scheme and help promote to staff	September 2018	Introduction of Cycle to Work Scheme	HWL Advisor
Step count challenge	Promote step count challenge around registered workplaces	June 2018	Target 20 workplaces to engage in the challenge	HWL Advisor
Health Walks	Support and encourage communities to engage in health walks by ensuring they are aware of them taking place	June 2018	Train 6 community reps as walk leaders	HI Officer (Stornoway)
Growing projects	Provide project plans for growing projects in workplace	June 2018	Support 2 projects and evaluate	Fas Fallain Manager

OBJECTIVE 4: Support the inactive and those with long-term conditions to make positive lifestyle choices and increase use of referral pathways

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Move more	Support and encourage people who have completed cancer treatment or have long term conditions to participate in appropriate physical activity	March 2019	Support the steering group, attend 6 meetings per year	Head of Health Improvement
Horticulture programmes	Establish 2 horticulture projects to provide activity for patients with LTC's	March 2019	12 patients participating in horticulture projects	Head of Health Improvement
Step count challenge	In partnership with NHSWI Physiotherapy Department, provide pedometers to encourage engagement with the challenge	June 2018	10 people engaging in the challenge	HWL Advisor
Health Walks	Support and encourage engagement in health walks by promoting to relevant groups and specialist nurses	September 2018	Health Behaviour Change sessions to specialist nurses or groups, i.e. cancer groups	HI Officer (Stornoway)
Partner with other health agencies to engage client base	Partner with physios to encourage patients to attend health walks. Time the health walks to coincide with the completion of physio treatment	March 2019	12 health walks specific to physio patients	HI Officer (Stornoway)

Nutrition Programme 2018-2021

Background/Evidence/Local and National Priority

Scotland's strategy for obesity prevention 'Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight' was published in 2010. This set out a broad package of cross-government measures to make fundamental changes in the current environmental, social and cultural circumstances to prevent obesity, and remains a ground-breaking strategy internationally. A review of the strategy was undertaken in 2015 and concluded that progress on implementation had been slow and required better monitoring. The Scottish Government is currently developing a new obesity strategy and this is due to be published in 2018. Guidelines for treatment of obesity in Scotland are set out in the 'Management of Obesity: SIGN guidelines 115' and 'Weight Management Programmes for Adults: Evidence Note 29' (Health Improvement Scotland 2010, NHS Quality Improvement Scotland 2010)

The Outer Hebrides has had some of the worst statics in Scotland for Primary 1 children at risk of overweight and obesity over the past 10 years. Statistics have improved over the past 2 years which could suggest a positive change in direction however with island board sample sizes being small, figures can fluctuate year to year even with no meaningful difference (ISD Scotland 2017).

The Scottish Health Survey 2016 highlighted that in Scotland, 65% of individuals were overweight or obese, with figures for men (69%) significantly higher than that for women (61%). The Outer Hebrides recorded a higher percentage of people as being overweight or obese (71%). In 2012-16 obesity rates were significantly higher in the Outer Hebrides (34%) compared to the Scottish average (28%) (Scottish Government 2016).

Maintaining a healthy weight during childhood is important for both physical health and mental wellbeing. When childhood overweight and obesity continues into adulthood it can lead to physical and mental health problems, such as heart disease, diabetes, osteoarthritis, increased risk of certain cancers, low self-esteem and depression (Scottish Government 2016).

Intervening in the pre-school years with effective prevention strategies is now recognized as an essential step in combating the obesity epidemic across the lifespan (Birch, Ventura 2009) at a time when eating and physical activity habits become established (Birch, O'Fisher 1998).

Inequalities in people's diets can result in inequalities in people's health. Those on low incomes suffer from poor diets, as evidenced by lower fruit and vegetable intakes. They are also disproportionately affected by the major killer diseases. It is estimated that as many as 10 million people in the UK live in poverty, including nearly three million children. (House of Commons Library 2018).

Increased awareness knowledge, skills and empowerment are more likely to lead to behaviour change to reduce energy consumption. Healthcare providers, especially for primary health care but also other services, can play a part in prevention. We will support and promote behavioural change programmes along with tailored advice and discuss the range of weight management options with people who want to lose or maintain their weight. (NHS Health Scotland Evidence Briefing, 2013).

Community interventions need to address the concerns of local people from the outset and it can be useful to use incentives to support healthy living to encourage healthy eating and active commuting. Nutrition and physical activity education and media literacy are important to promote healthier diets, and to counter food fads and misleading dietary advice from an early age.

All workplaces, particularly large organisations, should address the prevention and management of obesity.

Focus

Aims: Children and adults living in the Outer Hebrides have improved their knowledge and skills on a healthy diet and are of a healthy weight

Target Groups:
- Pregnant women
- Early years (0-5 years)
- Low-income families
- Adults

Outcomes:
- The target groups have improved knowledge and skills on a healthy diet
- The target groups are of a healthy weight
- Establish life-long healthy eating habits in children
- A healthy diet is accessible to the target groups

Objectives

- Provide advice, resources, training and opportunities to pregnant women and low-income families in order to: improve their knowledge and skills on a healthy diet; establish life-long healthy eating habits in children and ensure a healthy diet is accessible to them and their children
- Ensure Maternal Infant & Nutrition (MIN) priorities are progressed locally
- Provide people with an opportunity to improve their physical health and general wellbeing through green gyms
- Provide overweight adults with an opportunity to undertake a weight management programme; supporting them by using evidence based health behaviour change techniques

Output Indicators

- 6 cooking on a budget demos and 6 healthy eating awareness sessions undertaken per year with pregnant women and low-income families
- Improved uptake of Healthy Start vitamins and vouchers
- 2 Play@Home resource training courses carried out with Health Visitors per year
- The Maternal Infant & Nutrition (MIN) local steering group meets regularly ensuring MIN priorities are progressed
- 2 Royal Environmental Health Institute of Scotland (REHIS) Certificate in Community Nutrition training courses undertaken per year
- 2 green gyms created per year
- 1 adult weight management programme undertaken per year

Evaluation

- Assessment of feedback from events, awareness sessions, campaigns and training courses
- Increased uptake of Healthy Start vitamins and vouchers
- An increase in Play@Home resources distributed and sessions carried (with the target group)
- Annual review of Maternal Infant & Nutrition (MIN) impact
- An increase in the target group completing the REHIS Certificate in Community Nutrition training courses
- An increase in the target group accessing green gyms
- A continuous improvement of the upward trend on Body Mass Index of Primary 1 Children in Scotland: School Year 2016/17
- Review of the adult weight management programme

OBJECTIVE 1: Provide advice, resources, training and opportunities

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Improve knowledge and skills of pregnant women and low-income families on a healthy diet	Provide cooking on a budget demos Provide healthy eating awareness sessions Provide REHIS Certificate in Community Nutrition training courses	March 2019	6 cooking on a budget demos undertaken per year 6 healthy eating awareness sessions undertaken per year 2 REHIS Certificate in Community Nutrition training courses per year	Fas Fallain Manager
Ensure a healthy diet is accessible to pregnant women, low income families and children	Order Healthy Start vitamins and vouchers Work with partners to increase availability and uptake Work with the MIN group to: • Provide information on nutritional guidelines for pregnant women • Host local awareness raising events in Lewis, Harris, Uists & Barra	March 2019 Ongoing Ongoing	5% increase in uptake of health start vouchers & vitamins per year 4 promotional MIN events hosted per year Improved local statistics on children and adults overweight and obese	Senior HP Officer (Uist)
Play@Home	Order Play@Home resources Provide 2 Play@Home resource training courses to Health Visitors per year Work with Health Visitiors and partners to increase availability and uptake	December 2018 March 2019 March 2019	2 training courses completed per year 200 resource packs distributed per year 50 inputs completed per year (1-to-1 or groups)	HI Officer (Stornoway)
Ensure foodbanks are inclusive and addressing the needs for the most socially excluded in the community	Support the promotion of foodbanks and access for all Review and promote pathways and policies for distribution and accessing foodbanks	December 2018	Numbers of distributions Quantity of food	Fas Fallain Manager
Promote the development of 'grow your own' projects	Promote the benefits of growing food locally with community groups and organisations Raise awareness of food miles	March 2019 December 2018	2 new projects created per year 2 educational sessions with community group per year	Fas Fallain Manager

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
	Support schools in setting-up projects	March 2019	1 school per year.	
	Support existing projects	March 2019	5 existing projects supported per year	
Support the availability of fresh local fruit and veg produce	Support local fruit and veg producers to produce and provide (for sale) local affordable produce	Ongoing	Number of outlets where local affordable fruit and veg produce is available	Fas Fallain Manager

OBJECTIVE 2: Ensure Maternal Infant & Nutrition (MIN) priorities are progressed locally

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Provide support to the MIN local steering group	Chair meetings and provide administrative support	Quarterly	Meetings held regularly with new parent groups established as required	Head of Health Improvement
	Promote Healthy Start vitamins & vouchers	March 2019	5% increase in uptake of health start vouchers & vitamins	
	Set up appropriate groups	March 2019	4 promotional MIN events	
	Host promotional events on each island (Lewis, Harris, Uists & Barra) attracting parents and under 5's	March 2019	Improved 'Body Mass Index of Primary 1 Children in Scotland' statistics	

OBJECTIVE 3: Provide people with an opportunity to improve their physical health and general wellbeing through green gyms

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Improve physical and mental health through supporting the provision of 'green gyms' where participants benefit from social interaction	Promote the 'green gym' concept with community groups

Support groups in setting-up 'green gyms'

Support groups in the ongoing development of 'green gyms' | March 2019 | 2 green gyms created per year

16 new attendants of green gyms per year Established 'green gyms' supported | Fas Fallain Manager |

OBJECTIVE 4: Provide opportunities to undertake a weight management programme; supporting them by using evidence based health behaviour change techniques

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Host an adult weight management programme	• Research evidence • Plan programme • Set-up programme • Order resources • Provide admin support • Promote programme • Launch programme • Provide support during programme • Monitor results • Complete evaluation report	March 2019	1 adult weight management programme undertaken per year Positive feedback from participants Prevalence reduced of overweight and obesity in adults living in the Outer Hebrides	Nutritionalist

Mental Health Programme 2018-2021

Background/Evidence/ Local and National Priority

Poor mental health is an important public health challenge and significant mental health inequalities exist in Scotland. Improving the mental health of the population is a national priority as it is recognised as having a positive effect on many different aspects of society (NHS Health Scotland 2018).

Mixed anxiety and depression is the most common mental disorder in Britain, with 7.8% of people meeting criteria for diagnosis. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences. Mixed anxiety and depression has been estimated to cause one fifth of days lost from work in Britain (Mental Health Foundation 2018).

There's evidence that, for some people, being bullied regularly as a child can also be linked to emotional problems as an adult. The proliferation of social media and other forms of communication, such as texting, have created a new medium for bullying, which is termed "cyberbullying". It is estimated that around 38% of young people have experienced cyberbullying (Anti Bullying Alliance 2018, The Mental Elf (2014).

Factors found to be most strongly associated with poor mental health and wellbeing were economic activity, in particular the group of adults who are permanently unable

to work. Adults who provide unpaid care for 35 hours or more per week were also shown to have low mental wellbeing compared to those who are not in a caring role, or those who provide fewer hours of care each week (Scottish Government 2015).

There were 728 suicides registered in Scotland in 2016, compared to 672 in 2015. These figures are based on the new coding rules introduced by the National Records of Scotland (NRS). The corresponding estimated based on the old coding rules are 697 suicides in 2016, up from 656 in 2015 (NHS Health Scotland 2016).

As our population ages there is projected to be a 75% increase in the number of people with dementia. It contributes 11.2% of all years lived with disability. In the Outer Hebrides 647 have a dementia diagnosis (Alzheimer Scotland 2007, 2017).

Larger percentage of older people with high levels of care needs and the communities within the WI being significantly more access deprived (Scottish Public Health Observatory 2017).

Attachment relationships are particularly important and have far-reaching effects on developing emotional, social and cognitive skills. Positive interaction, such as stories, songs, rhymes and play, is a key component to helping a child develop. These activities help to form positive parent and child relationships which form connections in a child's brain, leading to development of key areas of emotional regulation, which in turn helps

a child to develop emotional self-regulation. (NHS Health Scotland 2018, Scottish Book Trust 2018).

Scottish Governments mental health strategy is to encourage more people to be more active, more often, in part because being active is good for mental wellbeing.

Evidence indicates that where people have the tools to manage their own health, including being supported to do so, such as through social prescribing then their wellbeing may be improved (Mental Health Strategy 2017-2027).

Researchers, publishing found that people who walked or cycled to work benefitted from improved mental wellbeing in comparison with those who travelled by car.

Data from a series of long-running studies showed that active travel improved mental wellbeing in a number of areas such as concentration, the ability to make decisions and enjoy normal daily activities, and that it reduced the feeling of being constantly under strain.

NICE guidance on walking and cycling recognises the benefit of active travel on physical and mental health, and aims to make it easier for people to use these methods as regular forms of transport (NICE, 2014).

Focus

Aims: Improve the mental wellbeing of the population and increase understanding of mental ill health.

Target Groups:
- Early Years: infants make emotional attachments and form relationships that lay the foundations for future mental health
- Secondary age: bullying can cause sadness, loneliness, low self-esteem, fear, anxiety, and poor concentration and can also lead to self-harm, depression, suicidal thoughts and, in some cases suicide
- Working age: 12.5 million days are lost at work a year because of stress at work
- Elderly: dementia is a major cause of disability in people aged over 60

Outcomes:
- Children are raised in a positive environment and build resilience
- People are mentally healthy throughout their life
- People understand where to access help if needed
- Older people remain in a safe environment and are mentally well for longer

Objectives

- Resources and programmes to improve childhood development
- Local and national initiatives promoting good mental health
- Training and support opportunities for awareness and supporting mental ill health
- Availability and accessibility to activities for older people

Output Indicators

- 12 Play@Home resources requested and 12 inputs completed
- 50 parents attending baby massage classes
- 6 parents and toddler groups trained to use the Bookbug programme
- 5% increase in the Outer Hebrides achieving the national guidelines for physical activity
- 6 training sessions for walk leaders
- 5 mental health awareness training events
- 317 ABI's provided
- 4 safeTALK training courses
- 2 ASIST training courses
- Feedback from attendees of events and training
- Reports from funded services
- A decrease in number of falls for the over 50's

Evaluation

- Successful completion and feedback from training programme
- Keep a register of how many Play@Home sessions were delivered to parents
- Number of people training on Book bug
- Numbers of ABIs
- Monitor MIN meetings attendance for HP staff and productivity
- Monitor baby massage classes and numbers attending classes
- Numbers contacting Cool2Talk and issues raised
- Amount of funding services have received and the % increase in attendance
- Monitor numbers trained in walk leading and attending health walks

OBJECTIVE 1: Resources and programmes to improve childhood development

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Triple P	Work with partner organisation to deliver Positive Parenting Programmet (PPP) to parents	Annually	4 session delivered per year	HI Officer (Uist)
Baby massage	Ensure sessions are being offered to all new parents. Co-ordinate work in Uist and Barra. Work in Lewis & Harris is co-ordinated by HV team	March 2019	12 classes completed and 50 new parents in attendance	Senior HP Officer (Uist)
Promote Play@ Home	Source and provide resources to health visitors throughout the Outer Hebrides on a quarterly basis. Offer 3 training courses on Play@Home	March 2019	3 training courses completed 12 resource packs distributed 24 inputs completed (1-to-1 or group)	HI Officer (Stornoway)
Provide support to the Maternal Infant Nutrition group	Chair meetings and provide administrative support. Promote Healthy Start vitamins and vouchers Set up of any appropriate groups and hold promotional events on each island attracting parents and under 5's	Quarterly March 2019 March 2019	Meetings held regularly with new parent groups established as required 5% increase in uptake of Health Start vouchers & vitamins 4 promotional MIN events (1 each Island)	Senior HP Officer (Uist)
Bookbug	Promote Bookbug session with parent-led baby and toddler groups	September 2018	Ensure 50% of parent-led baby and toddler groups have 2 trained Bookbug reps	Senior HP Officer (Uist)

OBJECTIVE 2: Local and national initiatives promoting good mental health

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Cool2Talk	Promote the services Cool2talk offer, questions and counselling service	Annually	Numbers contacting Cool2Talk	Senior HP Officer (Sexual Health)

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Anti-bullying training	Training for teachers on anti-bullying methods	March 2019	2 session per year	Senior HP Officer (Sexual Health)
Internet safety	Attend meetings and support the child exploitation and online protection work	February 2019	Run 2 multi-agency training sessions for teachers and support staff	Senior HP Officer (Sexual Health)
Partnerships	Promote local and national organisations which can be used for support and advice including Breathing Space & Cool2Talk.	March 2019	4 promotional online campaigns	HI Officers

OBJECTIVE 3: Training and support opportunities for awareness and supporting mental ill health

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
ABI's	Offer ABI training to GP practices and nurses	March 2019	317 ABI's delivered by 80% of NHSWI staff	ADP Co-ordinator
Mental health training/ awareness	Mental health awareness training targeting workplaces and third sector organisation	March 2019	5 sessions delivered for staff; 5 sessions delivered for managers	HWL Advisor
SafeTALK	SafeTALK – targeting NHS staff and support agencies such as the emergency services	March 2019	Assist in co-ordinating 4 safeTALK sessions (U&B)	Senior HP Officer (Uist)
ASIST	ASIST – targeting NHS staff and support agencies such as the emergency services	March 2019	Assist in co-ordinating 2 ASIST sessions (U&B)	Senior HP Officer (Uist)

OBJECTIVE 4: Availability and accessibility to activities for older people

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Dementia friendly communities	Work with PH partners to encourage workplaces to sign up to be dementia friendly which provides a specific half hour training session and a board to display	March 2019	6 workplaces signed up (U & B) 12 workplaces signed up (L & H)	Senior HP Officer (Uist)

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Playlist for Life	Offer training in Playlist For Life in partnership with appropriate agencies	March 2019	2 training sessions – work based 2 sessions – family based	Senior HP Officer (Uist)
Intergenerational projects	Support and co-ordinate the care homes and nurseries to build relationships with one another	March 2019	2 care homes linked with nursery and 6 sessions carried out	Senior HP Officer (Uist)
Support the development of over 50's dance and exercise classes.	Maintaining the specific dance and activity classes provided for older people. Develop 2 new programmes based on evaluation, bid application and needs assessment	March 2019	2 further projects specifically aimed at the over 50's established.	Head of Health Improvement
Social isolation	Work with partners to assist in addressing social isolation.	March 2019	Support 2 projects which address social isolation issues	Fas Fallain Manager
Health Walks	Support and encourage workplaces to engage in health walks by ensuring they are aware of them taking place	September 2018	Train 6 individuals as Walk Leaders	HI Officer (Stornoway)

Smoking Programme 2018-2021

Background/Evidence/ Local and National Priority

The Scottish Government's plan is for children and young people not to smoke, with the aim of creating a tobacco-free generation of Scots by 2034. The overriding aim in setting this target is to create a generation of Scots who choose not to smoke. A child born in 2013 will celebrate their 21st birthday in 2034. Creating a Scotland for that young adult, largely devoid of tobacco use – with all the health, social and economic benefits that entails would be an achievement of which we could all be proud.

Smoking is the biggest preventable cause of cancer. Research shows the links between smoking and cancer are very clear. Smoking accounts for more than 1 in 4 UK cancer deaths, and nearly a fifth of all cancer cases (Cancer Research UK 2016).

Smoking is associated with a range of illnesses and is the primary preventable cause of ill health and premature death.

• Each year, tobacco use is associated with over 13,000 deaths (around a quarter of all deaths in Scotland every year)
• 56,000 hospital admissions in Scotland.
• Annual costs to Scotland's health service associated with tobacco-related illness are estimated to exceed £300m and may be higher than £500m each year (Scottish Government 2013).

The smoking rate amongst people with mental health

problems is higher than the general population and there is also evidence to show relatively high rates of smoking amongst health professionals who work in mental health settings. Research reported moving towards smoke-free environments within mental health services, and evidence from international literature and from case studies also suggested that this goal could be achieved (Health Scotland 2010).

In Scotland Smoking among adults has declined from a level of 28% in 2003 to 21% in 2016, whilst the number of people who smoke in Scotland has declined from 31% in 1999 to 23.3% in 2011.

The Outer Hebrides Prevalence rate is 21% for adults 16+. Our smoking attributable deaths are equivalent to Scottish rates, though our admissions to hospital and deaths rates for lung cancer and COPD are below Scottish averages.

However, smoking rates in the most deprived communities in Scotland remain disproportionately high – 40% in the most deprived areas compared to 11% in the least deprived areas. This is a key factor in contributing to Scotland's persistent health inequalities that result in the unfair differences in life expectancy between the richest and poorest of our communities (Scottish Government 2013).

The NHS Western Isles smoking cessation service (Quit Your Way) has a local delivery standard to achieve successful smoking quits, at 12 weeks post quit, across the entire population

and with an emphasis on inequalities through increased success within the 60% SIMD areas. We have exceeded our target trajectory for the last two years and expect to outperform the standard. We maintain a position of amongst the highest quit rates of any area in Scotland. To achieve this we will continue to provide smoking cessation advice and support to our staff, patients and public across the Outer Hebrides. (Scottish Public Health Observatory 2017).

Focus

Aims: Creating an environment where people choose not to smoke, are protected from second-hand smoke and are helped to quit smoking.

Target Groups:
- Men and women throughout all areas of the Outer Hebrides

Outcomes:
- Reduction in young people taking up smoking tobacco
- Reduction in the effects of second-hand smoke
- To meet the Scottish Government Standard for smoking cessation
- Increased skills and knowledge of workforce

Objectives

- Provide smoking cessation service to people who want to stop smoking throughout the Outer Hebrides with clear links to primary and secondary care services
- Deliver campaigns and education programmes to include schools, information for staff, the Scottish Charter for a Tobacco-free Generation (ASH Scotland) and deliver these in appropriate places
- Deliver a training programme for the wider public health workforce

Output Indicators

- Quarterly report on quit rates for one-to-one smoking cessation sessions clients
- Weekly drop-in sessions supported by maternity, diabetes and mental health supporting clients to stop smoking
- Smoking prevention within schools ensuring all P5's to 7's have had opportunity to participate in the education programme
- Continue to work with CnES to offer support and provide updates to their Smoke-free Grounds programme
- 6 promotional displays in various locations including schools, council offices and surgeries
- Local resources on Detect Cancer Early programme to support campaigns and events and work with HP colleagues at 4 events
- 6 community promotional events specifically to promote the smoking cessation service (Quit Your Way) throughout the Outer Hebrides. Promote National No Smoking Days held in March each year

Evaluation

- Increase in numbers accessing local smoking cessation service (Quit Your Way)
- Increase in numbers attending and feedback evaluated
- Engagement with those taking part in events checking their understanding before and after
- Increase in articles in local media (reach of the publications) and social media (number of shares, views, comments, likes)

OBJECTIVE 1: Smoking Cessation Services

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Improve availability to smoking cessation services by offering appointments in localities and more remote areas. Provide client based smoking cessation in all NHS hubs	Provide local access to patients in more remote areas through GP Practices Support GP practices to establish and promote regular clinics to make it more accessible	Fortnightly March 2019	Sessions in Harris and North Uist Establish in-house working for further 2 GP practices	Smoking Cessation Co-ordinator Smoking Cessation Co-ordinator
Encourage referrals and offer services to secondary care	Provide clinics in Diabetes Centre, Western Isles Hospital Pilot scheme to increase referrals from respiratory clinics Extend support to Mental Health Services IMPACT training 10 participants	Ongoing March 2019 March 2019	Drop in session every Friday morning in Diabetes Centre Pilot 3 sessions within respiratory services Pilot 2 sessions within mental health services	Smoking Cessation Officer Smoking Cessation Co-ordinator Smoking Cessation Co-ordinator
Smoking cessation and prevention workshops in workplace	Offer workplaces through healthy working lives smoking cessation session for staff within workplaces	December 2019	4 workplaces engaged with and offered the service	Smoking Cessation Co-ordinator / HWL Advisor
Attend national and local meetings	Contributing to the National Coordinators group meetings to represent remote and rural developments, keep updated with ongoing issues and developments around tobacco	Quarterly	Meeting the national Standard on quarterly basis Attend 2 National Coordinators meetings by March 2019	Smoking Cessation Co-ordinator
Developing our approach to the use of Care Opinion	Working with NHSWI Florence Advisor to develop ways of incorporating client opinion on our service provision and delivery	March 2019	Review and establish Florence programme (text service) and hold 2 reviews and report on its effectiveness	Smoking Cessation Co-ordinator
Using technology to encourage quits through the	Test the system in 3 locations, then extend to include in standard provision	Timarch 2019	Review and assess Care Opinion	Smoking Cessation Co-ordinator

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
use of the Attend anywhere system				
Attend local or national events	Engage at 2 invited events as delegates and/or workshop providers	March 2019	Number of participants and client referrals	Smoking Cessation Co-ordinator

OBJECTIVE 2: Campaigns and Education

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Raising awareness of NHS Western Isles Smoke-free Grounds Policy and support others in the process of implementing this	Review of Local Smoking Policy – Smokefree Grounds updates. To include advice on e-cigs and vaping Continuation of support for CnES Smoke-free Grounds	March 2019 March 2019	Hold 2 Smoking Policy Meetings by March 2019 2 meetings	HR and CnES Smoking Cessation Co-ordinator
No Smoking Day	Promote No Smoking Day and encourage 10 quitters to take up the offer of support on 2 No Smoking Day events	March Annually	4 Promotional events and a social media campaign	Smoking Cessation Co-ordinator
Lung cancer awareness	Promote awareness of lung cancer with appropriately targeted audience throughout Outer Hebrides via Alex Ferguson campaign	November 2018	6 Promotional events and a social media campaign	Senior HP Officer (Uist)
Increase awareness of smoke free homes	Continuation of Take it Outside campaign	March 2019	1 promotional campaign targeting smoking households within Outer Hebrides	Smoking Cessation Co-ordinator
Schools programme	Learning about tobacco and effects of smoking	March 2019	4 sessions P5-7 4 sessions S1-S2	Smoking Cessation Co-ordinator
Re launch and information on new national branding and identity extended to public and referral services	Launch event for new national branding	September 2018	4 events throughout the Outer Hebrides	Smoking Cessation Co-ordinator

OBJECTIVE 3: Training

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Training partner agencies	Update all training programmes with new and existing team members and developing a range of packages including: E-cigarettes, Smoke free Grounds and National Branding of the (Quit Your Way) cessation services across Scotland	September 2018	All training packages have up to date information	Smoking Cessation Co-ordinator
	Offering training to pharmacies in support of cessation programme	March 2019	Deliver 2 training sessions to local pharmacies	Smoking Cessation Co-ordinator
	Organise and promote new VLE training package. 20 participants	March 2019	Deliver training to NHS groups e.g. Dental, Practice Nurses, Health Visitors and Optometry	Smoking Cessation Co-ordinator
	Extend RIS/IMPACT training to specialist advisors/other health professionals: face-to-face - 10 participants	March 2019	Deliver 2 training events across the WI	Smoking Cessation Co-ordinator
Health Behaviour Change and Brief Intervention training to our primary and acute care staff	Offer HBC & BI's training to clinical staff throughout NHSWI	March 2019	Deliver 4 Health Behaviour Change inputs within GP practices or NHS departments	Smoking Cessation Co-ordinator

SMOKEFREE HEBRIDES

British Heart Foundation
SCOTLAND

NHS
Eileanan Siar
Western Isles

"NOW, WHEN I'M FISHING, MY FRIENDS HAVE TO TELL ME, 'SLOW DOWN!' SMOKEFREE HEBRIDES WORKED WONDERS FOR ME AND I'M SO CHUFFED!"

I'M PROUD TO BE A QUITTER

NO SMOKING DAY 9 March 2016

For help and free support call Smokefree Hebrides tel. 01851 701623

'Proud to be a Quitter' theme by kind permission of BHF Scotland.   Photograph by courtesty of EVENTS. Full interview (Roz Skinner) in EVENTS March issue.

Substance Use Programme 2018-2021

Background/Evidence/ Local and National Priority

It is estimated that alcohol costs Scotland around £3.6 billion each year, including £267m to the NHS, £209m to social care services and £727m to the justice system (Scottish Government 2018).

A recently published Scottish Health Survey reported that drinking more than 14 units a week was reported by 36% of men and 17% of women (Scottish Health Survey 2016). Current evidence suggests that an Alcohol Brief Intervention (ABI) can be effective in reducing the amount an individual drinks for up to 12 months. Therefore, the national HEAT Targets have been set for delivery of ABIs across all Boards. The target for delivery within Outer Hebrides for 2018/19 is 317.

The scale of the drug problem in Scotland is unacceptably high with an estimated 52,000 drug users. This a significant driver of economic underperformance, crime, risk to children and health inequalities and equates to almost 1 in 50 people aged between 15 and 54 experiencing or causing medical, social, psychological, physical or legal problems because of their use of opiates. There is also a growing trend towards poly-drug use, where a person is using more than one drug at the same time. This kind of drug use has increased health risks for the user (Scottish Government 2018).

The majority of harmful drinkers and those with alcohol dependency in the Outer Hebrides are aged 16-24 years. The majority of hazardous drinkers are also aged 16-24, closely followed by those aged 45-54 years. Hazardous drinkers are most likely to be

binge drinkers whereas harmful/ dependent drinkers tend to drink alcohol over a prolonged period of time (Scottish Health Survey 2016).

The rate of alcohol related hospital discharges in the Outer Hebrides in 2015/16 was highest among those aged 60-64 years, followed by those aged 55-59 years and 45-49 years whereas the rate of drug related hospital discharges in the Outer Hebrides in 2015/16 was highest among those aged 15-19 years, followed by those aged 55-59 years (Scottish Health Survey 2016).

The bi-annual national questionnaire carried out in schools reported that 65% of 13 year olds and 55% of 15 year olds in the Outer Hebrides drank in their own home. This is slightly higher than the national picture of 53% and 43% respectively (Scottish Government 2016).

The UK Government recommends the safe drinking guidelines for men and women should be no more than 14 units per week with at least 2 alcohol free days.

The Scottish Government's "Road to Recovery" strategy explicitly recognises the broader impact of addiction and illicit substance use on children and families, with poverty, inequalities and attainment remaining a high priority (Scottish Government 2008). Population-level approaches are important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm (National Institute for Health and Care Excellence 2010).

The principles of recovery bring about a change in attitude and

helps the person realise their full potential. It is therefore important to incorporate a person centred approach to enable the individual to move on from their substance use problems and move towards a drug free life as an active and contributing member of society.

Most people drink sensibly without any negative consequences. However, Alcohol and drugs harm affects not just the individual but all those around them, such as family, friends and the wider community. Parental binge drinking can have far reaching consequences on a child's attitude, outcomes and expectations towards alcohol with recent studies suggesting that problematic use of alcohol by parents can impact on them becoming emotionally unavailable, inconsistent and unpredictable. (Alcohol Focus Scotland 2017). It is therefore important that individuals consider the negative impact their drinking may have on their children. The World Health Organisation (WHO) in its Global Strategy to Reduce the Harmful Use of Alcohol (2010), called for priority to be given to reducing harm to people other than the drinker.

The Outer Hebrides Alcohol & Drug Partnership is committed to taking action by ensuring appropriate preventative treatment, education and services are offered to the individual and others. This can only be done by working in partnership with other agencies to offer a Recovery Orientated System of Change to tackle alcohol and drug misuse and break down barriers to unleash the potential, and ensure that children and young people are given the best start they can have and improve people's life chances (Scottish Government 2014).

Focus

Aims: Reduce alcohol and drug problems among young people & adults and the harmful impact on communities in the Outer Hebrides.

Target Groups:
- Service providers and partner agencies including, Local Authority, Health and Social care, Third Sector and ADP
- Children and young people and families affected by parental substance use
- Young people; vulnerable groups; harmful and hazardous drinkers and substance users
- Problem and or dependent drinkers and substance users

Outcomes:
- Reduced alcohol and drug consumption in our communities
- Reduced inappropriate hospital admissions with substance use problems
- Young people and parents achieve balanced and healthy lives away from problematic substance use
- Develop ROSC services that will help reduce substance use in our community and support people requiring access to quality, coordinated appropriate services
- Children and young people affected by a parental substance misuse problem are safer and more able to achieve their potential

Objectives

- Promote positive attitudes and behaviours to create safe environments that reduce impact of substance use on health, economy, family, communities and society
- Ensure individuals are supported, educated and aware of the impact and harm caused by problem drinking and substance use
- Improve individual access to a range of appropriate services that meet their needs
- Sustain and embed alcohol brief interventions in the 3 priority settings of primary care, A&E and antenatal and broaden delivery in wider settings

Output Indicators

- Number of people knowledgeable about recommended safe drinking limits
- Number of people knowledgeable and informed about harm reduction strategies
- Number of services involved with children and young people routinely include question around parental substance misuse in their daily practice
- Development of a local training programme
- Number of Interventions to reduce alcohol consumption amongst problem and hazardous drinkers
- Decrease number of hospital admissions related to alcohol or drugs use
- Number of Engagements with funded services

Evaluation

- Data collection and ongoing evaluation of outcome of treatment services
- Feedback from partners and stakeholders at pre-determined intervals
- Increased numbers of individuals attending training and education sessions
- Successful completion and feedback from training programme
- ABI training and achievement of ABI target

OBJECTIVE 1: Promote positive attitudes and behaviours to create safe environments that reduce impact of substances on health, economy, family, communities and society

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
ADP Website Refresh	Identify content owner Attend website training Launch rebrand Regularly update People have access to credible and correct information on alcohol and drugs.	March 2019	Number of hits Monthly web update	ADP Dev Officer/ADP Administrator
Deliver Summer Safety & Winter Campaigns Raise awareness on specific local campaigns	Work in partnership with stakeholders at various identified events Winter / Summer Annually	Winter / Summer Annually	Number of contacts at campaigns Number of resources and materials ordered. 1 winter and 1 summer campaign Feedback from stakeholders	ADP Dev Officer
Promote Fetal Alcohol Spectrum Disorders (FASD) Awareness Day	Local Media coverage across Outer Hebrides Plan promotional events and issue press release to promote FASD. Include local media and social media coverage	September 2018	Numbers attending promotional event Number of social media reach Monitor number of FASD diagnosis	ADP Dev Officer
Supporting young people and parents to achieve balanced and healthy lives away from problematic substance use	Awareness campaign on parental attitudes and drinking habits and impact on family and community substance misuse patterns	December 2018	Number of materials distributed. Reach of materials	ADP Dev Officer

OBJECTIVE 2: Ensure individuals are supported, educated and aware of the impact and harm caused by problem drinking and substance use

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Target our communications to high-risk and vulnerable groups	ADP, partner agencies, funded services, statutory services	Annually	Data from alcohol sales / from police and hospitals	ADP Dev Officer

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Deliver refresher training to teachers in primary school and nurseries	Through the Rory & O'Lila programme deliver training to primary schools and nurseries Gain agreement from education for dates and delivery of training to maximise engagement	November 2019	6 inputs to schools and nursery staff	ADP Dev Officer
Increase awareness of Pregnant Pause	Presentation on monitors and hospital waiting rooms and resources followed by an event	September 2019	2 Pregnant Pause events held	ADP Dev Officer
To increase peoples understanding of the risks associated with substance misuse	Ongoing substance education delivered in the community, inputs at schools & college health weeks and youth groups Training session for professionals, voluntary organisations, communities throughout the year to develop and enhance skills and knowledge of substance related issues Review education materials and resources to contribute to the learning sessions Partnership working with Health Promotion on campaigns/events	March 2019	8 inputs delivered 4 sessions delivered Training programme Partnership plan	ADP Dev Officer

OBJECTIVE 3: Improve individual access to a range of appropriate services that meet their needs

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Implementation of Drug and Alcohol Information System (DAISy)	Attendance at national training. Delivery of training sessions to all relevant services	March 2019	Production of quarterly reports Monitoring service 2 training events delivered and feedback from system users	ADP Dev Officer/ADP PH

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Promoting the development of a recovery orientated system of care within our communities	Deliver RO Tool training sessions to service providers Implementation of the Recovery Outcome Tool	April 2019	Measure changes in a person's life who misuse drugs and/or alcohol as a result of intervention by specialist drug and alcohol services Sessions delivered	ADP Co-ordinator
Develop training programme for funded services	Identify local picture and develop programme around this Liaise with Scottish Drug Forum and other agencies to agree core training requirements E- learning links identified and distributed to all agencies Develop Learn Pro modules	March 2019	Production of training programme Publish program on LearnPro platform	ADP Co-ordinator/ ADP Dev Officer
People have access to credible and correct information on alcohol and drug services	Promoting service directory, updating the website Ensure appropriate sign posting and awareness of available services	October 2018	Number of people accessing website Number of directories distributed Increase in numbers accessing services	ADP Dev Officer
Whole family approach to improve outcomes for vulnerable children, young people and adults through better co-ordination of the support they receive from children and adult services	Delivery of GOPR training sessions with partners to target those working with children, young persons and wider families within public, private and third sector agencies across Outer Hebrides. In particular practitioners and managers working within children's services adult services, adult mental health and/or alcohol and drug services	Annually	Number of individuals attending training Number of agencies that have as a minimum, foundation knowledge of the impact of drug misuse on children and young people	ADP Co-ordinator

OBJECTIVE 4: Sustain and embed alcohol brief interventions in the 3 priority settings of primary care, A&E and antenatal and broaden delivery in wider settings

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Meet Government target 317 brief interventions in the Outer Hebrides	Health behaviour change inputs to professionals involved in the field of substance misuse Facilitate delivery of ABIs training Deliver ABI training sessions to priority areas and wider settings across Outer Hebrides – including health behaviour change and motivational interviewing techniques (HBC Competency Framework 2010) 80% - Priority settings 20% - Wider settings	Annually	Number of training sessions Number attended Number of ABIs delivered Meeting HEAT target of 317 Number of referrals	ADP Co-ordinator

Sexual Health & BBV Programme 2018-2021

Background/Evidence/ Local and National Priority

The World Health Organization definition of sexual health is: "A state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (WHO, 2006).

Our first Sexual Health and Blood Borne Virus (BBV) Framework was published by the Scottish Government in 2011. The Framework brought together policy on sexual health and wellbeing, HIV and viral hepatitis for the first time. It set out five high-level outcomes which the Government wished to see delivered, and it sought to strengthen and improve the way in which the NHS, the Third Sector and Local Authorities supported and worked with individuals at risk of poor sexual health or blood borne viruses. This framework has now been reviewed and updated and recommendations are to be actioned. (Scottish Government, sexual health and BBV framework update 2015-2020).

We continue to educate and raise awareness around positive sexual health, through Relationships, Sexual Health and Parenthood (RSHP) Education, and through Government, NHS and Third Sector awareness and information campaigns. Good sexual health and wellbeing is about the promotion of healthy fulfilling relationships – not just preventing STIs or unintended pregnancy. Sexual health services cannot address this alone and there is a leadership role for the promotion of good healthy relationships by other organisations and service providers.

Pregnancy in young people is a complex matter and supporting young people requires many different agencies to work together both at a national and local level. A young woman living in Scotland's most deprived areas is five times more likely to experience a pregnancy as someone living in the least deprived and the most deprived areas have 13 times the rate of delivery compared to the least deprived, so this is also a matter of equity (ISD Scotland 2015). Through supporting increased life chances, we can help all young people have the opportunity to plan for a positive future, whether that includes becoming a parent - or otherwise. Through supporting increased life chances, we can help all young people to have the opportunity to plan for a positive future, whether that includes becoming a parent, or otherwise. Young fathers are to be included in prevention and parenting work (Scottish Government Pregnancy and parenthood in young people strategy, 2016-2026). Additionally part 3 of the Children's Scotland Act - Children's Services Planning - emphasises the importance of prevention and early intervention (Scottish Government's Children and Young People (Scotland) Act, 2014).

There are particular issues with young people around sexual health and technology, the influence of pornography and the perception of 'normal' healthy relationships amongst peers, but challenges also remain around coercion and harm in other relationships. Research suggests that digital technology is particularly important to LGBT young people when it came to establishing relationships and meeting new people (McGeeney, E. & Hanson, E. 2017).

Violence against women and girls damages health and wellbeing, and sexual health services have a role in early intervention. It is essential that practitioners who have daily contact with women and girls are able to identify those most at risk and are able to offer an appropriate, safe and consistent response. Sexual exploitation, including child sexual exploitation, is a particularly important issue.

People affected by blood borne viruses should be able to access the best treatment and care so that they can lead a healthy life in all senses of the word. Early testing and support into early treatment is essential to provide a long, healthy and productive life (Scottish Government Sexual Health & BBV Framework Update (2015-2020).

Focus

Aims: To Improve the sexual health and wellbeing of people living in the Outer Hebrides, including improving the outcomes for pregnancy and parenthood in young people and extending the life expectancy of those at risk of or affected by BBV.

Target Groups:
- Young people and those working with young people
- People who inject drugs and are at risk of BBV
- People affected by sexual assaults and sexual abuse
- People who are LGBTQI
- Parents and carers
- Service providers
- Women
- Men who have sex with men

Outcomes:
- Fewer newly acquired blood borne virus and sexually transmitted infections
- A reduction in the health inequalities gap in sexual health and blood borne viruses
- People affected by blood borne viruses lead longer, healthier lives, with a good quality of life
- Fewer unintended pregnancies
- Sexual relationships are free from coercion and harm
- A society where the attitudes of individuals, the public, professionals and the media, towards sexual health and blood borne viruses are positive, non-stigmatising and supportive

Objectives

- Improve partnership working by coordinating multi-agency activity and producing a sexual health and BBV action plan
- Increase workforce capacity for dealing with BBV, sexual health and wellbeing issues by providing training and resources
- Support and delivery of early intervention health and wellbeing programmes that promote good sexual health, relationships and wellbeing
- Raise public awareness on sexual health and BBV issues
- In partnership with other relevant agencies, provide support to parents, particularly young parents, on sexual health, relationships and sexual wellbeing

Output Indicators

- Distribution of national digital resource on pregnancy and parenthood issues
- Improved access to, and provision of, post-partum contraception
- NHS staff assessment on HIV/BBV carried out
- Provide safe space for young people at high risk events such as music festivals, in partnership with alcohol and drug services
- Underage sex protocol reviewed and updated in line with new legislation
- Promote Cool2Talk in all venues accessed by young people aged 12-25 years
- Review and produce action plan to improve health care and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse
- Established local pathway to access HIV services including PreP
- 50 Workers trained on sexual health and BBV issues
- 500 young people receiving sexual health and wellbeing programmes
- 500 parents receiving information and support for addressing sexual health and wellbeing issues
- Provide 6 training events and 4 educational awareness campaigns on sexual health and BBV
- Provide 10 events to support parents, in particularly young parents, regarding sexual health, relationships and sexual wellbeing

Evaluation

- How many partners are engaged in addressing sexual health and wellbeing issues
- Successful completion and feedback from training programmes
- Review of services providing sexual health services
- Increased number of people attending services for testing and treatment
- Increased number of people requesting information and services (contraception, testing, counselling, etc)
- Monitor number of young people accessing Cool2Talk website

OBJECTIVE 1: Partnership Working

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Re-establish multi agency partnership for BBV, sexual health and wellbeing	Form committee, TOR and action plan Coordinate 3 meetings per year	June 2018 - March 2019 Annually	Committee re-established, TOR and action plan produced Attend 3 meetings and review partnership attendance	Senior HP Officer (Sexual Health)
Distribute relevant information and health literature to professionals	Resources review and distribute to relevant partners	September 2018	Number of services receiving information	Senior HP Officer (Sexual Health)
CSE – internet safety	Contribute to the development of an action plan for addressing CSE in the Outer Hebrides Attend quarterly meetings Contribute to annual child Protection Conference Review and update SHRP education programmes to reflect digital changes	Ongoing Quarterly Annually Annually	Facilitate internet safety day in partnership with education services Deliver 2 staff training sessions provided in partnership	Senior HP Officer (Sexual Health)
Domestic Abuse Forum	Work as an active partner in ensuring issues around domestic abuse are addressed strategically and operationally	Quarterly	Attend partnership group	Senior HP Officer (Sexual Health)
Community safety committee	Work in partnership with other stakeholders to implement the work of the community safety committee	Ongoing	Implement actions relevant to sexual health & BBV	Senior HP Officer (Sexual Health)
HealthCare Improvement Scotland Standards	Establish working group to address healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse Review sexual health standards	December 2018 March 2019	Group established Review of standards undertaken. Work plan identified with actions and responsibilities agreed	Senior HP Officer (Sexual Health) Senior HP Officer (Sexual Health)

OBJECTIVE 2: Workforce Capacity

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Target NHS Staff to seek and assess the view of employees on HIV/BBV to inform professional development.	Design and carryout NHS staff questionnaire	November 2018	Survey produced Agreement sought for implementation Survey completed Number of people completed survey Findings of survey shared	Senior HP Officer (Sexual Health)
Healthcare students – BBV	Provide an annual education programme to students studying health care	Annually	2 educational sessions provided 1 project completed by students	Senior HP Officer (Sexual Health)
Online links/ resources	Review and distribute online links/resources to relevant partners	December 2018	2 online resources distributed	Senior HP Officer (Sexual Health)
Prep - Pep	Work in partnership with health protection to establish pathway for accessing PreP locally Distribute national materials	March 2019	Pathway produced Materials distributed	Senior HP Officer (Sexual Health)
Schools/colleges/ student nurses	Provide programme of training to ensure staff and young people are aware of sexual health & BBV health issues Provide Specialist inputs when required Review programmes to include new resources and topics, including Pre conceptional care Coordinate and provide health and wellbeing programme with college students	November 2018 Annually Annually Annually	3 days teacher training session provided Provide a minimum of 20 inputs to young people and students Minimum of 15 inputs to students provided	Senior HP Officer (Sexual Health)
Menopause	Review and update current materials available to support women Design and deliver local awareness raising campaign	September 2018 Annually	Variety of factual Information sources available locally. Local campaign implemented to raise awareness within workplace on world menopause day	Senior HP Officer (Sexual Health)/ HIRS Officer

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Midwives	Work in partnership with maternity services to ensure the contraceptive needs of new mothers are addressed Increase capacity in the workforce to provide LARC Provide staff updates on sexual health and best practice	Annually	Number of staff trained to provide LARC Number of inputs provided with mothers Number of staff attending awareness training	Senior HP Officer (Sexual Health)
Multi agency Staff Protocol for addressing sexual activity in young people	Review and update multi agency staff resource for underage sexual activity, including digital sexual activity	December 2018	online protocol available for guiding staff in addressing under age sexual activity	Senior HP Officer (Sexual Health)

OBJECTIVE 3: Health and Wellbeing Programmes and Services

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Ensure sexual health services are available as per HIS Guidelines	Carry out public consultation on accessing contraceptives and sexual health services in partnership with PFPI Establish sexual health and family planning central service Increase the number of staff providing LARC Continue to fund and implement condom distribution service Review Sexual Health enhanced service level agreement with primary care	December 2018 March 2019 Annually Annually March 2019	Survey designed, completed and results summarised Review current service Finance secured Procurement procedures followed for tendering of service Number of staff trained Number of condoms distributed Review report available	Senior HP Officer (Sexual Health)
Hep C – testing, treatment and care	Design and implement local campaign to raise awareness of BBV	August 2018	1 campaign delivered	Senior HP Officer (Sexual Health)
Needle Exchange Service	Work in partnership with ADP to address issues around PWID	Annually	4 meetings with ADP staff and substance use nurse	Senior HP Officer (Sexual Health)

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
HIV testing	Review pathway for HIV testing locally Identify and distribute posters promoting testing pathways	December 2018 March 2019	Pathway reviewed Posters produced and distributed to 20 locations	Senior HP Officer (Sexual Health)
Cool2Talk Provide online resource for young people aged 12-25 to access confidential and anonymised information and support provided	Review local services and update service data base Refresh child protection agreements and SLA	Annually	4 promotional events to promote website Number of young people visiting site Gain agreement and endorsement from overarching executive partnership groups. (chief officers, CPC, etc)	Senior HP Officer (Sexual Health)
Safer Festivals	Working in partnership with festival providers to ensure vulnerable people are kept safe at local music festival and know where to access support if required.	August 2018	2 partnership meetings attended	Senior HP Officer (Sexual Health)/ ADP Dev Officer
Streetwork project	Work in partnership with Action for children and community learning and development to address the sexual health and wellbeing issues of vulnerable young people	August 2018	Funding secured for local project. Attend 2 monitoring meetings with partners Shared learning with relevant partnership groups	Senior HP Officer (Sexual Health)
Support the delivery of sexual health, relationships and parenthood programmes in formal and informal education settings	Comprehensive programmes for sexual health & BBV being delivered by staff who are trained and competent to deliver topical information Review and update learning resources and supporting materials	Annually October 2018	30 inputs provided in education settings Resources list produced and shared	Senior HP Officer (Sexual Health)

OBJECTIVE 4: Raise Public Awareness

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Ensure members of the public are aware of the availability of sexual health services and support services	Increase the profile of services through leaflets and publicity, including social media Support the development of a local LGBT youth network group	Ongoing	Social media promotion and leaflet produced Develop Business plan and commission new service Promotional materials produced	Senior HP Officer (Sexual Health)

OBJECTIVE 5: Support for Parents

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Address health inequalities associated with pregnancy and parenthood in young people	Provide education and awareness programmes to prevent unplanned pregnancies Target young parents and agencies working with vulnerable young people Work with partner agencies to address wider health inequalities	Annually February 2019 March 2019	4 inputs provided to parent groups Number of agencies attending training events 2 policies and best practice evidence shared with partners	Senior HP Officer (Sexual Health)

Sexual Health, STis & Relationships

Pregnancy Tests

Early Years, Children & Young People Programme 2018-2021

Background/Evidence/ Local and National Priority

Since 2008 there has been added emphasis on early intervention. The 2012 paper, 'Early Years Taskforce, Shared Vision and Priorities' and NHS 20/20 vision has added emphasis to this strategy and is driving forward the need for all agencies to jointly commit to prioritising investment in prevention and early intervention, particularly during the early years of children's lives. The creation of the Early Years Change Fund by the Scottish Government has supported this necessary shift in direction.

Early years has been recognised as one of the most important milestone stages in child development. Getting it right at this stage of a child's life will provide a sound start in life and will form the foundation of future opportunities for the child to grow, achieve and maximise potential.

Legislation – Children:
The Children and Young People (Scotland) Act 2014 requires the Community Planning Partnership (CPP) to work together in a fully integrated way to support its implementation. Getting it Right for Every Child (GIRFEC) in the Outer Hebrides: provides the practice model to deliver better outcomes for children and young people.

There is evidence that children who grow up in poverty and poorer households are less likely to achieve the same outcomes on a wide range of issues (such as education, health, employment, social), as children that grow up in households with an adequate income. If issues of poverty are addressed the outcomes for children in these environments are greatly improved. Addressing issues relating to poverty will also have the additional benefit of reducing pressure on crisis services which are inevitably more expensive.

Adverse Childhood Experiences (ACEs) such as emotional abuse and physical neglect have long standing health consequences in later life. They are often as a result of household adversity including substance misuse, mental ill health, criminality and separation (ScotPHN 2016). To address this there are a range of preventative areas to work on: tackling social isolation and increasing community connectedness and social capital; focusing on low wages and insufficient wages rather than just unemployment; examining equity impacts, particularly for families with children and those on lower incomes; targeted multi-agency parenting programmes and addressing household substance misuse or domestic violence.

An audit of Vulnerable Disclosures in 2016 highlights the main areas of concern as Alcohol/Drugs Misuse (21%), Domestic Abuse (19%) and Mental Health (15%). These three areas account for over 50% of the main area of concern. (Joint Needs Ass 2017). In 2016 40.3% of Secondary pupils in the Outer Hebrides were identified as requiring Additional Support Needs (ASN). This was the highest level in Scotland where the average was 26.8% (CPP 2017).

In terms of early years the data on obesity, healthy weight and physical activity shows that the Outer Hebrides is currently performing better than the Scottish average. It is one of the areas where a range of recent interventions have begun to demonstrate improvements, however the shift is small and subject to swinging the other way with very small numbers. Improvement needs to be shown to be sustainable. By addressing these issues the impact on other areas such as long term illnesses, employability and mental health will be significant in the longer term. The data for young people show disappointing rates of healthy weight and a greater reduction in physical activity levels for young women.

Focus

Aims: Our children and young People will have the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

Target Groups:
- Early Years: the evidence indicates that the first 2 years of a child's development are crucial and have long lasting consequences for health and other outcomes (Lynn et al 2005)
- Overweight and inactive children: there are higher than average rates of child obesity and overweight (WHO 2017)
- Vulnerable groups of children and young people: lack of equality in service access and inequalities in opportunity result in poorer health outcomes for children and young people (Department of Health 2011)

Outcomes:
- Improved early child nutrition
- Reduced parental smoking
- Improved inactivity levels for children and families
- Improved health of vulnerable children and young people
- Improved access to services and advice
- Improved access to financial and other benefits

Objectives

- Ensure the best start in life for all, by continuing to invest in prevention and further embedding early intervention. Tackling problems before they arise, making sure we identify problems as early as possible and to ensure that the appropriate support is put in place
- Prevent and reduce obesity and overweight by continuing to support the delivery of a wide range of services to encourage physical activity, play and healthy eating including playgrounds and family kitchen
- Safeguard children and young people by improving the health of vulnerable groups of children and young people including children looked after, young people who offend and young carers

Output Indicators

- Improvement in uptake of healthy start vitamins vouchers
- An increase in breastfeeding statistics
- Increase in Play@Home resources requested and inputs completed
- Increase in those who achieve the national guidelines for physical activity
- Increased uptake of financial support for families
- Increase in the number of family homes being smoke free
- Increased staff training and advice on specific topics such as sexual health, drug use and obesity

Evaluation

- Successful completion and feedback from training programmes
- Keep a register of how many Play@Home sessions were delivered to parents
- Monitor Maternal & Infant Nutrition group meetings attendance for HP staff and productivity
- Campaigns produced and numbers engaged with
- Number of pregnant women engaging with smoking cessation services
- Number of women engaging with dietetic project for antenatal women

OBJECTIVE 1: Ensure the best start in life for all

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Increase the number of smoke free homes and places for children and young people	Reduce parental smoking through providing smoking cessation services	Ongoing	Widely advertise cessation service Review and monitor access to service	Smoking Cessation Co-ordinator
	Provide educational resources on passive smoking in venues accessed by parents	September 2018	Provide 8 smoking cessation awareness sessions at antenatal classes	
	Implement national smoking campaigns that target parents and children locally	December 2018	Distribute campaign materials through workplaces and community venues such as sports centres and sports facilities	
	Work in partnership with maternity services to engage with parents and future parents at the earliest possible opportunity		Attend regular early years partnership groups	
Improving education and support for parents and carers of infants in nutrition and physical activity	Co-ordinate Play@Home project	September 2018	Number of Play@Home packs distributed	HI Officer (Stornoway)
	Work in partnership to increase the number of activities available for children, young people and families to participate in physical activity	December 2018	Review Community Activity Strategy	HWL Advisor
	Increase the number of families accessing slainte mhath, especially targeting families where there are additional support needs and vulnerabilities	March 2018	Review Active Schools Report	Head of Health Improvement
Improving early child nutrition through access to healthy start vitamins and improved breastfeeding	Co-ordinate maternal and infant nutrition working group as part of the early years collaborative work	Annually	MIN Action Plan and Funding report	Head of Health Improvement
	Maximise the uptake of healthy start vitamins and vouchers by distributing in accessible and convenient places for families	Annually	Increase in distribution and number of premises	

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
	Monitor and review access to Healthy start vitamins, vouchers and maternity grant to ensure those entitled are accessing	June 2018	Increase in distribution and voucher uptake	
	Work in partnership with relevant stakeholders to action improvements identified	June 2018	Review and assess number of active projects	
	Maintain communication and agreements with healthy start voucher providers	Annually	Contact and ensure distribution methods are reviewed	
Supporting the role of health visitors in improving early child health outcomes	Work in partnership with HV service to action healthy start initiative	March 2019	Increase in number of supported referrals	Head of Health Improvement
	Provide baby massage classes	March 2019	6 classes in Uists and Barra	Senior HP Officer (Uist
Extend MIN activity events, aimed at reducing health inequalities in pregnant women and small children and to provide nutritional, healthy start information, to more remote areas	Two studies commissioned – Breastfeeding and Healthy Start uptake	March 2019	Annual Report MIN for Scottish Government	Head of Health Improvement
	Funded accreditation of Baby Friendly Initiative NHS to be extended to community	Annually	Review accreditation and numbers trained in maternity and through HV	
	Support for Bosom Buddies and Mulaidh Group	Annually	1 support group within each locality	
	Vulnerable families and lifeskills, AFC	December 2018	Ensure all MIN funding includes support for vulnerable families	
	Activity days in Lewis and Uists promoting active play and good nutrition. Barra planned. 150 attendees	Annually	Review numbers attending and quality of events through evaluations	
	Baby massage training and roll out.	Annually	Review trainers and classes around localities	
	Specialist dietetic advice. Introduce small funds pot for schools	Annually	Review MIN funding to ensure speciality dietetic advice is provided in each locality	
	Support Barra Children's centre resources and activities programme	Annually	Evaluate report provided by group and review numbers attending	

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
	Provide venues and support for healthy inputs to families and the more vulnerable in Stornoway	Annually	Review reports provided through the MIN group	
Maximise the role of schools and other settings in improving health outcomes for children and young people.	Coordinate and provide specialist topical inputs to support the delivery of Curriculum for Excellence Increase capacity of the school staff and those working with young people to appropriately address health and wellbeing issues	March 2019 March 2019	18 topic based inputs to schools 2 Workshops as part of protected learning programme	Senior HP Officer (Sexual Health)
Work with relevant children partnerships to address key determinants of child health such as through planning, housing and transport policy e.g. work to reduce asthma through addressing issues of air quality and parental smoking	Develop the Early Years Partnership action plan. 3 Collaborative projects Ensure ICSP and LOIP include inequalities assessed actions	September 2018 March 2019	3 Action Plans Early years and Children's Inequality Impact Assessment	Head of Health Improvemen

OBJECTIVE 2: Prevent and reduce obesity and overweight

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Increase the number of women who breast feed and the number of places who provide a welcoming and comfortable environment for breastfeeding	Implement and monitor breastfeeding friendly initiative throughout the Outer Hebrides Continue to encourage and support mothers to breast feed	December 2018 December 2018	Distribute 50 packs of campaign display materials Gain agreement from service providers Seek feedback from breastfeeding mothers	Head of Health Improvement Senior HP Officer (Uist)
Develop and implement a food and nutrition strategy which supports local food and health	Work with key partners including CnES to create strategy and action plan	March 2019	Plan in place	Fas Fallain Manager

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
projects including growing, cooking and gardening projects				
Continue to support the delivery of a wide range of services to encourage physical activity, play and healthy eating including adventure playgrounds and family kitchen	Continue to support high rates of physical activity for young people, through implementing PA Strategy	December 2018	Report on 4 strands of strategy	HWL Advisor
Ensure every contact counts, including ensuring that GPs are equipped to discuss issues of childhood obesity with parents	Behaviour change training with primary care teams	March 2019	4 workshops	Head of Health Improvement

OBJECTIVE 3: Safeguard children and young people

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Risk taking – lack of use of contraception	Maintain and update Underage sex protocol to reflect current changes in legislation	September 2018	Protocol in place	Senior HP Officer (Sexual Health)
	Provide specialist inputs on sexual health to young people	March 2019	6 Inputs	
	Access to contraception	March 2019	Increased uptake of contraception	
Risk taking – binge drinking	Promote and educate on responsible use of substances	March 2019	6 inputs in schools	ADP Dev Officer
	Support the provision of diversionary activities for children and young people			

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Work in partnership to prevent and address the consequences of Adverse Childhood Experiences for children and young people	Active member of local domestic abuse forum	Ongoing quarterly	Attend quarterly meetings of domestic abuse forum	Senior HP Officer (Sexual Health)
	Provide partnership training on GIRFEC to raise awareness of issues around substance use which can give concerns for children	March 2019	Provide 6 inputs on substances at GIRFEC CP training	Head of Health Improvement
	Work in partnership with CPC and relevant partners to educate and raise awareness of the impact of ACES	March 2019	Contribute to organising and implementing an annual regional conference	Head of Health Improvement
			Distribute educational resources including research papers and good practice papers to partners and relevant agencies	Head of Health Improvement
Digital world/risk taking/normalised behaviours	Child Protection Committee and Sexual exploitation of children/young people	March 2019	3 online training events for staff working with young people	Senior HP Officer (Sexual Health)
Ensure that adolescents and older young people have access to high quality, appropriate and accessible primary care services tailored to their age group	Promote access to services as part of education programmes in formal and informal education settings	March 2019	Increase in adolescents and young people accessing services	Senior HP Officer (Sexual Health)
	Provide primary care staff training to raise awareness of the barriers faced by young people to access services	March 2019	2 training courses	Senior HP Officer (Sexual Health)

Older People Programme 2018-2021

Background/Evidence/ Local and National Priority

Across Scotland there is a shift in age profiles with the 65+ population increasing as well as having longer life expectancy. The older adult proportion of the population is projected to increase for all of Scotland but is greatest in the Outer Hebrides, with 37.1% of the population predicted to be aged 65+ by 2037 (IJB 2017).

The Outer Hebrides has a male life expectancy of 76.6 years, which is slightly below the Scottish average of (77.1) with a female life expectancy of 82.7 years (above the Scottish average of 81.1 years) (National Records Scotland 2016). This rise in life expectancy can bring with it an increase in long term conditions and puts additional cost pressures on health and social care services.

The latest census estimates suggest that the Outer Hebrides already has the greatest proportion of lone pensioner households in Scotland and this is likely to increase into the future. Living alone has strong associations with social isolation and loneliness, which both increase risks to health. Indeed, evidence is now emerging that the health impact of loneliness on mortality can be equivalent to that of smoking and greater than that of obesity. The Outer Hebrides tends to have high levels of long term conditions relative to the rest of Scotland, which in part reflects the older population profile. Over the next 20 years, it is projected that there will also be a 73% increase in people with dementia (CnES dementia)

Fuel poverty is a major problem on the Outer Hebrides, an issue exacerbated by the many households being reliant on more costly forms of fuel. The more rural parts of the community are prevented from benefiting from dual tariff discounts and, in addition to this, many houses have solid brick walls making them extremely difficult to heat. This is particularly problematic for the elderly especially if they do not receive all the benefits they are entitled to. It is reported that each year up to £3.5bn Pension Credit and Housing Benefit goes unclaimed by older people (Age UK 2017).

Older people tend to drink less alcohol than younger people, but a significant minority are drinking in a way that is harmful to their health. Around 1 in 3 men and nearly 1 in 6 women in Scotland aged over 65 drink more than the low risk guidelines of 14 units of alcohol per week. Older people need to be particularly careful with alcohol because we become more sensitive to alcohol's effects as we age. Alcohol can interfere with medication, memory, balance or coordination difficulties can be made worse when drinking alcohol leading to falls and accidents.

Exercise and physical activity can bring many benefits for older people and people with dementia. It improves heart health by reducing the risk of high blood pressure and heart disease, stroke and type 2 diabetes and the risk of some types of cancer. Improving physical fitness will: maintain strong muscles and flexible joints allowing people to remain independent for longer and help to keep bones strong, reducing the risk of osteoporosis and reducing the risk of falls by improving strength and balance. Recent studies have shown that exercise may improve memory and slow down mental decline, improving sleep, providing opportunities for social interaction and reducing the feeling of isolation, improving confidence, increasing self-esteem and improving mood (Alzheimer's Society 2017).

All generations have a lot to both teach and learn from each other and contribute to lifelong learning. The benefits of intergenerational work include: creation of age friendly communities; tackling issues around stereotyping and ageism; increasing understanding and respect between older and younger people and gives the chance to make new friends and combats social isolation (Age Action for Older People 2015).

Older people want to remain in their own home, having access to appropriate support services and living as independently as they can (Scottish Government 2011). They are a valuable asset to our communities and it is therefore important that changes are made to ensure the health and wellbeing needs of this age group are met to enable that independence.

Focus

Aims: To improve health and wellbeing of older people in Outer Hebrides to ensure they live longer healthier lives.

Target Groups:
- Over 50's to include pre-retirement age 60-70 years
- Intergenerational groups
- Older people with Dementia

Outcomes:
- Older people remain independent and stay safe in their own home
- Older people are informed of the importance of being physically and mentally active
- Reduce social isolation and health inequalities for older people

Objectives

- Partnership working for signposting/information sharing and promoting opportunities for health and wellbeing
- Promote and support the development of age-friendly communities
- Increase information, advice and tools to build physical and mental resilience

Output Indicators

- Increase in the availability of strength and balance programmes in people's homes and community settings
- The provision of targeted health literacy initiatives, and services to increase resilience
- Increased knowledge and skills on healthy eating, physical activity and healthy lifestyles
- Appropriate services and providers to promote the reduction of alcohol-related harm

Evaluation

- Monitor healthy life expectancy figures
- Increased number of people attending planned community events
- Increased number of people participating in training sessions
- Successful completion and feedback from training programmes
- Review of project reports
- Reduction in number of falls and accidents
- Amount of funding provided for community projects

OBJECTIVE 1: Partnership working for signposting/information sharing and providing opportunities for health and wellbeing

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Support the development of over 50's dance and exercise classes	Maintaining the specific dance and activity classes provided for older people. Develop 2 new programmes based on evaluation	March 2019	2 further projects specifically aimed at the over 50's established	Senior HP Officer (Uist)
Promote gardening as a form of physical activity	Highlight the importance of gardening as a Physical activity option	December 2018	Ensure 50% of funding bids show they will promote gardening as a PA option	Fas Fallain Manager
Growing projects	Establish growing projects within elderly care homes and opportunities for the elderly to access community growing projects. Volunteering and peer support	December 2018	Support 2 projects financially (numbers of over 50's attending increase by 20%)	Fas Fallain Manager
Partner with other health agencies to engage client base	Partner with NHSWI Physiotherapy Department to encourage patients to attend health walks. Tailor health walks to coincide with physio treatment being finished	March 2019	12 health walks specific for physio patients	Senior HP Officer (Uist)

OBJECTIVE 2: Ensure safety of older people

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Re-establish Safetywise group	Support re-establishment of Safetywise group and participate in planning.	March 2019	Annual action plan produced	Head of Health Improvement
Support age-friendly communities through interagency working	Developing advice and tools Building partnerships	March 2019	Advice and tools available and evidence of interagency working	All
Intergenerational activities	Support and co-ordinate the care homes and nurseries to build relationships with one another	December 2018	2 care homes linked with nursery and 6 sessions carried out	Senior HP Officer (Uist)
Support Care Homes, young	Liniclate School to become an information hub fo	Ongoing	Support 2 young people to make 2 playlists	HI Officer (Uist)

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
people to make playlist with family and residents	Playlist for Life		with family members/ community	
Celebrate National Older People's Day	Provide 2 activities for older people and their families to become involved. Taster sessions. A celebration of older people	Yearly	Financially support 2 events for 2 years	Fas Fallain Manager

OBJECTIVE 3: Engage with communities

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Improve sharing of resources between partners and improve access to information	Re-establish Older People's Partnership	1 year	Number of meetings held Number of agencies involved	Fas Fallain Manager
Promote the use of technology	Work in partnership to provide training for the over 50's in the use of technology (playlist for life).	2 per year	Support 4 sessions in partnership for the technology side of playlist for life	Fas Fallain Manager
Increasing resilience through promotion of strength and balance programmes, healthy lifestyles including food and nutrition, physical activity, reducing alcohol related harm and social connections	Undertake training provided by paths for all on strength & balance, health walks etc	March 2019	Facilitate 6 sessions making use of strength and balance exercises	HI Officer (Stornoway)
Raise awareness of benefits of early dementia diagnosis to encourage assessment	Work with partner agencies to hold the dementia walk with stalls giving information. (Benbecula)	March 2019	The number who take part. Partners involved	HI Officer (Uist)
Promoting a balanced healthy diet	Deliver Healthy eating on a budget sessions	March 2019	Number of sessions held Number of participants	Fas Fallain Manager

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
In partnership with Community Groups raise awareness of the dangers of alcohol and drug safety. How to keep safe if a family member is affected by drugs & alcohol.	ADP to deliver sessions to groups within their own communities	Ongoing	6 sessions to be delivered Reduction in number of alcohol & drug admissions to hospital	ADP Co-ordinator

Working Age Programme 2018-2021

Background/Evidence/ Local and National Priority

An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016. This is equivalent to 4.3 days per worker (the lowest recorded since recording began in 1993, when it was at 7.2 days per worker, the highest level over the reference period. Minor illnesses (such as coughs and colds) were the most common reason for sickness absence in 2016, accounting for approximately 34.0 million days lost (24.8% of the total days lost). This was followed by musculoskeletal problems (including back pain, neck and upper limb problems) at 30.8 million days (22.4%). After 'other' conditions, mental health issues (including stress, depression, anxiety and serious conditions) were the next most common reason for sickness absence, resulting in 15.8 million days lost (11.5%)(Office of National Statistics 2017).

Evidence suggests that workplace health programmes improve employee's health and increase productivity. Addressing risk factors i.e. poor diet (Smith et al 2016), misuse of alcohol (Anderson 2012), tobacco (Leeks 2010) use and lack of physical activity (Dugdill et al 2008) is essential for ensuring long term health. Addressing these risk factors can have benefits for other conditions that affect productivity and absenteeism, notably musculoskeletal conditions and mental ill health.

Numerous studies and systematic literature reviews have assessed their impact, and a meta-analysis of findings from 56 global peer reviewed studies found evidence of the benefits that workplace-health schemes can have, including:

- 27% reduction in sick-leave absenteeism
- 26% reduction in health-care costs
- 32% reduction in workers' compensation and disability-management cost claims
- a nearly 6 to 1 return on investment ratio.

Further systematic reviews of comprehensive workplace programmes (risk factors: stress, physical activity, food and health, mental health and smoking) reveal that best results are achievable through comprehensive multimodal (or systemic) programmes that include relational and behavioural elements. Economic Reviews show a 25 – 30% reduction in medical and absenteeism costs over an average period of 3–4 years (World Health Organisation 2007).

In terms of preventative mental health and physical activity there are fairly straight forward types of intervention that have positive results.

Successful programmes of workplace stress management have seen a significant reduction in sickness absence and staff turnover. Staff morale improves, people feel valued and the overall result is a healthier and safer working environment. Walking and cycling are ways in which peoples can meet recommended physical activity guidelines, improving their physical and mental health and their well-being, while reducing the risk of premature death and ill-health (Cycling UK 2017).

The Health Promotion Department facilitates the Healthy Working Lives Award Scheme. This involves supporting workplaces to assess the needs of their employees, offering access to health and safety and occupational health advice, providing training on key areas such as stress management, drugs and alcohol and improving policies that affect staff wellbeing.

Focus

Aims: Improved healthier working environment systems and policies to allow for improved health opportunities in the workplace.

Target Groups:
- Small to medium enterprises in the Outer Hebrides through the Healthy Working Lives programme
- Workplaces who do not have in-house Human Resources or Occupational Health provision
- Statutory Organisations through Health Promoting Health Service programme

Outcomes:
- Increase in workplaces achieving and maintaining Healthy Working Lives Award
- Improvement in knowledge and skills on workplace policies and practices relating to mental health and wellbeing
- Supportive culture and policies for anyone experiencing mental health issues
- Positive working environment with increased staff morale and productivity
- Identification of health needs within workplaces and action plans to address issues
- Physically active staff and management and awareness of active travel options
- Reduced absenteeism in workplaces

Objectives

- To provide expert advice, resources, training and opportunities to workplaces to improve their staff health and wellbeing
- Facilitate workplaces to achieve and maintain a healthy working lives award
- Create a Health Promoting Health Service along with partners

Output Indicators

- Meet with 20 workplaces in year 1 to facilitate work on HWL awards
- 5 mental health courses delivered for managers/ supervisors in year 1
- 5 mental health awareness sessions delivered for staff in year 1
- 20 Annual Reviews completed in year 1
- Smoking, drug and alcohol and mental health policies (5 in year 1)
- 8 Employee Wellbeing surveys completed and reports produced in year 1
- Workplaces covering health campaigns (4 in year 1)
- Increase in number of staff taking part in step count challenge annually
- Meeting criteria in Health Promoting Health Service CMO 2018

Evaluation

- Reduction in workplace sickness absence
- Number of workplaces achieving and maintaining HWL Award
- Positive feedback from managers/supervisors/staff regarding mental health training/ awareness sessions
- Successful annual reviews
- Increased workplace health and wellbeing policies
- Review of employee wellbeing surveys and reports
- Number of staff taking part in physical activity events through workplace
- Increased staff knowledge on health topics through awareness

OBJECTIVE 1: To provide expert advice, resources, training and opportunities to workplaces to improve their staff health and wellbeing

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Increase manager's awareness and confidence in dealing with workplace mental health issues	Arrange training date and venue Promote details to workplaces Develop training pack and activities for courses Provide online module details to participants to complete before attending training session Produce certificates for participants	March 2019	5 in house training sessions for manager's/ supervisors throughout the Outer Hebrides	HWL Advisor
Increase staff awareness and their mental health	Arrange date and venue. Promote details to workplace Develop session and activities	March 2019	5 in house awareness sessions for staff throughout the Outer Hebrides	HWL Advisor
Identify staff health needs	Customise workplace employee wellbeing survey for individual workplace and issue to employer for approval Issue link to employer to distribute to staff Collate responses and produce report	Within 6 weeks of renewal date	Produce individualised reports for 8 workplaces	HWL Advisor
Increase employer awareness of physical activity opportunities	Member of Community Planning Partnership group looking at Quality of Life focusing on physical activity. Collate information from partners and draft policy for Outer Hebrides	March 2019	Physical activity strategy for the Outer Hebrides	HWL Advisor
Increase employer awareness of active travel options	Promote outdoor paths with workplaces Provide support for workplaces to train walk leaders Support Paths for All in the Outer Hebrides	March 2019	Increase in walk leaders Increase in numbers using outdoor paths	HI Officer (Stornoway) HWL Advisor

OBJECTIVE 2: Facilitate workplaces to achieve and maintain a Healthy Working Lives Award

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Assess progress with employers	Meet with employers to review criteria for award i.e. bronze, silver or gold	Annually	20 workplaces to have been visited at least once	HWL Advisor
Support employers to maintain their Healthy Working Lives Award	Carry out online renewal of award with employer Discuss criteria for award and work completed in the 12 months prior to review	Within 6 weeks of review date	20 annual reviews completed and submitted to HWL	HWL Advisor
Increase employer and staff awareness on health topics and increase opportunities to take part in health campaigns	Issue Health events calendar to all workplaces to allow them to focus on 4 health topics throughout the year Promote 6 health campaigns to workplaces and encourage participation	March 2019	Workplace health topics reports and no. of workplaces signed up Promote 6 health campaigns to workplaces	HI Officer/ HWL Advisor HWL Advisor
Increase numbers of managers trained in the importance of a Mentally Healthy Workplace	Arrange training date and venue. Promote details to workplaces. Develop training pack and activities for courses Provide online module details to participants to complete before attending training session Produce certificates for participants training	March 2019	Managers from 5 workplaces attending training courses	HWL Advisor
Increase numbers of staff aware of the importance of maintaining positive mental health	Arrange awareness sessions in house and promote amongst workplace Develop presentation and activities	March 2019	5 sessions run for staff	HWL Advisor
Employers to have active policies	Work with employers to ensure policies meet criteria stated in HWL guidance. Provide support with policy writing, templates and resources	Ongoing	5 policies finalised	HWL Advisor
Support employers in creating Health Action Plans	Meet with employers and provide support and resources to allow them to create a health promotion action plan for year on an	December 2018	All workplaces to have Health Action Plans covering 12 month period	HWL Advisor

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
	annual basis detailing the health actions/opportunities they plan to carry out for staff			

OBJECTIVE 3: Create a Health Promoting Health Service along with partners

Action Plan	Resources/Methods	Timescale	Progress/Measures	Lead
Facilitate Health Promoting Health Service within NHS Western Isles	Arrange meeting, develop agenda and papers for members Keep members up to date with national changes Liaise with members for input into annual submission Ensure NHS Western Isles are represented at national meetings Video conference into national meetings of HPHS Steering group	Bi-annually Quarterly	Attend meetings and prepare papers for distribution to members Video conference into national meetings	HWL Advisor

Health Information & Resources Service 2018-2021

HIRS Programme 2018-2021

Background

The Health Information & Resources Service (HIRS) is located at the Stornoway Health Centre and operates a drop-in service and storage facility to supply health information materials, contraceptive supplies and loan stock equipment, including display materials, teaching aids, models, charts, resources and AV equipment to those living and working within the Outer Hebrides.

The HIRS is primarily tasked with responsibility for public health related health information and general patient information provision for patients, carers and the general public within the Outer Hebrides.

In addition, the service provides advice/support to Health Promotion Officers and Public Health staff on how best to undertake promotion and media communication, utilising routes of local press, social media (various formats), and development of alternative communication formats e.g. short films, conference posters, websites, etc.

The HIRS also coordinates the NHSWI Patient & Health Information Group (PHIG) which meets monthly to approve inhouse produced information materials in line with the NHSWI Patient & Health Information Policy for Staff (in relation to informing patients and carers), PHIG is also responsible for approving NHSWI information/materials for external publication/circulation. This includes banners, posters, webpages, social media pages and other promotional or campaign materials.

Evidence/Local and National Priority

Definitions

Health information can be defined as information which raises awareness and improves general knowledge about particular health topics. It is important to note that health information can be targeted at people who may not be ill, such as health promotion advice, i.e. smoking, healthy eating, sexual health and physical activity information.

Patient information can be defined as information about conditions, investigations, treatments, procedures, examinations and services specifically for patients, and their carers, generally given to support and supplement verbal communication.

Information retention

- Overall studies indicate that about 50% of information provided by healthcare professionals is retained by the patient
- Depending on conditions, 40-80% of information can be forgotten immediately
- Of the information that is remembered, only about half is remembered correctly

Important points when providing information

- Patients/carers are provided with accurate, relevant and accredited patient/health information
- Be clear about the patient, what they need and why. However, beware of information overload and dangers of providing too much information at inappropriate stages
- Information should meet patient/carer need and provide necessary information
- Information to be produced from a reputable source and be accurate and up-to-date
- Information corresponds to services being provided locally i.e. clinically, geographically and pharmaceutically

The NHSWI Patient & Health Information Policy for Staff (in relation to informing patients and carers) sets out guidelines necessary to ensure there is a centralised, coordinated approach to the production and provision of patient and health information by NHSWI staff, and that information used from external sources meets the requirements of national guidelines. The policy also aims to raise the standard of inhouse written information, to make sure that materials produced are clear, concise, relevant, accurate, in everyday language, and follow the agreed NHSWI corporate template.

_____

Patients want and need effective communication so they are able to make informed choices about their healthcare. The Department of Health says that high quality information empowers people to make effective choices. Yet a fifth of patients say they were not given enough information about their condition or treatment while in hospital and only half felt they were definitely involved as much as they wanted to be in decisions about their care.

Providing a consumer with high quality, accessible health information and support not only enhances their experience of healthcare, it also helps to facilitate greater patient engagement in managing and

improving their health. This reduces costs and improves the utilisation of appropriate services and treatments.

In the UK, patients with low health literacy have poorer health status and incur higher health costs than other patients. Improving engagement among patients with low health literacy would not only deliver much greater savings than for any other group, it would also help reduce health inequalities.

Understanding and acting to improve patients' experiences of care is core business for the NHS and an important motivator for staff. It forms part of the statutory duty of quality for board members - both a 'must do' and the right thing to do.

The quality and integrity of patient and health information produced by NHSWI is important to ensure that patients have the knowledge, understanding and confidence to make informed choices about their treatment and care.

Patient Participation - This means that patients should be encouraged to take part in decisions about their health and wellbeing, that they are given any information or support that they need and that they are encouraged to treat health care staff in an appropriate way. Information is an important part of the patient journey and central to the overall quality of each patient's experience. Patients cannot express informed preferences about their care unless they are given sufficient, accurate and appropriate information that can be easily understood. This means that patients should be communicated with in a way that they can understand and health care staff should make sure that the patient has understood the information given (Scottish Government 2011) (General Medical Council 2013).

Providers of information have a 'duty of care' to provide written information that is accurate, accredited, current, accessible and clear; and that also provides them with sufficient information on risks and benefits to make an informed decision (where this applies). Increasingly lack of, or the distribution of incorrect information during the consent to treatment process is an alleged factor in cases when damages are sought. (NHSWI Patient & Health Info Policy)

The provision of health information to patients and the public is now firmly embedded in health policy across the UK. There are powerful legal, moral, ethical and financial incentives for providing quality information to enable people to better manage their health and wellbeing and make fully informed decisions about their treatment and care. Providing access to good quality health information, and the support to use it, is the key to unlocking much sought after and much needed patient and public engagement.

The evidence shows that providing high quality health information is beneficial. It has a positive impact on service utilisation and health costs, patients' experience of healthcare and patients' health behaviour and status.

Aim(s) /Target Audience

Aims:
- To provide access to and raise awareness of the range of public health and health improvement materials/ resources, activities and services available to the general public throughout the Outer Hebrides

- To create and develop communication opportunities, design and ideas for engaging content materials for internal and external promotional NHSWI use, on behalf of the NHSWI Public Health division

Target Groups:
- HIRS clients
- Patients and carers
- General public - men and women aged 16+ years
- Tutors and students (school, further education, nursing education)
- NHS and workplaces
- Statutory, community and voluntary groups/agencies

Inputs:
- work in partnership with Health Promotion staff to enable the development/ purchase/provision of high quality, approved resources to match required need/target group
- work in partnership and develop relationships with colleagues in NHSWI (and partner agencies where appropriate) to ascertain and fill gaps in local health/patient information provision
- liaise with NHS Health Scotland and NHS24 staff in development of national health/patient information materials and their local distribution
- attend and participate at NHSWI Communications Group meetings
- attend and participate at NHSWI Patient & Health Information Group meetings and coordinate information prior to and after meetings
- attend and participate at NHS Health Scotland/ NHS24 health information meetings and events, sharing information with appropriate colleagues
- access to appropriate computer packages (specifically Adobe suite - Indesign, Photoshop and Illustrator)
- work in partnership with Health Promotion staff to develop HPD website and HIRS Facebook page
- work in partnership with Health Promotion and Public Health staff to develop and promote successful campaigns and events
- liaise with Health Promotion and Public Health staff to develop a range of approved localised promotional materials in a range of formats e.g. hard copy, electronic/social media and video to engage with and increase target reach
- provide training specifically tailored to meet target audience e.g. NHS, community and further education on HIRS, NHSinform and inhouse-produced information.

Outputs:

Health & Patient Information
- provision of appropriate, high quality, approved health and patient materials for the population of the Outer Hebrides
- availability of suitable health and patient materials for specific topic/client group
- provision of materials suited to and accessed by local population
- review of the NHSWI Patient & Health Info Policy for Staff (in relation to informing patients & carers)
- provide monthly report to NHS Health Scotland on HIRS literature distribution
- contribute to local and national reporting structures (reviews/reports) on health/ patient information within NHSWI (as appropriate)
- present engaging content for HPD/HIRS web and social media platforms to showcase/ record events, campaigns and activities which HPD is involved in
- deliver training sessions on HIRS, PHIG, NHSinform, support networks as appropriate (GPs, NHSWI staff, University of Stirling Campus and University of Highlands & Islands.
- ongoing development, modernisation, improvement and review of organisational communication and communication systems
- approve inhouse-produced information materials for patients/carers and materials for external publication/ circulation
- contribute to and ascertain new developments/updates within the health information field for adopting locally

Communication & Design
- coordinate Departmental Communications Plan on behalf of HPD
- design/produce high quality in-house produced materials for internal/external publication/circulation
- provide support to topic leads on reaching target audiences and creation of new development formats to increase engagement opportunities (e.g. creation/ development of films, personal stories, apps, banners, etc)
- liaise on promotional aspects of campaign/event (e.g. leaflets, posters, etc)
- arrange for localised press/ media releases to be finalised and released through

- appropriate channels
- develop social media campaigns to support and report on campaign/event/training held.

Promotion/Recording:
Health & Patient Information

- HIRS attendance and material requests - loan/non-loan by clients and non-clients provision
- Range of topics and number of health materials available from HIRS
- Range of topics and number of patient materials produced and reviewed by PHIG
- Range of new developments and communications developed by Coms Group
- Range and number of approved inhouse-produced information materials for patients/carers and materials for external publication/circulation
- Number of HIRS Updates issued to NHSWI staff and made available on HIRS Facebook page
- Number of HIRS Leaflet Lists issued and made available on HPD website
- Number of health information and campaign awareness posts added to HPD/HIRS website and Facebook platforms
- Number of reviews/reports contributed to
- Number of training sessions provided
- Number of new developments/updates within the health information field adopted locally and raised awareness of

Communication & Design

- design/produce high quality in-house produced materials for internal/external publication/circulation
- provide support to topic leads on reaching target audiences and creation of new development formats

to increase engagement opportunities (e.g. creation/development of films, personal stories, apps, banners, etc)
- liaise on promotional aspects of campaign/event (e.g. literature, posters, etc)
- develop social media campaigns to support and report on campaign/event/training held.
- arrange for localised press/media releases to be finalised and released through appropriate channels including:
  - NHS Western Isles – social media (NHSWI, HIRS and Dietetics), website (NHSWI and HPD) and Intranet, Team Brief, GP practices, Hospitals and Clinic waiting areas (public and staff), Dental hubs, pharmacies, opticians and patient information screens
  - sharing via partners social media and websites - Events (We Love...), Sports Centres, Community Sports Hubs, libraries (including vans), UHI (Outer Hebrides x 4 sites). Information TVs
  - local papers – Stornoway Gazette, Events, De Tha Dol, Am Paipear, Guth Bharraidh, and community magazines.
  - local radio - Isles FM, Radio nan Gaidheal, An Radio (Uists) - both English and Gaelic
  - workplaces (those registered with Healthy Working Lives and others not registered but links held)
  - statutory, community, voluntary partners and services.

Effectiveness

- Numbers of health/patient materials issued and feedback received on
- Number of campaigns/events supported

- Number of communication formats/media materials produced and circulated
- Number of hits/enquiries received via social media campaigns and posts
- Feedback received from Health Promotion Officers and Public Health staff on campaigns/events held

Evaluation

- health and patient information materials produced
- campaigns and events provided inputs to
- attendance and patient/client requests made to HIRS
- HIRS training events delivered
- engagement from new developments created
- verbal and written feedback
- numbers engaged with through social media

Long-term Outcome/s

- increased awareness of HIRS and services available
- increase in appropriate health and patient materials available
- increase in awareness of signs and symptoms (relating to specific HPD campaigns) to achieve early patient presentation at GP practice
- provision of inhouse-produced health and patient materials following PHIG policy guidance
- creation of appropriate, good quality materials (leaflet, poster, film, press release, etc) for use by Health Promotion, Public Health and NHS Western Isles.
- creation of Departmental Communications Plan for HPD

Training Programme 2018-2021

The Training section features training delivered by both the NHS Western Isles Health Promotion Department and the Outer Hebrides Alcohol & Drug Partnership

Training events and courses offered directly by Health Promotion, or in conjunction with other agencies, are available to anyone with an interest in health and health issues, such as health professionals, workplaces, community and voluntary groups, and students, but this will be clearly stated.

Tailored training and education can be provided to parents, youth groups and community groups, on a variety of health topics on request.

Training can be viewed by NHS Western Isles staff via the NHSWI Intranet's Online Training Calendar and for all others via the NHSWI Health Promotion Training webpage at: http://www.promotionswi.scot.nhs.uk

Training offered by Health Promotion

Title	Description	Learning Outcomes	Target Group
Mentally Healthy Workplace Training	The training has been developed by Healthy Working Lives specifically for managers and supervisors. This course is delivered through blended learning and before attending you must complete the Mentally Healthy eLearning course.	• To provide employers and line managers a broad understanding of mental health. • To identify key factors that contribute to a mentally healthy workplace. • To improve manager's confidence in dealing with this issue. • To ensure that managers are aware of their legislative responsibility	Managers/ Supervisors
Poverty Awareness	To increase participants knowledge and understanding of the relationship between poverty and inequality and how poverty impacts on an individual's lives. To enable participants to identify ways in which they can provide an effective service to people who experience poverty.	• To provide an understanding of the nature, roots and causes of poverty and what poverty means to those experiencing it • To provide an understanding of the relationship between inequality and poverty • Be aware of ways in which common prejudices and stereotypes can lead to discrimination and the unfair treatment of people experiencing poverty • To understand national and local anti-poverty strategies and policy responses to tackling poverty • To identify changes and improvements which can be made to work practices to improve service delivery	Management and operational staff
Health Issues in the Community	To enable participants to develop their understanding of the range of factors that affect their health and the health of their communities and to explore how these factors can be addressed using community development approaches.	• To gain an understanding of a social model of health and other key ideas about health and explain how these models/ideas relate to their own lives and communities • To understand the causes of health inequalities and the impact they have on different groups in society • To have a general understanding of community development approaches to tackling inequalities • To participate effectively in a group process and collect, organise and present information using a variety of methods • To reflect on own learning and practice, and analyse strengths and weaknesses	Community groups
Learning is good for your health	This training will engage participants in a range of activities to raise their awareness of adult literacy and the impact low literacy	• To provide greater awareness of literacy and numeracy links to health • To be more able to recognise signs of literacy difficulties in people using health services	Frontline staff in the health sector

Title	Description	Learning Outcomes	Target Group
	and numeracy skills can have on health. Participants will have the opportunity to share their experiences of literacy, examine case studies and gain confidence in broaching the subject of literacy.	• To provide increased confidence in talking to people about how they cope with reading, writing or using numbers • To consider closer partnership work between literacy and health practitioners • To be aware of how to refer someone for local literacy learning	
Elementary Cooking Skills (REHIS)	The course aims to provide participants with basic cooking skills with the aim of increasing their confidence, skills and knowledge.	• Using safe and hygienic practices • Understanding and following a recipe • Food preparation techniques • Cooking methods and food presentation • Putting it all together	Anyone with an interest in food and cooking with little or no cooking experience.
ASIST	ASIST (Applied Suicide Intervention Skills Training) 2 day training is aimed at anyone who would like to be better equipped to prevent suicide or to support those who have been affected by suicide.	• Recognise invitations for help • Reach out and offer support • Review the risk of suicide • Apply a suicide intervention model • Link people with community resources	16+ years of age
SafeTALK	safeTALK is a 3 hour course where participants learn four basic steps to help be able to recognise people with thoughts of suicide within the community. Participants will be more willing and able to help connect people with thoughts of suicide to others who can help them. We all know someone who has been affected by this issue and this training will give you the confidence to support others who may have suicidal thoughts.	• To help people recognise other who have thoughts of suicide • To be confident connecting people with thoughts of suicide to others who can help them	15+ yrs old
Health Information: Services, Access and Insight	An interactive session (internet access/availability is essential) aimed at raising awareness of the Health Promotion Department's Health Information and Resources Service and HPD website, NHSinform website and the NHSWI Intranet Patient Information (if applicable).	• An understanding of the Health Information and Resources Service An insight to the Health Promotion Department • An understanding of the NHS inform website • an insight to PHIG and the NHSWI Intranet Patient Information site (if appropriate).	NHS staff, community and voluntary sector, students and workplaces

Title	Description	Learning Outcomes	Target Group
Paths for All Walk Leader course	The course provides people with the skills and confidence to lead safe and effective Health Walks in a community setting as part of a Health Walk Project.	• Outline the main benefits to be gained from becoming more active • Recognise moderate intensity physical activity • Be able to describe a Health Walk and know what makes a suitable route for a Health Walk • Outline the roles and responsibilities of a Walk Leader • Have an understanding of risk assessment and recognise potential • Hazards on a Health Walk.	Volunteers (18+)
Health Behaviour Change	This course is delivered in 2 parts. First part focusing on evidence and theories surrounding behaviour change and models. The 2nd part focuses on the skills and interventions required to assist individuals to achieve their goals with regards to Alcohol, Smoking, Mental Health, Physical Activity and Poverty. Delivery is through powerpoint presentations and exercises	• To provide participants with skills, tools and resources to enable them to have lifestyle conversations with their patients or clients. • To provide pathways to signpost patients/clients to external services. • To raise awareness of the link between ill-health in relation to alcohol, smoking, mental health, physical activity and poverty and how patients/ clients can prevent their conditions from progressing.	Frontline staff working with patients, clients and student nurses.
Play@Home Resource Pack Training	The training aims to enable the early years workforce to confidently promote and utilise the Play@Home programme with children and families and/or signpost to appropriate services and resources.	• To reflect on the inequalities in health that some families face and the impact this has on introducing play. • To be able to explore their attitudes and values towards play and the barriers that exist for children and parents, in communities and society. • To be able to reinforce key recommendations and benefits of play through using the Play@Home programme with families. • To be motivated to raise the issue of play with families, having reflected on both challenges and opportunities for doing this. • Able to confidently and competently identify opportunities to raise the issue of play while using a motivational interviewing approach. • Raised awareness of signposting to appropriate additional services and resources where required	Early years workforce including primary care, education, social work, voluntary sector, community groups and the private sector

Title	Description	Learning Outcomes	Target Group
Triple P (Positive Parenting Programme)	The training provides strategies which have been known to help families with various parenting problems.	• Create a stable, supportive, harmonious family environment • Teach your children the skills they need to get along with others • Deal positively, consistently and decisively with problem behaviour should it arise • Encourage behaviour you like • Develop realistic expectations of your children and yourself • Take care of yourself as a parent.	Parents/Carers of children aged 3-6 years
Young People Sexual Health and the Internet	Providing a focus on how pornography and technology can impact on the sexual health and wellbeing of young people.	• Raised awareness of technology as it relates to young people, sex and relationships. • Raised awareness of pornography as it relates to young people, sex and relationships. • Confidence in communicating with young people around all aspects of sexual health and relationships by encouraging an open and honest discourse around young people's sexual behaviour and influences. • An increased understanding on how to answer questions from young people around sex, technology and pornography. • Current update on the Cool2Talk service in the Outer Hebrides.	Anyone working with children and young people.
Supporting LGBTQI People who are Accessing Health Services	To improve service provision for LGBTQI patients. As a result of stigma and discrimination, LGBTQI people are a population group which experiences acute health inequalities, with, for example, very high levels of mental ill-health, psychological distress as well as drug and alcohol use experienced right across this population group.	• Learn what LGBTQI people identify as health issues and what support they need • Understand the links between discrimination of LGBTQI people and poorer health outcomes • Learn some skills/tools for establishing rights-based, inclusive practice within your work setting • Understand how to support people through the process of 'coming out' • Reflect on personal beliefs and attitudes and how these influence practice	GP Practice Staff, mental health workers and addiction services staff
Child Protection - Preventing sexual Abuse	This training will raise awareness of how best to protect children and young people participating in social and sports events from sexual predators. It will identify good practices to protect both children and workers.	• Raised awareness of the impact of sexual abuse on children and young people • Identify good child protection practices for staff working with children and young people • Identify strategies for supporting children who have been victims of sexual abuse • Raised awareness of support services	Staff and volunteers working with young people

Title	Description	Learning Outcomes	Target Group
		• available to victims • An increased understanding of how to identify grooming and sexual abuse	
Delivering Sexual Health, Relationship and Parenthood Education Programmes	This training is a national 3 day training course for workers who are delivering SHRP programmes in education settings and is the minimum requirement of staff delivering programmes in the formal education setting.	• Have a holistic definition and understanding of sexual health • Have explored how values and attitudes are formed in terms of sexual health • Considered ways of delivering effective sexual health, relationships and parenthood education, with the Curriculum for Excellence • Have experienced a sample of methodologies and activities, including those to keep children safe on-line. • Have an increased understanding of local and national Sexual Health policy. • Know where to gain help and support when required	Teachers, youth workers, community workers, school staff, health and social care staff
Child Sexual Exploitation (CSE) – Internet Safety	This course aims to give an overview of CSE, whilst throughout the day allowing participants to reflect upon the implications for young people's sexual and emotional health needs.	• Having considered own values and attitudes towards working with young people at risk of CSE • relationships and the law • Managing safeguarding, confidentiality and child protection • Having fresh ideas and tools on how to approach the work	Anyone working with young people, parents and carers
UN Convention on the Rights of the Child –childs rights defender	This training is part of a national project established by the commissioner for children and young people office to raise awareness of the UNCRC and its implementation. It will be provided in partnership with the Children's Parliament Group	• To raise awareness of the UN Convention on the Rights of the Child. • For children and those who work with them to identify barriers preventing children from accessing their rights. • Identify strategies for improving children's rights. • Identify evidence based approaches for engaging with children and adults on the UNCRC. • Increase awareness how children and young people can share the learning.	Children, school staff and education workers
Improving Mental and Physical Health: Achieving Cessation Targets	The aim of the IMPACT project is to raise awareness of the links between smoking and poor mental health and to encourage mental health practitioners to discuss these links. If you work with people who have lived experience of mental health issues, it's often seen as a difficult conversation to have – but this discussion shouldn't be about pushing people to quit, we just want you to talk more openly about	• Increased skills and knowledge of workforce • Increased referrals to specialist smoking cessation service • A reduction in the number of people choosing to smoke	For anyone who works for community-based third sector mental health organisations. However, staff from other community-based services which support people with lived experience of mental health

Title	Description	Learning Outcomes	Target Group
	it with the people you support and discuss what options are available if someone does want to take the next step	•	illness may also find it useful.

Training offered by Outer Hebrides Alcohol & Drug Partnership

Title	Description	Learning Outcomes	Target Group
Enhanced Alcohol Awareness: Working with the over 50s	Participants will examine and consider alcohol use in the over 50s including how to recognise and respond to this appropriately. It is expected that participants attending this course will have an understanding of alcohol/drug use and its impact.	• Explore the reasons as to how, and why, they are at increased risk of alcohol use, and potential alcohol related harm in later life. • Identify alcohol use in over 50s and consider ways in which alcohol may impact their lives. • Consider the ways in which to respond to alcohol use in the over 50s with whom you come in contact with. • Reflect on your own confidence and skill-base in relation to over 50s and identify alcohol use and/or potential alcohol related harm in later life.	Staff who engage with the over 50s who consume alcohol problematically.
Alcohol Related Brain Damage	This course will describe and explore the range of services that could be involved in supporting those affected by ARBD and practical support that can be provided by non-medical services.	• Identify the causes of alcohol-related brain damage. • Recall the symptoms and stages of ARBD. • Identify useful strategies when working with this client group. • Recall local pathways for treatment and assessment of ARBD.	Drug workers, housing workers, social workers, nurses and mental health workers
Drug Treatment options	This training explores the various treatment models currently being utilised in the drugs and alcohol field, and identifies how these models can be used effectively according to the individual's needs.	• Recognise the various treatment models for substance users. • Name the substitute prescribing options. • Describe the pros and cons of the different treatment options. • Demonstrate how to involve service users in identifying appropriate treatment goals. • Identify psychosocial interventions for working with drug users. • Recognise mutual aid and self help treatment options. • Identify the key treatment options and treatment pathways for service users	People working with problem drug and alcohol users in treatment e.g. drug workers, housing and homelessness workers, social workers, GPs, nurses, teachers and mental health workers
Listening and responding to children affected by parental substance use	This training is designed to give participants the opportunity to strengthen their knowledge of the impact of substance use on parenting capacity and	• Describe the potential and actual impact of parental substance use on children. • Identify protective factors which promote resilience in adverse circumstances. • Utilise the Child's Change Cycle tool	Drug workers, housing workers, social workers, GPs, nurses, teachers and

Title	Description	Learning Outcomes	Target Group
	child development, and of measures that may be put in place to respond to these impacts.	and understand how it relates to the Transtheoritical Model of Change for adults. • Explain the importance of appropriate information sharing at an intra and inter-agency level • Critically reflect on personal and professional values and how this may impact on practice.	mental health workers.
Street Life – developing an understanding of drug use (and homelessness)	The one day training course aims to develop an understanding of the relationship between drug use and homelessness, and will support staff to understand the response to drug use and homelessness in Scotland. The two day training course builds upon the learning from the first day and embeds this learning in practice by developing strategies to encourage engagement, delivering harm reduction and risk management plans as well as looking at the resources and services within local areas	After the one day course participants will be able to: • give a definition of homelessness • recognise the law and local authority responsibilities to those who are homeless • identify the complex relationship between drug and alcohol use, mental health and homelessness • recognise the key substances used by people who are homeless • give examples of different models and approaches to working with those who use drugs and are homeless. After the two day course participants will also be able to: • identify barriers to engagement and identify effective strategies • recognise risks and develop appropriate risk management plans • demonstrate increased confidence to deliver harm reduction interventions to people who use drugs and are homeless • identify resources and services that can support those who are homeless and who use drugs •	Drug workers, housing and homelessness workers, social workers, GPs, nurses, teachers, mental health workers, pharmacy staff and prison staff.
Peer Support Training	Explore the effectiveness of peer support and will also enable peers to develop the necessary skills to offer peer support in both one-to-one and group settings.	• Identify the qualities of an effective peer support relationship • Recognise the principles of peer support. • Identify effective communication techniques • Demonstrate awareness of personal and professional boundaries with peers including confidentiality, personal disclosure and child and vulnerable adult protection • Employ personal stories of recovery to support others • Recognise ways in which recovery can be supported, facilitated and hindered. • Demonstrate application of key peer support skills • Describe the requirements of the role	People who use services, peer workers, peer educators and volunteers

Title	Description	Learning Outcomes	Target Group
		of a peer worker supporting groups and delivering one-to-one support • Identify techniques for managing nerves • Describe self-care strategies they can apply in their role as a peer supporter	
Oh Lila Training	A flexible resource aimed at building resilience and protective factors in young children, helping them to explore their emotions, develop social skills and identify trusted adults. Oh Lila encourages children to communicate and ask for help when they are scared or worried. Developed in consultation with nurseries and early years practitioners, the resources are linked to the curriculum for excellence with a particular focus on health and wellbeing.	• Increased awareness and understanding of the problems caused by alcohol in Scotland • Awareness of local and national early years policies and strategies • Increased awareness of key themes of Oh Lila and Rory and how it relates to building resilience in children • Confidence in the resource and manage disclosures from children	Practitioners working with young children of pre-school age.
Rory Training	Rory workshops provide learners with an opportunity to learn more about Rory and how it can be used with children aged 5-11 years. The interactive workshop covers a range of topics linking theory and practice which aim to build learners confidence skills and knowledge to use the resources in education settings. Based on the Rory storybook, the resource pack aims to build resilience and protective factors on children. The pack comes with a range of age appropriate lesson plans and activities which focus on exploring relationships, development of problem solving and communication skills and introducing the topic of alcohol in a safe and sensitive way.	• Enhanced awareness and understanding of the problems caused by alcohol in Scotland • Greater awareness of the impact of harmful parental drinking on children and families • Confidence to identify children who are or may be affected by parental drinking • Increased confidence and skills to discuss parental alcohol use with a child and manage disclosure	Teachers and other professionals working with children in education.

Title	Description	Learning Outcomes	Target Group
Case Recording	This training module will be delivered to service providers to ensure appropriate recording of service users progress throughout their recovery journey using SMART. This will include capturing qualitative and quantitative evidence; interventions undertaken; outcome planning, use of outcome tools and developing recovery plans.	• *Module currently in development stage*	Service Providers
Recovery Outcome Tool	The Recovery Outcomes Web tool is a validated tool which developed by the Scottish Government. The key aim of the tool is to measure changes in a person's life as a result of an intervention when they access specialist support from services for drug and/ or alcohol users in Scotland. This will help to provide a better understanding of their recovery journey, related needs and motivation for change. Secondary benefits of outcomes measurement are to inform workforce development, service improvement and future service provision for managers, ADPs, funding bodies and the Scottish Government.	• Provide practical application and understanding of outcome measures • Undersatnd the benefits to the service and client of setting outcomes	Service Providers
Unlocking Recovery – Recovery Orientated Systems of Care (ROSC)	A Recovery Orientated System of Care (ROSC) is a network of formal and informal services developed to initiate and maintain recovery for individuals and families impacted by problem alcohol and drug use. This training will look at the key principles of ROSC and how it can be effectively adopted, developed and supported by services to improve outcomes for people who use their services	• To recognise the role and responsibility of the service in a Recovery Orientated System of Care • To explain the key components of recovery capital necessary to initiate and sustain recovery, and the service's role in contributing to mobilising its development • To appreciate the importance of person-centred planning in recovery management within their service and how this is aligned to the Quality Principles • To evaluate how. as a practitioner and as a service. they are adapting to ROSC-consistent practice in the care of people affected by problematic alcohol and other rug use • To develop a personal improvement	Practitioners delivering services whose role involves supporting people who have experienced problem alcohol and other drug use.

Title	Description	Learning Outcomes	Target Group
		plan on how they intend to build on their strengths in a ROSC following a critical reflection on current practice within the context of their own service	
Drugs and Mental Health	An introduction to the effects that drugs can have on mental health, how it can be recognised and how an appropriate response can be made. This training will allow health workers, youth workers, drug workers and other professionals to effectively respond to, treat and engage people with mental health problems.	• To describe the impact of drug use on mental health and vice-versa • Be able to name common triggers for drug use and mental health issues • To identify attitudes and values towards drug use and mental health • To recall the role of self-medicating in people with mental health issues • To identify effective techniques for supporting people affected by mental health and substance use issues • To recognise when to refer on and joint work with partner agencies.	Drug workers, housing workers, social workers, GPs, nurses, teachers and mental health workers.

Campaigns Programme and Calendar 2018-2021

Includes General Events section

Campaigns Programme and Calendar 2018-2021

Evidence of Need

The Health Promotion Department will guide in the planning, development and delivery of the health improvement community, integrating national and local health campaigns with other forms of local and national communications.

Campaigns will be held annually and be targeted and tailored (in terms of age, gender, culture) and where possible, using a range of suitable promotion and media communication formats. This may include health/patient literature, posters, articles, training and presentations, patient-focused personal stories, short films, etc. which are delivered through local press, radio, web and social media platforms, community hubs and boards, workplaces and partner agencies

Successfully planned and implemented public health campaigns have been shown to be effective and conducive towards changing 'risky' lifestyle behaviour (behaviour change) or public perceptions. Also, through adopting social marketing techniques, healthier lifestyles may be attained by persuading or motivating individuals to adopt specific courses of action or behaviour which are generally accepted as being beneficial.

This may include changing attitudes and motivations e.g. through messages around smoking and its effects on health and financial gain from quitting, or awareness around the signs and symptoms related to cancers to encourage early GP presentation. Other techniques include influencing social norms and reducing stigma e.g. perceptions of public acceptance of breastfeeding and blood borne viruses and their transmission routes, such as HIV/AIDS.

In consultation with the NHSWI Director of Public Health, a calendar of 18 Health Promotion supported campaigns has been agreed for 2018-2020. There are however, nine campaigns which will be the focus of coordinated and evaluation provision, as outlined below: Full details of the campaigns are included in the Appendix (Detailed Campaign Descriptors).

- Detect Cancer Early (Communities & Inequalities topic)
- Diabetes
- Influenza Programme
- Mental Health and Suicide Awareness
- Nutrition
- Physical Activity
- Sexual Health
- Substance Misuse

Aim

To proactively raise awareness of health information campaigns and events (mostly those, but not limited to, Health Promotion and Public Health led) within the Outer Hebrides.

February - December
Sexual Health
Led by Senior HP Officer (Sexual Health)

To encourage positive, non-stigmatising and supportive attitudes towards sexual health and blood borne viruses (BBV) that lead to fewer newly acquired blood borne virus and sexually transmitted infections and fewer unintended pregnancies.

To link into specific sessions and sexual health awareness events. In particular, Hepatitis Awareness Week, Sexual Health Week, World Menopause Day and World AIDS Day.

Campaign to focus on partnership working to discuss/plan local events, promotion of needle exchange scheme, review possibility of increasing sexual health appointment/FP clinic availability, provision of various training and inputs, and sensitively promote LGBTQI to reduce stigma.

Measure success by number of events held/promoted and numbers attending, increased partnership working/awareness with GPs and NHS staff, number of inputs/training delivered and feedback received, and the increase in numbers attending sexual health/FP appointments.

April - November	May - June	May - October
Detect Cancer Early	**Physical Activity**	**Mental Health & Suicide Awareness**
Led by NHSWI DCE Group and supported by HPD)	Led by HI Officer (Stornoway)	Led by HI Officer (Uist)

To raise awareness of the national Detect Cancer Early (DCE) screening programmes to promote the early signs and symptoms of cancer.

To link into specific sessions and cancer awareness weeks. In particular, bowel FIT test, lung Sir Alex Ferguson DCE campaign (November), Breast Cancer Awareness Month (October), Prostate Cancer Awareness Month (September), Cervical Cancer (September)

Attendance at cattle sales, summer shows, music festivals, DCE films, and provision/ promotion of inflatable bowel, web and social media advertising, and literature and posters to be included in awareness raising methods.

Measure success of event by recording numbers attending events, lifestyle inputs delivered, feedback received, materials distributed, new developments created/ engaged with, number of hits/ engagement to social media sites.

To increase physical activity levels of residents of the Outer Hebrides through a step count challenge; using innovative technology.

To set-up a Big Team Challenge step count challenge where individuals or teams of two aim to walk the world, walking Na h-Eileanan Siar virtual route (which is 172 miles long) over 6 weeks.

The teams of two aim for a combined mileage of 172 and this option will be available for people who currently are undertaking no activity, low activity or have low mobility.

Launch of challenge and provide support during registration and throughout challenge. Support to participants and promotion of challenge through promotional materials and throughout duration.

Measure success by numbers registering and completing challenge, and their maintaining/ increasing activity levels during and after the challenge has ended.

To raise awareness around the importance of positive mental health, reduce stigma and promote mental health support strategies and networks, specifically suicide awareness and ASIST training.

To link into specific mental health awareness events. In particular, Mental Health Awareness Week, World Suicide Prevention Day/Choose Life and Mental Health Day.

To include partnership working to discuss/plan local events, provision of mental health training/ awareness courses, and the delivery of HBC sessions with GP and NHS staff.

Measure success by number of events held/promoted and numbers attending, increased partnership working with GPs and NHS staff, number of inputs/training delivered and feedback received attending each event.

March	June-September	September - October
Nutrition	**Substance Misuse**	**Influenza Programme**
Led by Nutritionalist	Led by ADP Co-ordinator	Led by Health Protection Team

To develop a weight management initiative using innovative technology for residents of the Outer Hebrides who are overweight and obese.

To set-up a weight management programme, utilising the Florence text messaging system, where overweight and obese individuals or teams of two aim to reduce their body weight; aiming for a healthy weight. Weekly support and weigh-ins will be provided for four weeks, fortnightly support and weigh-ins will be provided from week 4-12 and monthly support and weigh-ins will be available till the end of the campaign.

Launch of initiative and provide support during registration and throughout programme. Support to participants and promotion of programme through promotional materials, Florence and throughout duration

Measure success by numbers registering and completing programme, having lost <5% weight.

To raise awareness of the negative impact and harmful effects of alcohol and drugs misuse.

To link into local events, in particular the Hebridean Celtic Festival held in Lewis and the Eilean Dorcha Festival held in Uist.

To include partnership working (as coordinated by OHADP) to discuss/plan event attendance, provide 'safe spaces' for those under the influence of alcohol or drugs at events, offer substance misuse and safety literature, support service links, and awareness of benefits of reducing harmful consumption of alcohol and drugs.

Measure success by number of events attended and numbers attending 'safe spaces', number of engaging materials developed, and feedback received by partner agencies involved at each event.

To raise awareness around the importance of Influenza vaccination and risks associated to not obtaining the vaccination with vulnerable groups. The local aim is to increase the uptake of flu vaccination in HCWs, >65 yrs, individuals at risk, pregnant women and Children aged 2-11 years of age. National targets of uptake are set out annually in CMO letters.

To support the campaign, which will be led by Health Protection Team, Health Promotion will provide specific assistance with helping to raise awareness of vaccination and helping to increase uptake of flu vaccination in Health Care Workers (HCW), Increase uptake of flu vaccination by >65 years

This will take the form of publicity through articles and personal stories, posters, attendance at groups, attendance at flu meetings, promotion with staff, public health and occupational health resources, liaising with GPs, maternity, nhs staff, council and schools. Promotional items required from Health Promotion

Measure success by number of events held/promoted and numbers attending, increased partnership working with GPs and NHS staff, number of inputs/training delivered and feedback received at each event.

General Events 2018-2021: Aims & Outcomes

Background

In addition to the eight focused campaigns listed previously, the following 10 events/activities will also be hosted/supported by the Health Promotion Department during 2018 via promotional literature, media and social media promotion:

- Year of Young People (2018)
- Move More (continuous)
- No Smoking Day (March)
- International Women's Day (March)
- Sun Awareness (May)
- Dementia Awareness (June)
- Breastfeeding Week (August)
- Falls Prevention (September)
- Healthy Start/Vitamin D (Sep-Oct)
- Men's Health (Movember)

The Department will review subsequent events being held for each year during the month of January.

Events being held during 2018 are as follows:

2018

Year of Young People

Led by Senior HP Officer (Sexual Health)

A year-long programme of events, activities and ideas that celebrate the talents, contributions and creating new opportunities for 8-26 year olds. The programme is led by the Scottish Government, working in collaboration with a core group of delivery partners including VisitScotland, EventScotland, Young Scot, Children in Scotland, Scottish Youth Parliament.

Partnership working will feature heavily to promote attendance and encourage young people participation at local events.

2018

Move More

Led by Move More Co-ordinators

Move More is a 3 year project aligned to Macmillan Cancer Support's national campaign to ensure those living with cancer are supported to become physically active, both before, during and after their treatment.

Health benefits include helping to prevent and manage some of the effects of treatment, such as fatigue, depression and risks to heart health. HPD staff will work in partnership with the 3 Move More Coordinators to promote the scheme and its benefits, and encourage uptake.

June

Dementia Awareness Week

Led by Fas Fallain Manager

Focusing on both patients and carers living with Dementia and will include distributing resources to promote Dementia Friendly Workplaces and raising benefits within care homes of using gardening therapy. Activities will be carried out to increase public awareness and understanding of the disease, thus reducing stigma, and the benefits of early diagnosis will also be promoted. The campaign will be carried out in partnership with Alzheimer's Scotland through targeted events.

September

Breastfeeding Week

Led by Head of Health Improvement (via MIN)

To promote the health benefits of breastfeeding in the first 6 months of an infant's life. The campaign is promoted annually with a national theme on changing the conversation around breastfeeding and culture. HPD staff will work in partnership with the Outer Hebrides Maternal & Infant Nutrition Group to raise awareness of the benefits of breastfeeding and encourage an increase in locally breastfeeding mothers.

March	May	May
No Smoking Day	**International Women's Day**	**Sun Awareness Week**
Led by Smoking Cessation Co-ordinator	Led by Senior HP Officer (Sexual Health)	Led by Senior HP Officer (Uists)
No Smoking Day is an annual health awareness day intended to help smokers who want to quit smoking, and held on the second Wednesday in March. Each year, the campaign is promoted with a national theme in the form of a short phrase. Local Quit Your Way staff will raise awareness of the event, showcase local successful quitter stories and promote quit smoking literature throughout the Outer Hebrides.	International Women's Day is an annual global day celebrating the social, economical, cultural and political achievements of women. Each year, the campaign is promoted with a national theme in the form of a short phrase. Partnership working will feature heavily to organise local events/ sessions and promote maximum female attendance.	To raise awareness of skin cancer, dangers associated to over-exposure of sun, and importance of sunblock and / mole checks. HPD staff will promote the topic via distributing sun safety literature through mother/baby groups, schools and workplaces and via participation at summer shows encouraging wearing appropriate clothing/hats and sunblock.

September	September - October	November
Falls Prevention Week	**Healthy Start / Vitamin D**	**Men's Health (Movember)**
Led by HI Officer (Stornoway)	Led by Head of Health Improvement (via MIN)	Led by Healthy Working Lives Co-ordinator
Highlighting steps and offer guidance on how to reduce falls locally with older people (over 55's). HPD staff will promote the topic via information in local press and distributing falls prevention literature through community hubs and older people groups, and in partnership with Community Nursing Service and Home Carers.	To increase local uptake of the Healthy Start Scheme (vitamins, tablets and vouchers) with pregnant women and parents eligible to the scheme. HPD staff will work in partnership with the Outer Hebrides Maternal & Infant Nutrition Group and will also promote the x3 localised Vitamin D films and recently completed animated Vitamin D film featuring Professor Benjamin Jacobs.	To raise awareness of men's health issues, including mental health, physical activity and cancer topics. HPD staff will promote the event via literature on signs and symptoms of ill health and encourage men to seek medical advice when necessary. Information in local press and through sport clubs/facilities and workplaces will also feature.

Appendix: Detailed Campaign Descriptors 2018-2021

Walking

Healthy Weight

BBV and Sexual Health

Detect Cancer Early

Stress, Anxiety and Suicide

Safety and Substances

Flu

Campaign Descriptor: Walking

Title	'Walk on Hebrides' Big Team Challenge
Date	Start: Tuesday 1st May 2018 Finish: Monday 11th June 2018 (6 weeks)
Campaign Lead(s)	Norma Macleod, Senior Health Promotion Officer Karen Peteranna, Health Improvement Practitioner

Campaign

Increasing physical activity levels of residents of the Outer Hebrides through a step count challenge; using innovative technology.

Aim

- People across the Outer Hebrides increase their physical activity through a step count challenge.
- Use the Big Team Challenge system as a tool to increase physical activity and maintain motivation.
- Inform and increase awareness of the benefits of being physically active.

Objectives

- Set-up a Big Team Challenge step count challenge where individuals or teams of 2 aim to walk the World Walking Na h-Eileanan Siar virtual route (which is 172 miles long) over 6 weeks.

  The teams of 2 aim for a combined mileage of 172 and this option will be available for people who currently undertaking no activity, low activity or with low mobility.

  For reference:
  Big Team Challenge: (Big Team 2018)
  World Walking: (World of Walking 2018)

- Launch the Challenge on 3rd April 2018 and open registration for individuals and teams of 2.

- Provide support to participants in registration and during the challenge.

- Promote local physical activity events, local walking routes and the benefits of physical activity with participants via Facebook 'Walk on Hebrides' challenge events page and BTC system.

- Monitor physical activity levels prior, during and after the challenge via Big Team Challenge (BTC) system and Survey Monkey.

Background

In 2017 NHS Western Isles' Health Promotion Department piloted a successful step count challenge (Walk 500 Miles) which used the Florence text messaging system as a tool for logging steps and motivating participants. While the evaluation of the initiative was extremely positive there were some challenges which informed the recommendations for future initiatives leading to the following amendments for 2018:

The Big Team Challenge system will be used to log steps and motivate participants as it:
- is within budget
- should reduce staff time spent on administration duties

- will allow participants to view progress at any time

Higher quality Silva pedometers will be ordered.

The duration and length of the challenge has been reduced to target inactive people. The chosen virtual route is 172 miles long and the challenge is open for 6 weeks. Approx. 29 miles per week for individuals and 14.5 miles for teams of 2.

Evidence

Walking, given its accessibility, has been highlighted as the most likely way all adults can achieve the recommended levels of physical activity. Walking is three times more popular (57%) as a recreational activity among Scottish adults, than the next most popular activity, swimming (18%) and football (7%).(Scottish Government 2014).

Interventions that used pedometers, applied Internet based approaches, and included activities at social and environmental levels were more likely to report being effective than those without these characteristics (Quyen et al 2013).

The World Health Organisations (WHO) Global Recommendations on Physical Activity for Health recommends that adults aged 18-64 can do at least 150 minutes of moderate-intensity aerobic

physical activity throughout the week to improve cardio-respiratory and muscular fitness, bone health, reduce the risk of Non Communicable Diseases (NCDs) and depression (WHO 2010)

The Scottish Health Survey 2016 highlighted that the Outer Hebrides was in line with the Scottish average of adults (aged 16 years and over) meeting the physical activity guidelines (64%) however men were above average in the Outer Hebrides (70%) and women were below average (59%). These figures have increased slightly since 2015 (Scottish Government 2016)

Also refer to Health Promotion Dept. Physical Activity evidence.

Target Area & Group

Inactive people throughout the Outer Hebrides through communities, CPP partners, Workplaces and Move More Activity Officers.

Disclaimer:
For legal reasons all users have to be over 13 years of age, but a parent/guardian can log distance on behalf of their child if they are younger.

All participants taking part in Walk on Hebrides do so at their own risk and NHS Western Isles shall not be liable for any injury or loss that might occur as a result of their participation.

Inputs

Health Improvement Practitioner's (HIP) L&H and U&B time to lead project.

Senior Health Promotion Officer's L&H and U&B time to oversee project and line manage HIP.

Health Promotion Admin support required to:
• order resources
• assist in distribution of posters

HIRS Officer support required to:
• assist with campaign promotional materials (artwork, posters etc)
• issue social media news items

Outputs
Staff are available and prepared to:
• set-up, oversee and manage the initiative
• order resources
• assist with promotion

A step count challenge is set-up for individuals and teams of 2 across the Outer Hebrides to enter.

All the resources required for the initiative are ordered and in place.

The initiative is promoted appropriately

Promotion/Recording
LAUNCH: 3rd April 2018
• Social media & websites: NHS Western Isles, HIRS Western Isles, Dietetics, Events, Am Paipear, Island News, Sports Centres, Guth Bharraidh, Community Sports Hubs and Stornoway Gazette.
• Local papers – Stornoway Gazette, Events
• Local radio
• Local authority – via Communications Manager
• NHS Western Isles – social media, Health Promotion website, Team Brief, GP practices, patient information TVs
• Sports Centres
• Workplaces – Workplaces registered with Healthy

Working Lives across Outer Hebrides
• Recovery services – Services working with the Outer Hebrides Alcohol and Drug Partnership (ADP)
• Partners of the Community Planning Partnership
• Community Land Trusts
• Community Associations
• Community Halls
• Community notice boards e.g. supermarkets, shops.
• UHI (Outer Hebrides)

Effectiveness
The indicator of the success of this campaign will be:
• the number of people who register for the 'Walk on Hebrides' Big Team Challenge and complete the challenges
• participants increasing or maintaining physical activity levels during the challenge
• participants using the Big Team Challenge system to record activity and maintaining motivation throughout the challenge
• participants being more informed and having increased awareness of the benefits of being physically active

Evaluation
Monitoring & evaluation will be conducted through:
• Pre-challenge survey
• Monitoring steps progress during challenge
• Post-challenge survey
• Anecdotal verbal and written feedback

Long-term Outcome/s
• People across the Outer Hebrides choose walking more as a preferred option

Campaign Descriptor: Healthy Weight

Title	Adult Weight Management Initiative
Date	2018/2019
Campaign Lead(s)	Public Health Nutritionist

Campaign
A weight management initiative using innovative technology for residents of the Outer Hebrides who are overweight and obese.

Aim
- Reduction in body weight through a weight management challenge; aiming for a healthy body weight
- Using the Florence text messaging system as a tool to reduce body weight and maintain motivation
- Increased awareness on the benefits of a healthy weight, a healthy diet and physical activity.

Objectives
- Set-up a weight management programme where overweight and obese individuals or teams of 2 aim to reduce their body weight; aiming for a healthy weight.
- Launch the programme on *tbc* and open registration for individuals and teams of 2-4 weeks prior to the programme commencing.
- Set up Florence protocols for participants to log progress
- Provide support to participants in registration and during the challenge. Weekly support and weigh-ins will be provided for 4 weeks, fortnightly support and weigh-ins will be provided from week 4-12 and monthly support and weigh-ins will be available till the

end of the campaign.
- Promote the benefits of a healthy weight, a healthy diet and physical.

Background
In 2017 NHS Health Promotion department ran a "It takes 3" weight management programme aiming to drop a stone and keep it off for a year.

At 3 months, 65 individuals attended their 3-month weigh in session. The retention rate was 57%. The total weight loss was 274.5kg*. The mean weight loss was 4.2kg, (ranging from -1kg-12.2.kg). Mean BMI decreased by 2.8 units to 31.9 kg/m2.

A quarter (16 out of 65), of those who attended their 3-month weigh in achieved the desired 6.36kg (1 stone) weight loss. Forty seven percent (30 out of 65) achieved a 5% weight loss which is associated with health benefits, e.g. reduced risk of developing diabetes, heart disease, cancer, sleep apnoea and blood pressure.

Two individuals achieved a 10% weight loss in 3 months.

Evidence
Outer Hebrides recorded a higher percentage of people as being overweight or obese (71%) in the Scottish Health Survey 2016. Scotland average 65% of individuals are overweight or obese with figures

for men (69%) significantly higher than that for women (61%) (Scottish Government 2016).

A moderate, sustained weight loss (defined as 5-10kg or 5 – 10% after 1 year) is associated with a reduction in all cause mortality (SPICe 2015).

Community weight loss challenges are a suggested strategy to increase physical activity, improve nutrition, and increase weight loss (AHRQ HCIE-Kumar 2016). Available evidence suggests that community weight loss challenges that offer group support and weekly check-ins, use food log diaries or online tracking and performance feedback, and last at least 3-4 months can result in behavior change and weight loss for communities as a whole (Jensen 2013), (AHRQ-HCIE-Kumar 2016). Case studies suggest that education regarding nutrition, portion control, physical activity, weight maintenance, and long-term wellness are important components of these challenges (Jensen 2013).

Target Area & Group
All overweight adults living in the Outer Hebrides. BMI > 25; age > 18 years.

Inputs

- Public Health Nutritionist time to lead project.
- Health Promotion Officer's L&H and U&B time to support project.

Health Promotion Admin support required to:
- order resources
- assist in distribution of posters

HIRS Officer support required to:
- assist with campaign promotional materials (artwork, posters etc)
- issue social media news items

Outputs

Staff are available and prepared to:
- set-up, oversee and manage the initiative
- order resources
- assist with promotion

A weight awareness campaign for individuals and teams of 2 across the Outer Hebrides to enter.

All the resources required for the initiative are ordered and in place.

The initiative is promoted appropriately.

Promotion/Recording

Promotion:
The launch of this initiative will be advertised in "Events"; on the WIHB Facebook; Health promotion Facebook; Dietetics Facebook; welovestornoway. co.uk website and NHS Western Isles website.

Posters will announce this event in Tesco; The Co-Op; The Library; Lews Castle College; The Council building; Sports Centre; Golf Club; Caberfeidh

gym studio; Dance studio etc. Talks about the initiative on Isles FM.

Recording:
Teams' weight, BMI changes will be recorded by Health Promotion.

Effectiveness

The indicator of the success of this initiative will be the number of individuals who have lost > 5% weight.

Evaluation

Report to the NHS Western Isles Health Board on the outcomes of this initiative.

Long-term Outcome/s

Reduction in the number of adults who are overweight or obese living in the Outer Hebrides.

Campaign Descriptor: BBV and Sexual Health

Title	Sexual Health & BBV Campaign
Date	Hepatitis Awareness Week - July/August Sexual Health Week - November-December World Menopause Day – October World AIDS Day – December
Campaign Lead(s)	Isabel Steele, Senior Health Promotion Officer

Campaign

To encourage positive, non-stigmatising and supportive attitudes towards sexual health and blood borne viruses that lead to fewer newly acquired blood borne virus and sexually transmitted infections and fewer unintended pregnancies.

Aim

To raise awareness of sexual health wellbeing issues including the following:

- to promote positive sexual relationships and sexual wellbeing
- to Increase knowledge and awareness of the risks of unintended pregnancy and support available
- to increase knowledge and prevent the spread of sexually transmitted infections (STIs)
- to raise awareness of risk-taking behaviours and their health consequences
- to increase awareness of sexual health services and how to access
- to increase the number of people coming forward for early BBV testing and treatments.

Objectives

- To increase awareness of the importance of BBV and STI testing ,the associated signs and symptoms in order to reduce risk of transmission and early detection for treatment.
- To raise awareness of

free, local and confidential contraceptive, pregnancy testing kit and family planning service availability.
- To assist in detecting early pregnancy in women so they can obtain early pre-natal care and support through awareness and promotion of free local pregnancy testing kit availability.
- To increase self-esteem and empower young people to make informed and healthy lifestyle choices through events in schools and informal education settings.
- To encourage individuals to seek early diagnosis and treatment if suspecting transmission of HIV or STI through promotion.
- To increase awareness of risks associated with injecting drug use and availability of support networks both locally and nationally.
- To raise awareness of safer injecting practices through the promotion of local needle exchange scheme with NHSWI, statutory, community and voluntary groups/ agencies.
- To reduce the stigma faced by people identifying as LGBTQI and raise awareness of support available locally and nationally.
- To reduce stigma and discrimination faced by of men who have sex with and raise awareness of support and services available including

access to HPV vaccination and PrEP.
- To produce materials and resources designed to raise awareness of the importance of obtaining consent before sex and raise awareness of sexual risk taking behaviours associated with substance misuse.
- To raise awareness that sexual assault and abuse is a crime, no matter who commits it or where it happens and the importance of reporting, recording and handling of incidents.
- To increase attendance of women of reproductive age at local family planning services.
- To develop an information workshop to increase the confidence of women in addressing sexual health and wellbeing issues arising through the Menopause.

Background

Sexual health affects all members of our society and at all ages and increasing individual and community understanding, tolerance and acceptance is central to an informed healthy society. Sex education is not only concerned with how our bodies work, but emphasis that sexuality is best placed within the context of relationships based on love and respect.

Inequality impacts on sexual health, with some people particularly at risk of negative outcomes such as STIs

and unintended pregnancies. These include:

- people living in deprived areas
- people with learning disabilities
- individuals involved in commercial sexual exploitation
- looked-after and accommodated children and young people
- lesbian, gay, bisexual, transgender and intersex (LBGTI) people.

All sexual relationships, whatever life stage, gender, gender identity or sexual orientation, should be free from coercion and harm. We continue to educate and raise awareness around positive sexual health, through Relationships, Sexual Health and Parenthood (RSHP) Education, and through Government, NHS and Third Sector awareness and information campaigns. Good sexual health and wellbeing is about the promotion of healthy fulfilling relationships – not just preventing STIs or unintended pregnancy. Sexual health services cannot address this alone and there is a leadership role for the promotion of good healthy relationships by other organisations and service providers.

There are particular issues with young people around sexual health and technology, the influence of pornography and the perception of 'normal' healthy relationships amongst peers, but challenges also remain around coercion and harm in other relationships, notably within LGBT relationships and also in relation to online safety. Research also suggests that digital technology was particularly important to LGBT young people when it came to establishing relationships and meeting new people. (McGeeney E. & Hanson, E. (2017).

Violence against women and girls damages health and wellbeing, and sexual health services have a role in early intervention.

Practitioners who have daily contact with women and girls, and it is essential that they are able to identify those most at risk and are able to offer an appropriate, safe and consistent response. Sexual exploitation, including child sexual exploitation, is a particularly important issue.

People affected by blood borne viruses should be able to access the best treatment and care so that they can lead a healthy life in all senses of the word. Early testing and support into early treatment is essential to provide a long, healthy and productive life (Scottish Government 2015).

Evidence

A review of teenage pregnancy and sexual health marketing by the Dept of Health (2009) concluded that: Communications can help prevent teenage pregnancies and poor sexual health by promoting the attitudes, knowledge and communication skill that make safer sexual practices more likely; Communications can help protect individuals from the consequences of risky sexual behaviours (such as screening and more effective contraceptive methods); marketing can provide intensive support for the most vulnerable and at risk groups through interventions aimed at wider services and contacts, particularly designed around their specific service and communications needs. There is further evidence that there is potential for local campaigns to reach at risk groups who are not easily engaged by more conventional forms of marketing and communication.

A scoping review of the use of social media for sexual health promotion (Gabarron E, Wynn R 2016) identified promising results and the evidence for positive effects of social media interventions for promoting sexual health is increasing where the methods have

a strong research design.

There is evidence of positive outcomes from specific campaigns to increase testing, associated with an increased positivity linked to increased testing of high risk individuals groups in the target populations who were previously less likely to come forward for testing. However, the impact of the campaign can vary with different population groups, so the campaigns should be carefully developed so that the content is relevant to all sections of the target population. (Gobin 2013).

Target Area & Group

- Adolescents and young
- Parents and carers
- NHS, statutory and community staff and service providers
- People who identify as LBGTQI
- Men who have sex with men
- People who inject drugs and are at risk of BBV
- Young Parents
- Women who are approaching or experiencing the menopause
- People who are sexually active
- People affected by sexual assaults and sexual abuse.

Inputs

- Organise meetings with colleagues, sexual health providers and other interested groups/services/workplaces to discuss and plan localised campaigns/events, also linking into national guidance/ information materials.
- Liaise with NHSWI Health Intelligence Department and ISD Scotland to obtain figures for STI/BBV screening attendance and undertake research to address instances of poor uptake.
- Work in partnership with local GP surgeries to ascertain

levels of sexual health and STI uptake. Discuss opportunities to increase sexual health appointments, either via GP staff or through increased delivery of family planning clinics.

- Ensure funding is available for any resources/activities required.
- Liaise with HPD staff on training/events being provided featuring sexual health and BBV information.
- Provision of where appropriate campaign/event/training details (and photographic evidence) for inclusion on NHSWI HPD website and social media
- Provision of articles/evidence for inclusion in reporting structures e.g. PFPI reporting, DPH Report and SG evidence.

HIRS Officer support required to:

- provide support to sexual health topic local leads on reaching target audiences and creation of new development formats to increase engagement opportunities (e.g. creation/development of films, personal stories, apps, banners, etc)
- liaise on promotional aspects of campaign/event (e.g. leaflets, posters, etc)
- arrange for localised press/media releases to be finalised and released through appropriate channels
- develop social media campaigns to support and report on campaign/event/training held.

HIRS Promotion Admin support required to:

- order resources
- assist in distribution of promotional materials (e.g. posters, leaflets).

Outputs
Sexual Health & BBV

Hepatitis Awareness Week

- Promote awareness of national government campaign with primary care staff to raise awareness of BBV's and increase testing, detection and encourage early uptake of treatments.
- Produce and distribute sexual health and BBV awareness campaign materials.
- Distribute promotional materials to target groups in a range of settings, including schools, workplace, service providers.

Sexual Health

- Produce local resources (poster and media articles) to raise awareness of sexual risk taking behaviours whilst under the influence of substances.
- Produce media articles and social media campaigns for targeted audience.

World AIDS Day

- Produce and coordinate a creative arts project with young people to raise awareness with pupils and students of the stigma and discrimination associated with HIV & BBV's.
- Through partnership working promote LGBTQI support to reduce stigma via education and workplace information.
- Increase promotion with all local sporting groups on dangers of members undertaking drug-enhancing steroids/injecting and routes of reporting and support.
- Distribute national campaign materials to primary care settings to increase uptake of BBV testing.

Menopause Awareness

- Produce and develop short workshop providing information on women's issues during the menopause.
- Increase health information literature available to support sexual wellbeing.

General awareness

- order and develop resources for each separate sexual health topic initiative.
- develop and coordinate promotion (press, radio and social media) before and after each campaign/event.
- produce and submit quarterly articles/evidence on sexual health topic for reporting to PFPI.

All resources required for the initiative are designed, produced, ordered and distributed well in advance (at least one month) before each event is held.

Each campaign/event is promoted appropriately.

Promotion/Recording

- Attendance at local large-scale events e.g. festivals and agricultural events.
- NHS Western Isles – social media (NHSWI and HIRS), website (NHSWI and HPD) and Intranet, Team Brief, GP practices, Hospitals and Clinic waiting areas (public and staff), Dental hubs, pharmacies, opticians and patient information screens.
- Social media and websites - Events, Sports Centres, Community Sports Hubs and Stornoway Gazette.
- Local papers – Stornoway Gazette, Events, De Tha Dol, Am Paipear, Guth Bharraidh, and community magazines.
- Local radio - Isles FM, Radio nan Gaidheal, An Radio (Uists) - both English and Gaelic.
- Workplaces - workplaces registered with Healthy Working Lives across Outer Hebrides and others not registered.
- Sports Centres and Public Libraries (and library vehicles).
- Recovery services – Services working with the Outer

Hebrides Alcohol and Drug Partnership (ADP).
• Partners of the Community Planning Partnership.
• Community and voluntary services/venues.
• Community notice boards e.g. supermarkets, shops (L, H, U & B).
• UHI (Outer Hebrides x 4 sites)

Effectiveness

The indicator of the success of this campaign will be:

• increased numbers attending sexual health services
• increased numbers of contraceptive supplies issued (whether via GP or Family Planning Clinics)
• the stage STI/BBVs are detected at
• number of agencies/venues engaging with the sexual health campaigns
• numbers engaging with trained sexual health staff/ support staff
• number of lifestyle info/advice inputs provided to individuals at campaigns/events
• number of events provided which discuss sexual health awareness and screening promotion/benefits
• number of service providers participating and displaying campaign materials
• number and success of new developments created (personal stories, films, apps, banners) to attract and engage with local target groups
• number of media and social media information distributed/ posted, viewed and shared
• increased numbers attending or participating in STI screening
• reporting by GPs of increased attendance by patients with a sexual health/STI/abuse concern
• number of patients GP surgeries provide sexual health behaviour change

inputs
• feedback received from campaign/event/training participants.

Evaluation

Monitoring and evaluation will be conducted through:
• campaigns and events held
• lifestyle info/advice inputs delivered
• number of places distributing materials
• number of people wearing WAD red ribbons
• verbal and written feedback
• photographic evidence.

Long-term Outcome/s

People being aware of:
• how they can improve their sexual health and wellbeing
• how to be more empowered to make healthy lifestyle choices
• those at risk of STI's and BBV are engaging earlier with services and accessing treatment
• importance of developing positive and open communications within relationships
• sexual risk taking behaviours associated with alcohol and substance misuse
• the importance of accessing contraception to prevent unintended pregnancies and sexual transmitted infections.

Campaign Descriptor: Detect Cancer Early

Title	Detect Cancer Early Campaign	
Date	2018-2021	DETECT CANCER EARLY
Campaign Lead(s)	Alison MacDonald, Senior Health Promotion Officer	

Campaign

Cancer awareness - Various - to be held throughout each year (2018-2021) via specific sessions and cancer awareness weeks. In particular, bowel FIT test, lung Sir Alex Ferguson DCE campaign (November), Breast Cancer Awareness Month (October), Prostate Cancer Awareness Month (September), Cervical Cancer (January).

Aim

To raise awareness of the national Detect Cancer Early (DCE) screening programmes to promote the early signs and symptoms of cancer.

Objectives

- inform and increase awareness of how lifestyle choices (e.g. being physically active, being a healthy weight and eating a healthy diet) can impact on the development of cancer with working aged men and women (15-64).
- Raise awareness of the national cancer screening programmes and associated early signs and symptoms of cancer, focussing on lung, breast, prostate, bowel and cervical cancer.

Background

Every year approximately 30,000 people in Scotland are informed they have cancer and trends predict that this number is likely to rise to almost 35,000 between 2016-2020. The total number of people diagnosed with the disease is increasing year on year, largely due to life expectancy increasing.

The national Detect Cancer Early (DCE) programme aims to improve survival for people with cancer to amongst the best in other European countries through raising awareness of early signs and symptoms of cancer, leading to diagnoses and treatment of the disease at an earlier stage. Over the last 20 years, almost all cancers have shown improvement in survival five years after diagnosis and survival from cancer in Scotland is similar to that in England and Wales. In the last decade, overall cancer mortality rates have decreased.

Evidence

Between 30-50% of all cancer cases are preventable. Prevention offers the most cost-effective long-term strategy for the control of cancer. (WHO 2018). The most common risk factors for cancer include smoking, being overweight, not eating a well-balanced diet, alcohol consumption, especially more than the recommended limits, sun exposure, and lack of regular physical activity (Macmillan Cancer 2018).

Lung Cancer continues to be the most common cancer in Scotland. Patients are 20 times more likely to survive lung cancer if detected early. The national campaign has been aimed at those with a persistent cough or cough that has changed to visit their GP. Within NHSWI Board area recent incidence for patients diagnosed with a lung cancer and mesothelioma diagnosis state 24 in 2013, 32 in 2014 and 25 in 2015. (ISD 2015).

Colorectal or bowel cancer is one of the three most common cancers in Scotland, with approximately 3,700 new cases diagnosed in 2015. Ninety-five percent of cases occur in people over 50. Bowel cancer screening (faecal immunochemical test (FIT) kit) can identify pre-cancerous signs with otherwise no symptoms, and thus abnormalities can be investigated and treated. NHSWI Board areas uptake is 57.7% (52.7% males and 62.8% females) with a target of 60%. (Figures: KPI Report February 2018, ISD Scotland).

Breast Cancer remains the most common cancer among women in Scotland with nearly 4,500 women diagnosed every year. The DCE national campaign using the slogan "lumps aren't the only sign of breast cancer" was targeted to increase the early diagnosis of cancer by 25% and continues to be used to raise awareness of possible breast cancer symptoms.

Figures show prostate cancer

has become a bigger killer than breast cancer (11,819 men die every year), making the male disease the third biggest cancer killer in the UK, after lung and bowel cancer. (Prostate Cancer).

Within the NHSWI Board area, focus was also placed on cervical screening uptake to increase numbers attending. An update for cervical screening by NHSWI (01/04/16-31/03/17) saw a 74.9% uptake with women aged 25-49 years.

Target Area & Group

- Bowel cancer and screening - men and women aged between 50 and 74
- Lung cancer and associated signs and symptoms - men and women aged 40-74
- Breast cancer and associated signs and symptoms - working age women (15-64)
- Prostate cancer and associated signs and symptoms - men aged 50+ years
- Cervical cancer and screening - women aged 25-64
- General awareness of adopting healthier lifestyle - working aged men and women (15-64).

Inputs

- work in partnership and develop relationships with colleagues in NHS, community, voluntary and workplaces to increase target reach.
- work in partnership with local GP surgeries to ascertain reasons for patient non-attendance screening and link with Health Intelligence Department to obtain detailed information to address instances of poor uptake

- Attend Cancer Steering group and provide regular feedback on local events and campaigns.
- liaising with HPD staff on training/events being provided featuring cancer information
- develop a range of approved localised promotional materials in a range of formats e.g. hard copy, electronic/social media and video to engage with and increase target reach.
- provide training specifically tailored to meet target audience e.g. community, schools-based and workplace education and awareness programmes set-up
- order resources for each topic.

Outputs

Bowel - target non-responders

- attending local targeted events where we will be able to engage with non responders and those most likely to not engage with screening programmes and awareness raising events, theses including: Agricultural shows, Games, Animal sales in partnership with HP colleagues.

Lung - * Promotion As above *

- promote awareness of symptoms using the Alex Ferguson promotional material – see Dr after a persistent 3 week cough or a change in a cough.
- Additional localised promotion during November (Lung cancer awareness) posters within GP practices and social media.

Prostate - * Promotion As above

- promote prostate awareness through prostate UK

promotional material
- Additional localised promotion during September (Prostate cancer awareness) posters within GP practices and social media.

Breast - * Promotion As above

- During breast cancer awareness month (October 2018) hold 4 women's events (on each Island) to publicise signs & symptoms to be aware of and the screening process
- Press release
- Promotion follow events – photos and details of signs & symptoms.

Cervical - * Promotion As above

- Promote awareness of cervical screening through social media targeting first time attendees who are the lowest uptake. Press release, social media (Jo's Trust). Cervical cancer awareness week (last week of January). Promote the uptake numbers through social media and partner with GP practices supplying material through Jo's Trust

Before & after events:
- social media campaigns to support and report on campaign/event/training held.
- arrange localised press/media releases to be finalised and released through appropriate channels
- HIRS to provide advice/support to cancer topic local leads on reaching target audiences and creation of new development formats to increase engagement (e.g. creation/development of films, personal stories, apps, banners, etc)
- provision of campaign/event/training details (and photographic evidence) for

inclusion on NHSWI HPD website and social media.

Promotion/Recording
- Localised individual cancer stories used to reinforce message of DCE
- Attendance at local large-scale events as mentioned above
- NHS Western Isles – social media (NHSWI, HIRS and Dietetics), website (NHSWI and HPD) and Intranet, Team Brief, GP practices, Hospitals and Clinic waiting areas (public and staff), Dental hubs, pharmacies, opticians and patient information screens
- Partners social media and websites - Events (We Love...), Sports Centres, Community Sports Hubs, libraries (including vans), UHI (Outer Hebrides x 4 sites). Information TVs
- Local papers – Stornoway Gazette, Events, De Tha Dol, Am Paipear, Guth Bharraidh, and community magazines.
- Local radio - Isles FM, Radio nan Gaidheal, An Radio (Uists) - both English and Gaelic
- Workplaces registered with Healthy Working Lives and others not registered but links held
- Recovery services – Alcohol and Drug Partnership (ADP) partners
- Partners of the Community Planning Partnership
- Community and voluntary services/venues, notice boards e.g. supermarkets, shops (L, H, U & B).
- Community Land Trusts, Associations and Community Halls

Effectiveness
- Numbers presenting with

signs and symptoms
- Percentages engaging with screening
- The stage cancer is detected at
- number of cancer campaigns held
- numbers engaging with smoking cessation department
- feedback received from campaign/event/training participants
- recording and promotion of each cancer campaign.

Evaluation
- campaigns and events held
- lifestyle info/advice inputs delivered
- training events delivered
- engagement from new developments created.
- numbers registering for local events
- verbal and written feedback
- numbers engaged with through social media

Long-term Outcome/s
- more awareness of cancer signs and symptoms
- early presentation at their GP practice
- attending screening opportunities.

Campaign Descriptor: Stress, Anxiety and Suicide

Title	Mental Health
Date	Various - to be held throughout each year (2018-2020) via specific sessions and mental health awareness weeks. In particular Promote Mental Health Awareness Week (May), World Suicide Prevention Day/Choose Life (September) and Mental Health Day (October).
Campaign Lead(s)	Alison MacDonald, Senior Health Promotion Officer

Campaign

To raise awareness around the importance of positive mental health, reduce stigma and promote mental health support strategies and networks.

Aim

- Increase awareness of local parenting programmes to address behavioural and emotional issues in young children
- Working age adults are aware of the importance of retaining good mental health and a positive mental health approach.
- Young adults and working age adults are aware how mental health stigma can negatively affect individuals seeking help or discussing a mental health topic, and the harmful effects this may cause.
- Raise awareness of access routes (local and national) to mental health support networks.

Objectives

- Promote evidence-based, parenting programmes in partnership with other NHS professionals (e.g. Health Visitors, Midwives and Dietetics.
- Raise awareness and benefits of daily coping strategies for improved mental health e.g.

mindfulness, stress relief, as well as adopting improved lifestyle choices such as increasing physical activity and reducing alcohol consumption.
- Inform managers of the value of a mentally healthy workforce.
- Ensure every young person has knowledge of Cool2Talk.
- Increase awareness of suicide and preventative methods.
- Promote local and national mental health support networks e.g. Breathing Space, See Me, Living Life, NHSinform, Alzheimer Scotland, Dr You, Community Chaplaincy Listening (CCL) Services, Samaritans and Western Isles Counselling & Mediation Service.

Background

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year. Improving mental health is a priority for the Scottish Government and NHS Western Isles.

The duration of the campaign will be held throughout each year (2018-2020) via specific mental health sessions within workplace, school and further education settings, media

and social media awareness promotions, as well as linking in with associated mental health events being organised by other NHSWI Public Health staff.

Community Planning Partnerships, Integrated Joint Boards, third sector organisations, people with lived experience and their families and carers will play a key role along with the NHS. Such partnerships can assist by working together to take action to reduce mental health inequalities, both as part of prevention and as part of service provision (NHS Health Scotland, 2017).

Evidence

After thorough review of the evidence, the NICE guidance recommended that structured parenting programmes should be offered to parents of children aged 12 years or under whose children have severe behaviour problems, and also offered as first-line treatment in ADHD. The aim of these programmes is to support parents in relating to their children in ways that promote a warm and nurturing relationship, with appropriate limit setting, and help parents avoid negative interactions with their children. The programmes should be based on social learning theory and aim to enhance parent-child relationships, with role-play

and homework tasks to help the parents develop confidence and learn new skills. These guidelines are currently out for consultation (NICE 2017).

The workplace, along with schools and hospitals have been established as one of the priority settings for health promotion into the 21st century (World Health Organisation) .The workplace directly influences the mental, physical, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of health of a large audience. The health of workers is also affected by non-work related factors.

Young peoples' lack of knowledge about mental health services was also a perceived barrier to help-seeking, a finding which is consistent with prior reviews Young people perceive a number of barriers to help-seeking for mental health problems. These include stigma and embarrassment, problems recognising symptoms (poor mental health literacy), and a preference for self-reliance. (Guliver 2010).

Until recently, figures indicate that one in ten young people will experience a mental health condition, however more recent research suggests that around 40% young people struggle with their mental health (See Me 2018).

People who are in distress and who may be at risk of suicide, whether they are looking for help or as a consequence of their actions, will come into contact with a wide range of public and voluntary sector services. Often the first person they may see will be from one of the emergency services. Some

people in distress will have a mental illness, but for many the distress may be temporary and linked to life events (Scottish Government 2013).

As one of a range of initiatives funded as part of the National Programme for Improving Mental Health and Wellbeing, the 'see me' campaign has been central to giving a high-level profile and identify to activities aimed at increasing mental health awareness and drawing attention to the stigma and discrimination experienced by people with mental health problems. (Scottish Government 2009).

Target Area & Group

- parents and carers of under 5's
- young adults (11-18 years)
- working age adults (15-64 years)
- workplace (managers and staff).

Inputs

- Senior Health Improvement Practitioners U&B time to lead Mental Health Day/ Week and support in Suicide Awareness Day. Prepare Press Release and issue through appropriate channels.
- Senior & Health Improvement Officers L&H and U&B time to support activities by arranging events, venue, distribution of posters and attending events to provide lifestyle advice.
- HWL Advisor time to arrange, develop and deliver training on Mentally Healthy Workplaces.
- HIRS Officer support to provide advice on reaching target audiences and increasing engagement opportunities, liaise on promotional aspect of event

and arrange for press/media releases and develop social media campaigns.
- Health Promotion Admin support to order resources and assist in distribution of promotional materials.

Financial resources are required.

Outputs

- Promote Mental Health Awareness Week (May), World Suicide Prevention Day/Choose Life (September) and Mental Health Day (October)
- Organising meetings with colleagues and other interested groups/services/workplaces to discuss and plan localised mental health campaigns/events, also linking into national guidance/information materials
- Deliver 5 Mentally Healthy Workplace training courses.
- Deliver Safetalk and ASIST training courses.
- Coordination of Health Behaviour Change inputs with GP surgeries/NHS staff to encourage mental health lifestyle advice with patients
- Monitor and gather feedback on training, campaigns and events at regular intervals
- Include promotion on NHSWI HPD website and social media to inform on work and help to reduce stigma
- Provision of articles/evidence for inclusion in reporting structures e.g. PFPI reporting, DPH Report and SG evidence.
- Order resources for each topic.

Promotion/Recording

- Attendance at events e.g. MIN events, workplaces etc
- NHS Western Isles – social media (NHSWI, HIRS and Dietetics), website (NHSWI and HPD) and Intranet, Team Brief, GP practices, Hospitals and Clinic waiting areas (public and staff), Dental hubs, pharmacies, opticians and patient information screens
- Social media and websites - Events (We Love...), Sports Centres, Community Sports Hubs, libraries (including vans), UHI (Outer Hebrides x 4 sites). Information TVs
- Local papers – Stornoway Gazette, Events, De Tha Dol, Am Paipear, Guth Bharraidh, and community magazines.
- Local radio - Isles FM, Radio nan Gaidheal, An Radio (Uists) - both English and Gaelic
- Workplaces – workplaces registered with Healthy Working Lives across Outer Hebrides and others not registered.
- Recovery services – Services working with the Outer Hebrides Alcohol and Drug Partnership (ADP)
- Partners of the Community Planning Partnership
- Community and voluntary services/venues, notice boards e.g. supermarkets, shops (L, H, U & B).
- Community Land Trusts, Associations and Community Halls

Effectiveness

The indicator of the success of this campaign will be:

- feedback received from training courses
- number of training courses completed and numbers attending
- number of campaigns held and no's engaged with.

- feedback received from campaign/event/training participants.

Evaluation

- Training events delivered
- Lifestyle info/advice inputs delivered
- Campaigns and events held
- Engagement from new developments created
- Numbers registering for local lifestyle events
- Verbal and written feedback.

Long-term Outcome/s

- Good mental health and the associated beneficial links from adopting a healthier lifestyle
- Early presentation of mental health concerns for assessment and support
- Reduction of stigma associated to mental health illness
- Awareness of coping strategies for dealing with mental ill health
- Awareness of mental health support services and networks available locally and nationally.

Campaign Descriptor: Safety and Substances

Title	**Outer Hebrides Alcohol & Drug Partnership (OHADP) Summer Safety Campaign**
Date	Summer: Provision of a Safe Space Area at various local events, in particular the Hebridean Celtic Festival and Eilean Dorcha Festival. Summer: Issuing summer safety public information.
Campaign Lead(s)	Mustapha Hociene, OHADP Co-ordinator

Campaign

To raise awareness across the Outer Hebrides of the negative impact and harmful effects of alcohol and drugs misuse.

Aim

- Individuals who are under the influence of alcohol or drugs have access to a safe area and keep them safe by reducing the harms caused by alcohol and other drugs, support mental wellbeing and promote sexual health.
- Issue information on staying safe, getting home safely, drinking sensibly, safer sex, illegal highs and drugs use.
- Raise Awareness of how to access local and national support services through the local Recovery services directory.
- Increase awareness to individuals of the benefits of reducing alcohol and drug use, in particular poly drug use and binge drinking.

Objectives

- Provide a safe space tent at local festivals where individuals can access a safe environment and be offered support and advice.
- Raise awareness, understanding and knowledge of current advice on alcohol consumption and how to reduce alcohol intake, as well as adopting an improved healthy lifestyle choice; alcohol and dehydration in the sun; drink spiking; spacing drinks; soft drinks or alcohol free alternatives; avoiding drink driving; risk of drink or drug taking around water based activities at either work or leisure.
- Promote and signpost the services contained within the OHADP local and national Recovery Support Services Directory.
- Raise awareness of dangers of polydrug use, illegal drugs and binge drinking.

Background

Alcohol misuse costs Scotland £2.25 billion every year (Scottish Government 2008). Scotland continues to have the highest level of alcohol consumption and harm in the UK. One million Scots drink above the recommended guidelines, and 22 Scots die because of alcohol every single week (Alcohol Focus Scotland 2016). The UK Government recommends the safe drinking guidelines for men and women should be no more than 14 units per week with at least 2 alcohol free days. Drinking more than 14 units a week was reported by 36% of men and 17% of women (Scottish Health Survey 2016).

The drug problem in Scotland is unacceptably high with an estimated 52,000 drug users and is a significant driver of economic underperformance, crime, risk to children and health inequalities. This equates to almost 1 in 50 people aged between 15 and 54 experiencing or causing medical, social, psychological, physical or legal problems because of their use of opiates. There is also a growing trend towards poly-drug use, where a person is using more than one drug at the same time. This kind of drug use has increased health risks for the user (Scottish Government 2008).

The "Road to Recovery" strategy explicitly recognises the broader impact of addiction and illicit substance misuse on children and families, with poverty, inequalities and attainment remaining a high priority (Scottish Government 2008). Population-level approaches are important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm (NICE PH24 2010). The principles of recovery bring about a change in attitude and helps the person realise their full potential. It is therefore important to incorporate a person centred approach to enable the individual to move on from their

substance use problems and move towards a drug free life as an active and contributing member of society.

Data from the Scottish Health Survey suggests that excessive drinking is less common in the Outer Hebrides than in Scotland as a whole. Data on alcohol consumption for the Outer Hebrides suggests that the average weekly alcohol consumption level for males is similar to the national average while for females is the lowest in Scotland (Scottish Health Survey 2016).

As much of the problem drug using population is hidden, prevalence figures are estimated by combining data about the known population and an estimate of the unknown population. This estimation predicts that 0.67% of the Outer Hebrides population are problem drug users in comparison to 1.74% nationally.

Evidence

Alcohol consumption has a significant impact on health in Scotland, contributing to over 100,000 years of life lost due to early death or living in poor health in 2015. Reducing harmful alcohol consumption will reduce this impact, and that would benefit everyone: drinkers and non-drinkers, children and families, communities, the NHS and emergency services, employers and the economy (Alcohol Focus Scotland 2018).

There are lots of benefits to drinking less, and even small changes can make a big difference. The short term benefits of cutting down include improved mood, better sleep, more energy and more time to make the most of evenings and weekends and avoiding hangovers.   Alcohol also contains calories, with one large glass of wine containing up to 200 calories - the same as a sugar doughnut.

A previous study by Nemeth et al., observed slightly higher rates of risky single occasion drinking at festivals and found this was for social reason where festival goers drank to intensify pleasure and excitement of the festival (Németh, Z., et al., 2011). There should be facilities on-site to deal with the consequences of alcohol and illicit drug use. Similarly, evidence shows that young people do not focus on looking for health messages when it comes to staying safe and healthy as they are, on the whole, seen to be healthy and do not worry about this (Hutton & Jaensch 2015).   It is therefore important that harm reduction strategies fit the context of the festival goers and that specific approaches are used to target particular groups.

Alcohol and mental wellbeing are closely linked. Often one of the main reasons for drinking alcohol is to change our mood - or our mental state. While alcohol might help someone to unwind or feel relaxed at the time, these feelings are not long lasting. Using alcohol to cope with emotions or regulate mood can cause problems because alcohol is a depressant. Alcohol disrupts sleep, leaving us tired and irritable. It can affect memory, both in the short and long-term. The day after drinking we may find it hard to concentrate and can feel anxious, bad-tempered or miserable (Alcohol Focus Scotland 2018).   You can still be over the limit the morning after drinking alcohol the night before.   That's why on every occasion, the best approach is to avoid drinking and driving. Drug driving can affect the way you drive in a similar way to drink driving. Drugs affect different people in different ways and this applies to illegal drugs and also many medicinal drugs (Road Safety Scotland 2017).

Target Area & Group

- Age 16+ who will be consuming alcohol or affected by alcohol, drugs, legal highs, mental health or sexual health issues over the summer period.
- Age 16+ who will be attending the local events across the Outer Hebrides (e.g. Hebridean Celtic Festival and EDF.
- Licensed premises (on and off sales) across the Outer Hebrides.
- Parents and guardians of young people likely to access the targeted events.

Inputs

- Outer Hebrides ADP Co-ordinator time to coordinate and lead on the summer safety campaign.
- Development officer's time to plan, promote, prepare, attend and provide advice at events
- Staff time to organise meetings and debrief meetings with colleagues
- OHADP admin support required to support activities by arranging venues (where required); book/source/order resources; organise meetings; assist in distribution of promotional resources/posters
- Raise awareness of the leaflet through partner networks and directly with licensed premises, Cal Mac, HIAL and taxi drivers, through email and face to face discussion.

Financial resources are required to support the above resources, venues and associated costs.

Outputs

- Produce and distribute Summer Safety Campaign materials
- Distribute all promotional resources at targeted events
- Distribute leaflets and posters to appropriate settings through partners for further distribution, posting and handing out locally.
- Partnership working with appropriate agencies to take action to reduce the negative impact of alcohol and drug use to raise awareness of alcohol, drug and sexual health messages.

Promotion/Recording

- Agree and apply for approval for appropriate adverts in local press, social media and websites: NHS Western Isles, HIRS Western Isles, GP Practices, Patient info screens, Events, Am Paipear, Island News, Sports Centres, Guth Bharraidh, Community Sports Hubs and Stornoway Gazette. Liaise with HPD Resources Officer and Communications Manager on appropriate advertising and PR.
- Arrange printing and distribution of promotional literature to network of licensed premises, HIAL, Cal Mac, Hebridean Celtic Festival EDF and local halls and centres.
- Working with recovery services and other organisations/agencies, e.g. Health Promotion Department; Partners of the Community Planning Partnership; Community Land Trusts, Associations and Halls.

Effectiveness

The indicator of the success of this campaign will be:
- number of events attended during the campaign
- write up and distribute final evaluation to ADP for consideration and possible action for future similar campaigns.
- people being more informed and having increased awareness of the benefit of reducing substance use.
- feedback received from campaign/event participants
- debrief with event organisers including what went well and lessons learned.

Evaluation

- To be evaluated in October.
- Number of lifestyle inputs/ interactions delivered
- Number of events attended
- Evaluate impact and outcomes of campaign in September. Write up and distribute to ADP for consideration and possible action for future similar campaigns.

Long-term Outcome/s

- People across the Outer Hebrides are informed of the impact and effects of alcohol and drugs use
- Making good lifestyle changes in regards to substance consumption
- Awareness of Recovery Support services locally and Nationally.

Campaign Descriptor: Influenza Programme

Title	Influenza Programme/Campaign
Date	Start: May 2018 Finish: April 2019
Campaign Lead(s)	Health Protection Nurse Specialist, Public Health

Campaign

Increasing the uptake of flu vaccination in HCWs, >65 yrs, individuals at risk, pregnant women and children aged 2 – 11 years of age.

Aim

To meet national targets of uptake set out annually in CMO letters.

The national target for individuals, >65 years, at risk groups, pregnant women, and children aged 5-11 years are set at 75%.

The national target for childhood flu vaccination aged 2-5 years (not yet in school) is set at 60%.

Objectives

- Increase uptake of Flu vaccination in Health Care Workers (HCWs)
- Increase uptake of Flu vaccination by >65 years
- Increase uptake of Flu vaccination in Pregnant Women
- Increase uptake of Flu vaccination in Children aged 2–11 years.

Background

An enhanced Flu vaccination programme has been running in Scotland since the Pandemic outbreak in 2009 of H1N1. 5-10 % of the population are affected by influenza each year during seasonal winter outbreaks. This can rise to 20% and over in epidemic years, the last of which occurred in 1989/90. Most at risk from complications are the elderly and individuals with underlying cardio-respiratory illness.

Due to the changing nature of the flu virus, it is not known when the next epidemic or pandemic will occur. The most effective means of prevention against flu is the flu vaccine, which is specifically tailored to the likely viruses in circulation each season.

The childhood flu vaccination programme commenced in 2013, the programme is offered to children from ages 2–11 years.

Flu vaccination is offered by GPs and the school nursing team:

- Children from ages 2–11 years (not yet in school) are offered vaccination by their GPs.
- Children aged 5-11 years (in school) are offered vaccination by the school team.
- Adults ≥ 65 years are offered vaccination by their GPs.
- All people identified as at risk are offered vaccination by their GPs.
- All pregnant women are offered vaccination by their GPs. However, information is given to them by their midwife at a separate appointment, and they may in future be receiving the vaccine from midwives – due to VTP.

Evidence

The uptake of Flu vaccination in all groups has seen a decline across the majority of groups in the last year. For week 15 2017/18:

- 2-3 years 67.2% (an increase from 47% in 2016/17) above national target
- 4 yrs 52% (increased from 53%, 2014/15) below national target
- 5-11 yrs 67% (decreased from 68.7%, 2016/17) below national target
- All at risk excl. Healthy pregnant 45.7% (3% increase on 2016/17) below national target
- >65 years 63.8% (decreasing since 2014/15) below national target – constantly the worst in Scotland
- Pregnant and not in a clinical risk group 54.1% (increased of 7.2%, 46.9% in season 2016/17) however this remains below national target
- HCWs 42.9% uptake (Increase by 6.4% from 36.5% in 2016/17) below national target

Target Area & Group

NHS staff, Health Care Workers, Over 65's, individuals at risk, pregnant wormen and children aged 2 – 11 years or age throughout the Western Isles.

Inputs

Public Health Nurse Specialist lead on the flu programmes.

Occ Health Admin support required to:
- order resources
- assist in distribution of posters

Pharmacy support required to:
- Order vaccine
- Distribute vaccine

Health Promotion support required to:
- assist with campaign promotional materials (artwork, posters etc)
- issue social media news items
- assist with vimeo for Myth Busting

Resources:
- 150 Pens (black)
- 100 Tiny note blocks
- 20 Torches
- 20 Travel mugs

Outputs

Staff are available and prepared to:
- set-up, oversee and manage the programme
- order resources
- assist with promotion

All the resources required for the initiative are ordered and in place by 1st October 2018.

The programme is promoted appropriately.

Promotion/Recording

Publicity through articles and personal stories, posters, attendance at groups, attendance at Flu meetings, promotion with staff, public health and occupational health resources, liaise with GPs, maternity, NHS staff, council and schools.

Numbers of those attending for vaccination in different venues and categories. Feedback from those receiving vaccination. Feedback from Flu champions re numbers not being vaccinated. Numbers attending various venues within NHS and staff groups. Promotion of pathways.

Effectiveness

The indicator of the success of this campaign will be:
- increased numbers of vaccinations in NHS staff
- increased numbers of vaccinations in over 65s
- increased numbers of vaccinations in individuals at risk, pregnant women and children aged 2 – 11 years of age.
- increased numbers of vaccinations in Health and Social Care staff.

Evaluation

Monitoring and evaluation will be conducted through:
- numbers and staff groups participating in campaign
- levels of sick leave of NHS and Health and Social Care staff
- numbers of over 65s, children and pregnant women being hospitalised from flu
- feedback from champions
- verbal and written feedback
- report prepared for Scottish Government
- monitoring and amending campaign if required.

Long-term Outcome/s

The groups targeted are protected from flu on an annual basis.

References

Introduction

Masters, R. Et al. (2017). Return on investment of public health interventions: a systematic review.

Communities

Eriksson and Lindstrom (2006). Antonovsky's sense of coherence scale and the relation with health: A systematic review

Foot (2012). What makes us healthy? The asset approach in practice: evidence, action, evaluation

Glasgow centre for population health (2011). Asset based approaches for health improvement: Redressing the balance.

Gruer, L. et al. (2009). Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study. BMJ 338:b480

NICE (2016). Guideline NG44 Community Engagement: Improving health and wellbeing and reducing health inequalities.

NHS Health Scotland (2015). Health Inequalities: What are they? How do we reduce them?

NHS Health Scotland (2016). Place and Communities

Scottish Government (2014). The Scottish Health Survey. Available from: www.gov.scot/Publicications/2015/09/6648

Scottish Government (2017). Official Statistics in Scotland. Available from: www.gov.scot/Topics/Statistics

UK Government (2015). Community Empowerment (Scotland) Act 2015. Available from: www.legislation.gov.UK/asp/2015/6/contents/enacted

Watt, R.G. et al. (2016). London Charter on Oral Health Inequalities

Physical Activity

Cavill, N. Et al. (2011). Brief Interventions for weight management. Available from: www.hse.ie/eng/health/child/healthyeating/weightmanagement.pdf

Public Health England (2018). Physical Activity: applying all our health. Available from: https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health

Scarborough, P. et al. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs

Scottish Government (2014). Physical activity and sport. Available from: https://beta.gov.scot/policies/physical-activity-sport/

Scottish Government (2017). Scottish Health Survey 2016. Available from: www.gov.scot/Publications/2017/10/2970

Scottish Government (2018). Take life on. Available from: www.takelifeon.co.uk

Taylor, C.B. et al. (1985). The relation of physical activity and exercise to mental health. Public Health Rep v:100(2) Mar-Apr

World Health Organisation (2006). Working together for health. Available from: www.who.int/whr/2006/whr06.en.pdf

Nutrition

Birch, L.L. and O'Fisher, J., (1998). Development of Eating Behaviours Among Children and Adolescents. Pediatrics V 101:Supplement 2

Birch, L.L. and Ventura, A.K., (2009). Preventing childhood obesity: what works. Int J Obes, April 33 Suppl 1:S74-81 d.o.i. 10. 1038/ijo.2009.22

Health Improvement Scotland (2010). Weight management programmes for adults evidence note 29

House of Commons Library (2018). Briefing Paper Poverty in the UK:Statistics.

ISD Scotland (2017). Body Mass Index of Primary Children in Scotland 2016/2017. Available from: https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2017-12-12/2017-12-12-P1-BMI-Statistics-Publication-Report.pdf

NHS Quality Improvement Scotland (2010). Management of Obesity. Available from: www.sign.ac.uk/assets/sign115.pdf

Scottish Government. (2010). Preventing Overweight and obesity in Scotland: A route map towards healthy weight

Scottish Government (2016). Increase the proportion of healthy weight children. Available from: http://www.gov.scot/About/Performance/scotPerforms/indicator/healthyweight

Scottish Government (2017). Scottish Health Survey 2016. Available from: www.gov.scot/Publications/2017/10/2970

Mental Health

Alzheimer Scotland (2007). The Demnetia Epidemic – where Scotland is now and the challenge ahead. Available from: https://www.alzscot.org/assets/0000/1945/Dementia_epidemic_web.pdf

Alzheimer Scotland (2017). Statistics. Number of people with dementia in Scotland 2017. Available from: https://www.alzscot.org/campaigning/statistics

Anti-Bullying Alliance (2018). Anti-bullying Alliance – united against bullying. Available from: https://www.nhs.uk/Livewell/Bullying/Pages/Bullyingfacts.aspx

Mental Health Foundation (2018). Mental Health statistics: The most common mental health problems. Available from: https://www.mentalhealth.org.uk/statistics/mental-health-statistics-most-common-mental-health-problems

NHS Health Scotland (2018). Mental health and wellbeing. Available from: http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing

NHS Health Scotland (2018). Maternal and Early Years for early years workers, mental health and wellbeing. Available from: http://www.maternal-and-early-years.org.uk/topic/0-3-years/mental-health-and-wellbeing

NHS Health Scotland. (2018) ChooseLife Suicide Prevention in Scotland. Suicide statistics in Scotland. Available form: http://www.chooselife.net/Evidence/statisticssuicideinscotland.aspx

Scottish Book Trust (2018). Bonding and Attachment. Available from: http://scottishbooktrust.com/bookbug/working-with-bookbug/research/bonding-and-attachment

Scottish Government (2015). The Scottish Health Survey. Available from: http://www.gov.scot/Resource/0046/00469088.pdf

Scottish Government (2017). Mental Health Strategy 2017-2027. Available from https://www.gov.scot/Resource/0051/00516047.pdf

NICE (2014). Commuting by walking or cycling 'can boost mental wellbeing'. Available from https://www.nice.org.uk/News/Article/commuting-by-walking-or-cycling-can-boost-mental-wellbeing

The Mental Elf (2014). Cyber-bullying and mental health in young people. Available from: https://www.nationalelfservice.net/populations-and-settings/child-and-adolescent/cyberbullying-and-mental-health-in-young-people/

The Scottish Public Health Observatory (2017). Health and Wellbeing (Western Isles). Available from: https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do

Smoking

Cancer Research UK (2016). How smoking causes cancer. Available from: https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/how-smoking-causes-cancer

Health Scotland (2010). Achieving Smoke-Free Mental Health Services in Scotland: Analysis of Consultation Responses. Available from: http://www.healthscotland.com/uploads/documents/12508-AchievingSmoke-FreeMentalHealthServicesinScotlandReport0910.pdf

Scottish Government (2013). Creating a tobacco-free generation. A Tobacco Control for Scotland. Available from: http://www.gov.scot/Resource/0041/00417331.pdf

The Scottish Public Health Observatory (2017). Health and Wellbeing (Western Isles). Available from: https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do

Substance Use

National Institute for Health and Care Excellence (2010) Alcohol-use: disorders: prevention.

Scottish Government (2008) The Road to Recovery: A new approach to tackling Scotland's Drug Problem. Available from: http://www.gov.scot/Publications/2008/05/22161610/12

Scottish Government (2016) Scottish Schools Adolescent Lifestyle and Substance Use Survey (Salsus). Alcohol Report 2015 Available from: www.gov.scot/Publications/2016/10/3937

Scottish Government (2017). Scottish Health Survey 2016. Available from: www.gov.scot/Publications/2017/10/2970

Scottish Government (2018) Alcohol. Available from: www.gov.scot/Topics/Health/Services/Alcohol

Scottish Government (2018) Drugs and Alcohol. Available from: www.gov.scot/Topics/Justice/policies/drugs-alcohol

Sexual Health

McGeeney, E., & Hanson, E. (2017) Digital Romance: A research project exploring young people's use of technology in their romantic relationships and love lives. London: National Crime Agency and Brook

Scottish Government (2014). Children and Young People (Scotland) Act 2014

Scottish Government (2015). Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update.

Scottish Government (2016). Pregnancy and Parenthood in Young People Strategy 2016 - 2026

World Health Organisation (2006) Sexual and Reproductive Health. Available from: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

Children and Young People

Community Planning Partnership (2017). Services for Children and Young People in the Outer Hebrides Community Planning Partnership Review of Progress: May 2017

Dept of Health (2011). No Health without mental health:A cross Government mental health outcomes strategy for people of all ages Analysis of the Impact on Equality

Karoly., L. A., Kilburn, R. M., Cannon, J.S., (2005). Proven Benefits of Early Childhood Interventions.

Legislation.Gov.uk (2014). Children and Young People (Scotland) Act 2014. Available from: http://www.legislation.gov.uk/asp/2014/8/contents/enacted

Scottish Government (2008). The Early Years Framework. Available from: http://www.gov.scot/resource/doc/257007/0076309.pdf

Scottish Government 2012. The Early Years Taskforce, Shared Vision and Priorities

Scottish Government (2013). Everyone Matters: 2020 Workforce Vision. Available from: http://www.gov.scot/Publications/2013/06/5943/downloads

Scottish Public Health Network (ScotPHN) (2016). 'Polishing the Diamonds' Addressing Adverse Childhood Experiences in Scotland

World Health Organisation (2017). Obesity and Overweight. Available from: http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight

Older People

Age Action for all Older People (2015). Generations together. Available from https://www.ageaction.ie/how-we-can-help/generations-together

Age Uk (2017). Benefits and Entitlements. Available from: https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/

Alzheimer's Society (2017). Exercise and Physical Activity. Available from: https://www.alzheimers.org.uk/get-support/daily-living/exercise

National Records of Scotland (2016) Variations in life expectancy between areas in Scotland. Available from: https://www.nrscotland.gov.uk/news/2017/variation-in-life-expectancy-between-areas-in-scotland

Scottish Government (2011). Age, Home & Community – A Strategy for Housing for Scotlands Older People 2012 – 2021.

Western Isles Integration Joint Board (2017) Our Changing population. Available from: https://ijbwesternisles.scot/index.php/strategic-plan/our-changing-population

Workplace

Anderson (2012). Alcohol and the workplace. Available from: http://www.euro.who.int/__data/assets/pdf_file/0009/191367/8-Alcohol-and-the-workplace.pdf

Cycling UK (2017). Health & Cycling. Available from: https://www.cyclinguk.org/campaigning/views-and-briefings/health-and-cycling

Leeks. et al. (2010). Worksite-based incentives and competitions to reduce tobacco use. A systematic review. Am J Prev Med 2010, Feb, 38(2)

Office of National Statistics (2017). Total of 137 million working days lost to sickness and injury in 2016. Available from: https://www.ons.gov.uk/news/news/totalof137millionworkingdayslosttosicknessandinjuryin2016

Smith. et al (2017). Designing equitable workplace dietary interventions: perceptions of intervention deliverers. BMC Public Health 2017. 17.808

University of Leeds. Dugdill et al.(2008). Workplace physical activity interventions: a systematic review. International Journal of Workplace Health Management, 1 (1)

WHO (2011). Global Health and Aging. Available from: http://www.who.int/ageing/publications/global_health.pdf

Health Information & Resources Service

General Medical Council (2013). Good Medical Practice. Available from: https://www.gmc-uk.org/-/media/documents/Good_medical_practice___English_1215.pdf_51527435.pdf

NHSWI Patient & Health Information Policy for staff (in relation to informing patients and carers).

Scottish Government. (2011). Patient rights Scotland Act 2011. Available from: http://www.legislation.gov.uk/asp/2011/5/contents

Health Promotion Campaign Planner

Scottish Government. (2016). Health & Social Care Delivery Plan (2016) Available from: http://www.gov.scot/Resource/0051/00511950.pdf

Health Scotland (2017). A Fairer Healthier Scotland. Available from: http://www.healthscotland.scot/our-organisation/a-fairer-healthier-scotland-2017-22

Scottish Government. (2013). Everyone Matters: 20:20 Workforce Vision. Available from: http://www.gov.scot/Publications/2013/06/5943/downloads#res424225

Legislation.gov.uk 2015. Community Empowerment (Scotland) Act 2015. Available from: http://www.legislation.gov.uk/asp/2015/6/contents/enacted

Walking Campaign

Big Team Challenge. (2018). Available from: https://bigteamchallenge.com/uk

Scottish Government. (2014). Let's get Scotland Walking – the national walking strategy. http://www.gov.scot/Publications/2014/06/5743

Scottish Government. (2017). Scottish Health Survey 2016. Available from: www.gov.scot/Publications/2017/10/2970

Quyen. et al (2013). Workplace Physical Activity Interventions: A Systematic Review http://journals.sagepub.com/doi/10.4278/ajhp.120425-LIT-222

WHO (2010). Global Recommendations on Physical Activity for Health. Available from: http://apps.who.int/iris/bitstream/handle/10665/44399/9789241599979_eng.pdf;jsessionid=D0D6D2ED32D301CDEC76675872D9C74F?sequence=1

World Walking. (2018). Available from: https://worldwalking.org/

Healthy Weight Campaign

AHRQ HCIE-Kumar. et al. (2016). Team-based fitness program uses online social networking and competition to promote exercise and weight loss in adults. Rockville: AHRQ Health Care Innovations Exchange.

Jensen. (2013). Organising a Community "Biggest Loser" Weight Loss Challenge. Available from: https://joe.org/joe/2013april/iw8.php

Scottish Government (2017). Scottish Health Survey 2016. Available from: www.gov.scot/Publications/2017/10/2970

SPICe The Information Centre (2015). Available from: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf

Sexual Health Campaign

Gabarron. et al. (2016). Use of Social media for sexual health promotion: a scoping review. Global Health Action 2016:9.10.3402

Gobin. et al (2013). Do Sexual health campaigns work? An outcome evaluation of a media campaign to increase Chlamydia testing among young people aged 15 – 24 in England. BMC Public Health 2013 May 17:13.484

McGeeney, E., & Hanson, E. (2017). Digital Romance: A research project exploring young people's use of technology in their romantic relationships and love lives. London: National Crime Agency and Brook.

Scottish Government (2015). Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update.

Detect Cancer Early Campaign

ISD (2015). Cancer Statistics. Available from: http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Lung-Cancer-and-Mesothelioma/

MacMillan. (2018). Age, Lifestyle, diet and reducing your risk. Available from: https://www.macmillan.org.uk/information-and-support/diagnosing/causes-and-risk-factors/potential-causes-of-cancer/age-lifestyle-diet-reducing-risk.html

Prostate Cancer. (2018). We call on UK to step up as new figures show prostate cancer now a bigger killer

than breast cancer. Available from: https://prostatecanceruk.org/about-us/news-and-views/2018/2/we-call-on-uk-to-step-up-as-new-figures-show-prostate-cancer-now-a-bigger-killer-than-breast-cancer

WHO (2018). Cancer Key Facts Available from: http://www.who.int/news-room/fact-sheets/detail/cancer

Stress, Anxiety and Suicide Campaign

Guillver, A., et al. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. BMC Psychiatry 2010.10.113

NICE. (2017). Attention deficit hyperactivity disorder: 2 diagnosis and management https://www.nice.org.uk/guidance/ng87/documents/short-version-of-draft-guideline

NHS Health Scotland (2017). Mental health and wellbeing. Available at http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing

Scottish Government. (2013). Suicide Prevention Strategy 2013 – 2016

Scottish Government. (2009). Evaluation of 'See me' – the National Scottish Campaign against the stigma and discrimination associated with mental ill-health – RF 73/2009. Available from: https://www.gov.scot/Publications/2009/01/16153921/1

See Me. (2018) Mental health stigma and discrimination and young people https://www.seemescotland.org/young-people/

Safety and Substances Campaign

Alcohol Focus Scotland. (2018). Alcohol Facts and Figures. https://www.alcohol-focus-scotland.org.uk/alcohol-information/alcohol-facts-and-figures/

HUTTON, A., (2015). Alcohol Use at Outdoor music festivals. Available from: https://www.ncbi.nlm.nih.gov/pubmed/26255413

NEMETH. Z., et al. (2011). Why do festival goers drink? Assessment of drinking motives using the DMQ-R SF in a recreational setting. Drug Alcohol Rev 2011

NICE. (2010). Public Health Guideline PH24 Alcohol-use disorders: prevention. Available from: https://www.nice.org.uk/guidance/ph24

Scottish Government. (2008). The Road to Recovery: A new approach to tackling Scotland's Drug Problem. Available from: http://www.gov.scot/Publications/2008/05/22161610/12

Scottish Government. (2016). Scottish Health Survey. Available from: www.gov.scot/Publications/2017/10/2970

Scottish Government. (2017). Alcohol. Available from: https://www.gov.scot/Topics/Health/Services/Alcohol

Scottish Government. (2018). Alcohol and Drugs. Available from: www.gov.scot/Topics/Justice/policies/drugs-alcohol

Like sugar for adults" THE EFFECT OF NON-DEPENDENT PARENTAL DRINKING ON CHILDREN & FAMILIES, October 2017. Alcohol Focus Scotland

NHS
Eileanan Siar
Western Isles

Public Health & Health Strategy Division

Health Promotion Department
Block 11
Laxdale Court
Stornoway
Isle of Lewis
HS2 0GS

Tel: (01851) 762017 (local rate)
Web: www.promotionswi.scot.nhs.uk
Facebook: HIRS Western Isles

Find us on: