NHS Lanarkshire

Public Health 2015/16

The Annual Report of the Director of Public Health

Acknowledgements

I am grateful to the staff within the Department of Public Health for all their work over the year. I am also grateful for their continued commitment, and the commitment of NHS Lanarkshire and staff in other organisations, to public health in Lanarkshire.

I would like to thank all the contributors to this report and the members of the Editorial Committee – Lee Baird, Karen Lorenzetti, Regina McDevitt, Jacqueline Martin, Fiona O'Dowd, Femi Oshin, Josephine Pravinkumar, Tasmin Sommerfield, Bob Smyth and Derek York. My particular thanks to Derek for designing the report.

Finally, I would like to extend my thanks to all the organisations who work with NHS Lanarkshire to protect, maintain and improve the health of the public. This includes North Lanarkshire Council and South Lanarkshire Council, and North Lanarkshire Health and Social Care Partnership and South Lanarkshire Health and Social Care Partnership.

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Cover photo:
The 2016 Clydesdale Triathlon Festival took place at Carluke Leisure Centre on 24th May. The event was open to children in Primaries 5–7 from all Clydesdale primary schools. It was organised by South Lanarkshire Leisure & Culture as part of their ACE activities (Arts Culture Exercise). *The image is used with permission from South Lanarkshire Leisure & Culture*

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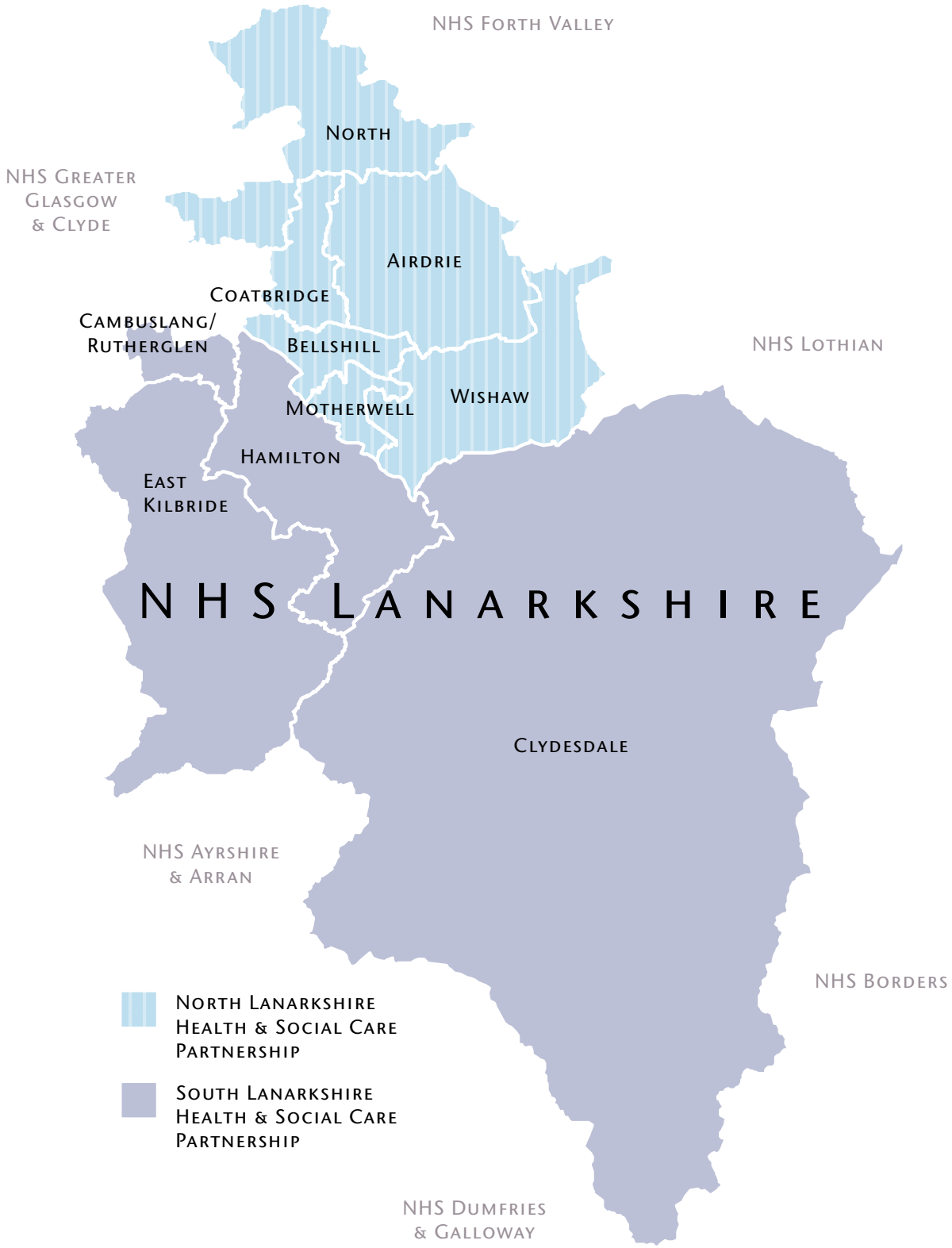
NHS Forth Valley
North
NHS Greater Glasgow & Clyde
Airdrie
Coatbridge
Cambuslang/ Rutherglen
Bellshill
NHS Lothian
Wishaw
Motherwell
Hamilton
East Kilbride
NHS Lanarkshire
Clydesdale
NHS Ayrshire & Arran
NHS Borders
North Lanarkshire Health & Social Care Partnership
South Lanarkshire Health & Social Care Partnership
NHS Dumfries & Galloway

Foreword

Public health is "the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society" (www.fph.org.uk/what_is_public_health). My report outlines how the health of Lanarkshire people is protected, maintained and improved.

For the first time, the full report will not be printed but be available electronically. My report covers:

- the health of the people of Lanarkshire
- health protection issues such the water quality incident in North Lanarkshire
- health improvement activities such as the Lanarkshire's relationship with alcohol
- oral health including services in HMP Shotts, and
- health services such as the Health and Social Care Partnerships which bring together social and health care.

There are three issues from the past year of which you will hear more in the future. In February the Lanarkshire hepatitis C patient notification exercise associated with a healthcare worker was undertaken and over 8,000 Lanarkshire patients were contacted.

NHS Lanarkshire's Healthcare Strategy 2016-25 highlights the challenges of providing safe, effective and person-centred health services as people live longer with multiple long-term conditions. It advocates prevention and self-management, health services to be provided in the home or community if possible, and admissions to hospital to be dealt with in more "centres of excellence".

In 2016 Dr Catherine Calderwood, Scotland's Chief Medical Officer started a debate about "realistic medicine". This challenges doctors, for example, to undertake more shared decision-making with patients, reduce harm and waste in health services, and reduce unnecessary differences in health services.

I welcome any comments you have on the report or requests for further information. Finally, I have always regarded it a privilege to serve the people of Lanarkshire and in this, my last Report, I wish you a healthy future.

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Director of Public Health

September 2016

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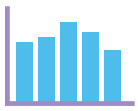
Snapshot: Lanarkshire Public Health

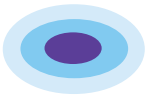


Population Profile

Lanarkshire's population is 654,490 and has increased in the last year by 1,190. By 2035, Lanarkshire's population will rise slightly overall but with 37,300 more people aged 75 and over.

Health Protection Update

The health protection service must continue to provide an effective service for Lanarkshire residents because communicable diseases and environmental hazards are important areas of work to protect people's health.



VRE Outbreak

VRE are bacteria from the gut which can cause serious infections. The risk of illness can be reduced by following infection control (like washing hands) and careful use of antibiotics. Incident management work brought the outbreak to a swift end.

Pandemic Influenza Planning

Many factors affect how health and social care services cope with the surge in demand during a pandemic (a large outbreak in a country or the world). Working with other agencies and public communications are crucial to deal effectively with a pandemic.

PREVENT Strategy

Terrorist attacks are rare in the UK, but extremists have tried to turn vulnerable people to violence. PREVENT is designed to identify individuals who are at risk. Agencies try to prevent and divert individuals away from criminal activity.

Water Quality Incident

An effective response was made to a major water quality incident affecting a large number of people in North Lanarkshire. Having plans and joint training exercises meant agencies were able to work together to protect people's health.

Lanarkshire's Relationship with Alcohol

Alcohol use in Lanarkshire, as in the rest of Scotland, is falling. However, there is still a burden to health and social care services. People living in the most deprived communities are more likely to be affected by alcohol (and drug) related problems.

Let's Make Lanarkshire Smoke-Free

Tobacco is still the biggest killer in Lanarkshire. It has a strong link with inequalities. All adults should act as positive role models against tobacco, whether they smoke or not. Prevention must be the main focus of our work with the child at the centre of it.

Weight Management Approaches

In Lanarkshire, about two thirds of adults and one third of children are overweight or obese. They are at greater risk of having diabetes, heart disease and some cancers. Preventing unhealthy weight gain in childhood should be core work in communities.

Preconception Care

Care before becoming pregnant helps improve pregnancy and birth results. The importance of preconception health and care is not widely recognised. Preparing for parent-hood (including preconception care) should be a core element of the school curriculum.

Orthodontics

A national survey in 2013 found that 37% of 12-year-old children needed orthodontic treatment but weren't getting it (treatment of irregularities in the teeth or jaws). A further 9% were undergoing treatment. To meet this need, local courses were organised for dentists to allow them to assess and refer children for treatment.

Health and Social Care Partnerships

The North and South Lanarkshire Health and Social Care Partnerships merge some NHS and council services. They will work to ensure health and social care act better together to improve wellbeing, support, and outcomes for individuals and communities.

Cancer Prevention

Taking part in cancer screening when you are invited helps protect against cervical cancer and allows early detection of breast and bowel cancers. Stopping smoking and managing your weight are important ways to reduce the risk of cancer.

No Health Without Mental Health

Mental health and well-being remains a significant public health priority. There is a need to maximise opportunities to develop mentally healthy communities provided through health and social care working together, including enhancing primary mental health care.

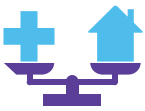
Population Screening

Screening programmes are offered to individuals before symptoms develop and provide opportunities to detect disease early, provide early intervention and, potentially, provide more effective treatment. A national review of all screening programmes in Scotland will start in 2016.

Oral Health Improvement in HMP Shotts

Access to dental care and oral health for prisoners in Shotts has improved. However, there is a need to continue to provide high quality dental care to prisoners and make sure waiting times for treatment are as short as possible.

Healthcare Strategy



People in Lanarkshire are living longer, but more have multiple long-term health conditions. The balance of care needs to change between hospitals, community services, health and social care. There must be a greater focus on prevention and self-management, and care provided at, or close to, home.

1.1 Population Profile

In this section the current population of NHS Lanarkshire is described and how the population is projected to change over the next twenty years is looked at. The number of births registered in Lanarkshire during 2015 is reported as well as data on life expectancy. Mortality information for specific diseases that cause the most deaths, in addition to total deaths is presented. Finally cancer registrations for 2015 are described. Detailed information on each area is included in the relevant section of the Statistical Appendix which users are referred to.

Population estimates and projections

The estimated population of the NHS Lanarkshire area on 30 June 2015 was 654,490. This is an increase of 1,190 from National Records of Scotland's (NRS) corrected population estimate for 2014.

The median age of the population was 42, similar to 41 for Scotland as a whole. Eighteen percent of Lanarkshire residents were aged less than 16, 63% were of working age, and 19% were of pensionable age. This was again similar to the Scotland average. There were 22,484 (1.07%) more women than men.

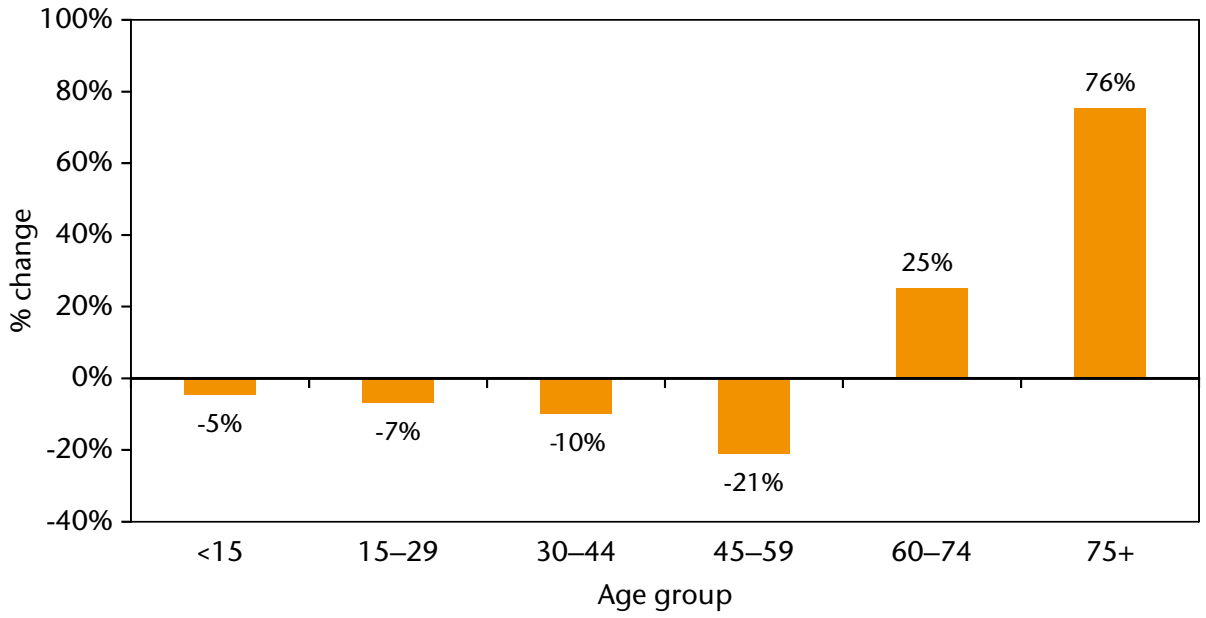
The latest projections of Lanarkshire's future population are based on estimates for 2012, and show that the population will rise about 1% in the next 10 years. Despite a slight reduction from 2025 to 2035, the population will still rise by about 1% overall in the 20 years from 2015. The projected change in the age structure of Lanarkshire's population between 2015 and 2035 is shown in Figure 1.1.1.

Key components in the changing Lanarkshire population are as follows:

- An increase of 36% in the population aged 75 and over is projected by 2025, and a further increase on the 2025 projected population of 29% by 2035. Overall this means a projected increase of 76% over the next twenty years, resulting in 37,300 more people aged 75 and over based on the 2015 figure.
- The largest fall in population will be in age range 45–59, with a projected decrease of 21% by 2035. In particular, in the 45–49 age group, a 25% decline is projected with an estimate of 12,695 less people in the next twenty years.

More details on population estimates and projections for Lanarkshire are provided in tables A2 and A3 in the Statistical Appendix.

Figure 1.1.1 Projected percentage change in the age structure of Lanarkshire's population, 2015–2035



Source: National Records of Scotland

Births

There were 6,901 live births registered among NHS Lanarkshire residents in 2015, a decrease of 3.2% from 2014. The number of stillbirths decreased from 35 in 2014 to 26 in 2015. The overall birth rate per 1,000 women aged 15-44 was 56.4 for Lanarkshire, higher than the Scottish rate of 53.4.

Over the three-year period 2013-2015, 99.7% of all babies born alive in Lanarkshire survived their first year. There was an average of 24 deaths per year, excluding stillborn babies. These deaths were similar to the level in Lanarkshire reported previously for the period 2012-2014. The infant death rate (deaths during first year of life) in Lanarkshire was 3.5 per 1,000 live births similar to the Scottish rate of 3.4 per 1,000 live births. Due to the small numbers involved, death figures among children aged one year or younger fluctuate from one year to the next.

Further information on births is shown in tables A4 and A5 in the Statistical Appendix.

Life expectancy

Life expectancy continues to increase in Lanarkshire. In the 10 years between 2002–2004 and 2012–2014, average life expectancy increased by 2.9 years for males (from 73.1 to 76.0 years) and by 2.3 years for females (from 78.0 to 80.3 years).

However, life expectancy is still below national levels; people in Lanarkshire live on average a year less than others in Scotland (men 1.1 years less and women 0.9 years). Compared to the UK as a whole, men in Lanarkshire die 3.1 years earlier and women 2.6 years earlier. This difference has increased over the last 10 years for men, but stayed roughly the same for women. Within Lanarkshire, life expectancy in South Lanarkshire is higher than in North Lanarkshire; men and women in the South live 1.2 years longer on average than those in the North.

Further information on life expectancy is shown in table A12 of the Statistical Appendix.

Deaths

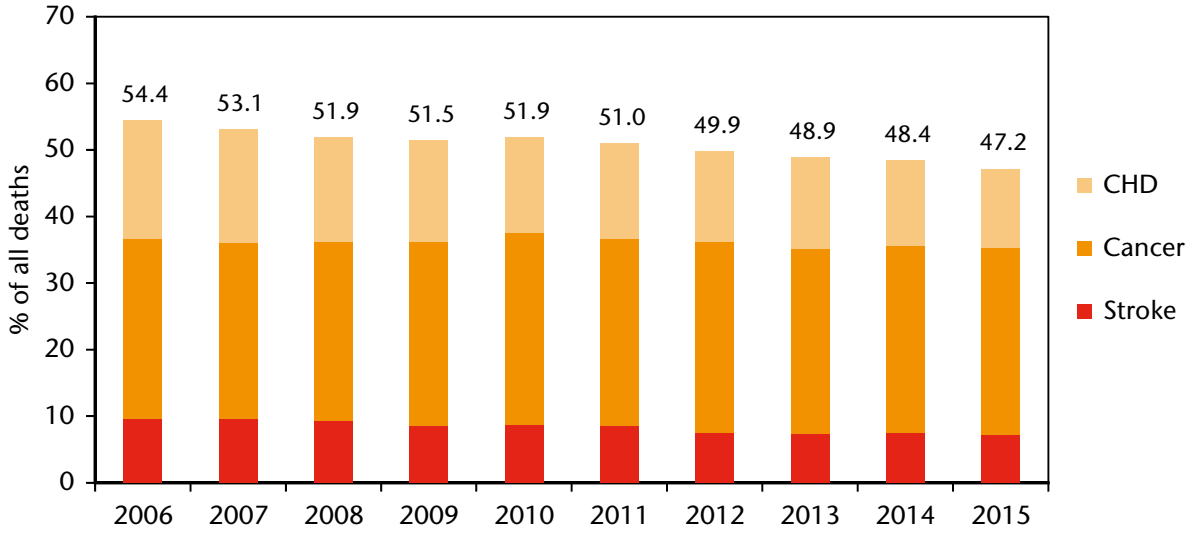
There were 7,121 deaths in NHS Lanarkshire in 2015, an increase of 433 (6.5%) compared to 2014. Overall standardised mortality ratios (SMRs) in Lanarkshire remain above the Scottish average for men and women and for those under 75 years and 75 years and over. Over the last 10 years, Lanarkshire's SMR has ranged from 7.8% (in 2009) to 12.1% (in 2007) above the Scottish rate, and in 2015 was 9.2% above. The relative difference between Lanarkshire and Scotland continues, with no evidence that the gap is narrowing.

There is wide variation in SMRs between the different localities in Lanarkshire, which reflects differences in deprivation levels. Wishaw which has a high level of deprivation (30.4% of data zones in Wishaw were in the 15% most deprived data zones in Scotland in 2012) had an SMR 56.4% above the Scottish rate for females aged less than 75 years. East Kilbride with no data zones in the 15% most deprived data zones in Scotland in 2012, had an SMR 15.5% below the Scottish rate for males aged less than 75 years.

There is a continuing reduction in the proportion of all deaths due to the so-called 'big killer' diseases of cancer, coronary heart disease (CHD) and stroke. Since 2012 they have accounted for less than 50% of all deaths and in 2015 the proportion fell further to 47.2%. Over the past 10 years, this proportion has decreased by 7.3% (from 54.4% in 2006), mostly due to a continuous decrease in deaths from coronary heart disease as shown in Figure 1.1.2. Deaths from CHD fell 19.1% from 1,044 in 2006 to 845 in 2015. In 2015, the 'big killer' diseases accounted for 3,359 deaths: individually cancer, CHD and stroke were responsible for 28.1%, 11.9% and 7.2% respectively of all deaths in Lanarkshire. Respiratory disease was also a significant cause of mortality in 2015, with 14.1% of all deaths.

More detailed information on mortality is provided in the tables and charts in A6–A11 of the Statistical Appendix.

Figure 1.1.2 Proportion of deaths caused by the 'big killer' diseases in Lanarkshire, 2006–2015



Source: National Records of Scotland

Key Points

- Lanarkshire's population increased from 2014 to 2015, and is projected to rise further in future years.
- Population projections for Lanarkshire indicate that there could be 37,300 more people aged 75 and over by 2035, an increase of 76%.
- Life expectancy is increasing in Lanarkshire but remains, on average, a year less than in Scotland as a whole.
- There were 7,121 deaths in Lanarkshire in 2015. Deaths rates in Lanarkshire remain above the Scottish average.
- Less than half of all deaths in Lanarkshire were due to the so-called 'big killer' diseases of cancer (28.1% of all deaths), coronary heart disease (CHD) (11.9%) and stroke (7.2%).

The statistics in this section were obtained from local analysis of data supplied by National Records of Scotland (NRS) or directly from NRS information published online at www.nrscotland.gov.uk/statistics-and-data

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2.1 Health Protection Update

The health protection service provided by the Department of Public Health, NHS Lanarkshire is a frontline service delivered by a dedicated Health Protection Team (HPT), which includes and is supported by administrative staff, a clinical support worker, nurses, Pubic Health Registrars, Specialists and Consultants.

Emergency planning, readiness and response

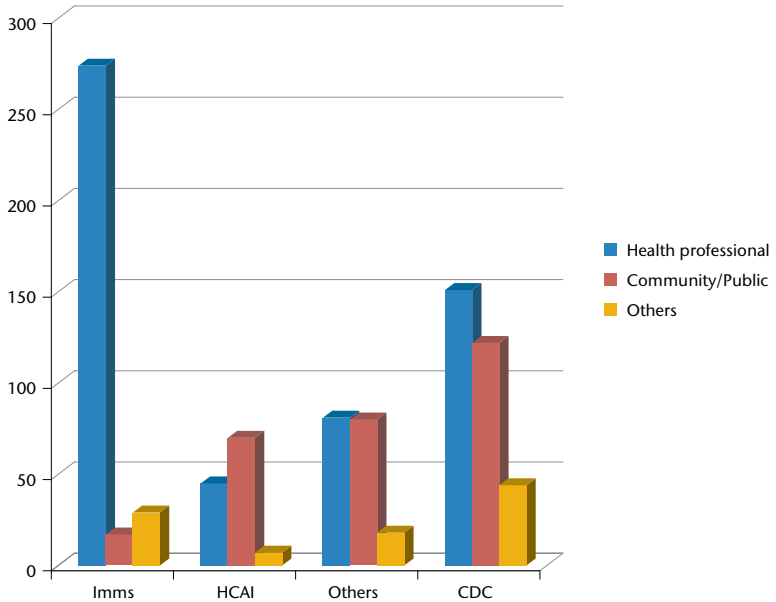
The functions of the HPT include responsibility for ensuring the health board and residents of Lanarkshire are ready to respond to emergencies that threaten the health of their population. This role includes working closely with multi-agency partners and the Scottish Government, maintaining a community risk register, developing and managing a suite of emergency and incident plans, conducting regular exercises and coordinating effective response to incidents and emergencies affecting or threatening the local population.

Communicable diseases and environmental hazards

The team also receive notifications of diseases of public health importance from medical laboratories, registered medical practitioners, hospital clinicians and other sources both within and outwith Scotland. These notifications, which are received on behalf of the two Lanarkshire local authorities, are then risk assessed for potential wider population health risks and necessary steps and actions are then taken to mitigate any identified risks.

In 2015, the HPT received 816 enquiries with 62% of these coming from health professionals and 27% from non-health callers including members of the public. Overall, the subject of about 80% of the enquiries received was equally split between immunisation (Imms) and communicable disease control (CDC), with a further 15% of calls relating to potential community infection control and healthcare associated infections (HCAIs).

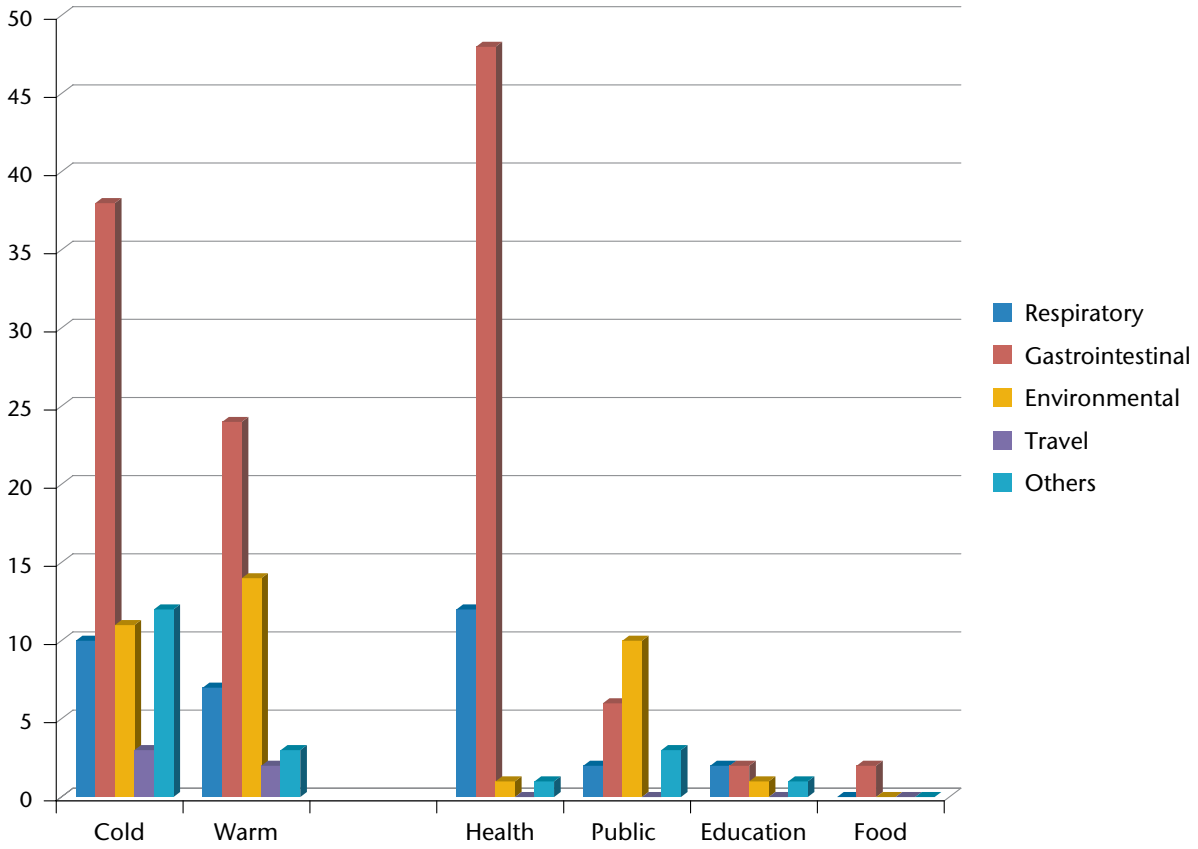
Figure 2.1.1 Number of cases notified to HPT, by total, gender, place of residence and topics, Jan–Dec 2015



Source: HPZone, NHS Lanarkshire

In the same period, the HPT also responded to 123 situations or incidents requiring special measures to manage. Fifty-six percent of these incidents affected healthcare-type premises like care homes and hospitals, 14% affecting general public access sites and locations and only 5% involving educational premises. Of these 123 situations, 50 occurred in the warmer months, May–October, with the colder months, November–April, seeing nearly a 50% increase in managed incidents with 73 incidents. This pattern of increase in the number of managed incidents from the warmer to the colder months was reflected in the type of incidents – respiratory and gastrointestinal infections, except for environmental hazards, which recorded similar numbers in both periods.

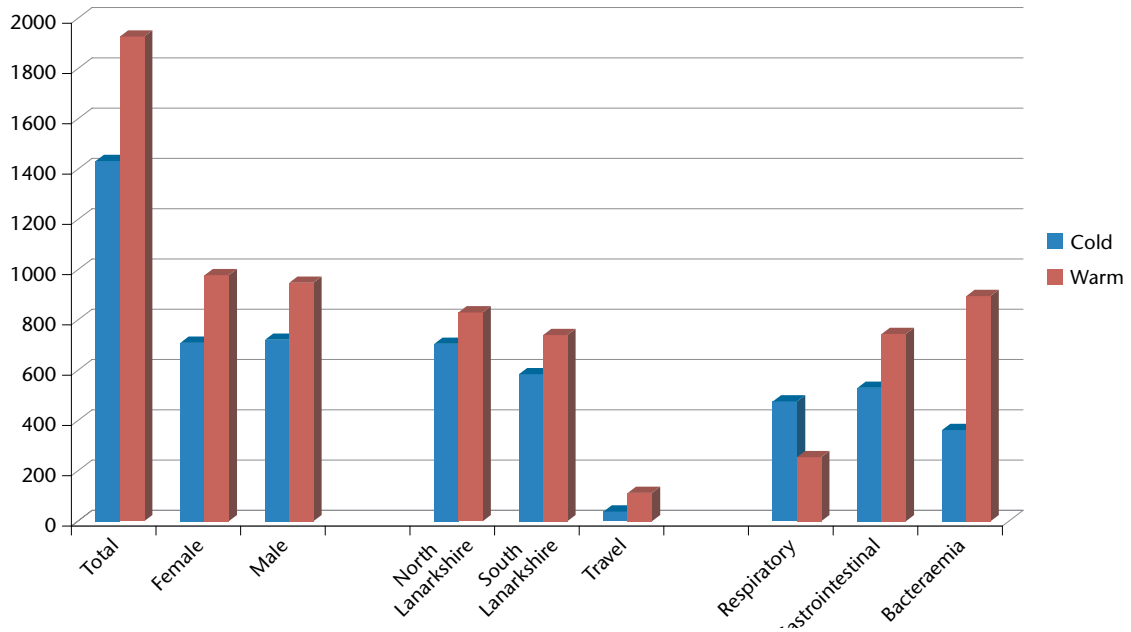
Figure 2.1.2 Number of incidents managed by HPT, by topic, affected premises and season of incident, Jan–Dec 2015



Source: HPZone, NHS Lanarkshire

In 2015, the HPT received and managed 3,361 notifications of diseases of public health importance. Of these notifications, there were no gender differences with 49.7% male and 50.3% female cases. Thirty-seven percent of the notified cases were resident in the South Lanarkshire area compared to 42% of cases from North Lanarkshire. As expected, there was a 66% increase in the number of travel-associated diseases notified in the warmer months, May–October, compared to the colder months, November–April. Also in the warmer months, we received 29% more notification of gastrointestinal diseases compared with the colder months, and 47% more respiratory disease notifications in the colder months compared to the warmer months. The HPT received 60% more notifications, in the warmer months compared to the colder months, of bacterial infections with potential to cause healthcare associated (blood) infections.

Figure 2.1.3 Number of enquiries to HPT, by type of callers and topics, Jan–Dec 2015



Source: HPZone, NHS Lanarkshire

Key Points

- The health protection service is a frontline service provided by the Department of Public Health.
- Emergency planning continues to form a key aspect of the health protection service.
- Communicable diseases and environmental hazards are significant areas of work for health protection with seasonal variation observed in reported communicable disease.

Priorities for Action

- Ensure that the health protection service continue to provide an effective service for Lanarkshire residents.
- Ensure that NHS Lanarkshire and stakeholders, public and private, are prepared to respond to health protection incidents of significant impact.

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2.2 Vancomycin Resistant Enterococci (VRE) Outbreak: Monklands District General Hospital (MDGH) 2014

In November 2014, a third patient (over a period of eight weeks) from Ward 16 (Haematology) at MDGH developed Vancomycin Resistant Enterococci (VRE) infection. This represented a significant increase in VRE incidence when compared to five clinical cases of VRE across five different wards at MDGH for the whole of 2013. An initial problem assessment group (PAG) reviewed the situation and instigated immediate control measures. A further PAG was held, followed by three incident management teams (IMTs) before the outbreak was declared over in February 2015.

Enterococci are bacteria commonly found in the human gut and urinary system as commensal organisms and these are the most frequent sources of clinical infection. Two strains are particularly susceptible to developing antimicrobial resistance, specifically to Glycopeptides (which include Vancomycin).

The risk of infection is influenced by both intrinsic and extrinsic factors.

Intrinsic factors include:

- Existing presence of Enterococci in the gut
- Underlying disease
- Suppressed immunity

Extrinsic risk factors include:

- Inappropriate prescription of antimicrobials
- Invasive devices
- Surgery
- Environmental reservoirs of the bacteria (contamination)
- Poor compliance by staff with standard infection control precautions

The PAGs and IMTs addressed additional infection control measures, epidemiological investigation, laboratory testing, invasive device management, antibiotic risk management, quality of the ward fabric, and internal and external communication. A total of 8 clinical cases (infections) and 8 colonised patients across three wards were identified between 1 September 2014 and 12 January 2015. All cases had significant underlying disease.

A series of learning points and recommendations were made by the IMT.

Recommendations

1. Health Protection Scotland (HPS) should feedback to Scottish Government Health Department (SGHD) on the limitation of re-grading the Hospital Infection Incident Assessment (HIIA) scoring tool.
2. NHS Lanarkshire should prioritise the acquisition of an electronic alert organism surveillance system to aid with early identification of HAI clusters and outbreaks.
3. Due consideration should be given to a) the joint clinical and microbiology business case to secure additional laboratory resource to facilitate patient screening and early detection of issues in high risk settings and b) to a business case to permit essential enhanced sampling/ screening during incidents or outbreaks.
4. The Infection Prevention and Control Team (IPCT) should continue the process of rolling out the revised infection prevention and control (IPC) audit systems and processes.

5. The estate risk registers should be actively reviewed and acted upon.
6. Effective communication and levels of training should be maintained between ward domestics, domestic managers and ward charge nurses in respect of the use of chlorine based disinfectants.
7. The responsibility for the regular cleaning of Patient Line equipment should be clearly assigned to staff groups and regular effective cleaning should be maintained.

Key Points

- VRE may cause severe infection, leading to death, in people whose immunity is low.
- Strict adherence to standard infection control procedures and careful antibiotic use reduce the chances of infectious illness.
- Effective incident management brought the outbreak to a swift conclusion.

Priorities for Action

- Acquisition of an electronic alert organism surveillance system. Subsequently it was agreed that enhanced surveillance in other ways would be undertaken.
- Roll out the revised IPC audit systems and processes.
- Communication and training in respect of the use of chlorine-based disinfectants.

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2.3 Pandemic Influenza Planning

Background

An influenza pandemic (pandemic flu) is considered to be one of the highest public health risks for the UK. Its unpredictable nature and potential severity necessitates planning with the development of suitable, flexible plans that require testing on a regular basis.

In 2015, NHS Lanarkshire participated in the nationally coordinated Exercise Silver Swan, to test national pandemic flu preparedness, and also held a pre-exercise event to review local preparation and plans.[1]

Exercise Silver Swan consisted of a series of table top exercises held across Scotland and focused on four specific areas, namely Health and Social Care, Excess Deaths, Business Continuity and overall Coordination nationally.

Objectives of the health and social care event

The objectives of the health and social care event of Exercise Silver Swan were to:

- Improve arrangements within NHS Boards and partners to respond to a significant pandemic influenza outbreak, and
- Exercise aspects of the planning arrangements of NHS Boards in Scotland and relationships with primary and social care partners.

Participants

Participants included NHS boards, health & social care partnerships and primary care. National organisation representatives from Scottish Government, Health Protection Scotland (HPS), Scottish Ambulance Service, NHS 24, NHS National Procurement, the National Distribution Centre and Police Scotland also provided valuable input.

Exercise scenario

The exercise scenario assessed participants' response to emerging pandemic cases and preparation for the peak periods. Broader information on the development of the pandemic and modelled forecasts of case numbers, hospitalisations, GP consultations, antiviral collections, ICU cases, staff absence and fatalities by NHS Board and local authority area, was provided in advance of the exercise.

The exercise focused on key areas such as surge capacity, staff absence: impact and response, health and social care interdependencies, antiviral distribution and personal protective equipment (PPE).

Exercise report

The report has identified the following key themes for taking forward the recommendations on each of the areas tested:

1. Pandemic influenza planning and priority setting
2. Coordination of the response
3. Staff capacity and redeployment
4. Public communications
5. Supply chain interdependencies
6. Mass fatalities – body storage and system capacity
7. Antivirals
8. Personal Protective Equipment

The NHS Lanarkshire pandemic influenza plan is in the process of being updated based on the key recommendations of the report.

Key Points

- A number of factors will affect the ability of primary care, acute services and wider social care to cope with the surge in demand for services and effectively reprioritise them during a pandemic.
- The exercise highlighted the need for having plans that are scalable for different levels of pressure on services.
- Multi-agency coordination is essential to maximise the utilisation of skills from within and across other organisations with plans to ensure staff welfare, sustainability of deployment arrangements and adequate support mechanisms.

Priorities for Action

- The multi-agency response arrangements for an influenza pandemic should be clarified through the Regional Resilience Partnership (RRP).
- NHS Lanarkshire, with input from HPS and the RRP, should review plans for distribution of PPE including identification of prioritised key staff and groups and ensure fit testing procedures are in place and being followed.
- Review arrangements for public communications at local and national level to engage with the public during a pandemic.

References

1 Exercise Silver Swan, Overall Exercise Report, Scottish Government (2016).

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Acknowledgements:
NHS Lanarkshire Pandemic Influenza Planning Group

2.4 PREVENT Strategy

Over the last few years there have been a number of groups and individuals who have used terror tactics in Europe to try to further their aims. These include extreme right-wing individuals like Anders Breivik who murdered 77 Norwegians and the Scottish National Liberation Army used bombs and chemicals as part of an anti-immigration ideology. Others include some animal rights groups, and Irish militants, both republican and loyalist. Currently the Government believes that the greatest threat comes from the ideology associated with Islamist extremist groups, such as the so called Islamic State or Daesh.

The UK Government's strategy for countering terrorism, CONTEST[1] is delivered via four main work streams[2] focusing on:

- PURSUE – Improving our understanding of terrorist networks, tracking and disrupting their activities and bringing them to justice.
- PREVENT – Disrupting terrorist activities and countering factors leading to violent extremism and terrorism.
- PROTECT – Protecting the public and national interests through better protective security.
- PREPARE – Reducing the potential harm caused by terrorist attacks.

Under *The Counter Terrorism and Security Act (2015)*, all health boards, have a duty to have "due regard to the need to prevent people from being drawn into terrorism".[3] This is reflected within the NHS Scotland PREVENT guidance, "Playing our Part", published in January 2015.[4]

The PREVENT strand (of CONTEST) seeks to stop residents in Scotland, particularly those who are vulnerable for example due to health problems, from becoming involved in violent extremism. There have been a number of cases where extremists both abroad and in the UK have sought to involve vulnerable individuals in violence.[5]

PREVENT aims to support Boards to:

- Raise awareness amongst staff about 'radicalisation' and about possible associated behavioural changes which might indicate that an individual was being influenced by extremists;
- Take appropriate action at various levels within the organisation and with partner agencies to stop staff and/or patients from being radicalised and exploited; and
- Ensure staff respond appropriately when concerns are identified.

In NHS Lanarkshire, the PREVENT lead is the Director of Public Health.

A PREVENT action plan was approved by the NHS Lanarkshire Corporate Management Team in 2015. This provides a proportionate response to PREVENT within the board, recognising the wide range of national and local priorities which compete for resources in the NHS. This includes confirming the PREVENT referral arrangements and PREVENT training in NHS Lanarkshire.

NHS Lanarkshire liaises with partner agencies regarding PREVENT and participated in a review of progress in implementing PREVENT undertaken by the Scottish Government Health Resilience Unit in March 2016.

Key Points

- Terrorist attacks are rare in the UK, but extremists have sought to involve vulnerable people in violence.
- PREVENT is designed to identify individuals who are at risk of being influenced by violent extremists, and by taking a multi-agency approach, to divert them away from criminal activity. It aims to engage with individuals before they have become involved in violent crime.
- It seeks to protect the individual and the wider society as part of the Board's "Safeguarding" role.

Priorities for Action

- Confirm PREVENT referral arrangements.
- Introduce PREVENT training for selected NHS staff including:
  - An e-learning package
  - Workshops to Raise Awareness of PREVENT (WRAP) for staff that have contact with patients who are considered to be more vulnerable to being influenced by violent extremist ideology.

References

1 CONTEST: The United Kingdom's Strategy for Countering Terror ism, July 2011

2 Counter Terrorism. www.gov.scot/Topics/archive/law-order/crimes/counterterrorism (accessed 7th September 2016).

3 Counter Terrorism and Security Act 2015; UK legislation www.legislation.gov.uk/ukpga/2015/6/contents/enacted (accessed 29 July 2016).

4 Playing Our Part; Implementing the Prevent Strategy Guidance for Health Boards, January 2015 NHS Scotland Resilience www.readyscotland.org/media/1116/playing_our_part-_prevent_strategy-guidance_for_health_boards_-_january_2015.pdf (accessed 29 July 2016).

5 Report of conviction relating to terrorist grooming of vulnerable person www.telegraph.co.uk/news/uknews/terrorism-in-the-uk/11639291/Callous-teenage-terrorist-jailed-for-grooming-Aspergers-man-to-carry-out-Lee-Rigby-style-attack.html (accessed 8 September 2016).

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2.5 North Lanarkshire Water Quality Incident

Introduction

On Wednesday 17 June 2015 a hydrocarbon water quality incident occurred which resulted in a "Don't Drink, Cook or Wash" water restriction advice notice being issued to the residents of 6,085 properties in Chapelhall, Newhouse, Carfin and New Stevenson in North Lanarkshire. Residents were subsequently advised on Friday 19 June morning that they could use water for all purposes. Discoloured water affected approximately 14,000 properties in the areas of Bellshill, Mossend and Holytown, however, no restriction on water usage was advised in these areas.

Management of the incident

An Incident Management Team (IMT) with representatives from NHS Lanarkshire, Scottish Water, Health Protection Scotland and North Lanarkshire Council implemented the Scottish Waterborne Hazard Plan, assessed potential health risks and advised on actions to take.

A "Don't Drink, Cook or Wash" advice notice and details of alternative water supplies were delivered overnight on 17/18 June to the residents of the 6,085 properties that were potentially exposed. Scottish Water carried out extensive flushing throughout the water supply zone with concentrated flushing in areas potentially exposed to hydrocarbon contamination of the water.

Risk assessment

The risk to public health was assessed as low based on the total hydrocarbon levels in the water, the absence or very low level of benzene and benzo-a-pyrene in water samples, the relatively short exposure period, the lack of evidence of any microbial contamination, and the general downward trend in hydrocarbon levels in the water over the course of 18 June suggesting that flushing was effective. NHS24 reported nine calls related to water quality in North Lanarkshire on 18 June.

Provision of information and water

Information was provided by Scottish Water by delivery of leaflets, loud hailer vans, email distribution lists, and through its website and social media (Twitter and Facebook).[1] The health protection team provided GPs with information and advice. There was extensive coverage of the incident by the media. Scottish Water distributed over 700,000 litres of bottled water and provided 59 static water tanks.

Services affected

North Lanarkshire Council closed seven schools for two days. No NHS premises were significantly affected.

Cause and incident report

The most likely cause was back-siphonage of oil-based substances from a water storage tank in an industrial estate. A detailed report was produced by Scottish Water and submitted to the Drinking Water Quality Regulator for Scotland.

Key Points

- An effective and efficient response was made to a significant hydrocarbon water quality incident affecting a large number of residents.
- Well developed incident plans and related joint training exercises enabled an effective multi-agency response to be made.
- Root cause analysis identified how the incident could have been prevented and a remediation plan was developed and implemented.

Priorities for Action

- Scottish Water should continue to implement its industrial bylaws inspection programme.
- Scottish Water should consider how graphical information about incidents can best be made available to partner agencies.
- Joint water incident exercise training events should continue to maintain and develop knowledge, skills and relationships.

References

1 Scottish Water website. www.scottishwater.co.uk (accessed 8 July 2016).

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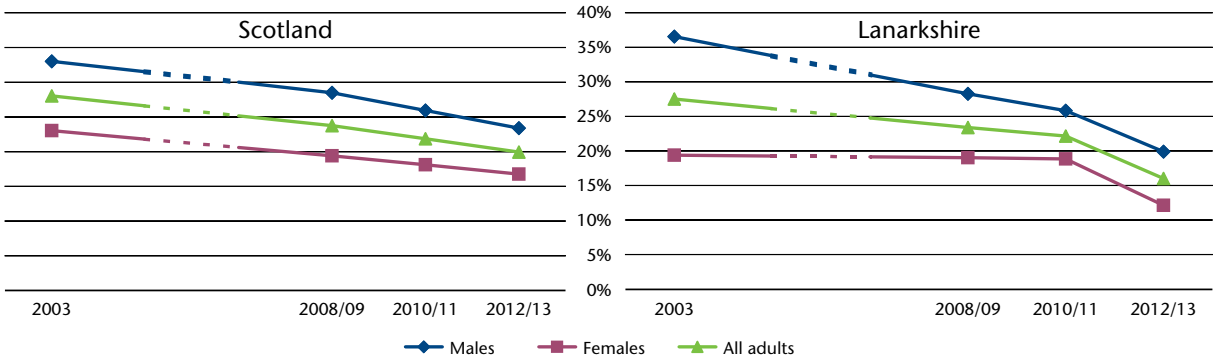
3.1 Lanarkshire's Relationship with Alcohol

Our challenge

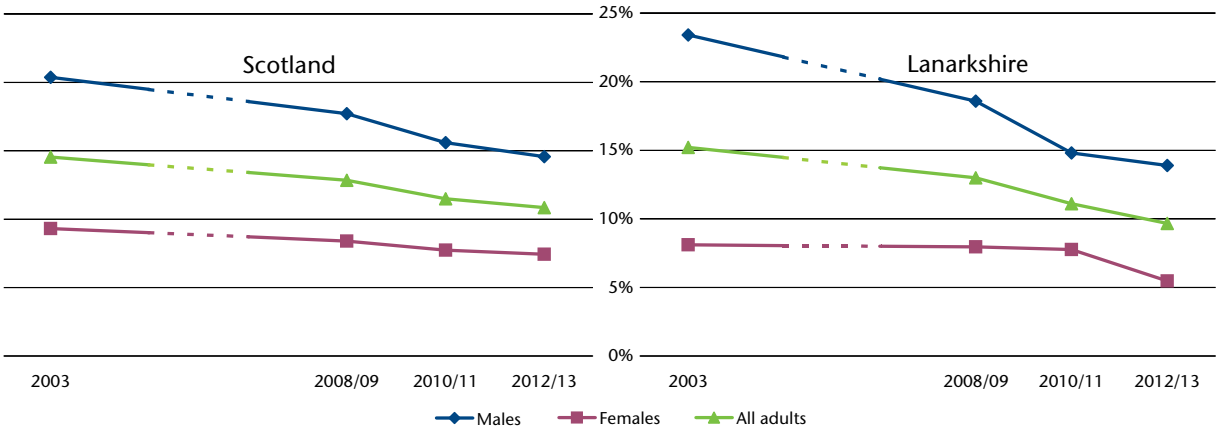
Levels of alcohol consumption in Lanarkshire, as in the rest of Scotland, are falling. Fewer people are exceeding weekly drinking guidelines and the mean units of alcohol consumed are falling, both for men and women.[1] See Figures 1 and 2.

Figure 3.1.1 Proportion of adults exceeding guidelines on weekly alcohol consumption



Source: Scottish Health Survey, 2003–2013

Figure 3.1.2 Mean units of alcohol consumed per week



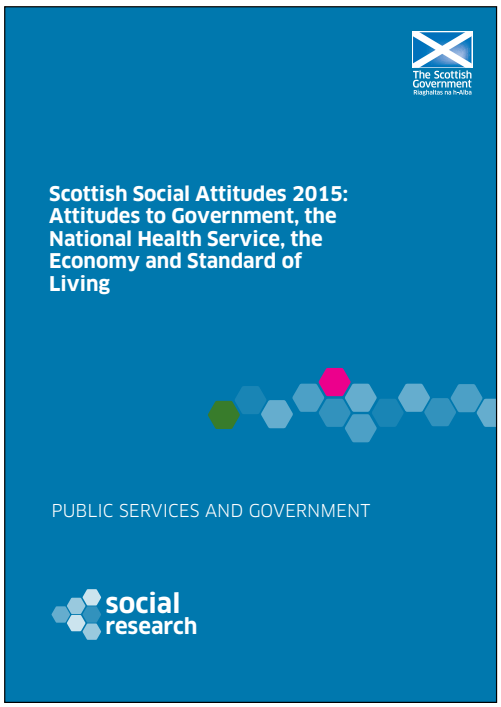
Source: Scottish Health Survey, 2003–2013

Whilst this is a welcome trend it does mask a greater tendency in Lanarkshire to exceed daily drinking guidelines, an indicator of binge drinking.[2] Forty-nine percent of men and 38% of women in Lanarkshire were found to exceed daily recommended limits (4 units for men, 3 units for women) on their heaviest drinking day.[2] These are greater than the Scottish averages (43% and 34% respectively) and are higher than any other health board area in Scotland.

In general, people struggle to understand the recommended unit guidelines. The *Scottish Social Attitudes Survey* (2013) showed that only around half of all adults in Scotland were able to correctly identify the number of units in a pint of beer, measure

of spirits or a glass of wine.[3] Around two of every five adults were able to correctly identify the recommended daily alcohol limits and just one in five knew that guidelines recommend at least two alcohol-free days per week.

There are some notable differences in trends in alcohol consumption amongst different age and gender groups.[4] In recent years, data suggested that young men in Lanarkshire were drinking at worrying levels, approaching twice the weekly consumption seen on average in Scotland. Similarly, women in their 40s and 50s living in Lanarkshire were seen to be consuming more alcohol on average than elsewhere in Scotland. The latest data suggests that both these trends appear to have improved and consumption levels in these groups are now more in line with national averages.[4] Unfortunately, the latest data also shows a significant increase in the levels of alcohol consumed amongst older women in Lanarkshire. Whilst levels are currently within the recommended guidelines, the rate of increase is considerably greater than that seen nationally and could suggest a worrying trend in the future.



Excessive alcohol consumption can affect both physical and mental health. It is directly related to the incidence of the majority of chronic liver disease in Scotland today. The burden to health and social care services is therefore considerable. In Lanarkshire the rate of alcohol-related hospital stays currently exceeds that for Scotland.[5] The trend in the number of patients being admitted to hospital for alcohol-related reasons has, for many years, followed a similar pattern to that seen across Scotland. In recent years however, Lanarkshire has seen a shift from the national trend. Whilst the number of individuals being admitted to hospital has continued to fall nationally, Lanarkshire has seen an increase in these figures. Rates in South Lanarkshire continue to sit just under the national average but rates in North Lanarkshire have now exceeded this.[5]

Deaths from alcohol-related causes have always been a particular problem in Scotland when compared with other European countries. However, over the last decade the number of alcohol-related deaths in Scotland has been falling.[6] This trend has also been seen in Lanarkshire. Despite this, the rate of deaths directly attributable to alcohol-related causes, such as liver disease, continues to be higher in Lanarkshire than in Scotland overall.[7] There are differences in the rate of alcohol-related deaths in men and women.[8] The rate of death from alcohol-related causes is currently around twice as high in Lanarkshire males as in Lanarkshire females.[8] This is not surprising given the greater consumption seen amongst men than women. However in recent years, the rate of deaths has fallen amongst men in Lanarkshire at a similar rate to the rest of Scotland. Unfortunately, we have not seen this same degree of improvement in the death rate amongst women.

Young people

In general, young people in Scotland are using alcohol at lower levels than in the past.[9] Data shows that the proportion of 15 year olds reporting drinking regularly has fallen by more than 20%, from 46% in 2000 to 19% in 2014.[9] The same pattern has been seen in Lanarkshire. However, in North Lanarkshire the figure is higher than the Scottish average at 21%. Fewer young people in Scotland now believe that it is acceptable to get drunk at the weekends (18–29 year olds: 53% in 2004 to 40% in 2013) indicating that attitudes to excessive alcohol consumption are changing.[10]

Inequalities: The link between deprivation and health

The accumulation and concentration of adverse socio-economic circumstances can cause inequalities, particularly in health. Areas that have a greater incidence of socio-economic deprivation, indicated by for example lower employment rates and lower income, often have poorer health outcomes. These inequalities affect parts of both North and South Lanarkshire, but are particularly prevalent in North Lanarkshire. Nearly 24% of all data zones in North Lanarkshire fall within the 15% most deprived in Scotland compared with 13.3% in South Lanarkshire.[11,12] This means that an estimated 77,000 people are living in areas of multiple deprivation in North Lanarkshire and a further 40,000 people in South Lanarkshire.

Over the life course, a complex combination of circumstances may impact on an individual's health. The cumulative effect of disadvantage across the life course, from birth to adulthood, can influence health outcomes and lead to health inequalities. Alcohol related health outcomes are worse in areas with greater socio-economic deprivation.[13] Rates of alcohol-related death are far greater in more deprived areas of Lanarkshire than in more affluent areas.

Lanarkshire ADP 2015–2018 Strategy

The *Lanarkshire ADP 2015–2018 Strategy* focuses on a life course perspective (our early years, teenage years and adulthood (including parenthood and our later years)). This means that at every stage of life we have the right supports in place to help people receive the right kind of interventions when and where they need it. In short, we want to ensure that there are individualised and comprehensive services across the lifespan with supports, treatment and care services anchored in our local communities. Thus we have a renewed emphasis on:

Promoting the development of a recovery orientated system of care within our communities by:

- Ensuring that care pathways for adults in distress are improved and that there are appropriate systems in place within primary care, our acute hospitals, ambulance and police services which offer compassionate support.
- Aligning peer support and mutual aid opportunities to existing support structures which promote mental well-being within each of our local towns and villages.
- Making sure that family members who experience a problem are offered support in their own right.
- Embedding the implementation of alcohol brief interventions within our primary care, mental health, midwifery and acute services and expanding this provision within our most deprived communities, criminal justice and police custody suites.
- Working with our community safety partners to reduce the impact of health inequalities and crime.
- Ensuring offenders have access to a full range of supports which will increase their recovery capital and enhance their emotional well-being.

Safeguarding and promoting the interests of children and young people affected by substance misuse by:

- Retaining a focus on improving the lives of children and young people affected by substance misuse. This will include work to support parents/prospective parents with drug or alcohol problems to understand the importance of good attachment with their children.
- Continuing to improve outcomes for pregnant women/new mothers with substance misuse issues and their families.
- Maintaining support for grass roots initiatives that use a range of interventions to engage young people and tackle inequalities.
- Fully implementing the delivery of alcohol brief interventions within youth settings.
- Continuing to deliver the Strengthening Families Programme within the North Lanarkshire Council area and expand and roll the programme into South Lanarkshire.
- Increasing support for those young people who have complex issues including substance use and mental health problems related to trauma and attachment issues as well as increasing multi-agency training, consultation and care planning around this same group of young people.
- Maintaining support for young people who, on release from custody are able to re-integrate fully into community life.
- Exploring and developing systemic and family therapeutic work.

Providing support to individuals (including parents, prisoners and older people), with alcohol and/or drug related problems by:

- Promoting engagement in treatment and care services by enhancing motivation, building psychological resources and skills which foster community links.
- Commissioning evidence based psychological therapies which are trauma informed.
- Having a renewed emphasis on health and well-being outcomes within our health and social care provision.
- Improving the quality of service provision and the use of a validated recovery outcome tools, including the Alcohol & Drug Outcome Star, to measure progress over time.
- Expanding the use of the Promoting Well-being Assessment, Strengthening Families and Solihull approach within our alcohol and drug services.
- Safeguarding the most vulnerable members of our communities including those who continue to experience problems in later life.

Key Points

- Levels of alcohol consumption in Lanarkshire, as in the rest of Scotland, are falling. However, the burden to health and social care services is still considerable.
- In Lanarkshire the rate of alcohol-related hospital stays exceeds that for Scotland.
- People living in the most deprived communities of Lanarkshire are more likely to be affected by alcohol (and drug) related problems.

Priorities for Action

- Promote the development of a recovery orientated system of care within our communities.
- Safeguard and promote the interests of children and young people affected by substance misuse.
- Provide support to individuals (including parents, prisoners and older people) with alcohol and/or related problems.

References

1 ScotCen Social Research. *Scottish Health Survey 2003–2013*. UK Data Service 2015. https://discover.ukdataservice.ac.uk/series/?sn=2000047 (accessed 11 August 2016).

2 Scottish Government. *SHeS HB Tables 2008–2011 revised* (17 July 2013). www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/healthboard2011xls (accessed 11 August 2016),

3 ScotCen Social Research. *Scottish Social Attitudes Survey 2013*. UK Data Service 2015. http://dx.doi.org/10.5255/UKDA-SN-7519-2 (accessed 11 August 2016).

4 ScotCen Social Research. *Scottish Health Survey 2003–2013*. UK Data Service 2015. https://discover.ukdataservice.ac.uk/series/?sn=2000047 (accessed 11 August 2016).

5 ISD Scotland. *Alcohol-related hospital statistics – all alcohol-related conditions*. https://isdscotland.scot.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2015-10-13/2015-10-13-ARHS-FY2014-15-Tables-AllAlc.xlsx (accessed 11 August 2016).

6 ScotPHO. Heatlh & Wellbeing Profiles – Deaths from alcohol conditions. https://scotpho.nhsnss.scot.nhs.uk/scotpho/homeAction.do (accessed 11 August 2016).

7 ScotPHO. *CLD mortality rates – NHS Boards*. www.scotpho.org.uk/downloads/cld/cld-mortality-NHS-board.xlsx (accessed 11 August 2016).

8 ISD Scotland. *Alcohol-related deaths, males vs. females, as a rate per population*, information request reference number IR2015-00354.

9 ISD Scotland. *Scottish Schools Adolescent Lifestyle and Substance Use Survey 2000–2014*. www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Alcohol_Tables (accessed 8 September 2016).

10 ScotCen Social Research. *Scottish Social Attitudes Survey 2013*. UK Data Service 2015. http://dx.doi.org/10.5255/UKDA-SN-7519-2 (accessed 8 September 2016).

11 Scottish Governement. *SIMD 2012 Local Authority Summary – North Lanarkshire*. www.gov.scot/Resource/0041/00410737.pdf (accessed 8 September 2016).

12 Scottish Governement. *SIMD 2012 Local Authority Summary – South Lanarkshire*. www.gov.scot/Resource/0041/00410746.pdf (accessed 8 September 2016).

13 NHS Lanarkshire. *Alcohol related deaths by deprivation quintile for persons aged <75 across Lanarkshire and Scotland*, reference 15-006, 2015.

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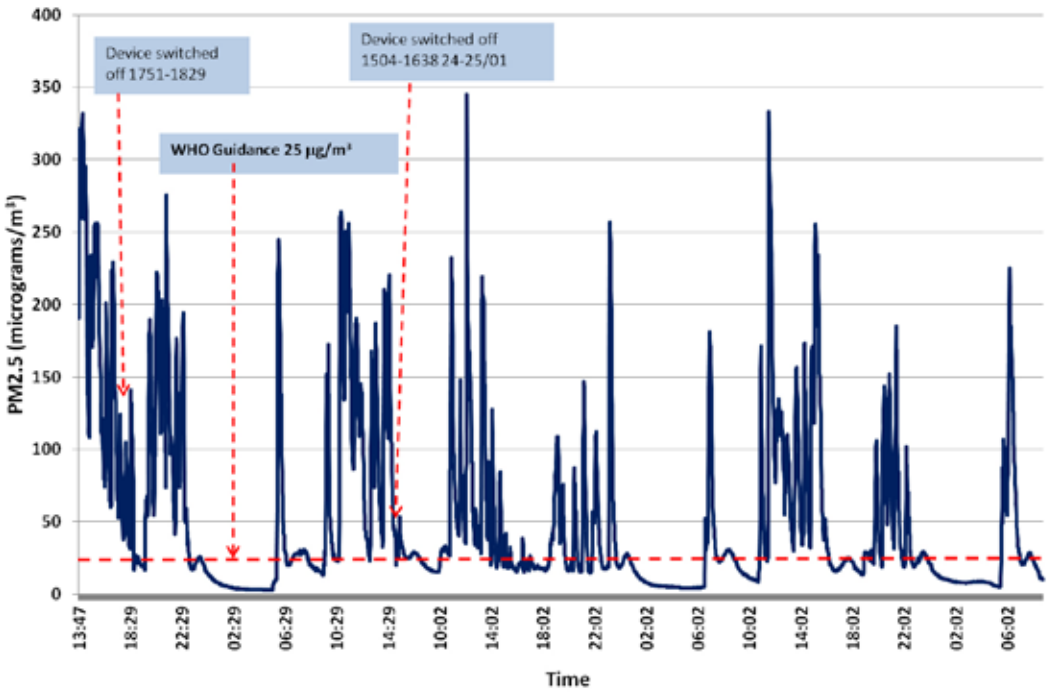
3.2 Let's Make Lanarkshire Smoke-Free

Background

Tobacco is still the main cause of preventable ill health and death in Lanarkshire. Every year approximately 3,000 people in Lanarkshire die because of a smoking related illness.[1] The *Smoking, Health and Social Care* (*Scotland*) *Act 2005* (*Prohibition of Smoking in Certain Premises*) Regulations 2005 led to an indoor ban on smoking in public places in 2006 and has directly contributed to a significant reduction in the number of heart attack admissions to hospital; reduced childhood asthma admissions to hospital; and fewer premature births.[2–5] However, approximately 11% of Scottish children are still exposed to the harmful effects of second hand smoke (SHS) in their home each year.[6] In response to this, the Scottish Government has set a target to reduce this to 6% by the year 2020.

Lanarkshire has a strong record for tobacco control. A review of the Lanarkshire Tobacco Control Strategy (2012–15) highlighted key successes.[7] These successes included: work targeted at vulnerable young people at risk from starting to smoke; peer education projects for young people; opt-out services for pregnant women; cessation services in Shotts Prison; tobacco resources for nurseries and schools and second-hand smoke campaigns that raised awareness of the dangers of exposure to children's health. Health improvement staff and First Steps Workers from NHS Lanarkshire are currently working with researchers from Aberdeen and Edinburgh Universities on an air quality study that measures the levels of SHS in the home and helps identify the barriers and challenges parents face to creating a smoke-free home. This is the biggest study of its kind in the world and its results will, it is hoped, help us support parents and care givers to make their homes smoke free and in turn protect children. The graph below is an example of the information given to families involved in the study, after their indoor air quality has been measured. The peaks are where the levels of toxins from SHS are at their highest and the red dotted line shows the current recommended levels from the World Health Organisation.

Figure 3.2.1 Air quality measurements within a family home using air quality monitoring device



In addition, NHS Lanarkshire provides free Stop Smoking Services that offer group and one-to-one support for those who want to quit the habit. We have great success stories from smokers who have quit using the services.

Our Aim: A Tobacco-free Lanarkshire

In 2013 the Scottish Government set an ambitious target of reducing the prevalence of adult smoking in Scotland to 5% by 2034. In Lanarkshire, we have our part to play in helping Scotland to become smoke-free by taking bold action; by demonstrating strong leadership and importantly that every one of us becomes a positive role model for children against tobacco. We can all do our bit in helping to meet this target whether we smoke or not. If you smoke, it is important to think about quitting now; conceal your cigarettes from children and never smoke in front of them; make your own home and car smoke free. If you have successfully stopped smoking, support others to stop; if you work or live with a smoker; encourage them to at least think about stopping. If you work with young people, tell them about the dangers of tobacco and more importantly, talk to them about the many benefits of never starting to smoke.

The New Lanarkshire Tobacco Control Strategy

The new *Lanarkshire Tobacco Control Strategy* (*2016–2021*) will look clearly to the future and the vision of a smoke free society. The focus of the new strategy will be on putting children first; with a call to action for adults to be positive anti-smoking champions and positive role models, whether they smoke or not. Smoking prevalence in young people is, thankfully, at an historic low and fewer Lanarkshire children are starting to smoke. The focus of this new strategy will be firmly on prevention and protection from second-hand smoke, but also recognises the need for services that help people to quit. The strategy will recognise the important contribution that can be made by our partners from the statutory and third sectors, and an approach, which maximises the existing strengths in our communities, will be used to create a smoke-free Lanarkshire.

We have much to be proud of in Lanarkshire regarding tobacco prevention and stop smoking activities and have strong foundations upon which to implement

future actions. For example, the partnership project "Smoke Free - North & South Lanarkshire" now in its fifth year, has a dedicated team of highly trained youth workers, who work with vulnerable young people on tobacco issues. The aim of this project is to help prevent young people from starting to smoke by involving them in programmes that educate, challenge and discuss tobacco topics in a youth friendly way.

Electronic Nicotine Devices (ENDs) a.k.a. E-cigarettes

We know from *Health Scotland's position statement on e-cigarette use in NHS Scotland* (*November 2015*) that e-cigarettes have developed relatively recently as a range of consumer products that may have a place in helping smokers quit smoking. We know that more people are using e-cigarettes to try and quit tobacco. On the whole, the evidence of the effectiveness of e-cigarettes as a cessation aid, compared with other medicinal treatments (such as gum and patches) is mixed, but some new research indicates that e-cigarettes may be as effective. NHS Lanarkshire will continue to monitor the evidence of effectiveness of the use of e-cigarettes and adapt service models accordingly and provide behavioural support to people who wish to use them as a cessation aid.

Our Priorities

People who live in poorer communities are more likely to smoke and a key area for urgent action is the need to reduce this inequality. Inequalities are therefore a key theme that will run through the new Tobacco Control Strategy, with an increased focus on targeting those communities at greatest risk of unequal health outcomes. Tobacco use in our local communities contributes to the cycle of deprivation and this affects the health and wellbeing of our children and prevents them from reaching their full potential. The challenges are clear – we need bold, innovative action if we are to reduce morbidity and mortality from smoking.

Children are at greater risk from the damaging effects of second-hand smoke because their bodies are still developing. As a result, they are more likely to suffer the health problems it causes. Every year 9,500 children in Scotland are admitted to hospital because of the effects of second-hand smoke. Reducing the prevalence of smoking, helps reduce the risk of diseases like pneumonia, bronchitis, asthma and a range of other conditions. A non-smoking adult or an adult who successfully quits smoking is a positive role model for children and young people.

The priority groups in the new strategy will be:

- Children and young people
- Pregnant women
- Those living in disadvantaged areas
- People with mental health problems
- Prisoners
- People with long term and life threatening diseases
- Unemployed people
- All smokers, on admission to hospital, with issues relating to respiratory, vascular, cardiac, diabetes, mental health, maternity and cancer.

Workforce Development

The new tobacco control strategy will call for a workforce that is skilled, confident and knowledgeable on prevention, protection and cessation and who can recognise the importance of tackling inequalities and evidencing practice. The workforce for tobacco control will be all workers within the range of partnership organisations who are working together to achieve the ambitions of the strategy. The new Health and Social Care Partnerships will be a key vehicle for driving the changes required. The value of the workforce of the future will also be recognised and students will be encouraged to take up experiential

workplace placements within areas of tobacco control.

Everyone who has a remit for tobacco control, whether it is the whole or part of their role, will also act as positive anti-tobacco role models.

Evidence and Improvement

The importance of building evidence into practice is paramount. The ambition of the tobacco control strategy will require robust governance, monitoring, evaluation and quality improvement from within each partner organisation.

Appropriate methods for monitoring, evaluation and project planning will be encouraged and the main objective will be to learn from all elements of tobacco control activity, whether they are deemed successful or not. The main focus is to learn and to understand where interventions worked and where they didn't work, in order to make appropriate changes.
The model for improvement will be adopted to test changes and accelerate improvement to processes and outcomes. The model for improvement consists of three key questions:

- What are we trying to accomplish? **(Aims)**
- How will we know change is an improvement? **(Measures)**
- What changes can we make that will result in improvement? **(Selecting changes)**

Throughout the implementation of the strategy, on-going consideration will be given to building an evidence base of good practice by regularly reviewing published research. Achieving and reporting on targets is a key ambition of this strategy and to support the monitoring and reporting of these targets, a data measurement plan will be developed. This will enable the identification of new and emerging trends and enable a response to them.

Efficiency

The years which the strategy spans (2016–2021), are set to be the most challenging years for Health and Social Care Partnerships. The challenge for tobacco control is to continue to provide high-quality, safe, effective and person-centred care and services, as well as prevention and protection programmes of work, within a tighter financial package, ensuring value for money and return on investment.

Key Points

- Tobacco remains our biggest killer in Lanarkshire.
- There is a strong link between tobacco and inequalities.
- Smoking prevalence amongst young people is at an historic low.

Priorities for Action

- All adults need to act as positive anti-tobacco role models, regardless of whether they smoke or not.
- Prevention must be the main focus of our tobacco work and should put the child at the centre.
- NHS Lanarkshire and our partners must demonstrate strong leadership and bold action on tobacco to help reduce the inequalities that exist in our communities.

References

1 Scottish Public Health Observatory Online Profiles Tool website. https://scotpho.nhsnss.scot.nhs.uk/scotpho/homeAction.do (accessed 16 August 2016).

2 Scottish Government website - The Smoking, Health And Social Care (Scotland) Act 2005 (Prohibition Of Smoking In Certain Premises) Regulations 2005. www.gov.scot/Publications/2005/03/20827/54293 (accessed 16 August 2016).

3 Pell JP, Haw S, Cobbe S, Newby DE, Pell AC, Fischbacher C, McConnachie A, Pringle S, Murdoch D, Dunn F, Oldroyd K, Macintyre P, O'Rourke B, Borland W. Smoke-free legislation and hospitalizations for acute coronary syndrome. NEJM, 2008; 359: 482-91 www.ncbi.nlm.nih.gov/pubmed/18669427 (accessed 16 August 2016).

4 Mackay D, Haw S, Ayres JG, Fischbacher C, Pell JP. Smoke-free legislation and hospitalizations for childhood asthma. NE JM. 2010 ; 363:1139-45. www.ncbi.nlm.nih.gov/pubmed/20843248 (accessed 16 August 2016).

5 Mackay DF, Nelson SM, Haw SJ, Pell JP. Impact of Scotland's smoke-free legislation on pregnancy complications: retrospective cohort study. PLoS Med. 2012; 9(3): e1001175. www.ncbi.nlm.nih.gov/pubmed/22412353 (accessed 16 August 2016).

6 Scottish Government website – The Scottish Health Survey 2014. www.gov.scot/Publications/2015/09/6648/318764 (accessed 11 August 2016)

7 NHS Lanarkshire website. Lanarkshire Tobacco Control Strategy 2012-2105. www.nhslanarkshire.org.uk/boards/Archive/2012-board-papers/Documents/June/Lanarkshire-Tobacco-Control-Strategy-2012-2015--June-2012-Board.pdf (accessed 11 August 2016).

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3.3 Weight management approaches in Lanarkshire

Introduction

Seventy-one percent of the adult population in Lanarkshire is overweight (including those who are obese); 74% of males and 68% of females. Obesity (body mass index (BMI) of 30 or more) in males is 30% (26% in Scotland) and 34% among females (29% in Scotland).[1] Almost a quarter (23.6%) of pregnant women are obese at the antenatal booking appointment.[2]

Scotland also has a severe and well established problem with overweight and obesity in childhood with recent figures demonstrating that 31% of Scottish children aged 2–15 years old were overweight including obese in 2014.[3] Within Lanarkshire, 19.9% of primary 1 children were already classified as at risk of overweight (including obesity) for the 2014/15 school year.[4] This problem is more pronounced in socioeconomically disadvantaged groups and in older children across all economic groups.[3]

Obesity increases the risk of developing a range of chronic conditions, such as type 2 diabetes, heart disease and some cancers, and can lead to premature death.[5] In addition to the personal cost of reduced life expectancy, obesity generates significant (avoidable) costs to the NHS and wider Scottish society.

Lanarkshire continues to portray a picture of inequalities with life expectancy in some areas outstretching that of its more deprived communities. These inequalities are evident across a number of indicators with deprivation being closely linked to increased overweight and obesity prevalence. Overweight and obesity is caused by many interconnected factors which are well established including increased portion sizes, increased availability of cheap, easily accessible, energy dense foods and societal factors which limit levels of habitual physical activity including active travel, play and active recreation. The result of these interconnected factors is the obesogenic environment that we now live in.

The 2007 Foresight Report on Tackling Obesities predicted that by 2050, 60% of adult men, 50% of adult women and about 25% of all children under 16 could be obese, not counting those who are also overweight.[6] Since then it has been argued that these figures are an underestimate. This is clearly an area of concern for Community Planning Partnerships (CPP) and should be considered a public health priority. With many describing obesity as an epidemic, action must be taken on a number of fronts and in partnership.

Policy context

The Scottish Government Outcomes Framework 2016-17 sets out a defined outcome to support effective prevention of unhealthy weight gain through adult and child healthy weight interventions. It requires NHS Boards to tackle the unsustainable burden arising from poor diet and obesity through interventions for at risk individuals and families that stabilise or reduce weight gain; and promotion of health literacy within communities and at risk groups to navigate the obesogenic environment.[7]

The Single Outcome Agreements (SOA) for both North and South Lanarkshire highlights healthy weight as a priority area.[8,9] The SOA for North Lanarkshire aims to increase the number of people making healthier choices and achieving a healthy weight. The SOA for South Lanarkshire makes specific reference to the percentage of children that are overweight in primary 1 and sets a target to maintain the 10 year average of 19.1%.

The Lanarkshire Healthy Weight Strategy[10] and the associated Obesity Health Needs

Assessment set the direction of travel for both preventative and treatment services until 2020 in line with the NHS Lanarkshire 'A Healthier Future: A Framework for NHS Lanarkshire Strategic Health Planning 2012 to 2020'.11 This framework sets out how NHS Lanarkshire will continue to work in partnership with both North and South Lanarkshire Leisure Trusts and Councils to deliver a range of interventions to address adult and child weight management in line with national guidance.

Cost of obesity in Lanarkshire

The Foresight Report predicted the additional costs of elevated BMI on NHS spending based on additional morbidity associated with rising prevalence of obesity to account for an increasing proportion of NHS budgets in future years.[6] The Foresight Report predicted the percentage of total NHS spending on obesity related conditions would be 9.1% in 2015, 11.9% in 2025 and 13.9% in 2050.

If the Foresight Report figures are applied to the NHS Lanarkshire budget and the annual resource limit remains the same then overweight and obesity would account for £86.6m in 2015, £113.3m in 2025 and £132.3m in 2050.

It should also be noted that these figures only relate to direct healthcare spending, e.g. cholesterol and high blood pressure medications, and do not include additional costs associated with areas such as reduced work productivity, additional sickness absence or social care costs.

Direct weight management approaches for young people and adults

A range of programmes and services are in place to support people in Lanarkshire to make choices relating to active lifestyles and a healthy diet. Weigh to Go (WtG) is a free adult weight management programme which runs in community, leisure and workplace venues across Lanarkshire for those aged 16 and over. These groups focus on learning about diet and behaviour change and providing physical activity sessions over a 15 week block, but participants can continue for longer if they wish. A specialist individual support option has been developed to provide one to one interventions on the same topics for severely overweight individuals. In addition, a Telehealth intervention is being developed to support individuals who are unable to access group programmes.

The initial results of WtG demonstrated that more than 60% of participants lost weight during the programme and 8.4% lost more than 5% of their body weight (5% is deemed realistic and beneficial). Moreover, 14% of participants moved into a lower weight category e.g. from obese to overweight or from overweight to a healthy weight status. It should be noted that these findings are based on the initial version of WtG based on 10 week blocks but WtG has now been increased to 15 weeks and it is anticipated this will produce greater weight loss within a greater percentage of participants. In addition, a Healthy Lifestyle in Pregnancy service is also available for

obese pregnant women which provides support for healthy choices and weight management throughout pregnancy and following childbirth.

Currently the child healthy weight programme in Lanarkshire is focussed on supporting children and young people, alongside their families, to lead healthy active lives that support their health and wellbeing. The approach taken is based on developing the knowledge and skills necessary to make positive healthy lifestyle choices to prevent unhealthy weight gain and the associated health implications. Community approaches are based around the Healthy Families programme which is a universal service designed to support all nursery and lower primary school aged children and their families to eat well and be active together. Work within the school curriculum is based on the Healthy Schools approach which supports teachers with health and wellbeing education throughout the full academic year, every year from nursery to primary 7. In addition, Telehealth interventions are being developed for upper primary school aged children alongside their families and also for teenagers to support them to make positive lifestyle choices at home and in the community.

The early evaluation results of Healthy Schools show that it has increased children's understanding of health and wellbeing and improved attitudes towards healthy eating and physical activity compared to children in schools that are not using this approach.

These approaches to support children, young people and adults to achieve and maintain a healthy weight status are currently in place but if they are to promote changes to improve health at a population level in Lanarkshire then they require CPP support to expand their scale and scope.

Key Points

- In Lanarkshire, approximately two thirds of adults and one third of children are overweight or obese.
- Obesity related conditions, such as type 2 diabetes, heart disease and some cancers, were predicted to account for 9.1% of total NHS spending in 2015 and will rise to 11.9% in 2025 and 13.9% in 2050.
- Obesity disproportionately affects socioeconomically disadvantaged populations.

Priorities for Action

- Implementation of the Lanarkshire Healthy Weight Strategy across both North and South Lanarkshire CPPs.
- CPPs take co-ordinated action on a number of fronts to challenge the obesogenic environment.
- Adult weight management interventions and approaches to prevent unhealthy weight gain in childhood are integrated as core work by CPPs in home, community, workplace and education settings.

References

1 Scottish Government. Scottish Health Survey 2012-2014 Health Board Analysis. www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications (accessed 11 August 2016).

2 Information Services Division. Births in Scottish Hospitals 2015. www.isdscotland.org/Health-Topics/Maternity-and-Births/ (accessed 11 August 2016).

3 Scottish Government. Scottish Health Survey 2014. www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey (accessed 15 June 2016).

4 Information Services Division. Primary 1 Body Mass Index Statistics Scotland (2014/15) www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-02-16/2016-02-16-P1-BMI-Statistics-Publication-2014-15-Report.pdf (accessed 11 August 2016).

5 Scottish Government. Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. Edinburgh: Scottish Government, 2010.

6 Government Office for Science. Foresight. Tackling Obesities: Future Choices – Project Report (2nd Edition). London: Government Office for Science, 2007.

7 McLaughlin, C. Letter from Scottish Government Health Finance Directorate to Health Boards. 2016-17 Outcomes Framework, Confirmation of Defined Outcomes and Performance Management Arrangements, 3 March 2016.

8 North Lanarkshire Partnership. Community Plan 2013–2018 Single Outcome Agreement. North Lanarkshire Partnership, 2013.

9 South Lanarkshire Partnership. Single Outcome Agreement 2013–2023. South Lanarkshire Partnership, 2013.

10 NHS Lanarkshire. Lanarkshire Healthy Weight Strategy. NHS Lanarkshire, 2016 (in draft).

11 NHS Lanarkshire. A Healthier Future: A Framework for NHS Lanarkshire Strategic Health Planning 2012 to 2020. NHS Lanarkshire 2012.

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3.4 Improving Preconception Care in Lanarkshire

Background

The early years of children's lives are critical in shaping future health outcomes. Maternal health before and during pregnancy impacts on the health of children long after infancy.[1] Preconception care is the provision of medical, behavioural and social health interventions to women and couples *before* conception occurs, to promote positive pregnancy and birth outcomes.

The Lanarkshire Profile

In Lanarkshire, women of childbearing age form 19% of the population.[2] Uptake of folic acid supplements before conception is poor; worsened by deprivation, low maternal age and lack of understanding about its importance.[3] Maternal obesity (BMI ≥ 30kg/m2 at antenatal booking) is higher in Lanarkshire than in Scotland (19.7% and 18.1% respectively) and is a likely contributor to increasing rates of induction, caesarean section, postpartum haemorrhage and large for gestation babies.[4] Almost one fifth of women are smokers at antenatal booking. Smoking in pregnancy is associated with premature birth (around 7% in Lanarkshire).[4] Many women consume alcohol before pregnancy and some whilst pregnant.[3] No data were available on the incidence of foetal alcohol spectrum disorder (FASD), which is potentially a significant public health issue.

Evidence of Effective Interventions

A limited range of evidence-based preconception care interventions are available. Folic acid supplementation, weight management and smoking cessation interventions were shown to be effective in the preconception period.[5,6,7] Evidence on interventions to reduce or eliminate alcohol consumption prior to or during pregnancy was limited.[8] Good evidence of effectiveness of drug misuse interventions exists.[9] There was limited evidence on screening and interventions for mental health in the preconception period, other than for women with pre-existing mental health conditions.[10]

Stakeholder Views

Qualitative focus group research was employed to gather the views of professionals (n=27) working with women of childbearing age, and this included GPs, practice nurses, health visitors, family nurses, guidance teachers and youth workers.

A range of good practice in the delivery of preconception care interventions was identified although practice was inconsistent across and between professional groups. The Family Nurse Partnership (FNP) programme demonstrated its strength. FNP offers intensive support for teenage first-time mothers to give children the best possible start in life. Improvements were identified across all professions and better alignment with the evidence base is required. Challenges to improvement included: lack of awareness of what preconception care is and its importance; levels of unplanned pregnancy; professional knowledge, capacity and consistency of practice; and individuals seeking and acting upon preconception care advice.

Areas for improvement were identified such as building on Curriculum for Excellence, better communication, targeted interventions and capitalising on existing opportunities for preconception care. Training for professionals to improve knowledge and consistency of practice and ensuring equitable yet targeted services is essential to tackle health inequalities. Increasing awareness of preconception care through marketing and use of practical learning tools was considered key to encouraging individual compliance with advice and interventions.

Key Points

- Preconception care supports improved pregnancy and birth outcomes.
- Awareness of the importance of preconception health and care is poor.
- Delivery of preconception care in Lanarkshire requires improvement across professions.

Priorities for Action

- Research findings discussed with key stakeholders.
- Improvement work focused on FASD, maternal obesity and mental health and wellbeing.
- Preparation for parenthood (including preconception care) becomes a core element of the school curriculum.

References

1 Posner SF, Johnson K, Parker C, Atrash H, Biermann J. The National Summit on preconception Care: A Summary of Concepts and Recommendations. *Maternal Child Health J*. 2006; 10:S197-S205.

2 NHS Lanarkshire. *NHS Lanarkshire Public Health 2013/14: The Annual Report of the Director of Public Health*. NHS Lanarkshire, 2014.

3 Health and Social Care Information Centre. Infant Feeding Survey 2010. www.hscic.gov.uk/catalogue/PUB08694 (accessed 27 July 2016).

4 ISD Scotland. Births in Scottish Hospitals. Year Ending 31st March 2014. www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/ (accessed 27 July 2016).

5 US Preventive Services Task Force. *Folic Acid for the Prevention of Neural Tube Defects: US Preventive Services Task Force Recommendation Statement*. AHRQ Publication No. 09-05132-EF-2, May 2009.

6 Amorim Adegboye AR, Linne YM. Diet or exercise, or both, for weight reduction in women after childbirth. *Cochrane Database of Systematic Reviews* 2013, Issue 7. Art. No.: CD005627. DOI: 10.1002/14651858.CD005627.pub3.

7 US Preventive Services Task Force. *Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women: Reaffirmation Recommendation Statement*. AHRQ Publication No. 09-05131-EF-1, April 2009.

8 Stade BC, Bailey C, Dzendoletas D, Sgro M, Dowswell T, Bennett D. Psychological and/or educational interventions for reducing alcohol consumption in pregnant women and women planning pregnancy. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD004228. DOI: 10.1002/14651858.CD004228.pub2.

9 US Preventive Services Task Force. *Screening for Illicit Drug Use: US Preventive Services Task Force Recommendation Statement*. January 2008.

10 National Institute for Health and Care Excellence (NICE). *Clinical guideline 192. Antenatal and postnatal mental health: clinical management and service guidance*. London: NICE, 2014.

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3.5 Cancer Prevention

Background

Cancer screening programmes for breast, cervical and bowel cancer provide excellent opportunities for cancer prevention and early detection.

Taking part in cancer screening every time you are invited helps protect against these cancers. Vaccination against certain infections, like human papilloma virus (HPV), also has an important role in cancer prevention in specific groups.

Lifestyle too has a critical role in cancer prevention with four out of 10 cancers prevented by following a healthy lifestyle.[1]

The most important lifestyle factors to pay attention to are:

- not smoking,
- aiming for a healthy weight,
- being active and
- not drinking too much alcohol.

Brief interventions (an approach used to encourage changes in unhealthy behaviours like smoking) are important to draw attention to unhealthy behaviours, explain why they are not healthy and provide (or signpost towards) support to change.[2]

Brief interventions are likely to be most successful when patients have had a health scare, like finding a breast lump or having a positive bowel screening result, but can be beneficial at all stages in the cancer pathway.[2] Health professionals need to be skilled in the use of brief interventions and need to be flexible in their approach to engage individuals. The Prochaska and DiClemente model helps professionals identify where individuals are along the pathway towards being able to make successful change. Behaviour change is not likely to work where individuals are not ready.

Primary prevention

Primary cancer prevention is where it is possible to stop cancer from starting in the first place.

Cervical screening is an example of this as it can detect changes in the cells of the cervix (neck of the womb) allowing them to be removed before they turn into cancer.

As far as lifestyle factors are concerned, stopping smoking is the single most important action in primary prevention of cancer. In non smokers, it is reducing our weight if we are overweight or obese. Forty nine percent of all bowel cancer is a result of high red meat intake, high levels of alcohol, being overweight and taking little or no exercise.[1] Forty two percent of all breast cancer is a result of being overweight, high levels of alcohol and low levels of exercise.[1]

Secondary Prevention

Secondary prevention is where action is taken to slow development of a cancer or stop it coming back. In all of the cancer screening programmes, the aim is to pick up cancer at the earliest stages possible, often before any symptoms are present, when treatment can be most successful. This approach improves cancer survival.

As far as lifestyle factors are concerned, there is growing evidence that eating a plant based diet, maintaining a healthy weight and getting regular physical activity may help stop breast cancer coming back.[3,4] The best current advice for any patient who has had cancer is to follow the Cancer Research UK top tips for a healthy lifestyle.[5]

Key Points

- Taking part in cancer screening every time you are invited helps protect against cervical cancer and allows early detection of breast and bowel cancers.
- Lifestyle has an important role in cancer prevention: stopping smoking and managing your weight are the most important things you can do to reduce your risk.
- Brief intervention is important to support and enable lifestyle change.

Priorities for Action

- Maximise uptake of cancer screening programmes.
- Staff training in behavioural change and brief intervention should be rolled out.
- Staff should look for opportunities to deliver brief lifestyle interventions.
- Supporting healthy lifestyle among staff is also critical.

References

1 Parkin DM, Boyd L, Darby SC et al. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *British Journal of Cancer* 2011;105:supplement 2 Si-S81.

2 Flocke SA, Clark E, Antognoli E et al. Teachable Moments for health behaviour change and intermediate patient outcomes. *Patient and Education Counselling* 2014;96(1):43-49.

3 Tao MH et al. Association of overweight with breast cancer survival. *Am J Epidemiol* 2006;163(2):101-7.

4 Stull VB, Snyder DC, Demark-Wahnefried W. Lifestyle interventions in cancer survivors: designing programmes that meet the needs of this vulnerable and growing population. *J Nutr* 2007;137(1 Suppl):243S-248S.

5 Cancer Research UK. Ten Top Tips for a healthy weight based on scientific evidence. http://publications.cancerresearchuk.org/downloads/Product/Ten%20Top%20Tips%20Amended%20FEB12_Layout%201.pdf (accessed 26 May 2016).

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Oral Health

4

4.1 Oral Health Improvement and Dental Services in HMP Shotts

Background

NHS Lanarkshire Public Dental Service (PDS) took over responsibility for the dental service in HMP Shotts in November 2011. Prior to this date the dental service was provided by an independent contractor on behalf of the Scottish Prison Service (SPS).

Dental Service Prior November 2011

One dentist and one dental nurse attended one day per week and the demand for dental care far exceeded the service capacity. This resulted in a service focussed mainly on pain relief and dealing with dental emergencies. As a result routine dental treatment was only carried out opportunistically. Patients who had routine appointments often had these postponed to allow the dentist to deal with dental emergencies.

The lack of capacity resulted in a large number of complaints from prisoners. Complaints were often about the length of wait for an appointment, the long gap between appointments which resulted in a long time to complete a treatment plan and the temporary nature of dental treatment.

Dental Service Post November 2011

The followings actions were taken to help ensure that prisoners receive a high quality, more accessible, and proactive dental service:

- Increased the number of dentist sessions in a stage manner from two to eight sessions per week.
- Introduced a team of dental nurses to support reliable service delivery.
- Introduced an electronic patient record system.
- Introduced a digital x-ray system.
- Established a preventative programme delivered by oral health educators working with prisoners in the Halls.
- Transferred decontamination of instruments to an external provider.
- Introduced a system to record and track requests for appointments.
- Introduced a dental hygienist in May 2014 for two sessions per week.
- Installed a more reliable dental chair.

These changes allowed more treatment to be provided and waiting times for routine appointments fell to six weeks and emergency request were seen within a week. The number of complaints has fallen dramatically since NHS Lanarkshire took over responsibility for providing the dental service in HMP Shotts.

Issues

The number of patients that are treated depends on the efficient escorting of prisoners by SPS staff to the dental clinic. Clinics often start late and appointment time is lost as a result of escort-related issues. A greater number of patients could be treated each day if SPS could improve the flow of patients to the dental clinic.

Key Points

- Access to dental care for prisoners in Shotts has improved.
- Complaints have reduced.
- Procedures and protocols have been put in place to improve health and safety for staff and patients.

Priorities for Action

- Continue to work with the SPS staff and management to ensure that prisoners are escorted to and from the dental surgery in a manner that makes best use of the dental team's time and facilitates the delivery of an effective, efficient and economical service and maximises the number of prisoners treated each day.
- Continue to work on developing the administration and record keeping system in line with best practice and share relevant information with the SPS Staff and Management.
- Continue to provide high quality and appropriate dental care to prisoners, ensure waiting times for treatment as short as practicable and manage the expectations of prisoners.

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4.2 Orthodontics

Orthodontics is the dental specialty concerned with disturbances of the positions of the teeth (malocclusion) and the jaws that support them. The need for treatment is dependent upon the risk factors for future oral health associated with malocclusion, the appearance of the teeth and the self-perceived need of the patient. Stability and long-term care also must be taken into consideration, as well as the risks to oral health from side effects of the treatment.

In Scotland, the prevalence of malocclusion and need for orthodontic treatment cannot be estimated accurately due to the absence of epidemiological studies on this topic. However, the 2013 Children's Dental Health Survey in England, Wales and Northern Ireland found that 37% of 12-year-olds had unmet orthodontic treatment need. A further 9% were recorded as currently undergoing orthodontic treatment.[1]

Strategic context

One of the actions contained in the 2005 report *An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland* was that community based orthodontic treatment should be concentrated on those assessed under the Index of Orthodontic Treatment Need (IOTN) as having clinical needs.[2] From 1 October 2011, IOTN was introduced as a means of assessing whether orthodontic treatment is required and therefore can be provided under NHS general dental services arrangements.[3]

The Scottish Dental Needs Assessment Programme (SDNAP) published its orthodontic needs assessment report in April 2015.[4] The purpose of the needs assessment was to assess the current and desired level of orthodontic service provision and to identify key issues that are affecting orthodontic service provision in Scotland. The recommendations within the report are aimed at reducing dental health inequalities.

Local developments

An orthodontic clinical service improvement group was established in Lanarkshire. This group has taken forward many areas of service improvement that has transformed the orthodontic departments including revising the clinical pathway for orthodontic treatment and providing second opinions.

It is recognised that dentists not carrying out orthodontic treatment regularly may not be familiar with IOTN. In 2009, local courses on IOTN were held. To implement the recommendations of the SDNAP report,[4] another local IOTN course was held in March 2016. Further courses will be organised in the future to meet demand. Orthodontic referral criteria have also been developed in Lanarkshire and can be accessed via www.nhslanarkshire.org.uk/Services/Oral/Documents/orthodontic-referral-guidance.pdf.

In 2014, a dental gateway project group was established within Lanarkshire which has developed referral protocols and electronic referral (using SCI gateway). This approach should see a standardisation of the referral process and a reduction in error rates.[5]

Key Points

- The 2013 Children's Dental Health Survey found that 37% of 12-year-old children had unmet orthodontic treatment need; and a further 9% were currently undergoing orthodontic treatment.
- An orthodontic needs assessment was published in April 2015 and included recommendations aimed at reducing dental health inequalities.
- Local courses on Index of Orthodontic Treatment Need were organised for dentists to allow them to be familiarised with the orthodontic referral criteria.

Priorities for Action

- Develop and formalise clinical networks to support clinicians with different levels of experience.
- Use SCI Gateway for all referrals from dentists to hospital orthodontic service from 1 April 2017.
- Develop peer review and audit in orthodontics in primary care.

References

1 Health and Social Care Information Centre. *Children's Dental Health Survey 2013. Report 4: The Burden of Dental Disease in Children: England, Wales and Northern Ireland*. 19 March 2015. http://digital.nhs.uk/catalogue/PUB17137/CDHS2013-Report4-Burden-of-Dental-Disease.pdf (accessed 19 September 2016).

2 Scottish Executive. *An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland.* Edinburgh: Scottish Executive, 2005.

3 Scottish Government. NHS: PCA(D)(2011)6. *General Dental Services: Orthodontic Treatment – Introduction of Index of Orthodontic Treatment Need.* 7 September 2011. www.sehd.scot.nhs.uk/pca/PCA2011(D)06.pdf (accessed 8 July 2016).

4 Scottish Dental Needs Assessment Programme (SDNAP). *Orthodontic Needs Assessment Report.* Bothwell: SDNAP, 2015.

5 Scottish Government. *Strategic Vision for eDentistry.* 22 October 2015. www.sehd.scot.nhs.uk/publications/DC20151022eDentistry.pdf (accessed 8 July 2016).

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Health Services

5

5.1 No Health Without Mental Health

Introduction

Mental health and well-being is a key public health priority for Scotland and for Lanarkshire, recognising that 1 in 5 people will experience a mental health problem at some point in their life. Some 20% of the total burden of disease is attributed to mental health problems in the UK, more than any other condition. The associated cost for Scotland is estimated at over £10.7 billion per year due to a combination of human, social, economic and service costs.[1,2]

Furthermore, the ageing population brings specific additional challenges, with the number of people living with dementia in Lanarkshire projected to increase by 37% by 2030 and by 86% by 2050, equating to an estimated 17,350 people.[3]

The Mental Health Strategy for Scotland: 2012-2015 set out the Scottish Government's priorities. This strategy integrates the prevention of mental ill-health, promotion of well-being and improving the quality of life for people with mental health needs.[4] The Scottish Dementia Strategy provided the framework for improving the response to dementia. Specific national programmes have supported local action focused on preventing suicide, reducing stigma and discrimination, and promoting recovery.[5]

North and South Lanarkshire strategic approach

Lanarkshire partners set out a mental health improvement action plan entitled 'Towards a Mentally Flourishing Lanarkshire, 2010-2015', which was strongly influenced by Scotland's first national mental health improvement strategy. A vision was agreed for a mentally flourishing Lanarkshire where: "we all understand that there is no good health without good mental well-being, where we know how to support and improve our own and others' mental well-being and act on that knowledge, and where our mental well-being contributes to a healthier, wealthier, fairer, smarter, greener and safer Lanarkshire for all".

Outcome focus

The national mental health improvement outcomes framework provided a strong and clear demonstration of the evidence base for action.[6] This facilitated significant progress in broadening the approach to addressing the wider determinants of mental health and well-being beyond mental health services. This includes embedding mental health improvement across the North and South Lanarkshire Health & Social Care Partnerships (HSCPs) through a shared commitment, connections with key performance management structures, such as Single Outcome Agreements, and the collective use of community assets.

The Scottish Health Survey results for 2012-2014 highlighted where progress has been made against some key outcomes, including that:[7]

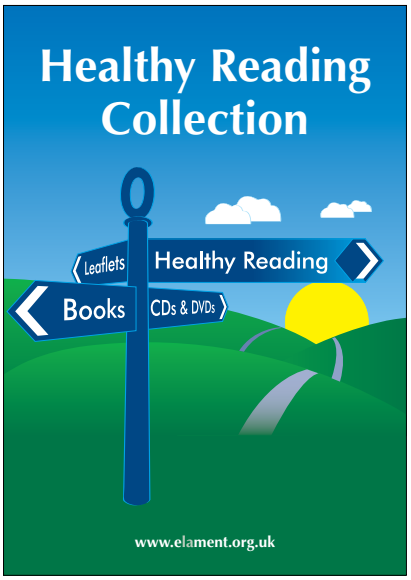
- 13.1% of the Lanarkshire adult population self-reported common mental health problems, using the General Health Questionnaire 12, a reduction from 14.8% (2008-2011) and lower than the national average of 15.4%.
- Levels of self-reported wellbeing increased to an average score of 50.6 out of a possible 70, using the Warwick Edinburgh Mental Health and Well-being Scale, an increase from 49.4 in 2008-2011 and higher than the national average of 50.0.
- Levels of self-reported life satisfaction increased to an average of 7.70 out of a possible 10, an increase from 7.5 in 2008-2011, but slightly lower than the national average of 7.85.

- An 11.4% reduction in five-year-average European age-sex-standardised suicide rates from 15.9 suicides per 100,000 per year in Lanarkshire in 2000-2004 to 14.0 per 100,000 population in 2010-2014.[8]

Shifting the balance of care

Recovery is described as living a meaningful and purposeful life in the presence or absence of symptoms, facilitated at related levels:

- First-level change (personal) that benefits the individual, through accessible services, the delivery of values-based services that focus on capacity, person-centred planning and opportunities that facilitate recovery.
- Second-level change (community) aimed at creating the conditions within communities that maintain recovery to increase social inclusion. This includes improving public attitudes, and making society more understanding and less stigmatising and discriminatory towards mental ill-health, and reducing inequalities in access.



The broader focus on the wider determinants of mental health and well-being and recovery is fundamental to a modernisation programme that has shifted the balance of care from hospital to locally-based community care, which is increasingly delivered through a tiered model. Lanarkshire has seen a significant improvement in safe, effective, person-centred care while at the same time maximising capacity to meet increasing service demand. This remains a continuing challenge.

There has been a proportionate investment and co-ordination across the tiers, in collaboration with both councils, national partners such as NHS24, third sector and wider community assets. This has seen a simultaneous increase in the use and development of lower-tier, less complex, social prescribing and self-management programmes. These include book-therapy, web-based support, technology-enabled care, telephone support, social prescribing, stress control, guided self-help, peer-support and community link workers. There has also been an increase in the availability and use of community clinical services through increasing options, whilst reducing waiting times; improvement in out of hours support, meeting crisis standards; and improvements in the range of inpatient stays, whilst reducing the overall demand, including re-admissions.[9]

Dementia

The Director of Public Health for Lanarkshire Annual Report in 2011/12 recommended the need for a greater focus on dementia across communities, agencies and organisations.[10] Since then, a substantial amount of progress has been made to build skills and change culture in the acute hospitals, and in both North and South Lanarkshire HSCPs. Work has also progressed with third-sector agencies, such as Alzheimer Scotland, to build Dementia Capable Communities. This is in addition to novel work as a demonstrator site in North Lanarkshire for the eight pillars of community support. These include elements such as coordinating care, supporting the unpaid carer and ensuring people living with dementia remain connected to social groups and clubs. In addition, work undertaken through commitments 10 and 11 of Scotland's second dementia strategy have brought a focus to

improving inpatient experiences, both in general and mental health hospitals – with some notable firsts for Lanarkshire.[11]

Priorities

The Christie Commission report suggested that around 40% of Scottish health and social care spending is currently accounted for by interventions that could have been avoided by prioritising a preventative approach.[12] The report recommended that the focus should shift from meeting the cost of dealing with health or social problems after they have developed to prevention and early intervention. Building on the progress to date and continuing the direction of travel utilising the opportunities integration provides, a number of priority areas will be addressed.

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. NHS Health Scotland has developed a 'theory of causation' for health inequalities.[13] A visible, increased focus on inequalities is recommended through working with the North and South Lanarkshire Health and Social Care Partnerships. This will address life circumstances and tackle inequalities through a blend of actions to prevent and mitigate the negative impact of inequalities on individuals.

The Scottish Government has made a clear commitment to reframe and improve the response to distress in Scotland as demonstrated via commitments in each of 'A Mental Health Strategy for Scotland: 2012-2015' and the 'Scottish Government Suicide Prevention Strategy 2013–2016'.[4,14] The 'Improving Responses to Distress in Lanarkshire Working Group' has been formed to progress the national commitment across Lanarkshire.

Around 90% of mental health problems are identified, assessed and managed within primary care. A greater strategic focus on primary mental health care will be supported through opportunities provided by the Primary Care Mental Health Services Fund.

PREVENT Research Programme

While it is always important to promote living well with a diagnosis of dementia, we must also focus action to prevent and delay the development of dementia. This includes expanding the use of, and participation in, dementia research, through engagement with PREVENT (a UK study investigating early signs of dementia in middle-age people, based in Edinburgh) and Dementia Research UK.[15–17]

Key Points

- Mental health and well-being remains a significant public health priority.
- Significant progress has been made in modernising mental health by integrating the prevention of mental health illness, promotion of well-being and improving the quality of life for people with mental health problems, across the tiers, through strong partnership.
- Whilst good progress has been made in dementia support, an increased focus on preventative evidence and opportunities, advanced dementia and end-of-life care, and participation in dementia research is recommended.

Priorities for Action

- Develop a population-level mental health improvement action plan for North Lanarkshire and South Lanarkshire, utilising the recently published framework for public mental health entitled 'Good Mental Health for All', building on 'Towards a Mentally Flourishing Lanarkshire', with an increased focus on addressing inequalities.
- Improve the Responses to Distress through improved collaboration nationally and locally with mental health and substance misuse services, emergency services, acute care, third sector and local authorities.
- Maximise opportunities to advance mentally healthy communities provided through integration of health and social care, including enhancing primary mental health care.

References

1 NHS Health Scotland. *Supporting continued investment in mental health improvement in Scotland in an economic downturn, a briefing paper prepared for the National Mental Health Improvement Network*. Edinburgh: NHS Health Scotland, 2010.

2 Scottish Association for Mental Health (SAMH). *What's it worth now? The social and economic costs of mental health problems in Scotland*, Glasgow, 2011.

3 Alzheimer's International website. *The Global Impact of Dementia 2013–2050*. www.alz.co.uk/research/GlobalImpactDementia2013.pdf (accessed 17 May 2016).

4 Scottish Government. *A Mental Health Strategy for Scotland: 2012–2015*. Edinburgh: Scottish Government; 2012.

5 Scottish Government. *Scotland's Dementia Strategy 2013–2016*. Edinburgh: Scottish Government, 2013.

6 NHS Health Scotland. *Outcomes framework for Scotland's mental health improvement strategy*. Edinburgh, NHS Health Scotland, 2010.

7 NHS National Services Scotland. Provided by Population Health Team, Analytical Services Division, ISD (26/10/2015).

8 NHS National Services Scotland. Mental Health Analysis Team. Suicide Deaths in Scotland, NHS Boards Overview. Edinburgh: ISD, 2015.

9 e-Lanarkshire Mental Health Resources website. www.elament.org.uk (accessed 29 July 2016).

10 NHS Lanarkshire, Department of Public Health. *The Health of the People within the Lanarkshire NHS Board Area. Annual Report of the Director of Public Health 2011/2012*. Hamilton: Lanarkshire NHS Board, 2012.

11 John's Campaign. www.nhslanarkshire.org.uk/news/news/Pages/JohnsCampaign.aspx (accessed 29 July 2016).

12 Christie Commission. *The Future Delivery of Public Services*. Public Services Commission. Edinburgh, 2011.

13 NHS Health Scotland. *Good Mental Health for All*. Edinburgh: NHS Health Scotland, 2015.

14 Scottish Government. *Suicide Prevention Strategy 2013–2016*. Edinburgh: Scottish Government; 2013.

15 NICE. *Guidance on Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset*. www.nice.org.uk/guidance/ng16 (accessed 29 July 2016).

16 PREVENT study website. www.preventdementia.co.uk (accessed 29 July 2016).

17 Join Dementia Research UK website. www.joindementiaresearch.nihr.ac.uk (accessed 29 July 2016).

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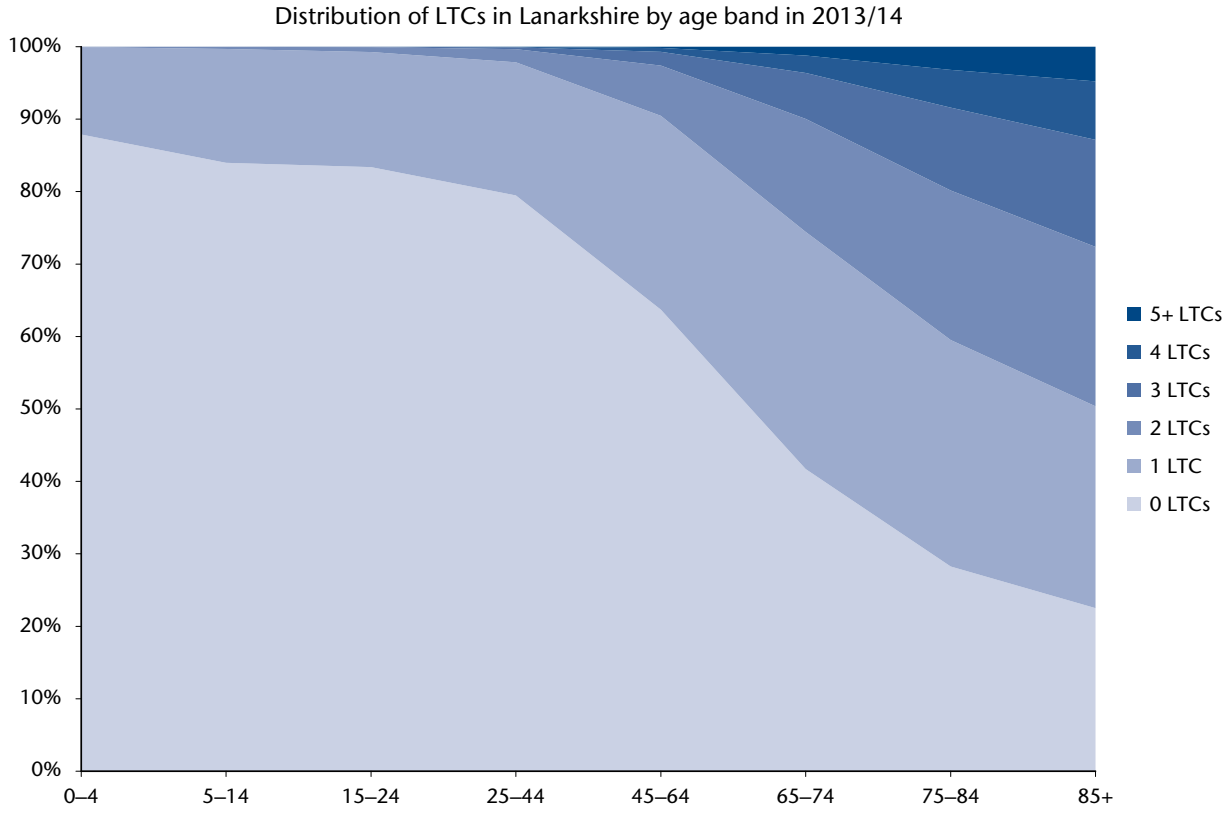
5.2 NHS Lanarkshire Healthcare Strategy 2016–2025

Introduction

In Scotland, health and social care services are facing a rising tide of demand driven by demographic changes, advancing medical science and new technologies. This means people are living longer but healthy life expectancy is not advancing at the same pace. In the future there will be an increasing number of people, many of whom will be older, living with multiple long-term conditions, often with complex needs, who will be reliant on support and intervention from health and social care services. The distribution in Lanarkshire of those adults living with one or more long term conditions (LTC) by age group demonstrates this point clearly (Figure 5.2.1).

If the balance of care does not shift away from acute hospital care to one with a greater emphasis on prevention and community-based intervention, NHS Lanarkshire will be required to increase the number of acute hospital beds from 1,691 to 2,132 by 2025. In view of our expressed aim to shift the balance of care from hospital to community, this is neither desirable nor affordable.

Figure 5.2.1: Relationship between a person's age and number of long-term conditions in Lanarkshire.



Aim

Building on the Scottish Government's 2020 Vision and NHS Lanarkshire's A Healthier Future, the NHS Lanarkshire Healthcare Strategy will make the following key commitments:[1,2]

- To transform primary and community care in terms of service design and capacity, and therefore shift the focus of care away from acute hospitals.
- To have a greater focus on prevention and supported self-management.
- To ensure safe and sustainable service models for acute services.

Background

The NHS Lanarkshire Healthcare Strategy is one of a trilogy of plans, along with the Joint Strategic Commissioning Plans of both North and South Lanarkshire Health and Social Care Partnerships. These plans are based on the assessed needs of the communities in Lanarkshire and are designed to ensure that the right mix and volume of services is delivered to best meet their changing needs. Together they form the blueprint for service change and modernisation over the next 10 to 15 years. They will support the delivery of new models of treatments and care, enhance team-working across primary and secondary care and will enable stronger partnerships between health and social care service providers. The measures of success will be that, now and throughout the modernisation and development process, services will be:

- able to deliver the best clinical outcomes for our patients
- safe and sustainable
- patient-focused and integrated between primary and secondary care, and between health and social care
- efficient and make best use of: resources; workforce; clinical skills; accommodation and equipment
- based on teams of staff rather than on individual practitioners
- affordable and provided within the allocated resources
- accessible and provided as locally as possible
- adaptable, thus enabling change over time in response to emerging challenges.

As well as focusing on local priorities, the NHS Lanarkshire Healthcare Strategy will take full account of the National Clinical Strategy which sets out the principles that will underpin clinical service changes across Scotland.[3] Future services, locally and nationally, will have:

- Primary care with a more prominent role, treating more people at home or in the community without the need to refer to hospital.
- Secondary care organised in 'centres of excellence' and networks of hospitals providing specific clinical services.
- A new clinical paradigm which will ensure that the patient experience is enhanced by proceeding with 'minimally disruptive, realistic medicine'.

Key Points

- The people of Lanarkshire will live longer, but the burden of disease in later life will increase the proportion of people with multiple long-term health conditions.
- If nothing changes, NHS Lanarkshire will have to increase acute hospital beds by around 500 by 2025.
- New or improved services must be person-centred, safe and effective, and adaptable, in line with the ambitions of the national Quality Strategy.

Priorities for Action

- The balance of care needs to change between acute, community, health and social care.
- Emergency or unscheduled care needs to reduce, using inpatient hospital services as a last resort.
- There needs to be a greater focus on prevention and supported self-management.

References

1 Scottish Government. *The 2020 Vision for Health and Social Care in Scotland*. Edinburgh: Scottish Government, 2011.

2 NHS Lanarkshire. *A Healthier Future. A Framework for NHS Lanarkshire Strategic Health Planning 2012 to 2020*. Lanarkshire: 2012.

3 Scottish Government. *A National Clinical Strategy for Scotland*. Edinburgh: Scottish Government, 2016.

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5.3 Health and Social Care Partnerships in Lanarkshire

The Integration of Health and Social Care is the Scottish Government's programme of reform to improve services for people who use adult health and social care services. The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on 1 April 2014.[1] The Act is a landmark in adult health and social care reform for Scotland and is the most substantial change to the country's national health services and social care services in a generation.

One of the main aspects of the Act is to create statutory Health & Social Care Partnerships (H&SCPs) in each local authority area in co-operation with the Health Board to replace Community Health Partnerships (CHPs). As the integration of health and social care came into effect on the 1st April 2015, the respective North and South Lanarkshire H&SCPs superseded Lanarkshire's North and South CHPs.

The Scottish Government Vision for Health and Social Care Integration is:

> *'Ensuring better care and support for people where users of health and social care services can expect to be listened to, to be involved in deciding upon the care they receive and to be an active participant in how it is delivered. This will result in better outcomes for people, enabling them to enjoy better health and wellbeing within their homes and communities.'*

There are nine national outcomes that provide a framework for measuring the impact of integrated health and social care on the health and wellbeing of individuals:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The H&SCPs are the bodies that are responsible for the strategic planning for integrated care, and will decide which integrated services will be provided, how they will be funded and what they should look like, and will direct the NHS Board and Local Authority to deliver those services. The commissioning intentions will be outlined in the respective Joint Strategic Commissioning Plans of North and South H&SCPs, which will be closely aligned with NHS Lanarkshire's Healthcare Strategy.

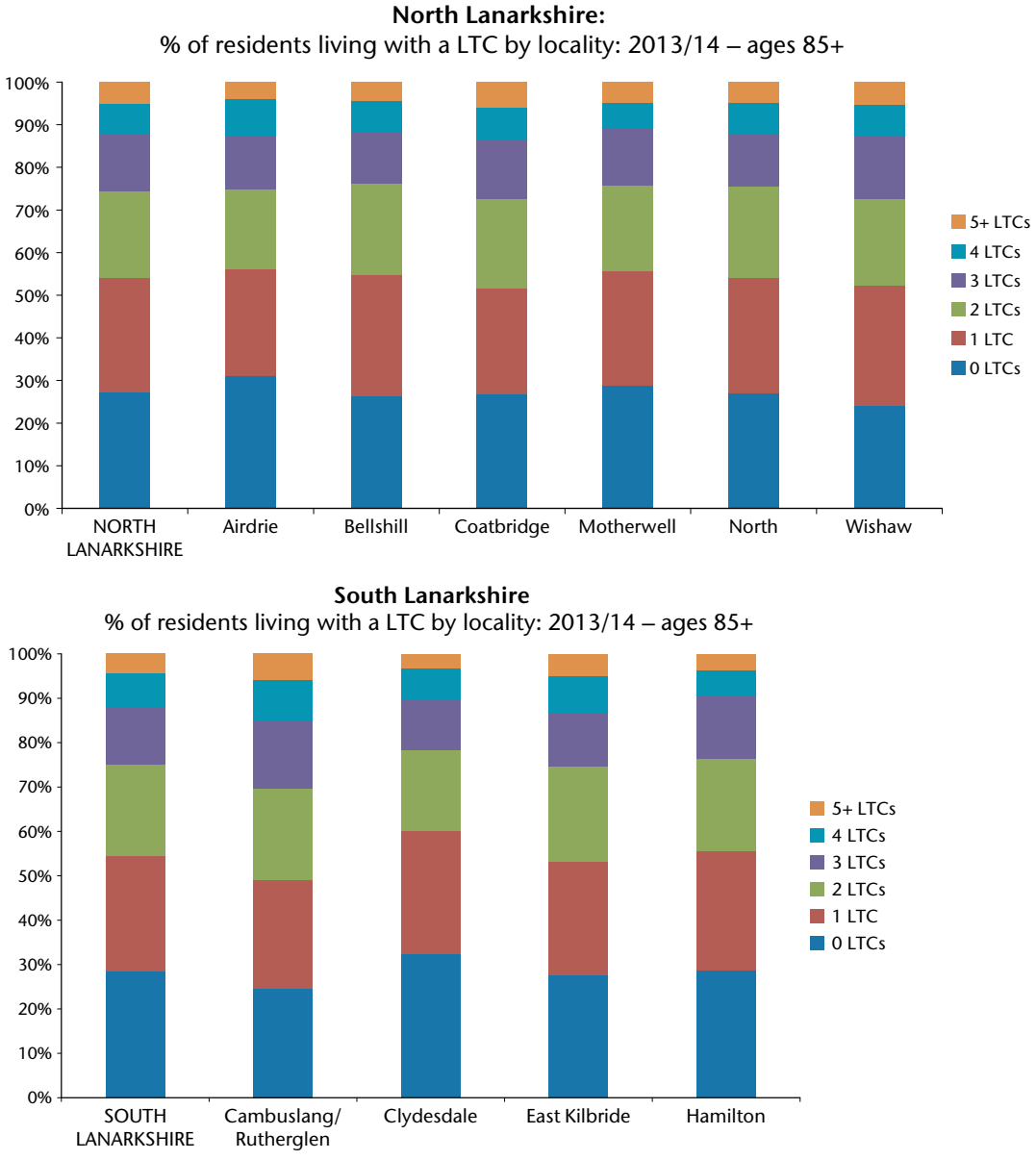
The two Integration Authorities will plan and have operational oversight of aspects of children's and adult health services and adult social work services in South Lanarkshire, and of adults and children's social work services in North Lanarkshire.

The full range of services within the planning scope for each H&SCP is included on the integration pages of the NHS Lanarkshire website.[2]

Integration signals a move towards locality-based planning, providing localities with the autonomy to identify priorities and shift resources appropriately. Locality profiles have been developed as part of the Joint Strategic Needs Assessment (JSNA), providing an assessment of activity, demand and resource within each of the ten localities, supporting the identification of key actions to enable the delivery of better outcomes for the people of Lanarkshire.

An example of the outputs of the JSNA is the identification of the number of individuals, with an inpatient record, living with a Long Term Condition (LTC) in each Locality as outlined in Figure 5.3.1. Around 70% of over-85 year olds in Lanarkshire are living with one or more LTC, which has significant implications for their health and wellbeing, as well as for the range of support and services required to meet their needs.

Figure 5.3.1: Proportion of people living with none, one or more Long Term Conditions (LTC) by Locality, 2013/14 – ages 85+.[3]



Source: ISD – ICD9/ICD10 inpatient diagnosis codes

Improving health and social care services in isolation of other public services has a limited impact on health and wellbeing outcomes or on addressing areas of wider social concern, such as inequalities. The JSNA at a Locality level demonstrates the need for improvements to areas such as transport and housing to improve health and wellbeing outcomes. These lie outwith the responsibilities of the Integration Authorities.

To be effective, the H&SCPs must become an essential part of the community planning structures in Lanarkshire to ensure that health and social care services play their full role in addressing wider social concerns, and likewise, that regeneration, transport, housing, education and other public services support better health and wellbeing outcomes.

The vision in Lanarkshire is to develop an integrated model that will put the person at the centre of planning and support, with greater understanding and confidence to manage their own condition, taking control of their life and having their voice heard. This will be supported by education and group programmes, harnessing the range of third sector and community assets, Anticipatory Care Planning and greater use of technology, preventing or delaying the need to use more intensive services.

The integrated model will support people to maintain their health and wellbeing in the community or their own home, with hospital services only required for urgent accidents and emergencies and for some elements of specialist care. Components of acute care will also be delivered in the community, co-designed and embedded within the integrated community infrastructure.

Key Points

The North and South H&SCPs will:

- Work with individuals and communities to ensure their wellbeing, support and care is focused on delivering the very best outcomes for them.
- Work with key partners including NHS Lanarkshire to ensure that the balance of care shifts towards more care closer to home with less reliance on hospitals.
- Focus on early intervention, prevention, health inequalities and improving health through locality-based planning, including with wider community-planning partners.

Priorities for Action

- Completion of the respective Joint Strategic Commissioning Plans in North and South Lanarkshire.
- To work with NHS Lanarkshire to ensure synergy with the Healthcare Strategy.
- Further develop the commissioning intentions that have a clear focus on the delivery of the nine National Health and Wellbeing Outcomes.
- Continue to develop locality-based planning structures.

References

1 Scottish Government. The Public Bodies (Joint Working) (Scotland) Act 2014. Edinburgh: Scottish Government, 2014. www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf (accessed 8 July 2016).

2. NHS Lanarkshire. Health and Social Care Partnerships. NHS Lanarkshire 2016. www.nhslanarkshire.org.uk/About/HSCP/Pages/default.aspx (accessed 8 July 2016).

3. NHS National Services Scotland, Information Services Division (ISD). Data extracted: November 2015, Edinburgh, Scotland 2015.

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5.4 Population Screening

Introduction

Lanarkshire's health and social care challenge is to achieve and maintain good health and wellbeing for the population. The early detection of disease is an important aspect of this challenge. Screening programmes are generally offered to individuals before symptoms develop and provide opportunities for early detection of disease, early intervention and therefore potentially more effective treatment. The full range of Scottish population screening programmes is available in Lanarkshire. See Figure 5.4.1 which demonstrates, at a glance, the target groups and the headline outcomes for each programme.

Recent Developments in Screening

Healthcare Improvement Scotland (HIS) has proposed a programme of work to quality assure the performance of all Scottish screening programmes over a two year period, 2016-2018. Preparation for this locally is a priority.

During 2014-15, the national Detect Cancer Early (DCE) programme focused on the importance of taking part in breast and bowel screening. As is also the case across Scotland, there is wide variation in uptake of all screening programmes across Lanarkshire. People living in our most deprived areas struggle to engage with screening to the same extent as people from our most well-off areas. However, the DCE work, supported by local general practices, produced some significant improvements in bowel screening uptake across all communities.

In February 2015, the Health Secretary announced that a new test (faecal immunochemical or FIT) will replace the current faecal occult blood (FOB) test in the Scottish Bowel Screening Programme during 2017. A six month pilot of FIT in two health board areas in Scotland demonstrated that it can increase uptake of bowel screening by around 4-5%. (Personal communication, Scottish Bowel screening programme 2015).

Abdominal Aortic Aneurysm (AAA) screening, was implemented in Lanarkshire in April 2013 and aims to reduce deaths associated with the risk of aneurysm rupture in men aged 65 and over by identifying aneurysms early so that they can be monitored or treated. The screening test is a simple ultrasound scan of the abdomen which takes around 10 minutes. Men aged 65 are invited to attend AAA screening and men aged over 65 can self-refer. Most men have a normal result and are discharged from the screening programme. Men with small or medium aneurysms detected are invited for regular surveillance screening to check the size of the aneurysm. Men with large aneurysms are referred to vascular specialist services. Between April 2013 and March 2014, 6,620 men were invited for AAA screening, of whom 82.8% attended. This meets the national target of 80% but is still 3% lower than the Scottish average. Local and national statistics have shown that men living in more deprived areas are less likely to attend for screening than men in more well off areas. Lanarkshire has a higher level of socio-economic deprivation than Scotland as a whole, which may account for the difference in uptake.

The breast screening programme in Lanarkshire is delivered using mobile vans and in the past year, the old x-ray equipment has been replaced by digital equipment. Images from the new equipment are easier to read and can be easily stored and accessed on secure IT systems.

Figure 5.4.1 Screening Summary Statistics

Screening Programme	Target population	Denominator and time frame	Standard	Uptake	Outcomes
Universal Newborn Hearing Screening (UNHS)	All newborn babies born to Lanarkshire residents in 2014 – 2015 or moving into Lanarkshire under the age of 12 weeks	7,075 newborn babies/ move-ins Apr 2014 – Mar 2015	95% of babies should have completed the hearing screen by 4 weeks.	98.0% babies completed the hearing screen by 4 weeks.	12 moderate to severe hearing losses detected through screening (<5 unilateral).
Newborn Bloodspot Screening	All newborn babies born to Lanarkshire residents 2014/15	6,244 newborn babies Apr 2014 – Mar 2015	99.5% of infants who have undergone screening tests have a screening result available or are recalled for repeat testing by 20 days of age.	99.8%	<5 babies with PKU*, <5 babies with CF, <5 babies who are carriers of CF, <5 babies with CHT, <5 babies with sickle cell carrier status, 0 babies with sickle cell disorder, 0 babies with MCADD, 0 babies with SCD.
Pre-School Orthoptic Vision Screening (POVS)	All resident Lanarkshire pre-school children aged 4 years	7,512 children Sept 2014 – June 2015	No specific clinical standards other than all children to be offered screening aged 4.	91.0%	1,437 (21.1%) children referred to orthoptic/ophthalmology departments.
Down's Syndrome Screening	All pregnant women	4,799 bookings (women planning to deliver at Wishaw General) April 2014 – March 2015	No specific clinical standards around uptake.	65.0%	65 high chance results (2.1%).
Diabetic Retinopathy Screening	Patients with diabetes aged 12 years and over	33,821 April 2015 – March 2016	Nationally agreed Key Performance Indicators (KPIs), including minimum uptake of 80% uptake.	72.0%	Information not currently available.

Abdominal Aortic Aneurysm Screening (AAA)	Males aged 65 years	6,620 men aged 65 April 2013 – March 2014 (most recent data available)	Nationally agreed KPIs, including minimum uptake of 80% uptake.	83.0%	97 aneurysms detected (74 small, 12 medium, 10 large).
Breast Cancer Screening	Females 50–70 years	75,665 women 7th Screening Round (March 2010-May 2013)	Nationally agreed Key Performance Indicators (KPIs), including minimum uptake of 70%.	70.8%	2,693 (5.0%) women were recalled for review. Of these women, 445 cancers were detected over the three year round.
Bowel screening	Males and females 50 to 74	170,435 May 2013 to May 2014	Nationally agreed KPIs, including minimum uptake of 60%.	53.1%	Meets all KPIs with exception of uptake and access to scope within 8 weeks for all individuals who screen positive.
Cervical screening	Females aged 20–60	157,314 April 2013- March 2014	Nationally agreed KPIs, including minimum uptake of 80%.	79.2%	Meets all KPIs with the exception of uptake.

Uptake for the previous qualifying period, as appropriate.
Actual numbers where cases number less than 5 individuals are censored.
*PKU – Phenylketonuria
CF – Cystic fibrosis
CHT – Congenital hypothyroidism
MCADD – Medium-chain acyl-CoA dehydrogenase deficiency
SCD – Sickle Cell disorder

Key Points

- Healthcare Improvement Scotland (HIS) has proposed a programme of work to quality assure the performance of all Scottish screening programmes over a two year period.
- The uptake of diabetic retinopathy screening has fallen and is below the national average as well as the national target.
- AAA screening has surpassed the national target.

Priorities for Action

- Preparation for HIS review of all screening programmes.
- Ensure that measures are taken to improve DRS uptake, including maximizing the efficiency of available resources and raising awareness amongst the target group.
- Planning for introduction of the new bowel screening test.

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Appendix document

The data tables are available in a separate document at the following link:
www.nhslanarkshire.org.uk/publications/Documents/Public-Health-Report-2015-16-Appendix.pdf

General notes:

- Lanarkshire has two Health and Social Care Partnerships (HSCPs) – North Lanarkshire and South Lanarkshire. The HSCPs cover the same geographical areas as North Lanarkshire Council and South Lanarkshire Council. There are ten localities within the HSCPs – six in North Lanarkshire (*Airdrie, Coatbridge, North, Bellshill, Motherwell and Wishaw*) and four in South Lanarkshire (*Cambuslang/Rutherglen, East Kilbride, Clydesdale and Hamilton*) – **see map on page iv**. On 1 April 2014, changes to NHS board boundaries resulted in NHS Lanarkshire becoming coterminous with the HSCPs and local authorities. The tables in the Statistical Appendix indicate whether information relates to the old or new NHS Lanarkshire boundary, the exception being where all data relate to April 2014 onwards.
- Populations shown and used in rates calculations are, for NHS Lanarkshire, the HSCPs and Scotland, mid-year estimates produced by National Records of Scotland (NRS). Locality populations are from NRS small area population estimates at data zone level.

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