

Meeting of Lanarkshire  
NHS Board:  
30 January 2019

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**SUBJECT: Annual Report 2017/18 of the Director of Public Health**

## 1. PURPOSE

This paper summarises the key topics and recommendations covered by the independent Annual Report 2017/18 of the Director of Public Health.

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The report will be the subject of a presentation by Gabe Docherty.

## 2. ROUTE TO THE BOARD

This paper has been prepared by Gabe Docherty, Director of Public Health.

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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## 3. SUMMARY OF KEY ISSUES

My second Annual Report (2017/2018) raises a range of key issues and makes a number of recommendations. I take this opportunity to provide you with an overview of the challenges faced by the population of Lanarkshire.

### Helping those who need our help most

In my 2016/17 report, I described the negative impact that Adverse Childhood Experiences (ACEs) can have on health and wellbeing. There has been significant progress in this arena particularly around raising awareness and understanding of ACEs within the NHS and Community Planning Partners. Recognising and addressing the needs of people who have been affected by ACEs is a major challenge for us all.

We now understand that whilst living through trauma is relatively common, the experience and its impact is often hidden. What has become increasingly recognised is the long term impact that the experience of trauma can have on a wide range of health and social outcomes, including mental health. A national framework has been developed to support staff to respond to individuals who are suffering as a result of experiencing trauma. We need to embrace this framework to develop the organisation and our staff to enhance the care provided to individuals affected by ACEs.

The chapter on Keep Well and the Criminal Justice System is an excellent example of work to support those with the greatest needs within our society. Whilst some individuals who experience adverse events in their early years show amazing resilience in adult life,

the Welsh ACEs study estimated that people who have experienced four or more adverse childhood events are 15 times more likely to be a perpetrator of violence and 20 times more likely to have been incarcerated in their lives. Prison surveys in the UK and in Scotland report high rates of childhood abuse, family violence, experience of being in care and school exclusion in people in prison. Adverse childhood experiences have been linked to risk factors that increase offending including substance and alcohol abuse, poor educational attainment, mental health problems and deprivation. Preventing adverse and traumatic experiences in childhood is crucial, not least to reducing violence and imprisonment.

### **Prevention is better than cure**

The chapter on the population profile demonstrates that people in Lanarkshire are living longer which is testament to advances in treatment services and the emphasis on prevention. Over the next 20 years, it is estimated that the population aged 75 years and over will increase by almost 64%. This will mean that there will be an increase of over 32,000 people aged 75 years and older living in Lanarkshire. We need everyone to embrace the concept of self-management whenever possible and to make every effort to promote and look after their own health.

Quite simply, we need to invest more in prevention and anticipatory care if we are going to reduce demand upon our clinical and social care services. The challenge for those working in prevention is to demonstrate the impact and effectiveness of interventions in order to convince budget holders to invest more in such programmes.

The report describes a number of excellent initiatives focused on prevention and I take the opportunity to highlight the chapter on mental health and the work of Clyde United Community Football Team. It describes how the programme promotes self-esteem, social interaction and a range of other positive benefits for participants. Community led programmes such as this have the potential to promote health and wellbeing and prevent the need for accessing clinical services.

### **Realising and Practising Realistic Medicine (Healthcare)**

In my 2016/2017 report, I highlighted the need for Lanarkshire to embrace the ambitions of Realistic Medicine (Healthcare). A specific example in the current report describes innovative work on the issue of managing chronic pain. It highlights the need to ensure shared patient decision making. Managing chronic pain is only one of many interventions subject to realistic medicine in Lanarkshire.

### **Mental Health and Wellbeing: a Key Public Health Priority**

Distress Brief Intervention (DBI) is an innovative way of supporting people who are experiencing acute anxiety and are in distress. The overarching aim of the programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings. The interventions and community support enable the provision of a compassionate and effective response for people in distress. There are two levels of intervention. Level 1 is provided by trained frontline staff working in Emergency Departments, Police Scotland, Scottish Ambulance Services and primary care, and involves a compassionate response, signposting and offer of referral to a DBI level 2 service. Level 2 is provided by commissioned and trained third sector staff

who contact the person within 24-hours of referral and provide compassionate community based support.

## Climate change

Climate change has been described as having the potential to undermine many of the public health gains of the last 50 years. The report highlights how climate change disproportionately affects the poorest in society. Our response to climate change and our actions to reduce our greenhouse gas emissions has the potential to lead to improved health. Addressing climate change is a challenge for us all and the chapter explores actions that we all could consider.

## Having an equal chance of a long and healthy life

A key role of the Director of Public Health is to advocate for the population and I take this opportunity to endorse the work of the Faculty of Public Health in Scotland in its publication - *Healthier Lives Fairer Futures* <https://www.fph.org.uk/media/1168/healthy-lives-fairer-futures-final.pdf>. The Faculty, based upon a review of the available evidence, has identified steps to be taken so that everyone in Scotland can have an equal chance of a long and healthy life. The following priorities were highlighted:

- Health in all policies: Include health in all policies for Scotland
- Inequalities: Make taxation more progressive, including income tax, to reduce inequalities; mitigate the adverse impacts of welfare reform on our most vulnerable and introduce a minimum wage for healthy living.
- Improve Health for Future Generations: Reduce child poverty and mitigate its adverse impacts and prevent Adverse Childhood Experiences.
- Create Healthy Places: Use the Community Empowerment Act to improve population mental health; increase investment in integrated public transport and active travel and prioritise walking and cycling in the built environment.

The power to address many of these issues rests with Scottish and UK governments, however others are within the control of Community Planning Partners. Whilst recognising that much more needs to be done, the current and last year's report, highlights some of the actions that have been taken locally to improve everyone's chance of a long and healthy life.

## 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input checked="" type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

## 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

### *Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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### *Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

## 6. MEASURES FOR IMPROVEMENT

The challenge for NHS Lanarkshire, both Health and Social Care partnerships, both Community Planning Partnerships and for the Director of Public Health is to contribute to the delivery of programmes aimed at prevention and to demonstrate the effectiveness of interventions. There is the need for the creation of rigorous business cases for investment in prevention programmes that clearly outlines potential benefits and demonstrates how impact will be assessed. The introduction of the Population Health, Community and Primary Care Governance Committee provides the mechanism for the Board to govern this challenge.

## 7. FINANCIAL IMPLICATIONS

This paper is not seeking resources but highlights the need for further investment in the prevention agenda.

## 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Not applicable.

## 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

## 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Not applicable.

## 11. CONSULTATION AND ENGAGEMENT

This is an independent report produced by the Director of Public Health.

## 12. ACTIONS FOR THE BOARD

The Board is asked to note this report and discuss how the Board can respond to it.

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input checked="" type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Gabe Docherty  
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