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Agenda Item: 11

Integration Joint Board

Date of Meeting: 19 April 2023.

Subject: Public Health Annual Report 2021/22.

1. Purpose

1.1. To present Members with the Public Health Annual Report 2021/22 for Members scrutiny.

2. Recommendations

The Integration Joint Board is invited to scrutinise:

2.1. The Public Health Annual Report for 2021/22, attached as Appendix 1 to this report.

3. Background

3.1. The annual Public Health report includes information on local health protection activity, and where available data for local vaccination rates and uptake of screening is discussed and the key areas of the public health priorities for Scotland are covered.

4. Key Messages

4.1. The report demonstrates the increase in health protection activity with an increase in the number and variety of notifiable infections being seen with the easing of restrictions for the COVID-19 pandemic. This workload was managed alongside significant COVID-19 case numbers commencing in autumn 2021 which continued in waves with gradually increasing peaks into the spring of 2022. During this time many outbreaks in various settings were managed. This workload was managed with support from the Health Improvement Team within NHS Orkney.

4.2. Where the report includes performance data Orkney is compared to the Scottish average where data is available, performance across the Scottish vaccination programmes is generally good. Uptake for all components of the childhood immunisation programme is above the Scottish average. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

4.3. Within the Scottish adult screening programmes, the uptake rates for the Abdominal Aortic Aneurysm, Bowel Cancer and Breast Cancer screening programmes were above the national targets. The Cervical Screening programme uptake rates for women aged 25-49 years and 50-64 years at 76.2% and 77.2% were higher than the Scottish average at 66.3% and 74.4% respectively but below the Scottish standard of 80%.

4.4. Where available data for the pregnancy and new-born screening programme indicates a high uptake has been achieved.

4.5. COVID-19 has both exposed and exacerbated health inequalities, the report outlines the health improvement activity that continued throughout the pandemic period to address wider issues in public health.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource and financial implications

6.1. It is important to note that staff have been extremely flexible in supporting the health protection response to COVID-19 and this has impacted on health improvement work. Additional staff were recruited by NHS Orkney to support contact tracing during this period.

6.2. Additional funding was made available from Scottish Government to support vaccination and Test and Protect activity.

7. Risk and equality implications

7.1. It is recognised that significant challenges are being faced in delivering health and social care. It will be important to maintain a robust public health response, along with effective communication, vaccination, and screening delivery, to reduce the impact on the health and wellbeing of the population in Orkney.

7.2. The COVID-19 pandemic continues alongside an increasing amount of health protection activity. The Public Health department continues to prioritise the response to the pandemic whilst moving into business as usual.

7.3. It is recognised that the pandemic has exacerbated existing inequalities in health, tackling this will be important as we move out of the pandemic period.

7.4. Climate change, wars, food and fuel shortages along with changes in the way people are living, being globally connected, will likely lead to more impacts on health and wellbeing in Orkney.

8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

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11. Supporting documents

11.1. Appendix 1: Public Health Annual Report 202

Public Health Annual Report 2021/22



Contents

CONTENTS	2
FOREWORD	3
1. HEALTH PROTECTION	4
INFECTIOUS DISEASES	4
CRYPTOSPORIDIOSIS	5
SHIGA TOXIN PRODUCING <i>ESCHERICHIA COLI</i>	6
GIARDIASIS	7
COVID-19	7
SITUATIONS	8
COVID-19	8
WATER	8
AVIAN INFLUENZA	8
VACCINE PREVENTABLE DISEASES	9
CHILDHOOD IMMUNISATION PROGRAMME	10
ADULT IMMUNISATIONS	11
2. SCREENING	14
SCREENING GOVERNANCE	14
SCOTTISH ABDOMINAL AORTIC ANEURYSM SCREENING PROGRAMME	15
SCOTTISH BOWEL (COLORECTAL) CANCER SCREENING PROGRAMME	16
SCOTTISH BREAST SCREENING PROGRAMME (SBSP)	17
SCOTTISH CERVICAL SCREENING PROGRAMME	18
SCOTTISH DIABETIC EYE SCREENING (DES) PROGRAMME	20
SCOTTISH PREGNANCY & NEWBORN SCREENING PROGRAMME	20
3. RESILIENCE	23
FACE FIT TESTING RESILIENCE	23
PEOPLESAFE PROJECT	23
BUSINESS CONTINUITY PLANNING	24
CHEMICAL BIOLOGICAL RADIOLOGICAL AND NUCLEAR (CBRN) RESPONSE	24
LOCKDOWN	24
RESILIENCE SUPPORT TO THE PANDEMIC RESPONSE	25
4. HEALTH IMPROVEMENT AND RECOVERY	25
PRIORITY 1 – PLACE	31
PRIORITY 2 – CHILD HEALTH	34
PRIORITY 3 – MENTAL WELLBEING	34
PRIORITY 4 – SMOKING	35
PRIORITY 5 – FINANCIAL INCLUSION	39
PRIORITY 6 – HEALTHY WEIGHT AND PHYSICAL ACTIVITY	44
5. CONCLUSION	49

Foreword

The COVID-19 pandemic has presented unprecedented challenges for colleagues across the NHS, social care, and the wider local system. Public Health have been at the forefront of our efforts to protect Orkney residents and limit the spread of the virus, working tirelessly over the period to respond to an ever-changing situation.

I'm immensely proud of the way the team pulled together, stepping out of their core roles, to help manage the pandemic. This included working with members of the public who were anxious when trying to implement changing guidance into their everyday lives, managing outbreaks involving vulnerable people and local businesses, and supporting professionals across the system with advice, guidance and up to date data.

The annual report this year highlights some of the data demonstrating the pandemic's journey in Orkney alongside the other communicable diseases experienced by our residents as lock down measures were lifted and our residents began to return to a more normal social life. I applaud the work of the staff across the NHS and our partners who have worked together to deliver the large scale COVID-19 and influenza vaccination programmes.

Staff have demonstrated determination, resilience, and flexibility in their ability to respond to the changing priorities and pressures throughout this year. It is only through their dedicated hard work that the department has been able to deliver a response to the pandemic as well as remobilise and continue to deliver the services, projects and programmes discussed in this report.

Health Protection

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health
- Immunisation

To be effective Health Protection is a multi-disciplinary activity, we work with Primary Care, The Balfour, Orkney Islands Council, Scottish Water, and other partner agencies to ensure that we maintain an integrated approach to the health of the public across Orkney.

Infectious Diseases

Public Health receives notifications for a number of notifiable diseases and organisms under the Public Health etc (Scotland) Act 2008. Notifiable diseases are any disease that is required by law to be reported to the health board. Many but not all notifiable diseases are infectious diseases. If a registered medical practitioner has a reasonable suspicion that a patient whom they are attending has a notifiable disease, he/she should not wait until laboratory confirmation of the suspected disease before notifying the health board. If a notifiable organism is identified by a laboratory the laboratory should notify the health board.

Diseases are notified so that the health board is aware of where in the community significant diseases are being found. Having this information lets the public health department take steps to control the spread of infectious diseases and to protect the community.

During 2021-22 there were 99 individuals with notifiable infectious diseases (excluding COVID-19) reported to the public health team, an increase on the 58 reported the year before. The data in Table 1 below showing a significant decrease in cases during the 2020-21 period demonstrates the impact of the mitigations used to manage the COVID-19 pandemic on all infectious diseases.

When compared to the 2019-20 data increases have been seen in cases of cryptosporidiosis, Shiga toxin-producing E. coli (STEC), and Giardiasis.

Diagnosis	Case Numbers by year		
	2019-20	2020-21	2021-22
Acute Hepatitis E	0	0	1
Campylobacteriosis	49	26	34
Clostridium difficile associated disease (CDAD)	6	10	7
Cryptosporidiosis	0	2	8
E.coli infection (non STEC)	34	12	30
E.coli STEC	2	2	7
Giardiasis	1	2	3
Hepatitis B	2	0	0
Hepatitis C	1	1	1
iGAS (invasive Group A streptococcus	1	0	0
Legionnaires Disease	0	0	1
Listeriosis	0	1	0
Measles	1	0	0
Mumps	9	0	0
Neisseria meningitidis	0	0	1
Mycobacterium (Non Tuberculous)	3	0	2
Noroviral gastroenteritis	3	0	2
Pertussis	12	0	0
Salmonellosis	4	0	1
Seasonal Influenza	0	1	1
Tuberculosis	0	1	0
Total	128	58	99

Source NHS Orkney HP Zone clinical system

Table 1: Numbers of notifications of infectious diseases reported by financial year 2019-20 to 2021-22

Cryptosporidiosis

Cryptosporidiosis is the diarrhoeal disease caused by the microscopic parasite *Cryptosporidium*. The parasite can infect a variety of animals, e.g. cattle, sheep, rodents, cats and dogs, but also birds, fish and reptiles. Most human cases of cryptosporidiosis are due to two species; *Cryptosporidium hominis*, which mainly infects humans, and the zoonotic species *Cryptosporidium parvum*, which also infects domestic animals, in particular young calves, and lambs.

In humans, the infection can be without any symptoms, however, healthy individuals often develop a diarrhoea that spontaneously resolves over a couple of weeks. By contrast, patients with impaired immune system may develop profuse, watery diarrhoea.

Transmission is faecal-oral by ingestion of infectious oocysts, by direct contact with infected persons or animals or through drinking contaminated water such as from lochs and streams or from contaminated supplies, swimming in contaminated water, eating contaminated food such as raw vegetables and salads. *Cryptosporidium* oocysts can survive for months in moist soil or water and survive harsh environmental conditions (e.g. heat, cold) for extended periods of time.

Water distribution systems are particularly vulnerable to contamination with *Cryptosporidium*, which can survive most disinfection procedures such as chlorination. For this reason, in addition to the

routine surveillance undertaken to try to identify the source of infection we inform Scottish Water of the location of cases of cryptosporidiosis.

Shiga toxin producing *Escherichia coli*

Shiga toxin producing *Escherichia coli* (STEC) are a group of toxin-producing bacteria capable of causing gastrointestinal illness in humans. The incubation period for STEC infection is usually three to four days, seldom less than one day or more than eight days but has been occasionally reported to be as long as 14 days. The infectious dose required to cause illness is low with fewer than 1,000 cells sufficient. Clinical presentation ranges from asymptomatic infection to mild non-bloody diarrhoea, through bloody diarrhoea, abdominal pain, and occasionally fever. Serious outcomes of infection can include haemolytic uraemic syndrome (HUS) which has been shown to be a major cause of acute renal failure in children in Scotland. HUS develops in approximately 10-15% of *E. coli* O157 cases, with the highest rates in those under 15 years or over 65 years of age. HUS mortality is reported to be between 3% and 5%, and death due to HUS is nearly always associated with severe extrarenal disease, including severe central nervous involvement.

STEC are widespread in the environment and can colonise the gastrointestinal tract of wild, farmed, and domesticated animals and birds and be shed in their faeces. Cattle, sheep, and goats are considered to be the main reservoir of infection, although STEC causes no clinical signs of infection in the animal. Shedding of STEC by cattle is dynamic with individual farms having periods of apparent absence and periods of high prevalence. Studies in Scotland have estimated a prevalence of *E. coli* O157 at farm level of approximately 20%, with modelling suggesting that whilst only 20% of farms are positive for *E. coli* O157 at any given time, approximately 80% may harbour infection at some point during the year. Several factors have been postulated to influence farm level prevalence. Within *E. coli* O157 positive herds there is heterogeneity in shedding, with a small number of high level or “supershedders”, such that it has been estimated that about 80% of transmission arises from the 20% most infectious cattle.

Infection can occur from the consumption of water or food which is contaminated. Fruit or vegetables can be contaminated if they come in contact with soil, animal faeces or manure which contains STEC. The use of water for irrigation of food crops and washing of fruit and vegetables has also been identified as a transmission route for STEC. A number of STEC outbreaks have been reported in the literature due to contaminated salads or vegetables, including slaw garnish, watercress, lettuce, sprouts, white radish and handling raw leeks and potatoes.

Meat may be contaminated with STEC during the slaughter process with several meat related outbreaks being reported including the largest outbreak of *E. coli* O157 in Scotland, outbreaks due to beef burgers and others due to cooked meats.

Faecal contamination during the milking of cattle, sheep and goats can result in STEC contamination of raw milk, and there have been several STEC outbreaks associated with drinking raw milk or the consumption of unpasteurised cheese.

Transmission to humans can occur as a result of direct contact with STEC-contaminated faecal material, from handling or petting animals or by exposure to faecally contaminated soil or vegetation during recreational or occupational activities. There have been a number of outbreaks associated with environmental exposure.

Giardiasis

Giardiasis is a diarrhoeal disease caused by infection with the protozoan parasite *Giardia duodenalis*. The parasite is transmitted by direct contact with infected animals such as: cattle, cats and dogs. It can also be transmitted from other people.

The consumption of food or water contaminated with faeces from infected animals can cause infection too, Swimming in contaminated water, such as lochs or rivers, may also cause infection. Once a person has been infected with *Giardia*, the parasite lives in the intestines and is passed in stool. Once outside the body, *Giardia* can sometimes survive for weeks or even months.

Symptoms include smelly diarrhoea, abdominal cramps, flatulence, smelly burps, bloating and weight loss. The disease usually resolves in about a week if treated.

COVID-19

During 2021 to 2022 the COVID-19 pandemic continued to stretch the Public Health Department with the changing nature of the situation, and the move to business as usual. Test and Protect was one of the key interventions to reduce the impact of COVID-19 on the health of our population, and on the wider social and economic harms caused by the pandemic. The primary goal of test and protect was to reduce population wide transmission of the virus. The use of testing including both symptomatic and asymptomatic testing and the focus for contact tracing changed throughout the pandemic period in response to the changing epidemiology and as new evidence emerged.

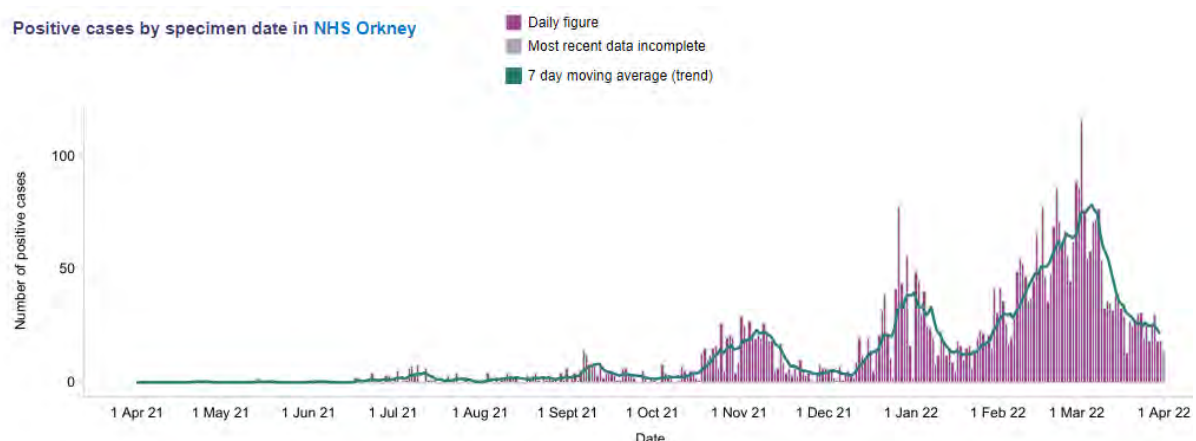


Figure 1: Positive cases by specimen date in NHS Orkney April 2021 to March 2022

Source: PHS Daily Dashboard accessed 21/10/22

In April 2021 an additional five staff had been recruited to support the local and national contact tracing service, through a system of mutual aid resource was targeted to where it was needed in the country.

In June 2021 the first significant COVID-19 outbreak was experienced in Orkney (Figure 1), related to the hospitality industry, resulting in health improvement resources being redirected to support the health protection team. The uprise in COVID-19 cases seen nationally in August and for Orkney in September proved challenging to manage across the country. Significant changes were made to the handling of cases for contact tracing with a reduction in the amount of information recorded and increased reliance on individuals identifying their own contacts. At this time local health protection

activity also increased in relation to cruise ships and the management of cases and contacts on board.

In October Orkney experienced a large increase in case numbers, which continued during the first half of November before declining. Following the easing of societal restrictions and the increase in social gatherings in the run up to the festive period a further rise in case numbers commenced in December. During this time Test and Protect experienced substantial and sustained pressure. Contact tracing moved to FOCUS at the end of December, meaning contact tracing now had a focus on people who had been flagged as having visited a high risk setting and outbreaks where vulnerable people may be affected. The work was supported by a digital solution for contact tracing low risk cases.

On 23rd November a small number of cases of a new Beta variant lineage were reported by South Africa to the international genomic database. The variant had concerning mutational characteristics, 32 spike mutations, which could increase the risk of reinfection and possibly cause other unfavourable changes in the epidemiology of COVID-19. The WHO designated Omicron as a SARS-CoV-2 Variant of Concern. Omicron BA.1 had a mutation that leads to S gene target failure in a widely used PCR testing platform available at the UK Gov Lighthouse Laboratories. S-gene target failure (SGTF) had been identified as a reasonable proxy for identifying Omicron BA.1. Omicron BA.2 did not have SGTF, and the absence of SGTF was used as a proxy for Omicron BA.2. Into the New Year Orkney experienced a significant increase in case numbers. The increase was linked to the Omicron variant, and its subvariants BA.1 and BA.2. At this time, we began to see reinfections occurring accounting for just under 10% of cases.

As winter arrived the Government directed strategy requested an expansion to the COVID-19 focussed testing. There was a move toward more routine testing for other key respiratory viruses, in addition to COVID-19, for those displaying respiratory symptoms. Patients who have been clinically assessed in secondary or primary care with respiratory symptoms were offered multiplex testing routinely including COVID-19, Flu A, Flu B and Respiratory Syncytial Virus (RSV).

Situations

During the time frame of this report 65 situations were managed by the health protection team.

COVID-19

There were 50 situations related to the management of COVID-19 cases and outbreaks associated with various settings including vessels (10), schools, pre-school and out of school activities (9), care settings including hospital, care homes and care at home (14), workplaces (4), social events (10), and public transport (3).

Water

Fourteen situations managed related to water issues, including private water supplies, public water supplies and blue-green algae bloom. Managing water issues is undertaken in partnership with our Orkney Island Council and Scottish Water colleagues as required.

Avian Influenza

Birds infected with the most serious strain of bird flu, called highly pathogenic avian influenza (HPAI) show various symptoms however some species such as ducks, geese and swans can carry the avian influenza virus and spread it without showing any signs of illness.

Dead wild birds should be reported to Defra if the following are found

- One or more dead birds of prey
- Three or more dead gulls or wild waterfowl (swans, geese, and ducks,
- Five or more dead birds of any species.

A dead wild swan found in a garden returned a positive result for HPAI. At this time there were reports of dead birds in other locations, public messaging was used to remind members of the public of the risk of avian influenza and what to do if sick or dead birds are found.

Vaccine Preventable Diseases

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. In Orkney and across Scotland the level of vaccine preventable disease is low (Table 2). All vaccine preventable disease under surveillance have shown a notable reduction during the COVID-19 pandemic which is most likely due to the social distancing measures and restrictions implemented in response to the pandemic. It is noted that the circulation of influenza was very limited in the UK in the 2021-22 season; therefore, a lower level of population immunity is expected.

Haemophilus influenzae	There have been no cases of confirmed invasive <i>H. influenzae</i> type b infection in Orkney since 2014
Measles	There have been no cases of confirmed measles infection in Orkney since 2014
Meningococcal disease	There have been fewer than 5 confirmed cases in Orkney since 2014
Invasive Pneumococcal disease	There have been no cases of confirmed invasive Pneumococcal infection in Orkney since 2014
Pertussis (whooping cough)	There were 12 cases of confirmed whooping cough in Orkney during 2019 to 2020. Since lockdown no further cases have been seen.
Human Papilloma Virus (HPV)	Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland
Mumps	There have been 11 cases of laboratory-confirmed mumps in Orkney, most in 2019-2020. Since lockdown no further cases have been seen.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in 2021 remained low.
Rubella	The last reported case of laboratory-confirmed rubella in Scotland was in 2017.
Shingles	Rates of admissions and GP consultations for shingles remained static during the period 2010 to 2017 in Scotland, with higher rates in the more susceptible older age groups; more recent data has not yet been published.
Tetanus	There have been no confirmed cases of tetanus in Orkney since 2014.
Tuberculosis (TB)	Incidence of TB in Orkney is lower than the Scottish average which has shown a consistent downward trend during the period 2010 to 2019.
Influenza	During 2021-2022 Influenza season activity remained at baseline or low levels.

Table 2: Vaccine Preventable Disease

Vaccination is one of the most cost-effective public health interventions to safeguard present and future health and wellbeing. The high vaccination uptake rates across Scotland and in Orkney correlate with low numbers of outbreaks of vaccine preventable diseases.

Childhood Immunisation Programme

Children born in Scotland can expect to have 10 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 they will have had 15 separate injections. These injections protect children from a number of potentially life-threatening illnesses including diphtheria, tetanus, Pertussis (whooping cough), polio, *haemophilus influenzae* type B (Hib), Hepatitis B, pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), Meningococcal type B (Meningitis B) measles, mumps and rubella.

In addition to the core immunisation programmes targeted vaccination - Bacillus Calmette-Guérin (BCG) -vaccinations are offered to children in relevant at-risk groups.

Uptake rates for childhood immunisation programmes for year ending 31st March 2022 in Orkney are available in Table 3. Compared with the Scottish average, the uptake rates for all vaccinations are higher than the Scottish average.

Uptake by 12 months	Orkney	Scotland
Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB) 6-in-1 primary course	97.8%	96.3%
Pneumococcal (PVC) primary course	97.3%	96.4%
Rotavirus primary course	96.8%	94.0%
Meningococcal B (MenB) primary course	96.8%	95.6%
Uptake by 24 months		
6-in-1 primary course	98.5%	97.1%
Measles, mumps & rubella (MMR) 1	96.4%	94.4%
Hib/MenC	96.4%	94.3%
PCV Booster	95.4%	94.3%
MenB booster	95.9%	93.9%
Uptake by 5 years		
6 in 1	98.6%	97.4%
MMR 1	97.6%	96.0%
Hib/MenC	97.6%	95.6%
Diphtheria, tetanus, pertussis (whooping cough), polio (4 in 1 Booster)	96.7%	92.7%
MMR2	96.2%	92.2%
School immunisations (academic year 2021/22)		
Human papillomavirus (HPV) (completed course S3)	78.9%	73.9%
Tetanus, diphtheria and polio (S4)	77.3%	74.9%
Meningococcal types ACWY (S4)	77.3%	73.8%

Table 3: Childhood vaccination uptake rates for NHS Orkney April 21 to March 22 and Scottish average.

Human Papillomavirus Immunisation Programme

Cervical cancer is the most common cancer in women under 35 years of age in Scotland and human papillomavirus (HPV) is the main risk factor. The HPV vaccine helps to protect against the main cause of cervical cancer and has been offered to girls in secondary schools since 2008. Following advice

from the Joint Committee on Vaccination and Immunisation (JCVI) the programme was extended to adolescent boys during the 2019/20 academic year.

Research undertaken by a collaboration of researchers from within NHS Scotland, and the Universities of Aberdeen, Edinburgh, Glasgow Caledonian and Strathclyde has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer by almost 90%.

The school immunisation programme utilises a mixed model delivery approach with young people being invited to attend primary care for vaccinations in the isles practices and the programme being delivered in schools on the mainland. Those who miss the vaccination at the initial offer will be reoffered throughout their school career.

Adult Immunisations

Pertussis (Whooping Cough) Vaccination for pregnant women

Whooping cough is a highly contagious bacterial infection of the lungs and airways. It causes bouts of repeated coughing that can last for two or three months or more and can make babies and young children very ill. Whooping cough is spread in the droplets of the coughs and sneezes of someone with the infection.

A single dose of whooping cough vaccine is offered to all pregnant women during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may protect the mother against whooping cough and thereby reduce the risk of exposure to her infant. New mothers who have not been vaccinated against whooping cough during pregnancy are offered the vaccination up to when their child receives their first vaccinations at eight weeks of age.

This vaccination programme is administered by the NHS Orkney midwifery team.

The uptake rate for 2021/22 was 90.4% comparable with the uptake rate in previous years.

Herpes Zoster (Shingles) Immunisation Programme

The Herpes Zoster Immunisation Programme started in 2013. Shingles can be a severe condition. It occurs more frequently and tends to be more severe in older people. Around 7,000 people aged 70 years and above are affected in Scotland each year. Around 1,000 people develop a very painful and long-lasting condition called post-herpetic neuralgia. Roughly 600 people are admitted to hospital each year, and there are around 5 deaths annually. The herpes zoster vaccine can reduce the risk of getting shingles or, if an individual does get shingles, it can make the symptoms milder.

The 2021/22 shingles vaccination programme is ongoing running from 1st September 2021 to 31 August 2022 provided the offer of the vaccine (Zostavax®) to individuals aged 70 years (defined by the patients age at 1 September 2021) (routine) and those aged 71-79 years who had not previously been vaccinated (opportunistic) defined by the patients age on 1st September 2021. The vaccine is not offered to anyone aged over 80, even if they have previously been eligible, as the vaccine effectiveness declines with age.

The uptake figures for 2021/22 campaign for Orkney are for those age 70 years 51.7% (Scottish average 45.1%) and the catch up cohort aged 71-79 years 73.3% (Scottish average 63.08%).

The vaccination programme for Shingrix (non-live) vaccine, indicated for people with severe immunosuppression for whom Zostavax® is contraindicated, commenced on 1st September 2021 uptake data for this programme are not yet available.

HPV Programme MSM

The HPV vaccine is available in Scotland for men who have sex with men (MSM) up to and including 45 years of age. The vaccination is offered to men who attend sexual health and HIV clinics. The HPV vaccine will help prevent infection that can cause genital warts and certain types of cancer.

This programme is delivered through the Nordhaven clinic.

COVID-19 vaccination Programme

The COVID-19 vaccination programme commenced at the end of 2020 in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI) focussing on the protection of health and social care staff and systems. The secondary priorities included vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in public services. The vaccination programme was delivered using a phased approach as vaccine supply became available.

In the UK three primary vaccines targeting the S protein of the original SARS-CoV-2 strain were authorised for supply; two use an mRNA platform (Pfizer BioNTech COVID-19 BNT162b2 vaccine and Moderna mRNA-1273 COVID-19 vaccine) and one uses an adenovirus vector (AstraZeneca COVID-19 ChAdOx1-S vaccine/Vaxzevria®).

By April 2021 the vaccination programme had moved into the Final Phase 2 with the offer of vaccination being made in descending age order to

- All those aged 40-49 year
- All those aged 30-39 years
- All those aged 18-29 years

The offer of vaccination for pregnant women began in May 2021.

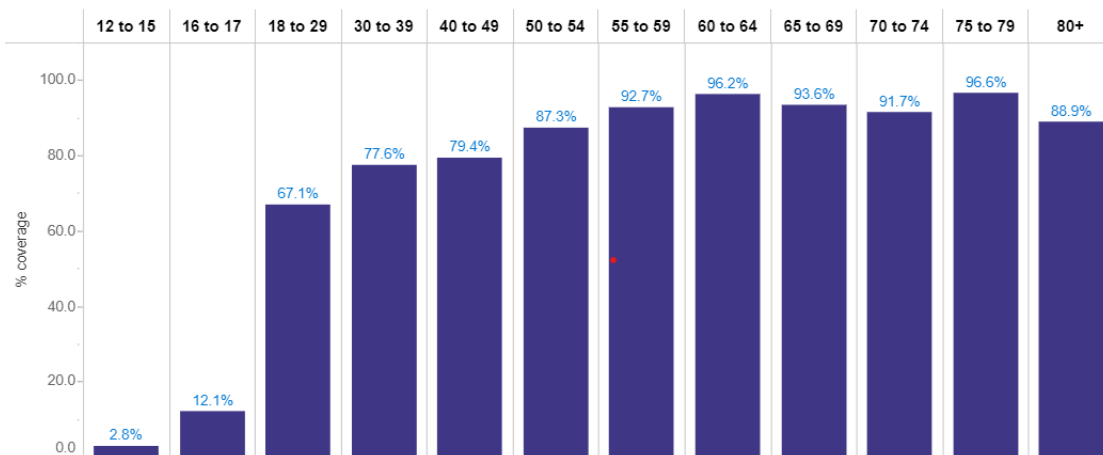
Planning for the COVID-19 booster campaign and influenza vaccination programme commenced in earnest in June 2021. JCVI advised an earlier start to the winter vaccination programme bringing it forward to the beginning of September, to maximise protection in those most vulnerable to serious COVID-9 ahead of the winter months. A synergistic approach was to be taken to the delivery of COVID-19 and flu vaccination to maximise the uptake of both vaccines.

By March 2022 a further spring vaccination programme had commenced with booster vaccinations being offered to individuals aged 75 years and over and those who were immunosuppressed being eligible for vaccination at 24 weeks following their last dose. All children aged 5 years and over were eligible for vaccination with a booster for children who were immunosuppressed from 12 weeks since their last vaccination.

COVID-19 vaccination uptake rates

The response to the COVID-19 vaccination programme across Orkney was good resulting in high uptake rates. The percentage uptake of booster or dose 3 vaccinations can be seen in Figure 2.

Total % coverage by age group in NHS Orkney



Age group breakdowns use the age of the individual as at 31 August 2021. Denominator populations for age/sex groups and area breakdowns are sourced from National Records of Scotland mid-2020 estimates (the latest available).

Figure 2: Booster or dose 3 vaccination uptake across Orkney.

Seasonal Influenza Vaccination Campaign

There are 3 types of seasonal influenza viruses – A, B and C. The most effective way to prevent the disease and/or severe complications is vaccination. Safe and effective vaccines have been used for over 60 years. Type C influenza cases occur much less frequently than A and B which is why only Influenza A and B viruses are included in the seasonal influenza vaccines.

The key objectives of the adult influenza vaccination programme 2021/22 were

- To protect those most at risk from flu in the coming season and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum.
- To plan to deliver the programme building on lessons learnt from previous years and our experience of COVID-19, recognising that arrangements may need to be adapted with vital resources correctly positioned to deliver the programme at scale.
- To further increase flu vaccine uptake across all eligible groups with particular focus on those who are aged 65 years and over; those aged 18-64 years in clinical risk groups, as well as pregnant women (at all stages of pregnancy).
- To extend the national programme to offer vaccination to social care staff who deliver direct personal care, unpaid and young carers, Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on COVID-19 testing) including support staff, teachers pupil facing support staff, prison population and prison officers who deliver direct detention services, secondary school pupils and all those aged 50-64 years old. Some of those aged 50-64 are otherwise eligible due to underlying health conditions or their employment.
- To encourage greater uptake amongst frontline health and social care workers, including Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on COVID-19 testing) including support staff, who are delivering patient front facing services. An innovative timely approach is required and is critical to safeguard staff, whilst also protecting those in their care.

The childhood influenza vaccination programme was offered to preschool children, primary school children and children aged 6 months to two years of age in clinical risk groups

All uptake rates except for secondary school children are above the Scottish average. The childhood influenza cohorts and the adults age 65 years and over uptake rates all exceeded the national targets set (Table 4).

Influenza vaccination Uptake Rates	Orkney	Scotland	Target
Pre-school (2 to <5)	67.8%	62.0%	65%
Primary school children	79.1%	72.5%	75%
Secondary School Children	51.8%	52.5%	
Age 65 years and over	85.7%	90.3%	75%
18-49 years at risk (excluding healthy pregnant women and carers)	52.1%	48.9%	75%
Pregnant and not in a clinical at-risk group	64.9%	58.6%	75%
50-64 years	74.1%	64.6%	

Table 4: Influenza vaccination uptake rates for NHS Orkney 21/22 season and the Scottish average

In conclusion vaccination delivery across the Scottish immunisation programmes works well. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

Screening

National screening programmes are population level services that identify healthy people who may be at increased risk of a disease or condition. If an increased risk of a disease is identified the individual can then be offered information, further tests, and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Screening can reduce the risk of developing a condition or its complications, but it cannot offer a guarantee of protection. In any screening programme there is a minimum of false positive results and false negative results.

There are six national screening programmes (Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Retinopathy (DRS) and Pregnancy & Newborn (PNBS)).

Screening Governance

The National Screening Oversight Board was established in spring 2020, during the year 2020/21 the National Screening Oversight Function (NSOF) was established and a work plan for 2021/2022 was developed.

The NSOF is comprised of three different components, the National Screening Oversight Board (NSOB), the Director of Screening, and the National Screening Oversight Team (NSO Team). The NSOF provides assurance and oversight at the national level across the national screening programmes. It reports to the Scottish Screening Committee, and through that Committee, to Scottish Government and Board Chief Executives. Figure 3 below sets out the governance of the screening system in Scotland. The Public Health Department feeds in to the NSOF through representation of the Board Screening Coordinator (BSC) (Consultant in Public Health) on the Board Coordinator Groups for each of the Programmes.

The NSOF is not involved in oversight of the operational delivery of the screening programmes, operational oversight is at a regional level for the Abdominal Aortic Aneurysm (AAA) and Cervical Screening Programmes through the AAA Screening Programme Collaborative and the Cervical Screening Monitoring Group of which the BSC is a member. Local oversight groups have been established for the Diabetic Eye Screening (DES) and Pregnancy and Newborn Screening programmes which report by exception to the Quality Forum and through the Public Health report to the Joint Clinical and Care Governance Committee. Further oversight of the cancer Screening care pathways including for the Bowel Screening Programme is through the Cancer Care Delivery Group.

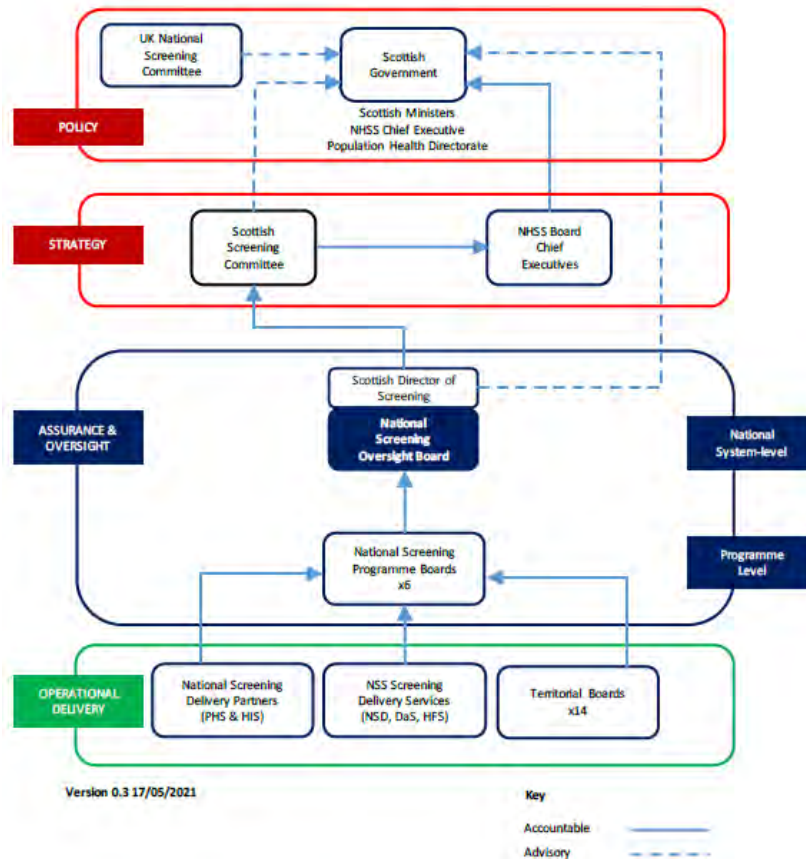


Figure 3: Screening Governance

Scottish Abdominal Aortic Aneurysm Screening Programme

An abdominal aortic aneurysm is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person’s abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm is seen which requires regular monitoring (measures between 3.0cms to 5.4cms).

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity. During the period April 2021 to March 2022 because of COVID-19 screening mitigation appointment times were increased to 20 minutes per patient to accommodate the social distancing required in the waiting area and additional cleaning time. During the time of this report the team visited Orkney four times in June 21, July 21, November 21 and March 22.

The uptake target for the AAA screening programme, is the percentage of eligible men tested before age 66 years and 3 months and had a screening result of positive, negative, or non-visualisation, the Essential target is $\geq 75\%$ and Desirable target of $\geq 85\%$. Table 5 below shows the uptake has been above the Desirable target since the programme restarted in July 2020.

Financial year	2019-20	2020-21	2021-22
Number men appointed (percentage attended)	248 (81.8%)	153 (89.5%)	234 (85.4%)

Table 5: Uptake rates for AAA screening for the periods 2019-20, 2020-21 and 2021-22

For the period 1st April 2021 to 31st March 2022 the men who are eligible to access the programme are men who turned age 66 years in the financial year, those born between 1st April 1955 to 31st March 1956. Provisional data indicates of those who attended 181 men were discharged, four men given a three-month recall, 11 men a 12 month recall and four men an immediate recall. No men were referred to vascular services.

Audit activity

Standard 7a.1 of the Scottish AAA Standards states that

“the screening and surveillance history of men, who died of a ruptured aneurysm, is reviewed and discussed by the collaborative screening centre multidisciplinary team.”

Standard 7a.2 states that “the mortality rate due to ruptured abdominal aneurysm among men who were screened negative and discharged from the programme is recorded and an action plan implemented”

Across Scotland an audit is being undertaken by the screening collaboratives of all men who have died from an AAA or who have suffered an AAA and survived. The findings of the audit will be reported in due course.

Incidents

Two national abdominal aortic aneurysm screening incidents have occurred.

1. It was reported by an NHS Board that when they had to cancel a clinic the participants recall dates had been changed to a later date. The normal practice would be to apply a temporary deferment with an appropriate journal/entry note. The number of participants in all Health Boards who have had their recall dates changed since the start of the programme has been identified, no men in Orkney have had their recall dates changed.
2. Following user acceptance testing it was identified that a very small number of surveillance participants may have been excluded from the screening programme after two fail to scan results and discharged to the care of their GP. The pathway issue in the IT system has been reviewed and affected men identified, no Orkney residents have been affected.

Scottish Bowel (Colorectal) Cancer Screening Programme

The national bowel screening programme was introduced into Scotland in 2007. The screen involves taking a simple test at home every two years. The test looks for hidden blood in stool. Bowel screening is offered to men and women aged 50 to 74 years to help find and treat bowel cancer early. People aged 75 years and over can request a screening kit.

Bowel cancer is the third most common cancer in Scotland. Around 4,000 people in Scotland get bowel cancer every year.

People can reduce their risk of developing bowel cancer by:

- Eating a healthy diet
- Limiting foods high in sugar and fat, and avoiding sugary drink
- Avoiding processed meat like bacon and sausages and limiting red meat
- Getting to and keeping a healthy weight
- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

Provisional uptake data for those invited for the calendar year of 2021 was 71% for Orkney residents against a national performance of 67%, the national target is 60%.

Of those tested 74 individuals received positive results an increase on the 56 from the previous year. There was an increase in test positivity rate from 2.1% in 2020 to 2.3%

For the bowel screening programme, the focus of work is on managing colonoscopy capacity across Scotland. The trends in waiting time from patient referral (due to a positive screening test result) to the first colonoscopy procedure following the referral are monitored. Within Orkney colonoscopy capacity is managed through clinical prioritisation, the Senior Charge Nurse for Theatre makes sure those who are most urgent are prioritised and additional lists are held whenever capacity allows to minimise waiting times.

Scottish Breast Screening Programme (SBSP)

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years plus 364 days could continue to be screened if they arranged an appointment with the local screening centre.

There are a number of factors which increase the chance of developing breast cancer, including:

- Being overweight
- Drinking alcohol
- Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age.

The screening service was paused during the COVID-19 pandemic along with the other national adult screening programmes. Due to the need for social distancing the programme recommenced with a soft restart which continued into 2021. By March 2022 the slippage in the programme was reducing and uptake was above that experienced prior to the pandemic.

The ability to self-refer for women aged over 71 years plus 364 days was temporarily paused when the programme restarted, the pause remained in place throughout the period of this report.

In March 2021 the Report of the Major Review of the Scottish Breast Screening Programme was published. The review considered

- Future requirements and population need
- Expected standards of delivery
- Basis of call/recall processes (GP practice calling)
- Location of screening
- Workforce requirements
- Evidence base for current SBSP policies in relation to age parameters & self-referral, radiology reading, workforce practice
- Technology – IT and new technology potential
- Addressing health inequalities, tackling known barriers to screening, and improving access to ensure those in greatest need benefit fully.

The review made recommendations in five areas including: access, workforce, technology and equipment, standards, and data. The BSC took part in work led by The Scottish Breast Screening Programme Board to prioritise the recommendations. A Modernisation group is to be established to further progress the work/scoping for the Breast Screening Review recommendations.

The screening programme for NHS Orkney residents is provided through the North East Scotland Breast Screening Service which is hosted by NHS Grampian based in Aberdeen. A mobile unit visits Orkney every three years. The service is supported by the NHS Orkney Surgical team and Breast care Nurses who see breast screening ladies to pass on results, discuss multi-disciplinary team decisions and further treatment. All women recalled for review attend the Breast Screening Centre in Aberdeen.

The Breast Screening Service visited Orkney for 18 weeks commencing on 7th June 2021. Local media was used including an interview on Radio Orkney to promote the service, to inform on the reasoning behind the pause on self-referrals and to promote breast awareness. During the visit the uptake rate at 82% exceeded the key performance indicator achievable rate of over 80%. The positivity rate was 0.6%.

Scottish Cervical Screening Programme

The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women. Screening is offered to all with a cervix aged 25–64 years every five years. Cervical screening saves around 5,000 lives in the UK every year and prevents 8 out of 10 cervical cancers from developing.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman

- Is or has been sexually active
- Smokes, as this affects the cells in the cervix

Most changes in the cells of the cervix are caused by a type of virus called the human papillomavirus (HPV) passed on through sexual contact. HPV is very common; eight out of ten people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections naturally, but one in ten infections are harder to get rid of.

Women are offered a smear test that involves checking cells in the cervix (neck of the womb) and a Human Papilloma Virus (HPV) test, where appropriate. The test is designed to identify any cervical changes in women who otherwise have no symptoms, at this stage, any abnormalities can easily be monitored or treated, and treatment is usually very effective. Without treatment the changes can sometimes develop into cervical cancer.

Evidence shows HPV testing is a better way of identifying women at risk of cervical cancer than the cytology (smear) test that examines cells under a microscope. From 30th March 2020, HPV testing replaced cervical cytology in Scotland as the primary screening test in the Scottish cervical screening programme. Cytology-based tests continue to be used when high-risk HPV is found in a sample. Implementing testing for HPV reduces the frequency of screening all eligible persons between the ages of 25 to 64 years aged with a negative result. Invitations for screening are now issued every 5 years instead of every three years.

The latest uptake data available for cervical screening is for the 2020-21 period. In Orkney the uptake rates amongst women of 25-49 years and 50 – 64 years are consistently higher at 76.2% and 77.2% than the uptake for Scotland at 66.3%, and 74.4% respectively but below the Scottish standard of 80%.

Incidents

Two national Scottish cervical screening programme incidents have occurred
No-cervix exclusion

A national screening incident was identified in which individuals were inappropriately excluded from screening following a subtotal hysterectomy the management of which is ongoing. National guidance states that people who have had a total hysterectomy (i.e., complete removal of cervix) can be excluded from screening but anyone who has had a sub-total hysterectomy should continue to be screened regularly if they are within the eligible age range for screening. NHS Orkney continues to engage in the overall incident management and to undertake actions as agreed by the adverse event management team. This work is supported by General Practices, the Obstetrics and Gynaecology team and the NHS Grampian multidisciplinary team.

Work is to be undertaken to audit the records of all women excluded from the cervical screening programme.

Non-referral of adhoc smears

The Scottish Cervical Call Recall System (SCCRS) is the central IT system that supports the Cervical Screening Programme. Routine Cervical Screening Samples should be reported on the Sample Taker Module of SCCRS. SCCRS will then automatically generate a referral to Colposcopy if the result and management entered by the Laboratory deems that to be appropriate. A letter will be sent to the participant and their GP.

A national incident has been identified where patients being seen at gynaecology appointments had a routine cervical screening sample taken however this was logged on the Colposcopy Module of SCCRS as opposed to the Community Sample taker Module. The laboratory reported a result which should have generated an automatic referral to Colposcopy however because the sample was recorded in the Colposcopy module SCCRS did not generate a direct referral and no results letters to the patients were generated.

Health Boards were asked to review the process for logging opportunistic cervical screening tests taken at Gynaecology via Colposcopy departments and consider whether local training was required, and a national communication was circulated to remind user of the differences in the SCCRS modules (Colposcopy and Community Sample Taking).

An audit was undertaken across Scotland of women affected, no women in Orkney were identified.

Scottish Diabetic Eye Screening (DES) Programme

People with type 1 or type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an eye screen. Diabetic Eye Screening (DRS) is a test (photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked.

When detected early treatment can be provided to reduce or prevent damage to an individual's eyesight. Left untreated diabetic retinopathy can cause blindness or serious damage.

Since January 2021 revised screening intervals have been implemented in line with the United Kingdom National Screening Committee recommendation which advised screening tests for diabetics at low risk of sight loss to change from one to two yearly. The change has been phased in with some patients being transferred to two yearly intervals immediately and others being transferred after their next screening test. Optical Coherence Tomography (OCT) has also been added to the programme. An OCT scan is sometimes needed to detect macular oedema (MO) which is the leading cause of moderate sight loss in people with diabetes. OCT is now delivered by the DES team in Orkney instead of ophthalmology. Previously patients would have waited up to 12 weeks for their scan following referral to ophthalmology. Now the scans are reviewed by the visiting Ophthalmologist within the following month.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly
- Speaking to their optician if they have a problem with their eyesight
- Taking medication as prescribed
- Attending DES appointments

Following the pause in screening a new database was implemented to support the DES programme OPTIMIZE, performance data will not be available until system verification has been completed.

Scottish Pregnancy & Newborn Screening Programme

Pregnancy and newborn screening are considered to be important components of good healthcare that should both underpin and inform child and family health and wellbeing. Screening is a two stage process. Usually the first-line test indicates only a risk or probability that a particular condition is present. During pregnancy a woman is offered blood tests and ultrasound scans that are used to test for

- Blood count, blood group and Rhesus status (positive or negative)
- Sickle cell and thalassaemia
- Infectious diseases (hepatitis B, syphilis and IV)
- Down's syndrome
- Foetal anomalies

These programmes are offered to women at an appropriate stage of the antenatal or postnatal period. Further diagnostic tests are offered if any conditions are suspected.

The aims of the programmes vary, and include: providing information for women so that they can make informed decisions (including whether to continue with the pregnancy); enabling timely treatment of mother and baby to support a successful pregnancy, reduce transmission of communicable diseases from mother to baby, and reduce the risk of acute/chronic disease in the baby; and provide information to enable early intervention to support the development of the baby/child.

Newborn Hearing Screening Programme (NHSP)

Universal Neonatal Hearing Screening consists of a simple test that looks for a clear response from both of a baby's ears. The test is usually done in the first few weeks after the baby is born, often

before leaving the maternity unit. The test doesn't hurt and isn't uncomfortable. It's quick and can take place while a baby sleeps.

The latest data available is for 2019/20. The data demonstrates

- 100% of babies were offered and completed screening.
- Of those screened 137 out of 138 (99.28%) completed the screening process within 4 weeks (corrected age).
- Fewer than 5 babies required onward referral to audiology for a diagnostic assessment.
- 100% of babies were offered and attended for diagnostic audiology assessment within four weeks.
- No babies were identified with confirmed moderate or greater permanent hearing loss in better ear.
- No babies were identified with confirmed unilateral hearing loss, mild bilateral loss, temporary conductive loss or auditory neuropathy spectrum disorder.

NHS Lothian has published the British Academy of Audiology review report of the NHS Lothian Paediatric Audiology Service. The review and its findings are being considered by the Scottish Audiology Leads. The local service will be reviewed against the recommendations to ensure any learning informs service delivery.

Newborn Blood Spot Screening

Newborn blood spot screens for nine different rare but potentially serious inherited diseases. It's usually carried out around five days after the baby is born. Performance data for the period 2021/22 is outlined below

- 186 babies were screened.
- No babies screened were too old for Cystic Fibrosis (CF) screening
- 10 (5.28% above the Scottish average of 4.26%) samples required to be repeated for avoidable reasons; 7 (3.76%) insufficient sample and 3 (1.61%) the sample was unsuitable.
- Four samples were submitted with missing information for example date of sample missing or incorrect
- 100% of samples were received with the CHI number included on the bloodspot card
- 87% of samples were taken between 4-5 completed days of life, below the Scottish average of 89.6% and the Essential criteria level of $\geq 90\%$. (There can be a clinical indication for taking samples out with the usual time frame)
- 74.7% of samples were received by the laboratory in Glasgow within the ideal time of no later than three working days after the sample was taken. This was below the Scottish average of 88.6% and the Essential criteria level of $\geq 96\%$
- If a sample has a Thyroid-stimulating hormone (TSH) result of between 8mU/L and 19.9mU/L a repeat sample is required. This sample should be taken 7-10 days after the initial sample. All repeat samples were taken >15 days after the initial sample
- For babies born at 32 weeks gestation a repeat sample should be taken on day 28 of life or discharge home, whichever is sooner. In Orkney 100% of samples were taken on day 28, above the Desirable level of $\geq 99\%$

The reporting of sickle cell results in the Newborn Bloodspot Screening programme moved from GPs to the Child Health System on 1st November and this is now managed by the child health team within the Public Health Department.

Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome

A screening test for Down's syndrome, Edwards' syndrome and Patau's syndrome is available between weeks 10 and 14 of pregnancy. It is a combined test because it combines an ultrasound scan with a blood test. The blood test can be carried out at the same time as the 12 week scan.

Blood tests combined with scans which measure the fluid at the back of the baby's neck to determine the "nuchal translucency". The woman's age and the information from the two tests are used to work out the chance of the baby having one of the syndromes. Obtaining a nuchal translucency measurement depends on the position of the baby and is not always possible. If this is the case a blood test called the quadruple test will be offered between weeks 14 and 20 of pregnancy.

During the period April 2021 to March 2022 6 quadruple tests were offered.

From September 2020 women who have received a higher-chance result that their baby may have Down's syndrome, Edwards' syndrome or Patau's syndrome will be offered a choice of having

- No further tests
- Non-Invasive Prenatal Screening Test (NIPT)
- Diagnostic tests: chorionic villus sampling (CVS) or amniocentesis

NIPT provides an opportunity to examine foetal DNA by taking a sample of blood from pregnant women. NIPT can be used to detect where an abnormal number of chromosomes is present in each cell, if NIPT returns a positive result woman will be offered a diagnostic test or they can choose to have no further testing.

During 2021/22 fewer than 5 samples were submitted for NIPT.

Resilience

In addition to protecting the health of the population, the public health department has a significant role in ensuring the NHS is resilient with the capacity to withstand or recover quickly from difficulties. Emergency planning and resilience work is undertaken in partnership with all departments across the organisation and with partner agencies. During the 2021 to 2022 period the focus of activity has been on:

Face Fit Testing Resilience

In an effort to future proof the face fit testing programme the Resilience Officer has engaged the services of specialist trainers to train a cohort of clinical and non-clinical staff as face fit testers. This has included upskilling staff in the use of Portacount equipment so that the Board can deliver what is termed “quantitative” testing. The equipment measures the presence of particulates between the mask and the subjects face against an ambient background reading and provides a numerical figure on the efficiency of a specific mask type against the shape of the wearers face. This equipment allows back-to-back re-testing of staff into a product that fits their face shape. The use of a range of face fit testing methods is designed to lessen the need to recall staff for testing thereby reducing abstraction from frontline service delivery.

The programme is being further extended to include the use of Powered Hood Respirators for a small number of staff who cannot be face fit tested into current masks types. Specialist trainers are due to return to the Board to complete this training with a cohort of recently appointed dedicated trainers.

By increasing the range of face fit testing methods, the Board is mitigating against the risk of manual “qualitative” testing where positive cases of COVID 19 amongst staff has resulted in the loss of taste and smell which in turn impacts on the effectiveness of the process. In addition, this will ensure that the Board is resilient in terms of face fit testing in the face of new and emerging High Consequence Infectious Diseases.

Peoplesafe Project

As part of the Board’s drive towards safer working environments for staff, the Resilience Officer and Health and Safety Team have been rolling out the Peoplesafe personal alarm project. These are small, personalised alarms available for use in a range of services and departments, particularly those staff members lone working in remote locations. The devices have GPS locators that can connect to satellites and roaming sim cards that connect to the strongest available mobile telephone signal. The devices have been tested in the outer isles and remoter locations on mainland Orkney to establish coverage.

The user can request a pre-set call-back from the Alarm Receiving Centre (ARC) whilst attending calls to establish their welfare. The alarm also has a panic button which alerts the ARC that the user requires assistance. The ARC controller then triages the calls and escalates accordingly. In addition, the device recognises when a user has been involved in an incident such as a vehicle accident/slip trip or fall and will automatically trigger an alarm notification.

Community facing staff across the workforce are currently being trained in the use of the devices and following evaluation, it is anticipated that other NHS Boards and partner agencies will dovetail with and replicate the Peoplesafe project to support their staff working in remote locations.

Business Continuity Planning

Business Continuity Plans (BCPs) are now in place across the organisation and testing of individual plans is underway. Some service areas have requested deferment of testing to support the remobilisation of services with the priority focus on patient backlogs and service resumption due to the pandemic. COVID-19 has impacted on the ability of plan holders to exercise planned testing of BCPs, however staff absence due to self-isolation or positive tests for COVID -19, relocation of services, agile working or redesign of the delivery including the use of technology to support patient facing consultations has provided live testing of plans. Learning from this live testing has been noted.

Other service areas have focussed on the loss of access to applications and databases as specific test areas over the short, medium and longer term to replicate the impact of a cyber-attack and long-term service recovery processes.

On the 25th of September 2021 as part of an IT network upgrade NHS Orkney took the opportunity to test the IT disaster recovery process replicating a deliberate fail-over. IT staff physically walked the floor visiting all the critical services to ensure that applications had successfully restored, and 17 additional services areas/departments underwent confirmatory checks during the upgrade.

Chemical Biological Radiological and Nuclear (CBRN) Response

On the 9th /10th of November 2021 the national trainer visited the Board and reviewed the CBRN decontamination equipment, Emergency Department (ED) response procedures and trained additional trainers in Donning and Doffing into what is termed Personal Respiratory Protective Suits or PRPS. The current Major Incident Plan documents the CBRN procedures, however a detailed stand-alone plan is being developed for The Balfour to support the Boards response. Liaison has taken place with Scottish Ambulance Service (SAS) and Scottish Fire and Rescue Service regarding resource sharing to support the decontamination process both off site and at the hospital. On this basis the Boards CBRN response will benefit from an integrated multi-organisational approach.

The new CBRN plan has been designed in sections that are relevant to specific users; for example, Incident Response/Personal Protective Equipment/Incident Response Cards/Activation and Stand Down. This allows the user to focus on the section that relates specifically to their role as opposed to having a more general overview of the whole plan.

Lockdown

A Controlled Movement and Access Procedures Group (CMAP) was set up to collate the information both for a Lockdown Policy Document and to develop a site-specific plan for The Balfour. The plan is designed to support staff in initiating a Lockdown at the external boundary, the hospital building or specific areas with the hospital such as containment within the main public foyer. Lockdown may be required for a host of reasons such as specific threats to the hospital facility, CBRN incidents or individuals who present a risk to patients or staff members. The Policy and Lockdown Plan for The Balfour have now been formally approved and adopted by the Board. This plan updates and replaces a more generic document.

Resilience Support to the Pandemic Response

Over the last year the Officer has supported the Board's pandemic response by working collaboratively with multi-agency partners and as a member of Orkney Local Emergency Co-ordinating Group. This has involved the development of a framework for mass testing of the

community, supporting the deployment of the Mobile Testing Units to Orkney as well as support to the incident management teams set up to manage outbreak. Partner agencies have resourced and supported NHS Orkney in the delivery of the COVID-19 vaccination programme across the Board area with the provision of administration support and marshalling staff support. The value of this contribution cannot be understated.

Health Improvement and Recovery

During the Pandemic period the Health Improvement Team were required to provide surge capacity to ensure a timely and effective health protection response to the pandemic in Orkney and through mutual aid across Scotland. The redeployment of staff impacted on their ability to deliver the full portfolio of core work.

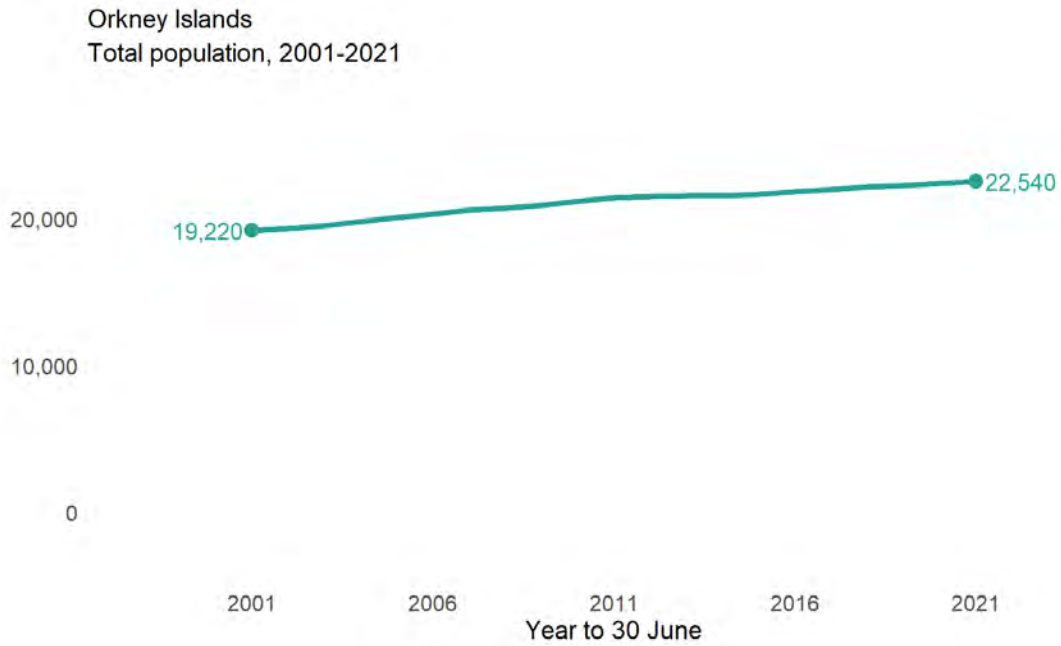
COVID-19 has both exposed and exacerbated inequalities, it was essential that some health improvement activity could continue during the pandemic period to address wider issues in public health. The Scottish Government published six priorities for public health in 2018 which were the starting point for priority setting throughout this period. The priorities are:

- Priority 1 – A Scotland where we live in vibrant, healthy, and safe places and communities.
- Priority 2 – A Scotland where we flourish in our early years.
- Priority 3 – A Scotland where we have good mental wellbeing.
- Priority 4 – A Scotland where we reduce the use of and harm from alcohol, tobacco, and other drugs.
- Priority 5 – A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- Priority 6 – A Scotland where we eat well, have a healthy weight and are physically active.

Since this time, the Public Health department work has been framed around these priorities with emphasis given to priorities of smoking cessation, financial inclusion and diet and healthy weight. In addition, demographical and epidemiological information available to Public Health in Orkney is used to support the targeting and prioritisation of resources for the health of the population in Orkney. Not all of the work completed in 2020/21, such as work to restore partnership working during recovery and renewal phase of the COVID-19 pandemic, will be reflected in this report.

Demographics

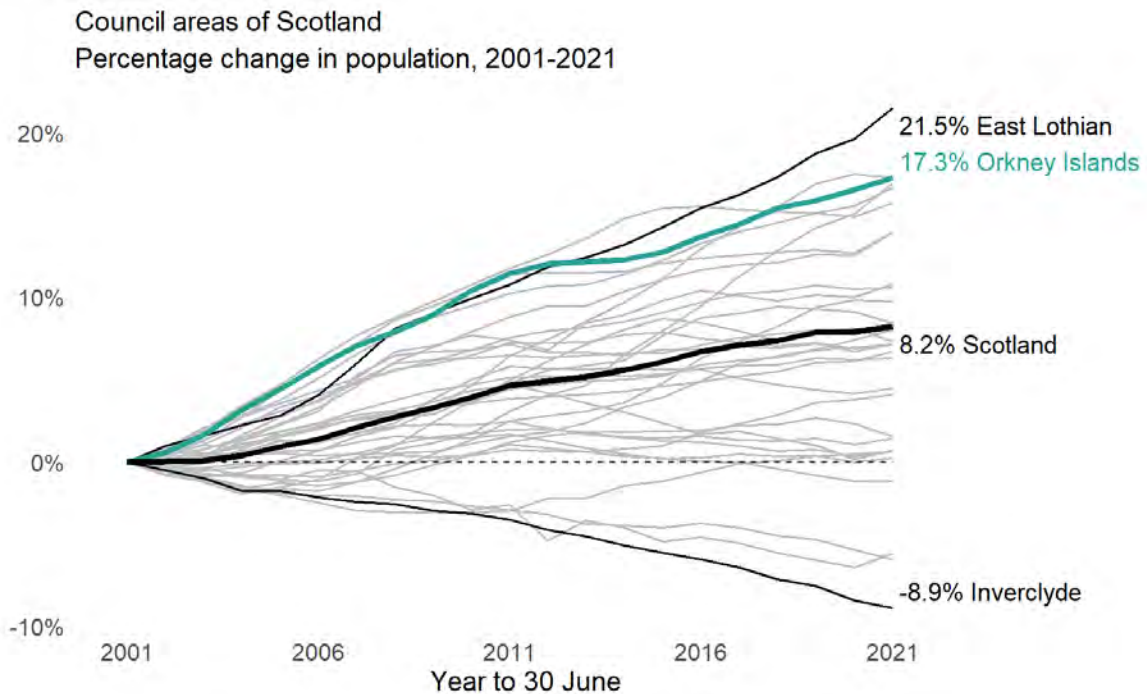
The population in Orkney was estimated to have increased by 0.6% between June 2020 and June 2021 and whilst Orkney remains the Council area with the lowest population in Scotland, it has shown a trend towards small increases since 2001(Graph 1).



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 1: Mid-year Population Estimates - Orkney Islands

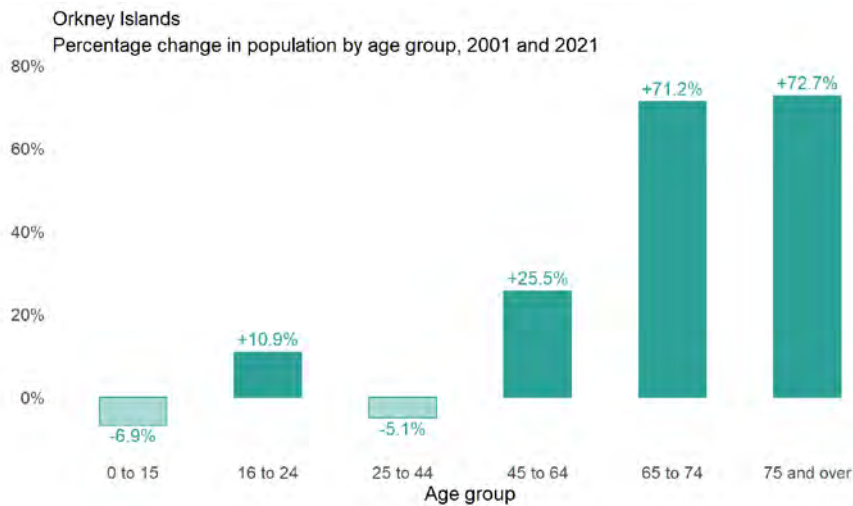
There was a 17.3% increase in the population from 2001 to 2021, the second highest change across all council areas in Scotland (Graph 2).



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 2: Percentage Change in Population between 2001-2021 by Council Area in Scotland

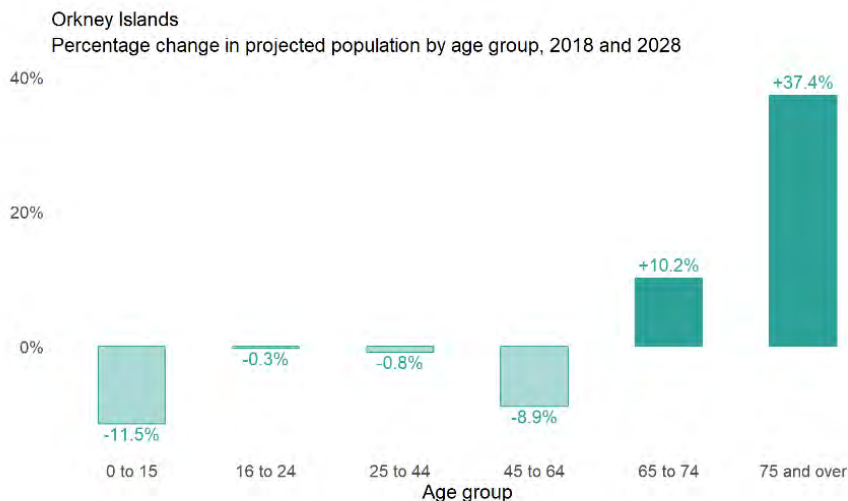
The age profile in Orkney is already unequally weighted with the 16- to 24-year-old age range being the smallest age group. Whilst the 16- to 24-year-old age group has demonstrated a small increase in population change since 2001, it is the older age groups in which the increase in population is most evident in which the 65 to 74 and 75 and over age groups have both increased by more than 70% between 2001 and 2021 (graph 3).



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 3: Percentage Change in Population between 2001-2021 – Orkney Islands

Through population projections, the population increase for Orkney Islands is expected to be 0.5% between 2018 and 2028 with an increase through net migration of 4.7% balanced through natural loss. The population increase skew towards the 65 and over age groups is expected to continue (Graph 4).

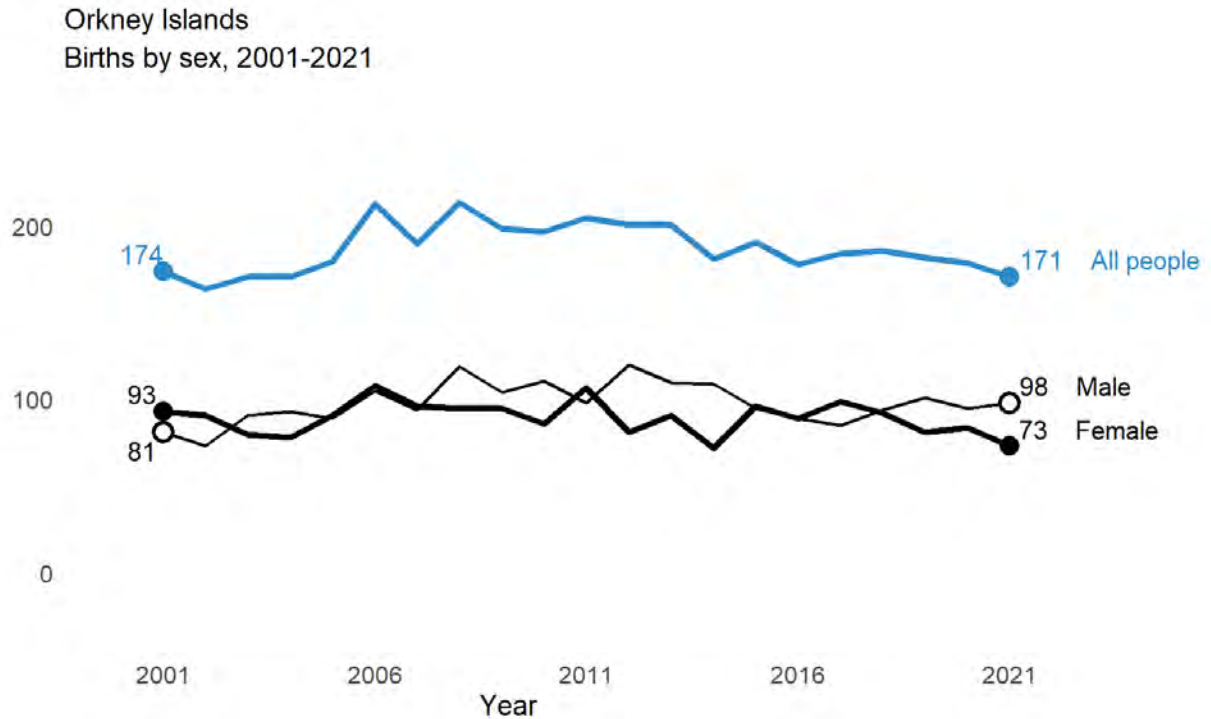


Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 4: Projected Percentage Change in Population between 2018-2028 – Orkney Islands

It is important that resources in Orkney continue to be planned with consideration of the increasingly aging population demographic as well as appreciating the pressures that continued population loss of a younger demographic could have on individuals' and population health, particularly in areas of Orkney where sustaining services may become challenging.

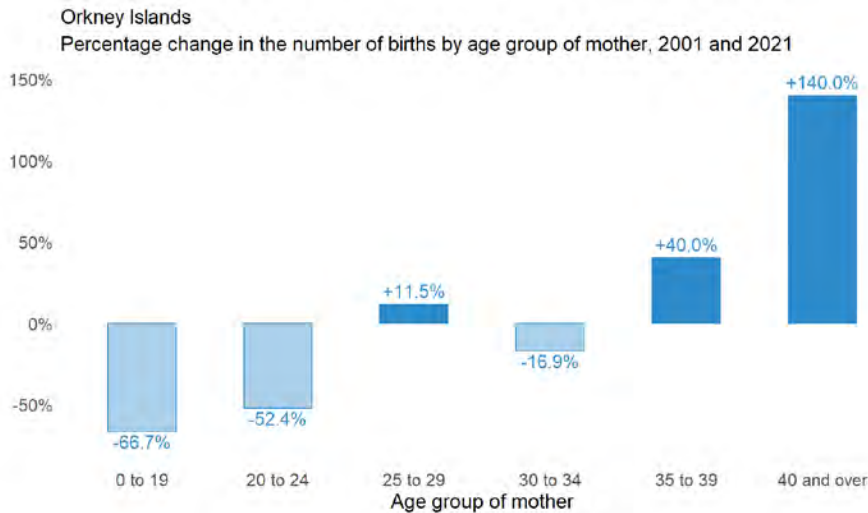
During 2021, there were 171 births in Orkney which is a decrease of 4.5% from 2020. Graph 5 shows a small downward trend from approximately 2010.



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 5: Births in Orkney from 2001-2021

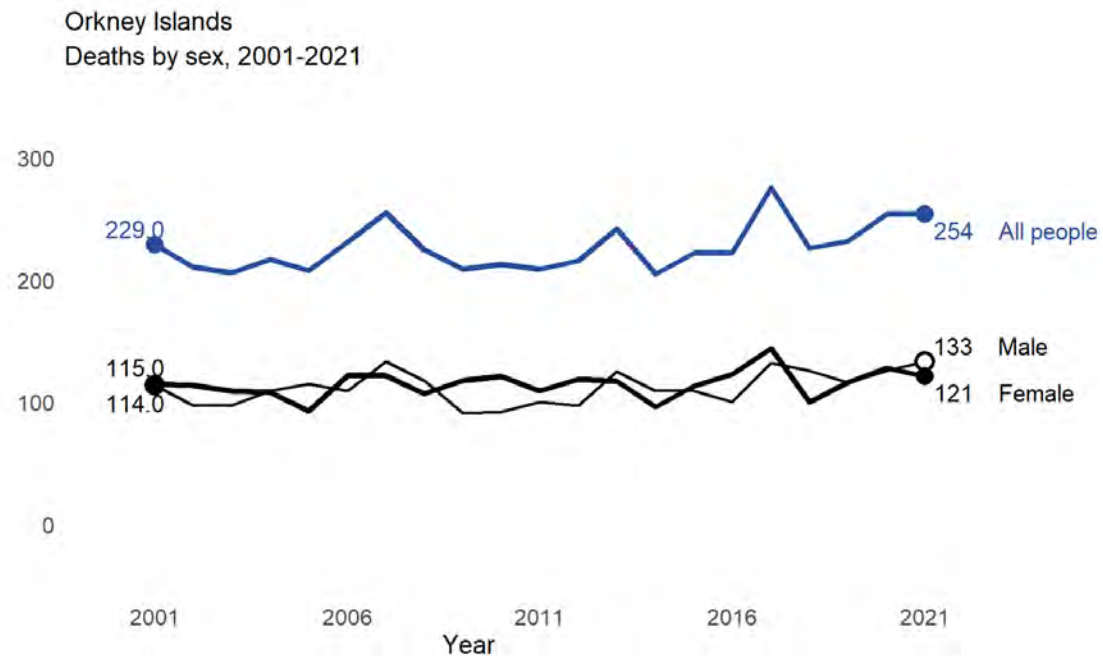
Additionally, there has been a change towards an older age profile of childbearing in Orkney from 2001 to 2021 with decreases evident in all age groups under 25 years old (Graph 6). Age can impact fertility as well as older childbearing can increase maternal and infant health risks. This trend may have implications on maternal and infant health services.



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

Graph 6: Percentage change in number of births by age of mother in Orkney between 2001-2021

During 2021 there were 254 deaths in Orkney which is the same as in 2020 (Graph 7).



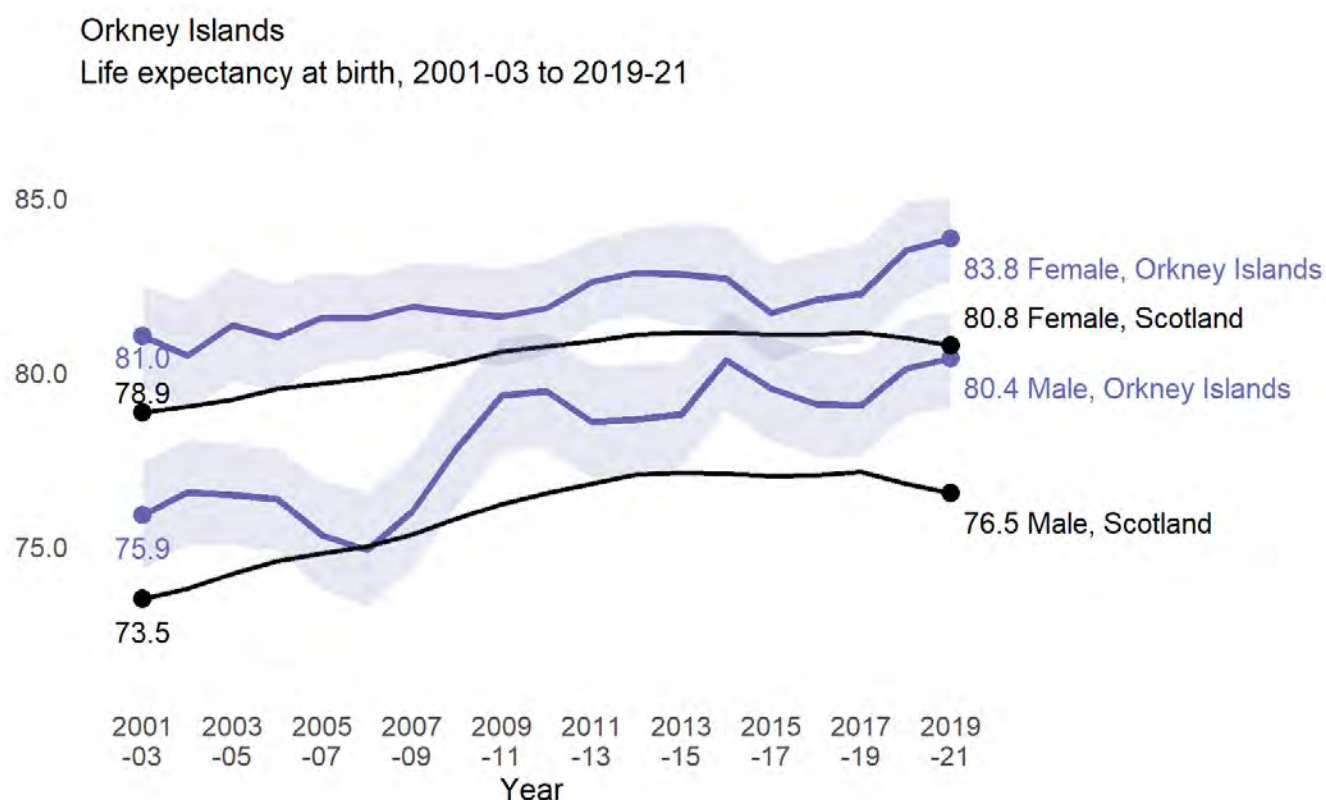
Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

Graph 7: Deaths in Orkney 2001- 2021

The 80-84 age group accounted for the highest number of deaths during 2021, with the majority of deaths recorded in the age groups over 70 years old. The leading causes of death recorded in 2021 for males were ischaemic heart disease, followed by cardiovascular disease and cancer of the prostate. For females, the leading cause of death was dementia and Alzheimer’s Disease, followed

by cerebrovascular disease and ischaemic heart disease. As inequalities, lifestyle factors such as smoking and access to screening programmes can all impact heart disease, dementia and cancer this demonstrates the importance of continued Public Health work in Orkney to improve the health and wellbeing of Orkney’s population through prevention and early intervention.

Finally, life expectancy across Scotland has now started to fall, having been static since 2012 and this has become the focus of recent work in Public Health Scotland to both understand this and to work towards a Scotland where everybody thrives. Orkney’s life expectancy at birth has remained higher than the Scottish average for both male and females since 2009 (Graph 8) but follows a similar trend to the national level life expectancy despite data fluctuations.



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 8: Life Expectancy at Birth – Orkney

Public Health work will continue to work to reduce health inequalities and improve the health of the people in Orkney in keeping with national direction and working in partnership with Scottish Government and Public Health Scotland as well as partners in Orkney. This report gives an oversight of this work in 2021/22.

Priority 1 – Place

The environment in Orkney is a strong natural asset which can support health and wellbeing of the population in many ways, including interaction with green spaces (such as gardens and parks) and blue spaces (such as the coasts and rivers). There are many aspects which contribute to a health promoting place and for the purposes of this report, the areas of work within Public Health during

2021/22 have been focussed on. These were to develop sustainability practices, reducing inequalities within the cancer screening programmes and to promote sexual health and wellbeing.

Sustainable Development

The 2030 Agenda for Sustainable Development was adopted by all United Nations Member States (including the UK) in 2015. Promoting sustainability as well as use of green and blue spaces is increasingly prominent on NHS Orkney’s agenda. NHS Orkney formed a Sustainability Steering group which has Public Health representation and engagement. A concept for producing more usable green space on NHS Orkney property to promote health and fulfil obligations to the community of Orkney as an ‘Anchor’ organisation was developed and funding identified. Recognising NHS Orkney as an ‘Anchor’ institution acknowledges that NHS Orkney activities have a wide impact on social, economic and environmental outcomes in Orkney due to the way in which this organisation delivers health services. This concept was submitted and recognised at the European Rural and Isolated Practitioners Association conference in poster format and through oral presentation (Figure 4).

The poster is titled "Growing our Greenspace – Polytunnels and Plots Project" and is presented by Rebecca Burman, Dr Louise Wilson, and Public Health, NHS Orkney, United Kingdom. It is for the 10th EURIPA Rural Health Forum, held from 23-25 September 2021 in Siedlce, Poland. The poster is divided into seven main sections:

- 1. Introduction:** Discusses research on natural outdoor environments enhancing health and wellbeing, the importance of greenspace, and the impact of the COVID-19 pandemic. It identifies NHS Orkney as an influential rural anchor institution.
- 2. NHS Orkney Greenspace – Conceptual Diagram:** A circular diagram showing the relationship between "Health and wellbeing", "NHS Orkney Greenspace", and "Behaviour and choices". "Health and wellbeing" leads to "Direct Impact" (Increased physical activity, Therapeutic place, Increased social interaction) and "Indirect Impact" (Improved mental health, Reduced stress). "Behaviour and choices" leads to "Enables/Inhibits" and "Shapes and enables". "NHS Orkney Greenspace" is at the center, "Amplifies" health outcomes, and "Shapes and enables" behaviour and choices.
- 3. Aim:** To enhance an area of greenspace through the construction of three polytunnels to deliver better outcomes for individuals health and wellbeing, deliver on public health priorities, provide opportunities to use greenspace in personalised care plans, drive forward NHS Orkney's sustainability agenda, promote lifestyle-based activity that supports green and inclusive exemplar practices and support our ambitions as an anchor institution.
- 4. Methods:** A process flow: Construct polytunnels → Promote facility and benefits → Conduct qualitative interviews → Assess number of referred patients → Analyse results and evaluate success.
- 5. NHS Orkney as an anchor institution:** A diagram showing the "Sustainable Healthcare" framework with "NHS Orkney" at the center. The framework includes: Sustainable Healthcare, United Nations Sustainable Development Goals, National Performance Framework, Environmental Strategy for Scotland, Environmental Sustainability, and Wellbeing. The center represents NHS Orkney as an anchor institution, with each side of the pentagon being an anchor institution strand that NHS Orkney can act upon. For environmental sustainability, the direction of influence highlights how all strategies are interlinked and ultimately contribute to sustainable healthcare.
- 6. Conclusions:** Once built, the facility will be an ongoing health-promoting asset. It will engage widely with staff, patients and the local population across the rural Orkney Islands. Ultimately, this project will enhance a greenspace on the NHS Orkney estate and increase the potential for it to deliver better health and environmental outcomes to the rural population of the Orkney Islands.
- 7. References:** Lists several academic references related to greenspace, health, and wellbeing.

Figure 4: Poster presentation for ERIPA conference

In 2022, work began to construct an inclusive polytunnel facility using high quality, durable, sustainable materials that supports procurement from within the community. The project, which includes the development of green social prescribing pathways, is due for completion in 2022.

Screening Inequalities

The Cancer Screening Inequalities Fund is a Scottish Government fund available for projects aimed at increasing the uptake of cancer screening programmes with those experiencing deprivation and health inequalities. Currently within Orkney, there are two projects funded through this. One related to cancer screening inequalities that people with learning disabilities may experience and the other to potential barriers of cervical screening uptake that women who have experienced intimate partner violence may experience.

NHS Orkney and NHS Shetland Public Health Teams are partnering to deliver a project to improve cancer screening and HPV immunisation for people with learning disabilities and autism across both island groups through identification of barriers to cancer screening and HPV immunisation. During 2021/22 this has included preparing to conduct an audit of the current data relating to uptake of cancer screening for people with learning disabilities and autism in these island groups and beginning recruitment for interviews with people with learning disabilities and autism, family carers and health and social care staff. These interviews intend to gather views and experience on cancer screening. Originally, focus groups were planned to gather this information however, recruitment in March 2020 had little engagement which was considered to be due to COVID-19 concerns. Interviews were subsequently offered with an increased engagement response through this approach.

NHS Orkney's Public Health Team has developed partnerships with Women's Aid Orkney and Orkney's Rape and Sexual Assault Service to implement a project which aims to reduce the risk of cervical cancer in women who have experience of intimate partner violence (IPV) and sexual violence in a remote and rural setting. Cervical screening is a procedure which is used to detect Human Papilloma Virus (HPV) to identify individuals at risk of cervical cancer. Therefore, this project will be achieved through identification of current cervical screening uptake rates for women who are being supported by Orkney Rape and Sexual Assault Service and identification of the barriers and facilitators for accessing cervical screening in women who have experienced intimate partner violence (IPV). This two-year project is sharing learning with a concurrent project in NHS Dumfries and Galloway.

Sexual Health and Wellbeing

The Nordhaven Clinic, which is a service commissioned through NHS Orkney Public Health, is situated in Skerryvore GP practice and has continued to offer STI testing, access to contraception including emergency contraception, pregnancy testing and sexual health related advice. The Nordhaven Clinic also offers Orkney's needle exchange service commissioned through the alcohol and drug partnership. The co-location of these services is supportive of access to sexual health advice and blood borne virus testing through the needle exchange service.

Access to condoms by post and HIV self-testing kits by post has continued to be available through the Nordhaven Clinic website. When condoms are ordered through this service, they can be delivered free of charge to any Orkney residential address in a plain envelope with no NHS markings. This is to allow equitable access for condoms across Orkney in a discrete and confidential manner.



Priority 2 – Child Health

Child health is a broad health improvement priority which spans and interacts with other priorities. Elements such as child healthy weight are considered under priority 6 and child poverty under priority 5. Delivering child immunisations and screening programmes are important public health actions to maintain child health and wellbeing chances at both an individual and population level.

Vision screening

Through a service level agreement (SLA) with NHS Highland, an Orthoptist service visits Orkney annually to offer pre-school orthoptic vision screening as part of the See4School programme to all pre-school children across Orkney. The test is carried out by specialist Orthoptists, is non-invasive and takes less than 10 minutes per child. The screening allows any sight problems to be detected early and treatment can commence to give better outcomes.

Across Orkney, including children resident on many of its outer islands, children were offered pre-school orthoptic vision screening in the year 2021-2022. Out of 449 children, 413 children were seen by an Orthoptist at either their school or through an appointment in the Outpatients' Department within The Balfour. Of these 413 children, 72 were referred on for further investigation and/ or treatment.

Priority 3 – Mental Wellbeing

Poor mental health is an important public health priority relating to both adult's, children's and young person's health. Throughout the COVID-19 pandemic, residents in Orkney have had access to the NHS Grampian Psychological Resilience Hub which offered support to anyone who were struggling with the impact of COVID-19 on their psychological wellbeing and required additional support for their mental health.

The Hub staff provided short-term support to help manage feelings that have become difficult due to the impact of COVID-19 this which could have included tips, techniques, guidance, signposting to useful information and advice on where to access longer-term support if needed. This hub closed to new referrals in April 2022.

Additionally, NHS Orkney social media continued to reflect national mental wellbeing campaigns to provide the population with access to advice and information. This includes running the 'Right Care, Right Place' campaign which directed individuals to national support services for mental health support such as breathing space, and the 'Clear Your Head' resource which was launched by Scottish Government during the COVID-19 pandemic to support people who are feeling worried, lonely and uncertain.

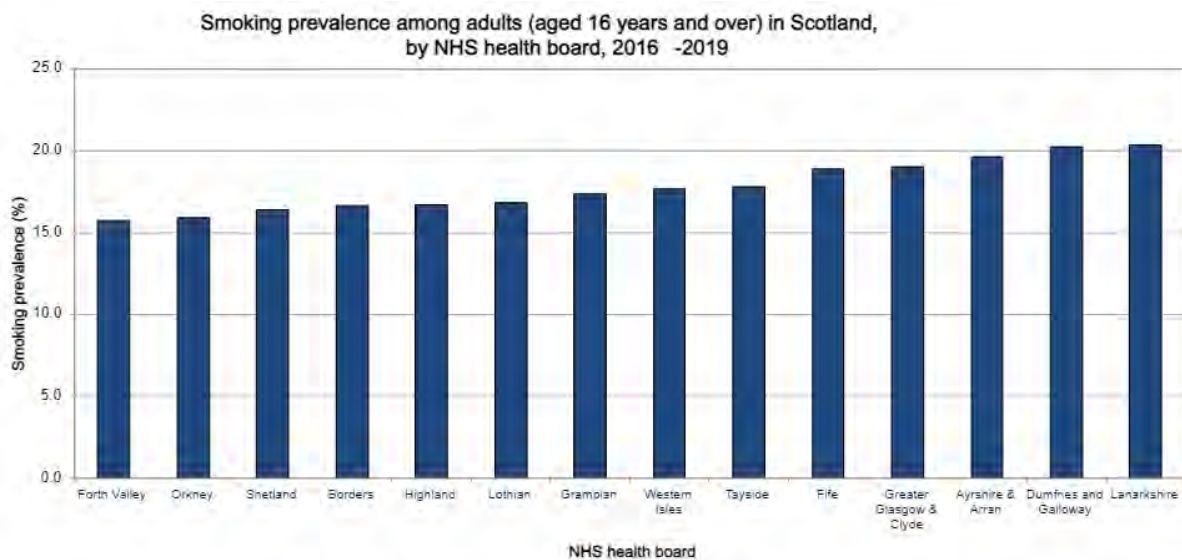
As the Health Improvement face to face training continued to be suspended during 2021/22, suicide prevention training and mentally healthy workplace training did not resume delivery. Online access

to health improvement training, including mental wellbeing related resources, was advertised to multi-agency partner organisations.

Priority 4 – Smoking

The Scottish Government is committed to achieving a smoking prevalence among the adult population in Scotland of 5% or lower by 2034 through Prevention (creating an environment where young people do not want to smoke), Protection (protecting people from second-hand smoke) and Cessation (helping people to quit smoking).

Between 2016-2019, the smoking prevalence in Orkney among adults aged 16 years and over was 15.9% which was the second lowest health board region in Scotland (Graph 9). This remains well above the 5% prevalence target for 2034.



Source: ScotPHO [Adult smoking in Scotland - ScotPHO](#)

Graph 9: Smoking Prevalence Among Adults in Scotland by NHS Health Board 2016-2019

Young people continue to start smoking in Orkney. In the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) completed with young people in Orkney, 6% of 15-year olds identified themselves as regular smokers (Figure 5).

87%	of 13 year olds reported they had never smoked
69%	of 15 year olds reported they had never smoked
13%	of 13 year olds reported they had ever smoked
31%	of 15 year olds reported they had ever smoked
3%	of 13 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)
9%	of 15 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)
-	of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)
6%	of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)

Source: SALSUS Survey 2018 – Local Summary – Orkney Council [Summary findings for Orkney Council \(www.gov.scot\)](http://www.gov.scot)

Figure 5: Smoking Prevalence in Orkney from SALSUS survey 2018

Smoking is a major risk factor for numerous health conditions such as stroke, various cancers, coronary heart disease, peripheral vascular disease and many respiratory conditions. Additionally, the burden of disease due to smoking is unequally spread across society. Despite the reduced prevalence in Orkney compared to other areas, smoking remains a public health concern for Orkney due to the impacts of these conditions for the individual, their families and the community.

Stop Smoking Services in Orkney are delivered to the public for free via two service providers – Community Pharmacies and Public Health (in partnership with Primary Care). Community Pharmacies deliver all components of the cessation support including prescription of pharmacotherapy, advice, guidance, and support. NHS Orkney Public Health specialist smoking cessation advisors are trained to provide specialist behavioural support, advice, guidance and encouragement. Primary Care colleagues who take responsibility for all elements of pharmacotherapy prescription are critical to the successful delivery of this service. NHS Orkney Public Health Stop Smoking Service operates under the identity ‘Quit Your Way Orkney’ (QYWO).

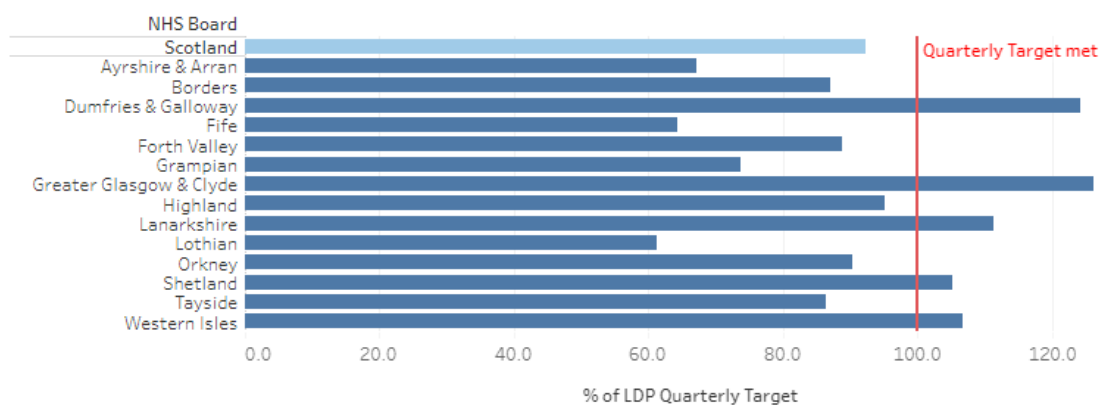
At the end of June 2021, a warning was issued informing of a supply shortage of the Pfizer smoking cessation pharmaceutical ‘Champix’ (also known as varenicline). NHS Stop Smoking Services in Scotland were advised to explore the possibility of giving individual’s already using Champix enough supply to complete their 12-week programme. Upon this notification the Quit Your Way Orkney team and Primary Care colleagues worked together to rapidly identify all individuals currently using Champix for their quit attempt and the local supplies of Champix available. Primary Care colleagues were able to generate prescriptions to enable the local supply to be distributed and consequently, all those service users already using Champix for a quit attempt were able to complete their quit using Champix.

Since the announcement in late June 2021 Champix has been unavailable to anyone initiating a quit attempt with smoking cessation services in Orkney. Consequently, since June 2021 Nicotine Replacement Therapy (NRT) is the only smoking cessation pharmaceutical that has been available.

Quit Your way Orkney – smoking cessation service

Quit Your Way Orkney is NHS Orkney’s smoking cessation service. It is a free, specialist stop smoking service offering one to one support including support to stop smoking during pregnancy. The Local Delivery Plan (LDP) target for NHS Orkney in 2021/22 is to sustain and embed 31 successful smoking quits at 12 weeks post quit in the 60% most deprived SIMD areas within Orkney. Public health Scotland have currently only released data relating to stop smoking services performance against the LDP target for Quarter 1 of 2021/22. In this time frame, NHS Orkney achieved 7 quits which is 90.3% of the quarters target. Graph 10 shows NHS Orkney’s performance in the annual LDP target for 2021/22 compared to other Scottish health boards. Whilst NHS Orkney is performing comparably to Scotland in the first quarter of the year, there is likely to be a reduction in performance against this target throughout the year 2021/22 due to a reduced staff capacity to deliver the service experienced at this time.

12-week quits as a % of the LDP Quarterly Target



Source: PHS [Dashboard - NHS stop smoking services - Local delivery plan standard, 2021/22 \(quarter 1\) - NHS smoking cessation local delivery plan standard quarterly - Publications - Public Health Scotland](#)

Graph 10: 12-week quits as a % of the LDP Annual Target across Scotland.

A key aspect of achieving the LDP target is to increase appropriate referrals into the service. Promotional materials were developed and work to engage relevant partners commenced in 2020/21 (Figure 6). Individuals in Orkney can access the Quit Your Way Orkney service through ‘Click to be contacted’ making it easy to gain access to the service. Further information is available through the updated Quit Your Way Orkney website pages embedded within NHS Orkney’s website.

Quit Your Way Orkney Smoking Cessation Service

How the Quit Your Way service works

On receipt of a referral we provide information on how the service works and the treatment options and support available. This way the individual can make an informed choice as to whether the service is for them.

The 12 week programme consists of:

- Planning for and setting a future quit date
- Free access to a range of smoking cessation medication
- Regular contact with a smoking cessation officer for advice and support around medication and behaviour change
- CO monitoring, to demonstrate progress over time, as CO levels reduce to that of a non-smoker

Do you know about the Quit Your Way Orkney smoking cessation service and how to refer in to us?

Quit Your Way Orkney is a specialist service which aims to support those who want to stop smoking to quit in a way that suits them. Our service offers remote appointments via telephone or video call (using Near Me).

How to get in touch:

Free Phone
0800 0356344
(Public Health Department)

Online
Search 'Quit Your Way Orkney' on NHS Inform then select 'Click to be Contacted'

Referral Form
Available from NHS Orkney - (Public Health Department)

Email
ORK.quityourway@nhs.scot

The details we require are:

- Name
- Address
- Date of Birth
- GP practice

ORK.quityourway@nhs.scot Tel: 0800 0356344

If you require this or any other NHS Orkney publication in an alternative format (large print or computer disk for example) or in another language, please contact the Public Health Department: Telephone: 0800 0356344 or Email: ORK.publichealth@nhs.scot

Figure 6: 'Quit your Way Orkney' service leaflet

Despite challenges from trained smoking cessation staffing levels for various reasons and the impact from COVID-19 work, the Quit Your Way Orkney service has continued to deliver a specialist smoking cessation service throughout 2021/22.

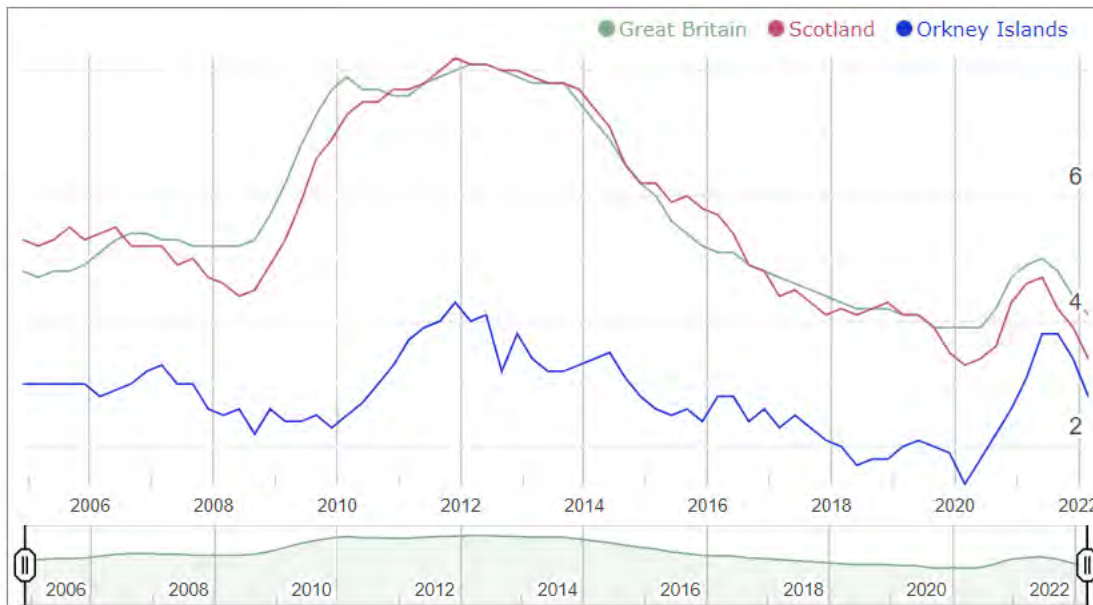
Quit Your Way Orkney continued to operate on a fully remote basis with the service being provided by phone or video call and supplemented with email and SMS support, where requested. Remote delivery removes the need to attend a physical location for support creating an equal experience for all regardless of their geographical location in Orkney. Feedback from service users reflects that remote delivery is more accessible due to the lack of travel time in addition to appointment time meaning a service user can utilise work breaks or other suitable time to attend appointments as well as remote service delivery prevents service users incurring the financial costs of attending appointments. Although there are still risks to staff safety with a remote service delivery model, the change to remote service provision has mitigated for some the risks associated with staff lone working in-person.

From a sustainability perspective, remote service delivery has reduced both service user and staff journeys therefore reducing the contribution to climate change from reduction in use of fossil fuels and production of pollution. Further to this, sanitation of the clinic room and equipment between appointments is no longer required which reduces both the energy usage and waste production relating to the cleaning resources.

Actions to tackle alcohol misuse are reported through the Alcohol and Drugs Partnership.

Priority 5 – Financial Inclusion

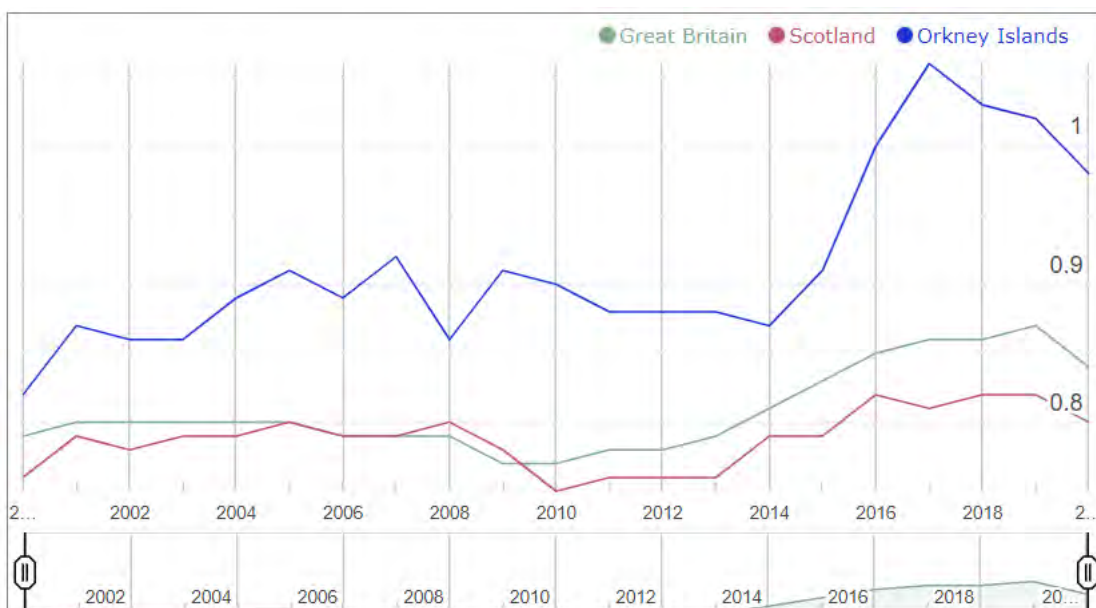
In many ways Orkney performs well against economic indicators. Orkney data can fluctuate due to the small population, however the rate of those aged 16 and over who are 'unemployed' within the economically active population has remained below the Scottish average for many years and between April 2021 and March 2022 was 2.8%, lower than 3.4% reflected for Scotland as a whole (Graph 11).



ONS Labour market data [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

Graph 11: All people in Orkney Islands who are 16 year and over Economically Active and Unemployed (model based using a statistical model developed by ONS to provide estimates of unemployment at a local authority level despite the very small numbers this is based on)

Job density is the level of jobs per resident aged 16-64. A job density of 1.0 would mean there is one job for each resident in this age range. In 2020 the job density in Orkney was 0.98, above the Scottish average of 0.80. The trend for Orkney over time is for job density to be above the Scottish average (Graph 12).



ONS Labour market data [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

Graph 12: Job Density in Orkney Islands

Whilst Orkney has relatively low levels of unemployment and positive availability of jobs, this information does not fully describe the labour market. Interestingly, part-time work (those working for 30 or fewer hours per week) is more prevalent in Orkney than in other areas of Scotland with 45% of all jobs in Orkney during 2020 being recorded as part-time, compared to the Scottish average of 33.2% (Table 6). This may be reflective of a higher level of second jobs within an island community. It should be noted that this data does not including farm-based agriculture which is an important aspect of Orkney’s workforce.

Employee jobs (2020)				
	Orkney Islands (Employee Jobs)	Orkney Islands (%)	Scotland (%)	Great Britain (%)
Total Employee Jobs	10,000	-	-	-
Full-Time	6,000	60.0	66.8	67.9
Part-Time	4,500	45.0	33.2	32.1

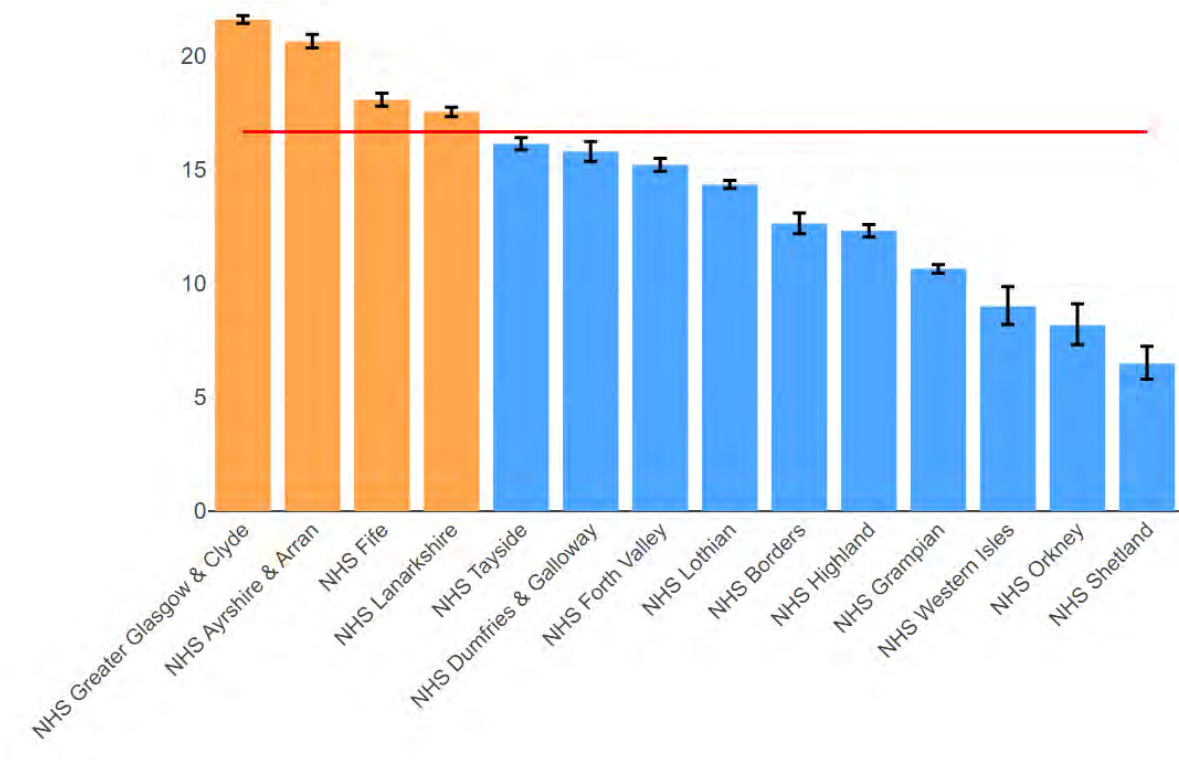
ONS Labour market data [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

Table 6: Employee Jobs Part Time and Full Time in 2020 for Orkney Islands

People within Orkney who have work, even full-time work, may still experience economic difficulty. Whilst Orkney has less children identified as living in a low income family than other health boards across Scotland in 2016, there remains 8.2% children in low income families in Orkney which are families in receipt of out of work benefits or child tax credits as income reported as less than 60% of the UK median (Graph 13).

Legend

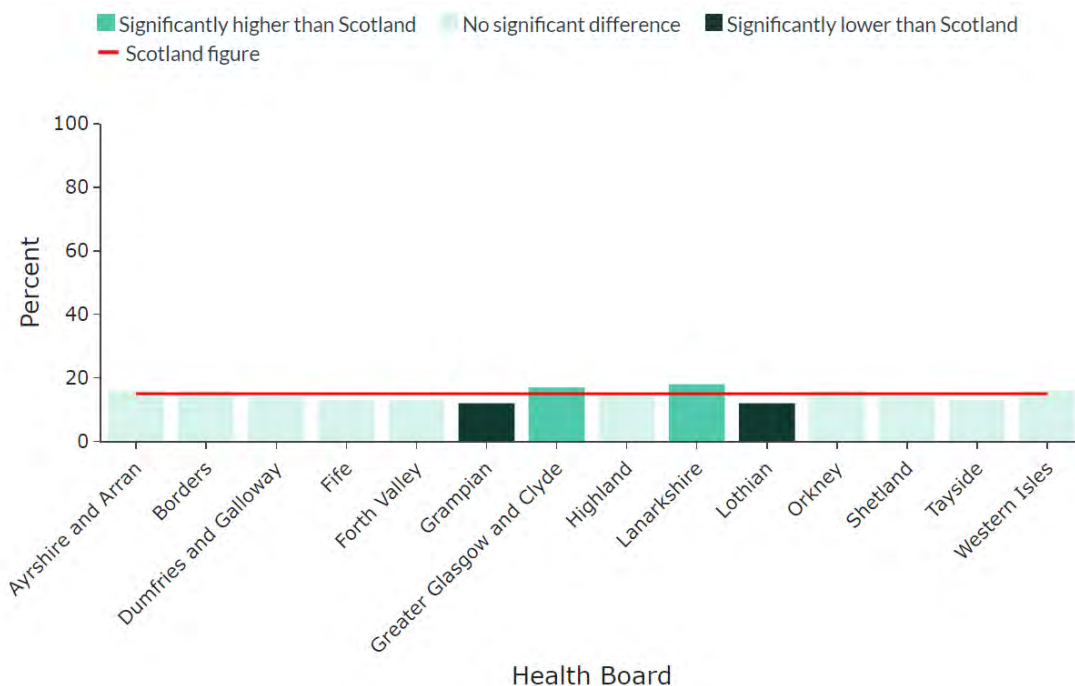
- Better than comparator
- Worse than comparator
- Not different to comparator
- No differences can be calculated



Source: ScotPHO [ScotPHO profiles \(shinyapps.io\)](http://scotpho.profiles.shinyapps.io)

Graph 13: Children in Low Income Families (Health boards compared against Scotland, 2016)

Caring for a sick, disabled or frail person will also limit a person’s ability to increase their income, therefore unpaid carers may be economically disadvantaged. In the Scottish Health Survey, 16% of people in Orkney (over the age of four) identified themselves as unpaid carers (Graph 14).



Source: Scottish Household Survey [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io)

Graph 14: Percentage of people in health board areas across Scotland who identify themselves as providing regular help or care for any sick, disabled or frail person between 2016-2019

Whilst performing relatively well against economic and wellbeing indicators, Orkney’s remoteness and relative expense of living impacted by this mean work to mitigate the impacts of poverty in Orkney has continued in Public Health during 2021/22 with the development of the ‘Money Counts’ project with partner organisations.

‘Money Counts’ project

The COVID-19 pandemic has produced financial uncertainty and insecurity. A number of partner organisations across Orkney have approached NHS Orkney’s Public Health Team requesting training for how to support and signpost people who they have contact with and may be experiencing financial insecurity. Whilst there is e-learning available, it was decided to adopt ‘Money Counts’ from NHS Highland which is a project which involved developing an advice leaflet and related training to give practitioners and service providers knowledge and confidence to signpost individuals at risk to appropriate support. This project aimed to reduce the need for emergency food aid by helping people access any existing financial entitlements and advice on income maximisation.

The ‘Worrying about Money?’ leaflet was developed by the Independent Food Aid Network, Orkney Citizen’s Advice Bureau, Social Security Scotland and NHS Orkney Public Health Team with contribution from THAW Orkney, VAO, OIC Scottish Welfare Fund, Orkney Blide Trust and NHS Grampian Psychological Support Hub. It is a step-by-step guide that begins with the financial problems someone might be facing, explains the options available to these individuals and finishes with the contact information for organisations who can help in each situation for people living in Orkney (Figure 7).

The leaflet was launched in Orkney with an online event in October 2021 which featured key stakeholder speakers providing an overview of the leaflet and ensuring stakeholders were aware of how to access this. Additionally, the context to rising food insecurity and poverty in Orkney including the specific challenges faced by the islands was discussed.

Step 1: What's the problem?

I suddenly have no money

- Lost job/reduced hours
- Lost money/unexpected expense
- Disaster (e.g. flood or fire)
- Relationship breakdown
- Money stopped
- Sanctioned (benefit payments stopped - see option 5)

See options **1 2 5 6**

I am waiting on a benefit payment/decision

- Made a new claim for benefit
- Benefit payment is delayed
- Waiting for a benefit decision

See options **1 4**

My money doesn't stretch far enough

- Deciding between food/fuel/mobile credit
- Low income or zero hours contract
- Statutory Sick Pay too low to cover costs
- Not sure if eligible for support
- Change of circumstance (e.g. new baby/bereavement/illness/left partner)

See option **2**

I have debt

- Rent or Council Tax arrears
- Gas or electricity
- Credit or store cards
- Personal loans and overdrafts
- Owe friends and family
- Benefit repayments

See option **3**

Step 2: What are some options?

1 Scottish Welfare Fund

People on low incomes may be able to get a **crisis grant** from the Council.

This is a payment to help you cope during an emergency or disaster, or due to unexpected expenses. Crisis grants do not have to be paid back (not a loan).

2 Maximise Your Income

Anyone who is struggling financially can get a benefit check and speak to an advisor for free and confidential advice.

A **benefit check** can ensure that you are receiving all the money you're entitled to, especially if your circumstances have changed recently. Speaking to an advisor could also help you **find cheaper deals** on things like gas and electricity and **make sure you're not missing out** on things like school clothing grants or free school meals.

3 Debt Advice

Debt can happen to anyone. Free advice and support can help you find ways to manage your debts and reduce how much you pay each month.

4 Benefit Advance

If you have made a new claim for benefit and are in financial hardship while you wait for your first payment, you may be able to get an advance to afford things like rent or food. It's important to get advice before taking out an advance. Benefit advances must be paid back, and the money will be taken from your future benefit payments (a loan).

5 Hardship Payment

If you have been sanctioned, you may be able to request a hardship payment from the Jobcentre. Hardship payments are not always paid immediately, and they're not available to everyone. Hardship payments of Universal Credit need to be paid back (a loan), but hardship payments of Job Seekers Allowance or Employment Support Allowance do not (not a loan).

6 Challenge a Decision

You can challenge a benefit decision if your benefit has been stopped / sanctioned / reduced / refused or you have been overpaid. Most benefit decisions need to be challenged within one month.

Step 3: Where can I get help with these options?

Access 'Worrying About Money?' leaflets at www.foodaidnetwork.org.uk/cash-first-leaflets

Step 3: Where can I get help?

For free and confidential advice on all these options

Orkney Citizens Advice Bureau
Advice and information on day-to-day issues, and detailed support on specialist topics including benefits, debt, money, housing and more

01856 875 266
bureau@orkneycab.casonline.org.uk
www.orkneycommunities.co.uk/CAB

Help with options: **1 2 3 4 5 6**

For information on financial entitlements

Scottish Welfare Fund
Crisis grants to cover the cost of an emergency
swf@orkney.gov.uk
www.bit.ly/orkneyswf

Discretionary Housing Payments
To help keep up with rent payments or with one-off rent deposit/removal costs. Available to those receiving Housing Benefit and/or the housing costs element of Universal Credit.
01856 873 535 (extension 2116)
benefits@orkney.gov.uk
www.bit.ly/orkneydhp

Social Security Scotland
You may be eligible for support from Social Security Scotland. For example, Scottish Child Payment, Best Start Grant and Best Start Foods can help with the costs of having a child.
mygov.scot/benefits
0800 182 2222 (freephone)

Updated on 03/09/21
Share your experience of using this guide:
www.bit.ly/moneyadvicefeedback

Other Support

To Report a Scam
Orkney Trading Standards
01856 873 535 | tradingstandards@orkney.gov.uk

Police Scotland
Call 101 or drop into the Kirkwall Police Station

THAW Orkney
Information, advice and support on energy costs and energy efficiency
01856 878 388 | info@thaworkney.co.uk
www.thaworkney.co.uk

Orkney Blide Trust
Charity for adults with mental health difficulties, including anxiety and depression
01856 874 874 | www.blidetrust.org.uk

NHS Grampian Psychological Support Hub
For anyone in Grampian or Orkney who is struggling with the impact of the COVID-19 pandemic on their psychological wellbeing
www.gcah.org.uk/mental-health

Breathing Space
Confidential phoneline for anyone feeling low, anxious or depressed
0800 83 85 87 | www.breathingspace.scot

Turn2US
Information and support about welfare benefits and charitable grants
0808 802 2000 | www.turn2us.org.uk/Get-Support

Home Energy Scotland
Free, impartial energy efficiency advice to help save on bills and stay warm at home
0808 808 2282 | www.homeenergyscotland.org

Shelter
Free housing advice
0808 800 4444 | scotland.shelter.org.uk

Worrying About Money?

Financial advice and support is available if you're struggling to make ends meet

Follow these steps to find out where to get help in Orkney

Supported by

Figure 7: Worrying About Money? leaflet

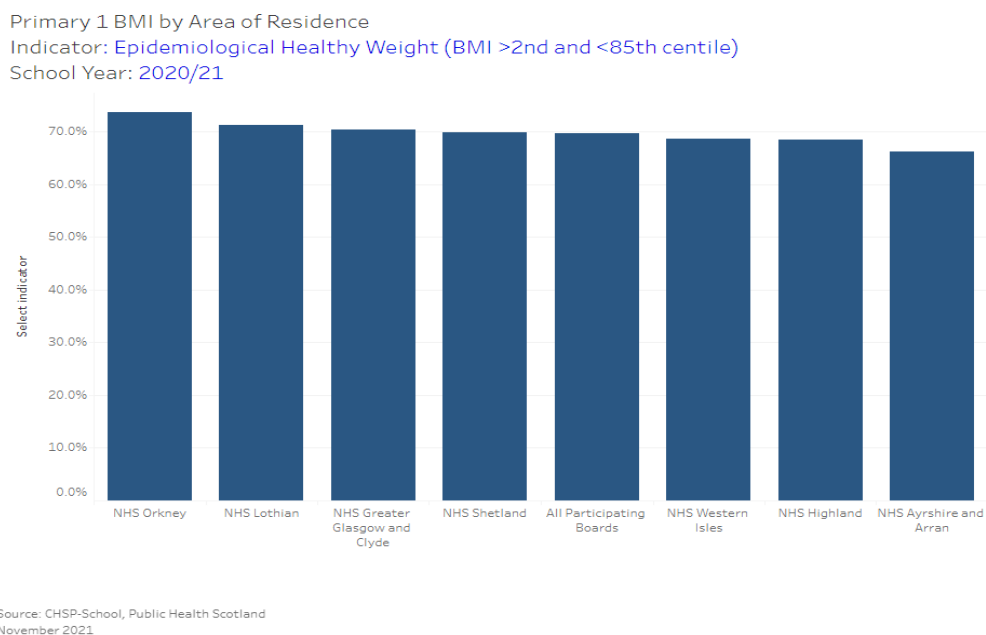
Highland Money Counts Partnership developed training relating to this work and Orkney was also given permission to adopt and adapt this for delivery. The training is a one-hour session designed to help frontline staff and volunteers to best use the ‘Worrying About Money?’ leaflet to support people struggling with money worries or financial crisis. The objectives are to provide participants with an increased understanding of poverty and its impact as well as an increased understanding of the financial advice and support services available both locally and nationally. This gives participants increased confidence to support people to access advice and appropriate services.

Over February and March 2022, six sessions were delivered that were open to all frontline staff and volunteers in Orkney and two sessions were delivered to staff groups who requested a session for their team accumulating to fifty participants in the training. These participants were from a range of voluntary sector and statutory organisations. Evaluation reflected positively in terms of increased confidence to talks to someone about money and increased awareness of how to access support services for money worries.

Priority 6 – Healthy Weight and Physical Activity

Maintaining healthy weight and reasonable physical activity levels can be protective factors for health across the life course. Poor diet, being overweight or obese are risk factors to the health and wellbeing of people in Orkney due to the association with non communicable diseases and long-term conditions. These factors are all affected by the wider determinants of health in our economic, social and environmental structures.

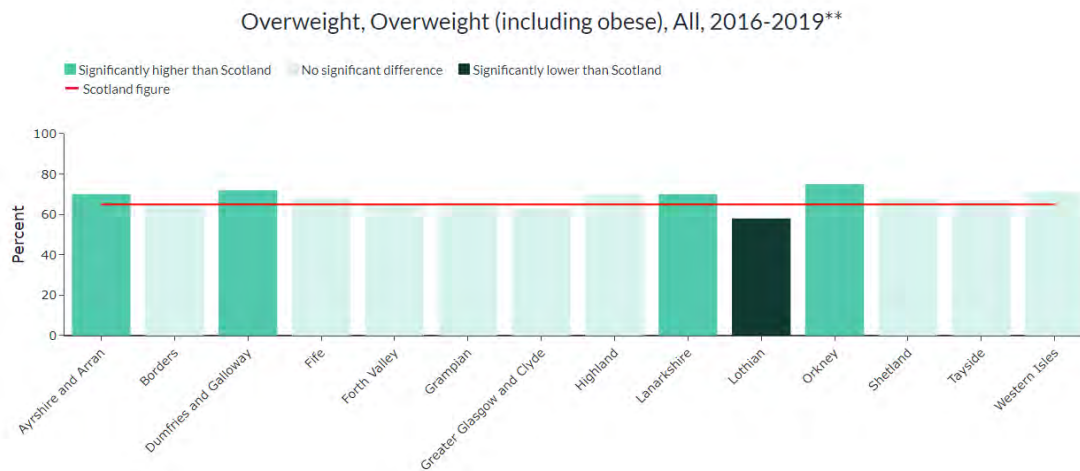
At Primary 1, 73.7% of Orkney’s children are considered to be of a healthy weight (Graph 15). Whilst this is above the national average currently, Orkney’s data has been lower than the national average for many years. The most recent data comparisons could be skewed as during the COVID-19 pandemic, not all health boards participated in the Primary 1 measurement collection.



Available from [Dashboard - Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2020 to 2021 - Primary 1 Body Mass Index \(BMI\) statistics Scotland - Publications - Public Health Scotland](#)

Graph 15: Primary 1 BMI by Area of Residence in Scotland 2020/21

Within the adult population in Orkney the levels of healthy weight are significantly reduced to the point in which 75% of the population are either overweight or obese compared with the Scottish average of 65% (Graph 16).

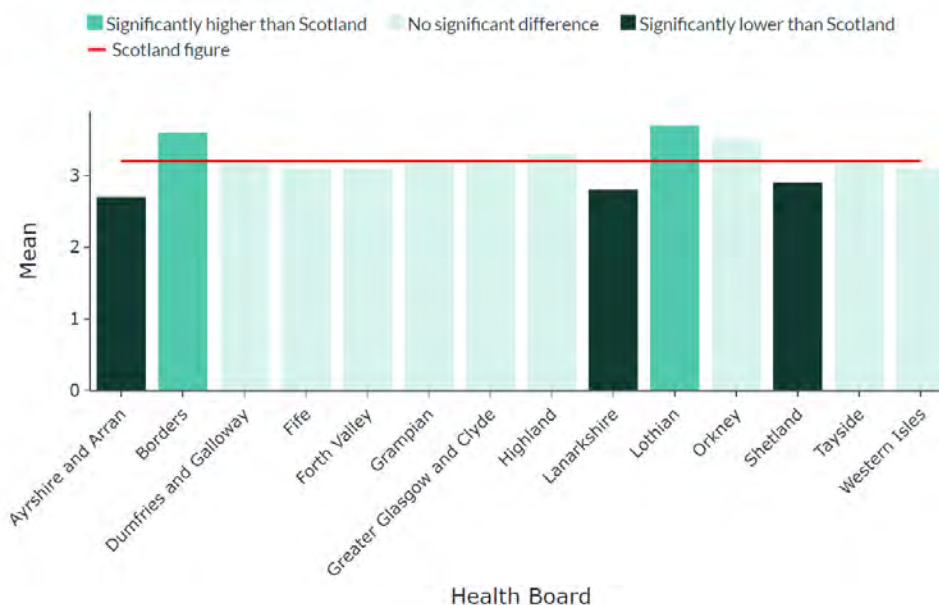


Source: Scottish Household Survey Dashboard 2021 [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io)

Graph 16: Overweight and Obese levels by Area of Residence from Scottish Household Survey Data from 2016-2019

Factors that impact on maintaining of healthy weight include a healthy diet and physical activity levels. Within Orkney, the average daily portions of fruit and vegetables consumed is 3.5 (Graph 17), short of the recommended five, although above the national reported average.

Fruit & vegetable consumption (mean daily portions), All, 2016-2019**

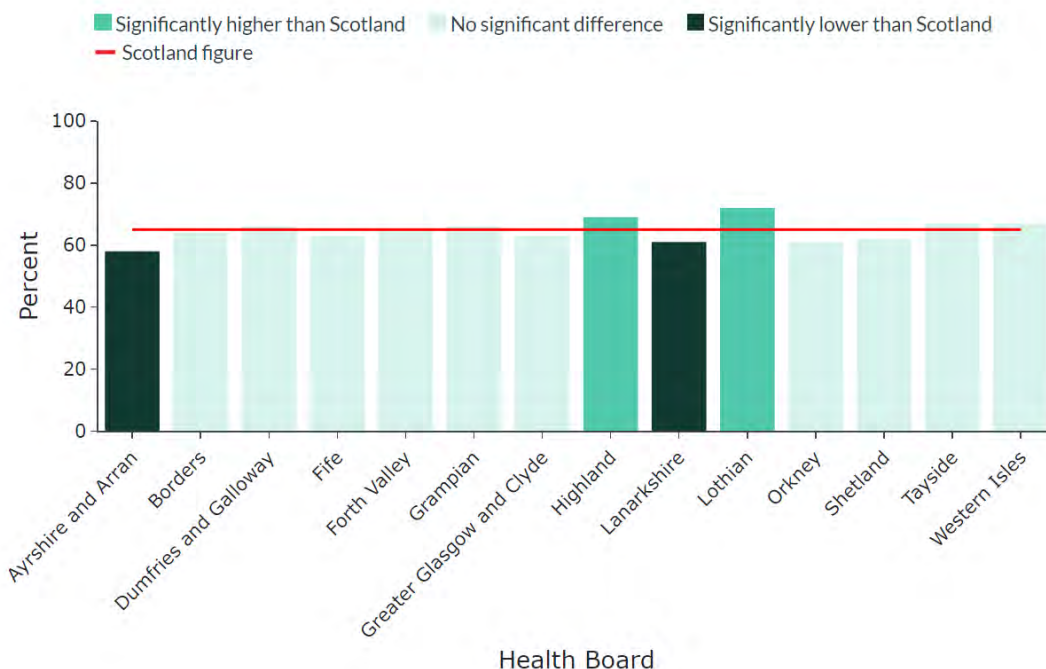


Source: Scottish Household Survey Dashboard 2021 [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io)

Graph 17: Mean Daily Fruit and Vegetable Consumption by Area of Residence from Scottish Household Survey Data from 2016-2019

Additionally, only 61% of the local population are meeting the physical activity level recommendations (Graph 18) which is below the national reported average.

Summary activity levels, Meets recommendations, All, 2016-2019**



Source: Scottish Household Survey Dashboard 2021 [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-household-survey/)

Graph 18: Physical Activity Levels by Area of Residence from Scottish Household Survey Data from 2016-2019

During 2021/22, NHS Orkney Public Health team have focussed the work relating to healthy weight and physical activity on implementation of the national standards for weight management services and the Type 2 Diabetes Framework.

Implementation of the Child and Adult Healthy Weight Standards and Type 2 Diabetes Framework

In 2019, Public Health Scotland published ‘Standards for the Delivery of Tier 2 and Tier 3 Weight management Services in Scotland’ outlining standards of care for both children and adults based on evidence for effective weight management interventions. The Scottish Government has funded service improvement work across Scotland, including in Orkney, to support services to develop and meet the standards set out in this document. Within Orkney, there is considerable challenge to delivering equitable and quality services within a remote and rural island context. In October 2021, NHS Orkney Public Health with the support of Public Health Scotland, led a multi-agency Health Inequalities Impact Assessment based on the implementation of the Standards and Framework which highlighted the challenges of the equitable implementation of service delivery within the remote and rural setting of Orkney.

Adult weight management pathways for Tiers 2,3 and 4 have been developed to define the optimal service pathway for individuals in Orkney in accessing the right support. The adult pathways have been approved by the relevant clinical advisory committees within NHS Orkney and have been

shared with Primary Care colleagues. In addition to formalising and communicating weight management pathways, the multi-disciplinary capability within the service has been augmented through the appointment of a Health Psychologist Trainee to work with individuals attempting weight loss alongside their dietetic intervention.

The Health Psychologist Trainee established NHS Orkney's Health Psychology service in November 2021. The service is aimed at adults (≥ 18 years) presenting with a BMI > 25 , and no diagnosed mental health conditions or use of recreational drugs. Eligibility for the treatment is determined at initial assessment. Treatment formulations are tailored to the individual patients, often including evidence-based modification of health behaviours and subsequent skills, emotional regulation, and fostering self-efficacy and confidence. Therapeutic skills employed include motivational interviewing (MI), principles from acceptance and commitment therapy (ACT), cognitive behavioural therapy (CBT), and compassion focused therapy (CFT). The Trainee Health Psychologist receives clinical supervision from the organisation's lead for Clinical Psychology, as well as a Clinical Health Psychologist. The service is currently trialling a dual referral pathway, offering weight management support in conjunction with NHS Orkney's dietetic service, as well as supporting patients referred into the service by GPs for behavioural weight management support. Though the service is primarily angled to support patients to effectively manage their weight, patients diagnosed with diabetes can also be referred into the service to receive support in managing their condition, targeting adherence to diet, treatment, and subsequent health behaviours.

In February 2022, the development of a physical activity pilot project began in partnership with Orkney Islands Council and the Pickaquoy Centre. This project aims to enable participants in the weight management service to access all leisure facilities across Orkney through free to participant Active Life membership. Additionally, participants in this pilot project will receive support from the Dietitian, the Trainee Health Psychologist as well as from the sports centre's Fitness Advisors as appropriate. This includes offering progress check-ins, a clear focus around goal setting and answering any queries or concerns. The project remains in the development stages with a pilot project launch aimed for 2022.

It is vital that healthcare professionals are aware of available services relating to weight management in Orkney to ensure individuals whom they have contact with are well informed of the support available to them. However, weight management can be a challenging topic of conversation due to weight stigma. Training relating to the sensitivity of this conversation and the cycles of behaviour change can support practitioners to have these conversations. A training needs analysis relating to both child and adult healthy weight was completed to identify potential training gaps. Both analyses had a good response from a variety of staff across relevant services in Orkney and identified a gap in training provision. In response, staff within the Public Health Department have delivered Health Behaviour Change training based on the 'MAP – Motivation, Action, Prompts' course developed by NHS Education for Scotland (NES) to relevant staffing groups. To ensure a rapid response to the training needs locally, training from an external agency was procured and staff identified for courses with this agency.

To support the implementation of healthy weight standards, a systematic review focusing on successful weight management interventions in rural and remote locations is currently being conducted by the Trainee Health Psychologist. A systematic literature search and screening of

identified papers has been completed, and data to inform the summary is currently being extracted with the project to be completed during 2022. In addition, a mixed-methods research project was conducted to feed into the adult healthy weight needs assessment being completed. The project included quantitative data collection by means of a survey, focusing on capability, opportunity, and motivation to engage in healthful behaviours, as well as barriers of weight management service engagement, weight stigma, and the role of the NHS in facilitating a weight management service. Qualitative data collection included the use of focus groups which were employed to further explore motivators and barriers to weight management service engagement (COM-B based), as well as specific weight management components that would lead to greater health improvement. Results are due to be reported in 2022.

In addition to the work relating to Tier 2 and 3 weight management services presented above, Type 2 Diabetes specific work has continued to implement the Type 2 Diabetes Framework published by the Scottish Government in 2018.

Pre-diabetes is diagnosed in Primary Care if a person's blood sugar levels are elevated to a level which would suggest the person is at risk of developing Type 2 Diabetes. This is an important stage in which an individual could be supported to reduce their risk of developing Type 2 Diabetes through education regarding lifestyle factors and support to potentially modify their risk factors through lifestyle changes. The 'Let's Prevent' app is now accessible to anyone who lives in Orkney through their GP. This app is accessible across devices and encourages individuals to plan their small lifestyle change to promote their health. It has facilities such as an activity tracker, peer support and expert advice as well as access to information relating to pre-diabetes.

Conclusion

Broader Public Health work during 2021/22 has been impacted by staffing changes and the pressure of the COVID-19 pandemic on the department. Staff have demonstrated determination, resilience, and flexibility in their ability to respond to the changing priorities and pressures throughout this year. It is only through their dedicated hard work that the department has been able to remobilise and continue to deliver the services, projects and programmes discussed above. This work will continue into 2022/23 with new projects planned for implementation during this time to further the effort to reduce inequalities and improve the health and wellbeing of the population in Orkney.