Public Health - Health Improvement

Two Year Report

2016

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Public Health Vision Statement

“Making Highland healthier – protecting health, promoting equity, improving wellbeing, transforming care, researching evidence.”
Healthcare Retail Standard

During 2016/17, NHS Highland became the first board in Scotland to be fully compliant with the Healthcare Retail Standard (HRS). This award, from the Scottish Grocers Federation, is for all shops and trolleys that sell food products in our hospitals. It means that visitors and staff have increased choice and access to healthier food and drinks.

There are a range of organizations that sell food and drinks to staff, visitors and patients. They include RVS (Royal Voluntary Service), League of Friends and Social clubs and they have worked with local assessors to access new products that meet award criteria, and consider how they promote and market foods. Customers now have a wider choice of fruit and fruit drinks, nuts, baked crisps, and cereal bars. These are important developments in shaping an environment to support health.

The award has been maintained throughout 2017/18 and runs alongside the Healthy Living Award Plus which all our cafés and restaurants for both staff and visitors hold. These two awards mean that customers can make more meaningful choices about the food they buy.

Well Now and Specialist Weight Management Service

We delivered 35 Well Now courses over the last two years. Well Now is our weight management course, which takes a health gain approach. It is run by trained and accredited facilitators over six weeks. This ‘health gain’ approach is unique to NHS Highland and we have been conducting a comprehensive evaluation in both the Well Now groups and the Specialist Weight Management Service. The Well Now evaluation shows that as a result of attending the course, people:

- Improve their diet – eating more fruit, vegetables, high fibre foods and oily fish
- do more daily activity
- have improved mental health and wellbeing
- are less preoccupied with food, and think about food in a more positive way.

We took a more in depth look at people’s experiences of the Specialist Weight Management Service. This service is led by an experienced dietitian who sees people for nine appointments over six months. The people who come into this service have usually struggled with their weight for many years, and have complex medical or social circumstances.

We interviewed 20 randomly selected people, one year after they had been through the service to ask them their thoughts and views. The message that came through loud and clear was that this programme was different. People felt listened to and not judged, and this was in stark contrast to other clinic and groups that they had been to. The size stigma that people experienced in their everyday lives is also seen within health services. The interviewees told us how this non-judgemental approach enables them to make changes to improve their health.

“For someone who has spent their whole life trying to lose weight, and for whom as a child, food was used as a reward and a punishment, learning that diets don’t work was a revelation.”

“Saying it out loud made me realise at the end of the day I am in control.”
Tackling health inequalities is an overarching driver in all our work. The root cause of health inequalities is the unequal distribution of power, wealth and income. We are trying to address this in the following ways:

**Employability**

Employment is a key focus area for the South Kessock and Merkinch Locality Plan. The Merkinch Employment Group has agreed to support two of the focus areas around young people and employment and will report back on these actions later in the year.

We are working with JobCentre Plus to pilot a health and wellbeing questionnaire, to be used as part of claimant interviews. Work coaches will support clients to complete a holistic health and wellbeing questionnaire and identify individual priority areas for focus. Clients will be supported to access appropriate support and work coaches will follow-up progress at subsequent interviews.

The pilot will run for four months and learning will be used to inform a future pathway for integrating health and wellbeing conversations within JobCentre Plus work.

**Poverty and financial inclusion**

Poverty and impact of welfare reform: team members sit on national forums led by NHS Health Scotland and Scottish Government which enables input to national plans and sharing of learning.

Team members hold regular meetings with Highland Council’s Income Maximisation team to learn from one another and support developments, and have also established links with Social Security Scotland.

Action to tackle fuel poverty brings together team members and partners from the public and third sectors. Examples include:

- Membership of multi-agency Highland Affordable Warmth Partners Group: responding to Scottish Government consultation on draft fuel poverty
- facilitating Home Energy Scotland’s to offer information and input to annual GP flu clinics
- supporting roll out of referrals to Home Energy Scotland by hospital and community-based staff in Sutherland.
Impact assessment

We provide support to other teams and staff in raising awareness of the need to carry out an equality impact assessment (EQIA) on any work that is likely to impact on different equality groups, those in poverty and/or living in remote or island communities. We have developed, in partnership with Highland Council, a checklist which is designed to be used by ourselves and partner organisations to ensure that our work and approach are helping to tackle inequalities.

Training

- Health Inequalities: In order to best support staff and partners to explore what tackling health inequalities might mean in their own work setting, we have developed a day’s course entitled Health Inequalities: Why bother? This training will be rolled out to Community Partnerships and be available to those who work in the area.
- Equality and Diversity Training: The Health Improvement Team in partnership with Highland Council delivers equality and diversity training for staff from both agencies. This includes our requirements under the Equality Act 2010 and the Fairer Scotland Duty.

Community Planning and partnership working

A team member is aligned to each of the nine community partnerships to provide support for actions to address inequalities through Locality Plans, Adult Health & Social Care Plans and Children’s Plans.

This includes: provision of data; support for community engagement; presentations on relevant health improvement issues; advocating for a targeted, preventative approach and providing support as required. The team is also represented on the Highland Community Planning Partnership’s Board and Chief Officers’ Group.

As a community planning partner, we are involved in supporting the development and implementation of the Child Poverty Action Plan for 2019 and have published our first NHS Highland Local British Sign Language Plan1.

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Nikki McIntosh - HIRS Co-ordinator

During 2017 and 2018, we underwent two changes of premises, once from a temporary location at Laxford House, to our now permanent residence at Southside Lodge.

During this period of transition, a quality improvement drive was carried out, looking at the usage of resources held by the service and whether or not these items were still required. As a result of this review, 200 resources which were no longer in use were de-activated.

Further quality improvement drives now include restricting numbers of each resource stocked. A quarterly review of resources will also be carried out to ascertain which items are no longer being ordered.

Between 1st April 2016 and 31st March 2017:
- We registered 241 new clients
- Distributed 194,189 national and local leaflets and posters
- Loaned 638 returnable resources

Between 1st April 2017 and 31st March 2018:
- We registered 238 new clients giving us a total of 1961 registered users
- Distributed 149,046 national and local leaflets and posters
- Loaned 286 returnable resources

Between 1st April 2018 and 31st March 2019:
- We registered 199 new clients giving us a total of 2160 registered users
- Distributed 113,933 national and local leaflets and posters (Argyll and Bute no longer are part of this service)
- Loaned 526 returnable resources

Between 1st April 2016 and 31st March 2019, there has been:
- 56 new resources added to the HIRS library
- 64 differing professions who used our service, both internal and external.
The Health Promoting Health Services vision is:
“Every healthcare contact is a health improvement opportunity”

Chief Medical Officer (CMO) Health Promoting Health Service (HPHS) Letter 3 (2018) and monitoring framework for 2018 and beyond.

Health Promoting Health Service (HPHS) is a National Framework for the continued development and improvement of prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and well-being in board areas.

The four outcomes of HPHS are:
• Leadership
• Staff health and wellbeing
• Patient pathways
• Transforming hospital environments

NHS Highland has identified improvement in the following sections of the HPHS Monitoring Framework:
• Explored ways to increase staff training
• Maintaining tobacco policy in NHS Highland and delivering training
• The Infant feeding support worker initiative to increase the breastfeeding rates with positive outcomes
• Lifestyle questions incorporated into Hospital Standard Admission and Care Plan Record
• NHS Highland became the first board in Scotland to be fully compliant with the Healthcare Retail Standard (HRS). This award has been maintained and runs alongside the Healthy Living Award Plus
• Active Travel Workplace Engagement Officers encouraging more active ways to travel to work
• NHS Highland inpatient multi disciplinary teams take a proactive approach in working as part of the broader integrated team to embed inequalities sensitive practice

HPHS 2016-2018 has captured many examples of innovative practice throughout Highland:
• Fuel Poverty programme in Sutherland
• Income maximisation project in maternity services and mental health services
• Decider Skills training to empower people with skills

For further information, please visit the HPHS section of the Knowledge Network website: www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx

Why is it important?
Health Promoting Health Service (HPHS) aligns closely with Realistic Medicine and, in particular, to shared decision-making and personalised care, better risk management, and improvement and innovation.

NHS Highland has developed a lead network model. NHS Highland District leads embed the monitoring framework locally throughout the 24 hospitals it serves. This involves working closely with colleagues to embed HPHS indicators and collate local evidence to compile an overall Highland wide annual report. The report consists of a self assessment criteria and action plan for completion annually with specific evidence of local delivery to Health Scotland and Scottish Government.
Fiona Clarke, Senior Health Improvement Specialist
Sarah MacKenzie, Health Improvement Specialist

High 5 website

High 5 is a progressive, comprehensive and inclusive approach to food, nutrition, physical activity and healthy weight. It is a successful, primary school curriculum based, interactive programme and has been cited nationally as an area of good practice.

High 5 has been running for a few years now and is delivered in collaboration with the Highland Council and Care and Learning Alliance (CALA). We believe the launch of the website this year has had a big impact on the roll out of High 5. It is very easy to navigate and contains all the lessons plans and evaluation forms that teachers will need to run a High 5 program.

CPD sessions for teachers have also been condensed to 1 - 1.5 hours to make training more manageable, and also the entire High 5 programme can be delivered to pupils in just four sessions, which is a significant reduction from the previous minimum of eight sessions.

www.highfive.scot.nhs.uk

Toddler and Young Children: Food, Mood and Health Guidance

‘Toddler and Young Children: food, mood and health guidance’ is more than just nutrition information for children. We are told that nutrition is the easy bit, so this new guidance goes a bit further and covers body image and ‘how we eat’ as well.

We had discussions with over 150 child care providers including those in the Early Years and Childcare settings, partner centres, foster/adoption services, and also child minders, health visitors and other health, social care and educational staff.

We reviewed literature around the role and impact of healthy weight interventions in Early Learning and Childcare and preventing body dissatisfaction in children
Key themes in the guidance are:

- Healthy Body Image
- Eating Well - What we eat and How we eat
- Physical Activity
- Healthy Weight

Healthy Weight (continued)

2017-18 saw the completion of the guidance and the coming year, will see the guidance being rolled out and embedded in teams across NHS Highland. Early year’s services have a valuable role to play in promoting healthy eating to children, parents/carers and the wider community.

There are also three supporting eModules available which promote the messages in the guidance:

- **Smart Starts** is designed to show how food can have a positive influence on your health and wellbeing, rather than be a threat to it; and that physical activity and movement is primarily about having fun, rather than following and exercise regime.
- **How We Eat** is designed to help parents/carers and those working with and for young children and families to support and guide young children to develop eating strategies which will help them make appropriate food choices, and appreciate that people come in all shapes and sizes.
- **Body Image** aims to encourage children to feel confident about their bodies no matter what age, body shape, size and appearance.
Lynn Bauermeister, Health & Wellbeing Manager, High Life Highland

A jointly funded and managed post with High Life Highland, the Health & Wellbeing Manager is very much part of the Health Improvement Team. The focus of the work of the Health and Wellbeing Manager centres around the priorities of NHS Highland, a few examples are given below.

Opportunities for Older Adults

NHS Highland and High Life Highland have been working with a range of stakeholders to deliver a range of opportunities to support and improve the health and wellbeing of older adults in Highland. Highland has higher proportions of people in all the age groups above 45 and it is known this is set to increase. Through collaboration NHS Highland and High Life Highland are well placed to support efforts to better cater for the needs of older people through delivering a range of interventions and opportunities to support positive outcomes, specifically, supporting people to look after and improve their own health and wellbeing, live in good health for longer, live independently at home and maintain or improve the quality of their lives. Examples of this work are given as per the following:

Falls prevention

In partnership, NHS Highland and High Life Highland are supporting the drive to prevent falls in older adults by delivering exercise and education interventions which enable older people to be aware of and take action to modify the risk factors for falling. From starting with just one falls prevention programme in Tain, due popular demand and positive impact made the programme is now available in over 25 locations across Highland including care homes, day care settings, community centres and leisure centres with over 260 people taking part each week.

A recent report by What Works Scotland and the University of the Highlands and Islands states: “HLH currently deliver a high-quality programme to several venues through Highland which support falls reduction to older adults. The classes are well received and contribute to both the physical and mental health and wellbeing of those who attend.” The report also emphasised that participants indicated that they really enjoyed the social element of the exercise classes and they often choose to stay on after the class for a cup of tea and a chat, which is also facilitated by the programme.
Exercise for Parkinson’s

NHS Highland and High Life Highland are working closely with Parkinson’s UK to provide exercise classes for people with Parkinson’s. The classes were initially piloted at the Averon Leisure Centre and Library in Alness and were proven to be so popular and beneficial that more classes are now being delivered in other locations including Inverness, Fort William and Caithness.

It’s known that exercise is good for people who have Parkinson’s because it can help to slow the progression of symptoms and help to manage symptoms as well such as sleep problems, fatigue and mood. There is evidence that 2.5 hours of exercise can help slow the symptoms of Parkinson’s, such as sleep problems, fatigue issues and mood and can be as important as medication.

Over 50 people per week are taking part in the classes and some of the feedback includes:

“We’ve established a good rapport between the people the class and we’re supportive of each other.”

“It’s good getting together with people with similar problems.”

“Tuesday is our favourite day as we always feel so much better after the class.”

“I’m finding it very useful, it’s improved my balance and co-ordination and posture as well as my walking too.”

A video of “Exercise and Parkinson’s” attendees, along with their own words on how the class has been a benefit, is available to watch on the High Life Highland website - https://bit.ly/2vSr3DV
Move More

Leading a physically active lifestyle both during and after cancer is linked to an improvement in many of the adverse effects of cancer and its treatments. An active lifestyle helps overcome fatigue, anxiety and depression, whilst protecting the heart, lungs and bones. In some cases, being physically active has been shown to slow disease progression, improve survival and reduce the chance of recurrence.

NHS Highland and High Life Highland have been collaborating with a range of partners and stakeholders to provide people affected by cancer the opportunity to become more active. A range of activities have taken place including: a research study with the University of Stirling and the University of the Highlands and Islands involving people with breast cancer being offered access to a free 12 week individually tailored exercise programme and phone support for people who do not wish to use leisure facilities or who live in a remote location.

Since April 2018, this work has been further developed through the introduction of the ‘Macmillan Move More’ programme, in partnership with Macmillan Cancer Support, which provides people affected by cancer the opportunity to take part in physical activities allow for the development and testing of new classes and pathways. Sustainability is at the heart of the new programme and strong evaluation is in place to measure the impact of programmes on individuals, the quality and value of service.

The work is delivering excellence through providing an innovative new approach to supporting people with cancer to improve their health and wellbeing through accessing opportunities in the community to become more physically active and is delivering clear results not only in terms of physical health improvements and also by way of creating opportunities for people to make new friends and reducing social isolation.
Cardiac Rehabilitation

High Life Highland and NHS Highland are working together to deliver an essential service in a new way: cardiac patients recovering from heart attack, heart surgery or procedure will have the opportunity to undertake some of their Cardiac Rehabilitation Programme at leisure centres in East Ross, Inverness and Lochaber. This partnership aims to provide a seamless transition for patients from a Rehabilitation Programme facilitated by the NHS Highland Cardiac Rehabilitation Team to a Rehabilitation Programme facilitated by highly trained fitness instructors in High Life Highland leisure centres.
Maternal and Infant Nutrition - Breastfeeding

Karen Mackay, Infant Feeding Adviser and Senior Health Improvement Specialist
Arlene Rollo - Breastfeeding Co-ordinator

Training
Several courses are offered via the Infant Feeding Service and during 2016/18, the following numbers of staff were trained:

<table>
<thead>
<tr>
<th>Training course</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day breastfeeding update</td>
<td>183</td>
<td>194</td>
<td>197</td>
</tr>
<tr>
<td>2 day breastfeeding management course</td>
<td>47</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Key worker training</td>
<td>12</td>
<td>16</td>
<td>12</td>
</tr>
</tbody>
</table>

Paediatric and GP Training is now offered via an online course evolved by UNICEF BFI. Access codes and invites are sent to all new paediatric and obstetric medical staff and routinely sent out to GPs.

Volunteers
We have a fantastic network of trained Breastfeeding Peer Volunteers within Highland and in 2018/19, we have a total of 60 active peer supporters. Mainly, they provide telephone support to women and offer this service for 365 days of the year. They also provide support groups in Lairg, Inverness, Fort William and Nairn.

We are currently carrying out an evaluation of the peer support service with a part-time Infant Feeding Support Worker post leading on this evaluation. Infographics have been made of the first part of this evaluation where women who have trained as peers were asked how they benefited from the service (see following image).
Clinics

The provision of specialist feeding services are paramount in the promotion, support and encouragement of breastfeeding. Within Highland a specialist breastfeeding clinic is run, which has seen the following numbers of people attending:

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Breastfeeding Clinic</td>
<td>194</td>
<td>186</td>
<td>175</td>
</tr>
</tbody>
</table>

Scottish Infant Feeding Advisors Network (SIFAN)

Karen has chaired the SIFAN for over two years and in doing so represents Scotland at the National Infant Feeding Advisors Network in London.

Infant Feeding Support Workers

Jointly funded by NHS Highland and the Highland Council, these posts are situated in areas of deprivation within Highland and are evaluated using quality improvement methodology. With support from an Infant Feeding Support Worker, a targeted intervention in Highland’s areas of deprivation has resulted in increased rates of exclusive breastfeeding at six to eight weeks for women in these designated areas.

The qualitative data supports the continuation of this service and funding has been secured for 2018/19. Qualitative data has also been collected from service users and staff, and the Infant Feeding Support Workers have developed into a role which is highly regarded and valued by members of staff.

Infant Feeding Support Workers are based in Caithness, Tain, Alness/Invergordon, Dingwall, Inverness, Raigmore and Fort William.

Scottish Infant Feeding Advisors Network attendees at the UNICEF BFI Conference.
Ante-natal breastfeeding course via Facebook

Facebook is a useful medium for information sharing and NHS Highland has run an ante-natal breastfeeding course on Facebook now for the last five years. 2017/2018 saw one of the Infant Feeding Support Workers receive additional funding to look at evaluating our services and the ante-natal course was one of these.

Between October 2017 and February 2018, 100 mums were followed up who had taken part in a course compared to a cohort of 100 mums who had not. With support from a Public Health Support Officer, the data was statistically analysed, indicating that the proportion of mothers exclusively breastfeeding at first feed is statistically higher in the cohort who undertook the Facebook course, which is an excellent result.

Highland Antenatal Breastfeeding Chat

A study into the effectiveness of delivering a breastfeeding preparation course using Facebook

Katy Kitchingham - Infant Feeding Support Worker (katy.kitchingham@nhs.net)
Sara Huc - Public Health Support Officer (sara.huc@nhs.net)

1. Design
A longitudinal evaluation study tracked the postnatal feeding activity of two sets of cohorts: the cohort of 100 mums who had taken part in the FB course and a control cohort of 100 mums who hadn’t taken part. Only mums who had given birth between Jan 2014 and March 2017 were contacted.

2. Data Collection
Information was gathered using the Scottish Birth Record, phone calls, texts, Facebook Messenger and Health Visitor records. For each timepoint, it was recorded whether a mum was breast, mixed or formula feeding.

3. Analysis
Statistical testing done by 2 sided t-test using z-value (p < 0.01)

4. Results

<table>
<thead>
<tr>
<th>Time Point 1: First Feed</th>
<th>Time Point 2: Hospital Discharge</th>
<th>Time Point 3: Around 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Mixed</td>
<td>Mixed</td>
</tr>
<tr>
<td>95%</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>5%</td>
<td>37</td>
<td>5</td>
</tr>
</tbody>
</table>

Statistically Significant
95% of mums who took part in the FB course were breastfeeding at first feed, compared with 63% of mums who did not.

19% of mums who took part in the FB course were mixed feeding at hospital discharge, compared with 6% of mums who did not.

83% of mums who took part in the FB course were giving any form of breastmilk, including mixed feeding, at hospital discharge, compared with 60% of mums who did not.

5. Next Steps
- Increase awareness of course efficacy amongst maternity staff, Infant Feeding Support Workers and mums.
- Gather the likelihood of breastfeeding from mums who join the course and compare with mums who have chosen not to take part.
- Share best practice.
Donor breast milk

North Highland is part of the One Milk Bank For Scotland which is based in Glasgow. We have had problems recently with our Highland mums who want to donate their breastmilk not being able to travel to Inverness to drop off their donor breast milk. Mark Kerr (pictured inset) came to our rescue late in 2017.

Mark is a previous employee of NHS Highland, who after retirement, now volunteers to collect donor breastmilk from around the Highlands and then drop off to Glasgow. Women have really appreciated having their milk collected and delivered to Raigmore and has ensured that we offer an equitable service for all women.

Pictured in the main image is Effie MacIver, whose mum Sarah has donated breastmilk and also volunteers as a peer.
Val MacDonald, Health Improvement Specialist

Delivering a Healthy Start for mums, babies and young children

Taking Healthy Start in pregnancy can help to give babies the best possible start and every mum-to-be is being encouraged to take up free Healthy Start vitamins as part of a Public Health led initiative. Midwives can now order the vitamins on e-procurement which means that the vitamins get to the right person, in the right place, at the right time. Local Midwives are delighted with quick and easy access to the vitamins for their mums-to-be:

Frances Arrowsmith, Midwifery Team Leader in Sutherland said: “We are delighted with the new model for supplying Healthy Start Vitamins. In remote and rural areas it can be difficult for mums to access the vitamins so being able to supply straight to mums is a definite improvement in service.

“We can also ensure that our mums are taking the correct supplements and that they are not purchasing unnecessarily expensive alternatives. Giving the vitamins to mums-to-be also prompts us to have conversations around healthy diet and ensuring eligible mums have applied for Healthy Start vouchers.”

Building on this success, close partnership work over the last two years with The Highland Council has led to a similar model being developed for distribution of vitamins to young children. This has been rolled out through the Health Visiting pathway of core contacts and means that Health Visitors can give free vitamins to eligible families and as part of an early conversation.

Families with children up to the age of four receive the vitamins to support the early developmental milestones, and help tackle inequalities to give every child the best start.
Highland Mental Wellbeing Toolkit

Found at www.highlandmentalwellbeing.scot.nhs.uk, the Highland Mental Wellbeing Toolkit provides information about mental health and wellbeing, bringing together a variety of resources. The materials have been grouped to make it easier to find what’s right for the reader, including Children and Young People (for themselves/for parents, carers and teachers); Adults (for themselves/for friends/family); and Workplace. The sorts of things included in the toolkit are information about maintaining wellbeing, phone helplines, online help, apps, etc.

Evaluation of applying skills learned in Scotland’s Mental Health First Aid (SMHFA)

SMHFA continues to be a very popular course and we have increased our capacity to deliver going forward in 2019. We contact people 6 – 12 months after they have attended a course to ask how much they have been able to apply the skills learned, and about their confidence to do so.

To date, we’ve had responses from 62 people. 100% of respondents would recommend the course to someone else. The comments and feedback show that participants and their contacts are benefiting from attending.

<table>
<thead>
<tr>
<th>Confidence to use skills learned when an opportunity arose (44 of 62 had used skills)</th>
<th></th>
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<tbody>
<tr>
<td>Very confident</td>
<td>25%</td>
</tr>
<tr>
<td>Fairly confident</td>
<td>68%</td>
</tr>
<tr>
<td>Not very confident</td>
<td>7%</td>
</tr>
<tr>
<td>Not at all confident</td>
<td>0%</td>
</tr>
</tbody>
</table>
Percentages of respondents using the various steps of ALGEE

<table>
<thead>
<tr>
<th>Step</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask about suicide</td>
<td>29%</td>
</tr>
<tr>
<td>Listen non-judgementally</td>
<td>43%</td>
</tr>
<tr>
<td>Give reassurance and information</td>
<td>40%</td>
</tr>
<tr>
<td>Encourage professional help</td>
<td>36%</td>
</tr>
<tr>
<td>Encourage self help</td>
<td>39%</td>
</tr>
</tbody>
</table>

Suicide prevention

2018 saw the roll out of Suicide Intervention Prevention Programme (SIPP) training for staff of member organisations of Highland Community Planning Partnership (HCPP). This was accompanied by the launch of the Prevent Suicide – Highland App. They are the two elements of the HCPP Breakthrough Achievement for 2018/19.

This aims to tackle the stigma around suicide, to encourage people to ask if they suspect someone might be feeling suicidal, and to give people the confidence to know how to help, or where to signpost someone. In addition to this information in the training and the app, the app contains a section called “my safety plan” for people experiencing suicidal thoughts to complete to help at these times. More than 600 people have downloaded the app, and 500 training places will be offered.
February 2018 saw the official launch of Active Highland, an excellent example of collaborative development within the Highland Community Planning Partnership. This is a refreshed framework of outcomes and commitments for promoting opportunities around physical activity and sport in our population, with an overarching aim to reduce inequalities. In physical activity terms, this not only means increasing accessible opportunities, but also using physical activity and sport to promote and nurture a culture of inclusion and participation.

Initial implementation is centred around priority themes, providing a focus for delivery and greater opportunities for working together to best meet the needs of our communities.

We were delighted in March 2019 to host a showcase and further planning event which clearly demonstrated the positive impact of a wider range of partnership initiatives that have progressed each of the priority themes. It also reinforced the commitment of key organisations and Community Partnerships to continue implementing the Active Highland framework.

Other highlights since 2016 through to 2019, have been about people with new roles, achieved through attracting external funding, to support some key physical activity projects.

In the realm of Active Travel, we are delighted to have Lizbeth Collie and Sheila Wickens, who are job sharing the full-time post of Active Travel Workplace Engagement Officer. They are tasked with promoting all things that encourage more active ways of travel to, and whilst at work. This role was initially funded through Sustrans, the national charity for promoting walking and cycling. Additional match funding from NHS Highland Endowments is enabling the work to continue to build over a second, and hopefully third year.

With only three of these posts awarded nationally, we are proud to have made the case for this in NHS Highland. The posts are designed to cover a small number of sites which have relatively high numbers of employees. Therefore, it was decided to base this role in Inverness, and particularly the concentration of sites that encompass Raigmore Hospital, and the surrounding admin offices.

The recent office redesign process of NHS Highland sites in Inverness, means this additional support and activity is well timed to take advantage of a period of change for many staff. The latter stages of this project are also providing opportunities to extend support and learning to Royal Northern Infirmary (RNI) Community Hospital, New Craigs Hospital and indeed to sites in other parts of the region.

To give further support for staff travelling to work, a discount for NHS Highland has been negotiated on Stagecoach buses within Zones 1-4 covering Inverness and as far as Brora, Elgin, Fort Augustus and Tomatin. This gives 10% off a 7-day megarider ticket purchased online or through the Stagecoach app.
In another location, New Craigs Greenspace for Health Project is fortunate to have received additional funding through Green Exercise Partnership to engage a third sector organisation to host a project worker for 30 hours-per-week. Employed by The Conservation Volunteers and based within New Craigs. This role aims to address the following:

- Engaging staff, patients and visitors in participating in activities in NHS greenspaces.
- Developing the quality of new and existing greenspaces at New Craigs Hospital
- Promoting the long term sustainability of this and other similar hospital greenspace projects.
- Nurturing a culture where use of the outdoors for therapeutic, relaxation and social purposes is seen as the norm rather than the exception.

After an early period of quite wide engagement and activity provision, this project is providing a unique focus to working with long term rehab patients, using a “Five Ways Well” approach. More information can be found via their Twitter account @TCVNewcraigs or by looking for posts using the hashtag #mygreenrecovery.

2018 also saw the creation of the Highland Green Health Partnership. This is one of four area-wide partnerships developed in Scotland. It will contribute towards “Our Natural Health Service”, an action programme being led by Scottish Natural Heritage. The overall aim of the programme is to improve public health and reduce health inequalities through increased participation in, and enjoyment of, the natural environment and associated green infrastructure. More details can be found on the link: www.naturalhealthservice.scot

The Partnership is chaired by the Head of Health Improvement at NHS Highland and phase one of the project is underway. The partners currently represented are: NHS Highland; Scottish Natural Heritage (SNH); Highlife Highland; University of the Highlands and Islands; Highland Third Sector Interface; The Highland Council; Paths for All; Cairngorms National Park Authority; Forestry Commission Scotland; Highland Environmental Forum; and Representative Health Practitioners.

Green Health is a spectrum of engagement. It can include elements of looking out on natural environments or bringing the outdoors in, but these should be transitional tools, aiming towards getting people outdoors where possible. It should be positive and progressive but also realistic - mindful of the limitations of certain barriers to participation.
Barry Collard - Health Improvement Specialist

Since March 2016, through the use of both traditional and digital mediums; including the creation of publications, graphics, logos, websites and also through the use of social media, there has been an increased effort to raise the profile of the Public Health Directorate and the work of its staff. All of the work has been created ‘in-house’ (meaning that no outside agency was brought in) either from scratch or through the use of stock materials which have been obtained for specific tasks.

Whilst there would be far too many items of work to list individually, the following are some of the highlights which have been created over the past 36 months:

**NHS Highland Public Health website**
http://nhshighland.publichealth.scot.nhs.uk

Launched at the beginning of 2018, the Public Health website provides a digital platform to disseminate the work carried out by the Directorate to other health professionals and partners. The site features a blog with posts written by staff, offering updates on a wide number of topics.

**Reach Out**

In March 2016, NHS Highland launched its ‘Reach Out’ campaign, which even now seeks to combat loneliness and social isolation across the Highlands and Argyll & Bute areas. A complete branding solution, was needed to help raise the profile of the campaign, which consisted of:

- Campaign logo
- Website - www.reachout.scot.nhs.uk
- Pledges - for print and digital use
- Pull up banners and posters
- Social media channels - Facebook and Twitter

**Annual Reports**

There are two sets of reports for the Public Health Directorate - the Director of Public Health annual report, which is created every year, and the Health Improvement Team report, which is now created every three years.

Both of these reports are a huge undertaking for a number of staff across the Directorate. Once all the data gathering has been completed and the multiple reports are written up, these need to then be compiled into a single report via a desktop publishing package. The design process, which also includes the gathering and creation of images and graphics, generally takes around four to six weeks to complete.

**Festival Work**

For both the summer festivals and the winter festive season, a series of graphics were designed to relay helpful information at a glance. Consisting of advice on health & wellbeing, drugs & alcohol, sexual health and supporting services, the graphics were used to support a large number of events throughout 2016 through to 2019 within posts on social media and displayed on large screens at multiple events.

**Public Health Training Prospectus**

To provide details of training available to NHS Highland staff and external agencies, a new training prospectus was created with details of courses provided by staff within the Directorate and amalgamated as a easy to read publication.
This montage provides a few highlights of the type of work that has been created over the past two years.
Jane Chandler, Health Improvement Specialist

Screening Awareness Community Volunteers

During 2016 and 2017, we ran a pilot project to recruit and train community ‘Screening Awareness Volunteers’. We were initially successful in attracting four amazing volunteers and during 2018 we went on to recruit a further four volunteers who have been trained to raise awareness of four of our national screening programmes within their own communities in and around Inverness and in Caithness:

- Abdominal Aortic Aneurysm Screening
- Bowel Screening
- Breast Screening
- Cervical Screening

The volunteers have been busy organising their own activity and have been attending formal and informal community groups, clubs and venues to talk about screening. To date our volunteers have organised over 40 community awareness sessions and spoken to approximately 1000 people about screening.

We were excited in 2017 to learn NHS Highland was successful in securing funding under the Scottish Governments Beating Cancer: Ambition and Action Strategy to expand this project over the following two years.

We were delighted this funding enabled us to recruit Louise Benson and Heather McAdam who both hold the post of Screening Engagement Practitioner. They are tasked with working with our volunteers as well as our third sector and partner organisations to promote Abdominal Aortic Aneurysm, Breast, Bowel and Cervical Screening.

Louise and Heather have been working with staff and community groups to raise awareness of screening, they focus their activity in areas where acceptance of screening is known to be lower. They have delivered awareness sessions to a number of organisations and community groups including LEGOWIT, Highlife Highland, Alness Pharmacy, Home Start, and Gateway. They are also involved in supporting some of our Primary Care colleagues to promote screening among their patients.
Further funding secured under the Scottish Government’s Beating Cancer: Ambition and Action Strategy also allowed us to deliver the following three projects:

1. Health and Happiness

During 2017 and 2018, we worked with Health and Happiness to develop a peer led bowel health and screening workshop. This workshop has been delivered by people with a learning disability to people with a learning disability.

Health and Happiness are an organisation whose aim is to create change for people with learning disabilities and autism in Highland, enabling them to become active citizens. To date, 137 people have participated in this training session.

2. Cervical Screening for NHS Highland Staff

In September 2018, staff cervical screening drop in clinics were established at Raigmore Hospital.

The clinics are being delivered by Highland Sexual Health who have worked hard to implement this fantastic out of hours service.

The service is available to any staff member who is due or overdue their cervical screening test. Currently the clinics are running in the early evenings between 5pm and 7pm twice a month to make them more accessible to our busy staff.

The service is planned to continue through 2018/2019 and 2019/2020 and Highland Sexual Health hope to be able to deliver some early morning clinics throughout the summer months. Dates and times of future clinics are being advertised on NHS Highland’s intranet.

Feedback from staff to date has been very positive, they have told us that the service is very much appreciated as it makes accessing cervical screening much easier.
3. Bowel Screening GP Reminder Project

After a successful pilot project in 2016; in which NHS Highland worked in partnership with one Highland GP Practice, in June 2018, we went on to work with the Scottish Bowel Screening Centre and nine Highland GP practices to deliver the Bowel Screening Reminder Project for one year. The project aims to increase informed participation in the Scottish Bowel Screening Programme and to date is proving to be very successful.

At the end of the second quarter, 1009 ‘Bowel Screening GP Endorsement’ letters and replacement bowel screening FIT kits have been issued as part of the project. This has led to 200 people who had not taken part in screening when last invited to do so going on to complete a bowel screening test (19.8%).

This response rate is really encouraging as it is estimated only a small number (about 3%) of these people would have gone on to complete the bowel screening test if they had not received the reminder letter.

Bowel Cancer UK – Bowel Health and Screening Staff Training

We have worked with Bowel Cancer UK to deliver three bowel health and screening workshops in Highland. Visiting Wick, Kyle and Inverness, we have trained 45 community staff.

The workshops increased staff confidence in raising the issue of bowel health and supporting participation in the bowel screening programme.
Advertising and Promotional Campaigns

With the support of our colleagues and partners in the Communications Team, Highland Sexual Health, Primary Care and with the help of the public we have developed a number of resources aimed at raising awareness of the screening programmes including:

- NHS Highland - Screening Saves Lives Facebook page: [www.facebook.com/NHSHighlandscreening](http://www.facebook.com/NHSHighlandscreening)
- Screening infographics advertising Abdominal Aortic Aneurysm, Bowel and Cervical Screening (Breast Screening to be shown in upcoming posts)
- An Abdominal Aortic Aneurysm promotional film
- Cervical Screening promotional films

Some of the videos which can be found on the NHS Highland - Screening Saves Lives Facebook page
A significant achievement in 2016/17 was the transfer of our Young People’s Sexual Health Services to new providers. Brook Scotland, who had been delivering drop-in clinic services as well as education and health promotion programmes for over 20 years in Highland, withdrew from this contract. 2017-18 saw these services rebrand, re-establish and continue delivering with minimal interruptions.

All of these services are critical to the wellbeing of young people in Highland. Through a process of reconfiguration, premises relocation, partnership working and staff TUPE arrangements, the drop-in service has been taken under the management of NHS Highland through Highland Sexual Health. After a period of temporary location with the Harm Reduction Team in the centre of Inverness, the young people’s clinic has now settled at a new base.

Now known as ‘Teen Clinic’, this service has been relocated to Highland Sexual Health’s main base at Zone 14 on the Raigmore Hospital campus. The focus on teenagers has aided reaching their priority population, and co-location with the adult services is enabling smoother transition between services and efficiencies with staff having been trained to work effectively across both.

The other arm of these services is the education and health promotion programmes. These have been taken up by Waverley Care, who already provide HIV prevention work in the community and run extensive training to professionals in this and related fields.

Again, key staff transferred across to undertake the re-development and delivery of these programmes. We are delighted our partnership with Waverley Care has been extended to ensure the continuation of this work.

Through extensive consultation with young people, they have now created Wave Highland: a fully-branded and website-supported education and health promotion initiative for young people. A well-trained and energetic team of sessional staff are now delivering interactive and engaging learning programmes across secondary schools in Highland, and undertaking a range of consultation and involvement project with young people.

Further developments targeted and young people experiencing disadvantage are also underway. See www.wavehighland.com for further details.

We have also developed closer partnership working between NHS Highland, High Life Highland Youth Services and Wave Highland to develop training and confidence building for Youth Development Officers to further support young people around positive relationships and sexual health.

The early stages of this partnership is already showing extremely positive signs of a stronger and wider reaching support network across the region. We continue to create opportunities for combined-service training, including with Youth Action Team around supporting appropriate developmental behaviours in children and young people and ascertaining risk and child protection issues.
Substance Awareness

Eve MacLeod, Health Improvement Specialist
Elspeth Lee, Health Improvement Specialist

Alcohol Brief Interventions

To allow people to make informed choices about their drinking, and to ensure people are aware of what is constitutes risky drinking, we continue to offer training to enable staff to raise the topic of alcohol and to deliver an ABI. Since Scottish Government introduced the idea of delivering ABIs in Wider settings we have worked with a variety of Organisations, such as Criminal Justice staff and Scottish Fire and Rescue Community Safety staff in addition to those in priority areas (Primary Care, A&E, Ante-natal). There are clear links between involvement in crime and alcohol, and house fires and use of alcohol, so staff are being equipped to confidently ask people about their alcohol use, and to work with clients and their own motivation to make changes to drinking.

We continue to work with Nursing Students within University of the Highlands and Islands to introduce them to the need for and the structure of ABIs. As many of these students will be future employees within Highland it is good to introduce them to the concept early in their careers.

Our LearnPro module, Highland: Alcohol Brief Intervention, is well used, particularly by staff who find it less easy to be released for face to face training. Numbers completing the module are increasing, with an average of 40 per quarter.

Highland Substance Awareness Toolkit

In partnership with the Health Development Officer within Highland Council, the Highland Substance Misuse Toolkit was updated and re-branded to the Highland Substance Awareness Toolkit (H-SAT). Updating the toolkit involved changing the look and flow of the website, while also saving costs associated hosting the previous version.

The updated toolkit was re-launched at Rock Challenge 2017, with the new logo; the result of a competition within Highland secondary schools. In addition, focus groups were carried out to further inform and develop the H-SAT.

In June 2018, Preventing Substance Use Among Children and Young People (Empowering children and young people through prevention and education in school and beyond) was held to further promote the H-SAT and its content, which now includes a series of lesson plans covering the Curriculum for Excellence Experiences and Outcomes for substance misuse education from early to senior level.

At the event the Substance Aware School Award was also launched. This award has been developed to recognise and reward consistent, ongoing approaches to prevent substance use among young people across the Highlands. This initiative is a joint partnership between the Highland Alcohol and Drugs Partnership (HADP), the Highland Council, NHS Highland, and Police Scotland. By sponsoring this award we aim to:

- Support and promote evidence informed substance education and prevention in the Highlands
- Celebrate and showcase good practice of substance education and prevention in the Highlands
- Encourage and sustain healthy attitudes and behaviours among young people in the Highlands
**Prevention and Intervention Model**

The H-SAT now hosts the Prevention and Intervention Model. The model shows various stages of substance use, and appropriate interventions and agencies which provide help and support.

The model can be found at: [www.h-sat.co.uk/prevention-intervention-model/](http://www.h-sat.co.uk/prevention-intervention-model/)

**Highland Substance Awareness: Prevention and Education Framework**

Again, in partnership with the Health Development Officer within Highland Council, the Highland Substance Misuse Framework was updated and rebranded to the Highland Substance Awareness: Prevention and Education Framework. This resource supports and informs substance misuse education in schools through Curriculum for Excellence. This covers safe use of medicines, prevention of tobacco, alcohol and drugs, with appropriate learning to the age and stage of the child or young person.


**Discussing Drugs and Alcohol with Young People training course**

Discussing Drugs and Alcohol with Young People (DDAYP) training course has now been delivered for three years via our network of trainers from NHS Highland and some of our partner agencies, including Action for Children, Highland Alcohol and Drugs Partnership (HADP), Highland Council, and Highlife Highland.

300 professionals that work directly with young people have attended the training. Analysis of the feedback provided from the course has been amalgamated, and full reports are available on the H-SAT. In addition further evaluation has provided insight into the level of impact that the training has had for participants in practice. Full reports about this are available on the H-SAT at [www.highlandsubstanceawareness.scot.nhs.uk/substance-misuse-toolkit/teachers-trainers/](http://www.highlandsubstanceawareness.scot.nhs.uk/substance-misuse-toolkit/teachers-trainers/).

A poster presentation showcasing Discussing Drugs and Alcohol with Young People was accepted for display at the Faculty of Public Health conference in November 2017.
Boozealoos

In order to actively promote the updated low-risk alcohol guidance, an info-graphic poster was designed and produced by NHS Highland Public Health, in conjunction with the Highland Alcohol and Drugs Partnership (HADP). The posters were placed in public house bathrooms throughout the Highlands, utilising a media company with experience in this particular field.

The posters were distributed before Christmas 2016 and remained on display through to February 2017. In total, 157 posters were displayed in 93 licensed premises across the region.

Festival Health

Health and wellbeing messages are shared at local music festivals and events, in collaboration with multi agency safety advisory groups. From April 2016 to March 2019, 37 events were covered. Posters are created to support our messages, as shown below. This was displayed at events, as well as communicated via ticket holder emails and social media. A winter version was also created to better reflect those conditions.

In response to increasingly variable potency and purity of stimulant drugs, a Stimulant Overdose Awareness e-learning was developed and launched in July 2017.

The resource was developed with support from partners in the Highland Alcohol and Drug Advice and Support Service, the Drug and Alcohol Recovery Service, the Scottish Ambulance Service, and HADP. It received support from festival safety advisory groups, and was disseminated between festival organisers, welfare teams, security staff and medical staff with the aim of preventing associated harms from these substances. Over 230 people have completed the course, including colleagues from Scottish Ambulance Service, stewarding, welfare, NHS, Highland Council, door staff, third sector staff, and Police Scotland.

The majority of participants scored 86 -100% in the end of course quiz. The course is available here: https://evemacleod.typeform.com/to/PGfx6o.
Scotland is seen as a world leader in legislating and implementing effective tobacco control policies. In particular, these policies include smoke-free legislation in 2006; increasing the age of sale of tobacco to the age of 18; new laws on the sale and display of tobacco products and the first tobacco retail register in the UK. Scotland is one of the few countries in the world with a network of comprehensive smoking cessation services offering a programme of behavioural support and pharmacotherapies free of charge.

In December 2016, NHS Highland signed up to the Scotland’s Charter for a Tobacco Free Generation. The Charter has six key principles to encourage discussion and enable organisations to examine how their own policy and practice can best contribute to the tobacco–free goal; that is Scotland being tobacco free (less than 5% of the population) by 2034. The principles are as follows:

1. every baby should be born free from the harmful effects of tobacco;
2. children have a particular need for a smoke-free environment;
3. all children should play, learn and socialise in places that are free from tobacco;
4. every child has the right to effective education that equips them to make informed positive choices on tobacco and health;
5. all young people should be protected from commercial interests which profit from recruiting new smokers;
6. any young person who smokes should be offered accessible support to help them to become tobacco-free.

NHS Highland’s pledges to the Charter were as follows:

- Extend Smoke Free Sports to other sports throughout the Highland area
- Encourage other organisations to sign up the Charter
- Encourage use of Charter resources via our Highland Substance Misuse Toolkit

Smoke Free Sports is an initiative to encourage young people not to smoke. It is ongoing Inverness Soccer Sevens, Street League and Youth League, and we aim to roll out to other sports. See website for more information via www.smokefreehighland.co.uk/prevention/smokefree-sports.

Over the last few years, since signing up to the pledge, other organisations in Highland have signed up to the Charter, including the Highland Council and Inverness College UHI. In conjunction with Highland Council and Inverness College UHI and students, we created video resources to support the ASH Scotland #notafavour campaign to stop young people being given tobacco.

These videos were designed and developed by students, and were viewed almost 11,000 times across the Highlands within a fortnight. The videos are available to view on ASH Scotland’s YouTube page (www.youtube.com/user/ashscotlandmedia). This piece of work was awarded with a Tobacco-free Generation Award by ASH Scotland in recognition of our collaborative contribution towards striving for a tobacco-free generation.
NHS Highland Smoke Free Service has been an e-cigarette friendly service for some time, although this wasn’t common knowledge. Recognising trends of fewer people using smoke free services, more people using e-cigarettes, and further evidence emerging around e-cigarettes being a useful ‘harm reduction’ tool, we raised the profile of our service. We added a new ‘sticker’ onto our service leaflets and posters.

During the re-design we also made links with a reputable e-cigarette company to further support our clients that choose to use e-cigarettes. We are now more visual as an e-cigarette service, and are better equipped to support our clients that chose to use e-cigarettes.

**Highland Tobacco Strategy**

In collaboration with partners, a Highland Tobacco Strategy and action plan (2018-2021) has been developed to guide activity towards the aim of reducing the harm to physical health, mental health, personal finances and societal costs and implications caused by tobacco use in the Highlands. Identified objectives are as follows, with an underpinning principle to tackle health inequalities associated with, and caused by tobacco use:

- Prevent children and young people from beginning to smoke
- Protect people from the harms of second hand smoke, in particular young people and pregnant women
- Encourage people to stop smoking, particularly those in hard to reach groups such as pregnant women, people with long term conditions and people in the most deprived areas.

**Smoke Free Homes and Cars**

An evaluation of the Smoke Free Homes and Cars challenge was conducted in 2016. The response rate was low, with 38 responders completing the questionnaire. The highest number of pledges was made to the highest level of the award, Diamond, promising never to smoke in the home or family car, and get support to quit smoking.

The majority of responders were able to maintain at least part of their promise. 28 responders had also accessed support from a Health Improvement Adviser, providing some positive qualitative feedback regarding the service they received. 13 responders had requested a fire safety check from the Scottish Fire and Rescue Service, again this service was associated with positive qualitative feedback.

Following the evaluation, the Smoke Free Homes and Cars resource has been updated and refreshed, in conjunction with Scottish Fire and Rescue colleagues.
Smokefree Prisons

Rates of smoking in prisons are extremely high, with three-quarters of prisoners reporting that they are smokers. A survey carried out by the Scottish Prison Service in 2015 identified that 72% of prisoners smoke, there is a similar picture in Inverness prison. However, it reported that three in five male smokers surveyed expressed a desire to give up smoking (60%). Despite various restrictions being in place throughout prisons, new research identified that the median shift exposure to second hand smoke for non smoking staff was similar to that of someone living in a typical smoking home.

The prison setting offers the opportunity to engage with hard-to-reach smokers and presents a location and time for smokers to access smoking cessation support. This can result in a sense of positive achievement of a goal, and improved health outcomes for the prisoner, their families and the wider community.

In preparation for the implementation of Smoke Free Prisons in Scotland, beginning 30th November 2018, Raising the Issue of Smoking training was made available to prison staff. This was one of a number of efforts to support the transition to smoke free prisons. From July to November 2018, eight training sessions were delivered in HMP Inverness. 65 members of operational staff completed the training. A further 7 prison staff were trained to specialist level and are working in partnership with NHS to support prisoners to remain smoke-free.

Smoke-free prison has now been established and is working well.
The aim of health improvement training is to build capacity and continuously develop our staff’s knowledge and skills around the delivery of health improvement interventions and practice.

We deliver statutory and mandatory courses including Violence Against Women and Equality and Diversity training; core training including Health Behaviour Change and Health Inequalities, and on different topics such as Mental Health; Alcohol Brief Interventions, Healthy Weight and Smoking Cessation.

Since April 2017, we have delivered 144 courses to 1165 members of staff and responded to several team or department specific requests to deliver bespoke training to Mental Health Teams and AHPs.

What participants said:

- “I really enjoyed today. It was great to feel part of something again”
- “This was an opportunity for discussion and to hear about plans for the future”
- “Always an interesting subject that supports my nurse practice”

For details on the breadth of course we offer and for details of how to apply see: http://bit.ly/2DqHEle.

For completed application forms and all enquiries: high-uhb.healthimprovementtraining@nhs.net.

**Neighbourhood Teams**

We have been supporting the coaches of the Inverness Neighbourhood teams to develop core skills and to build confidence in coaching. We have already led a number of development sessions with the Inverness coaches and are preparing for a development session in March 19 for all of the neighbourhood team coaches across NHS Highland.
Gillian Gunn, Violence Against Women Development & Training Manager
Maggie Hume, Violence Against Women Training Officer
Eilidh Moir, MARAC Co-ordinator

MARAC (Multi Agency Risk Assessment Conferencing)


Priority areas identified in the plan are:

- To improve post MARAC information sharing within agencies (internal procedures/ processes)
- To increase the recording of diversity information
- To offer specific MARAC training
- Review and update the Information Sharing Protocol (ISP)
- Develop and Implement a Highland and Islands MARAC Annual Report.

Highland Violence Against Women and Girls Partnership (HVAWGP)

Our action Plan, 2018-21, is channelling partnership work through four sub-groups established to reflect the key outcomes of Equally Safe1. Key priority areas have been identified within each group, with examples of on-going actions as follows;

1. Reviewing current prevention activities, working to develop a whole school approach to prevention of VAWG
2. Promote consistency of responses to VAWG across services, engaging with first responders
3. Identify progress and identify gaps in progress
4. Ensure wide access to perpetrator programmes in relation to domestic abuse2 including securing The Caledonian System in Highland.

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1 Equally Safe. Scotland’s Strategy to prevent and eradicate violence against women and girls: 2018
2 Caledonian System. An integrated approach to addressing domestic abuse, aiming to change men’s abusive behaviour
Violence Against Women and Girls (VAW) Multi-agency Training

588 people completed 65 courses this year with topics including:

<table>
<thead>
<tr>
<th>VAW Training</th>
<th>Learning:</th>
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<tbody>
<tr>
<td>Level 1 VAW Refresher</td>
<td>Altered perception of stereotypes, - better able to raise issue/ask questions of potential victims</td>
</tr>
<tr>
<td>Children’s Experiences of Domestic Abuse (DA)</td>
<td>A+E staff</td>
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<tr>
<td>FGM/Forced Marriage</td>
<td></td>
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<tr>
<td>Impact of Rape and Other Forms of Sexual Violence</td>
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<tr>
<td>Perpetrators of DA</td>
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<tr>
<td>Psychological Trauma</td>
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<td>Trafficking and Commercial Sexual Exploitation</td>
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<tr>
<td>Supportive Responses</td>
<td></td>
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<tr>
<td>Understanding Gender Inequality and VAW</td>
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</tbody>
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Additional Bespoke Sessions provided tailored workshops for a range of services including: A+E staff, Community Mental Health Teams, Education colleagues and 3rd sector agencies across the locality.

Learning:
Some of the statistics re “causes” of VAW and the dangers of not taking each case on its own terms and risks when making assumptions

Understanding GI + VAW
Social media

Since 2008, social networking sites have become one of the most popular forms of communication across the globe, even surpassing traditional forms of media such as newspapers, magazines, TV and radio. In recent years, social networks have seen an increase in the number of users aged 45-54, proving that the medium is not just a passing fad or is indeed for the ‘youth of today’.

One of the reasons for this uptake is that the general public now has access to up-to-date news and information in a way that has never been seen before – often for free. SME businesses, community groups, alongside regional offices/departments of larger organisations, can target and disseminate information, news and offers that are often only relevant to their chosen demographic or to those who reside within a specific area.

Further benefits to social media.

- Request feedback via the use of responses, such as ‘likes’ or ‘retweets’ or online poll.
- Tackle mis-information, be this local rumour or reports by the media.
- Provide an immediate response to an ongoing issue/incident.
- Create online groups to provide support and advice on a range of health issues from a certified expert within a specific field.

On the 2nd April 2019, we changed our Twitter account from providing only updates from our Health Improvement team to that of the whole Public Health Directorate. The reason was so that the account received improved input from our various teams and also provided better links between Twitter and our Public Health website.

NHS Highland Public Health has a number of social media accounts which are as follows:

**Facebook Pages**
- Highland antenatal breastfeeding chat (closed group)
- Drugs and alcohol, telling it like it is
- Highland breastfeeding support
- Highland breastfeeding support chat (closed group)
- Highland Mental Wellbeing
- NHS Highland Reach Out
- NHS Highland Screening Saves Lives

**Twitter Accounts**
- @nhsh_reachout – Reach Out campaign
- @nhsh_wellbeing – NHS Highland Public Health

**Instagram**
- @nhsh_reachout – Reach Out campaign