NHS Lanarkshire

Public Health 2014/15

The Annual Report of the Director of Public Health

Acknowledgements

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

In particular, I would like to thank all the contributors to this report and the members of the Editorial Committee (Lee Baird, Jennifer Darnborough, Louise Flanagan, Ashley Goodfellow, John Logan, Jacqueline Martin, Fiona O'Dowd and Derek Roseburgh). Thanks also to Derek York for designing the report.

Finally, I would like to extend my thanks to all the organisations who work in partnership with NHS Lanarkshire to protect and improve the health of the public, particularly North Lanarkshire Council and South Lanarkshire Council.

The Department of Public Health
NHS Lanarkshire Headquarters
Kirklands
Fallside Road
Bothwell G71 8BB

Telephone: 01698 858232
Fax: 01698 858283

www.nhslanarkshire.org.uk/Services/PublicHealth/

Published October 2015

ISBN 978-0-905453-40-8

Printed on recycled material

Cover photo:
Palacerigg Country Park held its Summer Funday on 8th July. The event was organised by Culture NL Play Services as part of the Summer Encounters programme. The photo shows children enjoying giant bubble making. *The image is used with permission from Culture NL.*

Contents


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 West Unit
North East Unit
South West Unit
South East Unit
NHS Dumfries & Galloway

Foreword

I am pleased to present this year's annual report to you. I trust you will find it useful, including the 'Snapshot' of the report.

This last year has again been challenging for everyone working in public health. I hope this report conveys to you the range of work undertaken to protect, maintain and improve the health of the people of Lanarkshire. It may seem sometimes that we are not making progress but the fact remains that health in Lanarkshire is improving. However we have much more to do because we would like health in Lanarkshire to improve more quickly, and we need to redouble our efforts to tackle the health inequalities that exist.

My report follows the usual format and covers:

- the health of the people of Lanarkshire
- health protection issues over the past year such as Ebola
- health improvement activities such as the Welfare Reform Advice Services
- oral health including the Public Dental service, and
- health services such as improving the child health surveillance programme.

Finally, there have been other developments over the past year including a national Public Health Review being undertaken and I hope to include the findings of the review in next year's report. Integrated Joint Boards and Health and Social Care Partnerships are taking shape and we will have more to say about that in the future as well.

I welcome any comments you have on the report or requests for further information.

Dr Harpreet S Kohli
Director of Public Health
September 2015

Email: harpreet.kohli@lanarkshire.scot.nhs.uk
Telephone: 01698 858241

Snapshot: Lanarkshire Public Health

Population Profile

Lanarkshire's population is 653,310 which includes an increase due to boundary changes. Over the next 20 years there will be nearly 36,000 more people aged 75 and over, an increase of 48%.

Health Protection Update

The Health Protection Team work on prevention and control of communicable disease and environmental hazards. Emergency planning is also a key aspect of their work. During 2014 the team dealt with 1,908 cases and a further 867 enquiries.

Screening Programmes

The screening programmes vary in uptake: 99.3% for the newborn bloodspot test while bowel screening is only 49.9%. Some screening programmes require continued action to improve uptake, particularly in areas of deprivation.

Ebola Preparedness

The Ebola outbreak in West Africa was declared an international public health emergency. A considerable amount of work was done by NHS Lanarkshire to put arrangements in place for responding to potential Ebola cases.

Mumps Outbreak

Lanarkshire, and other parts of Scotland, experienced steep increases in mumps cases in early 2015, mainly in young people. Information was provided to the public and MMR vaccine promoted in the secondary school catch-up programme and for 20–35 year olds.

HIV and Hepatitis Website

The new website has raised awareness of blood borne viruses among hard-to-reach groups and the general public. It is used to highlight emerging issues and communicate new information to the general public and key groups.

Welfare Reform Advice Services

Providing welfare rights and financial advice in health centres/surgeries reaches people at risk of financial hardship. This legitimises advice and removes barriers to accessing support. In 2014/15 clients gained, in total, over £0.5m in unclaimed benefits.

Health Inequalities Action Plan

Health inequalities remain a major challenge. Community Planning Partnerships have a key role in delivering better services. In Lanarkshire the Health Inequalities Action Plan has eight priorities which will be monitored and developed.

Play Safe Home Safe

The PSHS campaign for young people raises awareness of personal safety issues. It lists support services and aims to increase young people's confidence to make safer choices. In 2014/15 over 5,000 resource packs were distributed and the website had over 5,000 page visits.

Food Poverty

Food poverty is worse in communities with a history of deprivation. The number of people accessing crisis aid has increased significantly. Food insecurity affects physical and mental health. The NHS needs to respond to increased demand for services.

Multi-Agency Risk Assessment Conferences

MARACs for very high risk domestic abuse cases are being rolled out nationally. In 2014/15 309 cases were heard at Lanarkshire MARACs. Evaluation of the first year findings identified significant health and social risks for victims and children.

Smokefree and Smiling

This programme encourages dental services to refer patients who smoke to Stop Smoking Services (SSS). More work is needed to make sure dental practices refer patients to SSS routinely, and to focus improvement efforts in areas of deprivation.

Public Dental Service (PDS)

The PDS was formed in January 2014. It has adapted to meet the demands of patients with additional needs, primarily those with complex clinical conditions and/or challenging behaviour. It continues to reduce inequalities in dental healthcare provision.

Child Health Surveillance

82% of children had a 6–8 week review by 10 weeks of age. 81% of children had a 27–30 month review. NHS Lanarkshire will continue to work to increase uptake of all child health reviews and improve outcomes for children.

Ophthalmic Public Health

Lanarkshire Eye-health Network Service (LENS) and Lanarkshire Low Vision Network (LLVN) have improved access to eye services in Lanarkshire. LENS has increased efficiency and optometry prescribing has ensured more effective, quality care.

Managing In-patient Nicotine Addiction

A new Integrated Care Pathway (ICP) offers all in-patients who smoke an alternative to smoking. In the pilot, referrals to the Stop Smoking Service increased by 51% and 63% of referrals were from areas of greatest deprivation.

Cancer Plan

Around 4,500 cancers are diagnosed each year in Lanarkshire. An ageing population and improved survival rates will increase demand. Lanarkshire's Cancer Plan brings together the key players to provide the right treatment and support, at the right time, and in the right place.

Cardiac Rehabilitation

These information and exercise sessions help recovery from a heart attack or surgery. In Lanarkshire, over 2,600 patients a year require cardiac rehab. Evidence supports helping patients to manage their own heart condition with further sessions at home or in the community.

1.1 Population Profile

This chapter provides information on the number of pregnancies, births and deaths in Lanarkshire, as well as some detail on the current population and population projections for the next twenty years. The population profiles for the newly forming Health and Social Care Partnerships (HSCP) are being developed and will be used for planning future services across Lanarkshire. Readers are also referred to the appropriate sections in the statistical appendix to this report for further detailed information on many of these issues.

Socio-demographic Profile

The Scottish Index of Multiple Deprivation (SIMD) identifies areas of multiple deprivation across all of Scotland in a systematic and consistent way. The SIMD ranks small areas (called datazones) from the most-deprived (ranked 1) to the least-deprived (ranked 6,505). It is helpful to use the SIMD to focus on datazones below a certain rank to help inform effective service planning and identification of health needs. A typical cut-off point in the ranking of SIMD to use is the 15% most deprived datazones in Scotland, as is the case in this report.

A greater proportion of the population in Lanarkshire (18.8%) live in one of the 15% most deprived data zones compared to Scotland (15.0%). There is considerable variation in the proportion of people living in one of the 15% most deprived data zones across the different localities and CHPs in Lanarkshire, reflecting socio-economic deprivation: Coatbridge has the highest proportion (40%) compared to East Kilbride, which has none (Appendix A1). Overall, 118,218 people in Lanarkshire live in one of the 15% most deprived data zones, with resulting implications for population health needs and service provision.

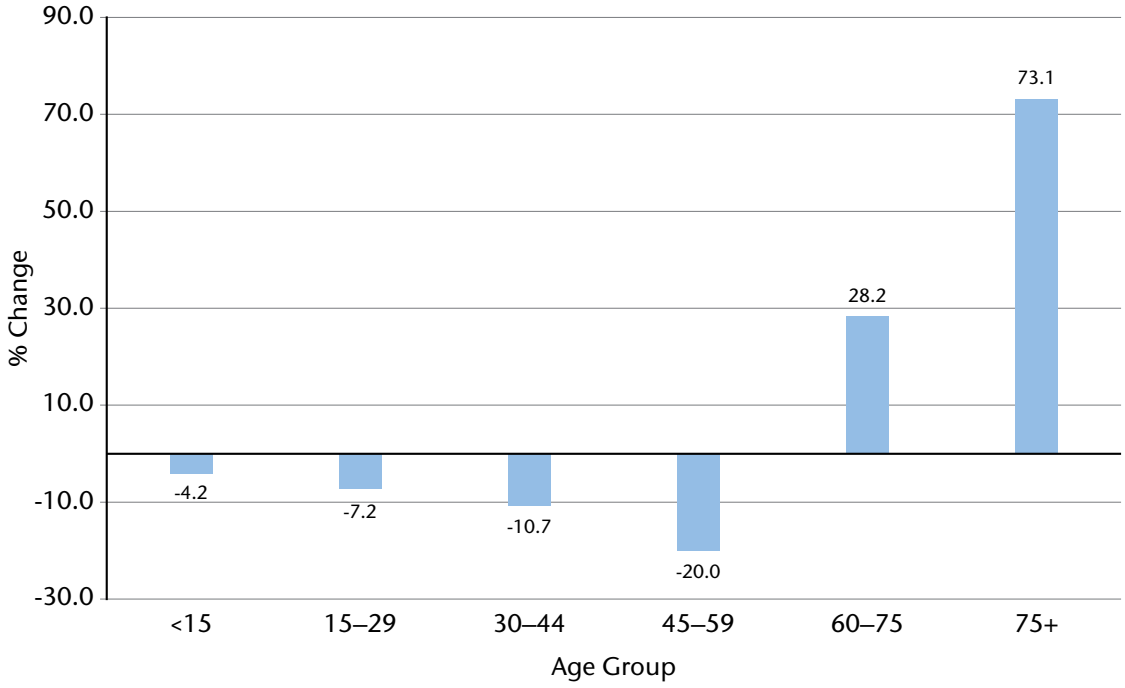
Population and population projections

The estimated population of the NHS Lanarkshire area on 30 June 2014 was 653,310. This represents an increase in population of 81,010 compared to 2013 due to the incorporation of additional populations into the Health Board area from NHS Greater Glasgow & Clyde: Cambuslang/Rutherglen and also part of The Northern Corridor which now sits in the North locality. The NHS boundaries changed on 01 April 2014 to align with North Lanarkshire and South Lanarkshire council areas. The latest projections of Lanarkshire's future population based on 2014 estimates show that the population will rise by around 1% over the next 20 years. The composition of the population will change significantly over this time, with an estimated increase in the proportion of the population over the age of 55 years and a reduction in the proportion of the population 54 years and younger. Significant components in the changing Lanarkshire population are as follows and illustrated in figure 1.1:

- An increase of 28% in the population aged 75 and over is projected by 2024 and an increase of 48% by 2034, compared to 2014. It is projected that there will be 84,394 people aged 75 and over in 2034, an increase of 35,636 compared to current levels.
- The largest fall in population will be people aged 45–49 years, who are projected to decrease by 25% in 2024 and by a further small decrease by 2034 compared to 2014. It is projected that there will be approximately 80,000 fewer people aged 40–49 living in Lanarkshire by 2024.

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

Figure 1.1 Projected change in the age structure of Lanarkshire's population, 2014–2034



Births

There were 7,121 babies born alive in Lanarkshire in 2014, and 35 stillborn babies compared to 6,068 and 20 respectively in 2013. The overall birth rate in Lanarkshire was 56.7 births per 1,000 women of child-bearing age (15–44 years) compared to the Scottish birth rate of 54.8.

Over the three-year period of 2012–2014, 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, in children aged one year or younger in this time. These deaths were similar to the level in Lanarkshire reported previously for the period 2011-2013. The infant death rate (death in the first year of life) in Lanarkshire was 3.3/1,000 live births compared to a rate of 3.6/1,000 in Scotland as a whole.

The values for death rates for children aged one year or younger show some fluctuation from year-to-year, due to the small numbers involved. Further information on births is shown in tables A4 and A5 in the Statistical Appendix.

Deaths

There were 6,688 deaths recorded in NHS Lanarkshire residents in 2014 compared to 5,967 in 2013, though the figure for 2014 includes the populations of additional areas and so are not directly comparable to previous years. The overall standardized mortality ratios (SMRs) in Lanarkshire remain above the Scottish average for men and for women, and for those under 75 years of age and those aged 75 years and over. However, Lanarkshire's SMR in people aged < 75 years and in those aged > 75 years of age has gradually reduced from the level seen in 2012. Despite this, there is no evidence that the relative difference in SMR between Lanarkshire and Scotland as a whole is decreasing.

There is considerable variation in SMR across the different localities in Lanarkshire, which largely reflects differences in deprivation levels (Appendix A7).

The positive trend in the reduction in the proportion of all deaths due to the so-called 'big killer' diseases of cancer, coronary heart disease and stroke seen in 2012 and

2013 continued in 2014, comprising 48.4% of all deaths in Lanarkshire in this period. Individually, cancer, coronary heart disease (CHD) and stroke were responsible for 28%, 13% and 7% respectively of all deaths in Lanarkshire. Respiratory disease was also a significant cause of mortality in 2014, being responsible for 13% of all deaths. Whilst there is some evidence of improvement in the SMR for cancer, CHD and stroke relative to Scottish rates in recent years, the SMR for respiratory disease in Lanarkshire remains significantly higher than that for Scotland. More detailed information on deaths data is provided in the tables and charts in A8–A11 in the Statistical Appendix.

Life expectancy

As is the case across Scotland and the UK as a whole, life expectancy continues to increase in Lanarkshire. A male infant born in Lanarkshire between 2011 and 2013 could expect to live to 75.8 years of age, whilst a female infant could reasonably be expected to live to be 80.0 years old. This represents an increase across a 10 year period of 2.9 years for males and 2.1 years for females in Lanarkshire.

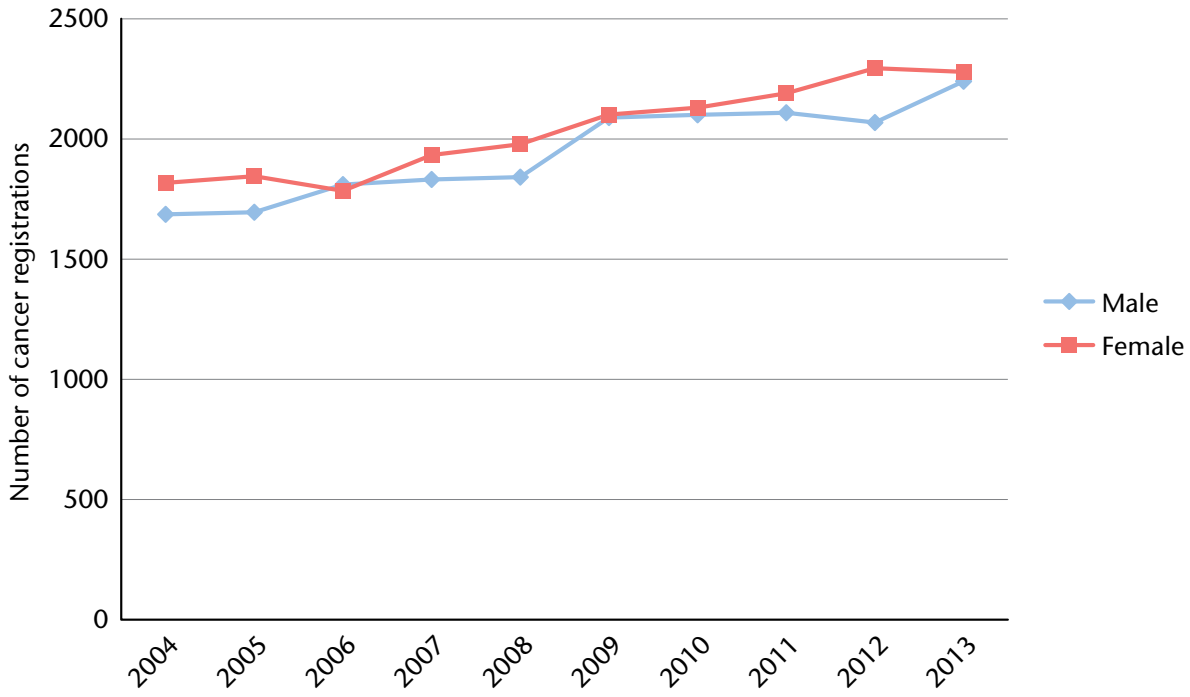
However, life expectancy is still well below national levels; both males and females in Lanarkshire live on average a year less than others in Scotland. In addition, men in Lanarkshire die 3.1 years earlier and women die 2.7 years earlier that their UK counterparts. There are also differences in life expectancy at birth within Lanarkshire: men in the South Lanarkshire CHP live 1.4 years longer on average than those in the North and women live 1.3 years longer.

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

Cancer registrations

Cancer registrations have been increasing nationally year-on-year and are projected to rise by 33% in Scotland by 2027.[1] The total number of all cancers registered for Lanarkshire residents has mirrored the national trend, increasing from 3,505 in 2004 to 4,519 in 2013 (the most recent period for which validated data are available), which represents an increase of 29% in nearly a decade. These local and national trends largely reflect the aging

Figure 1.2 Change in cancer registrations in Lanarkshire male and female residents from 2004 to 2013



population and are illustrated in figure 1.2. Of these new cases of cancer, 33% are due to lung (13%), breast (11%) and bowel (9%) cancer respectively. The Standardised Incidence Ratio (SIR) for all-cancers for Lanarkshire was less than that for Scotland until 2010, but over the last 3 years, all-cancer SIR has been the same or slightly greater for Lanarkshire than for Scotland. In line with national cancer epidemiology, the largest proportion of new cancer registrations in Lanarkshire residents affect the lungs, breast, bowel and prostate respectively, and there is variation in incidence year-to-year (Appendix A14). In general, the SIR from 2011-2013 for the main cancer sites for Lanarkshire are greater than that for Scotland overall: with prostate cancer being the only exception to this trend.

Cancer registrations vary across the localities in Lanarkshire, and can usually be explained by differences in levels of socio-economic deprivation. In general, cancer incidence tends to be greater in areas of greater deprivation (Appendix A15). For example, lung cancer SIR was greatest in Cambuslang/Rutherglen (128.9) and lowest in Clydesdale (93.0). The exception to this is that breast cancer registrations are greater in areas of least deprivation, and this is the case in Lanarkshire where the highest breast cancer SIR was in East Kilbride (117.9), whilst the lowest SIR was recorded in Coatbridge (93.4).

Key Points

- Lanarkshire's population increased by 81,010 to 653,310 in 2014, largely due to the incorporation of additional populations following boundary changes.
- The population in Lanarkshire is projected to rise slightly in the future, and a significantly greater proportion of people will be aged 75 or older.
- There were 6,688 deaths recorded in Lanarkshire residents in 2014. Standard Mortality Ratios (SMRs) in Lanarkshire remain above the Scottish average for men and women of all ages.
- Life expectancy for Lanarkshire residents continues to improve, but is still less than that of the Scottish population as a whole.
- The so-called "big killer" diseases that previously were responsible for the majority of mortality in the population (cancer, CHD and stroke) are now causing fewer deaths.
- The number of new cancer registrations in Lanarkshire residents has increased by 29% to 4,519 in nearly a decade, in line with national trends.

References

1 Deas A, Hecht S. *Cancer Incidence Projections for Scotland 2013–2027*. Information & Statistics Division (ISD), NHS National Services Scotland, 2015. https://isdscotland.scot.nhs.uk/Health-Topics/Cancer/Publications/2015-08-18/2015-08-18-Cancer-Incidence-Projections-Report.pdf?33520144225 (accessed 11 September 2015)

Dr Brian O Suilleabhain, Consultant in Public Health Medicine
Email: brian.osuilleabhain@lanarkshire.scot.nhs.uk, Telephone: 01698 858241

Dr Regina McDevitt, Locum Appointment Training, Public Health
Email: regina.mcdevitt@lanarkshire.scot.nhs.uk, Telephone: 01698 858226

Health Protection 2

2.1 Health Protection Update

The health protection remit of NHS boards is detailed in a Chief Medical Officer letter and the main legislation which supports health protection work is the *Public Health etc. (Scotland) Act 2008*.[1–2] The key functions of the NHS Lanarkshire Health Protection Team (HPT) are twofold, the prevention and control of communicable diseases and environmental hazards, and emergency planning.

Chapter 2 reports on specific examples of health protection work in 2014/15:

- a table detailing performance of population screening programmes;
- preparation for cases of Ebola Virus Disease and the investigation and management of possible cases and a confirmed case;
- an outbreak of mumps in Lanarkshire which has also been seen across Scotland; and
- the development and launch of the Lanarkshire HIV and Hepatitis website.

The HPT provides an emergency response rota of consultants in public health medicine (health protection), health protection nurses and support staff during normal working hours. An out-of-hours rota comprises consultants with input from specialty registrars. The HPT typically deals with enquires covering a wide variety of diseases and environmental hazards of varying severity and urgency.

In preventing and reacting to communicable disease and environmental issues, the HPT links with colleagues in the department, microbiology, infectious disease units, infection prevention and control, primary and secondary care, North and South Lanarkshire Council environmental health officers, as well as other NHS board health protection teams, Health Protection Scotland (HPS), Scottish Water, government veterinarians and the Scottish Government. The identification and management of health protection risks is a key aspect of collaborative working.

HPZone Scotland, the new Scottish health protection electronic case management system went live in Lanarkshire in March 2014, as described in last year's annual report. During 2014/15 HPZone has demonstrated its value in case management, sharing of records, importing laboratory reports, linking to HPS guidance, generating key actions for response by staff, and sharing non-patient identifiable data and common exposures across Scotland.

Notifications, reports and enquiries are received from microbiology laboratories, GPs, environmental health officers, schools, nurseries and playgroups, care homes and hospital wards. A summary of the most frequent cases that were dealt with during 2014/15 is shown in Table 2.1.1.

Table 2.1.1
Number of cases, 2014/15

Communicable Disease	Number of cases
Campylobacteriosis	903
Mumps	216
Salmonellosis	106
Pertussis (Whooping Cough)	105
Influenza	97
Hepatitis C	68
Cryptosporidiosis	53
PVL-associated staphylococcal infection	56
Norovirus Infection	27
E.coli infection, VTEC	24
Enterococcal infection	21
Hepatitis B	20
Invasive Group A Streptococcal infection	20
Staphylococcus aureus infection (Non-PVL associated)	20
Conditions with fewer than 20 cases	172
Total	**1908**

Source: HPZone

In addition to the above cases being managed, 867 enquiries were received with the most frequent topics being incomplete or unscheduled vaccination, whooping cough, influenza or flu-like illness, tuberculosis, diarrhoea and/or vomiting, hepatitis B, shingles, mumps, meningitis and meningococcal infection, and MRSA (Meticillin-resistant staphylococcus aureus).

The HPT responded to 101 incidents including 71 care home outbreaks which are detailed below.

- Gastroenteritis (including norovirus) – 63.
- Influenza – 4.
- Scabies – 2.
- PVL-staphylococcus aureus infection – 2.

Other incidents were a confirmed case of Ebola and several possible cases of Ebola who tested negative (Section 2.3), an outbreak of mumps (Section 2.4), an outbreak of botulism among people who inject drugs, an outbreak of enterococcal infection affecting patients on three wards, a landfill fire, travel related illness (gastroenteritis, Legionnaires' Disease), a parainfluenza outbreak affecting patients and staff on a ward, and outbreaks (gastroenteritis, chickenpox, Group A streptococcus, parainfluenza) affecting seven schools and nurseries.

Key Points

- Joint working by the HPT with partners is required to deal effectively and efficiently with a wide variety of diseases and hazards, which may involve significant numbers of cases or pose a high degree of risk to the local population.
- There are on-going health protection risks to Lanarkshire residents from endemic disease and hazards, and a need to be prepared for newly emerging situations such as pandemic influenza, or viral haemorrhagic fevers. These challenges need to be met within existing resources.

Priorities for Action

- Use HPZone to further develop communicable disease surveillance and clinical audit and to increase quality assurance.
- Work with health protection teams in other NHS Boards, HPS, and other partners in Lanarkshire to continually improve the quality of health protection work.

References

1 Scottish Executive Health Department. SEHD/CMO (2007) 02. NHS Boards' Health Protection Remit. www.sehd.scot.nhs.uk/details.asp?PublicationID=2145 (accessed 17 August 2015).

2 Scottish Government Public Health Act web page. www.scotland.gov.uk/Topics/Health/Policy/Public-Health-Act (accessed 17 August 2015).

Dr John Logan, Consultant in Public Health Medicine
Email: john.logan@lanarkshire.scot.nhs.uk, Telephone: 01698 858241

Table 2.2.1 Screening programmes in Lanarkshire

Screening Programme	Target population	Denominator and time frame	Standard	Uptake	Outcomes
Universal Newborn Hearing Screening (UNHS)	All newborn babies born to Lanarkshire residents in 2013–14 or moving into Lanarkshire under the age of 12 weeks	6,094 newborn babies/move-ins April 2013–March 2014	95% of babies should have completed the hearing screen by 4 weeks.	98.1%	7 moderate to severe hearing losses detected through screening. 6 had hearing aids fitted, 1 referred for cochlear implants.
Newborn Bloodspot Screening	All newborn babies born to Lanarkshire residents 2013–14	6,048 newborn babies April 2013–March 2014	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.	99.3%	0 babies with PKU, <5* babies with CF, 6 babies who are carriers of CF, <5* babies with CHT, 0 babies with MCADD, 0 babies with SCD.
Pre-School Orthoptic Vision Screening (POVS)	All resident Lanarkshire pre-school children aged 4 years	6,711 children September 2013–June 2014	No specific clinical standards other than all children to be offered screening aged 4.	92.3%	1,251 (20%) children referred to orthoptic/ophthalmology departments.
Down's Syndrome Screening	All pregnant women	4,940 bookings (women planning to deliver at Wishaw General) April 2013–March 2014	No specific clinical standards around uptake.	62%	5 cases of Down's Syndrome were diagnosed during pregnancy via this screening programme.

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%, compared with 73.5% for Scotland	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 April 2013–March 2014	Nationally agreed KPIs, including minimum uptake of 60%.	49.9%	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 women April 2013–March 2014	Nationally agreed KPIs, including minimum uptake of 80%.	79.3%	Meets all KPIs with the exception of uptake.
Diabetic Retinopathy Screening	Patients with diabetes aged 12 years and over	30,741	Nationally agreed KPIs, including minimum uptake of 80% .	74.6%, compared with 78.7% for Scotland	Clinical outcome, data not available.

*Actual numbers where cases number less than 5 individuals are censored.
CHT – Congenital hypothyroidism
PKU – Phenylketonuria
CF – Cystic fibrosis
MCADD – Medium-chain acyl-CoA dehydrogenase deficiency
SCD – Sickle Cell disorder

Key Points

- The Newborn Bloodspot, Newborn Hearing and Pre-school Vision screening programmes have continued to have a high uptake. The children who screened positive will have had their health outcomes greatly improved by early identification and treatment of their conditions.
- Breast Cancer screening uptake in Lanarkshire met the national minimum target but was lower than the Scottish average of 73.5%. A range of health improvement interventions are in place to improve this figure.
- A range of interventions are in place to improve the Bowel Cancer and Cervical Cancer screening uptake rates. Bowel Cancer screening uptake has increased since 2012-2013 whilst Cervical Cancer screening uptake has remained static.
- The Diabetic Retinopathy screening uptake did not meet the national minimum target. This is in common with several other boards in Scotland; the national average (78.7%) was also below the national target. Interventions are underway to optimise the administration of the screening programme and to raise awareness of the importance of screening amongst individuals with diabetes in low uptake areas.

Priorities for Action

- Continue to take action to improve the uptake of the screening programmes, particularly in areas of socio-economic deprivation which have some of the lowest rates.

Dr Tasmin Sommerfield, Consultant in Public Health Medicine
Email: tasmin.sommerfield@lanarkshire.scot.nhs.uk, Telephone: 01698 858358

Dr Jennifer Darnborough, Consultant in Public Health Medicine
Email: jennifer.darnborough@lanarkshire.scot.nhs.uk, Telephone: 01698 858358

Dr David Cromie, Consultant in Public Health Medicine
Email: david.cromie@lanarkshire.scot.nhs.uk, Telephone: 01698 858117

2.3 NHS Lanarkshire Preparedness for Ebola

Background

Ebola Virus Disease (EVD) is one of a number of viral haemorrhagic fevers (VHFs) which are endemic in Africa and parts of Asia. The current outbreak arose in the border area of Guinea in West Africa in December 2013 and quickly affected the neighbouring countries of Sierra Leone and Liberia, but was not identified as the cause until March 2014. On the 8 August 2014 the World Health Organisation (WHO) declared the outbreak as a "public health emergency of international concern".

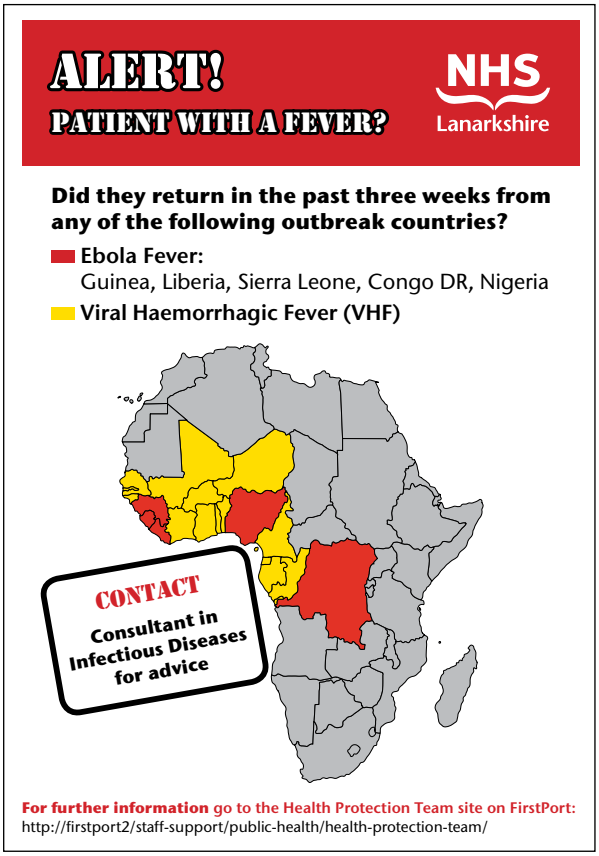
The WHO reported on the 11 March 2015 that over 24,000 people had been infected and that almost 10,000 had died from Ebola. At that time and for the second week Liberia had reported no new cases of Ebola, but both Guinea and Sierra Leone reported 58 new cases. There had not been a sustained drop in new cases in these countries from January to March 2015.

A NHS Lanarkshire resident who had been a volunteer healthcare worker in Sierra Leone was diagnosed with EVD following her return to Lanarkshire in December 2014.

Health Risk Assessment and Impact

The symptoms of Ebola are non-specific in the early stages and can include the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. The symptoms are similar to diseases such as malaria. The incubation period of Ebola ranges from 2 to 21 days. Patients only become infectious once symptoms start. Those who are most seriously ill, and the deceased, have the highest viral load and are therefore the most infectious. The groups who are at greatest risk of infection are travellers, healthcare workers and laboratory staff.

Vaccines for Ebola are being developed and initial trials indicate that they are prompting an immune response.



It is likely that there will be occasional cases of Ebola in Europe, most likely in returning health care workers or other infected travellers from West Africa. However, the risk to the UK public from EVD continues to be very low.

Ebola Preparedness – NHS Lanarkshire

An NHS Lanarkshire Ebola Preparedness Group, with input from key stakeholders across the organisation, has met on a regular basis to assess preparedness, review arrangements and develop local protocols.

NHS Lanarkshire held a table top exercise involving multidisciplinary staff in September 2014. In addition, several patients categorised as high possibility Ebola cases

were admitted to the Monklands Infectious Diseases unit during 2014/15. All cases tested negative for Ebola. This provided the opportunity for walk-through exercises held at the Monklands Infectious Diseases Unit and emergency departments (EDs) to develop NHS Lanarkshire's preparedness for dealing with a patient infected with Ebola. Each hospital site also established an Ebola Site Operational Group to ensure local preparations were made.

One of the key observations during the management of these cases was the significant impact on clinical, management and laboratory resources.

Posters to raise awareness among staff and patients were distributed to all GP practices and hospital medical and surgical receiving units and emergency departments in Lanarkshire. Section V of the Board's Control of Infection Manual which deals with VHFs was updated regularly in line with national guidance and local experience. The section includes guidance on risk assessment, patient pathways and laboratory protocols. Guidance documents and relevant links are available via the NHS Lanarkshire website. www.nhslanarkshire.org.uk/Services/InfectionControl/Documents/Control-of-Infection-Manual/Sect-V.pdf

In February 2015, the cabinet secretary for Health and Wellbeing recognised the work of NHS Lanarkshire staff and sent a letter thanking all those who had been involved with the management of the confirmed Ebola case and the possible Ebola cases who tested negative.

Key Points

- The Ebola outbreak in West Africa was declared an international public health emergency and is the world's most serious outbreak to date.
- A considerable amount of work was undertaken by NHS Lanarkshire to ensure appropriate arrangements are in place for responding to potential Ebola cases.
- Key response indicators assessed by WHO suggest that there remain significant challenges to overcome before transmission is brought under control.

Priorities for Action

- Staff in key frontline services need to maintain their knowledge and understanding of infection for VHFs as noted in NHS Lanarkshire's Control of Infection Manual.
- NHS Lanarkshire will continue to link with other NHS Boards, Health Protection Scotland and the Scottish Government to share learning arising from Ebola preparedness work and from responding to cases.

Dr S Josephine Pravinkumar, Consultant in Public Health Medicine
Email: josephine.pravinkumar@lanarkshire.scot.nhs.uk, Telephone: 01698 858235

Acknowledgement
NHS Lanarkshire Ebola Preparedness Group

2.4 Mumps: 10-Fold Increase In Cases

There were 182 clinical and confirmed cases of mumps across Lanarkshire from 1 January 2015 to 10 April 2015 (a ten-fold increase against the expected number of 17). The majority of cases were males (54%) and aged between 15 and 29 (67%). The peak in cases occurred from 1 January to 10 February 2015. Outbreaks, such as this, occur periodically, approximately every 3-4 years. The last was 2012, although Lanarkshire residents were relatively spared at that time.

There were no known hospitalisations or deaths from mumps during this outbreak. Other mainland areas of Scotland experienced significant increases, with over 600 cases of mumps notified in Scotland since 1 January 2015. In some health board areas, only laboratory confirmed cases were counted, meaning the actual number would be higher.

It may come as some surprise that 65% of cases were fully vaccinated against measles mumps and rubella (two doses of MMR vaccine), 15% had one dose, and 20% had no doses. The reasons for this are the high MMR uptake rates in the population, and because the MMR vaccine only has an efficacy (effectiveness) of 90% against mumps. This means that the mumps cases come largely from the 10% for whom the vaccine was given, but did not provide protection. Had MMR vaccine uptake been lower, there would have been more cases overall, but a higher percentage of cases would have been unvaccinated.

Current two dose uptake rates for 5 year olds are over 95%. The two dose uptake by secondary school year (S1–S6) ranges from 86% to 92%, with a further 4% having one dose. All secondary schools hosted the school booster vaccine sessions during February and March 2015. This provided further opportunity for S1 to S6 pupils to get their MMR vaccine. Lanarkshire GPs notified cases promptly to public health, advised the health protection team of any common links, used the polymerase chain reaction (PCR) test for rapid laboratory confirmation, and immunised some people aged 20-35 if they were not already fully vaccinated with MMR - a local enhanced service which was agreed with GPs from January to March 2015. Community pharmacists provided advice to patients. Salus, NHS Lanarkshire's occupational health service, was aware of possible staff implications.

A press release was issued on 21 January 2015 to advise the public about the increase in mumps cases. If symptomatic, individuals were asked to contact their GP, and for people aged 20–35 to get both doses of the MMR vaccination, if they had not already done so. The increase in mumps cases continued until June 2015.

Key Points

- Lanarkshire, along with other parts of Scotland, experienced steep increases in mumps cases in early 2015.
- Due to the high uptake rate and 90% efficacy of the two dose course of MMR vaccine, many of those with mumps had had previous MMR vaccination.
- No cases were known to have been hospitalised.

Priorities for Action

- To continue to issue information to the public and promote MMR vaccination.
- To promote the mumps PCR test in general practice, for earlier diagnosis and identification of localised outbreaks.
- To complete the secondary school (S1–S6) MMR catch-up programme and ensure access to MMR vaccine for those 20–35 years of age.

References

1 Immunisation against infectious disease (Mumps chapter). www.gov.uk/government/uploads/system/uploads/attachment_data/file/147975/Green-Book-Chapter-23-v2_0.pdf (accessed 01 July 2015).

Dr David Cromie, Consultant in Public Health Medicine & Immunisation Co-ordinator
Email: david.cromie@lanarkshire.scot.nhs.uk, Telephone: 01698 858117

2.5 The Lanarkshire HIV and Hepatitis Website

Introduction

The Lanarkshire HIV and hepatitis website (www.lanarkshirehivandhepatitis.org) was developed in response to the assessment of a need to support communication with all stakeholders in the Lanarkshire Blood Borne Viruses (BBV) Network. These include members of key groups in the Network, staff working in frontline BBV Services; patients, carers and other service users; health and social care professionals; and the general public. The development of the structure, content and graphics of the website involved many individuals and services. A partnership approach to the testing of the site was essential and involved health and social care professionals, service users and website design specialists.

Public Health Approach

The website, through information sharing, aims to prevent infection with a blood borne virus and to support those living with HIV and hepatitis.The target audience is anyone living, working or studying in Lanarkshire who is living with, or affected by, a blood borne virus. The site includes the following sections:

- **About HIV and Hepatitis**
  How HIV and hepatitis is transmitted, risk factors and information on testing.
- **Living with HIV and/or Hepatitis**
  Information on treatment, support and care for those living with, or affected, by HIV and/or hepatitis.
- **Education and Information**
  Access to education and training opportunities, new resources, leaflets and videos, including an on-line learning tool for all.
- **News and Events**
  The latest local, national and international news and events about HIV and Hepatitis and related issues.
- **Services**
  BBV Services that provide testing, treatment, care and support in Lanarkshire and Scotland.
- **Professionals**
  Dedicated information for social and health care professionals.
- **Risk Assessment**
  A risk assessment tool for anyone who may have put themselves at risk of becoming infected with a blood borne virus which provides tailored advice on where to access further information and support.

Using Social Media to Raise Awareness of HIV and Hepatitis

Promoting prevention messages is a key aim of the website and social media. Facebook, Twitter and YouTube, have been used to make the website more accessible. These media also provide opportunities to engage with people in high risk groups who are often hard to reach.

Christmas Campaign

A website promotion campaign was undertaken to support World AIDS Day in December 2014. The campaign was directed at the Lanarkshire population to prompt people to watch the promotional video and to encourage people to visit the website. In total 8,533 users engaged with the campaign with 4,761 viewings of the video

and 3,772 occasions when people clicked through to the website.

Focussed Campaign – Men who have Sex with Men (MSM)

A targeted MSM campaign was promoted on the MSM dating app, Grindr, which has 19,000 active Lanarkshire users. There were 1,861 clicks through from Grindr – approximately 10% of the active users. A key element of this campaign was to raise awareness of chemsex i.e. using sex and drugs together.

Penrose Inquiry

The website also provided links to the Penrose Inquiry which investigated the transmission of blood borne viruses (hepatitis C virus (HCV) and HIV) to people in Scotland in the course of medical treatment provided by the NHS.[1] The final report made a single recommendation: *"That the Scottish Government takes all reasonable steps to offer a HCV test to everyone in Scotland who had a blood transfusion before September 1991 and who has not been tested for HCV."*

Key Points

- The development of a new dedicated website for Lanarkshire residents on HIV and hepatitis has proved successful in raising awareness of blood borne viruses with hard to reach groups and the general public.
- The website provides an effective tool in raising awareness of emerging issues and communicating new information quickly to key groups.
- The website enables 24/7 access to up to date information about HIV, hepatitis B and hepatitis C and information about local services.

Priorities for Action

- To use the website to promote World Hepatitis Day (July 2015) and World AIDS Day (December 2015) and specifically to raise awareness of National Hepatitis Testing Week (August 2015) and European HIV Testing Week (November 2015).
- To continue to utilise the website to reach high risk groups including the African community, and men who have sex with men.
- To develop education and training resources that can be accessed through the website.
- To develop the service user stories section of the website to support patient experience, challenge stigma and discrimination, and raise awareness of HIV and hepatitis.

References

1 The Penrose Inquiry website. www.penroseinquiry.org.uk (accessed 09 July 2015.)

Trish Tougher, Blood Borne Viruses Prevention and Care Network Manager
Email: trish.tougher@lanarkshire.scot.nhs.uk, Telephone: 01698 858239

Dr John Logan, Consultant in Public Health Medicine
Email: john.logan@lanarkshire.scot.nhs.uk, Telephone: 01698 858241

3.1 Welfare Reform Advice Services

Introduction

Social and economic security are key determinants of health and wellbeing.[1] Key Scottish Government policy documents highlight the importance of people's life circumstances in determining their health outcomes and call for a reduction in poverty, and inequalities.[2]

Emerging evidence shows that welfare reform will result in an estimated income reduction of £1.5 billion across Scottish households. The changes affect both in-work and out-of-work households. Families and claimants with health conditions or disabilities will be among the worst affected.[3] Scottish Government guidance to NHS Boards calls for the implementation of Outcome Focused Plans, in collaboration with Community Planning Partners, to mitigate the impact of welfare reform and reduce inequalities.

Co-location of services

As part of a comprehensive strategy, the co-location of Welfare Rights Advice Services within health settings is being piloted across NHS Lanarkshire. Trained Welfare Rights Advisors provide patients and health staff with direct access to information and support on a range of benefit and money related issues. A key aim is to strengthen partnership working with health professionals to encourage them to raise the issue of money worries and to refer individuals at risk of financial hardship as early as possible into the service. In South Lanarkshire there are 5 hubs offering services 2 days per week and in North Lanarkshire 3 sites offering services 1 day per week.

Who can refer to this service?

Any community based health professional working in the area in which advisors are co-located can refer people to the service. Referrals can be made for any individual, including those already in receipt of benefits, in employment or retired. By adopting an in-house referral system, the project can reach individuals who may not access mainstream advice and to allow service demand to be managed. Ensuring that individuals are receiving their full benefit entitlement and income is maximised can make a significant difference to their mental and physical health.

Results

Referrals into the service have grown steadily over the life of the pilot projects. As the figures for referrals from GPs and health care staff highlight (Table 3.1.1), work to promote this service needs to be ongoing to ensure that more patients are identified and referred for the financial support they need at the earliest stage.

Table 3.1.1 Summary of project data for the period June 2014–March 2015

	South Lanarkshire Health and Welfare Advice Hubs	North Lanarkshire Welfare Rights Advice Service
Number of people seen by the service	461	249
Number of referrals from health professionals and GPs	449	48
Financial gain for clients	£362,960*	£199,960

Source: Hamilton Citizens Advice Bureau and North Lanarkshire Council, Financial Inclusion Team

*This amount represents the full gain calculated up to a maximum of one year.

The service has provided support on a wide range of issues, including carrying out income assessment, checking eligibility for benefits, support with sanctions and appeals, debt management, improved access to money advice and credit unions.

Key Points

- This holistic approach to service provision and partnership working highlights the practical role that health professionals play in addressing underlying social determinants of health and inequalities.
- Provision of welfare rights and financial advice in health settings is an effective way of reaching individuals at risk of financial hardship, to legitimise advice and remove barriers to accessing support.
- Specialist co-located services help to alleviate the pressure on GP and health services, as more individuals are affected by welfare reform and the detrimental impact on their health.

Priorities for Action

- Increase the awareness of all health staff of the impact of welfare reform on people's health and wellbeing and on health service demand.
- Promote referral pathways and integration of welfare rights and financial advice within mainstream health services.
- Use the positive learning outcomes from the co-location of advice services in health settings to inform future service development and allocation of resources.

References

1 WHO. *Closing the gap in a generation*. Geneva: World Health Organisation, 2008.

2 Scottish Government. *Equally Well: Report of the Ministerial Task Force on Health Inequalities*. Edinburgh: Scottish Government, 2008.

3 The Scottish Parliament. *The Cumulative Impact of Welfare Reform on Households in Scotland*. (*Paper 657*). Edinburgh: The Scottish Parliament, March 2015.

Mungo Shirkie, Integrated Children's Service Health Improvement Manager, Rutherglen and Cambuslang
Email: mungo.shirkie@lanarkshire.scot.nhs.uk, Telephone: 01698 723260

Janice Scouller, Health Improvement Team Lead, North West Unit
Email: janice.scouller@lanarkshire.scot.nhs.uk, Telephone: 01236 771063

3.2 Health Inequalities Action Plan

Introduction

Health inequalities and inequalities in general, are of major concern to Scottish Government, local authorities and Community Planning Partnerships (CPP). While the health of Scotland is improving, it is doing so more slowly than other European countries. Mortality rates have improved in deprived and affluent areas at broadly the same rate, leading to an increase in relative inequalities, and meaning that in order to reduce health inequalities there needs to be a faster improvement in the most deprived areas. As a result, the use of person, place and proportionate universalism are overarching themes for action.[1]

The Health Inequalities Policy Review outlines the following CPP responsibilities:

- Clear leadership, understanding and shared values for changing power, money and resource inequalities through a thorough understanding of need and the allocation of budgets and resources proportionate to that need.
- Creating the social culture for communities to re-engage; a civic society in which there is increased democratic engagement.
- Ensuring the approaches that work to reduce health inequalities become reality in the CPP area.
- Ensuring measurement of indicators and evaluation is in place to understand impact and demonstrate progress over time in closing the gap.[1]

Inequalities in Lanarkshire

Data from the Scottish Goverment shows that in South Lanarkshire 53 datazones (each of which has approximately 800 people) were amongst the 15% most deprived datazones in Scotland – 5.4% of the Scottish total and representing 13.3% of all South Lanarkshire datazones.[2] North Lanarkshire has 100 datazones amongst the most deprived in Scotland – 10.2% of the Scottish total and representing 23.9% of all North Lanarkshire datazones.

As a proportion of the local authority area, 16.8% of North Lanarkshire's population are income deprived (a domain based on entitlement to an array of welfare benefits).[2] This compares to 14% of South Lanarkshire's population and a Scottish proportion of 13.4%.

Inequalities extend beyond geographical boundaries and it is recognised that inequalities exist in issues such as gender, ethnic origin and sexual orientation.[3]

Action Plan

A short life working group established in 2013 consisting of CPP representatives developed the strategic inequalities logic model to underpin future developments. Utilising this model and the Equally Well Review, a Health Inequalities Action Plan was developed and was approved by NHS Lanarkshire Board in January 2015.[4] The plan identified five key themes across eight priorities:

Themes

- Early Years and Young People.
- Employment.
- Sustained focus on the wider determinants of health – person and place.
- Redesign of services to ensure inequalities sensitive practice.
- Asset approaches and co-production.

Priorities

Priority 1: Ensuring that every child has the best possible start in life.
Priority 2: Employment an Asset for Health: Maximising NHS Lanarkshire's role as an employer to address inequalities.
Priority 3: Tackling poverty and mitigating the impact of welfare reform.
Priority 4: Place Standard: To work with both local authorities to achieve the 'Place Standard' in one area in each local authority.
Priority 5: Reshaping NHS Lanarkshire's services to address inequalities.
Priority 6: Preventative services that support the most deprived populations in Lanarkshire.
Priority 7: Utilising the Assets based approach to improve health and wellbeing within our most deprived communities.
Priority 8: Identifying and developing 'person-centred' approaches to those who are vulnerable.

This action plan strives to embed these responsibilities within CPPs ensuring a single, strategic approach across Lanarkshire with direct links into Single Outcome Agreement processes. The Christie Commission was absolutely clear that a radical change in the design and delivery of public services, and the way in which public services work with each other, and with communities, was required to address inequalities.[5] Specifically, the Commission stated that public service organisations need to work in partnership to prioritise prevention, reduce inequalities and promote equality. In addition, this action plan will ultimately consider actions at all levels of the social determinants of health through the plans, strategies and collaboratives that underpin it.

Key Points

- Inequalities, including health inequalities, remain a major challenge for Scotland and Lanarkshire, with Community Planning Partnerships having a key role in effecting change.
- Redesigning and effective delivery of public services is important in reducing inequalities as envisaged by the Christie Commission.

Priorities for Action

- Ensure public organisations work together in Lanarkshire to reduce inequalities.
- Monitor and develop the Action Plan across the eight priorities.
- The Health Inequalities Action Plan is fully implemented and progressed appropriately.

References

1 NHS Health Scotland. *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities*. Edinburgh: NHS Health Scotland, 2013.

2 Scottish Government. SIMD 2012. www.scotland.gov.uk/Topics/Statistics/SIMD/DataAnalysis (accessed 01 July 2015).

3 Marmot M (2010) Fair Society, Healthy Lives -strategic review of health inequalities in England post-2010 www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review (accessed 01 July 2015).

4 Scottish Government. *Equally Well Review 2013: Report of the Ministerial Task Force on Health Inequalities*. Edinburgh: Scottish Government, 2014.

5 Christie C. *Commission on the Future Delivery of Public Services*. Scottish Government, 2011.

Gabe Docherty, Health Promotion Manager/Public Health Specialist
Email: gabe.docherty@lanarkshire.scot.nhs.uk, Telephone: 01698 377645

Dr Harpreet S Kohli, Director of Public Health
Email: harpreet.kohli@lanarkshire.scot.nhs.uk, Telephone: 01698 858241

3.3 Play Safe Home Safe

Raising awareness of personal safety for young people

The Scottish Government's discussion paper *Changing Scotland's Relationship with Alcohol* highlights a framework for tackling the increasing alcohol issues facing young people within Scotland.[1] The four main areas of focus in the paper were:

- Reduced alcohol consumption.
- Positive public attitudes towards alcohol and enabling individuals to make positive choices about the role of alcohol in their lives.
- Supporting families and communities.
- Improved support and treatment for those who require it.

In response to this paper, NHS Lanarkshire Health Improvement teams developed the Play Safe Home Safe campaign (PSHS) in partnership with Police Scotland to raise awareness and deliver key safety messages around alcohol, substance misuse, personal safety and safer sex. There are two key strands to this campaign; initially the provision of resource packs and latterly the development and promotion of the website www.playsafehomesafe.org.uk.

The website is framed around socialising opportunities for young people e.g. nightclubs, holidays, festivals and house parties. It includes two separate campaigns per year, one running over summer and another over the festive period. The website includes a 'Latest News' ticker that reflects any relevant information pertaining to young people at any point throughout the year, e.g. an update on the current syphilis increase across Lanarkshire. Examples of themes covered in the campaigns include:

Festive campaign:
- Party Tips.
- Christmas and New Year.
- Partying at home.

Summer campaign:
- Festivals.
- Going Abroad.
- Partying at home.

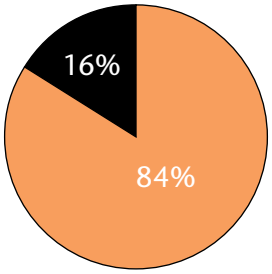
In total, approximately 5,000 resource packs were used by young people aged 16–24 years in a variety of settings and by a range of partners and agencies, including youth workers, housing associations, colleges and universities.

Feedback was requested from the young people in order to inform the content of the website, with the common themes being:
- perceived risk to their own personal safety
- physical assault for males, and
- sexual assault for females.

Police Scotland advised that this does not correlate with the actual risk, as incidents reported are much lower than young people's perceptions of risk.

Figure 3.3.1 The number of new visitors and return visitors to the website, November 2013 – March 2015

New visitors: 3,729
Return visitors: 676



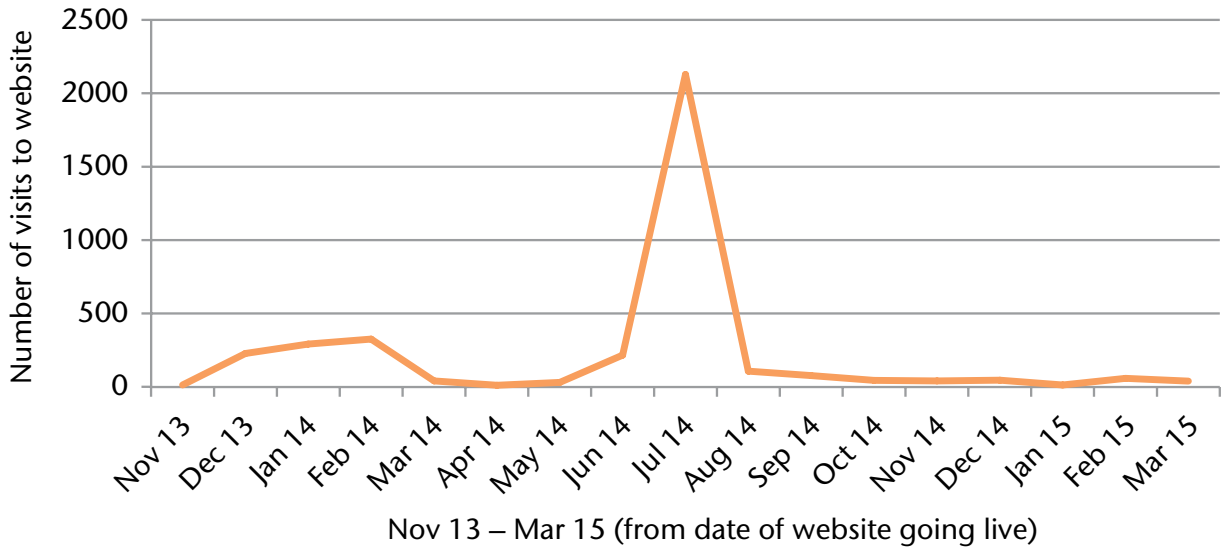
Source: www.google.com/analytics

Following the development of the website, a pilot stage was carried out within Airdrie Locality, including promotion of the website and resource packs in local secondary schools, leading to the roll out across Lanarkshire.

In total the PSHS website has had:

- 4,379 sessions.
- 3,706 unique visitors.
- 5,361 page visits.
- An average number of 1.22 pages visited per session.
- 3,729 (84.6%) new sessions or visitors (Figure 3.3.1).
- 676 (15.4%) return visitors.
- Visitor numbers peaking during the month of July 2014 during the Facebook campaign (Figure 3.3.2).

Figure 3.3.2 The number of active users on the website, November 2013 – March 2015



Source: www.google.com/analytics

Key Points

- To raise awareness of personal safety issues for young people through the campaign.
- To signpost young people to other support services.
- To increase confidence of young people to make safer choices.

Priorities for Action

- To continue to monitor the website and develop it further to include issues such as gender based violence.
- To secure funding to continue promoting the website on Facebook.
- To continue to promote the website, sexual health and alcohol resources with relevant partner agencies.

References

1 Scottish Government. *Changing Scotland's Relationship with Alcohol: a discussion paper on our strategic approach*. Edinburgh: Scottish Government, 2008.

Susan Peacock, Health Promotion Senior, Airdrie Locality
Email: susan.peacock@lanarkshire.scot.nhs.uk, Telephone: 01236 771057

Acknowledgements
Written with contribution from Health Improvement colleagues in NHS Lanarkshire.

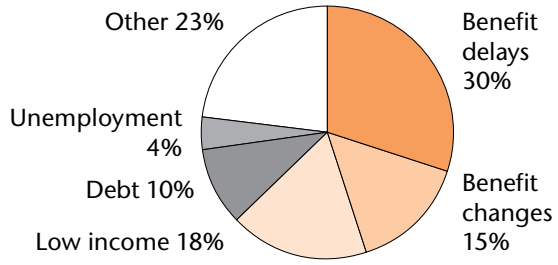
3.4 Food Poverty in Lanarkshire

Introduction

Food poverty is not new, and the reasons behind it are complex and challenging.[1] The inability to access adequate nutritious food has a negative impact on physical and emotional health and wellbeing, and can increase demand for health and other services. Food poverty is defined as "The inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the certainty that one will be able to do so".[2]

Evidence from the Trussell Trust, one of the biggest providers of food banks in the UK, shows a sharp increase in demand for crisis food aid over the last 5 years.[3] Based on national data and accounting for the higher prevalence of poverty, we can estimate that approximately 35,000 people will need support in Lanarkshire and that this will be for a variety of reasons (Figure 3.4.1).

Figure 3.4.1 Primary Referral causes to Food Banks, 2013–14



Source: Trussell Trust [5]

Provision of emergency food aid alone is not a sustainable approach to food poverty. Tackling the underlying causes of poverty and inequality and acknowledging that access to safe, nutritious food as a human right and a necessity for health and wellbeing is essential.[4] In conjunction with partners, health services have a lead role in addressing food poverty.

Response

In both North and South Lanarkshire, partners from the statutory, voluntary and private sectors are working to implement a preventative approach to food poverty which focuses on maximising income, better access to affordable, nutritious food and which prioritises the most vulnerable.[6]

The overall aim is to get affordable healthy food and other support services to people most in need in a way that is sustainable and fair. The main activities being taken forward include:

- Coordinating a range of crisis food responses and improving access for people in crisis.
- Sourcing, storing and distributing food more effectively and sustainably.
- Promoting access to affordable, healthier food, food preparation and cooking skills.
- Access to financial support and money advice to maximise income.
- Promoting uptake of free school meals and breakfast clubs.
- Developing services for older people.
- Maximising volunteering, employability and training gains from these activities.

Results

In 2014, a comprehensive mapping of all food crisis services in Lanarkshire was carried out. This highlighted the wide range of food based initiatives available. There are over 25 food banks operating across Lanarkshire. To ensure individuals receive the holistic support they need, a joint referral process has been agreed, with the Scottish Welfare Fund playing a central coordinating role.

Lanarkshire Community Food and Health Partnership (LCFHP) supports 29 community run food co-ops, 28 fruit and vegetable initiatives, and the High Five for Fruit project operating in all 129 North Lanarkshire nurseries. In 2013, LCFHP accessed Big Lottery funding to set up North Lanarkshire Food Aid (NLFA). NLFA offers a more connected and holistic response to the increase in extreme food poverty. Since

the start of the programme over 2,500 emergency food packs have been distributed and over 71 healthier eating classes have been delivered.

Communities across Lanarkshire are organising themselves to respond to food poverty and to put in place healthier eating and growing initiatives.

Key Points

- Food poverty is worse in communities with a history of deprivation. With the increase in job insecurity, lower incomes and welfare benefit reform, we have seen a significant increase in the number of people accessing crisis aid.
- Food insecurity affects more than physical health. The emotional strain and stigma associated with food crisis has a negative impact on mental health. Together this increases demand for health and other services.
- NHS staff need to be part of a collaborative approach to address food, and wider poverty issues.

Priorities for Action

- Continue to resource and fund the core work across Lanarkshire to address food poverty.
- Engage NHS Lanarkshire staff at all levels and provide the information and training required to ensure that service users receive a holistic service and are effectively connected into existing support available to them.
- Advocate for changes in national and local policy and practice to reduce the need for food banks and food aid programmes and ensure that there is an adequate safety net for people in crisis.

References

1 MacLeod, M. *Making the Connections: A study of emergency food aid in Scotland*. Glasgow: The Poverty Alliance, 2015.

2 Dowler, E, Jones, C. *The Welfare of Food: rights and responsibilities in a changing world*. Oxford: Blackwell Publishing, 2003.

3 Below the Breadline Report. http://policy-practice.oxfam.org.uk/publications/below-the-breadline-the-relentless-rise-of-food-poverty-in-britain-317730 (accessed 01 July 2015).

4 Riches, G and Silvasti, T. *First World Hunger Revisited: Food Charity or the Right to Food?* Basingstoke: Palgrave MacMillan, 2014.

5 Trussell Trust Food bank information pack 2013–14. www.trusselltrust.org/resources/documents/Press/TT-Foodbank-In–formation-Pack-2013-14.pdf (accessed 01 July 2015).

6 Fairley, A. and Smart, D. *Tackling Food Poverty and Insecurity. North Lanarkshire Strategic Framework.* North Lanarkshire, 2014.

Janice Scouller, Health Improvement Team Leader, North West Unit
Email: janice.scouller@lanarkshire.scot.nhs.uk, Telephone: 01236 771063

Kerri Todd, Assistant Health Promotion Manager
Email: kerri.todd@lanarkshire.scot.nhs.uk, Telephone: 01698 377622

3.5 Multi-Agency Risk Assessment Conference (MARAC) for Very High Risk Domestic Abuse Cases

NHS Scotland recognises domestic abuse as a significant public health concern, with well documented short and long-term impact on victims' health and wellbeing. The Scottish Government recognises tackling this issue is a priority for women and children.

In Lanarkshire, police figures showed 7,060 reported cases of domestic abuse in 2012–13.[1] It is acknowledged the majority of domestic abuse – with some estimates at 80% – goes unreported.[2]

Multi-agency risk assessment conference (MARAC) is a mechanism for joint action plans on domestic abuse cases assessed at very high risk of serious assault or homicide. Equally Safe, the Scottish Government's latest strategy for preventing and eradicating violence against women and girls, expects MARAC to be in place across the country during its term.[3]

North Lanarkshire was the first local authority to set up MARAC, between 2005 and 2011. National progress led local partners to review and restructure, including setting it up in South Lanarkshire. MARAC now operates across Lanarkshire, supported by the violence against women partnerships, North Lanarkshire Public Protection Chief Officers Group, South Lanarkshire Community Safety Partnership and is included in NHS Lanarkshire's gender-based violence strategy.[4]

Advocacy Support Safety Information Services Together (ASSIST), a specialist domestic abuse court advocacy service, is funded by the Scottish Government and Police Scotland. This service is co-located with Police Scotland in East Kilbride, managing and administering the MARAC process in Lanarkshire.

Between April 2014 and March 2015, 309 cases were heard at Lanarkshire MARACs. ASSIST's Head of Service advised in comparison to other areas in terms of risk levels, patterns of violence and repeat victimisation, Lanarkshire (and in particular North Lanarkshire) has significantly higher levels of serious physical assault than Glasgow. Local partners are investigating this further.

A key element of MARAC is use of a national risk assessment tool, the Safe Lives Domestic Abuse, Stalking and Honour-based Violence Risk Indicator Checklist (DASH-RIC). It is used as standard by ASSIST, Police Scotland, NHS Lanarkshire Ending Violence and Abuse Services (EVA) and Women's Aid groups locally.[5]

There are national plans to incorporate this into the care pathway for health visitors, who currently enquire routinely about domestic abuse.[6] NHS Lanarkshire has routine enquiry incorporated into the patient record and the next phase will be

to build in the DASH-RIC, with relevant learning and support for staff.[5]

In summary, gender-based violence awareness is increasing in health and social care. Where domestic abuse cases assessed at very high risk of serious assault or homicide are identified, MARAC is the acknowledged route to work with multi-agency partners to protect victims and their children, and address the behaviours of the perpetrator. Further information on MARAC is available from the Gender-based Violence Manager.

Key Points

- MARAC is being rolled out nationally.
- Lanarkshire processes are already established and are being evaluated.
- First year findings indicate significant health and social risks for victims and children.

Priorities for Action

- Rollout of SafeLives-DASH RIC use by health visitors – Phase One to be completed by September 2015.
- Promote this for other areas of health carrying out routine enquiry.
- Increase referral rates directly to MARAC from health staff, to identify and support cases not reported to police.

References

1 Scottish Government. Domestic Abuse Recorded by the Police in Scotland, 2012-13. www.gov.scot/Publications/2013/10/2411 (accessed 01 July 2015).

2 Standing Together Against Domestic Violence website. Still behind closed doors and largely unreported. www.standingtogether.org.uk/fileadmin/user_upload/standingUpload/PR/YouGov_survey.pdf (accessed 01 July 2015).

3 Scottish Government. Equally Safe - Scotland's strategy for preventing and eradicating violence against women and girls. www.gov.scot/Publications/2014/06/7483 (accessed 01 July 2015).

4 NHS Lanarkshire. Tackling violence against women as gender-based violence – a strategy 2013-2018. NHS Lanarkshire, 2013. www.nhslanarkshire.org.uk/Services/EVA%20Services/Documents/GBV-Strategy-2013-18.pdf (accessed 01 July 2015).

5 SafeLives: Ending Domestic Abuse website. Resources for IDVAs (Independent Domestic Violence Advocacy Workers). www.safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas/resources-idvas (accessed 01 July 2015).

6 Scottish Government. Gender-Based Violence Action Plan CEL 41 (2008). Scottish Government: Edinburgh. 2008. www.sehd.scot.nhs.uk/mels/CEL2008_41.pdf (accessed 01 July 2015).

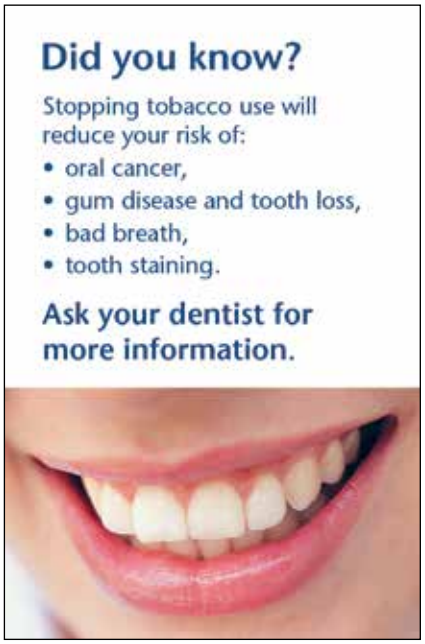
Ann Hayne, Gender-Based Violence Manager
Email: ann.hayne@lanarkshire.scot.nhs.uk, Telephone: 01236 707767

4.1 Smokefree and Smiling

Background

The use of tobacco, especially cigarette smoking, is the leading cause of preventable illness and mortality in the developed world.[1] In Lanarkshire, the prevalence of smoking differs by local authority. Across North Lanarkshire, 29% of men and 29% of women smoke, whilst in South Lanarkshire, 18% of men and 25% of women smoke.[2, 3] Prevalence of smoking is greater in areas of deprivation across Lanarkshire.

Action on Smoking and Health (Scotland) recommend that more professionals within health and community services still need to raise the issue of smoking with their clients, despite the fact that the evidence for the effectiveness and cost-effectiveness for stop smoking services is well documented. They also emphasise that health professionals should be equipped to give brief advice on tobacco use and be able to refer patients into stop smoking services.[4]



Guidance published by the Department of Health in England for a number of years has emphasised the importance placed on the dental team to enquire routinely about their patients' tobacco use and to give advice and support.[5]

Dental professionals usually update the medical history (including social history) of their patients at check-up appointments. This provides a unique opportunity to identify smokers and refer them on to NHS Lanarkshire Stop Smoking Service.

Developments

A local dental referral pathway (www.nhslanarkshire.org.uk/Services/StopSmoking/Documents/Dental-Referral-Pathway-for-Smoking-Cessation.pdf) has been developed and distributed to all general dental practitioners (GDPs) in Lanarkshire to encourage referral to the Stop Smoking Service. This has been accompanied by twice yearly tobacco awareness training for all dental professionals. Additional training has been provided to a link person within the practices, with resources made available to assist practices to refer or signpost to stop smoking services. Information on tobacco awareness and the Stop Smoking Service is now included in the induction pack for new GDPs joining NHS Lanarkshire.

Results

Since the inception of the initiative, NHS Lanarkshire has delivered six two-hour tobacco awareness sessions and 396 dental professionals have attended tobacco awareness training. Dentists are given information to allow referral and signposting to the Stop Smoking Service. Dental referral numbers are still low. The latest data for 2014/15 suggested that dental practices referred only 10 patients. However, this figure did not represent those who may have been signposted to the service. Accurate data on the number of people contacting the service following a discussion and signposted from dental practices are difficult to capture as it relies on the patient to inform the service of this. In future, improvement methodology will be utilised

within two practices in Lanarkshire to assist the development of standard referral procedures in an attempt to improve dental referrals.

Key Points

- Dental services could make a significant contribution to public health by referring smoking patients to stop smoking services.
- A variety of local initiatives have been developed to assist dental practices to refer smoking patients to stop smoking services.
- More work needs to take place to encourage dental practices to refer patients to stop smoking services routinely.

Priorities for Action

- Audit dentists to assess if they ask patients routinely for social history as part of medical history.
- Use improvement methodology to increase dental referrals to stop smoking services in dental practices across Lanarkshire.
- Focus improvement efforts in areas of deprivation where smoking prevalence is higher.

References

1 ASH Scotland. *Up in Smoke: The economic cost of tobacco in Scotland*. Edinburgh: ASH Scotland, 2010.
2 Scottish Government. Scottish Household Survey Annual Report – Scotland's People: North Lanarkshire 2013. www.gov.scot/Resource/0046/00469316.pdf (accessed 01 July 2015).
3 Scottish Government. Scottish Household Survey Annual Report – Scotland's People: South Lanarkshire 2013. www.gov.scot/Resource/0046/00469323.pdf (accessed 01 July 2015).
4 ASH Scotland. *Beyond Smoke-free*. Edinburgh: ASH Scotland, 2010.
5 Public Health England. *Smokefree and Smiling: helping patients to quit tobacco*. Second edition. London: Public Health England, 2013.

Celia Briffa-Watt, Senior Health Promotion Officer
Email: celia.briffa-watt@lanarkshire.scot.nhs.uk, Telephone: 01698 377625

Albert Yeung, Consultant in Dental Public Health
Email: albert.yeung@lanarkshire.scot.nhs.uk, Telephone: 01698 858214

4.2 The Public Dental Service

Introduction

The Public Dental Service (PDS) was formed on 1 January 2014 from the merger of the Salaried General Dental Services (SGDS) and the Community Dental Services (CDS).[1]

Combining both services into a single service:

- allows consistency of approach and flexibility in service delivery
- ensures a consistently high level of care
- safeguards service provision for patients with special care needs
- harmonises the terms and conditions for employees
- enables skill mix change to ensure appropriately trained staff are available to meet the local needs of varying client groups and
- introduces a uniform approach to NHS patient charges across Scotland.

The features of the PDS

The distinctive features of the PDS are that it:

- operates mainly within a primary community setting, but is also delivered in secondary care settings e.g. in prisons and is complementary to and not in competition with independent contractor dentists.
- supports teaching at both undergraduate and dental foundation level.
- delivers dental public health functions e.g. National Dental Inspection Programme (NDIP), screening programmes in care homes, and Childsmile.
- operates in rural areas where dental services are often provided from multiple locations with low patient volumes.
- involves considerable amounts of indirect patient care e.g. many patients require complex management which necessitates preparatory work before treatment is provided.
- now has to charge patients, as GDPs already do, for the dental treatment provided. Patients are required to pay 80% of the cost of their NHS dental treatment up to a set maximum per course of treatment (currently £384), unless they belong to one of the groups entitled to free or subsidised NHS dental treatment.

The role of the PDS

The role of the PDS is to:

- provide dental treatment to patients with special care requirements.
- provide dental services that are not routinely available in general dental practice e.g. dental treatment under general anaesthetic for children and adults with special needs.
- accept referrals of patients, e.g. special care adults, vulnerable children and children with behavioural management problems, from independent contractor general dental practitioners and other health care professionals.
- accept referrals of patients with complex medical needs that cannot be treated in general dental practice.[2]
- accept referrals of anxious children and severely anxious adults for dental treatment under sedation.
- provide care for socially excluded groups such as prisoners, and those who are unable to leave their home.
- deliver large preventive programmes e.g. Childsmile, and collection of epidemiological data.
- manage the Out of Hours Emergency Dental Service.

Key Points

- The PDS had adapted to meet the demands of patients with special needs, primarily those with complex clinical conditions and/or challenging behaviour.
- The PDS has to collect patient charges.
- The PDS continues to reduce inequalities in dental health.

Priorities for Action

- Adopt and modify the SOAR appraisal system for dentists working in the PDS.
- Ensure dentists carry out 15 hours of Audit in each 3 year cycle.
- Carry out a PDS patient experience survey.
- Develop the service for bariatric patients.
- Ensure improved access for prisoners in HMP Shotts continues.
- Work with and support staff to reduce the adverse impact of sickness absence on the service delivered to patients.

References

1 NHS Circular: PCS(DD)2013/5 Pay, terms and conditions of service for the Community Dental Service and Salaried General Dental Service in Scotland following the creation of the new Public Dental Service (PDS) 19 September 2013.

2 NHS HDL(2006)57 Review of Primary Care Salaried Dental Services in Scotland 13 October 2006.

Mike Devine, Director of Public Dental Services
Email: mike.devine@lanarkshire.scot.nhs.uk, Telephone: 01236 707711

5.1 Improving Child Health Surveillance

Introduction

The Child Health Surveillance Programme (CHSP) is provided to all children in Scotland. It aims to ensure children have the best start in life through provision of health promotion and parenting support, early identification of physical and developmental problems, delivery of early and effective interventions and provision of support to vulnerable children and families.[1]

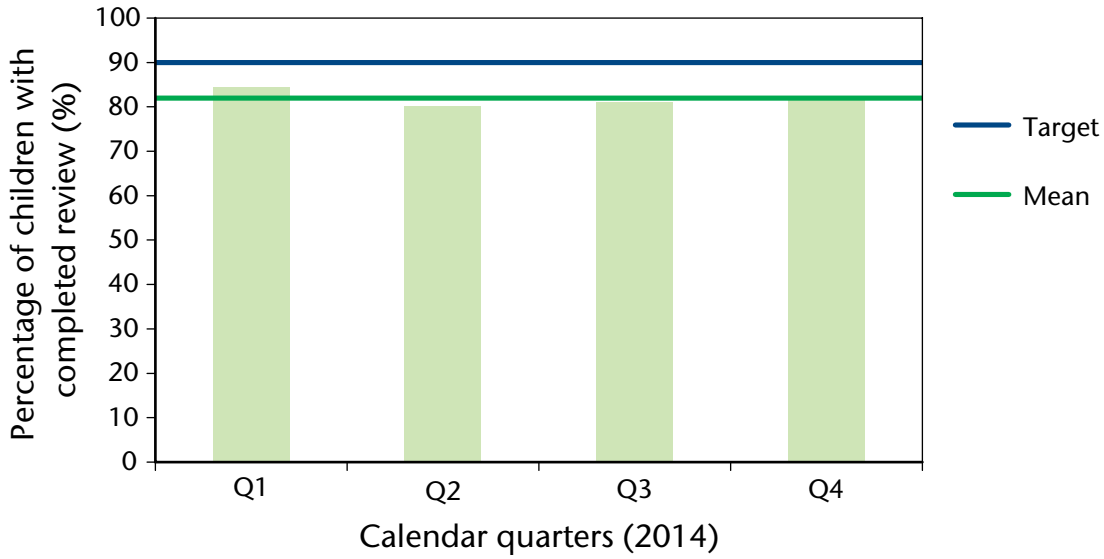
The CHSP includes regular structured contacts with health visitors and other health professionals for all pre-school and school aged children. These include assessment of a child's health, development and wider wellbeing, based on the Getting it right for every child (GIRFEC) wellbeing indicators.[2] Currently, pre-school reviews take place at 11–14 days (first visit), 6–8 weeks and 27–30 months.

NHS Lanarkshire is committed to improving the uptake, timing and quality of pre-school child health reviews to ensure maximum benefit, and to support the role of the child's Named Person (their health visitor or family nurse) in protecting, promoting and supporting wellbeing.

6–8 week review

The 6–8 week review is a developmental assessment and medical examination completed by the GP, often in conjunction with the health visiting team. Information is collected on infant feeding, parental concerns, development and physical health.[1] The quality standard states that 'parents or main carers of babies are offered an appointment for the baby to attend for their 6–8 week physical examination before 10 weeks of age'.[3] In Lanarkshire, quarterly practice-level data is reviewed against a local standard of 90% of children have completed a 6–8 week review by 10 weeks of age (see Figure 5.1.1). In 2014, 82% of children had a completed review by 10 weeks, which falls below the local standard. There was significant variation across practices (from 18.8% to 100%), however, the number of children in some practices is small so individual practice percentages should be interpreted with some caution.

Figure 5.1.1 Percentage completed reviews by 10 weeks of age



Source: Child Health Systems Programme – Pre-School

In order to improve uptake and timing of the review, different approaches to further collaborative working between GPs and health visitors are being tested. It is expected that this will result in a more holistic assessment with better engaged and informed practitioners, parents and carers.

27–30 month review

The 27–30 month review is a developmental assessment undertaken by the child's health visitor. The review was introduced in April 2013 and is offered to all children. Children are assessed against nine developmental domains and have their height and weight measured.[4] A national stretch aim has been set to ensure that 85% of all children reach all of the expected developmental milestones at the time of the 27–30 month review.

In the period June 2013 to December 2014, 81% of children received a 27–30 month review. Ninety percent of those reviews were meaningful, i.e. all nine developmental milestones were assessed and results recorded. Of all children eligible for the review, 68% had no developmental concerns; currently below the national stretch aim of 85%. Table 5.1.1 shows the percentage of children with no concerns in each of the nine development areas. Speech, language and communication has been identified as a focus for improvement because only 61% of children had no concerns following review.

Table 5.1.1 Developmental milestones at 27 months

Developmental milestones – no concerns (of total eligible children) Jun 2013 – Dec 2014	%
Vision	71%
Hearing	71%
Fine Motor	71%
Gross Motor	72%
Speech, Language & Communication	61%
Social	70%
Emotional	71%
Behavioural	69%
Attention	68%

Source: Child Health Systems Programme – Pre-School

A range of improvement work is underway to increase the uptake of the 27–30 month review and to ensure children meet their expected developmental milestones, including, the provision of an earlier review at 12–15 months, better communication and engagement with families, improved visibility, and provision of speech and language support.

Key Points

- 82% of children received a 6–8 week review by 10 weeks of age; against a target of 90%.
- 81% of children received a 27–30 month review; 90% of which were meaningful.
- The highest level of developmental concern is in the speech, language and communication domain.

Priorities for Action

- Better understand the reason/s why some children do not receive a 6–8 week review by 10 weeks of age.
- Determine whether more joined-up working between GPs and health visitors leads to improvement.
- Continue to progress improvement work to increase uptake of the 27–30 month review and support better developmental outcomes for children.

References

1 NHS Scotland. Child Health Surveillance Programme Pre-school Clinical Guidelines (October 2010). www.isdscotland.org/Health-Topics/Child-Health/Child-Health-Programme/Child-Health-Systems-Programme-Pre-School.asp (accessed 01 July 2015).

2 Getting it right for every child in Lanarkshire. www.girfecinlanarkshire.co.uk (accessed 01 July 2015).

3 National Institute for Health and Care Excellence. Postnatal Care. Quality statement 7: Infant health – physical examination. https://www.nice.org.uk/guidance/qs37/chapter/quality-statement-7-infant-health-physical-examination (accessed 01 July 2015).

4 Scottish Government. The Scottish Child Health Programme: Guidance on the 27–30 month child health review. www.gov.scot/Publications/2012/12/1478/downloads#res410922 (accessed 01 July 2015).

Ashley Goodfellow, Public Health Specialist
Email: ashley.goodfellow@lanarkshire.scot.nhs.uk, Telephone: 01698 858222

Acknowledgements
Thanks to Scott Purdie, Clinical Quality Co-ordinator and Derek Roseburgh, Public Health Information Analyst for their help with the collation of data.

5.2 Ophthalmic Public Health

General Ophthalmic Services

The Smoking, Health and Social Care (Scotland) Act 2005 re-established the universal NHS eye examination for all patients.[1] Around the same time the Scottish Government published The Review of Community Eyecare Services.[2] Both recognised the potential to improve community eyecare by developing the optometry resource in primary care. Optometry would be the first port of call for eye problems to ensure easy, convenient access to eyecare services. The key aims were to facilitate early detection and diagnosis of eye disorders, prevent unnecessary visual loss, manage more patients in primary care and introduce community-based low vision networks. Early indications suggest significant success with a 4.5% reduction in referrals between 2006 and 2012 (compared with a rise of 24% in England over the same period).[3]

Lanarkshire Eye-health Network Service

In 2010 the Lanarkshire Eye-health Network Service (LENS) was established to utilise the available skill set within optometry to retain and manage more eye conditions in the community. LENS introduced the use of Patient Group Directions (PGD) into optometry for the first time to enable most common 'red eye' conditions to be treated by optometrists within primary care. All optometrists participating in LENS have undergone additional training to use the PGDs. The introduction of Independent Prescribing rights for optometrists has further enhanced the service. LENS has also improved communication between optometry and ophthalmology thus benefitting patients and facilitating greater efficiencies across the eyecare service overall – reducing health inequalities.

LENS has ensured some notable benefits to patient care in Lanarkshire:

- Rapid effective access to specialist eyecare services.
- Shifting the Balance of Care from general practice, pharmacy and ophthalmology to optometry.
- 17% reduction in new ophthalmology referrals since 2010.
- 80-90% of emergency eye conditions managed in primary care.
- 60% reduction of eye-related presentations to emergency departments.
- 98% positive patient satisfaction feedback.[4]

Lanarkshire Low Vision Network (LLVN)

Until the establishment of the LLVN in 2008, all patients requiring a low vision assessment and optical aids had to make a round trip to Gartnavel Hospital in Glasgow. This was a problem for Lanarkshire residents, and particularly challenging for predominantly older people with a visual disability and potentially other co-morbidities.

The LLVN has provided expert low vision care throughout Lanarkshire, benefitting approximately 600 people every year.[5] The network has established joint working between hospital eye clinics, optometrists and local government services such as social care and rehabilitation workers – providing effective, personal care for each patient and optimising visual function to maintain independent living.

Key Points

- LENS and LLVN have improved access in Lanarkshire.
- Optometry prescribing has ensured more effective, quality care.
- LENS has established greater efficiencies in eyecare.

Priorities for Action

- Establishing integrated networks on vision with 'Falls' and 'Stroke' teams.
- Raising awareness of eye health across Lanarkshire.
- Delivering a targeted glaucoma campaign to vulnerable communities.

References

1 Scottish Executive. *General Ophthalmic Services* (*Scotland*) *Regulations*. Edinburgh: Scottish Executive, 2006 [Amended 2010].

2 Scottish Executive. *Review of Community Eyecare Services*. Edinburgh: Scottish Executive, 2005 & 2006.

3 Scottish Executive. *ISD Annual Reports on General Ophthalmic Services*. Edinburgh: Scottish Executive, 2010-2014.

4 NHS Lanarkshire. *Audit of the Lanarkshire Eyehealth Network Servic*e. Lanarkshire: 2011 & 2013.

5 NHS Lanarkshire. *Audit of the Lanarkshire Low Vision Network*. Lanarkshire: 2009 & 2011.

Frank Munro, Chair, Lanarkshire Area Advisory Optometric Committee
Email: frank@munrooptom.com, Telephone: 07875 953515

Julia Hunter, Optometric Adviser, NHS Lanarkshire
Email: julia.hunter@lanarkshire.scot.nhs.uk, Telephone: 01698 858138

5.3 Management of Nicotine Addiction for All Inpatients

Introduction

An Integrated Care Pathway (ICP) for the management of nicotine addiction for all inpatients who smoke has been rolled out to Lanarkshire's three acute hospitals. The ICP ensures that on admission, all patients who smoke are offered Nicotine Replacement Therapy (NRT) for relief of withdrawal symptoms, and also offered referral to the Stop Smoking Nurse Specialist for support to quit.

Background

Smoking remains the biggest single preventable cause of ill health, disability and early death in Lanarkshire and Scotland.[1] Nicotine addiction is a lifelong chronic relapsing condition in which individuals have impaired control over their behavior with harmful health results.[2] Smoking cessation guidelines suggest that hospitals may be the best place to offer patients the opportunity to stop smoking.[3] An ICP helps to embed evidence-based and person-centred guidelines, protocols and locally agreed best practice into everyday use for the patient, and provides a means of recording patient care.[4]

Rationale for ICP

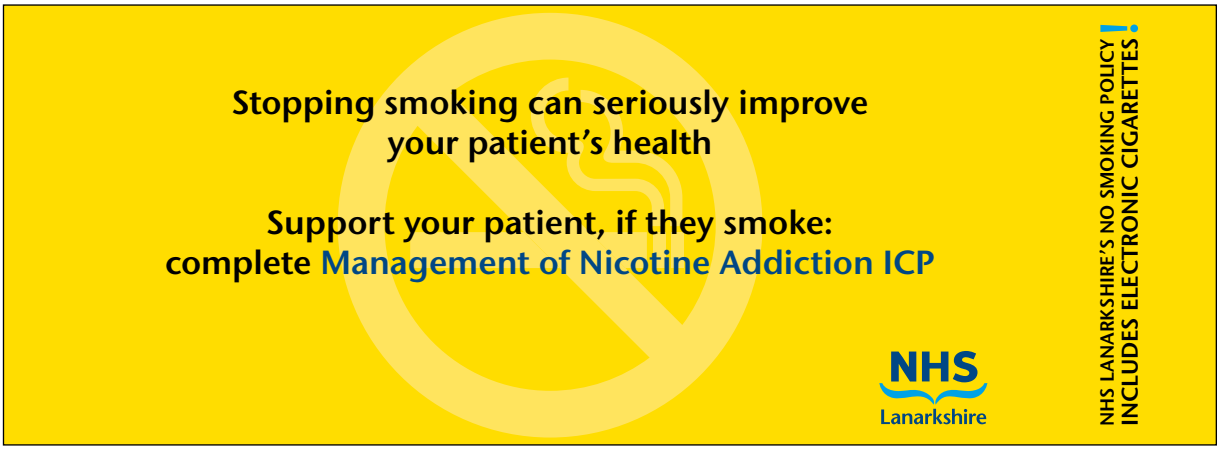
The ICP for managing nicotine addiction was developed to improve patient comfort and guarantee equity of care for all inpatients who smoke. Patients who smoke quickly experience withdrawal symptoms such as anxiety, restlessness, insomnia, agitation and aggression; all of which can cause the patients behaviour to be disruptive within the ward area.

Embedding the ICP into routine practice helps staff recognise nicotine addiction, withdrawal symptoms and suggests appropriate NRT products to be prescribed on admission. Patients can then be signposted to the Stop Smoking Nurse Specialist if they wish to quit.

Implementation of the ICP supports national and local policy (including NHS Lanarkshire's No Smoking Policy) and contributes to the HEAT target of delivering universal smoking cessation services. This target aims nationally for at least 12,000 successful quits, at 12 weeks post quit, in the 40% most deprived within-Board SIMD (Scottish Index of Multiple Deprivation) areas for the year ending March 2015.[5]

Implementation

An initial pilot was undertaken in three wards in one hospital and staff were given support to use the ICP. The pilot highlighted a significant increase in referrals to the Stop Smoking Service. Survey results highlighted that staff knowledge and confidence had increased, and 98% of patients contacted following discharge stated they felt more comfortable and would not be frightened to come into hospital in the future.



Key Points

- The ICP supports NHS Lanarkshire's No Smoking Policy by offering an alternative to smoking including supporting mental health patients to achieve a smoke free environment.
- Referrals to the Stop Smoking Service increased by 51%.
- 63% of referrals were from the most deprived SIMD areas.

Priorities for Action

- Continue to support ward staff in use of the ICP.
- Provide ICP awareness sessions to ward managers.
- Audit the use and effectiveness of the ICP.

References

1 Scottish Public Health Observatory. NHS Smoking Cessation Service Statistics (Scotland) 2010. www.scotpho.org.uk/publications/reports-and-papers (accessed 01 July 2015).

2 National Institute for Health and Care Excellence (NICE). *Chronic obstructive pulmonary disease quality standard*. London: NICE, 2011.

3 NHS Health Scotland and Action on Smoking and Health (ASH) Scotland. *A guide to smoking cessation in Scotland 2010: Helping smokers to stop: Brief interventions*. Edinburgh: NHS Health Scotland, 2010.

4 National Pathways Association. A Definition of a Care Pathway, Association Newsletter, 1998.

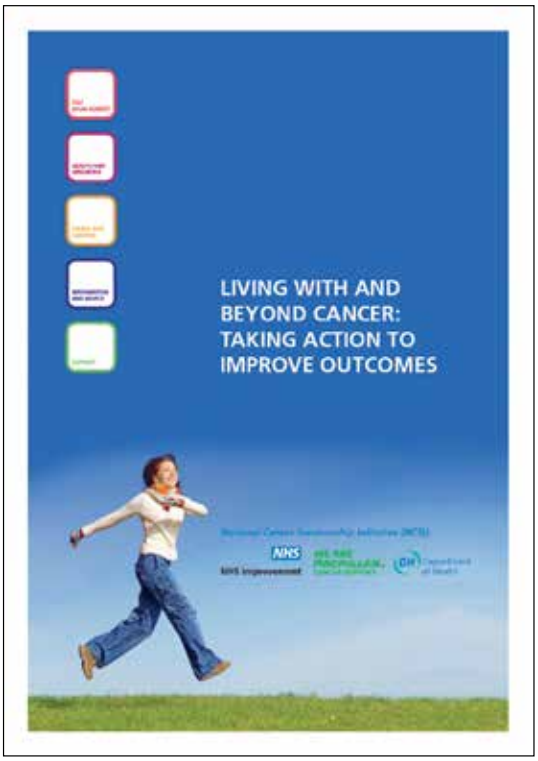
5 Scottish Government. NHS Scotland performance HEAT targets. Smoking Cessation. www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/HEAT/SmokingCessation2015 (accessed 01 July 2015).

Jacqueline MacDonald, Stop Smoking Nurse Specialist
Email: jacqueline.macdonald@lanarkshire.scot.nhs.uk, Telephone: 01355 585502

5.4 Lanarkshire's Cancer Plan

Background

The number of people being diagnosed with cancer is rising because of an ageing population and improvements in diagnosis and screening. People can also expect to live longer after a cancer diagnosis as treatment continues to improve. NHS Lanarkshire, in partnership with North and South Lanarkshire councils and voluntary sector partners, has produced an ambitious local Cancer Plan to meet these challenges.[1] The Plan has safety, effectiveness and person-centredness at its heart,[2] and incorporates Macmillan Values based standards. The Plan lays out how cancer care in Lanarkshire will be developed over the coming years, and how services will work together to support people at every stage of their journey to live as full and independent lives as possible.



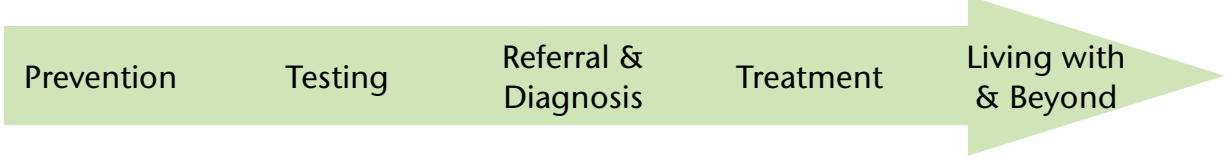
The Lanarkshire Population

NHS Lanarkshire provides services for around 650,000 people. Approximately 4,500 new cases of cancer are diagnosed each year in Lanarkshire; the most common being lung, breast and colorectal.[3] The total number of cancers is expected to increase by almost 20% over a 10 year period (2008–2012 to 2018–2022)[4] which will result in around 613 extra cancers every year in Lanarkshire. In men the most significant increases are expected in prostate and bowel cancers whereas in women, the biggest increases will be in lung, bowel and breast cancers.[4]

Taking forward Lanarkshire's Cancer Plan

Along with partners in the local councils and voluntary sector, we have introduced a challenging programme of ongoing improvement to transform cancer services and after care in Lanarkshire to meet the increasing needs of our population. Detailed scoping work has taken place with staff from the health service, councils and voluntary sector across all cancer types to identify opportunities for improvement. This work has also involved individuals who were happy to share their own cancer experiences to help improve services. Five priority work streams were formed to deal with the different stages of an individual's cancer journey (see Figure 5.4.1) from *Prevention* through to *Living with and beyond cancer*. Each workstream team has identified key areas of work to take forward. Funding from Macmillan Cancer Support is supporting Lanarkshire's Cancer Improvement Programme.

Figure 5.4.1



Key Points

- An ageing population as well as improved survival from cancer, because of more effective treatment, is placing increasing demands on services.
- More courses of treatment per person, as people live for longer with their cancer, is also placing a huge demand on the workforce and facilities.
- Lanarkshire's Cancer Plan is bringing together the key agencies to provide the right treatment and support, at the right time, in the right place within a pressured system, using a quality improvement model.

Priorities for Action

- Five key streams of work have been identified which will deliver improvements across the cancer pathway from *Prevention* to *Living with and beyond cancer* in a high pressure system.
- Work streams have signed up to using a quality improvement approach to change, which ensures clear objectives and timescales are set and outcomes are monitored.

References

1 NHS Lanarkshire. *Cancer Strategy, A Framework for NHS Lanarkshire June 2013 – June 2016*. NHS Lanarkshire, 2013.

2 Scottish Government. *The Healthcare Quality Strategy for NHS Scotland*. Edinburgh: Scottish Government, 2010.

3 ISD Scotland. Scottish Cancer Registry. www.isdscotland.org/Health-Topics/Cancer/Scottish-Cancer-Registry/ (accessed 01 July 2015).

4 Scottish Executive Health Department. *Cancer Scenarios: An aid to planning cancer services in Scotland in the next decade.* Edinburgh: Scottish Executive, 2001.

Dr Susan Wynne
Macmillan Cancer Improvement Programme Manager until February 2015

Dr Jennifer Darnborough, Consultant in Public Health medicine
Email: jennifer.darnborough@lanarkshire.scot.nhs.uk, Telephone: 01698 858232

5.5 Cardiac Rehabilitation in NHS Lanarkshire

Cardiac rehabilitation is delivered across the three acute hospital sites in Lanarkshire, with variable community-based input across localities. It operates as a multi-disciplinary network with hospital-based nurses and physiotherapists offering time-limited intensive support, education and supervised exercise sessions. This is followed by on-going support with maintenance of health-improving behaviours through onward referral to healthcare services, leisure services and representatives from voluntary agencies.

The challenge for cardiac rehabilitation is to maintain service delivery in the context of increased survival rates with cardiac disease, and the trend towards cardiac interventions being offered as a day case or outpatient procedure. The National Advisory Committee for Heart Disease Strategy[1] recommends a move away from a linear hospital-centred model to a wider network approach that improves access to support and helps to sustain exercise and other positive health behaviours in the lives of patients. This approach is supported by research evidence to indicate that home-based and community-based cardiac rehabilitation is safe and effective for most patients, particularly if supports such as staff training, home pedometers and reading materials are made widely available. This model can help to build a more sustainable approach to the long-term management of cardiac disease and other long-term conditions.[2–4]

The estimated total need for cardiac rehabilitation in Lanarkshire is described in table 5.5.1 in terms of the number of patients per year that are diagnosed with the relevant cardiac conditions.

Table 5.5.1 Conditions and procedures relevant to cardiac rehabilitation in Lanarkshire, 2013

Main diagnosis/procedure	Numbers admitted to a Lanarkshire hospital in 2013*
Myocardial infarction	836
Angina	611
CABG – Coronary Artery Bypass Graft	176
Angioplasty	215
Heart valve surgery	128
ICD – Inverted Cardiac Defibrillator (outpatient procedure)	50
Heart failure (first ever admission)	383
RACPS probable diagnosis of CHD – Rapid Access Chest Pain Service	240
Total	**2639**

Source: ISD Scotland SMR01

*(including Lanarkshire patients referred to the Golden Jubilee and Royal Infirmary of Edinburgh for procedures).

In the calendar year 2013 there were 1,552 people who accessed cardiac rehabilitation in Lanarkshire and 556 of these were recorded as completing their rehabilitation. The majority of those that accessed cardiac rehabilitation had a myocardial infarction or a major cardiac procedure such as angioplasty, Coronary Artery Bypass Graft (CABG) or heart valve surgery. Work is ongoing to improve access for patients with stable angina, heart failure or those using outpatient services such as for Inverted Cardiac Defibrillator (ICD) or Rapid Access Chest Pain Service (RACPS).

Key Points

- Changing demographics and advances in heart disease treatments have significantly changed the patient profile requiring rehabilitation.
- National policy and research evidence support greater delivery of cardiac rehabilitation in the home or in community settings with more involvement from non-specialist staff and patient self-management approaches.
- Work is ongoing to address unmet need for cardiac rehabilitation in Lanarkshire.

Priorities for Action

- Develop a modernised rehabilitation service, based on patient need and with a greater range of outcome options supported by a parallel programme of condition and wellbeing self-management.
- Increased engagement of district nurses, leisure centre staff and others in the delivery of community-based models of rehabilitation.
- Explore the options for a generic model of rehabilitation for long-term conditions in Lanarkshire.

References

1 Heart Disease Improvement Plan, August 2014. Scottish Government 2014. Accessible at www.gov.scot/Publications/2014/08/5434 (accessed 01 July 2015).

2 Anderson L, Taylor RS. Cardiac rehabilitation for people with heart disease: an overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews* 2014, Issue 12. Art No CD011273.

3 Oldridge N. Exercise-based cardiac rehabilitation in patients with coronary heart disease; meta-analysis outcomes revisited. *Future of Cardiology*; 2012: 8: 729-51.

4 NHS Health Scotland. *Independent Evaluation of Have a Heart Paisley Phase 2: Evaluation of the Phase 2 Cardiac Rehabilitation; 4 August 2008*. Edinburgh: NHS Health Scotland, 2008.

Dr Brian O Suilleabhain, Consultant in Public Health Medicine
Email: brian.osuilleabhain@lanarkshire.scot.nhs.uk, Telephone: 01698 858241

Maureen Carroll, Manager, Coronary Heart Disease Managed Clinical Network
Email: maureen.carroll@lanarkshire.scot.nhs.uk, Telephone: 01355 585187

Statistical Appendix

List of tables

General notes:

- On 1 April 2014, changes to NHS board boundaries resulted in NHS Lanarkshire becoming coterminous with the CHPs and local authorities. Lanarkshire has two Community Health Partnerships (CHPs) – North Lanarkshire and South Lanarkshire. The CHPs cover the same geographical areas as North Lanarkshire Council and South Lanarkshire Council. There are ten localities within the CHPs – 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**. The pre-April 2014 geographical area covered by NHS Lanarkshire was smaller than the combined CHP areas as Cambuslang/Rutherglen locality and part of the North locality (the Northern Corridor) lay within NHS Greater Glasgow and Clyde. Therefore people living in Cambuslang, Rutherglen and the Northern Corridor were residents of the NHS Greater Glasgow and Clyde area but had some of their health services delivered by NHS Lanarkshire through the CHPs. 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 pre-April 2014.
- Populations shown and used in rates calculations are, for NHS Lanarkshire, the CHPs 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.

Hazel Towers, Senior Information Analyst
Email: hazel.towers@lanarkshire.scot.nhs.uk, Telephone: 01698 858038

Elaine Black, Senior Information Analyst
Email: elaine.black@lanarkshire.scot.nhs.uk, Telephone: 01698 858030

A1
Sociodemographic summary
by locality/CHP

		Locality										CHP		NHS Lanarkshire	Scotland
		Airdrie	Coatbridge	North	Bellshill	Motherwell	Wishaw	Cambuslang/ Rutherglen	East Kilbride	Clydesdale	Hamilton	North	South		
Estimated population, 2014	No.	58305	49188	83782	48537	42707	55431	59725	87081	61389	107165	337950	315360	653310	5347600
Estimated population by age group, 2014															
Under 5	%	5.9	6.0	5.5	5.5	6.2	5.6	6.2	5.0	5.1	5.5	5.8	5.4	5.6	5.5
5-14	%	12.0	11.9	12.0	11.7	11.8	11.3	10.8	10.9	10.6	10.9	11.8	10.8	11.3	10.5
15-24	%	12.6	12.4	12.6	12.7	11.8	12.1	11.3	12.4	11.0	11.5	12.4	11.6	12.0	12.7
25-44	%	26.1	26.7	25.0	25.8	27.8	26.1	26.9	23.3	22.8	25.5	26.1	24.6	25.4	25.7
45-64	%	27.6	27.3	28.3	28.8	26.3	27.4	28.2	30.0	30.5	28.4	27.7	29.2	28.4	27.5
65-74	%	9.3	8.5	10.0	9.2	8.9	9.5	9.3	9.6	11.4	10.4	9.3	10.2	9.7	10.0
75 and over	%	6.5	7.1	6.6	6.2	7.2	8.0	7.4	8.7	8.5	7.7	6.9	8.1	7.5	8.1
Proportion of data zones in the 15% most deprived data zones in Scotland, 2012[1]	%	26.8	40.0	5.7	25.0	29.2	30.4	28.2	0.0	5.0	22.1	23.9	13.3	18.8	15.0
Population of data zones in the 15% most deprived data zones in Scotland, 2013[1,2]	No.	15135	18368	4722	12511	10114	16024	15575	0	3374	22395	76874	41344	118218	769985
Housing tenure, 2013[3]															
Owned	%	62.0	59.9	72.8	55.7	52.9	66.1	69.3	77.0	70.4	64.9	62.8	70.3	66.5	60.2
Rented	%	38.0	40.1	27.2	44.3	47.1	33.9	30.7	23.0	29.6	35.1	37.2	29.7	33.5	39.8
Unemployment, April 2015	No.	1182	998	1158	1125	854	1164	1070	1107	926	2149	6481	5252	11733	80632
	%[4]	3.1	3.1	2.1	3.5	3.2	3.2	2.8	1.9	2.4	3.1	2.9	2.6	2.8	2.3
Long-term unemployment (1 year plus), April 2015	No.	375	305	240	295	205	280	225	185	225	585	1700	1220	2920	19645
	%[4]	1.0	0.9	0.4	0.9	0.8	0.8	0.6	0.3	0.6	0.9	0.8	0.6	0.7	0.6

1 The 15% most deprived data zones in Scotland are from the Scottish Index of Multiple Deprivation (SIMD) 2012.

2 Populations are mid-2014 small area population estimates (SAPE) from NRS.

3 Housing tenure figures are for 2013 but relate to the new NHSL boundary (see first page of statistical appendix for more details of boundary change).

4 Numbers claiming Jobseeker's Allowance as a percentage of the population aged 16-64.

Sources: National Records of Scotland, SIMD, Scottish Government, North Lanarkshire Council, South Lanarkshire Council

A2

Estimated population

by age group and locality/CHP: 2014

Age group	Locality										CHP		NHS Lanarkshire		
	Airdrie	Coatbridge	North	Bellshill	Motherwell	Wishaw	Cambuslang/ Rutherglen	East Kilbride	Clydesdale	Hamilton	North	South	Male	Female	Total
Under 5	3451	2951	4639	2676	2654	3121	3688	4360	3140	5936	19492	17124	18805	17811	36616
5-9	3576	3002	5138	2853	2620	3275	3389	4787	3224	5999	20464	17399	19193	18670	37863
10-14	3405	2852	4889	2823	2434	2963	3038	4723	3298	5693	19366	16752	18310	17808	36118
15-19	3688	2968	5381	3065	2507	3273	3219	5304	3517	5959	20882	17999	20081	18800	38881
20-24	3651	3154	5191	3120	2530	3439	3510	5506	3248	6370	21085	18634	20120	19599	39719
25-29	3526	3101	4625	3085	2748	3745	3632	4747	2872	6265	20830	17516	18562	19784	38346
30-34	3912	3306	5113	3178	3057	3649	4048	4900	3290	6944	22215	19182	19847	21550	41397
35-39	3595	3134	5220	2908	2847	3239	3895	4740	3522	6392	20943	18549	19208	20284	39492
40-44	4202	3599	6005	3351	3206	3823	4462	5927	4321	7734	24186	22444	22638	23992	46630
45-49	4734	3828	6753	3887	3500	4317	4466	7100	4945	8374	27019	24885	25152	26752	51904
50-54	4347	3768	6413	3747	3115	4040	4490	7655	4922	8213	25430	25280	24579	26131	50710
55-59	3705	3163	5490	3403	2525	3659	4182	6326	4655	7307	21945	22470	21232	23183	44415
60-64	3318	2687	5060	2951	2104	3181	3709	5019	4223	6567	19301	19518	18786	20033	38819
65-69	3067	2274	4864	2617	2088	2987	3199	4626	3935	6335	17897	18095	17169	18823	35992
70-74	2365	1911	3505	1869	1697	2299	2357	3767	3037	4843	13646	14004	12557	15093	27650
75-79	1844	1540	2716	1398	1423	1916	1847	3257	2198	3819	10837	11121	9290	12668	21958
80-84	1156	1059	1688	911	922	1435	1412	2377	1594	2535	7171	7918	5973	9116	15089
85 and over	763	891	1092	695	730	1070	1182	1960	1448	1880	5241	6470	3691	8020	11711
All ages	58305	49188	83782	48537	42707	55431	59725	87081	61389	107165	337950	315360	315193	338117	653310

Source: National Records of Scotland

A3

Projected population

NHS Lanarkshire residents by age group and sex: 2024 and 2034 (2012-based)

Age group	2024				2034			
	Male	Female	Both sexes		Male	Female	Both sexes	
			No.	% change from 2014			No.	% change from 2014
Under 5	18342	17404	35746	-2.4	17667	16767	34434	-6.0
5-9	18656	17810	36466	-3.7	18083	17267	35350	-6.6
10-14	19016	18197	37213	3.0	18473	17677	36150	0.1
15-19	19096	18447	37543	-3.4	18579	17583	36162	-7.0
20-24	17695	17019	34714	-12.6	18430	17429	35859	-9.7
25-29	19398	18446	37844	-1.3	18333	18188	36521	-4.8
30-34	20125	19943	40068	-3.2	17597	17407	35004	-15.4
35-39	19050	20101	39151	-0.9	19884	18736	38620	-2.2
40-44	20167	21085	41252	-11.5	20408	19804	40212	-13.8
45-49	19137	19893	39030	-24.8	18989	19784	38773	-25.3
50-54	22192	23564	45756	-9.8	19917	20842	40759	-19.6
55-59	24240	26026	50266	13.2	18627	19467	38094	-14.2
60-64	22881	24730	47611	22.6	20949	22522	43471	12.0
65-69	18823	21243	40066	11.3	21964	24234	46198	28.4
70-74	15469	17612	33081	19.6	19519	22201	41720	50.9
75-79	12699	15490	28189	28.4	14646	17957	32603	48.5
80-84	7823	10994	18817	24.7	10422	13442	23864	58.2
85 and over	6670	11956	18626	59.0	10864	17063	27927	138.5
All ages	321479	339960	661439	1.2	323351	338370	661721	1.3

Source: National Records of Scotland

A4

Births

NHS Lanarkshire residents by year: 2005–2014[1]

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Live births	6283	6584	6548	6848	6575	6445	6502	6145	6068	7121
Stillbirths	33	38	32	36	44	36	29	24	20	35
All births (live and still)	6316	6622	6580	6884	6619	6481	6531	6169	6088	7156

1 2014 data relate to the new NHSL boundary, 2005-2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

Source: National Records of Scotland

A5

Births, perinatal deaths, neonatal deaths and infant deaths

CHPs, Lanarkshire and Scotland: 2012–2014[1] (3-year average)

		CHP		NHS Lanarkshire	Scotland
		North	South		
Live births	No.	3732	3350	7082	56922
	Rate[2]	55.9	57.1	56.5	54.6
Stillbirths	No.	16	12	28	245
	Rate[3]	4.4	3.5	3.9	4.3
All births (live and still)	No.	3749	3361	7110	57167
	Rate[2]	56.1	57.3	56.7	54.8
Perinatal deaths[4]	No.	27	15	42	347
	Rate[3]	7.1	4.6	5.9	6.1
Neonatal deaths[5]	No.	13	5	18	139
	Rate[6]	3.5	1.6	2.6	2.4
Infant deaths[7]	No.	17	7	24	203
	Rate[6]	4.5	2.1	3.3	3.6

1 All data relate to the new NHSL boundary (see first page of statistical appendix for more details of boundary change).
2 Rate per 1,000 women aged 15–44.
3 Rate per 1,000 births.
4 Stillbirths and deaths in the first week of life.
5 Deaths at ages under 28 days.
6 Rate per 1,000 live births.
7 Deaths during first year of life.

Source: National Records of Scotland

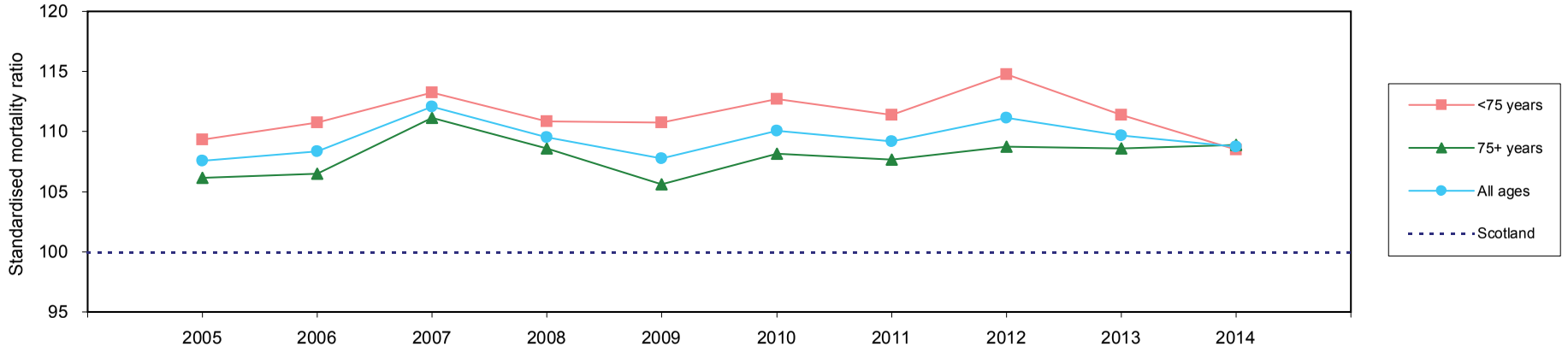
A6

Deaths from all causes

NHS Lanarkshire residents by sex, age group and year: 2005–2014[1]

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number										
Males										
<75 years	1569	1560	1610	1507	1461	1447	1409	1451	1388	1529
75+ years	1284	1272	1461	1345	1280	1391	1354	1409	1500	1676
All ages	2853	2832	3071	2852	2741	2838	2763	2860	2888	3205
Females										
<75 years	1056	1078	1100	1099	1053	1080	1046	1063	1037	1107
75+ years	1969	1975	2021	2077	1977	1998	2043	2127	2042	2376
All ages	3025	3053	3121	3176	3030	3078	3089	3190	3079	3483
Both sexes										
<75 years	2625	2638	2710	2606	2514	2527	2455	2514	2425	2636
75+ years	3253	3247	3482	3422	3257	3389	3397	3536	3542	4052
All ages	5878	5885	6192	6028	5771	5916	5852	6050	5967	6688

Standardised mortality ratio (SMR) – both sexes (Scotland=100)



1 2014 data relate to the new NHSL boundary, 2005-2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

Source: National Records of Scotland

A7
Deaths from all causes
by sex, age group and locality/CHP: 2014

	Locality										CHP		NHS Lanarkshire
	Airdrie	Coatbridge	North	Bellshill	Motherwell	Wishaw	Cambuslang/ Rutherglen	East Kilbride	Clydesdale	Hamilton	North	South	
Number													
Males													
<75 years	157	109	188	105	101	159	151	165	139	255	819	710	1529
75+ years	128	130	185	102	95	176	150	229	205	276	816	860	1676
All ages	285	239	373	207	196	335	301	394	344	531	1635	1570	3205
Females													
<75 years	112	90	120	101	63	99	95	133	107	187	585	522	1107
75+ years	164	184	220	167	185	225	240	350	245	396	1145	1231	2376
All ages	276	274	340	268	248	324	335	483	352	583	1730	1753	3483
Both sexes													
<75 years	269	199	308	206	164	258	246	298	246	442	1404	1232	2636
75+ years	292	314	405	269	280	401	390	579	450	672	1961	2091	4052
All ages	561	513	713	475	444	659	636	877	696	1114	3365	3323	6688
Standardised mortality ratio (SMR) [1]													
Males													
<75 years	127.3	109.9	104.7	102.9	118.0	133.9	118.0	87.3	92.7	105.9	115.6	100.3	108.0
75+ years	110.3	121.9	108.1	108.6	93.8	123.3	114.8	93.3	117.0	105.5	111.5	105.8	108.5
All ages	119.0	116.1	106.3	105.6	104.9	128.1	116.4	90.7	105.8	105.7	113.5	103.3	108.2
Females													
<75 years	129.4	127.7	90.3	136.3	103.1	119.5	104.6	97.4	101.9	108.4	115.2	103.4	109.3
75+ years	105.8	112.2	98.8	126.8	139.8	113.9	109.1	99.9	99.4	111.1	114.1	104.9	109.2
All ages	114.3	116.8	95.6	130.2	128.2	115.5	107.8	99.2	100.2	110.2	114.5	104.5	109.2
Both sexes													
<75 years	128.2	117.3	98.5	116.9	111.8	128.0	112.4	91.5	96.5	106.9	115.4	101.6	108.5
75+ years	107.7	116.0	102.8	119.2	119.9	117.8	111.2	97.2	106.8	108.7	113.0	105.3	108.9
All ages	116.7	116.5	100.9	118.2	116.8	121.6	111.7	95.2	102.9	108.0	114.0	103.9	108.7

1 Scotland=100.

Source: National Records of Scotland

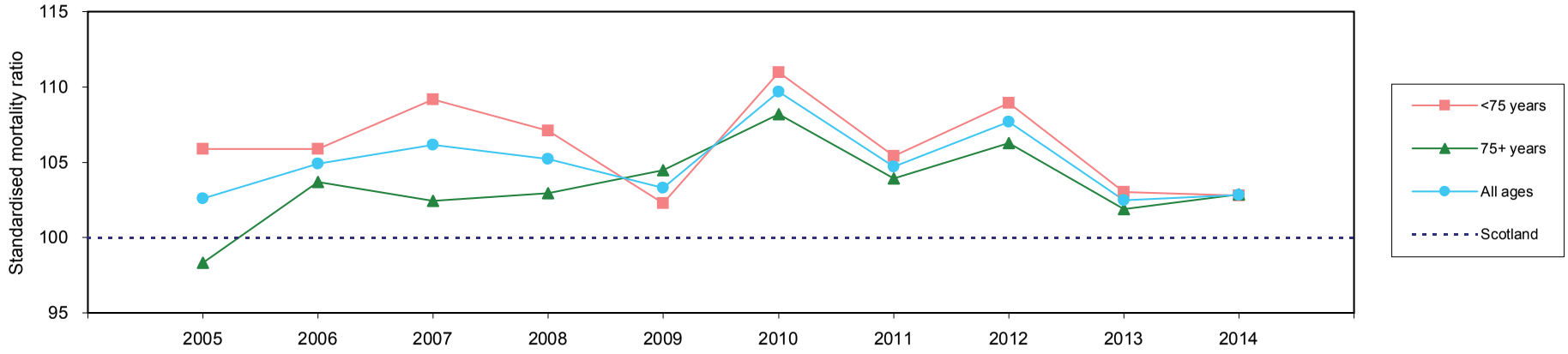
A8

Deaths from malignant neoplasms

NHS Lanarkshire residents by sex, age group and year: 2005–2014[1]

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number										
Males										
<75 years	506	477	509	477	426	477	444	476	435	513
75+ years	315	342	380	320	368	385	386	360	389	451
All ages	821	819	889	797	794	862	830	836	824	964
Females										
<75 years	404	416	420	428	432	441	433	442	433	460
75+ years	337	362	330	400	369	407	386	458	399	463
All ages	741	778	750	828	801	848	819	900	832	923
Both sexes										
<75 years	910	893	929	905	858	918	877	918	868	973
75+ years	652	704	710	720	737	792	772	818	788	914
All ages	1562	1597	1639	1625	1595	1710	1649	1736	1656	1887

Standardised mortality ratio (SMR) – both sexes (Scotland=100)



1 2014 data relate to the new NHSL boundary, 2005-2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

Source: National Records of Scotland

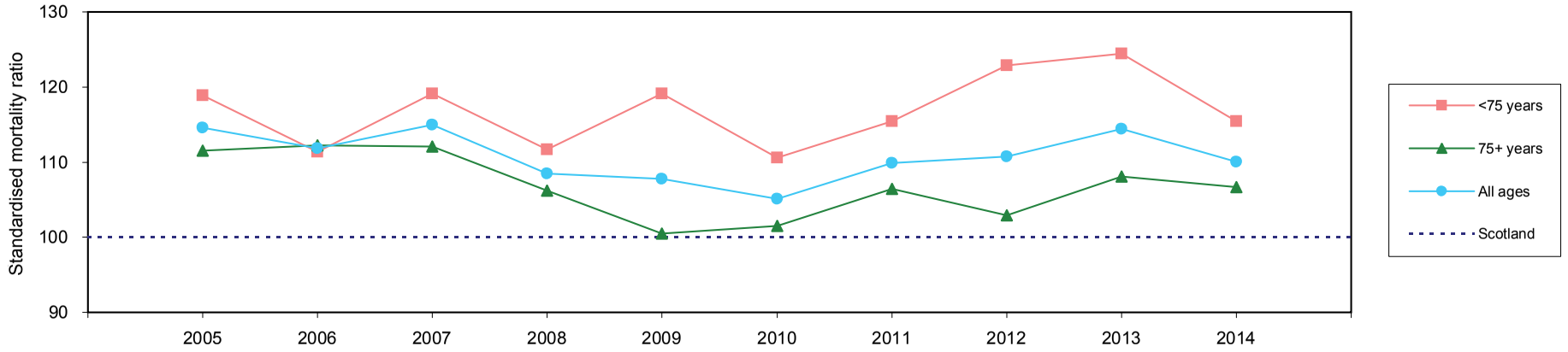
A9

Deaths from coronary heart disease

NHS Lanarkshire residents by sex, age group and year: 2005–2014[1]

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number										
Males										
<75 years	333	296	325	270	290	256	236	269	253	242
75+ years	267	264	271	248	218	235	220	229	232	248
All ages	600	560	596	518	508	491	456	498	485	490
Females										
<75 years	162	129	130	125	93	94	99	92	96	104
75+ years	392	355	330	300	281	263	280	236	242	261
All ages	554	484	460	425	374	357	379	328	338	365
Both sexes										
<75 years	495	425	455	395	383	350	335	361	349	346
75+ years	659	619	601	548	499	498	500	465	474	509
All ages	1154	1044	1056	943	882	848	835	826	823	855

Standardised mortality ratio (SMR) – both sexes (Scotland=100)



1 2014 data relate to the new NHSL boundary, 2005-2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

Source: National Records of Scotland

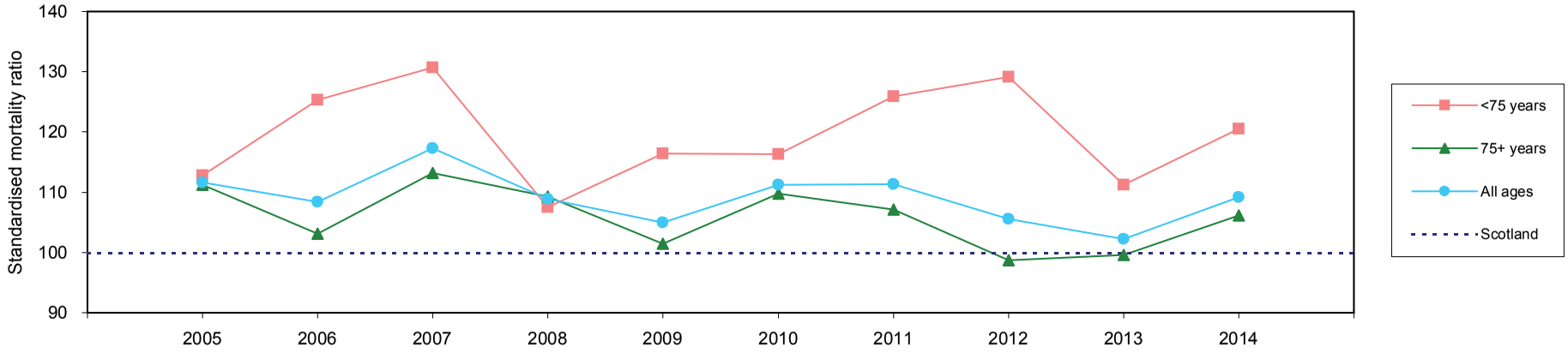
A10

Deaths from cerebrovascular disease

NHS Lanarkshire residents by sex, age group and year: 2005–2014[1]

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number										
Males										
<75 years	81	91	100	76	74	60	69	68	64	64
75+ years	162	116	166	130	131	143	122	100	120	145
All ages	243	207	266	206	205	203	191	168	184	209
Females										
<75 years	64	65	56	59	56	57	57	56	46	54
75+ years	303	291	274	294	236	253	250	230	210	234
All ages	367	356	330	353	292	310	307	286	256	288
Both sexes										
<75 years	145	156	156	135	130	117	126	124	110	118
75+ years	465	407	440	424	367	396	372	330	330	379
All ages	610	563	596	559	497	513	498	454	440	497

Standardised mortality ratio (SMR) – both sexes (Scotland=100)



1 2014 data relate to the new NHSL boundary, 2005-2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

Source: National Records of Scotland

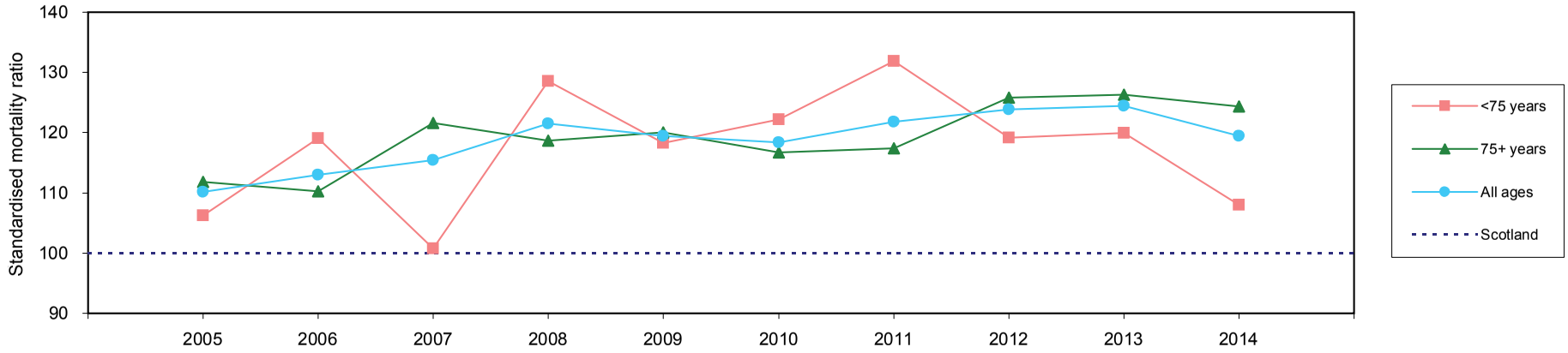
A11

Deaths from respiratory disease

NHS Lanarkshire residents by sex, age group and year: 2005–2014[1]

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number										
Males										
<75 years	111	137	106	136	124	126	138	126	123	117
75+ years	219	202	236	243	220	231	217	250	272	288
All ages	330	339	342	379	344	357	355	376	395	405
Females										
<75 years	109	120	105	129	123	115	132	120	118	125
75+ years	308	324	373	366	364	326	328	368	342	365
All ages	417	444	478	495	487	441	460	488	460	490
Both sexes										
<75 years	220	257	211	265	247	241	270	246	241	242
75+ years	527	526	609	609	584	557	545	618	614	653
All ages	747	783	820	874	831	798	815	864	855	895

Standardised mortality ratio (SMR) – both sexes (Scotland=100)



1 2014 data relate to the new NHSL boundary, 2005-2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

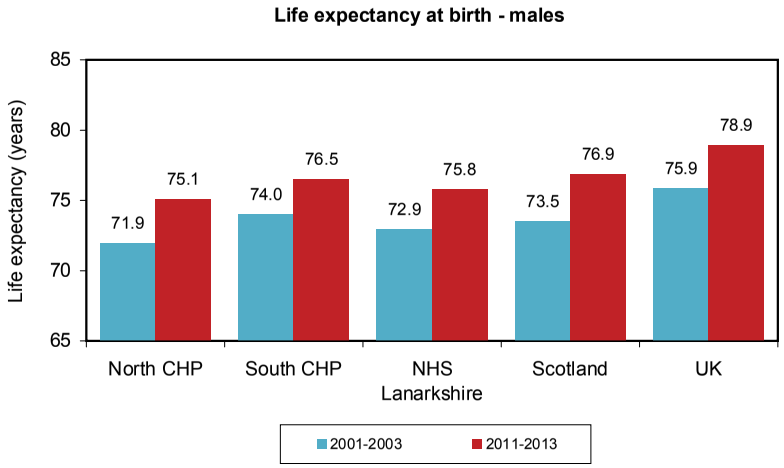
Source: National Records of Scotland

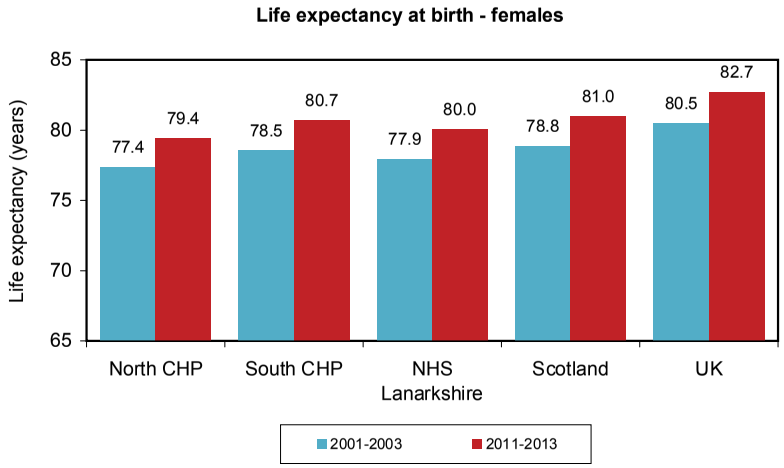
A12

Expectation of life[1]

by age and sex: 2011–2013; trend by sex: 2001–2003 to 2011–2013

	Males					Females				
	North CHP	South CHP	NHS Lanarkshire	Scotland	UK	North CHP	South CHP	NHS Lanarkshire	Scotland	UK
2011–2013										
Age										
0	75.1	76.5	75.8	76.9	78.9	79.4	80.7	80.0	81.0	82.7
45	32.6	33.7	33.1	34.1	35.6	35.7	36.8	36.2	37.2	38.8
65	16.2	16.8	16.5	17.3	18.3	18.3	19.1	18.7	19.6	20.8
75	10.0	10.3	10.1	10.6	11.2	11.3	11.9	11.6	12.2	13.0





1 Expectation of life is the average number of years left to a person of an exact age who is subject to the current mortality probabilities from birth.

Sources: National Records of Scotland, Office for National Statistics

A13
Cancer registrations[1,2]
NHS Lanarkshire residents by sex, age group and year: 2004–2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number										
Males										
<75 years	1134	1156	1227	1204	1253	1363	1419	1391	1339	1441
75+ years	552	539	583	627	588	726	681	718	729	799
All ages	1686	1695	1810	1831	1841	2089	2100	2109	2068	2240
Females										
<75 years	1185	1181	1187	1272	1299	1395	1434	1441	1489	1519
75+ years	632	664	597	661	679	706	696	749	805	760
All ages	1817	1845	1784	1933	1978	2101	2130	2190	2294	2279
Both sexes										
<75 years	2319	2337	2414	2476	2552	2758	2853	2832	2828	2960
75+ years	1184	1203	1180	1288	1267	1432	1377	1467	1534	1559
All ages	3503	3540	3594	3764	3819	4190	4230	4299	4362	4519

Standardised incidence ratio – both sexes (Scotland=100)

1 Cancer registration is a dynamic process. The figures presented here may therefore differ from previously published information.
2 Non-melanoma skin cancer registrations are included.

Source: Scottish Cancer Registry, ISD

A14

Cancer registrations[1]

NHS Lanarkshire residents by year and site: 2009–2013; standardised incidence ratios by sex, age group and site: 2011–2013

	Trachea, bronchus and lung	Female breast	Large bowel	Prostate	Bladder	Stomach	Cervix
Number							
2009	546	420	409	310	75	97	55
2010	580	457	461	280	99	90	45
2011	621	518	433	274	91	81	32
2012	556	506	424	280	94	83	41
2013	573	518	415	326	85	80	38
Standardised incidence ratio *(2011–2013)*[2]							
Males							
<75 years	109.4	x	101.9	89.8	131.1	114.3	x
75+ years	105.1	x	103.9	94.1	94.9	100.1	x
All ages	107.8	x	102.6	91.1	113.3	108.2	x
Females							
<75 years	109.0	106.1	103.8	x	107.8	82.9	106.7
75+ years	109.2	94.4	97.7	x	98.8	141.6	141.1
All ages	109.1	103.6	101.3	x	103.0	114.3	109.8
Both sexes							
<75 years	109.2	106.1	102.7	89.8	123.8	103.2	106.7
75+ years	107.2	94.4	100.8	94.1	96.2	118.9	141.1
All ages	108.4	103.6	102.0	91.1	109.9	110.7	109.8

1 Cancer registration is a dynamic process. The figures presented here may therefore differ from previously published information. Source: Scottish Cancer Registry, ISD

2 Scotland=100.

x Not applicable.

A15
Cancer registrations[1]
by locality/CHP and site: 2013; standardised incidence ratios by locality/CHP, site and age group: 2011–2013

Age group	Locality										CHP		Lanarkshire CHPs	NHS Lanarkshire
	Airdrie	Coatbridge	North	Bellshill	Motherwell	Wishaw	Cambuslang/ Rutherglen	East Kilbride	Clydesdale	Hamilton	North	South		
Number *(2013)*														
Lung	51	46	86	51	48	56	55	80	55	117	338	307	645	573
Female breast	38	25	106	32	33	28	33	139	47	92	262	311	573	518
Large bowel	38	37	53	28	31	46	49	64	49	87	233	249	482	415
All cancers[2]	407	352	682	348	321	426	488	761	540	847	2536	2636	5172	4519
Standardised incidence ratio *(2011–2013)*[3]														
Lung														
<75 years	114.5	117.7	101.2	123.4	92.6	126.5	131.6	99.4	89.1	123.5	112.2	111.1	111.6	109.3
75+ years	107.9	90.6	137.0	114.8	129.9	95.3	125.2	96.8	98.7	104.3	113.5	104.6	108.8	107.2
All ages	112.1	106.7	114.2	120.3	108.0	113.3	128.9	98.3	93.0	115.9	112.7	108.4	110.5	108.4
Female breast														
<75 years	103.1	96.1	106.9	109.8	111.2	96.4	106.6	114.5	115.5	96.1	104.0	107.1	105.5	106.1
75+ years	84.9	83.6	91.7	99.0	109.4	93.2	87.3	128.8	77.9	85.1	93.0	97.2	95.2	94.5
All ages	99.6	93.4	104.2	107.9	110.8	95.7	102.2	117.9	107.1	93.8	101.8	104.8	103.3	103.6
Large bowel														
<75 years	101.0	110.3	95.1	85.1	116.7	112.3	128.1	102.2	103.8	107.4	102.2	108.9	105.6	102.7
75+ years	102.9	82.8	94.6	76.4	95.4	115.5	107.7	109.7	93.8	107.3	95.9	105.3	100.9	100.8
All ages	101.6	99.9	94.9	82.2	108.4	113.6	120.2	105.3	100.0	107.4	99.9	107.5	103.8	102.0
All cancers[2]														
<75 years	93.5	100.9	99.4	108.8	104.1	103.3	109.6	103.3	97.8	104.4	101.2	103.6	102.4	101.6
75+ years	94.7	102.6	96.0	91.9	95.9	97.8	106.6	98.8	93.8	101.3	96.6	99.9	98.3	97.9
All ages	93.9	101.5	98.4	103.6	101.2	101.3	108.5	101.6	96.4	103.3	99.7	102.3	101.0	100.4

1 Cancer registration is a dynamic process. The figures presented here may therefore differ from previously published information.

2 All cancer sites, not just lung, female breast and large bowel. Non-melanoma skin cancer registrations are included.

3 Scotland=100.

Source: Scottish Cancer Registry, ISD

A16

Notifiable diseases – confirmed notifications[1,2,3] by year: 2010–2014[4]

	NHS Lanarkshire residents						Scotland
	Number					Rate[5]	Rate[5]
	2010	2011	2012	2013	2014	2014	2013
Anthrax	1	0	1	0	0	0.0	0.0
Brucellosis	0	1	0	1	0	0.0	0.0
Cholera	0	1	0	0	0	0.0	0.0
Haemolytic uraemic syndrome (HUS)	0	0	1	0	0	0.0	0.1
Measles	28	15	38	29	18	2.8	3.4
Meningococcal disease	12	21	9	16	10	1.5	1.6
Mumps	60	48	77	51	35	5.4	9.4
Necrotizing fasciitis	0	5	2	4	3	0.5	0.2
Pertussis (whooping cough)	5	7	259	327	101	15.5	21.1
Rubella	5	8	10	12	8	1.2	0.4
Tuberculosis (respiratory)	28	29	11	19	22	3.4	4.2
Tuberculosis (non-respiratory)	18	12	12	6	9	1.4	3.1

1 There were no notifications in Lanarkshire of the following diseases in the period shown: botulism, diphtheria, *Haemophilus influenzae* type b (Hib), paratyphoid, plague, poliomyelitis, rabies, SARS, smallpox, tetanus, tularemia, typhoid, viral haemorrhagic fevers, West Nile fever and yellow fever.

2 There were no notifications of clinical syndrome due to *E.coli* O157 infection. However, there were 23 cases of *E.coli* O157 infection in Lanarkshire in 2014. Figures on *E.coli* O157 are incomplete for Scotland and therefore rates cannot be shown.

3 From 2010 the following are no longer notifiable diseases: bacillary dysentery, chickenpox, erysipelas, food poisoning, legionellosis, leptospirosis, Lyme disease, malaria, puerperal fever, relapsing fever, scarlet fever, toxoplasmosis, typhus fever and viral hepatitis.

4 2014 data relate to the new NHSL boundary, 2005–2013 data relate to the old NHSL boundary (see first page of statistical appendix for more details of boundary change).

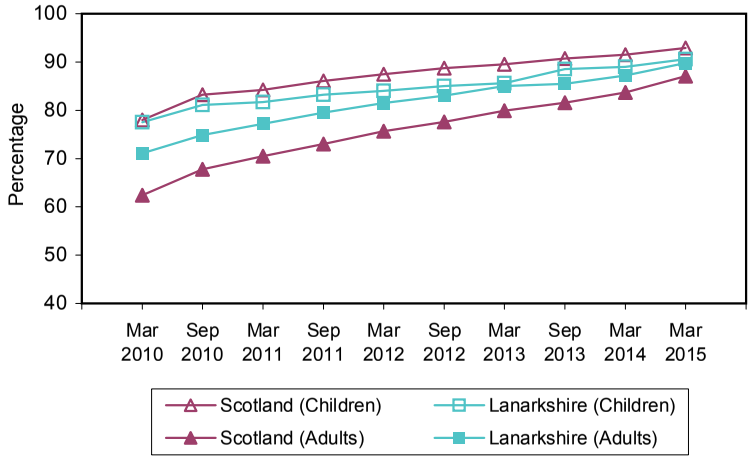
5 Rate per 100,000 population. Scotland rates for 2014 were not available when this report was in preparation.

Source: Health Protection Scotland

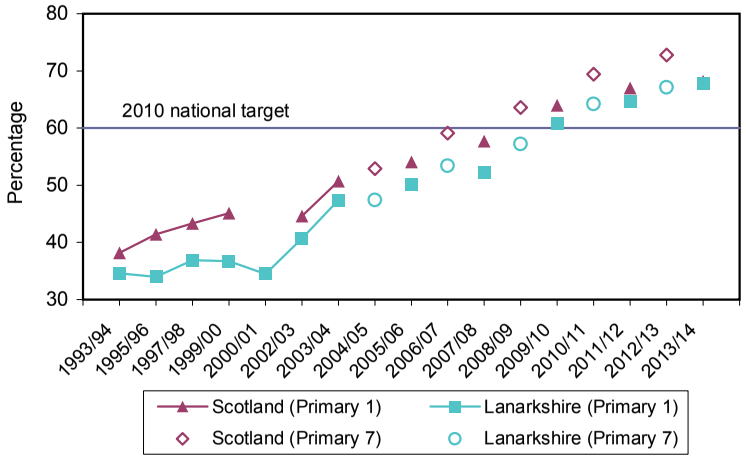
A17
Dental registration and participation
Dental health of children

		Age group											Children (Age <18)	Adults (Age 18+)	All ages
		<3	3–5	6–12	13–17	18–24	25–34	35–44	45–54	55–64	65–74	75+			
Registrations: NHS General Dental Service registrations as at 31 March 2015 [1,2]															
Lanarkshire	No.	11571	20552	52227	37959	55777	80115	81665	92905	70190	48906	35124	122309	464682	586991
	%[2]	52.3	89.8	102.3	97.5	101.4	100.0	92.3	91.1	85.6	78.6	73.7	90.6	89.8	89.9
Scotland	%[2]	47.6	92.3	108.1	100.4	92.7	99.7	92.3	86.9	81.6	77.1	73.3	92.9	87.1	88.3
Participation: Registered patients participating in the NHS General Dental Service over a two-year period as at 31 March 2015 [1,2]															
Lanarkshire	No.	11353	18245	45526	31652	36663	53549	59065	69216	53498	36469	22218	106776	330678	437454
	%	98.1	88.8	87.2	83.4	65.7	66.8	72.3	74.5	76.2	74.6	63.3	87.3	71.2	74.5
Scotland	%	98.4	89.3	84.6	81.1	65.2	65.1	71.2	74.4	76.0	75.9	64.3	85.5	70.6	73.6

People registered with a General Dental Service dentist



Children with no obvious dental decay experience



1 Registration and participation data are provisonal.

2 NRS mid-year population estimates are used to calculate the percentage of people registered. Results for some age groups indicate that population denominators should be treated with caution.

Sources: Registrations and participation – ISD Scotland, children – Scottish Health Boards' Dental Epidemiological Programme and National Dental Inspection Programme

A18

Primary and booster immunisation uptake rates by 5 years old[1]

by locality/CHP: evaluation period 1 April 2014 to 31 March 2015

	Locality[2]										CHP[2]		Lanarkshire[3]	Scotland
	Bellshill	Motherwell	Wishaw	Airdrie	Coatbridge	North	Clydesdale	Hamilton	Cambuslang/ Rutherglen	East Kilbride	North	South		
No. in cohort	615	507	659	632	667	970	636	1278	642	921	4050	3477	7718	59762
% completed primary course by 5 years														
DTP/Pol/Hib[4]	98.0	97.8	97.9	97.8	99.1	99.0	98.1	98.5	98.1	98.3	98.3	98.3	98.2	98.1
Hib[5]	98.0	97.8	97.9	97.8	99.1	99.0	98.1	98.5	98.1	98.3	98.3	98.3	98.2	98.1
MenC[6]	95.6	93.9	96.5	95.4	96.7	97.5	97.0	96.7	96.9	96.1	96.1	96.6	96.2	94.3
PCV[7]	96.9	93.7	97.0	95.9	98.1	97.7	97.6	97.1	97.0	97.3	96.7	97.2	96.9	95.3
MMR[8]	96.9	97.2	96.8	96.8	98.4	98.4	96.9	97.7	96.9	97.7	97.5	97.4	97.4	97.2
% completed booster course by 5 years														
Hib/MenC[5,6]	96.9	95.1	97.3	95.1	98.2	97.4	98.0	97.0	96.4	97.8	96.8	97.3	96.9	95.8
PCV[7]	95.4	94.5	96.8	94.8	97.0	95.5	96.5	96.3	94.7	96.5	95.7	96.1	95.8	93.7
Diphtheria	95.1	96.1	97.0	95.3	96.4	94.9	94.3	97.6	95.5	97.3	95.7	96.5	96.0	94.1
Tetanus	95.1	96.1	97.0	95.3	96.4	94.9	94.3	97.6	95.5	97.3	95.7	96.5	96.0	94.1
Pertussis	95.1	96.1	97.0	95.3	96.4	94.9	94.3	97.6	95.5	97.3	95.7	96.5	96.0	94.1
Polio	95.1	96.1	97.0	95.3	96.4	94.9	94.3	97.6	95.5	97.3	95.7	96.5	96.0	94.1
MMR[8]	94.3	94.3	95.4	93.5	95.4	94.7	93.7	96.6	94.2	96.3	94.6	95.6	94.9	93.3

1 Children reaching 5 years of age during the evaluation period 1 April 2014 to 31 March 2015 (i.e. born 1 April 2009 to 31 March 2010).

2 GP practices in NHS Lanarkshire grouped into localities/CHPs. Children resident in NHS Lanarkshire only.

3 Children resident in NHS Lanarkshire immunised in any NHS board.

4 Diphtheria, Tetanus, Pertussis and Polio vaccine

5 *Haemophilus influenzae* type b vaccine.

6 Meningococcal serogroup C conjugate vaccine.

7 Pneumococcal conjugate vaccine.

8 Combined measles, mumps and rubella vaccine.

Source: SIRS, ISD Scotland

Staff in Public Health

Name	Designation	Email address
Anne Alexander	Operational Services Manager (left September 2014)	anne.alexander@lanarkshire.scot.nhs.uk
Lee Baird	Personal Assistant/Team Leader	lee.baird@lanarkshire.scot.nhs.uk
Loretta Barr	Medical Secretary	loretta.barr@lanarkshire.scot.nhs.uk
Alison Buesnel	BBV Networks Administrator	alison.buesnel@lanarkshire.scot.nhs.uk
Dr David Cromie	Consultant in Public Health Medicine	david.cromie@lanarkshire.scot.nhs.uk
Dr Jennifer Darnborough	Consultant in Public Health Medicine	jennifer.darnborough@lanarkshire.scot.nhs.uk
Louise Flanagan	Specialty Registrar in Public Health (on maternity leave from August 2015)	louise.flanagan@lanarkshire.scot.nhs.uk
Ashley Goodfellow	Public Health Specialist	ashley.goodfellow@lanarkshire.scot.nhs.uk
Lindsay Guthrie	Senior Nursing Adviser (Infection Control)	lindsay.guthrie@lanarkshire.scot.nhs.uk
Patricia Houston	Higher Clerical Officer (Health Protection)	patricia.houston@lanarkshire.scot.nhs.uk
Yvonne Kerr	Higher Clerical Officer (TB Service)	yvonne.kerr@lanarkshire.scot.nhs.uk
Dr Harpreet Kohli	Director of Public Health and Health Policy	harpreet.kohli@lanarkshire.scot.nhs.uk
Dr John Logan	Consultant in Public Health Medicine	john.logan@lanarkshire.scot.nhs.uk
Mary McAleer	Dental Administration Officer (left March 2015)	dentalaudit@lanarkshire.scot.nhs.uk
Dr Ruth Mellor	Specialty Registrar in Public Health (from August 2014)	ruth.mellor@lanarkshire.scot.nhs.uk
Julie Muir	Higher Clerical Officer (Health Protection)	julie.muir@lanarkshire.scot.nhs.uk
Dr Brian O Suilleabhain	Consultant in Public Health Medicine	brian.osuilleabhain@lanarkshire.scot.nhs.uk
Louise Pollock	Seconded Midwife in Communicable Disease	louise.pollock@lanarkshire.scot.nhs.uk
Dr Josephine Pravinkumar	Consultant in Public Health Medicine	josephine.pravinkumar@lanarkshire.scot.nhs.uk
Lesley Ritchie	TB Liaison Nurse	lesley.ritchie2@lanarkshire.scot.nhs.uk
Alan Robertson	Emergency Planning Officer	alan.robertson@lanarkshire.scot.nhs.uk
Derek Roseburgh	Public Health Information Analyst	derek.roseburgh@lanarkshire.scot.nhs.uk
Evelyn Scott	Medical Secretary	evelyn.scott@lanarkshire.scot.nhs.uk
Angela Shaw	Clinical Support Worker (from March 2015)	angela.shaw@lanarkshire.scot.nhs.uk
Dr Tasmin Sommerfield	Consultant in Public Health Medicine	tasmin.sommerfield@lanarkshire.scot.nhs.uk
Praveena Symeonoglou	Public Health Research Officer	praveena.symeonoglou@lanarkshire.scot.nhs.uk
Dr Rachel Thorpe	Specialty Registrar in Public Health Medicine	rachel.thorpe@lanarkshire.scot.nhs.uk
Trish Tougher	BBV Networks Manager	trish.tougher@lanarkshire.scot.nhs.uk
Christine Weir	Lead TB Liaison Nurse (retired December 2014)	christine.weir@lanarkshire.scot.nhs.uk
Jim White	Health Protection Nurse	jim.white@lanarkshire.scot.nhs.uk
Albert Yeung	Consultant in Dental Public Health	albert.yeung@lanarkshire.scot.nhs.uk