

PHINS Bulletin No. 13

Local developments in public health information

June 2018

Public Health Information Network for Scotland



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BACKGROUND & PURPOSE

The Public Health Information Network for Scotland (PHINS) was established as part of the Scottish Public Health Observatory (ScotPHO) collaboration to keep public health professionals in Scotland up-to-date with national and local developments in the sphere of public health information via bulletins, email updates and seminars.

The annual PHINS seminar is a very popular event and updates on national developments in public health information are now included within the annual ScotPHO e-Newsletter. However, following member feedback, in 2017 we re-established the PHINS bulletin to allow members to share details of their own local projects and events.

This bulletin contains information on relevant local projects and events. The [ScotPHO e-newsletter](#) circulates details of a range of national developments.

If you are currently not a member of PHINS and wish to join the network, please [register](#) with the [ScotPHO website](#) email list.

LOCAL PUBLIC HEALTH INTELLIGENCE RELATED PROJECTS

Teens with Screens!

Background

In response to the issue of too much screen time and the impact it has on health/wellbeing and academic performance results from the Glasgow City School Health & Wellbeing Survey 2014, Scottish Intercollegiate Guidelines Network SIGN (2010) and the National Institute for Health and Care Excellence NICE guidelines (2015) were considered. The North West Health Improvement Team in conjunction with Education staff developed the 'Teens with Screens!' pilot. The aim of the pilot was to raise awareness of the impact too much entertainment screen time has on health and academic performance and to encourage young people to reduce their entertainment screen time. The pilot was implemented in Drumchapel High, John Paul Academy and Hillhead High with S1 pupils.

Type of study

A paper based questionnaire for self-completion consisting of 13 questions was developed, with some open and closed ended questions with tick box options and free text where appropriate. The questionnaire was created to assess the impact of the pilot would have on knowledge, awareness and behaviour of the S1 pupils. 456, S1 pupils took part in the pilot. A total of 323 respondents completed the evaluation forms.

Main findings

Pupils who completed the pilot 65% were aware of current guidelines of 2 hours a day for recreational screen time use. Pupils had a high awareness of some of the negative impacts screen time can have on health in particular to sleep and academic performance.

Only 26% said they would stick to the guidelines of 2 hours a day. The main reasons given for not sticking to the guidelines were: boredom and feeling that 2 hours is not long enough for recreational screen use. Bullying was identified as the biggest problem young people face online with just under a third indicating that they had been affected by this issue.

Concerns in relation to sexual exploitation online were raised however none of those who raised this as an issue had personal experience of this happening to them at this stage in their lives.

Thirteen teachers across the three North West schools took part in the pilot. Teachers stated that they noticed improved engagement within the classroom, some comments illustrating this point are detailed below:

“The students enjoyed having time away from power points and computers.”

“Engagement in the classroom improved.”

“Pupils were really engaged with the issue.”

“It captured pupil’s imagination”

“I enjoyed teaching this topic and discovered just how important it is. I was genuinely surprised at the enormous extent of screen use. I was able to help one pupil increase his sleep due to information from the pilot.”

“I think it could benefit from having a higher profile in school as it is very serious issue.

Key learning points

A screen time curriculum pack should be provided across early year establishments, primary and secondary schools. The curriculum pack would provide a broad ranging and encompassing resource for education staff to deliver an integrated and progressive health and wellbeing curriculum in relation to the impact of too much recreational screen time can have on health and education. As one member of education summed this point up in her assessment of the pilot:

“Aim this at younger pupils to prevent them from becoming screen dependent. Most S1’s had formed the bad habits which they were not willing to change or couldn’t believe they could break the habit.”

Early year establishments, primary & secondary schools should also provide awareness sessions and support groups to parents raising awareness on the guidelines and support parents on how to help children and young people manage their screen time and how to balance screen time with non-screen activities.

Develop programmes for early year establishments, primary and secondary schools with appropriate age & stage resources for education staff which raise awareness on how to balance screen use with non-screen activities.

Work with early year establishments, schools and youth groups to promote understanding of the benefits and risks of too much screen use and how to support parents to balance screen time within family life.

Following on from the pilot the NW HIT in conjunction with early years, primary and secondary staff are developing an online resource which will be rolled out to Glasgow City education establishments. The online resource consists of links to curriculum for excellence, research, guidelines and lesson plans on entertainment screen time for early years, primary and secondary S1 classes. The aim of the online resource is to raise awareness of parents, education staff and pupils on the guidelines around screen time, the impact too much screen time has on health and academic performance and how to incorporate more non screen activities into free time.

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Exploring the feasibility of citizens' basic income in Scotland

Background

With a grant of £250,000 from the Scottish Government's Citizens Basic Income Feasibility Fund, four councils - Fife, North Ayrshire, Glasgow, and Edinburgh - are working with NHS Health Scotland, to explore the feasibility of citizens' basic income in Scotland.

Type of study

Feasibility study, evaluability assessment, developing options for research design

Main findings

Findings from the project will be shared, as appropriate, as they become available. The project is in its early stages, with feasibility work starting April 2018. Key milestones are as follows:

Phase 1 (months 1 – 6): March 2018 – August 2018

- Clarify the intended outcomes of a proposed Scottish Basic Income pilot

- Generate options for Basic Income pilots to meet the intended outcomes
- Identify the intended and unintended consequences of the pilot options
- Develop clear research questions to be tested through the pilots
- Commence commissioning of key research and modelling work

Phase 2 (months 7 – 12): September 2018 to March 2019

- Complete commissioned research and modelling work
- Agree preferred Basic Income pilot option/s to be proposed in the business plan
- Develop options paper regarding funding / payment mechanisms for pilots
- Pilot evaluation planning in place
- Progress report to Scottish Government (March 2019)

Phase 3 (months 13 – 18): April 2019 to September 2019

- Commission and deliver additional qualitative research requirements
- Initial business case for pilots to Scottish Government
- Detailed evaluation methods developed, with costings
- Agree funding and payment mechanisms
- Production of interim report to Scottish Government (by September 2019), setting out nature of proposed pilot, research questions to be evaluated, likely costs and benefits, and sources of funding

Phase 4 (months 18 – 24): October 2019 to March 2020

- Baseline data collected
- Full data collection and analysis agreed
- Progress report / full business case for pilots to Scottish Government (March 2020)

Key learning points

Learning from the project will be captured as it develops, particularly around:

- Developing policy and delivery options for piloting basic income in Scotland that can be implemented given current political and economic constraints
- Agreeing model(s) for the pilot across local authorities to recommend to the Scottish Government
- Developing an evaluation plan for the pilot that will answer the priority research and policy questions around the feasibility and impact of the policy and to plan any baseline measurement, research governance and ethical approval

Hyperlink to information (if required):

Updates on key developments with the project will be available via the Basic Income Scotland website <http://basicincome.scot> or follow @BasicIncomeScot

Contact details for further information:

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Being Well at Work

Background

As part of a review of Attendance Management at Fife Council, a Behavioural Survey was designed to explore employee attitudes, and develop indices, across the range of Job and Workplace, Personal and Health Factors to inform a better understanding of what helps keep Fife Council employees well at work. This report is designed to explore attendance patterns and attitudes to assist with understanding where interventions might be targeted to improve attendance in the Fife Council context. This report uses a behavioural approach to understand employee decision making in relation to attendance at work.

Type of study

Behavioural Survey of employees as part of a review of Attendance Management approach

Main findings

A behavioural approach was developed to explore a range of job and workplace, health and personal factors to understand what keeps our employees well at work. This highlights many factors that support good attendance at work: a conscientious and resilient workforce, the ability to work flexibly, a supportive social environment and employees on the whole reporting good health. It also highlights factors that may adversely affect attendance at work including managing change, governance, workload, stress, control over work, sleep and weight. Low levels of physical activity outside work are a cause for concern.

We explored how personal beliefs, social environment at work, workload and relationship with our manager affect our decisions to come in or to stay off work when we are feeling unwell. Management and Governance help employees stay in work. Social norms are a factor in the initial decision, but do not exert the same influence on encouraging employees to return. Workload has a strong bearing on decision-making at all stages of the current process.

Report Conclusions:

- Attendance Management appears to have achieved the maximum levels likely through an attendance process alone
- The Attendance Management process is effective in reducing absence but not in promoting return to work due to the bureaucratic approach
- There is unlikely to be a one size fits all approach
- There is a need to head off crisis around staff exhaustion, stress and overload
- Wellbeing is focussed on negative aspects of attendance rather than positive aspects of good health as seen in the wider community
- There may be scope to consider how peer support operates and how we empower people to create a kinder working environment
- Access to prevention through the promotion of physical activity, and mental well being

Key learning points

There appears to be scope to look at a more preventative approach to absence by encouraging employees to discuss any concerns with their manager before they take the decision to go off work. There is also potential to look more closely at the second stage of the attendance management process, and how employees might be supported and encouraged to return to work sooner, this includes a culture that supports conversations about stress, mental health, and workload.

Results of the Being Well at Work study have since been used by HR colleagues to gain additional funding and support from the Council's Management Team for a package of measures, including:

- Improving and using skills of managers: ie supporting Difficult Conversations, Mental Health First Aid training
- Increasing physical activity, via Active Fife team 'Sit less, move more' etc

To address the lack of confidence amongst managers in terms of dealing with mental health issues, the aim is to increase support for employees and managers through the development of an employee mental health strategy in partnership with colleagues in the Health & Social Care Partnership and wider NHS Fife.

Hyperlink to information (if required):

The report is available on request.

Contact details for further information:

About the research:

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How findings are being used:

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Evaluation of minimum unit pricing (MUP)

Background

There is good evidence that the price of alcohol influences how much alcohol people drink. The more a person drinks, the more harm they, their family and their community are likely to experience. In 2012, the Scottish Parliament passed legislation to introduce a minimum price for a unit of alcohol, below which alcohol cannot be sold in licensed premises in Scotland. This is called minimum unit pricing (MUP) and is intended to benefit those at most risk of harm by targeting high-strength low-cost alcohol. The minimum legal price for a product is linked to how much alcohol is in it. MUP was introduced on 1 May 2018 at 50 pence per unit of alcohol.

No other country has tried MUP for all alcoholic drinks so we need to wait and see what all of the effects will be. The Scottish Government legislation states that the impact of MUP must be reviewed after five years and that there will be a vote in the Scottish Parliament to decide if it should continue beyond April 2024.

Type of study

NHS Health Scotland has been asked to lead an independent evaluation to get a complete picture of the impact of MUP. The evaluation will track how things change over time and compare what's happening in Scotland to other places that don't have MUP. This will help us to be more certain that the changes we see are due to MUP.

We are not just looking to see if the expected benefits of MUP happen. To get a complete picture of all the changes that happen after MUP is introduced we will use a wide range of evidence. This will include information that is regularly collected and some information that we are collecting specifically for the evaluation.

Our evaluation will explore four themes:

- how MUP is implemented and complied with
- the impact MUP has on the alcohol market
- the impact MUP has on how much alcohol is consumed
- changes in alcohol health and social harms.

We know that factors, other than MUP, can affect the price of alcohol, how much alcohol people buy and how much harm is caused by alcohol. For example, changes in people's income, in living costs and in funding to key public services. Where possible, we will explore these to help us understand whether changes are due to MUP or other factors.

We will use data from shops to explore the effects of MUP on the price of alcohol, the range of alcohol products available and the amount of alcohol sold. We will also use information from surveys asking people how much they drink to track changes in alcohol consumption. To understand the impact MUP has on the alcohol market we will be collecting information from a range of businesses, including small corner shops and larger businesses who produce or sell alcohol.

We will also explore how different groups respond to MUP. People who drink at harmful levels are more likely to have poor health and experience other harms from alcohol. We will gather information through surveys and interviews with people using and working in alcohol treatment services to explore the impact of MUP on these people and their families. Young people under the age of 18 will be asked about any changes they have made as a result of MUP. Government, police and health information will be used to track changes in the harms caused by alcohol over time. Where possible, we will look for any differences between age groups, men and women, and levels of income.

Main findings

We will share findings as they emerge over the next year. You can find out more about our evaluation plans by visiting www.healthscotland.scot/MUPevaluation or follow [@MESAS_NHS](https://twitter.com/MESAS_NHS) on twitter.

Hyperlink to information (if required):

www.healthscotland.scot/MUPevaluation

Contact details for further information:

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Needle Exchange Surveillance Initiative (NESI) 2017-18

Background

Every two-years since 2008, Scotland's Needle Exchange Surveillance Initiative (NESI) monitors rates of blood-borne virus (BBV) infection and risk behaviours among people who inject drugs (PWID).

Type of study

Biennial, cross-sectional, voluntary, anonymous survey of PWID. A nationally representative sample of 2,500 PWID participate in each survey, mainly recruited from sites offering injecting equipment (IEP) such as

needles/syringes, spoons, filters and water across mainland Scotland. Recruitment is carried out by trained interviewers who obtain informed consent prior to data collection. All surveyed participants are encouraged to submit a dried blood spot (DBS) sample to test anonymously for presence of BBVs. A £5 shopping voucher is provided to Individuals who complete the survey as compensation for their time.

Main findings

The 2017-18 survey is ongoing having already completed fieldwork in NHS GGC, Ayrshire & Arran, Tayside, Forth Valley, Fife and Lothian. Scheduled completion date is September 2018.

Hyperlink to information (if required):

Previous survey reports, data and infographics can be downloaded here:

<http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3186>

Contact details for further information:

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Participatory Budgeting in Fife

Background

COSLA and Scottish Government have set an ambitious target of 1% of a local authority's budget to be set using Participatory Budgeting (PB) by 2020.

This report pulls together an overview of Participatory Budgeting activity in Fife between 2010 and 2017. It takes stock of what we have learned from our experience of PB in Fife and what others have done or are doing. It is intended to serve as a pathfinder for the direction that Fife may wish to take in the future in relation to Participatory Budgeting.

Type of study

A review of participatory budgeting activity in Fife over the period 2010 to 2017. It draws from collaborative discussions with a group of practitioners with experience of leading and developing PB processes in Fife.

Main findings

Between 2010 and 2017 Fife has undertaken 25 separate Participatory Budgeting processes, distributing a total of £850,460 to local groups and projects. Individual PB processes have tended to focus on encouraging the local community to propose projects relating to a particular theme.

PB in Fife has developed organically over time, starting with small scale pilot processes such as Community Gains, Glenrothes, to more recently, large scale piloting of online tools for democratic engagement through Oor Bit, Cowdenbeath.

The bulk of the funding for PB in Fife has come from Area Budgets, with some funding coming from external sources such as the Scottish Government (ie Community Choices Fund) and the Coalfields Regeneration Trust.

Cowdenbeath and Glenrothes Areas have been most active in adopting PB, accounting for 56% of all PB activity in Fife, and 70% of total funding to date.

To date, we have piloted PB on a relatively small scale primarily related to small community grant investment decisions at area and neighbourhood level but recognising that it is a useful tool in wider service design, commissioning, policy and budget priority setting.

Key learning points

Participatory Budgeting in Fife, as with many other areas in Scotland, has mainly focused on small grant giving rather than involving the public in decisions on mainstream budgets. Through this we have developed experience and capacity in and with local communities in using PB as a method of engagement. Participatory Budgeting is about more than consultation.

PB approaches need to be tailored to local community contexts and priorities, including tackling inequalities. Through use of online methods we have

demonstrated that it is possible to deliver PB at scale, but an approach like this would need to be resourced.

In looking to scale up PB in Fife, there are a number of areas of mainstream budgets - aspects of the Transportation, Education and Capital budgets - which could fit well with a PB approach. Some suggestions are given as to how this approach could be further developed to support decentralisation and community empowerment ambitions.

There is a need for high level buy in and acceptance of PB as a way of working. There needs to be a commitment to resource such an approach, and this does require continuing to build capacity and provide the leadership and direction needed.

There is a need to develop a framework for a coordinated approach to the expansion of Participatory Budgeting in Fife, and outline a realistic timeline for scaling up Participatory Budgeting across Fife.

Hyperlink to information (if required):

<http://know.fife.scot/2017/06/11/participatory-budgeting-fife/>

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A Road Less Lonely

Background

The Scottish Partnership for Palliative Care and Good Life, Good Death, Good Grief have published a new report looking at how to encourage more supportive attitudes and behaviours relating to death, dying and bereavement in Scotland.

Type of study

The report explores some of the different areas that can shape people's experiences of death, dying and bereavement. It focuses particularly on:

- Death education and bereavement support in schools.
- Workplace culture and policies.
- The role of communities.
- The practicalities of planning ahead for deteriorating health and death.
- Personal skills and knowledge relating to death, dying and bereavement.
- Mass media campaigns.
- Socio-economic disadvantage.
- Funeral poverty.
- Good Life, Good Death, Good Grief, Scotland's public health palliative care alliance.

Main findings

The report highlights a wide range of projects and initiatives ongoing in Scotland and further afield that are relevant to improving people's experiences of death, dying and bereavement. It illustrates that Scotland there is a huge amount of enthusiasm, skills, knowledge and resources relating to public health approaches to death, dying and bereavement.

Key learning points

That relevant action to improve people's experience of death, dying and bereavement can be taken by a range of different types of organisations, across a variety of domains.

Hyperlink to information (if required):

https://www.palliativecarescotland.org.uk/content/publications/1526560117_A-Road-Less-Lonely-WEB.pdf

Contact details for further information:

Robert Peacock, Scottish Partnership for Palliative Care

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Increasingly diverse: the changing ethnic profiles of Scotland and Glasgow and the implications for population health

Background

Scotland's (and in particular Glasgow's) population has become increasingly ethnically diverse. The aim of this study was to better understand future changes to the ethnic profile of the population and the implications for population health.

Type of study

Mixed methods: review of literature alongside analyses of past trends and new future projections (2011-2031) in the size of the non-White ethnic minority population in Scotland and Glasgow

Main findings

The literature emphasises that the relationships between ethnicity, socioeconomic position (SEP), and health are extremely complex. In Scotland this complexity is arguably enhanced, given evidence of a different, less disadvantaged, SEP profile of many ethnic minority groups compared with those in other countries, including England. Although indicators of overall health (e.g. life expectancy) have been shown to be better among many non-White groups compared with White Scots, such analyses mask varying risks of particular diseases among different groups. This complexity extends to understanding the underlying causes of these differences, including the 'healthy migrant effect' (with important differences in mortality between those born in, and outside, the UK), 'acculturation', and the impact of different types and measures of SEP.

The proportion of the population belonging to a non-White ethnic group increased four-fold in both Scotland and Glasgow between 1991 and 2011. The projections analyses suggest that by 2031, c.20% of Glasgow's total population (including 25% of children) will belong to a non-White minority group. It is also projected that 30% of the country's c.411,000 non-White population will be resident in Glasgow.

Key learning points

Ethnic minority groups in Scotland are characterised by a highly complex set of varying risks of different diseases compared with White Scots. New projections suggest the size of the minority non-White population is set to increase markedly: policy-makers and service-planners need to understand the potential implications of these population changes.

Hyperlink to information (if required):

http://www.gcph.co.uk/publications/731_the_changing_ethnic_profiles_of_glasgow_and_scotland

Contact details for further information:

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KnowFife Partnership Hub

Background

The KnowFife Partnership Hub has been established in response to the Fairer Fife Commission's 'Fairness Matters' report. The KnowFife Partnership Hub public website provides a forum for partners in Fife to share research, knowledge and learning, working together to help transform information into action. This development now encompasses the KnowFife Dataset which provides access to a broad range of key social, economic and health and wellbeing indicators at Fife geographies and the recently formed Fife Researchers' Alliance.

As part of the work of the Hub, learning resources that may appeal to a much wider audience have been developed. Entitled 'KnowHows', these brief

outlines provide guidance on different areas of working in research, data analysis and information. These have either been updated or created by members of Fife Researchers' Alliance, sharing expertise to grow expertise.

Hyperlink to information (if required):

<http://know.fife.scot/category/knowhow/>

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EVENTS

LIST Annual Health & Social Care Gathering Event for colleagues supporting community wellbeing.

This year's event is to be held on Wednesday 19th September 2018 at West Park Conference Centre Dundee DD2 1NN. The theme is:

Data and Intelligence: The key to good decision making in health and social care

Please email NSS.LIST@nhs.net if you would like to be put on the mailing list to get further information on the event sent out

Public Health Information Network for Scotland (PHINS) 2018 seminar

The 2018 PHINS seminar will take place on 21st September at University of Strathclyde Technology & Innovation Centre. The programme and link to our on-line registration site for the event will shortly be made available on the [ScotPHO website](#).