Health Improvement
HEAT Targets
03 45 67 89
2010/11
NHS Scotland
HEAT target 3: 

Child Healthy Weight

Achieve agreed completion rates for child healthy weight intervention by 2010/11.

The evidence

As this is a developmental target, a key component is evaluating and gathering evidence about its implementation to inform future work.

Our initiatives in 2010/11

NHS Health Scotland is working closely with NHS Boards to support the implementation of child healthy weight interventions. This is being done through networking to facilitate the sharing of learning and good practice, and through the development and distribution of supporting resources for parents, children and health professionals.

Specifically:

- The Child Healthy Weight network website will continue to facilitate online surgery sessions, and provide a resource bank of materials and information updates.
- We are visiting geographic health boards and delivery partners to assess training and support needs.
- We will develop needs-based workshops with health boards, requiring enhanced support in the third year of the target.
• Evidence briefings are being developed on behaviour change approaches in relation to children and adolescents and food culture in Scotland.

• We are undertaking a national process evaluation of child healthy weight programmes and their implementation to contribute to the evidence base.

• Following the network conference in January 2009, a further event is planned for late 2010 to validate the findings of the evaluation.

• We are developing a Healthy Weight Workforce Development Plan and provide modular training in the areas of physical activity and nutrition standards, behaviour change and identification, and recruitment support.

**Partnership working**

NHS Health Scotland works with a range of key partners and stakeholders, including those involved in the design and delivery of child healthy weight intervention, to ensure communication systems and resources support their delivery.
HEAT target 4: Alcohol

Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines, by 2010/11.

An alcohol brief intervention (ABI) is a short evidence-based, structured conversation about alcohol consumption with a patient/service user. It seeks, in a non-confrontational way, to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.

NHS Boards are expected to deliver 149,449 ABIs over the period 2008/9–2010/11, in line with SIGN 74.

The evidence base for the effectiveness of ABIs is substantial, with a WHO review finding them to be among the most effective alcohol policies.

A Cochrane Review of Brief Interventions (2007) and SIGN 74 The management of harmful drinking and alcohol dependence in primary care (2003) highlighted that brief interventions in primary care can reduce alcohol consumption, episodes of binge drinking and alcohol-related harm for up to a year.
ABIs are being delivered in a range of healthcare settings, including primary care, antenatal care and A&E care. They can be effectively delivered by non-specialists such as doctors and nurses.

**Our initiatives in 2010/11**

NHS Health Scotland is working closely with key partners to ensure that an effective programme of support is in place, helping to develop a sustainable delivery infrastructure.

- We provide ABI training for trainers to support training at health board level.
- We provide ongoing delivery guidance and support for our health board partners.
- We will continue to promote our ABI training pack, DVD training resource and will continue development of our ABI web-based Virtual Learning Environment.
- We will continue to promote our practitioner resource packs to support delivery in primary care, antenatal and A&E.
- We will provide support for three ABI pilot projects on behalf of the Scottish Government. These include the development of the Taking Measures telephone support service delivered by NHS 24, a criminal justice project and a project exploring delivery within dentistry.
HEAT target 5: Suicid​e Prevention

Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key staff in mental health and substance misuse services, primary care and A&E being educated and trained in using assessment tools and suicide prevention programmes by 2010.

Choose Life is the national 10-year strategy and action plan for preventing suicide in Scotland.

The evidence

Thoughts of suicide are more common than people think. Using the World Health Organization (WHO) estimate, over 20,000 people a year in Scotland will have thoughts of suicide. Ensuring staff are alert and skilled to intervene can connect people to the support they need to stay alive.

Evaluations have shown that suicide prevention training increases the skills and confidence of staff to intervene at the point of suicide and to connect a person with longer-term help. Ensuring training reaches all sectors creates a common language around suicide, smoothing the patient experience. More than 20,000 people have been trained across Scotland, including 7,500 staff in the NHS.
Our initiatives in 2010/11

- Providing fully-funded T4T events to enhance the 500+ trainers network.
- Supporting trainers to deliver training.
- Developing flexible training approaches to support learning.
- Providing direct and tailored support to health boards.
- Providing evidence, information and advertising materials.

The target is supported in each of Scotland’s 32 local authority areas by a dedicated Choose Life action plan.

Ongoing national work to support reducing suicide in Scotland includes:

- Commissioning of an impact evaluation of the Choose Life training programme.
- Development of a national suicide register to better understand the characteristics of suicide in Scotland.
- Delivery of awareness raising activity to destigmatise suicide and encourage people at risk to get help.
- Develop and disseminate national guidance.

Visit us at [www.chooselife.net/training](http://www.chooselife.net/training)
HEAT target 6: Smoking Cessation

Through smoking cessation services, support 8% of each board's smoking population to successfully quit (as measured at one-month follow-up) over the period 2008–11.

NHS Health Scotland’s Tobacco programme supports the implementation of the national action plan on tobacco control, A Breath of Fresh Air for Scotland.

Action on tobacco is focused on prevention and education, second-hand smoke, smoking cessation and protection and controls.

Our initiatives in 2010/11

HEAT target 6 directs our attention to supporting our NHS partners and others in a number of ways. These include:

- Publishing revised and updated guidance to promote the use of evidence-informed practice in smoking cessation.
- Managing Smokeline, the national stop smoking helpline.
- Supporting local social marketing initiatives aligned with national priorities.
• Supporting the national Smoking Cessation Coordinators’ Network by providing a forum for discussing the implementation of national policy and guidance, sharing best practice and exchange of ideas.

• Organising the fourth Scottish Smoking Cessation Conference (November 2010).

• Continuing to support the delivery of both generic and subject-specific brief advice smoking cessation courses. These courses are designed to meet the needs of health and other professionals in a variety of care settings.

• Offering a range of smoking cessation publications for the public and professionals.

**Partnership working**

We continue to work in partnership with external organisations and stakeholders at a strategic level in Scotland. This includes the PATH partnership with Scottish Government and ASH Scotland.
HEAT target 7: Breastfeeding

Increase the proportion of newborn children exclusively breastfed at 6–8 weeks from 26.6% in 2006/7 to 33.3% in 2010/11.

The evidence
Breastfeeding has well established health benefits for both mother and baby.

Our initiatives in 2010/11

Resources
NHS Health Scotland provides a number of resources for professionals and parents.

• Publications include Off to a Good Start, Breastfeeding and Returning to Work, and Ready Steady Baby! All resources will meet UNICEF ‘Baby Friendly’ standards.

• We provide the www.readysteadybaby.org.uk website and will launch a new professional-facing website this year: www.maternal-and-early-years.org.uk

• We are contributing to a new DVD for parents of babies admitted to neonatal units which will build on the from bump to breastfeeding DVD.

Normalising breastfeeding

• We will develop work with education and youth workers to use the touring Get Britain Breastfeeding art exhibition.

• We are supporting local health boards to develop social marketing campaigns and share the learning.
• We are developing modular training to explore attitudes to breastfeeding and inequalities.

Sharing learning and good practice
• We support the Scottish Infant Feeding Advisor Network (SIFAN) and will develop a virtual learning environment.
• We hosted the national breastfeeding conference in June 2010 and will distribute Scottish Government resources for Breastfeeding Week.
• We have contributed to the development of the Maternal and Infant Nutrition Framework and will support its implementation.

Evidence of effectiveness
• NHS Health Scotland has commissioned research to explore early infant feeding choices and experience of parents.
• We will deliver an evidence briefing to inform the development of breastfeeding peer support programmes.
• In partnership with NES and QIS we are developing a national approach to antenatal education which will include a breastfeeding component.

Partnership working
All NHS Health Scotland’s work to support HEAT 7 involves a range of key partners and stakeholders.
HEAT target 8: Heart Disease

Achieve the agreed number of inequalities-targeted cardiovascular health checks during 2010/11.

The evidence
The risk factors associated with cardiovascular disease (CVD) are well documented. They include behaviours such as smoking, diet, and physical inactivity as well as pre-determined factors such as family history. The impact of social, economic and environmental factors continue to be both a cause and consequence of ill health.

Our initiatives in 2010/11
Keep Well and Well North aim to reduce health inequalities by identifying people aged 40–64 in deprived communities across Scotland who are at high risk of cardiovascular disease and diabetes and offering interventions to reduce their risk. This is achieved by:

- identifying and targeting those at particular risk of preventable serious ill health (including those with undetected chronic disease) via a health check
- offering appropriate interventions and services to them
- providing monitoring and follow-up.
The programmes have now expanded to allow for health checks to be delivered in a range of settings including community pharmacies and local ambulance services. In addition, more vulnerable populations including prisoners, gypsy travelling communities and homeless groups are also being targeted. To date 70,000 people have received a health check.

It is intended that the programme will be mainstreamed from 2012. A consultation exercise to inform this plan began in May 2010.

**Partnership working**

NHS Health Scotland’s Better Health Team provides a national governance and support role to all 14 of Scotland’s territorial health boards involved with delivering Keep Well and Well North. The development of new partnerships is enabling expansion of the programmes from providing health checks primarily within GP practices to delivery across a range of alternative settings.

For more information and to receive the quarterly *Keep Well Informed* newsletter, please email healthscotlandkeepwelladmin@nhs.net or visit www.healthscotland.com/anticipatory-care.aspx
HEAT target 9:

**Oral Health**

60% of 3- and 4-year-olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.

**The evidence**

Research evidence highlights that fluoride varnish is highly effective at reducing tooth decay if it is applied to teeth at least twice a year, when used in addition to daily toothbrushing with fluoride toothpaste. The target reflects the evidence laid out in SIGN 83 *Prevention and management of dental decay in the pre-school child* (2005) and SIGN 47 *Preventing Dental Caries in Children at High Caries Risk* (2000). Fluoride varnish has also been identified as an effective means of reducing tooth decay in several Cochrane Systematic Reviews (Marinho et al, 2002).

**Our initiatives in 2010/11**

HEAT 9 directs our attention to supporting the Childsmile programme, which is a national programme designed to improve oral health and reduce inequalities both in dental health and access to dental services. The Childsmile programme will be the primary mechanism through which fluoride varnish applications will be planned and delivered in NHS Boards. NHS Health Scotland will continue to support Childsmile in a number of ways:
• We will coordinate the delivery of localised awareness-raising activities to promote Childsmile in local communities and to facilitate an increase in registration of babies and young children.

• We will launch a newly revised Childsmile website www.child-smile.org The webpages will provide an accessible central hub for professional and public information on the Childsmile programme.

• We will publish a suite of practical resources for parents/carers and professionals to support the oral health HEAT target.

• We will continue to distribute copies of oral health resources, including First Teeth, Healthy Teeth and the DVD How to protect your child’s teeth.

• We will continue to provide ongoing support to the Childsmile National Programme Board and Resources Group.

**Partnership working**

All our work has been developed in partnership with Childsmile and others from local NHS Boards and a range of national groups and organisations.
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Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines, by 2010/11.

Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key staff in mental health and substance misuse services, primary care and A&E being educated and trained in using assessment tools and suicide prevention programmes by 2010.

Through smoking cessation services, support 8% of each board’s smoking population to successfully quit (as measured at one-month follow-up) over the period 2008–11.

Increase the proportion of newborn children exclusively breastfed at 6–8 weeks from 26.6% in 2006/7 to 33.3% in 2010/11.

Achieve the agreed number of inequalities-targeted cardiovascular health checks during 2010/11.

60% of 3- and 4-year-olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.