

Realistic Medicine

The Chief Medical Officer, Dr Catherine Calderwood, has set out a vision for *Realistic Medicine* (Realistic Healthcare). This sets out to build a personalised approach to care, change our style to shared decision-making, reduce unnecessary variation in practice and outcomes, reduce harm and waste, manage risk better and to become more adept as improvers and innovators.

The report provides highlights of some of the innovative practice across Lanarkshire which is contributing to improved healthcare. We need all NHS Lanarkshire personnel to fully embrace this concept and support the delivery of realistic medicine across Lanarkshire.

Self-Management of Care

Self-Management refers to a variety of approaches taken to help people living with long term conditions to manage their own health effectively. Patients are recognised as experts in their own health and by providing support, improved health outcomes, patient experience and improved compliance with treatment, a decrease in emergency hospital admissions is evident.

The report provides examples of innovative work on self management in areas such as Chronic Obstructive Pulmonary Disease (COPD), diabetes and stroke. We need everyone in Lanarkshire to embrace prevention and self-management and only use services when they are needed.

Maintaining and developing further effective education and self-care and management is one of the priorities for action.

Dilemmas and Challenges

It is recognised that the changing demographics, increasing demand and changes in clinical guidance lead to increasing pressures on the NHS. With the current financial climate being unprecedented, investment and disinvestment decisions are challenging. Outcomes, cost effectiveness and opportunity costs must be considered in the decision making process regarding the provision of services and medicines in Lanarkshire. This will require tough and potentially unpopular decisions to be made.

People are living longer which is fantastic, however many are living with a range of long term conditions which is placing great strain on our health and social care services. In these times of increasing demand and of fewer resources, we all need to look at how we use services. People have become accustomed to relying on public services to provide help and support. We need everyone to embrace the concept of self-management and only use services when appropriate.

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Key Issues

from the Annual Report of the Director of Public Health

2016/17



Image: NI Leisure

Vision

There has been a call for a new wave of Public Health which will be characterised by enabling government, greater interdependence and co-operation across sectors and geographies. It advocates the involvement of the public more individually and collectively in improving and maintaining their own health. In Lanarkshire, the vision is for people to be at the centre of the efforts to improve health and wellbeing with public services working together to empower individuals and communities to take greater control of these efforts. In practical terms this would entail the following:

- Reducing inequalities with significantly lower numbers of people, especially children and families living in poverty. This would focus effort upon the wider determinants of health such as homelessness, financial inclusion, employment and the development of living and working environments that are conducive to good health and wellbeing.
- Realising the ambitions of *Achieving Excellence* with hospitals only providing care for those who need to be in hospital and shifting the balance of care to the community in a safe and effective manner.
- Implementing the recommendations of the Christie Commission to have a greater focus on prevention.
- Delivering *Realistic Medicine* (Realistic Healthcare) across Lanarkshire.
- People embracing self-management, taking greater responsibility as much as possible for improving their own health and using services only when needed.

The report includes a section looking at the vision for Public Health in Lanarkshire reflecting the new approach focussing on specific topics

under the three domains of Public Health:

- 1 Health Protection – e.g. population vaccination programmes and breast and bowel screening;
- 2 Health Improvement – e.g. childhood poverty and inequalities;
- 3 Improving Services – e.g. realistic medicine and self-management.

The chapters and sections within the report end with a number of key points and priorities for action.

The full report, including the appendix of tables, is available electronically at: www.nhslanarkshire.org.uk/Services/PublicHealth I request that you take the time to access the report.

Gabe Docherty

Interim Director of Public Health

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Child Poverty

The latest available data shows a worrying increase in the percentage of children living in poverty in Lanarkshire. Child poverty can have a long lasting and detrimental effect on children's health and affect future life chances.

Both North and South Lanarkshire Community Planning Partnerships have prioritised actions to address poverty and these are reflected in the Local Outcome Improvement Plans. This is warmly welcomed. The introduction of the Child Poverty (Scotland) Bill presents a great opportunity to strengthen actions.

The *Annual Report of the Director of Public Health 2011/12* warned that welfare reform could result in an increase in poverty and exacerbate health inequalities. The data contained in this year's report strongly indicates that the position for children is worsening. We cannot underestimate the negative impact that some aspects of welfare reform make on the health of some of the most vulnerable people in Lanarkshire.

Adverse Childhood Experiences (ACEs)

ACEs have been shown to be associated with the development of a range of harmful behaviours. Examples of such experiences include abuse, neglect and dysfunctional home environments.

Studies show that childhood trauma leads to the adult onset of chronic diseases. It is becoming increasingly evident that those who suffer extreme childhood trauma are more likely to develop heart disease, type 2 diabetes, cancer, substance abuse and depression. Results revealed they were also at greater risk of poor educational attainment and employment outcomes. They are more likely to either use violence or be a victim of violence and be socially excluded.

There is much work to be done in identifying and supporting those who have been negatively impacted by childhood experiences. A starting point for NHS Lanarkshire is to consider introducing routine enquiry about ACEs into day-to-day practice. In order to prevent ACEs, it is vital we do as much as we can to prevent children being exposed to such harmful experiences. Lanarkshire has embraced a range of programmes such as the Early Years Collaborative, Family Nurse Partnerships and First Steps that seek to support children and their families. Community Planning Partners need to sustain and develop programmes around the early years.