



Director of Public Health

ANNUAL REPORT 2015-2016

Public health in the Western Isles



The archipelago that forms the Outer Hebrides (Western Isles)

The Western Isles are amazing places. The vast skies, uncrowded sandy beaches, open moorland and wild weather all contribute to the allure of the islands, making them the third best place to live in Scotland* and the people amongst the happiest in the UK.

However, those elements do not add up, necessarily, to a healthy population enjoying life to the full. There are still too many people living and working in the Western Isles who are hampered by chronic ill-health and long term health conditions attributable to so-called 'lifestyle factors.

These are ones where there is considered a degree of choice in taking up the activity - such as drug, alcohol and tobacco use, diet and physical activity.

However, the harms associated with these factors are greatest in those least able to cope with them, leading to large inequalities in health and health status.

For example, there is a seven-fold difference in alcohol-related mortality between the most and least deprived populations across Scotland.

This Director of Public Health report has a focus on what we are doing in response to some of the health issues we face in the Western Isles.

It does not contain lots of data on the population of the Western Isles and the state of their health and their health service use because you can find this in the Strategic Health and Social Care Needs Assessment – epidemiological overview and service utilisation review that we published last year: <https://ijbwesternisles.scot/index.php/publications>.

It highlights some of the work we do from when children are born to give them a good start in life, such as increasing breastfeeding and vaccination.

It also tells you about some of the work we are doing with adults to reduce harmful activities like smoking rates and increase activities that help keep



*Dr. Margaret Watts
Director of Public Health*

people healthy like levels of physical activity.

In addition, it highlights some of the work we do behind the scenes on information governance, business continuity and ensuring we have resilience structures on place to enable us to respond when we are hit by unexpected challenges.

Dr. Margaret Watts
Director of Public Health

Pre-natal and early years

Maternal and Infant Nutrition Strategy (MIN)

This plan aims to support mothers with young children and their families and raise awareness of nutrition with them.

Coordinated by the Western Isles multi-agency MIN group, a range of projects were funded and supported throughout the Western Isles.

These have ranged from supporting dietitians in addressing obesity to supporting parenting groups throughout the islands in accessing advice, information and practical support on budgeting, diet and healthy choices, and cooking skills.

Notably, we have sustained our position as the most successful area in the distribution of vitamin D (via the Healthy Start Scheme) in Scotland. This is significant due to sunlight in Scotland being lower in UVB than more Southern latitudes.

Healthy Start Scheme

NHSWI continues to promote the Healthy Start Scheme which offers expectant mothers and eligible families who have a child under



Toddle Waddle, Point district

4 years vouchers towards milk, plain, fresh or frozen fruit and vegetables and infant formula milk.

Healthy Start application forms are initially provided by midwives to pregnant women at their first booking appointment (ideally before 12 weeks), with the scheme continued by Health Visitors.

Healthy Start Pregnancy Tablets

Healthy Start pregnancy tablets contain the recommended amount of folic acid and vitamins C and D for pregnant and breastfeeding women.

The pregnancy tablets (pack of 6

bottles each containing 56 tablets) are provided to expectant mothers at booking (before 12 weeks).

Healthy Start Children's Drops

Healthy Start children's drops contain the recommended amount of vitamins A, C and D for children aged from six months to four years.

The children's drops are available for collection from a number of venues.

These include GP surgeries and NHSWI sites, nurseries and croileagans, and a number of workplaces.



Bunny Walk in Lews Castle Grounds, Stornoway

Smoke-free Hebrides



Smoke-free Grounds

NHS Western Isles' mission is to improve the health of individuals and local communities, by taking the lead in addressing wider health issues.

Our ambition was to become one of the first boards to successfully implement smoke-free NHS grounds. This makes for a healthier and more pleasant environment for patients, visitors and staff.

NHSWI worked with the Smoking Policy Partnership to set the target to become smoke-free and the initiative was branded the "Final Countdown".

This was promoted through information sessions for staff, advertisements in local media, information on websites, stalls and events for patients and visitors and the production of leaflets, banners and posters (in English and Gaelic).

Working closely with staff and local communities was of paramount importance in developing the Smoke-free Policy and ensuring the smooth move to smoke-free grounds.

Feedback was positive with the overall perception that this will further encourage smokers to seek the support of Smokefree Hebrides services and protect those who do not smoke from the dangers of second hand smoke.

The "Smoke-free grounds" signage went out to public consultation in the summer of 2015.

Feedback received was positive with people saying the new signage was "bright", "fresh" and "welcoming".

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The process and continued awareness raising has raised the profile of the Smokefree Hebrides service and the team have been invited to assist the Comhairle nan Eilean Siar in their move toward the introduction of Smoke-free premises on the 1st July 2016.



Smoke-free Grounds launch, Western Isles Hospital

Smoke-free Hebrides

Why do Earthlings do that?

In June 2015 Smokefree Hebrides teamed up with Pupils and teachers from the Nicolson Institute and Lionel school to support second year pupils to perform a musical drama for 400 primary schools pupils at An Lanntair.

Smokefree Hebrides worked with Avril Allen (Music teacher) to write the script and music to promote the message of a smoke free future for Scotland.

The pupils performed 'Why do Earthlings do that?' which focussed on how second hand smoke and the introduction of Electronic cigarettes and vaporisers can influence our young people and why it is important that we promote the benefits of making healthy lifestyle choices.

The play included specially written songs to promote the smoke free message and was created to encourage audience participation.

The production reflected our Gaelic culture and values and was filmed by Wee Studio. A copy of the film has been made available electronically and on DVD for use by other Boards and educational facilities.

As a result of this event there have been a number of really positive outcomes including:

- our young people are now aware of the benefits that not smoking will have on their health and other around them



Competition winners, Lionel School



Competition winners, Stornoway Primary

- staff, parents, families and friends have also shared in the information that the musical drama highlighted around the danger of second hand smoke.

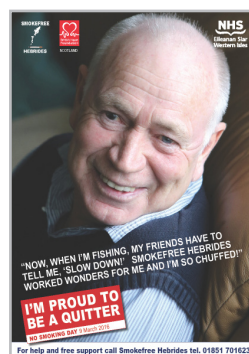
No Smoking Day - local stories

As part of No Smoking Day (NSD), smokers in the Western Isles were urged to take the first step in giving up cigarettes for good.

Giving up smoking is the single best thing you can do for your health. However, whilst studies show that two-thirds of smokers want to quit, nearly one in five UK adults continue to smoke.

With the theme 'Proud to be a Quitter', the Smokefree Hebrides team used 10 inspirational stories and photographs of local ex-smokers to highlight the life-changing benefits of quitting.

Smokefree Hebrides provided advice and support during No Smoking Day to help smokers quit for good.



Physical activity



'Highland Hustle' session

Slàinte Mhath!

We have worked closely in partnership to increase physical activity opportunities across the Outer Hebrides. This has included innovative project work and funding models including the 'Slàinte Mhath!' sports facility access scheme.

The 'Slàinte Mhath!' scheme offers a range of services to customers including unlimited access to pools, gyms, fitness classes etc for a fixed monthly fee - and it is the lowest cost scheme of its type in Scotland.

Customers can use their 'smartcard' to access any Comhairle sports facility. This has produced an increase of over 30% in user numbers.

Last year total membership was 7362 people with 3321 in the 22-49 age range.

In addition, a number of partnership activities are delivered at sports facilities including a GP Exercise Referral programme, cardiac and pulmonary rehabilitation groups and targeted work with Physiotherapy and Dietetic Departments.

Patient exercise referrals are made throughout the Western Isles to the Lewis Sports Centre and Uist & Barra facilities. They then create an appropriate individualised programme of activity and advise on frequency and intensity, according to specific needs and indications, with the aim of promoting therapeutic levels of long term physical activity.

Cardiac rehab classes are held in the Sports Centre and AHPs can refer patients for exercise classes and gym sessions.

In the last year 105 referrals were made through the exercise referral programme.

The inclusion of an Exercise Instructor in the multidisciplinary cardiac rehabilitation team supports long term use of the Sports Centre on completion of the structured programme.

Health Weeks

During various health weeks held in the Western Isles a number of physical activity events were held.

This included two November Men's 5K events (November) held

in Stornoway and Benbecula as a partnership with the Comhairle's Sports & Leisure Service.

As part of Breast Cancer Awareness Month (October), a 'Highland Hustle' dance taster session took place in Stornoway. The event was aimed at raising awareness of women's health and cancers, whilst encouraging them to adopt lifetime lifestyle changes. Attendees were provided with an interactive breast awareness session and supporting information.

Paths To Health

A number of led health walks were organised by Paths to Health.

These included a Bunny Walk and Toddle Waddle encouraging families (children, parents and grandparents) to become more active.

To celebrate National Walking Month, a 'Walk on Hebrides' Walk Pack was launched to encourage independent walking within the Western Isles. Packs offer eight leaflets which fold out into an A3 size information poster, containing maps of each area, community areas of interest, and descriptions of walking routes.

Detect Cancer Early



DCE short film launch at Stornoway Public Library

Detect Cancer Early (DCE)

The Detect Cancer Early programme is an ambitious national programme of work to improve survival for people with cancer by diagnosing and treating the disease at an earlier stage.

DCE Short Film

A short film was commissioned by the Health Promotion Department with local company 'Wee Studio', which featured a series of messages depicting positive elements of health and wellbeing. The overarching theme is being body aware, and being aware of cancer signs and symptoms.

The 11 minute film features local individuals, groups and scenic areas from across the Western Isles. It includes advice and encouragement alongside information on the most common cancers, such as those of breast, lung, bowel and prostate.

It was showcased within the Stornoway Public Library's main window throughout December 2015 and the film played on a continuous loop throughout the day and during Christmas events.

We also encouraged partners to

distribute the film widely across the Western Isles for use in public waiting areas to raise awareness of the importance of being cancer aware.

In order to maximise its reach, the film was displayed on NHS Western Isles social media sites, which include Facebook, Twitter and the website.

To date over 8,000 people have been reached online and positive feedback has been received from a survey attached to the film.

Breast Cancer Awareness

Breast cancer remains the most common cancer in women, with 1 in 8 women diagnosed with the disease at some point in their lives. Women are 5 times more likely to survive the disease if it's caught early.

As part of October's Breast Cancer Awareness Month this year, NHS Western Isles ran a variety of events to engage with women in the islands.

This included a "Highland hustle" dance taster session which took place in Stornoway. Attendees saw a presentation and were

given information and images of certain signs to look out for, such as lumps, dimpling and changes in texture of the skin.

Workplaces across the Western Isles were also invited to host 'pink days' where staff were encouraged to wear pink and organise events to raise awareness of women's health and cancers.

Breast self-examination models were also given to workplaces to help women learn about examining themselves.

Throughout the month over 400 women within workplaces and members of the public were engaged with.

One staff member stated,

"Having the breast models really made us think about the importance of self examination, it was brilliant and the staff were very open and honest. There were quite a few giggles at the beginning but the room went silent once they started to feel the lumps".

Screening Programmes



Breast Cancer Screening

Breast cancer is the most common cancer in women in Scotland. Incidence rates continue to rise with a 10% increase over the last decade.

This is partly due to increased detection by the Scottish Breast Screening Programme (SBSP) and to changes in the prevalence of known risk factors, such as age at birth of first child, decreases in family size, increases in post menopausal obesity and alcohol consumption. It is predicted that the all cancers rate will rise by over 30% by 2027.

The mobile breast screening unit is based in four locations (Barra, Benbecula, Harris and Stornoway) across the Western Isles from January to June every 3 years. The last screening period was in 2014.

Attendance in 2014 exceeded the target of 80% attendances at screening compared to the national uptake rate of 72.9%, which is very encouraging.

It is important to ensure all women have access to the service and take the opportunity to participate

in this nationally offered screening programme, so planning is in place for the 2017 visit.

Cervical Cancer Screening

This screening programme began in Scotland in 1988 to try and reduce the incidence of and mortality from cervical cancer.

It aims to do this by detecting pre-cancerous cervical changes (intraepithelial neoplasia) and treating these before they potentially develop into cancer.

In 2015-2016 women aged 20-60 who met the screening programme criteria were invited every 3 years to have a sample taken of the cells within their cervix.

In 2014/15 uptake increased amongst women aged 30-35 years. However, uptake among women in other age groups decreased slightly. Overall, NHS Western Isles achieved higher uptake than other areas of Scotland across the age groups, except for 55-59 year olds.

Figure shows the uptake of females (by age group) who had a record of a previous screening test taken within the last 5.5 years Scotland (2011-2014) and the Western Isles.

The Scottish Government has proposed changes to age range and frequency (CARAF) of the cervical screening programme

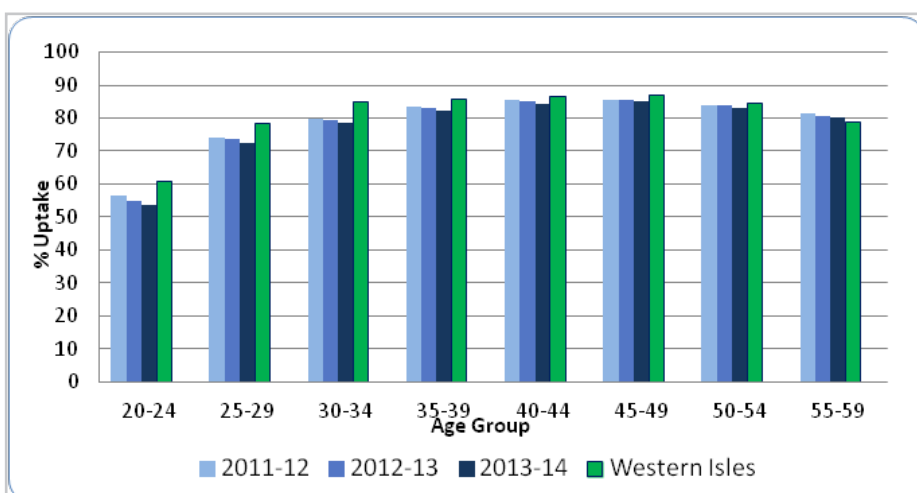


Figure: Cervical Screening uptake by age of woman

Screening Programmes

following recommendations set out by the UK National Screening Committee. These changes will take effect from June 2016.

The changes will mean that the age when a woman is invited for her first smear test will rise from 20 to 25, there will also be an increase in the upper age limit from 60 to 64.

The frequency for routine screening for women under 50 will remain 3 yearly however, routine screening for women age 50 to 64 will change to 5 yearly.

Bowel Cancer Screening

The Scottish Bowel Screening Programme is the most recent cancer screening programme to be introduced. Invitations are sent to all men and women in Scotland between the ages of 50 to 74 years for screening every two years.

The aim is to find bowel cancer at an early stage in people with no symptoms. If bowel cancer is detected early enough through screening, there is a 90% chance of treating the disease successfully.

Eligible people are posted a screening kit which is completed at home and involves collecting samples from three separate bowel movements (this will change to one sample in 2017). The kit is then returned and tested for hidden traces of blood in the stool.

Following analysis of the result and patient history, if needed, an investigation (usually a colonoscopy) is offered to check for cancer or pre-cancerous signs in the bowel, allowing investigation and treatment to be offered at an early stage which can mean better chances of survival.

The uptake across the Western



Lewis' Don MacLean
NHSWI Screening Champion

Isles has increased over time. The overall uptake is 58.3% in 2013/14. This compares with 56.8% across the rest of Scotland in 2013/14. The national target uptake rate for screening is set at 60% of the eligible population.

In the Western Isles the positive result rate (of those who completed a screening test) is one of the highest in Scotland. It is important to be able to access treatment timeously.

The time from screening to referral date to date colonoscopy performed is set against 0-4 weeks, 4-8 weeks or more than 8 weeks.

NHS Western Isles have been able to achieve 0-4 weeks for 78.4% of people with positive tests compared to the Scotland overall rate of 67%. 1.7% (2)

of people in the Western Isles waited for more than 8 weeks.



Barra's Rob Daly
NHSWI Screening Champion

Health Protection

Health Protection

The Health Protection team provides advice, support and information to health professionals, the general public and other bodies that play a part in protecting the public's health.

The work encompasses a range of issues from communicable disease control, environmental hazards and immunisations for infections that are preventable by vaccination.

Locally in 2015-2016 health protection management was required for 36 individual cases; some of the diseases encountered were Tuberculosis, Cryptosporidium, Campylobacter, Norovirus, Meningitis, Mumps and Hepatitis A.

The team also supported and advised on 30 situations (things that involve more than one person) involving water supply failures, food contamination, care home and cruise ship outbreaks.

Having a single point of contact for professionals to seek advice on health protection matters has led to 43 general enquiries.

Enquires were related to Immunisations, Tuberculosis, Meningitis, Norovirus, Water, Influenza, Chicken pox, Hand foot and Mouth disease, Slapped Cheek and Shingles.

As well as local issues NHS Western Isles links closely with Health Protection Scotland, keeping informed on national and international situations such as Pandemic Flu, Ecoli 0157, Meningitis, Ebola, and Zika virus.

These links are vital for co-ordinated action especially in situations when a rapid response is required.



Adult Vaccination Programmes

Adult flu programme

Flu can be nasty for many people and the vaccine is effective at preventing infection or reducing its severity.

Adults aged 65 or over and those aged under 65 identified as at clinical risk, as well as pregnant women are offered the trivalent injection of flu vaccine at their GP practice.

GP practices aim to invite the majority of patients for vaccination in early autumn, at the beginning of flu season so that people can develop an immunity prior to the flu virus circulating in the community, thus reducing the likelihood of experiencing severe flu and its possible outcomes.

The uptake for adults aged 65 and over was 68% which is below the national average (76%) and the national target (75%).

The uptake for all adults identified as at clinical risk aged under 65 years achieved 56% which is above the national average (54%) for this group yet remains below the national target (75%).

The uptake for pregnant women

(not at risk) was 40% and pregnant women at clinical risk was 55%.

Pertussis in Pregnancy

Pertussis (Whooping cough) is a highly contagious disease common in our population. Symptoms can be mild, but newborns and babies aged less than three months are at increased risk of severe clinical complications and possible death.

Following an outbreak of pertussis in Scotland from 2011-2013, a short term programme of pertussis vaccination for all pregnant women began in October 2012.

The vaccine, Boostrix®-IPV is offered to pregnant women after 28 weeks gestation at their GP practice. Uptake of the immunisation in NHS Western Isles is 54.5% which falls below the national average of 62%.

As pertussis continues to circulate at a higher than normal level within the community, we have been advised that the vaccination of pregnant women continues to be offered in Scotland the vaccine can now be given ideally from 16–32 weeks in pregnancy. Increasing pregnant women's uptake of the virus is a priority for 2016/17.

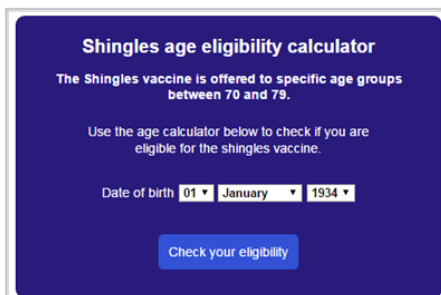
Health Protection

Shingles

Shingles (herpes zoster) is commonly experienced decades after the initial infection of chickenpox and is characterised by a painful vesicular skin rash.

A complication of shingles is post-herpetic neuralgia (PHN), a long-lasting neuropathic pain. As prevention is better than cure, the Scottish Government has offered the vaccination against shingles for eligible groups since 2013.

As in the first year of the programme the identified cohort will be all adults aged 70 years, with a catch up of all adults aged 78 and 79 years of age at 1st September 2014. By March 2015, NHS Western Isles uptake in 70 year olds was 45% (Scotland 54%), 78 year olds was 45% (Scotland 50%) and in 79 year olds was 43% (Scotland 51%).



In 2015/16 the eligible groups have increased and due to the complexity in identifying eligible age ranges an eligibility calculator is now available from NHS Immunisation Scotland website which can be accessed via <http://www.immunisationscotland.org.uk/vaccines-and-diseases/shingles.aspx>

Childhood vaccination programmes

Vaccination against Meningitis

2015 saw the introduction of two vaccines against Meningitis.

A rise in the number of meningitis cases associated with serogroup B and serogroup W led the Scottish Government to recommend the

inclusion of Meningitis B and Meningitis ACWY vaccine into the Scottish Childhood Immunisation Programme.

The programme targeted babies born from 1st May 2015 to receive Meningitis B vaccine (Bexsero) and University entrants under the age of 25 years and 13-18 year olds were offered Men ACWY vaccine (Nimenrix).

Vaccine uptake to date has been very favourable within NHS Western Isles. Uptake of Meningitis B vaccine in babies is in excess of 90% and uptake of Men ACWY vaccine in 13-18 year olds at the moment is 70%, collection of programme data is not yet complete.

Rotavirus

Rotavirus is highly infectious and a leading cause of gastroenteritis in children worldwide. In Scotland, most children will have had at least one rotavirus infection by the age of five years.

Vaccination against Rotavirus was introduced into the Scottish childhood immunisation programme in July 2013. The vaccine used is Rotarix®, which is a live attenuated vaccine; it is given to babies at 2 and 3 months of age. Uptake of immunisation against Rotavirus within NHS Western Isles has been excellent at 98.4%.

Laboratory testing for Rotavirus commenced in 2013 in children aged under five admitted to the Western Isles Hospital with vomiting and diarrhoea. Whilst numbers are usually small (ie. less than 5 per year), there were no hospital admissions for Rotavirus in 2015.

Childhood seasonal flu programme

Influenza is an acute viral infectious disease that affects

many people. The flu vaccination programme was recently extended to include low risk children. It was evidenced that this would lower the public health impact of flu by providing direct protection to children thus averting a large number of cases of flu in children. This will also reduce flu transmission from children to other children, adults and those in the clinical risk groups of any age, thus averting many cases of severe flu disease and flu-related deaths that mostly occur in older adults and those of any age with clinical risk factors.

Nasal spray flu vaccine is offered to children aged 2–5 years old, and not yet in primary school, through their GP practice (children must be aged 2 years or above on 1 September 2015 to be eligible). All primary school children are also offered the vaccine at school.

The uptake for children aged 2-3 years achieved 47%, and those aged 4 years at 52%, all delivered in GP practices within NHS Western Isles. However both age groups are below the national average (56.4%) and the national target of 60%.

The childhood schools flu programme was delivered by the School Nursing team in the Western Isles. Uptake overall was 68.7%, just under the Scottish average (71.8%).



Public Health Intelligence



Public Health Intelligence 2015/16 was another busy year for our small team of analysts.

We continued work on our Business Intelligence strategy to create electronic information dashboards including new Allied Health Professional and Clinical Quality dashboards.

These give users near real time data access which supports quality improvement.

The team also showcased our Patient Flow and Community Mapping dashboards to the North of Scotland Public Health Network to test this as a possible product for regional cancer intelligence.

Data-sharing initiatives to expand access to information in primary care and social care took place. In Primary Care we carefully developed agreements with all practices in the Western Isles and after a period of public awareness raising we finally began accessing GP information to help in service planning and in renewing activity.

We also agreed a protocol for accessing social care information to link this to health data to give a

fuller picture of health and social care needs and pathways.

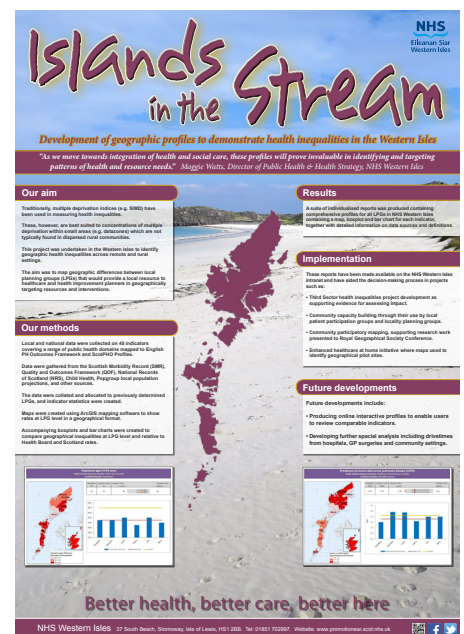
This information played an important part in the major piece of work of the Strategic Health and Social Care Needs Assessment for the new Health and Social Care Integration Partnership. Exploiting these new data resources will be a key part of our work over the coming year.

Another important area is developing research and innovation activity. We are partners in the EU Northern Periphery & Arctic (NPA) Remoage project to test and evaluate innovative approaches to the support of care of dementia and frail elderly.

We are building an evidence base around the effects of social isolation upon health in support of a number of innovative projects including a project to pilot a Social Prescribing scheme in Uist and another with partners in Finland and Norway focused on ICT and community based solutions to social isolation.

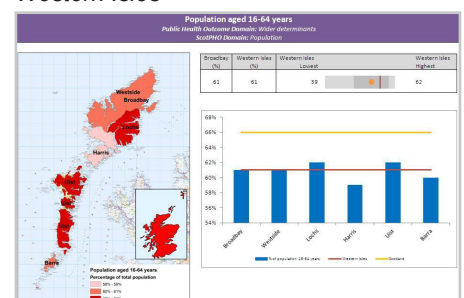
We are also hoping to begin a project looking at new ways to address the health impacts

of fuel poverty with partners in other countries facing similar challenges in the coming year.



Above: Public Health Intelligence abstract poster

Below: Development of geographic profiles to demonstrate health inequalities in the Western Isles



Information Governance and Emergency Planning and Business Continuity

Information Governance

The arena of information governance is increasing in its complexity.

This is due not only to evolving legislation, but also to new and exciting ways in which digital technologies and rich data sets increasingly enable us as citizens to interact with Health and Social Care Services, and they with us, as never before.

At the heart of these exciting and in some cases highly innovative developments, is a lot of Sensitive Personal Data. Responsibility for looking after your data is taken seriously by NHS Western Isles. We constantly look to ensure that every step of the data lifecycle, from obtaining to destruction is managed appropriately.

As a result, new developments such as our local Electronic Medical Record (eMRec) and other such data systems go through extensive testing and assessment against the new NHS Scotland nationally mandated Information Security Standard to ensure it is secure.

The implementation of this mandated standard forms the bulk of the Information Governance Plan for 2016-2017.

This builds on our previous plan which established new structures around Information Governance including public participation on the group and a membership that helps us look to the future agenda of Health and Social Care integration.

In the past year we continued to see an increase in the number of requests for information through the Freedom of Information Scotland Act (FOISA) and Subject Access Requests through the

Data Protection Act.

Even with this increase an improvement in compliance was achieved through streamlining processes and this work will continue this year.

Emergency Planning and Business Continuity

Emergency Planning and Business Continuity (EP&BC) are now more collectively known as Resilience.

The focus of Resilience is in ensuring that an organisation identifies and prepares to respond to an incident which threatens to disrupt normal services or poses a threat to public safety.

EP&BC can be divided into two distinct - but broad - avenues of work; Planning and Response.



Planning

Strategic Business Continuity Policy and Protocols have been updated with the latest organisational information and UK level guidance and legislation.

Resilient Health Hub Proposal: During the last few years, there have been several significant power outages.

Each of the three hospitals across the Western Isles is equipped with large capacity generators. It is proposed that three further hubs located across the Western Isles will have generators fitted over the coming financial years and that each hub will have a satellite

broadband system and additional mobile phone coverage.

This will support the sustainability of primary care services for more than 72 hours as we can experience some prolonged power outages.

National Exercise Silver Swan:

This exercise involved people from across the public and third sector and explored the impacts of a global influenza outbreak on health and social care services. It is influencing the development of our Pandemic Influenza Response Plan.

The key objective for the year is in providing a more operationally focused Major Incident Plan.

A plan designed to aid staff in response to a major incident will see a move towards a more user-friendly plan.

Response

Adverse Weather: Windstorms in early 2015 and again in the period around winter 2016 saw EP&BC providing support and guidance to departments across both the Health Board and other services.

Support focused on ensuring the safety of staff and the public during periods of power outages, loss of telecommunications and during high winds and storm damage.

Coordinated action across agencies, including NHS Western Isles, Police Scotland, HMCG and emergency response services helped reduce the impact and provide care for vulnerable people.

Healthcare Planning

Joint Inspection Children's Services

This was a major undertaking in the early part of the year in terms of preparation work including staff discussions, support and guidance, scheduling and organising meetings for inspectors, managers, staff and the third sector.

Integrated Children's Services Plan (ICSP)

The recommendations from this inspection have been included in the action plan within the ICSP which was also a major undertaking for this year, produced and agreed with colleagues in children's services across all sectors.

Children and Young People (Scotland) Act 2014

We have participated in and contributed to, both locally and nationally, the interpretation, consultation processes and preparing for the implementation of the Named Person Service, the Lead Professional role, the Child's Plan and taking forward the concept of Corporate Parenting.

Psychological Therapies and future Psychology Services

The Healthcare Planning team works closely with NES to encourage and arrange for NHS Western Isles to engage with and take up events and opportunities to enhance their skills and/or gain additional qualifications across a range of psychological interventions.

This also applies across the third sector. Discussions with universities and other external training bodies have enabled staff and others locally to enhance their skills and develop new ways of practising.

For example, more than 30 people undertook a two day course in Solution Focussed Brief Therapy (SBFT) techniques,



Public Health & Health Strategy Division, 2015

organised and delivered locally by Robert Gordon University.

Another staff member will complete the Postgraduate Diploma in Cognitive Behavioural Therapy, bringing our number of trained CBT therapists locally to three. External supervision has also been sourced for SFBT and CBT therapists to comply with standards.

Together with other colleagues we continue to plan and identify resources for a locally based Consultant Psychologist.

Child and Adolescent Mental Health Services (CAMHS)

In collaboration with colleagues, NHS Western Isles Planning Team submitted a bid for three year funding for an Occupational Therapist post for the CAMHS team.

This was acknowledged by the Scottish Government team to be the best bid they had received across Scotland and was successful.

RemoAge

RemoAge is a three year EU funded project which connects academic and practitioner partners in northern Norway, northern Sweden, Shetland, Northern Ireland and the Western Isles in researching, planning and delivering services

for people with dementia, the frail elderly and their carers, living in remote and rural areas.

The project officially commenced in May 2015 and there are four threads to the project locally.

These are:

- continued development of the concept of the Dementia Friendly Community which has been rolled out across the Western Isles
- the use of assistive technology
- social isolation and social prescribing
- the intergenerational project.

Each of these threads is moving forward at different speeds. However, it was a huge achievement that, before the end of Year 1 in March 2016, the Centre for Technology was established.

This centre is a one-bedroom flat with a range of technology installed, from very simple technology to the more complex.

It is designed to enable individuals and groups to try equipment or see it demonstrated and get advice on how to obtain items which could benefit in keeping them safe and independent at home.



Public Health & Health Strategy Division

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Find us on:



Acknowledgements

I am very fortunate to have inherited a strong Public Health team when I arrived back in the Outer Hebrides in 2014. I am grateful to all the contributors to this Annual Report, including members of the Health Promotion, Health Protection, Planning and Development, and Health Intelligence teams. Particular thanks to Marissa Maclennan for her efforts in bringing this to publication.