

NHS Greater Glasgow and Clyde

Public Health Directorate

Out-turn Report

2015-2016

Foreword

The great thing about public health is its breadth and variety as our health and hence the object of our collective action, is influenced by socioeconomic circumstances; the environment we live in; our behaviours; genetic predispositions; unexpected events. It comes as no surprise then when reading the report to see the variety of our engagement and effort across the life course of our population and with a wide range of partners.

It is difficult to pick areas of work in here but I would like to highlight the impact of using analytical skills to aid our efforts to reinvigorate services like smoking cessation or alcohol brief interventions in maternity; our determination to embed money matters in individual healthcare needs assessments; the large number of people immunised; screened; attending groups or activities aimed at promoting health; trained or in receipt of educational resources.

I would like to commend the impact we had on the way the health care sites' look and feel changed: to encourage interaction, reflection, engagement and wellbeing through the use of arts and design. I believe that we have certainly set the right scene to make every health care encounter a health and wellbeing promoting encounter.

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THEME 1: SUPPORT ENVIRONMENTS CONDUCIVE TO HEALTH

1.1 Health Promoting Health Service Work streams

There is continued effort to deliver the actions required within the CMO 19 letter as outlined in The Health Promoting Health Service: Action in Secondary Care Settings (CMO 2015 19 letter). The framework aims to build on the concept that *“every healthcare contact is a health improvement opportunity”*, recognising the important contribution that hospitals can make to promoting health and enabling wellbeing in patients, their families, visitors and staff.

An annual report for 2015/2016 will be submitted to the Scottish Government via NHS Health Scotland in September 2016. This report details the evidence of action in relation to underpinning and enabling activity to support health improvement in the hospital setting. The performance measures include strategic actions such as clinical leadership and health related behaviour change capacity building with frontline staff. This is in addition to the delivery of specific topic based actions, such as smoking cessation, alcohol brief intervention etc. Required actions are aligned with three key areas of Person Centred Care, Staff Health and Wellbeing and Hospital Environment and progress on delivery is detailed in the relevant sections of this outturn report.

1.2 Smokefree Policy and Smokefree Grounds

Creating smokefree environments continues to remain a priority for Smokefree Services across NHS Greater Glasgow and Clyde (NHSGGC) and in partnership with local authorities, statutory and voluntary sector agencies. This work takes the form of policy development and implementation, monitoring effectiveness, and developing communication campaigns and other methodology to improve compliance.

This year has seen the continuation of the smokefree grounds communication plan with a range of activity delivered across all acute sites, as well as supporting new developments across the community based estate via the local HSCPs.

Communications activity this year has been around the Scottish Government's national smokefree grounds [green curtain](#) campaign. This high profile television and radio campaign has provided NHSGGC with a recognisable brand for local signage and communication materials.

The opening of the new Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children during 2015 was a focus for smokefree grounds implementation. As services moved into the new hospitals, a monitoring process was established to enable a full understanding of the necessary requirements to improve compliance. This included removing existing signage from old sites and installing these at the new hospital in appropriate locations. Briefings to staff groups, global emails, pay slips, screen based media, the induction programme and new resources have all been used to communicate the smokefree policy message at the new site. Training on the policy has been delivered to the volunteer welcome guides working in the new hospitals, as they are often the first point of contact for the many patients and visitors

A bus campaign launched in February 2016 saw the national campaign message displayed with a local theme for the ten "hospital-connect" routes to the QEUH entrance.

Smokefree wardens were in place via an externally commissioned security company for the first few months following the opening of the new hospitals. Their role was to encourage patients, visitors and staff to comply with the smokefree grounds policy. We recognise compliance remains a significant challenge across NHSGGC and similarly across all of the NHS in Scotland.

During 2016-17 we expect the final consultation around legislation to be undertaken by the Scottish Government which will allow Health Boards to define a legally enforceable non-smoking perimeter around hospital grounds.

October 2015 saw the start of smokefree grounds across all our mental health sites. This process has involved each site developing an action plan reflecting the specific local needs and processes to take forward implementation. National No Smoking Day in March 2016 saw the official launch of [smokefree mental health sites](#) and supporting the implementation of this policy is a priority area for 2016/2017.

Supporting local tobacco control within HSCP teams to implement smokefree grounds across community based facilities has been ongoing throughout 2015/2016. Smokefree Services also work closely with local authorities across the Board area in an advisory role as they work towards delivering their commitments in the national tobacco strategy around smokefree ground, parks and play parks.

The use of electronic cigarettes (e-cigs) over the past few years has seen the need to review the evidence base around their potential as a positive tool in tobacco control. The publication of a world leading [review of the evidence around e-cigs by Public Health England](#) in August 2015, led to NHSGGC reviewing the existing smokefree policy. This review recommended an [amendment be introduced to the existing smokefree policy](#) to allow the use of e-cigs by patients, visitors and staff on grounds with a range of guiding principles being developed around good practice. This generated significant [media coverage when announced](#) in December 2015 and we expect similar interest when this is finally implemented around early summer 2016. E-cigs remain a controversial topic within tobacco control. The Public Health England evidence review was a call to action around the potential for e-cigs as a harm reduction opportunity and this was the main driver around the changes discussed above.

Effective Smokefree Policy implementation contributes to a de-normalisation of smoking which impacts upon smokers considering quitting as well as on the uptake of smoking by young people. Continued smoking is the leading cause of preventable ill health across the country and is a major factor contributing to health inequalities in Scotland today.

1.3 Staff Health Strategy

In 2015, the Employment and Health Team was incorporated into the Public Health Directorate. The team strategically supports the organisation to deliver on employability, the 'good work' agenda and vocational rehabilitation, working towards the NHSGGC's Health Works Outcomes framework. The team delivers the national Healthy Working Lives programme of services and solutions to workplaces in the NHSGGC area. The aim of the Employment and Health Team is to improve the health and employability outcomes of our working age population to better enable a diverse, engaged, skilled and sustained workforce.

1.3.1 In Work / Good Work Programme

The work of the Employment and Health team was reoriented as part of a Service Review towards improving issues relating to the changing nature of work and its relationship with employee health, i.e. in-work poverty, underemployment, the gender gap, churning and precariousness. The team is currently working with multiagency partners on the City Deal's 'In Work Progression in the Care Sector Pilot'. The pilot is set within the context of facilitating business growth and development and aims to devise, implement and refine a sustainable model of employee progression which improves the skills and increases the earning potential of low paid employees in the care sector. This pilot will run over a two year period into 2017. Additionally, the team has carried out joint promotional work with the Living Wage campaign and raised awareness amongst workplaces about welfare reform, child poverty, and financial inclusion.

The importance of 'Good Work' as being good for health was also highlighted in the Service Review and work has begun to develop approaches to promote: ageing workforce guidance, employee engagement methods, sedentary behaviour issues and leadership/management competences.

Leadership: NICE guidelines stress the importance of trained and committed leaders and managers on the positive health of their staff. Towards this aim, key employers and business leaders from the SME sector were recruited to two Leadership Resilience training sessions. This will develop into a Leadership Forum in 2016/2017.

Sedentary Behaviour: A resource and information session for workplaces on Sedentary Behaviour at work was produced by the team in partnership with Caledonian University and endorsed by the Cancer Prevention Network.

A nationally recognised programme providing services and solutions on workplace health and wellbeing, Healthy Working Lives (HWL) has been operational since 2008 and is managed by NHS Health Scotland. NHSGGC hosts a team of HWL advisors to provide local support to workplaces in the area. Approximately 2,000 organisations in NHSGGC accessed HWL services and advice in 2015/2016, covering a combined 256,849 employees. Two thirds of these were Small to Medium Enterprises (SMEs) from a range of employment sectors, including our identified health inequalities target sectors - retail, care and hospitality. Of these organisations 43 have engaged with HWL specialists in depth to create protective Occupational Health and Safety action plans. Another 203 are committed to becoming exemplars and are registered for the HWL Award, a recognised framework of good practice. Over the past year, 23 companies have achieved an award and over 100 organisations renewed their award status. Over 209 organisations have benefited from HWL training, with 593 delegate places filled and 53 organisations have developed staff health policies with HWL support.

Continuous development of @NHSGGC_HWL TWITTER account has led to the October 2015 NHSGGC Social Media Services Report commenting on the site as 'vibrant and engaging'. Furthermore, tens of thousands actively use the www.healthyworkinglives.com website which provides a variety of training tools, advice and guidance for employers and employees. With such a comprehensive and established service, it is reassuring that local client satisfaction scores have remained continuously high despite local funding reductions and changes to service delivery, last year averaging 4.5/5.

1.3.2 NHSGGC Staff Health Strategy

'Your Health' Staff Health Strategy has driven the Board's approach to workforce health from 2008. Whilst the strategy has maintained the original priorities and aims (alcohol, tobacco, obesity, mental health, cancer), the new focus responds to the increasing evidence base regarding aspects of 'in-work' health inequalities and the development of 'Good Work' identified by Marmot in his review, *Fair Society, Healthy Lives*¹.

1.3.3 HWL Registration

The HWL Award provides a framework which supports employers to create healthier working environments and improve staff health in partnership with their staff. NHSGGC is a Gold HWL Award holder and has continuously maintained this high standard. The current NHSGGC system of registration to the Award programme was reviewed in light of the Board's restructure. Staff Health activities have remained synergistic with our commitment to maintaining the Award.

1.3.4 Healthy Weight Challenge

The Healthy Weight Challenge is an annual weight management initiative for NHSGGC staff run by the Employment and Health Team. Launched in February 2016, this year's challenge registered 506 participants. The 2015 challenge evaluated positively with over 636 (84%) participants experiencing weight loss.

¹ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

1.3.5 Weigh in @ Work weight management pack

The roll out of newly printed packs of this popular resource continued in 2015/16. This was complemented by promotion of an electronic version of pack. This encourages the creation of local weight management groups across NHSGGC. 335 packs have been requested by staff groups who wish to run a course.

1.3.6 Policy development

NHSGGC's Mental Health and Wellbeing Policy Guidance was reviewed and re-launched. The guidance brings together all relevant NHSGGC policies in one place and outlines the board's commitments to promoting and supporting positive mental wellbeing in the workplace. A Stress Action Framework has been created and implemented, driven forward by a short life working group.

NHSGGC's Smokefree Policy was reviewed and re-launched in line with developments, for example e-cigarettes.

1.3.7 Healthy Reading

Funded by the Strategy, the 6 Books Challenge has continued to engage more lower paid workers and those non-computer facing staff who wish to boost their literacy levels and enjoy reading to improve their general wellbeing.

1.3.8 Mindfulness

A Mindfulness Pilot began in October 2015, so far delivering eight taster sessions to 200 staff, and recruiting 100 staff to attend five Mindfulness Based Stress Reduction training courses from April 2016. The sessions were targeted at NHS sites where higher levels of stress had been identified.

1.3.9 Quit and Win challenge

The annual challenge launched in March 2016 to support and encourage staff to stop smoking. At the four week mark, 26 smokers had stopped smoking successfully. The number of entrants has been relatively low this year at 36 compared to last year's figure of 79. The lower numbers may relate to the success of the Quit for Christmas Campaign in winter 2015 which had 46 participants and 29 successful quits at four weeks. In 2015/2016, the team used the Quit and Win Challenge to support 82 smokers and enabled 55 people to quit, a small increase from last year.

1.3.10 Financial Inclusion

Two performances of "The Cost" Welfare Rights play were performed on the Board's acute sites and promoted to health inequalities target groups.

1.3.11 Communications plan - general health events

Successful liaison between the health improvement team and the Board's communications team has seen staff health campaigns and activities feature more regularly in Staff News and StaffNet. This has given a much more visible presence to promote relevant campaigns, events and initiatives, both local and national.

1.3.12 Active Staff Programme

The first phase of the Active Staff programme finished in December 2015, some key milestones have been highlighted below across each of the themes.

- **Live Active** – 180 staff have accessed the Live Active Scheme seeking to reduce personal barriers to physical activity and identify individually tailored activity programmes:
- **Active Sites** - Offer staff a menu of physical activity opportunities onsite. There are currently 12 structured activity sessions taking place across 8 acute sites. There has been 3,535 attendances at exercise classes to date with class occupancy rate above 80%;

- **Active Challenges** – Develop a series of large physical activity participation events. 3,173 participated in the pedometer challenge in the summer 2015 challenge. 80 staff took part in a 5-a-side football league;
- **Activators** – 22 staff were recruited and trained to promote staff activities and support involvement;
- **Active Local** – Raise awareness of physical activity opportunities in each of the 6 local authorities within the board.

A commissioned evaluation study of the Active Staff Programme reported in March 2016. Recommendations were made around broadening the programme's scope, increasing awareness and accessibility of the programme, enhancing the experience and impact of Activators. The details of these recommendations are being implemented in the next phase of the programme.

Due to the success of the first phase, a second bid in November 2015 to the Endowments Committee was successful. This phase which commenced on 1st January 2016, aims to consolidate the success to date as well as develop the following initiatives:

- Implementation of a staff salary deduction scheme to local authority leisure providers - This scheme was launched successfully across 8 local authority providers, providing over 90% of staff with discounted access to the leisure provider within the area they reside. Currently 1,800 staff are participating in this scheme;
- Glasgow's Mass Automated Cycle Hire Scheme Expansion - Bike hire stations have been installed at Queen Elizabeth University Hospital and Gartnavel General Hospital to make the scheme more accessible to staff.

1.4 NHSGGC Retail Policy

The focus on the implementation of NHSGGC's Retail Policy has been at the Queen Elizabeth University Hospital (QEUH). Camden and Souped Up and Juiced are still to progress towards obtaining the Healthy Living Award (HLA). In addition to the NHSGGC Retail Policy, WH Smith, Marks and

Spencer and all trolley services are required to adhere to the new Health Care Retail Standard (HRS) introduced in autumn 2015. This has presented some challenges as components of the HRS, such as the promotion of food criteria, have aroused many discussions at national level. There will be a national evaluation of the implementation of the HRS and it is expected that this will be disseminated in 2017/2018. Progress to date includes:

- Camden has started the process towards the HLA
- Souped Up and Juiced obtained the HLA in the autumn of 2015
- Marks and Spencer and WH Smith have both assessed their product list against nutritional criteria and this is being checked for accuracy
- SLA under development for the trolley services
- All dining rooms have HLA+
- 12 out of 16 NHS managed cafés have obtained the HLA+; the remaining 4 are delayed due to reapplication from those who moved to QEUH
- 7 out of 13 externally managed cafés have obtained their HLA and 2 out of two cages their HLA+
- No retailers or trolley services meet the HRS

1.5 Health Literacy Model

Aligned to the Person Centred Health and Care Portfolio, The Scottish Government published the 'Make it Easy' Action Plan for Health Literacy in 2014.

Health Literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care and to navigate health and social care systems. Those with a lower level of health literacy have higher rates of emergency admissions and have difficulty managing their health and the health of others they care for.

Key components of the health literacy model include:

- Support and Information Services
- Information points and kiosks in healthcare settings
- Web-based health related information, e.g. NHS Inform

- Online ordering of publications via Public Health Directorate
- Information pathways connected to self-management of long term conditions
- Putting evidence into practice, being able to describe good practice
- Accessible information – Clear for All
- Tools and techniques, i.e. Teach-back; Chunk and Check, etc
- Connecting to services via Health and Wellbeing Directory

A NHSGGC steering group was established to draft a model and implementation plan for the Board and initial meetings have focused on bringing together existing strands of work within Public Health and identifying key stakeholders and areas to develop over the coming year. A focus will be on test and spread of the techniques and resources introduced within the national action plan.

1.5.1 Support and Information Services

An evaluation of the Patient Information Centres (PiCs) and the Family Support and Information Service (FSIS) was undertaken and the final report published in April 2015. As a result of the evaluation, the service has been rebranded to Support and Information Service to reflect clearly what the service delivers and a database has been procured to better capture service activity and outcomes.

The evaluation study of the Patient Information Centres in Stobhill and Victoria Hospitals gave valuable insight to inform decisions around the development of the Support and Information Service in QEUH.

Feedback from patients, families/carers and staff suggests that the information and support provided have made and are continuing to make a difference to people's lives. The interventions provided ranged from the provision of information on health conditions, social activities and transport options, to emotional support for people experiencing bereavement, loneliness and anxiety and financial distress.

1.5.3 Information Pathways

Publications for topic areas and pathways are now issued in “bundles” and the Information Management team has worked with topic and clinical specialist to provide Information Pathways. These have been developed to assist NHSGGC staff who work with discrete patient groups. They identify quality assured publications which support effective communication with clients and their carers. The information can be used to:

- Help raise the issue of important health issues
- Support health related behaviour change

The publications listed within the Information Pathways are reliable sources of information, produced by NHSGGC, NHS Health Scotland, partner organisations and charities.

- Healthy Families, Healthy Children Information Pathway (published November 2013, being reviewed February 2016 to align with the NHS Health Scotland redesign of parents and early year’s information)
- Long Term Conditions Information Pathway (published February 2016).

Further information is available from the [Public Health Resource Directory](#)

1.5.4 Publications (PHRD)

The Information management team manages all of NHSGGC’s health improvement publications, currently representing over 1 million items of stock.

The Public Health Resource Directory (PHRD) was implemented in September 2013. This web-based system allows NHSGGC's users to do their own ordering online. PHRD offers clients the following advantages:

- Highlights new resources easily
- Allows users to preview publications
- 'Basket' ordering system
- Inbuilt RSS feeds
- Easy access to stock information to ensure efficient stock management
- User profiling and ordering history
- Auditing of flow of materials against estimated population need

Table 1.1 shows the uptake of the service over the last two years. The number of registered users has increased steadily and is currently in excess of 2,400.

Table 1.1: Number of registered users from September 2013 to December 2015

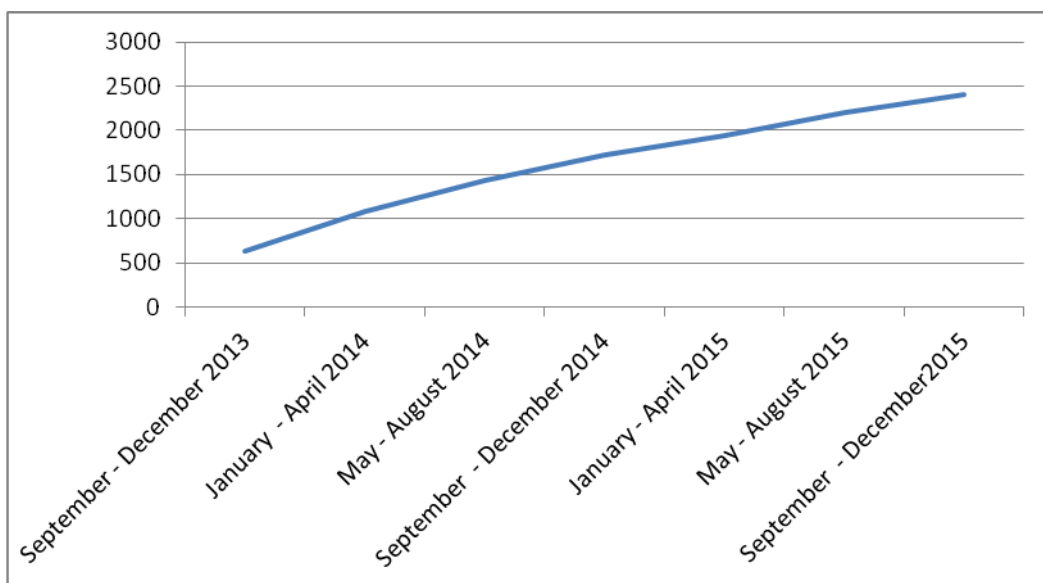
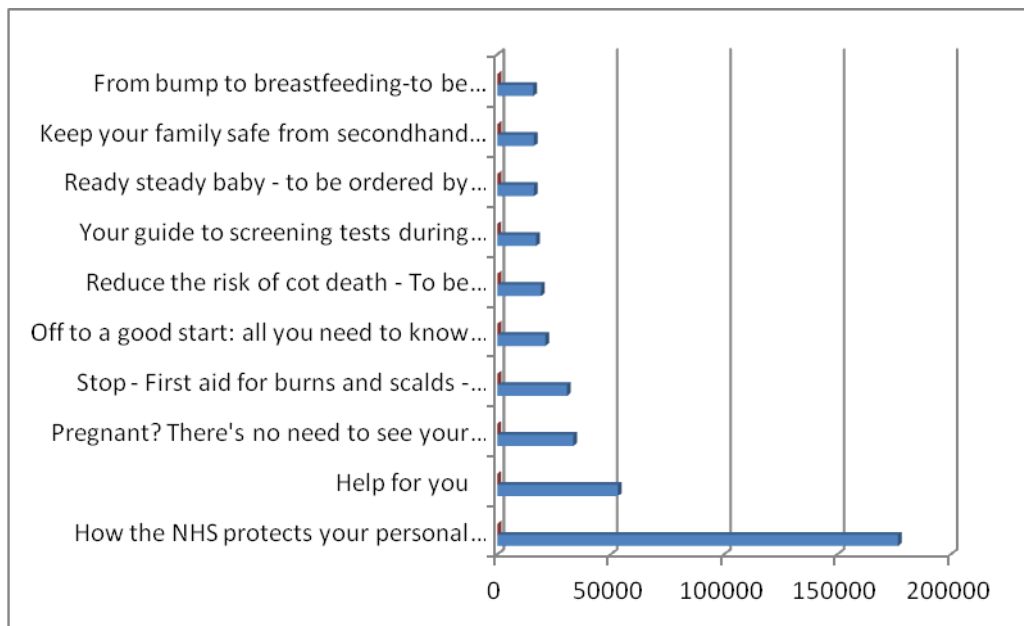


Table 1.2 and Figure 1.1 shows the 10 most popular publications ordered from March 2015 to March 2016 by quantity distributed and also by the number of orders placed.

Table 1.2: Ten most popular publications ordered between 1 January 2015 and 31 December 2015

Subject	Title	Quantity	Transaction
Health Rights	How the NHS protects your health information	176,715	206
General Health	Help for you	53,210	46
Child Health/Parenting	Pregnant? There's no need to see your GP book direct	33,419	15
Accident Prevention	Stop – first aid for burns and scalds	30,660	121
Breastfeeding	Off to a good start	21,186	198
Child Health /parenting	Reduce the risk of cot death	19,305	238
Screening	Your guide to screening test during pregnancy	17,161	48
Child Health / parenting	Ready Steady Baby	16,191	146
Tobacco	Keep your child safe from second hand smoke	16,105	150
Breastfeeding	Bump to breastfeeding	15,877	118

Figure 1.1: Ten most popular publications distributed between 1 January 2015 and 31 December 2015



1.6 A New Cultural Economy

Funded by Creative Scotland, NHSGGC's Health Improvement Team commissioned research to explore options for an improved business model and better financial governance and cultural planning arrangements within NHSGGC. The purpose of the programme is to develop a wide range of high quality arts activity and events that will create opportunity to improve the health and wellbeing of patients, visitors and staff at the new QEUH, as well as impact on the health of the wider population.

Evidence was collected on good practice in Arts and Health, experiences from comparator models through the UK and the value of participation in the arts. Recommendations from this study led to a number of possible models being put forward.

In February 2016, NHSGGC's Corporate Health Improvement team invited internal and external arts and health programme directors and managers from Yorkhill Children's Charity, Art in Hospital, Creative Scotland and Glasgow Life to participate in a meeting where they considered the models

for sustaining a new cultural economy, 'Arts and Health' programme across the new QEUH and Royal Hospital for Children. Expert knowledge was offered, either as advisors or stakeholders, on how NHSGGC could best move forward with its commitment to arts and health work.

It was agreed that NHSGGC and Glasgow Life Glasgow Arts would support the strategic development of an Arts Partnership charged with the collective task of developing and delivering a proposal for maintaining and expanding NHSGGC's art capacity and provision for 2016-2019.

1.7 Design and Healthy Environment

Design and Healthy Environment strategies continue to be integral to new acute primary care capital developments as part of service modernisation.

In 2015, artworks played a positive role within the hospital setting and successfully delivered evidenced based art and design strategies in the QEUH and the Royal Hospital for Children. An integrated programme of therapeutic art and design was a core part of the building programme. This included:

- Memorable visual signposts at key junctions
- Wall graphics and artworks in all wards and many waiting areas
- Interior design enhancements and artworks in 80 quiet rooms
- A new '100 Flowers' art collection which is being reproduced across the hospital
- A programme of enhanced exterior landscaping, walking milestones and shelters
- The new interactive play area in the outpatient waiting area in the RHC. This was delivered in partnership with Glasgow Science Centre and funded by Yorkhill Children's Charity

Art and design schemes were developed to support patient dignity, way finding, personalisation and distraction. The strategy also worked to influence delivery of interactive play zones and wall graphics/environmental

improvements to help with clinical communication, as well as opportunities for children and young people to get involved in creative art making sessions as part of the RHC play service.

2016 will see a commitment from a framework of art partners to the continual expansion of the arts through a 'Keeping it Live Strategy'. NHSGGC will work with key cultural partners, Art in Hospital and Glasgow Life: Glasgow Arts will bring participatory, creative therapeutic activities and performing arts into the new hospitals. Artworks and artefacts from NHSGGC's archive will also be brought into the new hospitals.

1.7.2 HUB Health and Primary Care Centre Projects

Arts and Environment strategy groups have been established as part of the delivery infrastructures for the new Health and Care Centres at Maryhill, Woodside, Gorbals and Eastwood. The groups will commission artists and designers to collaborate with services users, service owners and design teams to enhance exterior green spaces, entrances, way finding and waiting areas.

1.7.3 Dunrod House, Ravenscraig Hospital, Inverclyde

Pupils from Ardgowan Primary School worked with Rig Arts, dementia services and patients to design themed memory boxes exploring the life of those living in Inverclyde from the 1950s to 1980s. Some of the themes are music, fashion and work and each box contains a variety of objects and artworks. These boxes which will provide families, carers and staff with creative conversation starters to help stimulate the senses of patients with dementia

1.7.4 Hearts, Hands and Minds Strategy

Eleven projects are underway as part of the new Adult and Older People's Continuing Care Bed facility being built in the grounds of Inverclyde Royal Hospital. These projects aim to create homely, comfortable, interesting and reassuring spaces at the new facility which will be home to adults living with chronic long-term medical illness and patients with severe and complex dementia.

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THEME 2: OVERCOMING VULNERABILITY

2.1 Supporting Vulnerable Groups

2.1.1 People in prison

Services within Prison Health Care continue to be delivered to approximately 2,500 people on a daily basis within NHSGGC. Vulnerability based on personal circumstances and the environment, continue to present in varying intensities.

During 2014/2015 the focus was on development of a Whole Prison Approach to delivering services and work with Scottish Prison Service at both a local and national level to influence health related considerations in the development of the service. Within 2015/2016 we now have two completed plans with ongoing reviews of service and a third plan in progress which considers the wider determinants of health e.g. family relationships and throughcare opportunities for short term offenders leaving prison.

A successful application to the mental health innovations fund will enable the development of more equitable access to low level psychological therapies similar to those available in community primary care services. This development will be supported by the recent appointment of a permanent, full time Psychologist for Prison Health Care.

'Health Matters - Conversations about Change' has been delivered successfully to peer mentors within prisons and to 3rd sector partners who support people leaving prison to return to local communities. This supports the Scottish Prison Service asset based approach to reducing reoffending;

The National Joint Action Planning group work to progress towards Smokefree Prisons has reached its culmination with the submission of an options paper to the Cabinet Secretary for Justice. NHSGGC will remain closely linked into this process and develop action plans in accordance with national timescales.

2.2 Addressing gaps within services for vulnerable patients

2.2.1 Learning from Frontline EQIAs

During 2014/2015 the Acute Operating Division was supported to undertake 20 EQIAs across Directorates. Evidence gathered through thematic analysis of these would suggest that although there has been progress in addressing gaps and areas of risk for the organisation under equality compliance, there are still the same themes recurring each year:

- Equality data collection/analysis
- Addressing communication needs including accessing/booking interpreting services
- Access to sensory impairment equipment
- E&D learning and education, staff development

Although equalities information has been distributed to service areas, it would also appear that there is still an issue with information reaching frontline staff. This may be as a result of the sheer volume of information circulated to Service Leads /Lead Nurses.

2.2.2 Response to the learning

Throughout this year, the Acute Health Improvement team has engaged with priority areas in hospitals to ensure information on booking and using the interpreting service is available.

Guidance to help resolve ongoing gaps and risks to the organisation has been offered by the Acute Health Improvement Leads. This includes raising awareness of 18 E-learning modules including vocational rehabilitation, financial inclusion and carers.

Frontline staff were offered bespoke training in relation to financial inclusion, Interpreting services and carers' information and support. To date 100 staff received support in the North Sector and the approach will be rolled out to other sectors in 2016/2017. Face to Face sensory impairments training is also available to frontline staff. This addresses communication and sensory impairment equipment. The Facilities Directorate is currently addressing the Fixed Loops equipment across Hospitals.

2.2.3 Contextualising equalities information for acute population

With support from Information Service colleagues, acute patient throughput data has been analysed and modelled using census (2011) proportions to better understand the frequency of interactions of people with inequalities and protected characteristics with acute services. Findings have been shared with Directorates/Sectors via the Acute Health Improvement and Inequalities Group and will now form the basis of site-based posters using infographics to communicate to frontline staff and direct them to useful considerations and resources in order to improve inequalities sensitive practice.

2.3 Carers

A study was commissioned in January 2016 to examine the needs of carers who engage with the acute hospital setting. Opportunities and processes for healthcare professionals to engage with carers will be identified, leading to the development of a more effective system to support carers.

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THEME 3: ESTABLISHMENT OF OPTIMAL HEALTH AND WELLBEING IN MATERNAL, EARLY YEARS, CHILD AND YOUNG PEOPLE'S HEALTH

3.1 Scottish Child Health Programme

3.1.1 Child and maternal health priorities in the DPH Biennial Report

The chapter compared local NHSGGC data to findings in the 'Growing Up in Scotland Study' and examples of interventions to support pregnant women and children

3.1.2 Healthy mums, healthy babies programme

The programme's main aim is to embed the Getting It Right for Every Child (GIRFEC) principles in maternity services. The antenatal pathway has been reviewed and the Special Needs in Pregnancy will also reflect the use of SHANNARI assessments to identify and support vulnerable women. The Hubs and Spokes Model of delivering maternity care is also under review.

3.2 Develop Universal and Targeted Services – Pregnancy

3.2.1 Smokefree Pregnancy Service (SfPS)

This service has focussed on increasing the recruitment of pregnant smokers into the service and maintaining communication through to 12 week quit date by:

- Maintaining an ongoing programme of staff development for SfPS Advisors to support successful quits amongst women with very challenging life circumstances, for example poor mental health, homelessness and domestic abuse;
- The re-referral system developed during the Vale of Leven small test of change is being rolled-out on a staged basis to all midwives. Despite the initial pilot's small numbers, evidence showed an increase in the number of women accessing the service at various stages of pregnancy. This will be further piloted in East Dunbartonshire and the South Sector;

- A pathway to formalise the links between Family Nurse Partnership (FNP) nurses and SfPS is being developed. Training to support this work will be delivered in March 2016 to FNP nurses. This will encourage strong working relationships between SfPS advisors and FNP nurses, fostering a more cohesive stop smoking journey for young women ≤ 20 years old.

The Maternity and Children Quality Improvement Collaborative requires all pregnant women to be offered Carbon Monoxide (CO) testing at their antenatal booking appointment. NHSGGC have consistently achieved 98% CO testing over the last two years.

There is, however, a drop in the prevalence of women smoking in pregnancy in NHSGGC. Data taken at 12 week booking from Pregnancy and Newborn Screening (PNBS) indicates approximately a 2% drop in prevalence between 2013 and 2015. There has been a 5% increase in the rate of pregnant women who have stopped smoking successfully at 4 weeks, increasing from 34% in 2014 to 39% in 2015. Twelve week quit rates are also increasing steadily due to improvements in the systems and processes.

3.2.2 Antenatal HEAT target

To meet the requirements of the Antenatal HEAT Target, NHSGGC introduced a new booking line for expectant mothers to contact and arrange their first appointment with a midwife/initial scan. NHSGGC is meeting the target of above 80% of women from all SIMD booking by 10-12 weeks. However, some groups of women are still booking late and they include young women from deprived areas and some from minority ethnic populations. A revised communication plan is targeting key areas.

3.2.3 Perinatal mental health

The UK Confidential Enquiry into maternal deaths identified suicide and mental health issues as the second leading cause of maternal death in the UK. Mental Health questions will be included in the PNBS system to enable

NHSGGC to identify the scale of pre-conception and antenatal mental health issues and to develop pathways into support services.

3.2.4 Future of formula provision in maternity hospital

A consultation exercise has been proposed for staff, parents and other stakeholders about removing provision of free formula milk in postnatal wards. This will not affect neonatal admissions and some stock will be available for emergencies.

3.2.5 Pregnancy and newborn screening (PNBS)

Pregnancy and newborn screening is offered to pregnant women and newborns to identify risk of a particular condition. The following tests are offered:

- Antenatal haemoglobinopathy screening
Screening for sickle cell and thalassaemia is offered with a 97.3% uptake. Work is progressing to improve data completion to enable reporting on the number of carriers and foetuses at risk of sickle cell disease and thalassaemia;
- Screening for communicable diseases
Testing for HIV, hepatitis B, syphilis infection and immunity to rubella is offered at first antenatal booking when a blood sample is taken. Uptake of tests is high at greater than 99%;
- Screening for down syndrome and congenital anomalies
Down syndrome and congenital anomalies screening is offered to women during the antenatal period. Uptake was 75.4% and 151 anomalies were detected and of that number 54 were confirmed postnatally;
- Screening for gestational diabetes
49% of pregnant women are overweight or obese and at risk of developing gestation diabetes. Screening for gestational diabetes in pregnancy will be implemented across NHSGGC that will include additional testing and health improvement components;

- **Newborn Bloodspot screening**
All newborn babies are offered newborn bloodspot screening to detect five conditions: phenylketonuria, congenital hypothyroidism, cystic fibrosis, sickle cell disorders and (MCCAD). 98.7% of babies resident in NHSGGC were screened.
- **Newborn Hearing Screening**
Newborn hearing screening is offered to all newborn babies. 97.6% of babies were screened for hearing loss. 17 babies were confirmed with a hearing loss and offered treatment.

3.2.6 The maternity weight management intervention in Clyde Maternity Services, Healthy for Two, was introduced in November 2014. The figures below include the remaining months of 2014/2015 as referrals only started to come in at Quarter 4, January-March 2015.

- The programme changed the pathways to an 'opt out', ensuring ease of referral to supporting activities, Live Active, Physiotherapy and Dietetic Services and to increase participation
- A total of 543 women were identified with a BMI>35 and the percentage of those wanting support has risen from 34% to 49%. The percentage for those attending the RAH sits at 56%
- A total of 102 have attended a minimum of one session. Of those, 75 attended the Dietetic Services, 37 Live Active and 12 Physiotherapy. Many attended more than one service
- Although numbers with both booking and 36 weeks weight measurements are low, the weight management (stabilisation) is encouraging
- The pilot was intended to end in June but funding made available from Mytime Active (funding organisation) has made an extension possible until the end of December 2016
- The intervention is currently being evaluated and a final report will be available during 2016/2017

3.2.7 New Mum, New You

The post-natal weight management programme, New Mum, New You, runs in two areas, Renfrewshire and West Dunbartonshire. Nine programmes have been delivered to-date. A total of 79 new mothers have participated and of those, 71% (n=56) have attended 70% of the sessions.

The intervention is being evaluated and the final report will be available during 2016/2017.

3.2.8 Early years collaborative – Workstream 1

The aim of Workstream 1 is to ensure that women experience positive pregnancies which result in the birth of more healthy babies, as evidenced by a reduction of 15% in the rates of stillbirth and infant mortality. The three areas selected to support this work are stated below:

- Breastfeeding

The low numbers of women initiating breastfeeding and attrition rates from birth to 6-8 weeks is a main priority and additional infant feeding support in both maternity and community is to continue;

- Alcohol in Pregnancy

A set of questions to record pre-conception and antenatal drinking at the booking visit are now being recorded on PNBS. This has resulted in over 22% of women admitting to drinking alcohol. More work is required to ensure that this is reflected in the low numbers of alcohol brief interventions. Additional training and briefing is being offered to midwives. A key message to avoid alcohol in pregnancy has been developed, this supports the national Chief Medical Officer's agreement on not drinking alcohol during pregnancy or when planning pregnancy is the safest option. Pharmacy assistants will be trained to support women and their partners to convey the new 'No Alcohol No Risk' message.

3.3 The Early Years – Good Health for Every Child (Hall 4)

3.3.1 Preschool vision screening

Vision screening is offered to all pre-school children across NHSGGC.

There is good uptake at 98.6% of those attending nursery. Only 47.5% of those not attending a nursery were screened. 73.5% of those screened had a normal result and 19.8% were referred for further assessment.

3.3.2 Child vision testing

All primary 7 school children are offered a vision test to detect visual abnormalities.

3.3.3 The 30 months assessment - fellowship analysis

The 30 month universal assessment was rolled out in NHSGGC on the 1st July 2013. To support health visitors/public health nurses' assessment of language and psycho-social development, NHSGGC adopted the use of parental/primary carer completion of the Sure Start Language Measure-Revised and Goodman's Strengths and Difficulties questionnaire (version P3/4) respectively.

A part-time research fellowship with the Scottish Collaboration for Public Health Research and Policy (University of Edinburgh) assessed the extent to which health visitor decision making was informed by assessment tool scores. Following the first year of implementation, all NHSGGC child health surveillance data was analysed to determine the proportion of identified developmental concerns supported by assessment tool scores and the extent to which demographics variables, such as gender and deprivation, impress on health visitor judgement.

Results indicated that assessment tools did not influence health visitor judgement to the extent that may have been expected, with only around half of health visitor concerns in relation to language and behavioural development being supported by assessment tool scores. Demographic variables such as gender and deprivation also appeared to influence the extent to which assessment tool scores impacted on health visitor judgement. Qualitative follow up provided valuable insight into possible explanations for noted discrepancies between health visitor judgement and assessment tool scores. Findings are being written up for publication.

3.3.4 Roma FH Records

Much has been said anecdotally about the health and social care issues pertinent to the Govanhill Roma population. Most research conducted with this community to date has used qualitative methods (interviews/focus groups) to gain perspectives from service providers and members of the Roma community on health and social needs, patterns of service usage and barriers to integration within the local community.

Recently, concern has been raised that some views of health/social care staff about the needs of these communities has not been substantiated by routinely collected service data. To clarify the nature and extent of health and social care issues within Roma families in Govanhill and the associated implications for workforce planning/development, a detailed investigation of family health records, retained by local health visiting teams aligned to 3 GP practices in Govanhill, was conducted following permission from the Caldecott Guardian. The data is being re-coded and results are expected by end of March 2016.

3.3.5 Evaluation of impact of investment in health visiting

The objectives were to evaluate effectiveness of investment in and development of the public health role of the children and family team workforce in terms of delivery of objectives, impacts on inequalities sensitive practice and views of parents/carers and staff regarding service provision.

This evaluation was conducted in three parts between May and December 2015. A case note review (Part 1) and a survey of health visitors (Part 2) were undertaken in-house whilst qualitative research with health visitors and service users (Part 3) was commissioned to an external research company. Reports from Parts 1 and 2 were produced and then combined for presentation to the steering group for discussion. The Part 3 report was reviewed and a final draft approved in November 2015. A summary of all three parts was written in-house in December 2015.

Findings from this work have formed the basis of consultation with health visiting staff and Heads of Children's Services. It was also presented as paper at the Scottish Faculty of Public Health conference in 2015. Recommendations for the service will be finalised after all consultation events. There is potential to publish findings as a journal article.

3.3.6 Joint Support Teams and 30 month outcomes

In autumn 2015 enquiries were made of all HSCPs re the operation of Joint Support Teams (JST) or their equivalent. Our task was to follow-up on children who were identified as eligible for an early nursery place through the 30 month assessment (Pathway 4) and to consider the role and use of JSTs. Findings suggested that JSTs do not operate on a regular basis, if at all, outwith Glasgow City. Within Glasgow City JSTs, are still evolving. A summary paper discussed the findings of these enquiries and was tabled for information at the ready to learn meeting in November 2015.

Current recording does not allow follow-up on children without recourse to individual health visitors. There has been discussion within Glasgow City around improving the JST structures and performance and also the development of new systems that will more easily yield follow-up data on children referred to JST. The benefit of an overarching coordinating structure for JSTs across the board has been mooted.

There is more work to be done in discussing the re-establishment of JST meetings in the non-Glasgow sectors. We will keep abreast of this by attendance at appropriate meetings and providing continued research support where required.

3.3.7 Parenting and 30 month outcomes

Implementation of the National Practice Model and migration to EMIS Web has caused pressures in the health visiting service and has made it difficult to follow-up on interventions recommended at the 30 month assessment, specifically re Parenting.

In October 2015, a sample of cases was drawn up, 30 month assessment cases from March 2015 and corresponding health visitors completed a proforma feedback form designed for this exercise. This covered the Clyde area HSCPs. Returns are still awaited from one of the five areas. Information on Glasgow City is available from the central parenting team.

At March 2016, returns had been received from three of the five areas invited to participate in the follow-up exercise. These covered the cases of 96 children for whom a parenting intervention was indicated as a future action based on use of assessment tools and/or health visitor judgement.

Analysis of returns showed that in approximately two thirds of cases an invitation to parenting was made and that in only around half of those cases parenting was actually delivered.

Health visiting team sometimes worked with the families before delivering parenting to help them engage with the programme. In some cases this led to children being returned to Core HPI or referred to SLT or audiology.

In most cases where parenting was delivered improvement had been observed by health visitors although the nature of 'improvement' was not defined. Further detail is included in the brief summary note. Returns are

still awaited from two of the five areas and these will be included in a revised summary in due course.

3.3.8 Gestational Diabetes

A possible gap in information resources was identified for women who are at risk of gestational diabetes mellitus (GDM) in early pregnancy. Brief discussion with the diabetes service dietician led to a short 3-question survey of senior midwives re response to this risk (as indicated at booking visit), process and resources used. Returns from senior midwives suggested a variation in their initial response to women at booking who are identified as being at an elevated risk of GDM. Half the midwives surveyed provided verbal advice to women at risk. However, less than a quarter offered women material information resources around the impact of GDM and strategies for prevention. Responses suggested that there is uneven access to materials in different languages for midwifery staff. This is an important consideration as ethnicity is a risk factor for GDM. Staff most commonly referred women to Live Active for support with weight management and 'Ready Steady Baby' for information. However, the level of information available here is minimal.

A literature search was undertaken to help identify quality resources re prevention of GDM. A review of available printed resources identified one in particular that offers good information in a readable format that is culturally inclusive. Modifications may be required to ensure it reflects the pathway for women in NHSGGC. Further work on this may be delayed in order to tailor any resource to the finalised local pathway.

A brief summary note on the evidence for prevention of GDM in relation to diet and/or exercise has been prepared and will inform further work on information and advice materials.

3.3.9 Baby café/milk club

The research and evaluation team undertook semi-structured interviews with staff and supplied evaluation report. The report provides feedback from NHSGGC staff on the baby café/milk club model developed and delivered by NHSGGC in partnership with the National Childbirth Trust (NCT). The report will contribute to evaluation of the baby café/milk club model, with the aim of gaining insight into and understanding any success criteria for the baby café and milk club model, particularly the peer support component.

3.3.10 Parenting

Public health input and guidance regarding reconfiguration of delivery of group Triple P and overseeing the ongoing delivery and impact of Triple P and other parenting programmes delivered by core parenting team.

Glasgow City Children's Executive Group's have been informed regarding areas for further action and potential indicators of progress for parenting /family support within the next integrated children's services plan.

The parenting evaluation group is working to improve the collection and collation of quantitative data regarding delivery and impact of programmes. Qualitative research is underway to better understand the range and extent of parenting support offered by health, education, social work and third sector in Glasgow. The dimensions being explored are: type of parenting programmes, referral routes/pathways, staff deployment and training, monitoring and impact measures and future plans.

3.3.11 Health related behaviour change training

A 12 month calendar of HRBC training was developed giving priority for new staff appointed in children and family teams. A total of eight sessions were delivered with a total of 110 staff completing HRBC training and is ongoing.

- HCP - A report was completed on the engagement and evaluation of the HRBC with the 110 staff who completed the original training and was submitted to the HCP L&E group. The healthy children programme has agreed to map out HRBC training requirements for staff as there are now additional staff in post and a number of new staff. After the mapping has been completed a calendar of dates will be offered if required. Meantime the monthly generic training dates have been provided to the HCP L&E group for staff to access.
- Maternity - A total of 74 Glasgow midwives have completed the three hour HRBC training during three phases of delivery 2014-2015. There are approximately 25 midwives who have not yet completed the HRBC training. Live Active advisors are arranging to attend team meetings to update the midwives in Glasgow on the Live Active service and answer any further questions on the service. One additional HRBC session has been offered however, due to illness/ absence this has not gone ahead as yet.
- Clyde midwives - Two 2 hour Healthy for Two training sessions have been offered for new midwives with maternity services requesting these to take place on Wednesday afternoons and as yet dates still to be confirmed. Live Active advisors will attend monthly team meeting to provide update on service and healthy for 2 referral pathway

3.4 Develop universal and targeted services - children and young people

3.4.1 Sleeping position in infants

A working group has been set up to review variations in sleeping position data for infants at 6-8 weeks in NHSGGC and to map out current practice at antenatal contacts, post-natal contacts and from handover to health visiting teams. A draft report with recommendations has been developed.

3.4.2 STOP hot drink scalds campaign

The health visiting teams across NHSGGC are continuing distribution of the first aid, STOP fridge magnet to every family with a new baby and health Improvement teams are raising awareness in pre five centres and nursery schools.

3.4.3 Liquitabs evaluation

The purpose of the evaluation was to assess the outcomes of the 'Not for Play, Keep Them Away' campaign. As part of the campaign a 'Not for Play' pack was given to every parent at the 12-16 weeks health visitor contact. A total of 22,000 liquitab packs were distributed.

3.4.4 Falls in children

A working group has been set up to look at the issue of admissions to hospital for falls in children in the 0-4 age group and falls from buildings and structures. Data has been produced for each area by type of fall.

3.4.5 Child Health Weight

Weight management programmes are being piloted and tested in West Dunbartonshire, northwest Glasgow and more recently in Renfrewshire. A total of 19 programmes were delivered during 2015/2016 with 136 participants. The programmes at the Royal Hospital for Children are delivered in smaller groups than those in the HSCP areas. This is because of the complexity and need for a multi-disciplinary team approach. Findings from the evaluation will be available in May 2016.

An evaluation of Child Healthy Weight programmes across NHSGGC, Healthy for Two, New Mum New You, MEND 2-4 and MEND 7-13 was carried out during 2015/2016. The evaluation examined service developments, referral pathways and the impact of the service on the weight of children. A monitoring system was developed which will continue to evaluate the effectiveness of the programme. Detailed recommendations from the study are being used to maximise the effectiveness of the programme.

3.5 Child Health Data Requirements for Integration Boards

The development of a prioritised list of maternal and child population health indicators as part of NHSGGC public health data intelligence work to inform an understanding of progress in maternal and child health in partnership areas is being progressed.

3.6 Acute Young Carers Strategy

The scoping exercise highlighted that many of the issues relating to interactions in hospital settings for young carers are the same as those for adult carers:

- Missed identification;
- Not included in discussions;
- Understanding of medication/pharmacy issues;
- Appropriateness of caring role.

It was recommended that messages relating to young carers were strengthened and integrated into the Acute Carers Working Group Action Plan for all carers utilising hospital services.

Improved communication around the caring situation and identification of all involved, including young carers, remains a priority within the hospital setting. The workforce development tools to ensure NHSGGC has a Carer Aware Workforce have been adapted with young carers threaded throughout. Caring Together: Carer Awareness Training E module was launched on Carers Rights Day 20th November 2015 and face to face training based on service improvement module continues to be rolled out across the Acute Division.

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THEME 4: PROMOTE POSITIVE LIFESTYLE SKILLS AND BEHAVIOURS

4.1 Physical Activity

During 2015/2016 there were 5,294 referrals to the Live Active Referral Scheme. This represents a drop of 17% in referrals from the previous year. In order to increase referrals, a new physical activity marketing campaign will be rolled out in spring. This will include a new board-wide physical activity leaflet, containing a new physical activity information phone number.

The Vitality programme maintained the progress of previous years with nearly 97,839 attendances across 137 classes in six local authorities. An evaluation of the Vitality programme was published, highlighting a number of recommendations for the progression of the programme. These included developing feedback mechanisms to inform health professionals of participant attendance; develop and deliver a marketing strategy and supporting new participants to the classes.

An evaluation of the Vitality programme published in May 2015, suggested that the programme resulted in a number of benefits for people attending classes including:

- Health Benefits – increased mobility, weight loss and improved mental health;
- Lifestyle Benefits – reduced social isolation, improved ability to do everyday tasks such as shopping;
- Family Benefits – increased independence and reduced reliance on family members.

The report highlighted a number of recommendations for the programme. These included developing feedback mechanisms to inform health professionals of participant attendance; develop and deliver a marketing strategy and support to new participants to the classes.

A successful pilot with the aim of embedding physical activity screening within mental health inpatient wards was delivered in 2015/2016. As a result, physical activity screening will become a core part of the patients' care plan.

4.1.1 Walking

There are 75 free group health walks per week across NHSGGC. For Glasgow City in 2015, Walk Glasgow trained 66 new walk leaders and delivered 1,757 health walks. There were 19,495 participants and 491 new walkers. Almost half (46%) of new walkers in Glasgow were over 55 years of age and 29% were male.

4.1.2 Drumchapel

A local physical activity implementation group consulted with local people to identify what physical activity opportunities they would like and what was available. Walking was identified as a priority and led to a 'Let's Get Walking Drumchapel' initiative. This initiative will be launched in 2016 with an information event which will raise awareness of walking and other physical activity opportunities in and around Drumchapel.

Start-up funds were provided by Public Health to support the development of a park run in Drumchapel. This will start in June 2016 in Garscadden Woods East and offers free, weekly 5km times runs. For those participants who wish to walk or walk-jog the 5km route, there will be opportunity to follow behind the runners.

4.2 **Smokefree Services**

Smokefree Services is the tobacco control team for NHSGGC, dividing their work under the three strands of prevention, protection and cessation.

4.2.1 Prevention

Preventing young people from becoming adult smokers is one of the three strategic areas along with cessation and protection that make up the range of activity within the tobacco control arena.

Around 80% of adult smokers start before they are 20 years old and whilst the rates of smoking among young people in our schools are at historically low levels this masks the inequalities that we see amongst those who are vulnerable to becoming an adult smoker.

Prevention activity has traditionally focussed upon wider universal approaches via schools and whilst this is still a key area of delivery, it is crucial that we recognise the need to focus our efforts in the future to respond to the significant inequalities that exist in the uptake of tobacco amongst young people.

The bulk of the prevention funding from Scottish Government is devolved to the six HSCPs across NHS GGC. The role of Smokefree Services is to set the direction, develop and design programmes of prevention activity in conjunction with the six HSCPs. The role also includes developing new partnerships with a range of statutory and voluntary sector agencies that work with young people.

During 2015/2016 the main areas of work included:

- Continued delivery of the Scottish Government ASSIST pilot programme across 10 senior schools in Glasgow City;
- Supporting the six local partnerships to deliver CPD training for teachers delivering the recommended tobacco education programmes Smokefree 4 Me and Trade Winds;
- Reviewing the existing tobacco prevention planning structures to reflect the changing landscape with the emergence of HSCPs;
- Developing a guide for schools around smokefree policy jointly with ASH Scotland.

4.2.2 Protection

Take it Right outside National Campaign

NHSGGC supported the 2nd launch of the Scottish Government's national "Take it Right Outside" campaign by working in partnership with local HSCPs during the delivery of local field events in 2015.

Current NHSGGC Smokefree Services recommended programmes on Second-hand Smoke (SHS) include:

Jenny and the Bear/Name the Teddy

- Jenny and The Bear is an interactive resource developed to raise the awareness of the effects of second-hand smoke in the home and car for Primary 1 children and their families. The resource is offered to all Primary 1 classes across the board area and in 2015/2016, 127 schools registered and received the Jenny and The Bear resource pack. Of the 258 classes that received the Jenny and The Bear pack, 100 have returned an entry for this year's Name the Teddy competition.
- After local practitioners increased promotion of the resource and improved communication with local schools, the figures reported for the Name the Teddy competition are higher than in previous years.

DYLOS Interventions

- To raise awareness of the effects of second-hand smoke within homes, particularly where children are present, NHSGGC recommends the use of devices such as DYLOS machines which measure second-hand particulate matter in the atmosphere. Using air quality monitoring has been shown to influence an individual's likelihood of achieving and maintaining a smoke-free home.
- All localities have been encouraged to develop and take forward this work in the coming year, with many engaging with third sector organisations, Family Nurse Partnerships, Health Visitors and Housing Associations. The outcomes of this partnership working will be monitored and learning taken forward.

- Currently NHSGGC own ten DYLOS machines and to date approximately ten DYLOS interventions have taken place.

Cessation

- The LDP Standard 2014/2015 for NHSGGC was to deliver 2,823 successful quits at 12 weeks post quit in the 40% most deprived within-board SIMD areas over one year. NHSGGC failed to meet this target, achieving 48% of the target. The failure to meet the target was in large part due to the significant drop in numbers of people accessing stop smoking services across Scotland. This was taken into account with the reduction in the LDP standard for 2015/2016, requiring NHSGGC to deliver 1,328 successful 12 week quits in the 40% most deprived SIMD and quits within the prison population. We are currently on track to exceed this target.

NHSGGC commissioned a study of current smokers and recent ex-smokers in SIMD1 and SIMD2 areas. This study explored attitudes and behaviours to stop smoking and views on what the NHS should provide to help smokers quit or manage their smoking. 419 door-to-door interviews were conducted across the NHSGGC area. The results revealed the levels of readiness, motivation and techniques for quitting among this particularly challenging population group. Of particular note is the appeal of electronic cigarettes. The findings from the study were presented at the Scottish Public Health Conference in November 2015 and the recommendations have been used in the planning for the cessation services.

Over the last year, Smokefree Services have embarked on a quality improvement process, reviewing all our cessation services in light of the shift of focus to longer term quits from our more deprived areas. Significant service changes have been made such as moving from a closed group to rolling group model in community, extended support offered to all quitters where possible, intensive support services located in areas of deprivation

with universal provision through the pharmacy service and partnership working between community and pharmacy services in areas of deprivation.

An extensive communications campaign was launched in January 2016 to support the promotion of Smokefree Services utilising Radio advertising, DJ promotion, social media, promotion across pharmacy, primary care, acute, maternity and mental health using refreshed imagery and promotional materials. NHSGGC community services have also been able to promote themselves as an 'e-cigarette friendly' service, meaning that we welcome those who are choosing to use an e-cigarette as part of their quit attempt, although we cannot provide them.

Stop smoking services within the three prisons in NHSGGC are now well established with a team of staff consistently delivering regular cessation groups for convicted and remand prisoners. The service constantly evolves to meet the needs of the client group, e.g. a move to rolling groups to reduce waiting times and a proposed pilot of cut down to quit. Numbers through the service are consistent year on year, with just over 200 quit attempts per year. Although 12 week quits are lower than community, the service offers an important opportunity for positive behaviour change in a group with multiple life challenges.

Smokefree Services within the acute setting continue to support 1,200 people to make quit attempts. The move of the Victoria and Western Infirmarys to the QEUH has required a reconfiguration of staff to support this extensive site. Innovations such as conducting brief interventions within the acute receiving wards and commissioning Smokeline to conduct opt-out calls with pre-operative and outpatient referrals offer opportunities to boost referrals.

4.3 Community nutrition and cooking programme

The Eat Better Feel Better (EBFB) cooking programme was evaluated by the University of Glasgow. The evaluation concluded that it was effective in increasing confidence and knowledge, as well as reducing the barriers of time and waste in the short and mid-term.

A procurement framework for community food activities commenced in January 2016 to procure quality assured suppliers of approved, evidence based community cooking activities. There are a total of 13 quality assured suppliers, with multiple suppliers in each Health and Social Care Partnership.

The Child Healthy Weight Steering Group allocated funding for the delivery of community cooking activities as part of the obesity prevention work with families and young people and delivery commenced in January in line with the framework.

Work has continued to build capacity with existing organisation working with target groups to deliver the EFBF programme. A total of 45 individuals were trained in 2015/2016, bringing the total number of trainers to 62. Those who were trained agreed to deliver the EFBF course and subsequently joined the newly established board-wide community cooking network. This network provides support to deliver and coordinate the delivery of community food.

4.4 Community Weight Management Service

In 2015, Weight Watchers were awarded the tender to provide the NHSGGC community based weight management programme. A total of 80 groups are now accessible to NHSGGC patients across the six HSCPs. Detailed Equality Impact Assessment work has been undertaken with Weight Watchers to ensure accessibility requirements are met.

Secondary Care Referral has been initiated in key secondary care clinics and referral pathways are established from Lipid/Liver; Dermatology; Hypertension and Cardiology clinics. Referral numbers are currently small, however results are encouraging, with the majority of patients achieving attendance and weight loss criteria >5kg, in the first 12 weeks of service. Successful patients are offered additional service in line with continuing weight loss and attendance criteria.

A self referral proposal was presented to the Local Medical Council (LMC) on 21st March 2016 to enable patients with existing Heart Disease / Stroke / Diabetes with a BMI>30 to access services via a telephone booking system with consent to obtain medical history.

A single referral form will be produced to enable a single point of access to weight management services and community and specialist services including bariatric. This form will also enable the triaging of patients to intervention based on BMI and complexity of co-morbidity, with criteria sensitive to ethnicity risk. Working closely with HSCPs, a programme promoting the rollout of self referral and primary care referral will be launched in May 2016.

An interactive and multidisciplinary learning e-module on motivational behaviour change for weight management in diabetes patients is being developed in collaboration with the Diabetes MCN and pharmaceutical industry colleagues. The resource will be piloted in spring 2016 with a randomised practice study undertaken the following autumn. The final module will form the basis of a multidisciplinary learning plan for weight management and diabetes for rollout from early 2017.

4.5 Employability

The Employment and Health Team support employability across the Board, both strategically and operationally. The team also works from within the Procurement Department to encourage and monitor community benefits. Additionally the team provides dedicated input to local teams in the three identified target areas, Glasgow City, Renfrewshire and Inverclyde.

4.5.1 Board-wide

Research on Staff Attitudes on Employability and Financial Inclusion was commissioned in February and will continue be supported by the team with regards to liaison with employability leads, coordination of steering group and management of research agency.

Glasgow City HSCP

A review of Glasgow City HSCP employability services was agreed in February and the team will continue to support the co-ordination of steering group and commissioning and management of research agency

Renfrewshire HSPC

Work has begun on the following key priorities:

- Developing and supporting work placements both for the NHS as an employer and with local employers;
- Supporting training for key staff groups in relation to employability;
- Developing robust referral pathways and resources for staff.

Inverclyde HSPC

The following key priorities are being progressed:

- Embedding Employability Pathway within HSCPs services;
- Developing partnership opportunities to progress employment and health outcomes;
- Increasing employer awareness of local health services and support and increased awareness of health as an underpinning factor in employability.

Employability: NHSGGC Procurement

In partnership with the Procurement department, the team has begun work to support and encourage community benefits to be established in NHSGGC contracts, which is a key element of the NHSGGC Better Health through Employment Framework. Additionally the team will work to promote and monitor use of Supported Businesses in NHSGGC contracts and promote the use of anti poverty measures in NHS contracts.

4.6 Vocational Rehabilitation

Vocational Rehabilitation (VR) is defined by Waddell and Burton (2008) in their review of VR as “*Whatever helps someone with a health problem to stay at, return to and remain in work. It is an approach rather than a particular intervention.*” The review found a strong scientific evidence base

for many aspects of VR and a good business case. It confirmed healthcare professionals and employers are key stakeholders in the implementation of VR. Recent service redesign recognised these key stakeholders and identified elements required to support VR in NHSGGC. As a result a programme of work is in place which:

- Supports employers to develop and implement supportive policies and practices
- Raises awareness of health care professionals of their role and how they implement VR as part of clinical management and pathways.

The programme of work has included:

- A NHSGGC VR Strategy that is being developed with support from the team - an initial stakeholder event in February 2016 mapped current VR practice and pathways;
- A literature review on evidence of impact of VR has been produced;
- The provision of employer support - three training sessions delivered to 80 employers and a regular VR newsletter sent to approx 300 employers;
- Work with AHPs to ensure capture of data and signposting around employability as an exit route from treatment. Awareness raising sessions delivered to 80 AHPs and training session developed on use of Fitness for Work report delivered to 20 AHPs who are now piloting report use
- Promote national VR support services including DWP's Fit for Work Service and Access to Work to employers and health care professionals

4.7 Financial Inclusion

During 2015/2016, the financial inclusion support services available within the acute division have continued to develop with the inclusion of a pilot intervention with Hepatitis C patients in Gartnavel General Hospital, Glasgow Royal Infirmary, QEUH and Victoria ACH. A decline in referrals to financial inclusion coincided with the On the Move Programme. Work has begun to build up the profile of the service with staff and Quarters 3 and 4 have seen a significant improvement in referrals.

Work continues to develop a question on money worries which will be integrated within the Nursing Admission Documentation. An e-module on Poverty and Financial Inclusion is now live on the LearnPro site and the acute division has set a target for frontline practitioners to complete this module.

Funding has been secured for the financial year 2016/2017 to continue the work of the RHC Money Advice Service through funding from Glasgow Children's Hospital Charity. This programme of work has been rolled out across the new children's hospital and referrals to the service are increasing each quarter. A partnership has been established with Home Energy Scotland to support families experiencing fuel poverty with energy advice and information on how to reduce bills.

Work is underway to scope the opportunity to provide in reach money advice to Clyde Sector and develop some testing of this. Financial inclusion pathways have been developed for this.

During 2015/2016 until the end of Quarter 4, there have been 4,871 referrals to money advice across the acute division. A campaign to raise awareness of Personal Independence Payment (PIP) has taken place across acute outpatient departments. The campaign aims to raise awareness of entitlement and encourage and support referrals to money advice services.

4.8 Health Related Behaviour Change

4.8.1 Health Behaviour Change Training

The Health Behaviour Change (HBC) training programme (Health Matters – Conversations about Change) co-ordinated by the Health Improvement Team (HIT) is available to both NHS and non-NHS staff.

We currently have 61 trainers for Raising the Issue (one hour course) and 42 trainers for Motivating Health Behaviour Change (4 hour course). In 2015/2016, HBC training was attended by a total of 668 acute and community staff.

An evaluation of the HBC training has been commissioned to evaluate the impact of the current training delivery model. The evaluation will also seek to assess the quality of the conversations participants have about health improvement (HI) and the resulting outcomes e.g. appropriateness and effectiveness of referral to health improvement services. The results of this will be available early 2017.

4.8.2 NHS Training

HBC training, with a focus on raising the issue of physical activity, continues to be delivered to groups of AHPs to support NHSGGC's commitment to the AHP pledge and this programme of training is ongoing into 2016-2017. Approximately 270 AHP staff attended the training in 2015-2016, bringing the total number of AHP staff receiving this training to over 820. HBC training has also been delivered to 47 second year Glasgow University student nurses and this training now forms part of the student nursing curriculum.

The prison health staff training plan for 2015/2016 has focused on delivering to supporting organisations, with 22 Wise Group prison mentors and nine Peer Supporters from Low Moss undertaking the four hour HBC training. A wider training plan for prison health care staff is to be agreed for 2016/2017.

The Health Improvement Team (HIT) has worked in collaboration with Cancer Research UK (CRUK) to develop an HBC and cancer prevention training session and this work has been co-ordinated via the West of Scotland Cancer Care Group (WoSCAN). CRUK and the NHSGGC HIT delivered the Training for Trainers course to Health Improvement trainers from other Health Board areas. It is intended that the course will be delivered by local HITs across the west of Scotland.

The HIT is working in collaboration and under a joint working agreement with other partners, Glasgow University, Glasgow Weight Management Service (GWMS) and the pharmaceutical industry, to develop an online and face to face training programme for the '*Small Talk Big Difference*' study. The study aims to evaluate the effectiveness of an online training programme, practice implementation toolkit and face to face training for primary care staff in terms of patient referral and attendance at NHS funded weight management services. The study commences with a feasibility pilot in June 2016.

The HIT co-ordinated a working group which includes representatives from the Long Term Conditions (LTC) and Practice Nurse Support Team to develop a new course for primary care staff in 'Supporting Self Management'. This course aims to support new practice nurses to develop their competencies in supporting self management. The course is being piloted in March 2016.

Tobacco specific training has been delivered to 87 medical and dental staff via a mixture of face to face and online learning methods. In addition tobacco training has been provided to 251 medical and nursing students in 2015/2016.

Three specialist stop smoking courses have been delivered to a total of 58 participants. In addition, four young people and tobacco training courses have been delivered to approximately 75 participants. A telephone skills course was also delivered to 14 participants from the smokefree services workforce.

A bespoke tobacco training session for nurses from the NHSGGC Family Nurse Partnership (FNP) is currently in development and planned for delivery to all NHSGGC FNP team staff in April 2016.

4.8.3 Partners and Wider Workforce

HBC training has been delivered in collaboration with the Health and Social Care Partnerships (HSCPs) to a number of non-NHS staff working for third sector organisations. This activity continues to increase the reach of health improvement messages and access to services. These organisations work with the hardest to reach groups in communities who could most benefit from health behaviour change interventions and Health Improvement Services.

Partners from third sector and related organisations have attended the health behaviour change training rolling programme, with many making requests for bespoke training delivered in-house to full staff teams.

Organisations include Family Support Services; Carers Centre's; Third Sector Mental Health Organisations; Volunteer Centre's; Epilepsy Connections; Glasgow Life; Community Drug and Alcohol Services; Employability Organisations; Turning Point Scotland; Housing Associations; Cope Scotland; Money Management organisations.

4.9 Building capacity to raise the issue and support access to services

4.9.1 Health and Wellbeing Directory (HWD)

The directory website has undergone a range of improvements including a re-branding, to improve the user interface, administrative system and extend range of health and wellbeing services included within the site, www.nhsggc.org.uk/hwd. New publicity materials were developed and are available to raise awareness of the 'new-look' website amongst health and social care staff.

An information session was held in February 2016 with representation from HSCP Health Improvement staff and Communications staff to share learning from preliminary work undertaken with the Scottish Government supported, 'A Local Information System for Scotland (ALISS)' programme. This work aimed to test use of ALISS functionality to support a single point of access to health, social care, third sector and community organisation service information. Following this work, content from NHSGGC's HWD will feature in ALISS search results. Work will continue during 2016 to scope options to enable access to wider range of community resources indexed within ALISS from HWD.

Representatives of the public health directorate and NHS24 have had initial discussions on the development pilot of NHS Inform's National Health and Wellbeing Service Directory.

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Theme 5: Promoting Healthy Ageing

5.1 Deliver targeted programmes to maintain physical functionality, reduce isolation and promote independence

5.1.1 Loneliness and Social Isolation

Work exploring the impact of social isolation and loneliness has found that both have a significant impact on quality of life, frequency of unhealthy behaviours, use of health services and mortality. Loneliness and social isolation are common. Approximately 12% of older people are chronically lonely and others are lonely some of the time. Loneliness and social isolation are not restricted to older people and are experienced across all age ranges. Work will be taken forward with mental health improvement in the next year to develop indicators of people at risk of loneliness.

Identification of those at risk and low cost intervention has the potential to reap significant benefits across the health and social services in terms of reduced demand on their service and enhanced quality of life for the individual.

5.1.2 Vitality

Vitality therapeutic exercise classes have been specifically designed for people living with medical conditions such as Parkinson's disease; MS; Stroke; Cardiac Conditions; Osteoporosis; Cognitive impairments and COPD. A total of 136 weekly classes are delivered across six local authority areas. An evaluation of the Vitality programme was published in June 2015 and findings highlighted a number of benefits for people attending the classes including:-

- Health benefits – increased mobility, weight loss and improved mental health;
- Lifestyle benefits – reduced social isolation, better able to do daily tasks such as shopping and cleaning;
- Family benefits – increased independence and reduced reliance on family members to help with daily tasks.

5.2 Co-ordinate approach to Food, Fluid and Nutritional Care across acute and primary care

The Food, Fluid and Nutritional Planning and Implementation Group, co-ordinated through public health and corporate nursing, continues to co-ordinate activities across acute and community services to ensure the implementation of a range of NHS standards for Food, Fluid and Nutrition (FFN). Implementation of HIS Food, FFN standards is currently underway with a focus on improving consistent delivery of assessment, monitoring and care planning for in-patients through a focused Nutrition Care Assurance Standard. A review of arrangements to support Complex Nutritional Care has been initiated to ensure compliance with new standards. A health needs assessment in relation to nutritional issues has been undertaken to inform FFN planning and catering strategy.

5.3 Facilitate development of an older people's HI framework in line with national Active and Healthy Ageing action plan

Due to reduced capacity, this work has not progressed during 2015/2016. The Public Health Directorate is currently reviewing leadership for the Healthy Ageing Health Improvement agenda as part of 2016/2017 work planning priorities.

5.4 Glasgow City Change Fund Evaluation Framework

Design of overall programme evaluation and report completed, including modelling of Scottish Morbidity Record (SMR) data, completion of literature review and summary of information collected from forty change fund projects. First draft of report is currently out for internal and external review. It is anticipated that changes will have to be made in response to reviewers' comments.

Poster presentations were provided at the Society for Social Medicine and Scottish Collaboration for Public Health Research conferences and oral presentation at the Faculty of Public Health Scotland conference on emergency admissions during the Change Fund. In addition, a poster

presentation was provided at the Faculty of Public Health Scotland on the methodology for overall evaluation of the Change Fund.

Following the delivery of Change Fund (ICF) evaluation, Glasgow City HSCP extended funding to extend evaluation capacity to lead the development of ICF programme evaluation framework and provide dedicated capacity to lead/assist in the evaluation of priority ICF projects including:

- Post Diagnostic Support (PDS) for dementia;
- Power of Attorney;
- Single Point of Access and Community Nursing Admin;
- Community Respiratory Service;
- Integrated Care Pathway;
- Supported Living;
- Transformation Fund.

5.5 Changing attitudes towards dementia

The research and evaluation team supported Glasgow HSCP's North West locality and Alzheimer Scotland to commission research to inform and make recommendations for a public awareness campaign which aims to change attitudes towards dementia. This research explores personal experiences of both people with dementia and their carers in the period before diagnosis. Findings are available in a main report with additional topic based supplements. These include:

- Loss of memory was the early warning sign that participants referred to the most;
- Participants also spoke about dementia being not solely about memory loss, e.g. some referred to the complexity of recognising dementia in the light of parallels between dementia and other experiences. Some participants viewed education of professionals as the starting point for raising awareness about dementia;
- Participants viewed an assets based approach to portraying people with dementia as an effective way to raise awareness about dementia;

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Theme 6: Reduced harm from chronic diseases (CDM)

6.1 Monitor effectiveness of CDM Local Enhanced Service (LES) programme through continuous audit

This work has been superseded by the development of the Public Health Data Intelligence Group work stream. The purpose of this group is to recommend health indicators and analyses at appropriate geographical levels to inform the development of a local public health data dashboard to enable ongoing population health surveillance and the planning of high quality services proportionate to need for the population of Greater Glasgow and Clyde. The group has initially prioritised the development of core indicators during 2015/2016 relating to:

- Demography and Health Status;
- Screening (initial focus on bowel screening);
- Child and maternal health;
- Primary Care.

Work will continue during 2016/2017 to consult with stakeholders and progress the development of dashboard for the above priority areas.

6.2 Ensure effective Public Health and Health Improvement contribution to the development and delivery of CDM workforce development plan

Following feedback from Practice Nurses, the Public Health Primary Care team, Health Improvement and Practice Nurse Support and Development team developed a bespoke, one day *Supporting Self Management* training for Practice Nurses. This training will be piloted on the 31st March, with evaluation informing future content and delivery approach.

A mapping exercise of relevant health improvement and inequalities training delivered by NHSGGC and HSCP health improvement was completed. This exercise will inform a wider programme of training available to primary care staff and is compiled to compliment condition specific / clinical training

endorsed by MCNs and will be promoted via Primary Care and Practice Nurse Networks.

6.3 Keep Well legacy and financial disinvestment planning

A report, [Insights from the 2014/15 Keep Well LES](#) was disseminated to all NHSGGC GP practices. The report summarised learning from the Keep Well Anticipatory Care Toolkit programme activities during 2014/2015. The Anticipatory Care Toolkit built on lessons from NHSGGC's Keep Well programme evaluation, with the aim of leaving a meaningful legacy of transferable learning and innovation following the discontinuation of Keep Well.

Practices participating in the Anticipatory Care Toolkit programme undertook a wide range of improvement activities to support delivery of the Chronic Disease Management across the following 3 areas:

- Optimising patient engagement and reducing DNAs;
- Delivering person centred consultations;
- Supporting behaviour change and self management.

The following link provides access to practice case studies and further programme reports <http://www.nhsggc.org.uk/about-us/professional-support-sites/cdm-local-enhanced-services/keepwell-local-enhanced-service/>

6.4 Implement and evaluate House of Care early adopter programme

Public Health Primary Care team and Primary Care Support are jointly leading the development and implementation of the Scottish Government and British Heart Foundation supported House of Care early adopter programme. Sixteen NHSGGC GP practices currently participate in the programme, with one GP and one Practice Nurse from each practice completing 1.5 days Care Planning Training delivered by the Year of Care Partnership. Public Health has led the development of the programme evaluation framework, and will oversee the evaluation delivery during 2016.

6.5 Ensure identification and delivery of Public Health priorities within Managed Clinical Networks service planning and delivery

A review of national and local Health Improvement priorities and activities for Managed Clinical Networks (MCNs) has been completed. A draft report will be available end March 2015, outlining NHSGGC MCN current health Improvement and supported self-management activities against these priorities and provide recommendations for future action.

6.6 Extend opportunities with 3rd sector organisations to increase availability of/access to evidence based condition specific self management and peer support

Public Health continues to work with the MCNs to facilitate mapping of voluntary organisations self-management support and resources and promote these via NHSGGC Health and Wellbeing Directory. This includes extension to a range of online tools including CHSS/BLF developed '*my lungs my life*' resource launched in 2015.

Completion of the Long Term Conditions Information Pathway resource, designed to assist NHSGGC staff working with patients who have individuals affected by Long Term Condition. The resource identifies publications, which are available to support effective communication with patients. This resource will also be incorporated within Support and Information Services facilities and community library health information resources.

Delivery of Chest Heart and Stroke Pilot Heart Failure Project was funded for two years. Recruitment of volunteers has been successful. Priority includes increase patient referral to service in all areas. Focused work mapping SIMD area and prevalence of heart failure patients across underway to provide targeted approach to intervention.

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THEME 7: REDUCE HARM FROM CANCER

7.1 Detect Cancer Early (DCE) Programme

7.1.1 Bowel Cancer

The updated DCE bowel cancer campaign ran in September/October 2015 for five weeks on TV, radio, print media and PR. A key aim of 'the bowel movement' was to make people feel that completing their test is the social norm: it's something everyone is doing so they should too. The National campaign has been supported in NHSGGC with bowel screening awareness workshops delivered to communities with lowest uptake, particularly BME communities. The workshops delivered to BME communities were translated into the appropriate community language. The campaign was also featured locally through a partnership with NHSGGC and Partick Thistle Football Club.

7.1.2 Breast Cancer

The Cancer and Health Improvement Working Group established a multidisciplinary short life working group and produced a Breast Screening Guidance. This guidance will help all local partners to co-ordinate activity when breast screening is in their area, understand how to use available data, and know which approaches have best evidence to support them. The guidance also includes assets to support their activity including evaluation templates, examples of press releases and links to resources.

This resource will be complemented with the primary care engagement packs that have been developed by the Detect Cancer Early campaign and CRUK primary care engagement team.

7.1.3 Lung Cancer Campaign

Analysis of the Lung Campaign from 2014 demonstrated increased public awareness in relation to the signs and symptoms of lung cancer. As a result of these findings a further campaign utilising the same materials has been

delivered during July and August 2015. The campaign focussed on Television adverts and bus stop ads.

In November, lung cancer awareness month, DCE publicly announced that the percentage of people diagnosed with lung cancer at the earliest stage has increased by 24.7 per cent since DCE launched. This of course follows DCE's investment in clinical auditing, enabling improved data collection, as well as the programme's social marketing campaign featuring Sir Alex Ferguson.

7.1.4 The wee c campaign

In August 2015 The Scottish Government and Cancer Research UK announced a new campaign initiative “the wee c” – together we can turn the Big C into the wee c. The aim was to increase awareness of the cancer screening programmes and to encourage people to find out more and not to be afraid about presenting at General Practices with symptoms. The main difference between this campaign and DCE programme is that the emphasis is on advances in treatment and big increases in survival rates. It aims to address the fear of cancer that often stops people from acting on concerns. It's about changing the way people in Scotland view Cancer.

This campaign was delivered via social media outlets, for example twitter and Facebook. Dr. Emilia Crighton was also featured in NHSGGC's edition of Health News highlighting the campaign. Activity will be measured via visits to the website the wee c and usage of the #GetChecked.

7.2 Cancer Screening Programmes

The health improvement team contributed to the national workshops on the changes needed to screening information in order to communicate the changes to both the bowel screening test and the cervical screening age criteria.

7.2.1 Bowel Screening

Health improvement activity in partnerships is coordinated via the Cancer Health Improvement Working Group.

Telephone Engagement pilot:

In 2014 Community Renewal, with support from the Social Marketing Gateway/SMG, was commissioned to develop, deliver and evaluate an intervention targeting people aged 50 and living in number of disadvantaged areas who should have been sent the kit for the first time shortly after their 50th birthday.

The intervention involved an experienced contact team from Community Renewal phoning people who had received their first invitation for bowel screening, close to the date they received their screening kit.

The contact team staff used motivational interviewing techniques to:

- Encourage people to complete the screening test;
- Identify and provide further information and, where appropriate, request reissue of kits using the nationally developed information materials and resources, and;
- Gain an understanding of the barriers to completion of bowel screening that people have in order to inform future work.

A total of 43 GP Practices participated in the pilot project and identified telephone numbers for 1,309 people. Of this number, 417 people were successfully contacted (31.9%). A total of 268 people (64.2%) said that they intended to complete the test; 113 people (28%) had already completed their kit; whilst 36 people (12%) remained uncertain or said they would not complete the kit.

Learning disabilities:

Learning Disabilities Bowel Screening Training for Carers was developed in partnership with NHSGGC and Bowel Cancer UK in 2012. In 2015/16 training was delivered to 31 carers from South Glasgow, East Renfrewshire

and East Dunbartonshire. Latest screening data from the Public Health Screening Unit (PHSU) showed an increased uptake rate of bowel screening once again, with an additional 3% uptake in people with Learning Disabilities.

7.2.2 Breast Screening

In collaboration with the Primary Care Engagement Team (CRUK), a breast screening protocol was created to ensure pooling of effort by health improvement in relation to promotion of breast screening. This also ensured that promotion of the service was linked to the scheduling of the mobile van.

7.2.3 Cervical Screening

The health Improvement teams across NHSGGC undertook targeted work with communities where the uptake of cervical screening is lowest. GP Practice Data has been used to identify more clearly where uptake and participation is lowest and identify key population characteristics which will enable a more targeted approach.

7.3 **Cancer Research UK Primary Care Engagement Programme**

The Public Health Directorate continues to work in partnership with CRUK to deliver the primary care engagement programme to provide GPs and other primary care practitioners with practical support, information and educational resources to improve cancer outcomes. The programme is being rolled out nationally for a further two years and NHSGGC has a further year left on the original three year pilot.

7.3.1 GP Practice Engagement

The aim of the programme is to engage with all GP practices in NHSGGC, with nominated cancer facilitators working in each HSCP area. To date, the team have reached 98% of practices through face-to-face engagement, e.g. awareness sessions at GP Forums, Practice Managers' meetings and Practice Nurse Forums. The team have engaged practices individually with practice visits or collectively by interactive workshops at PLT events.

Meetings with individual practices commenced in August 2014 and to date, over 280 visits in total have taken place. One of the key objectives of the programme is to provide GP Practices with ongoing support. A further 115 follow-up visits have also taken place. This includes some practices who have received 4 or 5 visits from their local cancer facilitator. In addition, tailored training and education sessions have been delivered on a range of themes including:

- Cancer prevention/Raising the Issue
- Cancer screening
- Diagnosing cancer earlier
- Cancer safety netting
- Cancer statistics

7.3.2 Reducing the barriers to participation in the screening programmes

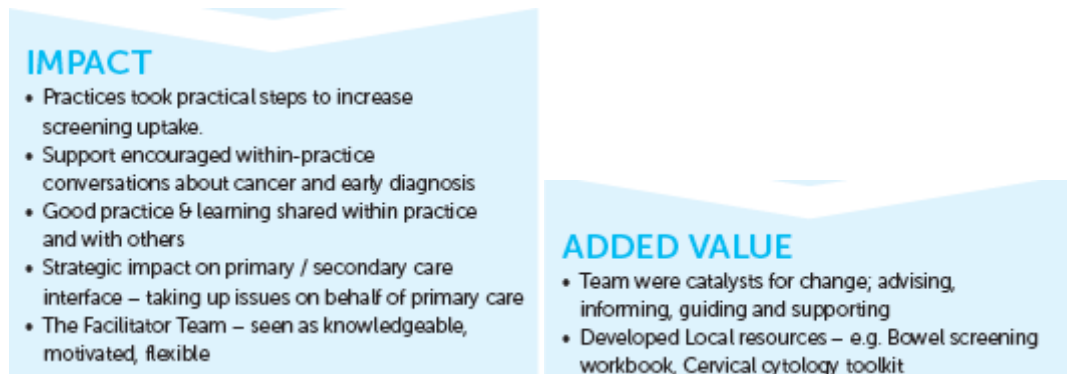
Facilitators have used the local intelligence gathered within NHSGGC to influence the work of local Health Improvement Teams, Public Health and regional/national screening teams to reduce the barriers to the cancer screening programmes.

The team has developed an action plan to work with the West of Scotland Breast Screening Service to enhance practice involvement in the screening programme including:

- Development of partnership protocol to support more co-ordinated approach to engaging practices and participants in breast screening in the local area before/during/or after van has visited
- Building on the activity reported last year around the sGMS Bowel Screening Contract Initiative, the team have continued to support practices to engage bowel screening non-responders
- Working with NHSGGC public health and primary care colleagues, the facilitator team has also developed a cervical cytology toolkit. This toolkit will support a review of practice systems and engagement methods.

7.3.3 Evaluation of the programme

The Facilitator Programme has been reviewed with key stakeholders and GP Practices who had received a visit in the first year of the programme. The impact and added value of the programme included:



7.4 Teachable Moments in Primary Care

West of Scotland (WOS) Cancer Primary Care Group has agreed to deliver support to primary care to maximise the “Teachable Moment” in the primary care setting in relation to Cancer prevention and Cancer reoccurrence.

Training for Trainers has been delivered by NHSGGC Health Improvement in partnership with CRUK Primary Care Engagement Team to relevant WOS Board HI staff in August 2015. NHSGGC supported NHS Lanarkshire to co-deliver this training to key staff in March 2016.

7.5 Macmillan Long Term Conditions (LTC) Money Advice Service

Evidence demonstrates that people with a diagnosis of cancer or long term condition, experience a negative impact on finances and managing the day to day costs of living. In a recent report published by Macmillan, 75% of cancer patients suffered financial hardship. Many cancer patients claim that money worries are second only to pain as a cause of stress and some say financial concerns are even greater. NHSGGC, in partnership with Long Term Conditions and Macmillan Financial Inclusion Service, offers financial support, budgeting, benefits reviews and managing debt advice to patients with a cancer or long term condition diagnosis. Work has been completed

to renew the partnership agreement for 2016/2017 and plan developments for next financial year.

The Southern General Hospital pilot which received lottery funding to expand the financial inclusion service to all long term conditions to test the level of need began working within the Spinal Unit in March 2014. Working in partnership with NHS Staff within the unit, a health improvement initiative was developed to reduce the length of time patients would have to wait on a Personal Independent Payment (PIP) decision and award. The average wait for a PIP award for patients was 30 weeks and this could have huge implications for patients who required PIP to be in place to facilitate their care plans at home. It could also impact on discharge plans. Working with NHS staff and DWP Partners, a standard letter of support from Consultants within the Spinal Unit was developed. DWP partners ratified this as automatic entitlement to PIP or Attendance Allowance and this resulted in fast track claims for all patients from the Scottish Spinal Unit using this process. The original 30 weeks assessment process was reduced to just 8 weeks. This has the potential outcome of allowing patients to be discharged from acute care 22 weeks earlier. Work is now underway to explore other long term conditions to which this practice could be applied and work is in an early stage of development with Renal Services.

7.6 Transforming Care after Treatment

The Transforming Care after Treatment (TCAT) programme is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland and local authorities to support a redesign of care following active treatment of cancer.

The aim of the programme is to support and enable cancer survivors to live as healthy a life as possible for as long as possible. As well as taking steps to improve the experiences of people affected by cancer following the completion of their treatment, critical to the success of TCAT will be the inclusion and integration of services across more than one sector, particularly with regard to managing the transition from acute to community.

During 2015/2016, the Health Improvement Team has supported work undertaken by the TCAT programme in NHSGGC.

7.6.1 TCAT Cognitive Rehabilitation Group

The aim of this programme of work is to support patients with a cancer diagnosis who have cognitive impairment as a result of their treatment.

A Clinical Psychologist became the project manager in early 2016.

Initial progress has been made to establish referral pathways and raise awareness of the service by liaising with key stakeholders in secondary care; primary care; local authority and the third sector. Individuals referred to the service are now receiving an initial assessment and cognitive rehabilitation will be provided on an individual basis. As awareness of the service increases, cognitive group interventions will be rolled out.

7.6.2 TCAT Psychosocial Therapies Mapping Group

The WoSCAN Psychological Therapies and Support Framework has been developed by a multi-disciplinary, collaborative group which included representatives from West of Scotland NHS Boards, Third Sector organisations and Social Care organisations.

The Framework provides a structure to define the service which should be available to all patients with a diagnosis of cancer and their families, and those identified to have specific psychological support needs. The Framework is equally relevant for all services provided for patients with

cancer and their families or carers, whether they are provided in health and social care or the third sector.

7.6.3 TCAT – North East Pilot of Breast Follow Up at Stobhill ACH

The North East Transforming Care after Treatment (TCAT) project based within the Breast Surgery Team at Stobhill Hospital is piloting an image-led model of care, focusing on supported self management and annual imaging.

Since implementation of the project on 28th October 2015, patients have been invited to take part in a patient-led model of follow up care, which involves them attending an afternoon TCAT Mammogram Clinic and bringing a completed Holistic Needs Assessment (HNA) Breast Questionnaire with them. Following the mammogram appointment, the questionnaire is triaged by a Cancer Nurse Specialist (CNS) and an individual care plan developed for each patient. The CNS then contacts the patient based on any concerns raised and arranges for them to see an appropriate health care specialist if required. Based on any concerns raised, the CNS's is able to refer/sign post the patients to other 3rd sector support services in the community. Early indications suggest that a significant number of patients did not require an appointment with a Consultant. Issues raised included physical concerns with other issues focussed on family, work and financial issues. Results so far demonstrate that patient led follow up is acceptable to patients. Initial findings also indicate that patient-led follow up can reduce unnecessary hospital contacts and promote a more collaborative approach with partner organisations that support a patient's wider needs. The project is now moving into the evaluation phase with a full evaluation report due mid-August 2016.

7.7 Macmillan Cancer Information and Support Service

Macmillan Cancer Information and Support Services @ Glasgow Libraries (Macmillan @ Glasgow Libraries) is a service developed to deliver a tiered model of Macmillan Cancer Information and Support Drop-in Services to provide cancer-related support and information to people in their local communities through libraries and other community venues. It is a partnership between Macmillan Cancer Support, Glasgow Life and NHSGGC.

In the first three years, Macmillan @ Glasgow Libraries services has seen over 7,000 attendances, provided over 20,000 information leaflets and had over 18,000 volunteer hours donated by 130 volunteers. There are over 70 organisations registered to the service's partnership forum, a city-wide network that facilitates the sharing of learning and best practice.

Phase 2 of the programme, which commenced in September 2015, is the sustainability stage with a focus on further developing an integrated hub and spoke model that becomes fully mainstreamed into Glasgow Life structures, including all operational management and funding. There will be a phased handover to Libraries and Communities staff, further establishment of a sustainable volunteer platform, increased uptake of the services, increased partnership activity and involvement, and targeted engagement activities to build trust in and awareness of, the service at the community level in disadvantaged and underserved communities.

Current service provision comprises:

Five Hubs (volunteer-led)

- with designated, separate spaces, via a capital investment programme, including private rooms, two or more sessions per week
- drop-in space
- access to a range of services – massage and other complementary therapies, counselling, holistic needs assessment (HNA), and welfare rights advice

- listening ear emotional support
- direct referral to a range of service providers

Fourteen Satellite Drop-in Centres (volunteer-led)

- Contained within library spaces
- Informal drop-in space
- Information leaflets and books on cancer
- Listening ear emotional support
- Direct referrals to a range of services and to complementary therapies

Sixteen Information Points (no regular volunteers)

- Cancer information display
- Library staff trained to signpost to volunteer-led services

Drawing on the findings and recommendations of the evaluation of Phase 1, Phase 2 services now include:

'Pop-up' outreach events (volunteer-led)

- Planned approach in order to reach specific communities and groups
- Targeted venues and spaces 'where people go'
- Delivery of information and support
- Referral to main service points if required

The programme provides information, emotional and practical support, including benefits and financial advice and access to physical activity and peer support across the city. While this is a generic service with the majority of its users recently receiving a cancer diagnosis or currently living with cancer, it is also a service for anyone affected by cancer, including carers, family and friends of someone affected by cancer. The service signposts and utilises existing services to avoid duplication and collaborates with library staff and community service providers to identify local needs and the resources to meet them.

Rocket Science was commissioned in January 2016 to conduct an evaluation study to capture and disseminate the learning from embedding the programme into mainstream Glasgow Life services. The evaluation will assess the programme's effectiveness as an agent of change and will gather evidence of the viability of extending services into other long term conditions and scaling out the work elsewhere in the UK. This study will be managed by the partnership team including NHSGGC's Health Improvement Team and will report in summer 2018.

Pending any declaration of success of the programme, there are two strands of 'mainstreaming' accomplishments that need to be assessed through the evaluation. First is the mainstreaming of the programme within Glasgow Life and Glasgow City Council routine services and secondly, embedding this approach as a way of delivering support and information in community settings. More broadly, the evaluation will be contextualised within the integration of health and social care services across Glasgow.

7.8 Improving the Cancer Journey

Improving the Cancer Journey (ICJ) is a five year partnership between Macmillan Cancer Support, Glasgow City Council, Glasgow Life, NHSGGC, Cordia, Social work services and Prostate Cancer UK. The programme is designed to meet the holistic needs of cancer patients in Glasgow, along with their families and carers. It has high-level buy in from all partner agencies, with the potential to reform the way people with cancer are supported, not just in Glasgow but also nationally.

Individuals who are newly diagnosed are invited to a Holistic Needs Assessment (HNA) with a named link support officer. Analysis of the HNA allows for referral to appropriate services. Monitoring data is continually collected to identify needs and referrals of each person. This data is being used as part of an evaluation strategy but a further, in depth evaluation is required to generate evidence on the outcomes arising from this programme.

This evaluation was commissioned in January 2015 and is being undertaken by Napier University and University of West of Scotland. It will support stakeholders to articulate key successes from the project. Specifically, it will focus on *process* and *impact* issues relevant to (a) the individuals in receipt of the service, (b) the service providers, and (c) the wider culture. Longer term this evaluation will also help ICJ to make the case for future provision.

This evaluation will run alongside the life of the programme from 2015/2020. As the programme will develop and evolve over this time, the evaluation has been designed with a certain degree of flexibility in order to draw out ongoing learning from the programme. The overall study is using a longitudinal mixed method design within a participatory action research framework. This involves the use of various methods across the five-year timeframe. Specifically, it will include a bespoke questionnaire repeated over the course of the evaluation, interviews with patients and carers and focus groups, reflective diaries and observation of the link support officers. Annual workshops to share and gather learning will be conducted with all stakeholders as part of the participatory action research cycle.

At April 2016, the ICJ programme has supported 1,348 people since it launched in February 2014. This equates approximately to one in five of all newly diagnosed cases of cancer in Glasgow City, although the service has been accessed by both newly diagnosed and people post treatment throughout this period. There are many items of note within the full report but rarely for a service of this nature, there are almost even proportions of male and female clients and over 50% from SIMD 1 areas. Public Health provide input into this programme by ensuring an inequalities focus that developments are grounded in good quality person-centred care principles and that the evaluation has both an outcome and impact focus. In addition, learning from the programme is informing the development of similar approaches for other diseases and clinical pathways as well as continued development of the Support and Information Service within our hospital sites.

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THEME 8: REDUCE HARM FROM EXTERNAL HAZARDS TO HEALTH

8.1 Immunisation Programmes

Public Health Protection Unit (PHPU) provided leadership to the range of immunisation programmes provided by NHSGGC during 2015/16 including:

- Seasonal flu immunisation offered to all 2-5 years olds
- Seasonal flu immunisation was offered to approximately 85,000 primary school-aged children across Greater Glasgow and Clyde in all 343 primary schools, with 61,730 children immunised during an 8 week period, an uptake of 71.2%.
- Shingles vaccination offered to people aged 70 years (routine cohort) and 78 years (catch-up cohort) to protect against herpes zoster, with two additional catch up cohorts (those 76 and 77 years on 1st September 2015) added from 1st February 2016.
- Introduction of new Meningitis B vaccine to babies born from 1st July 2015 onwards (routine cohort) and those born from 1st May – 30th June 2015 (catch-up cohort).
- In response to an outbreak of Meningitis W in England and an increase in cases in Scotland, planning and implementation of emergency MenACWY immunisation programme targeting all S3-S6 pupils over a four week period.
- 13,723 (35%) NHSGGC staff vaccinated against seasonal flu through the staff flu vaccination programme.

PHPU have, in partnership with Children and Families Services, led on the recruitment and piloting of a dedicated school immunisation team in East Renfrewshire and South Glasgow.

PHPU delivered:

- Programme of immunisation seminars to 800 primary care staff.
- Two update days to NHSGGC school nursing and child health teams.
- Immunisation training for 200 bank nurses.

8.2 Environmental Health

- A service to respond to enquiries about Environmental Health from clinicians, Environmental Health Officers, Contaminated Land Officers, members of the public and others has been provided.
- Working relationships and liaisons have been developed and strengthened with other agencies, for example, Glasgow Housing Association, Glasgow Scientific Services and several of the Health and Social Care Agencies.
- Teaching sessions for trainees and other consultants in Public Health Medicine have been provided. These have included several presentations made to colleagues at national Scottish Environmental Public Health Protection Network meetings.
- Contributions towards national developments in Environmental Health by membership of the Scottish Environmental Public Health Practice Network (SEPHPN)
- Liaison established with the Scottish Environmental Protection Agency (SEPA) on the implications for health of proposals for development submitted to SEPA in the PPC framework.
- A programme of development of Standard Operating Procedures (SOPs) has been initiated for issues in Environmental Health. The SOPs for management of raised lead levels in water and carbon monoxide toxicity are in preparation.
- An analytical epidemiological exercise has been completed in Environmental Health in relation to emissions of particulate matter during demolition of multi-storey flats.
- Training and teaching sessions in environmental health have been provided to trainees, colleagues at SEPHN and others.

8.3 Outbreak/incident investigation and management

During the last year PHPU:

- Dealt with over 2,500 enquiries of which 1,600 were about immunisation or vaccination.

- Investigated and managed over 100 outbreaks, clusters and environmental incidents including:-
 - 70 care home outbreaks, mainly norovirus
 - 5 significant outbreaks in restaurants or food outlets
 - A outbreak of cryptosporidiosis within a nursery
 - A cluster of meningococcal disease
 - Large outbreak of wound botulism among people who inject drugs
- NHSGGC has well established plans to deal with any outbreak or individuals who present with an infectious disease.
- In addition to these measures, six months significant work was undertaken to ensure NHSGGC was prepared for Ebola. Activities included the creation of a co-ordinating group, development of information and education resources, roll out of specific training, development of new protocols, multiple exercises and engagement with Scottish and UK colleagues on preparedness efforts.
- The handling of two Ebola incidents within 10 months confirmed the success of that work, although as always, opportunities for further improving the response have been identified. These activities have improved the preparedness and resilience of NHSGGC, not just for Ebola, but more generally.

8.4 Sexual Health and Bloodborne Virus Framework (2011-2015)

8.4.1 HIV

During 2015, NHS Scotland laboratories reported positive HIV-antibody test results for 361 individuals not previously recorded as HIV-positive. 130 of these cases were from NHSGGC. In the last ten years, NHSGGC has consistently had the most new diagnoses of HIV than any other health board area in Scotland. The average is 150 a year since 2004, with a high of 188 and low of 100.

HIV can and does affect anyone, however, two main population groups continue to be disproportionately affected by HIV – gay, bisexual and other men who have sex with men and people from sub-Saharan Africa. In 2015 the fragility of our prevention efforts was highlighted with an outbreak of HIV in a sub-population of people who inject drugs. While there is still no cure or vaccine for HIV, current antiviral medication means that HIV is now a manageable and treatable condition and the earlier someone is diagnosed the better their long-term outcome. Treatment reduces the level of virus present in bodily fluid (viral load), which significantly decreases the risk of onward transmission. Therefore it is essential to diagnose incident cases of HIV and engage patients in HIV treatment services. This early detection and engagement with treatment is known as ‘Treatment as Prevention’.

The Public Health programme supported the delivery of the following work streams:

- Free Condom Service – condom provision is the foundation stone of the HIV prevention programme. There were almost 400 Free Condom sites across NHSGGC in 2015 and a total of 1,350,150 condoms were distributed.
- Injecting Equipment Provision (IEP) – substantial investment into the IEP service continues as an essential strand of HIV primary prevention activity. The people who inject drugs (PWID) outbreak has focused attention on potential gaps in our IEP provision. More detail can be found in the Viral Hepatitis Section.
- PWID Outbreak – multidisciplinary Incident Management Team (IMT) meetings continue, focusing on implementing a range of actions designed to limit the spread of the infection including:-
 - Extensive awareness-raising and communication with both people at risk and staff who work with this group
 - Increasing opportunities for testing in settings used by PWID including Community Addiction Teams (CATS), A&E, Community Pharmacy, prisons and the Homeless Addiction Team (HAT). The introduction of BBV testing in one community pharmacy used by the target group,

found 3 new HIV positive cases

- Supporting people into treatment and care via education and training input for staff in partner agencies working with the client group; working with Glasgow Addictions Service and other partners to explore how to best engage and facilitate the more chaotic patients into care including an outreach HIV clinic at the Homeless Addiction Service
- Increasing our intelligence around the behaviours, situations and circumstances of these at risk individuals and exploring opportunities for data sharing cross partner agencies
- Waverley Care African Health Project – continued funding to implement and evaluate community development interventions that address the HIV prevention and support needs of people from African Communities living in NHSGGC. This includes information and awareness raising to reduce opportunities for HIV transmission; reduce barriers around and promote HIV testing and provide care and support for HIV positive individuals.
- Work continues to create a specialist integrated sexual health service, The SRP Hub, for gay, bisexual and other men who have sex with men. The move to city centre premises has been delayed. However the new clinical care model is being refined and implemented at Sandyford Central.
- Anti-stigma work – the staff facing campaign has been rolled out with three phases – Positive People, Positive Health and Positive Learning – with associated marketing and promotional materials, roadshows at acute hospitals a website and training sessions.
- A new website has been launched for the Brownlee Centre. The revamped site was produced in collaboration with the Patient Forum and staff and offers information for patients and the general public on the services available and the various teams involved in delivering care. www.brownleehiv.org
- Integrated Care Pathway - There are currently over 1,500 patients attending for treatment and care in NHSGGC. Approximately 90% of these patients are on treatment and the majority have an undetectable viral load. These patients are not infectious and are therefore highly

unlikely to pass on the virus to anyone else.

8.4.2 Viral Hepatitis

8.4.2.1 Preventing new infections:

- Around 90% of hepatitis C (HCV) infections in Scotland are found among people who have injected drugs. A key component of our response is the provision of sterile injecting equipment, information and harm reduction advice to injectors.
- Injecting Equipment Provision (IEP) is delivered from 68 outlets, including Community Pharmacies, Community Addiction Teams and Glasgow Drug Crisis Centre. Last year around 1 million sets of sterile injecting equipment were provided to approximately 6,000 active injectors in the Health Board area.
- Community Addiction Teams and Glasgow Drug Crisis Centre provide foil for smoking heroin to reduce the harms associated with injecting.
- Increasing use of specialist drop in clinic services for those injecting Performance and Image Enhancing Drugs (3,006 clients).
- The Assertive Outreach Team meets the city-based public injectors' needs through provision of IEP equipment and links into services.
- Regular structured training has been provided to 300 staff working within injecting equipment services.
- Also of concern is the emergence of 'chemsex' - the injection of specific drugs, usually new psychoactive substances, to enhance sexual activity, which are often taken in a party environment. This is associated with men who have sex with men and carries the associated risks of transmission of HCV and HIV. 108 Novel Psychoactive Substances (NPS) users, the majority of whom are from the MSM population, accessed IEP services at Glasgow Drug Crisis Centre in 2015. As part of the Steve Retson Project (SRP) Hub, the development of more nuanced services for this group is being explored.

- Regular monitoring of hep B immunisation of babies born to mothers who are chronic carriers of the virus demonstrates nearly 100% of all babies have been fully vaccinated against hepatitis B.

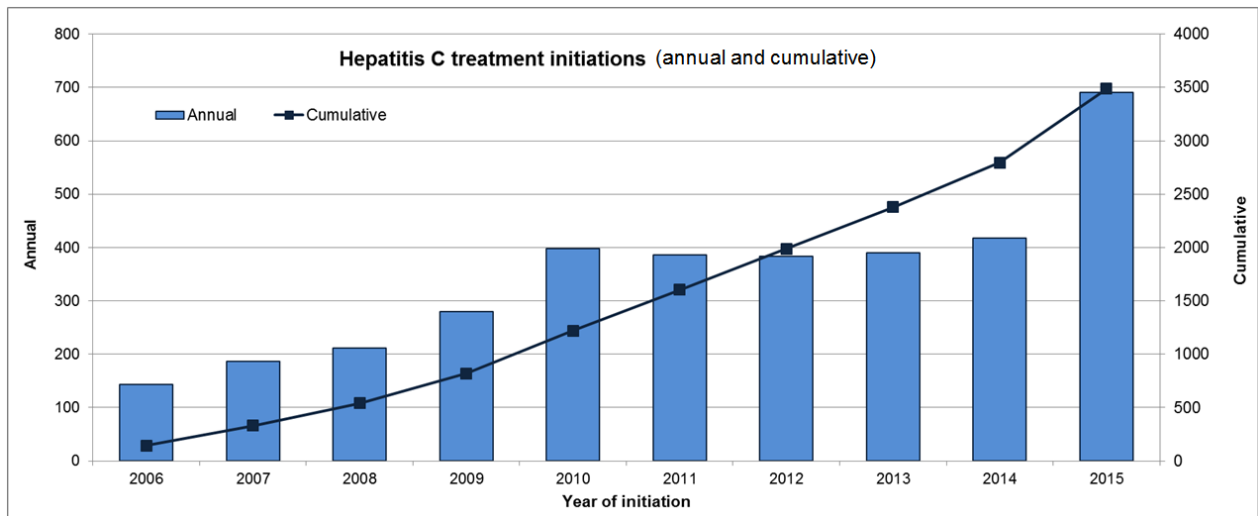
8.4.2.2 Reducing undiagnosed infections:

- The number of people first testing for hepatitis C infection (HCV) continues to increase overall. Significant increases have been seen in Inverclyde, Renfrewshire and West Dunbartonshire areas.
- Five community pharmacies delivered diagnostic hepatitis C testing to people who inject drugs as part of a Board-wide pilot. Over six months, 55 clients were tested and 29 (53%) found to have active infection.
- During 2014/2015, almost 29,000 samples were submitted for diagnostic hepatitis C testing from community-based services (GPs, Addictions, Sandyford, Prisons, Waverley Care, and Community Pharmacies). 2,127 samples were from people with active hepatitis C infection.

8.4.2.3 Increase the proportion of people achieving optimal outcomes from treatment:-

- Increasing numbers of women found to be HBV positive in pregnancy are being referred to specialists as per our protocol. Last year this was 94% of woman up from 84% two years ago.
- Clinical care and treatment for HCV are delivered from an increasing number of settings in community settings where patients live far from hospital-based services. For example, the Brownlee Centre and Leven Addiction Service deliver HCV care from Addiction and Primary Care settings across West Dunbartonshire.
- We continue to increase access to the newest, most effective HCV treatments whilst managing the significant budget impact. In line with national clinical guidance, we ensure patients most in need of treatment are prioritised for therapy. These include those most at risk of developing serious liver disease (decompensated cirrhosis, liver failure and primary liver cancer) and also those coinfecting with HIV and HCV.

Figure 8.1: Hepatitis C Treatment Initiations (annual and cumulative)



8.5 Scottish TB Action Plan

- Number of TB cases within NHS GGC declining since 2012
- Less than 130 cases notified in 2015
- In 2015, Scottish Government funding was awarded to NHS GGC to pilot a TB cohort review. Three further TB cohort reviews have taken place following the pilot
- Scottish Government funding was obtained to pilot new entrant screening for latent TB and a screening exercise took place among foreign students studying English at the City of Glasgow College in December 2015

8.6 Civil Contingencies Plans

- Working with multi agency partners to update and refresh incident response plans
- A review of current acute and partnership business continuity plans (BCP) during 2015 is to take place
- An improved business continuity template has been produced in collaboration with HI&T colleagues
- Ongoing work with Local Authorities to develop a health and social care partnership BCP template

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THEME 9: EVIDENCE, EVALUATION AND INFORMING

9.1 CPD, Seminars, UKPHR and skills training

The Directorate has planned and organised a range of CPD and information sessions during 2015/2016. These included seminars on: social return on investment; unintentional injuries; information session on ScotPHO (Scottish Public Health Observatory website); investing in inequalities; youth today (bringing evidence from youth surveys together); new issues in tobacco control; local forum to see poster or oral presentations that were successful in the faculty of public health conference.

The Directorate continues to support the UKPHR pilot scheme by providing a local co-ordinator for the scheme and finance. The practitioner pilot has become re-invigorated, with an additional four boards joining the pilot so that 8 of the 14 boards in Scotland are now involved. Recruitment of more assessors and verifiers has begun. A third cohort of practitioner will begin work on their portfolios in March 2016. Public Health England has commissioned a review of the practitioner registration scheme which will report in March 2016. The implications that this review has for Scotland will be monitored. In addition the Scottish Public Health Review makes a recommendation to review practitioner registration scheme.

Skills training have been delivered on Think on Your feet. The Directorate has also co-ordinated taster days on behalf of the West of Scotland for the Masters in Public Health programmes at Glasgow University and Glasgow Caledonia University.

9.2 Information Management

9.2.1 Literature searching

The Information Management team have completed 33 Literature searches during 2015/2016. Searches have been completed for a number of colleagues within the Public Health Directorate as well as the Corporate Inequalities Team and the North West Sector of Glasgow City HSCP. The topics covered include:

- Caffeine and Alcohol
- How common is Public injecting – substance abuse
- Financial inclusion and the impact on NHS acute services
- Prevention of gestational diabetes mellitus

9.2.2 Literature synthesis

Literature syntheses were completed by the research and evaluation team in the following areas:

- Unconscious bias or implicitly bias
- Mindfulness
- Open space in GP receptions

9.3 Deliver a range of population health surveys to monitor the health and wellbeing of the population

The adult health and wellbeing survey was completed. Over 8,000 people participated in the survey. Health and Social Care partnerships are using the findings in their Integrated Joint Health Needs Assessments. Findings from the survey formed the main areas for discussion in the Director of Public Health Report “Back to Basics”, where findings from health behaviours, assets and public health indicators were included.

Schools surveys were completed in East Dunbartonshire and Glasgow City. Findings from these surveys will be used to engage pupils, schools and statutory agencies in revamping health improvement programmes for young people. The ‘Glasgow Secondary Schools Summit’ event took place on

Monday 23rd May 2016 in Hampden National Conference Centre. The event's aim was to give pupils from each school an opportunity to explore the data and key findings from the report and work with other schools in their locality to provide their perspective on issues affecting young people.

The Directorate is supporting a health and wellbeing survey of black and minority ethnic people living in Glasgow. 2015/2016 has been spent planning the survey. Fieldwork will begin during the summer of 2016, with reports due by the end of the year.

9.4 Evaluate public health programmes and projects

The research and evaluation team have worked on over 15 evaluations during 2015/2016. These include:

- **Best Practice Engagement with Youth Organisation to Support Health Improvement Work:** The team supported the North East Glasgow Health Improvement team to commission research to gather an evidence base. The evidence base will inform the Health Improvement Team on how they can work with youth organisations to support them to take forward health improvement related work with young people within their own setting in order to support positive mental health and wellbeing, prevent development of risk-taking behaviour and to improve health outcomes among young people in the North East of Glasgow. The research comprised a mixed method approach involving a review of 'what works' in terms of engaging youth organisations in Health Improvement based work; development sessions with staff from youth organisations; and qualitative interviews with key stakeholders. The key findings from the report have been used to develop a proposed model of working with youth organisations. The research and evaluation team will support in the monitoring and evaluation of this pilot model.

9.5 STOR

A Public Health digital repository (STOR) is currently under development within the Information Management team. This exciting project will have direct and measurable benefits for the Public Health Directorate and NHSGGC. These include:

- speedier and more thorough response to queries
- a comprehensive catalogue of NHSGGC public health reports
- a central point for submission of findings and queries
- increased sharing of learning
- showcasing work
- protection from loss of important and irreplaceable documents
- increased transparency
- organise and manage the intellectual property of NHSGGC
- an archive function which will allow both clinical staff and senior management to access historical information, guidelines and reports

It should be noted that such a repository would be a first in terms of a Public Health digital repository in NHS Scotland.

The Business case for the project was approved by the Senior Management team within Public Health Directorate in September 2014 and the procurement process was completed in 2015. The development phase of the project is nearing completion and user testing will be underway in spring 2016, with a full launch to follow.

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If you would like any information on this report, please contact the Public Health Directorate on 0141 201 4719 or by email at phru@ggc.scot.nhs.uk