

Director of
Public Health
Annual Report

2023



Navigating the role of an anchor organisation

Acknowledgements

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

I would like to thank all the contributors to this report within the Directorate of Public Health, the Health Improvement Department and colleagues across NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council.

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

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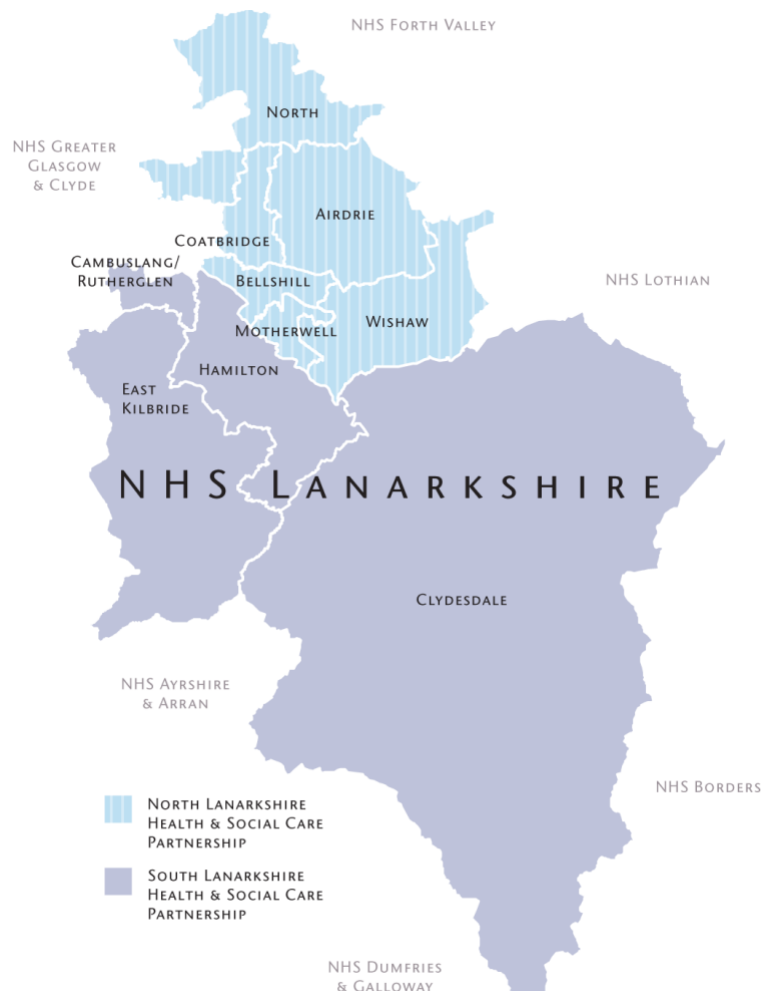
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Cover image: Represents the role of an Anchor organisation, with the five dimensions from chapter 3, on a background featuring the 'wave' from NHS Lanarkshire's logo.

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Foreword

It is my pleasure and a privilege to present my second Director of Public Health annual report. It is a huge honour to serve the population of Lanarkshire and I'm very grateful to my team, the colleagues in NHS Lanarkshire, the health and social care partnerships and all our key stakeholders for their support and excellent whole system working that we are all committed to.



This year I have focused the report on the theme of Anchor organisations. Anchor organisations are typically large local employers that can have a strong and positive influence on the health and well-being of their local communities. Organisations who are able to do this can make a difference to health and well-being outcomes and reduce inequalities by their work across the five pillars. Organisations can embed this thinking and be an exemplar employer, adopt good procurement practices, design services to suit vulnerable populations better, and also through managing their assets. NHS Lanarkshire and its partner organisations are very committed to the anchors in the local communities we serve.

I have also included the usual valuable chapters on the health of the population and our health protection work, dental public health and screening services.

Lanarkshire's population is expected to slightly increase, however there is a change to population age structure; we have an 'aging population'. Over the next 20 years we expect an increase in people aged over 75 and fewer people aged under 30 years.

However, life expectancy in Scotland and Lanarkshire has started to decrease in recent years and there is huge variation between areas. Those living in the most deprived areas have fewer years of life than those living in the least deprived. In Lanarkshire, for men this difference is 11.3 years and for women 8.5 years.

Over 40% of all deaths in 2022 were caused by cancer (25.8% of all deaths), coronary heart disease (11.5%), and stroke (5.9%). These are key issues that we would like to continue to tackle. In addition, respiratory diseases accounted for 10% of deaths and dementia and Alzheimer's accounted for 9.6% of deaths in Lanarkshire in 2022.

I am very grateful to the editorial team for being with me throughout this journey and for helping to collate this report. I'm indebted to all for their excellent efforts.

I hope you find the report helpful and would be very keen to hear any feedback and also suggestions for themes for future reports.

I have included a new section in this year's report to give a brief update on some of the key population health priorities that we highlighted last year.

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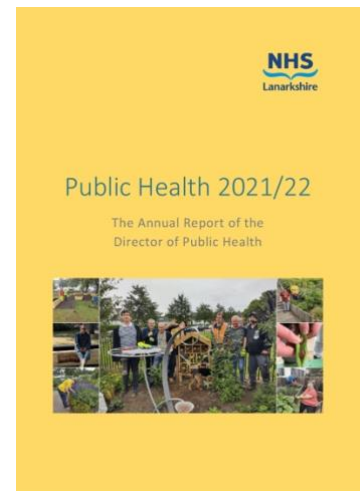
Reflections on the 2021/22 Annual Report

This is a new chapter to report on work undertaken over the last 12 months on key Public Health projects.

Cost of Living

What we said

- The cost of living crisis is likely to lead to adverse health impacts, widen existing health inequalities and increase demand on health and social care services.
- A NHS Lanarkshire cost of living action plan has been developed to mitigate the impact of the crisis on patients, carers and staff.
- This plan builds on the collaborative work already established through the Child Poverty action plans.



What Happened

- The cost of living plan actions have been incorporated into the NHS Lanarkshire anchor plan in order to ensure a streamlined approach.
- Work is underway to develop a transport strategy for NHS Lanarkshire including the offer of online appointments where appropriate, in order to reduce unnecessary travel costs.
- The Health Improvement Team are leading a programme of work to embed raising the issue of financial wellbeing into patient assessments. This also includes asking staff who are on sick leave about their financial wellbeing via occupational health assessments.
- A Frequently Asked Questions resource has been developed for staff and managers to raise awareness of resources and supports available.
- A communications plan has been taken forward with key messages for staff and patients and a dedicated email address has been provided for staff to feedback experiences and ideas.
- Staff roadshows in hospitals have included benefit/debt advice and staff health initiatives within localities have also addressed cost of living issues.

Children and Young People

What we said

- Inequalities across a number of areas, including health, have been exacerbated for children, young people and their families following the pandemic.
- Child poverty remains.
- Child death review activity is an important tool to learn from and potentially prevent the unnecessary deaths of children and young people.
- Health outcomes for care experienced children and young people remain poorer and addressing gaps in access and support is a key priority.

NHS Lanarkshire, alongside key partners, are working together to tackle these issues through [The Children and Young People's Health Plan](#) and the local Child Poverty Action Plans for [North Lanarkshire](#) and [South Lanarkshire](#) among others.

What happened

- The Children and Young People's Health Plan for 2021-23 Annual Report details activity over the 2023 period. It shows progress and achievements have been made in many areas, however, there is some way to go in improving outcomes for children and young people experiencing the effects of the COVID-19 pandemic.

Impact of COVID-19 pandemic across the Four Harms in relation to dentistry

What we said

- The four harms are related: harms to health impact on society and the economy, just as the societal and economic effects impact on physical and mental health and wellbeing.
- The COVID-19 pandemic has had a sustained impact on the delivery of dental services, which are only recovering gradually.
- The disruption of oral health improvement programmes had primarily impacted on more socially disadvantaged groups, further widening health inequalities

What happened

- All oral health improvement programmes and the National Dental Inspection Programme have been remobilised.
- NHS dental activity has continued to increase. The new dental payment reform has been implemented since 1 November 2023 and will both preserve the position of NHS dentistry and safeguard levels of access.
- Three local general dental practitioners have recently completed their training to become dentists with enhanced skills in domiciliary care.

Health Promoting Health Service (HPHS)

What we said

- Identifying the needs of each hospital site required a collaborative approach looking at the available evidence of need.
- The Holistic Needs Assessment (HNA) is a tool used to open up discussions with an individual that seeks to understand the issues they have. The HNA identifies the wider determinants of health and signposts to the support needed to help alleviate/ameliorate issues allowing individuals to support themselves.
- A partnership approach to undertaking an HNA as early as possible in the patient journey helps facilitate Discharge without Delay.

What happened

- The HNA is being used within teams where a Test of Change (pilot) has been carried out when a Health Improvement Senior (HIS) is not available. However, due to

staffing capacity, patients are normally referred to the HIS to undertake the assessment.

- Funding is in place to support one HIS per hospital site till the end of March 2025. One HIS has been recruited to deliver the Staff Health and Wellbeing agenda in North Lanarkshire University Health and Social Care Partnership with the contract ending in August 2025. These posts help support a holistic needs approach to care across the organisation.
- The work with the Scottish Ambulance Service (SAS) Pathways Hub has been extended to all three hospital sites. The Holistic Needs Assessment is completed by SAS staff and sent to HPHS when an individual is conveyed to hospital. The appropriate HIS will visit the individual whilst in hospital to complete the HNA process.

Long Term Conditions

What we said

- At least one in four people in Lanarkshire report having a minimum of two or more long term medical conditions.
- Mental health conditions, cardiovascular disease, and cancers represent significant long term problems for Lanarkshire residents.
- Compared to the rest of Scotland, these conditions are more prevalent in Lanarkshire.

What happened

- Progress in the area of long term conditions in 2023 in NHS Lanarkshire has included completion of a Test of Change (pilot) with regards to support for patients attending the respiratory laboratory to quit smoking, which has now been successfully incorporated into usual practice.
- In addition, a Lanarkshire Pathways Framework was produced by the Long Term Conditions workstream. This resource will help support work on person-centred healthcare journeys for people with long term conditions.

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1. Health of the People of Lanarkshire

1.1 Population Profile and Key Health Measures

Background

This section describes the population of NHS Lanarkshire, and how it is projected to change over the next 20 years. The number of births and deaths registered in 2022, and data on life expectancy are reported. Mortality information for specific diseases is presented. Data on cancer registrations is also described. Detailed information on each area is included in the relevant section of the Statistical Appendix, which readers are referred to. This chapter also includes the latest Scottish Health Survey results for Lanarkshire.

Census 2022 Initial Outputs ⁽¹⁾

The first outputs from the Census in 2022 were published on 14 September 2023. This first release included population estimates by age and sex at Scotland and Local Authority level, as described in Table 1.1.1 below. The census release reports that estimates were individually rounded to the nearest hundred and therefore the sum of estimates may not exactly equal the total.

North Lanarkshire estimated population: 341,000 (1.0% increase from 2011 Census).

South Lanarkshire estimated population: 327,200 (4.3% increase on the 2011 Census).

Adding the above estimates, **the population of Lanarkshire is estimated to be 668,200**. This is a 2.6% increase from the 2011 Census added Local Authority estimates of 651,557.

Table 1.1.1: Estimated population structure of North Lanarkshire, South Lanarkshire and Scotland, Census 2022

	Females	Males	0–14	15–64	65 years and over
North Lanarkshire	51.4%	48.6%	16.5%	65.6%	17.9%
South Lanarkshire	51.6%	48.4%	15.8%	64.0%	20.3%
<i>Scotland</i>	<i>51.4%</i>	<i>48.6%</i>	<i>15.3%</i>	<i>64.6%</i>	<i>20.1%</i>

Data source: National Records of Scotland⁽¹⁾

Population projections ⁽²⁾

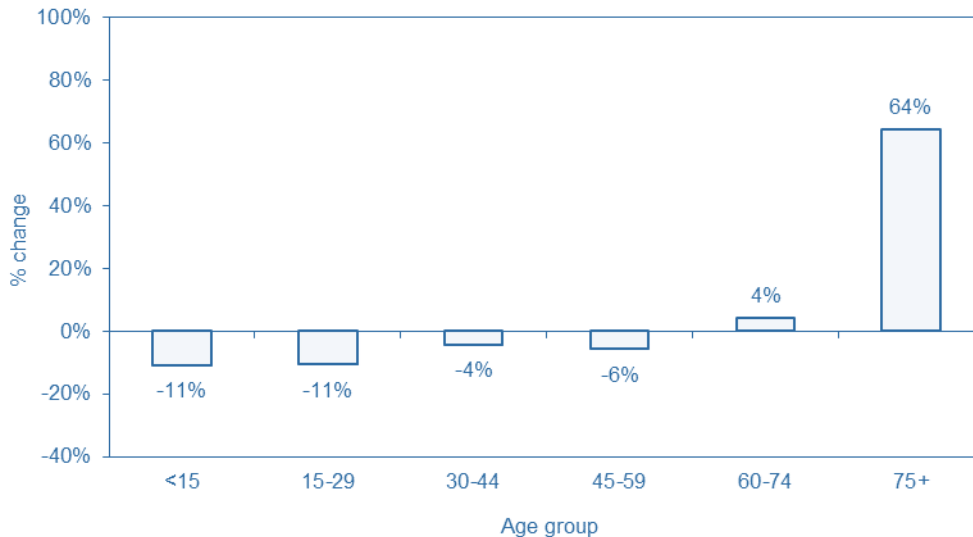
The latest projections of Lanarkshire’s future population are based on estimates for 2018, and show that the population is expected to rise about 0.5% between 2021 and 2032. The population is expected to fall slightly between 2032 and 2042, **making the expected overall change from 2021 to 2042 an increase of 0.2%**. The projected change in the age structure of Lanarkshire’s population between 2021 and 2042 is shown in Figure 1.1.1.

Key components in the changing Lanarkshire population are as follows:

- There is a projected increase of 64.2% in the population aged 75 and over between 2021 and 2042. This would result in 34,494 more people in this age group.

- The largest fall in population will be in the under 30 year olds, with a projected decrease of 10.7% between 2021 and 2042. There is estimated to be 24,026 less people aged under 30 in the next twenty years, likely to be contributed by fewer births.

Figure 1.1.1: Projected percentage change in the age structure of Lanarkshire's population, 2021-2042



Data source: National Records of Scotland⁽²⁾

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

Births (2)

There were **6,309 live births** registered among NHS Lanarkshire residents in 2022, a slight decrease from 2021 of 1.5%. The number of stillbirths increased slightly from 24 in 2021 to 28 in 2022. The overall live birth rate per 1,000 women aged 15-44 was 52.2 for Lanarkshire, higher than the Scottish rate of 45.5.

Over the three-year period 2020-2022, 99.6% of all babies born alive in Lanarkshire survived their first year. There was an average of 23 deaths per year, excluding stillborn babies. These deaths were similar to the level in Lanarkshire for the period 2019-2021. The infant death rate (deaths during the first year of life) in Lanarkshire was 3.7 per 1,000 live births – slightly higher than the Scottish rate of 3.5 per 1,000 live births. Due to the small numbers involved, death figures among children aged one year or younger fluctuate from year to year.

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

Life expectancy

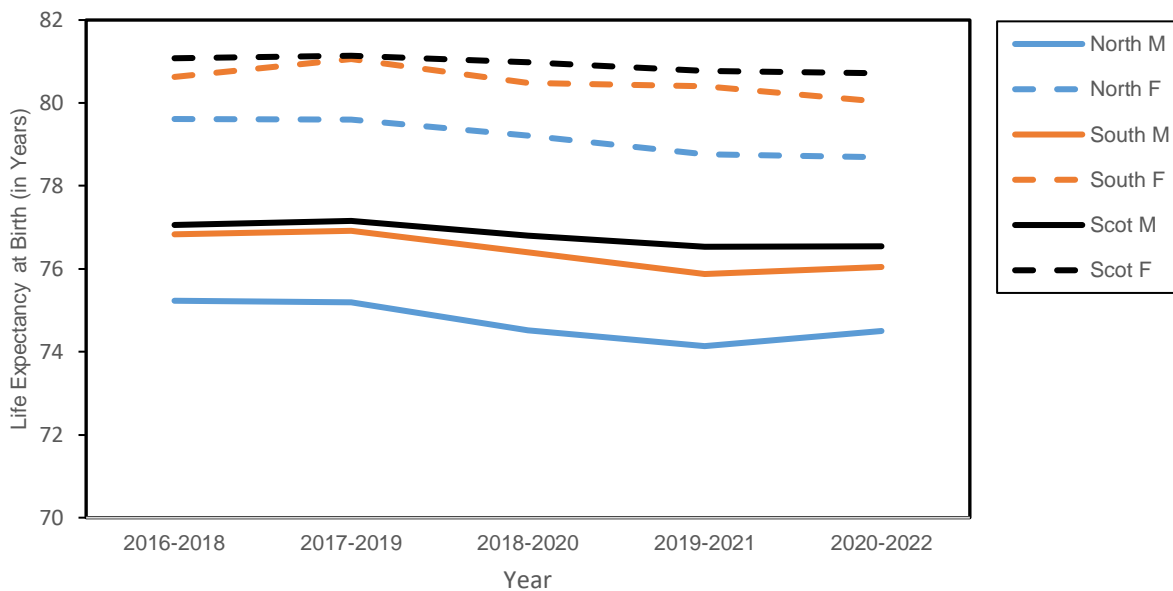
Life expectancy figures from National Records of Scotland (NRS)⁽²⁾ are provisional for 2020-2022. **There is a decrease in life expectancy at birth in Lanarkshire between the time period 2010-2012 and 2020-2022.** This decrease is 1.8 years for males (from 77.0 to 75.2 years) and 1.6 years for females (from 81.0 to 79.4 years). Over the same time period,

Scotland life expectancy had stabilised, but has now started to decrease. UK life expectancy reported by Office for National Statistics⁽³⁾ had been slowly increasing, and has now started to decrease.

NRS figures⁽²⁾ describe that **females in Lanarkshire live on average 4.2 years longer than males**. This gap between male and female life expectancy is similar to that for Scotland (4.2 years)⁽²⁾ and the UK as a whole (4.0 years)⁽³⁾.

Life expectancy is below national levels; males in Lanarkshire live on average 1.3 years less and females 1.4 years less than in Scotland overall.⁽²⁾ Compared to the UK as a whole, life expectancy in Lanarkshire is lower by 3.3 years in males and 3.2 years in females.^(2,3) Within Lanarkshire, **life expectancy in South Lanarkshire is higher than in North Lanarkshire**; in the South males live 1.5 years longer and females 1.3 years longer on average than those in the North (see Figure 1.1.2).⁽²⁾

Figure 1.1.2: Trends over time in life expectancy at birth in North Lanarkshire, South Lanarkshire and Scotland by sex



F: Females; M: Males; North: North Lanarkshire; Scot: Scotland; South: South Lanarkshire

Data Source: National Records of Scotland⁽²⁾

Life expectancy in Lanarkshire also varies by Scottish Index of Multiple Deprivation (SIMD) quintile (ranking of area-level deprivation), as shown in data from 2017-2021.⁽⁴⁾ **Males living in the most deprived areas of Lanarkshire live on average 11.3 years less than males living in the least deprived areas; for females, life expectancy is 8.5 years less in the most deprived areas compared to the least deprived areas.**⁽⁴⁾

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

Deaths ⁽²⁾

There were 7,694 deaths registered in Lanarkshire in 2022, a decrease of 438 (5.4%) from 2021.

Standardised mortality ratios (SMRs) were calculated for deaths in Lanarkshire, using Scotland as the standard population. SMRs show whether the number of deaths are higher or lower in Lanarkshire than would be expected based on Scotland's mortality rates.

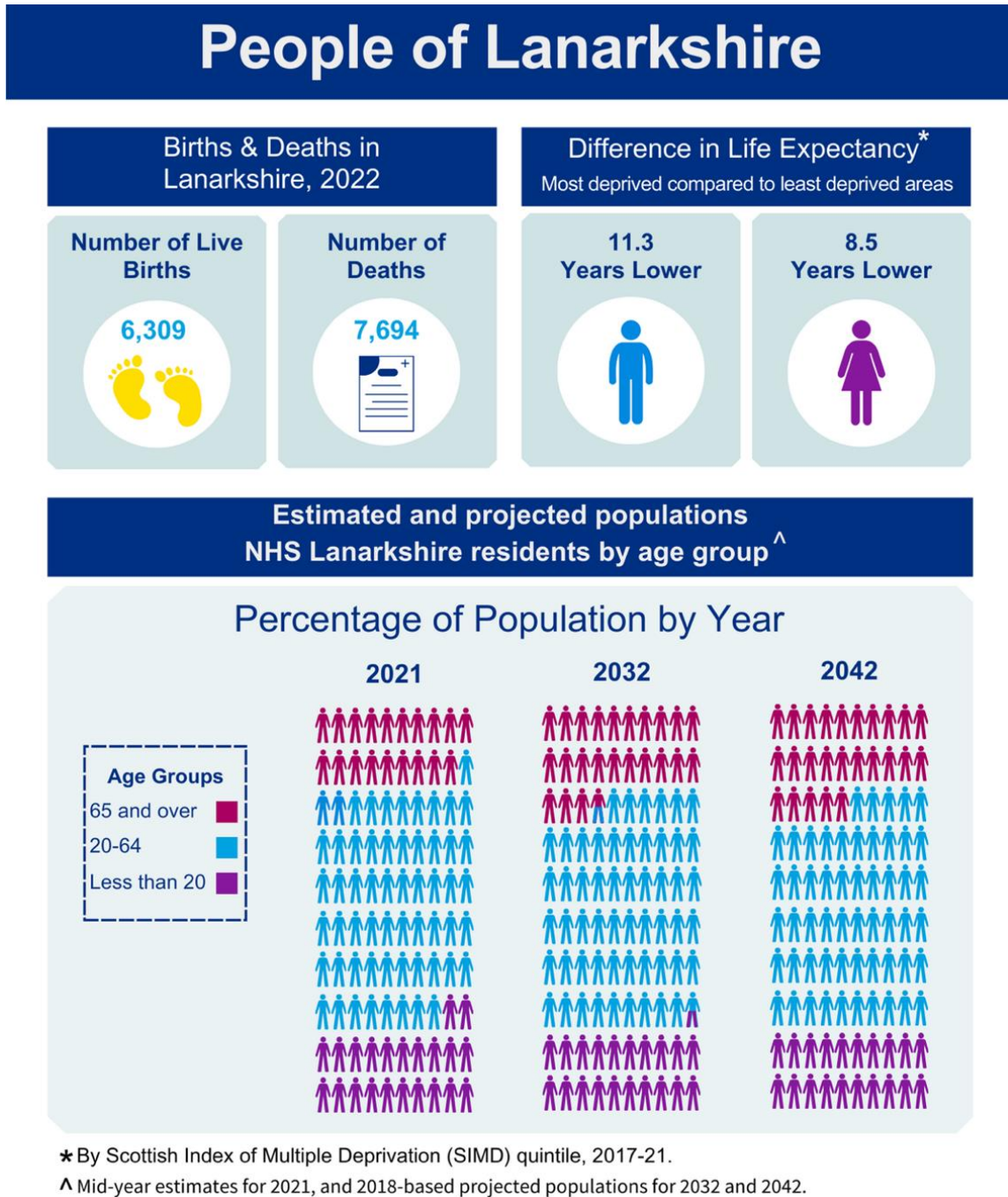
Overall SMRs in Lanarkshire remain above the Scottish average for both sexes, both for mortality in those aged under 75 years and mortality in those aged 75 years and over.

There is wide variation in SMRs between the different localities in Lanarkshire. From one locality with an SMR 20.4% below the Scottish rate for females aged less than 75 years, to another locality with an SMR 51.3% above the Scottish rate for females aged less than 75 years.

Since 2012, the combined proportion of all deaths due to cancer, coronary heart disease (CHD) and stroke has accounted for less than 50% of all deaths and, in 2022, the proportion was 43.1%. Deaths from cancer decreased slightly this year from previous recent years, whilst for CHD they increased slightly and for stroke they remained relatively stable compared to previous years. In 2022, the 'big killer' diseases accounted for 3,316 deaths: individually cancer, CHD and stroke were responsible for 25.8%, 11.5% and 5.9% of all deaths in Lanarkshire, respectively. Respiratory disease was also a significant cause of mortality in 2022, accounting for 10.0% of all deaths in Lanarkshire. Another major cause of death in 2022 was dementia and Alzheimer's, accounting for 9.6% of deaths.

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

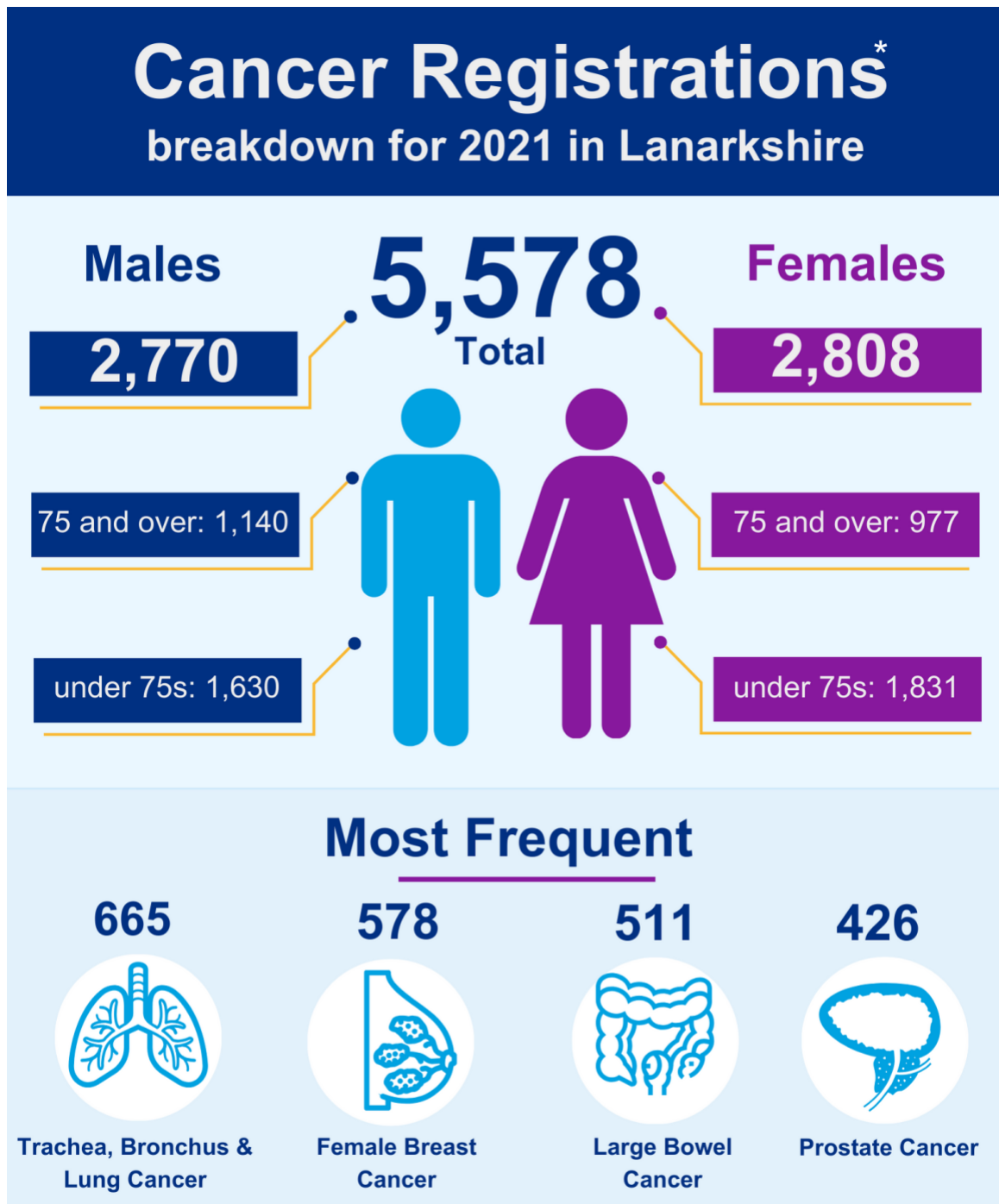
Figure 1.1.3: Population Infographic (4-7)



Cancer Registrations in Lanarkshire, 2021 ⁽⁸⁾

Number of cancer registrations is a measure of the number of cancers diagnosed in a given year. Cancer registration is a dynamic process therefore the figures presented here may differ from previously published information. The infographic below outlines key points derived from the detailed data in tables A13-A15 of the Statistical Appendix.

Figure 1.1.4: Cancer infographic ⁽⁸⁾

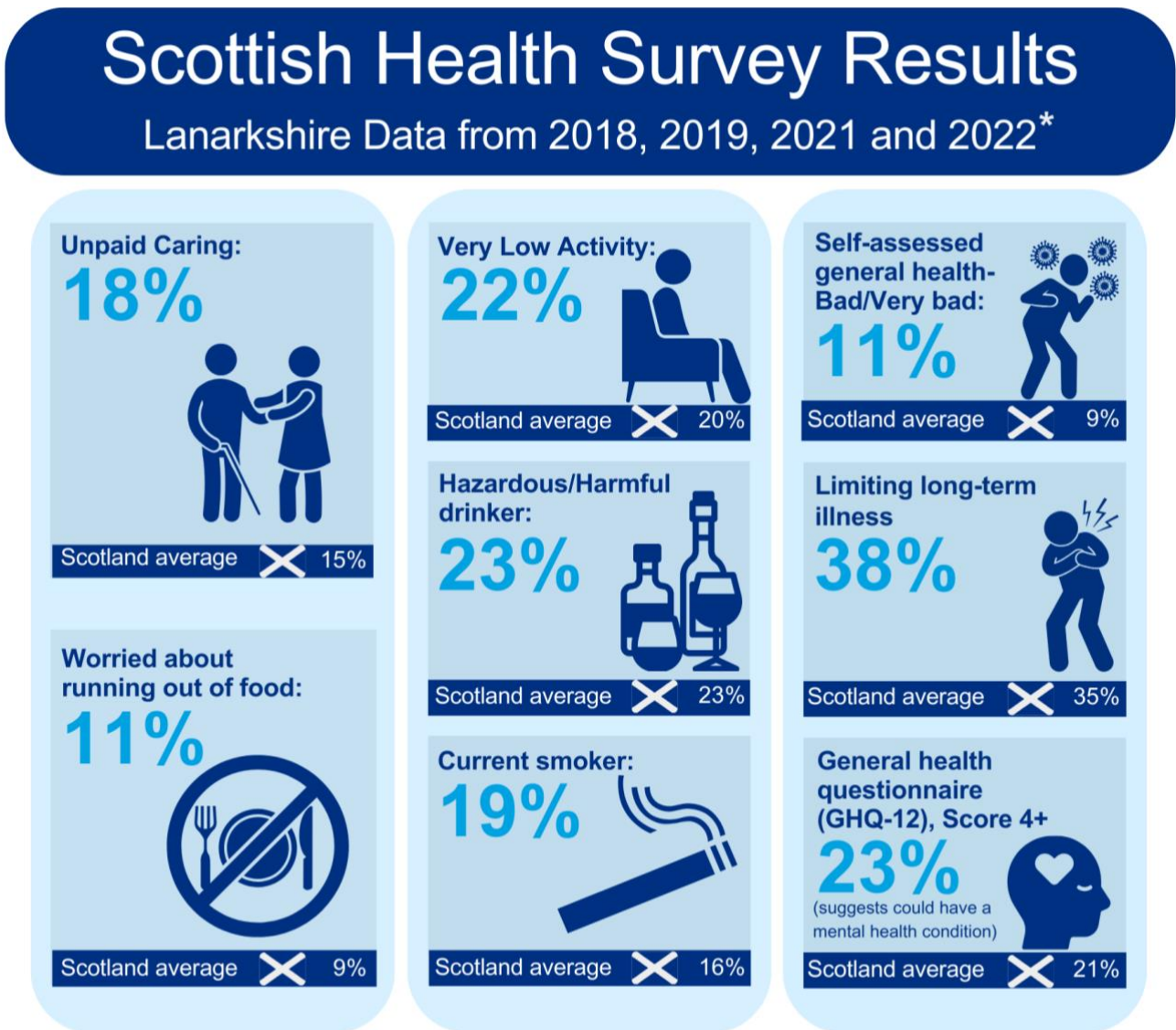


* Cancer registration is a dynamic process. The figures presented here may therefore differ from previously published information.

Scottish Health Survey

The Scottish Health Survey 2022 was published in December 2023.⁽⁹⁾ A sample of households across Scotland were interviewed and data at Health Board level has been presented for 2018, 2019, 2021 and 2022 surveys combined.⁽⁹⁾ The results from 2020 were excluded since these were experimental statistics.⁽¹⁰⁾ The following infographic describes key results for Lanarkshire from this data, based on between 1002 and 1755 survey responses (varied depending on the question).⁽¹⁰⁾

Figure 1.1.5: Scottish Health Survey infographic ⁽¹⁰⁾



*Combined results for surveys 2018–2022 (excluding 2020 since these were experimental statistics)

Key Points

- The estimated population of Lanarkshire from Census 2022 figures is 668,200, a 2.6% increase from 2011 Census.
- The latest projections of Lanarkshire's future population, based on estimates for 2018, show that the age structure of the population is expected to change between 2021 and 2042, with an increase in people aged 75 and over and fall in number of people aged under 30.
- There has been a decrease in life expectancy in Lanarkshire over the last 10 years.
- Life expectancy is lower in Lanarkshire than in Scotland overall and life expectancy is lower in North Lanarkshire than South Lanarkshire
- There were 7,694 deaths registered in Lanarkshire in 2022, a decrease of 5.4% from 2021.
- Overall standardised mortality ratios (SMRs) in Lanarkshire remain above the Scottish average for both sexes, both for those under 75 years and those 75 years and over. There is a wide variation in SMRs between the different localities in Lanarkshire.
- In 2022, the 'big killer' diseases accounted for 43.1% of all deaths – cancer (25.8% of all deaths), coronary heart disease (11.5%), and stroke (5.9%). In addition, respiratory diseases accounted for 10% of deaths and dementia and Alzheimer's accounted for 9.6% of deaths.
- The highest number of cancer registrations in 2021 related to Trachea, Bronchus and Lung Cancer, Female Breast Cancer, Large Bowel Cancer and Prostate Cancer.
- The Scottish Health Survey Lanarkshire data describe that over 1 in 3 people experience a limiting long-term illness and nearly 1 in 4 people experience mental health symptoms.

Priorities for Action

- Responding to the expected shift in population structure over the next 20 years, with fewer younger people and more older people, requires investment and preparation.
- The lower life expectancy and higher premature deaths in Lanarkshire compared to Scotland, and inequalities in these figures across Lanarkshire, necessitates whole systems working, applying multidisciplinary, interagency, and collaborative approaches to prevention, early intervention and ongoing care. An example of an initiative being undertaken through the Respiratory Speciality Improvement Group, is the ongoing work to develop a Respiratory Prevention Plan, which thereafter could be used as a blueprint for other long term conditions.
- An update to the Lanarkshire Long Term Conditions analysis is planned for 2024 and this will be valuable for the continued monitoring and assessment of the burden of disease in Lanarkshire.

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2. Health Protection

2.1 Health Protection Team Update

Background

The Health Protection team are responsible for protecting individuals, groups and populations from infectious disease and non-infectious public health threats in the environment.

During the winter of 2022/2023 there was a national increase in cases of group A Streptococcal infection and outbreaks of Scarlet fever in nurseries and schools. The team worked with colleagues in local education authorities to respond to these outbreaks and ensure staff and parents had the appropriate information. The winter also saw high levels of influenza activity across the community and a number of cases requiring admission to hospital.

The summer brought the normal seasonal increase in cases of a range of gastrointestinal illness including Shiga toxin producing *Escherichia coli* (STEC), *Salmonella* and *Cryptosporidium* and cases of more exotic infections in residents returning from travel overseas including *Salmonella typhi* and *paratyphi*.

Over the last year the Health Protection Team have supported the health of the population of Lanarkshire through a range of activities with two examples given below.

Care Homes

Within Care Homes across North and South Lanarkshire there are 4360 resident places.

Care Homes came through challenging times over the COVID-19 pandemic years and are now looking to restore some routine and 'business as usual' approach to their services and to have a more settled environment for the lives of the residents in their care.

The NHS Lanarkshire Health Protection Team work closely in collaboration with Care Home staff to help facilitate this. The team offers support and advice to Care Homes in line with local and national infection prevention and control guidance. Following the available guidance enables Care Homes to promote a protective, proactive environment for residents and staff.

NHS Lanarkshire Health Protection Team have aligned Care Home Health Protection Nurses to localities. In addition, there is a Nurse Consultant Lead to provide overall co-ordination. With this specialist aligned support the Health Protection Team can ensure both one to one and locality input including visits to care homes to provide advice pertinent to their individual, person centred needs.

During any outbreak situation a care home may have, the Health Protection Team will liaise daily with the care home staff to offer ongoing appropriate assessment and advice to minimise potential further spread of any infection. An outbreak is where two or more residents or staff have the same symptoms or diagnosis within the same time frame. This number of two is regardless of the size or population numbers of the Care Home. The Health Protection Team will advise use of the Care Home Infection Prevention and Control Manual (CH IPCM)⁽¹⁾ to adopt evidence based practice.

During the COVID-19 pandemic there were frequent changes in national guidance for care homes to follow as more was learned about the new emerging virus. Guidance is now more stable and established.

To assist and support care home staff in accessing the correct and most up to date guidance as part of preparing for winter 2023-2024 the Health Protection Nurse Team compiled a 'one stop' aide memoire to be used which contains a selection of links, guidance and information in one document. The aide memoire aims to help staff deliver effective care and have more time to do so, by providing faster access to information. This was sent to each care home manager at the start of winter 2023.

The feedback from care homes has been positive with reports that the aide memoire is proving to be a useful tool to support quick access to guidance and information.

Immunisation programme

Over the last year there has been a significant amount of work taken forward by Public Health and partners to improve our immunisation coverage across the health board.

We have set up an Immunisation Inclusivity Short Life Working Group which meets regularly and includes many different disciplines involved in immunisation, with representatives from across Lanarkshire. This group is working towards improving inclusivity for all immunisation programmes within Lanarkshire, with a particular focus at present on childhood immunisations.

Measles elimination action plan

There is ongoing widespread concern around the increase in measles cases throughout Europe and some parts of the UK. This resulted in the World Health Organisation (WHO) Europe branch calling for all countries to ensure there is sustained high measles, mumps, rubella (MMR) vaccination coverage, and for those who have previously missed doses of MMR vaccine to be offered vaccination, in order to prevent a resurgence of measles⁽²⁾.

In response to this, we are developing an up to date measles elimination action plan. This focuses on developing strategies within 3 main domains – before school entry, during school age and targeted groups (including groups within the population that may have lower vaccination uptake than the general population for various reasons).

We have been in discussions with various stakeholders to gather qualitative information on potential barriers to vaccination and reasons for lower uptake within some populations. We are also looking at MMR vaccination rates by geographical area in Lanarkshire within the pre-school and school age populations which has helped identify areas with a disproportionately low uptake rate. This will help us develop effective targeted interventions for specific populations or areas in order to ensure that access to vaccination across the whole of Lanarkshire is as equitable as possible. Maximising MMR vaccination coverage in our health board will help give the population the best protection possible against measles.

Tertiary education institutions

It is also important that students entering tertiary education institutions are up to date with their vaccinations to help protect them against serious, vaccine preventable diseases.

We have been working with the tertiary education institutions across Lanarkshire to encourage students to check that they are up to date with their MMR, Meningitis (MenACWY) and human papillomavirus (HPV) vaccines.

If students have missed these during the routine childhood immunisation programme, or they are new entrants to Scotland and have not previously received any of these vaccines, we provide an opportunity to catch up with these vaccinations via an easily accessible on-campus vaccination catch up clinic.

So far, we have successfully carried out one catch up clinic within South Lanarkshire College and have also linked many students into the generic vaccination service which runs across Lanarkshire. We are working with other tertiary institutions within Lanarkshire to implement similar catch up clinics in the new year.

Key points

- The Health Protection Team are supporting care homes in the post COVID-19 pandemic era, in particular through advising on infection prevention and control guidance.
- A significant amount work has been undertaken to improve our immunisation coverage across the health board through a range of initiatives.

Priorities for Action

- Continue to provide expert advice and input to care homes across Lanarkshire.
- Maximise uptake of immunisations across Lanarkshire and ensuring programmes are as equitable as possible.

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2.2 Lanarkshire's Hepatitis C (HCV) Elimination Project

April 2023 to March 2025

The initial phase of Lanarkshire's 2 year HCV Elimination Project, including how using a broader model of community liver health/screening to deliver HCV awareness and testing has revealed a grave picture of liver health and health related behaviour in the Lanarkshire adult population.

Background: Liver Disease – A Public Health Emergency in Scotland

The British Liver Trust's (BLT) report titled 'Liver Disease: A Public Health Emergency in Scotland' was discussed by members of the Scottish Parliament on 14 June 2023⁽¹⁾. The Cross-Party debate addressed the liver disease crisis in Scotland and highlighted Lanarkshire to be amongst the poorest in Scotland in terms of liver disease mortality and early detection.

For nearly two decades NHS Boards across Scotland have contributed to the challenge of Scotland's poor liver health and specifically hepatitis C (Hep C) related liver disease, via the delivery of the Scottish Government's Hep C Action Plan ('the Action Plan'). 'Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease'⁽²⁾ highlights achievements of the first decade of 'the Action Plan' and stresses the importance of the introduction of direct acting antivirals in 2014. These achievements for Scotland include: a decline in hepatitis C related decompensated cirrhosis (liver failure); a reduction in new presentation of hepatitis C related hepatocellular carcinoma; and a decline in hepatitis C related deaths.

The final phase of the Hep C Action Plan has now moved to delivering Hep C elimination in Scotland⁽³⁾, with a national target of 5000 Hep C treatment initiations required across Scotland by March 2025. From April 2023 to March 2025, NHS Lanarkshire requires a tripling of previous yearly HCV treatment initiations targets to meet their elimination target of 511 Hep C treatment initiations.

Furthermore, the requirement to triple HCV treatment initiations number in Lanarkshire came with no additional resource, and so required a re-think on how the challenge would be met within the existing funding envelope and service provision.

NHS Lanarkshire Hep C Elimination Project

The Lanarkshire Blood Borne Virus (BBV) Network leads on all aspects of BBV related work in Lanarkshire and, in response to this HCV elimination challenge, developed the Lanarkshire Hep C Elimination Project ('the project'). Pivotal to the development of the project was a review of all BBV testing across Lanarkshire; the who, where, when and what (types of tests), review of current evidence related to HCV elimination practice in Scotland and UK wide, and a re-allocation of available resources and negotiation of service involvement.

The first six months of the project has resulted in an increase in HCV treatment initiations by 130% compared to the previous year, which is extremely positive. Whilst the core aim of the project is progressing well, the 10 locality 'Love Your Liver Events' held during the

summer of 2023 have highlighted a grave picture of liver health and lifestyle behaviours in the adult population in Lanarkshire.

The Lanarkshire BBV Network HCV Elimination Project focused on the development of 4 key work-streams.

Work-stream 1: BBV Testing

Finding and testing individuals who have been at risk of acquiring HCV is pivotal to achieving HCV treatment initiation targets and delivering HCV elimination in Lanarkshire and Scotland. A development session took place in November 2022 involving all Lanarkshire services who delivered BBV testing in the community. The three key outcomes from this session included:

- a. Establishing lead roles for each service within key settings to support better coordination and more efficient use of resources.
- b. Establishing a dedicated BBV Testing Team led by the Lanarkshire Harm Reduction Team and supported by Positive Support (BBV Network, Third Sector Service). BBV testing has been extended to Criminal Justice, Police Custody Suites, Pharmacy (Harm Reduction Team Pharmacy Development Worker), Mental Health Services, with continued work with all statutory and commissioned drug and alcohol services in Lanarkshire.
- c. 2024 will focus on business as usual, with an additional focus on HMP Shotts and opportunities for joint work with HMP Addiewell, as well as community Criminal Justice Services.

Work-stream 2: New HCV Pathway

A short life working group was established to review and develop a new HCV Pathway. The new streamlined pathway, with simplified criteria from testing to treatment, has been a significant factor in the 130% increase in HCV treatment initiations in the first six months of the project, compared with initiation numbers last year.

Building relationships and developing new ways of working with staff across statutory and third sector drug and alcohol services, as well as the partnership between the Lanarkshire Harm Reduction Team and BBV Specialist Nurses have been pivotal to the increase in HCV treatment initiations.

Work-stream 3: Implementing Public Health Scotland's RECAST project

The RECAST project will facilitate the reengagement and treatment of people with chronic HCV infection. Led by Public Health Scotland (PHS) and in partnership with NHS Boards, PHS has led an audit of the national HCV data held by PHS and supported the identification of individuals with chronic HCV infection. The CHI number was provided to enable follow-up. NHS Lanarkshire took part in the pilot exercise along with two other NHS Boards prior to the roll out across Scotland.

This initial phase has identified approximately 500 individuals in Lanarkshire who will be followed up in Phase 2 of the project.

A short life working group has been established to support the next phase of contacting and re-engaging with individuals.

Work-stream 4: Love Your Liver Community Events (Summer 2023)

NHS Lanarkshire, in partnership with the British Liver Trust (BLT), held ten 'Love Your Liver' roadshow events across North and South Lanarkshire between June and August 2023.

The roadshow offered a unique chance for individuals to prioritise their liver health by receiving free liver health checks and gaining valuable information about various types of liver disease. Visitors to the unit had the opportunity to undergo a free fibro-scan, a non-invasive liver scan, and a swab test for hepatitis C if identified as being at high risk. These health checks are crucial as liver diseases, including hepatitis C, can often develop silently and lead to severe complications if left undetected.

Nine in 10 cases of liver disease are preventable with the main causes being alcohol, obesity and viral hepatitis, including hepatitis C.

Partnership

The British Liver Trust approach to partnership working with statutory and third sector services, and their community engagement model (drop in, accommodated via a large trailer with 3 clinical rooms) has been used in England to support Hep C Elimination, raise awareness of liver health, including hepatitis C. The Lanarkshire BBV Network chose this partnership approach and model of good practice to support their wider community engagement work.

The Lanarkshire Love Your Liver events were delivered by staff and volunteers from the British Liver Trust, NHS Lanarkshire's BBV Network Support Team; Harm Reduction Team; Gastro/Liver Service based at University Hospital Hairmyres (UHH); BBV Network Third Sector commissioned services including Positive Support and Landed Peer Education Project:

Phase 1: Planning

- Appraisal, analysis and re-allocation of resources and leadership roles
- Funding for Gastro/Liver Service to support additional referrals and to deliver the fibro-scanning during community events
- Development of referral pathway directly into Gastro/Liver Service in UHH.
- Limited advertising preceded each event via the British Liver Trust website and twitter account to facilitate opportunistic drop-in access.

Phase 2: Delivery

- 847 people attended 10 events delivered across Lanarkshire localities from June 2023 to August 2023. Venues included:

Cumbernauld:	Antonine Shopping Centre
Airdrie:	Morrisons
Coatbridge:	Main Street
Cambuslang:	Morrisons
East Kilbride:	Morrisons
Hamilton:	Morrisons
Lanark:	Morrisons
Bellshill:	Morrisons
Motherwell:	Shopping Centre
Wishaw:	Caledonian Retail Park



Key Points

Health Survey

- 847 attendees - 627 (74% of attendees) completed the survey

Liver Health

- 431/627 (68%) received a fibro-scan
- Overall, 52 of the 431 (12.1%) participants fibro-scanned in Lanarkshire had an E median of 8.0+, indicating a follow-up with primary care is recommended.
- Of those, 16/52 had a fibro-scan score indicative of advanced damage.
- 29/52 referred to Gastro/Liver Service UHH
- 6/29 on the Hepatocellular Carcinoma (HCC) surveillance pathway

HCV

- Low HCV awareness
- 170/611 identified HCV risk
- When looking at only the under 50 yrs surveyed, this fraction increases to half (83 out of 165).
- 162 HCV point of care test (POCT)
- 9 POCT had positive (antibody) POCT
- 3 individuals Dry Blood Spot Testing /3 positives

Health Behaviours

Diet

- The majority of men and women under 40 yrs old who were surveyed had a takeaway twice or more per week (41 out of 75).
- 2 in 5 people in Lanarkshire said they had processed foods three or more times per week, indicating a potential significant current and future impact on liver health across the population.
- Men and women under 39 yrs represented the largest consumers of processed foods (men = 73.3%, women = 70.5%).
- The majority of those surveyed admitted to snacking on crisps, chocolate, cake or biscuits between meals or in the evening (63.7%).
- Over three quarters of women aged 40 to 59 yrs (76.5%) snacked between meals and in the evening

Weight

Of the 579 people whose BMI was calculated:

- more than 70% were overweight or obese.
- less than a third of women and less than a quarter of men had a healthy BMI.
- 85.8% of participants had a diet categorised as caution or high risk for Non-Alcoholic Fatty Liver Disease (NAFLD) (n=611).
- A third of participants were high risk

Alcohol

All 614 individuals who participated in the alcohol section of the survey were sorted into groups, based on whether or not they drank more than 14 units of alcohol per week.

- When split by sex (332 women, 282 men), men were more than twice as likely to drink more than 14 units per week (women = 20.2%, men = 42.2%).
- 67 women (19.8% of all women surveyed) drank more than 14 units of alcohol a week with an average of 29.9 units; more than double recommended maximum levels.
- 119 men (41.3% of all men surveyed) drank more than 14 units of alcohol per week, their average was 35.7 units per week.
- Further analysis of this data is in process. Reports will be shared with relevant stakeholders and partners of NHS Lanarkshire to shape ongoing work in this area.

Referral to local services

Information on local services was also provided to individuals who took part in the liver health check and to many individuals who stopped to chat to staff outside the BLT trailer. Information on a range of health issues was provided, as was information on and links to financial and welfare support services. Referrals were also made to local statutory and third sector alcohol and drug services.

Priorities for Action

- At a time when we are expected to 'do more with less', strong strategic decision making, and utilising and re-focusing people, resources and expertise is key.
- We will continue with our focus on BBV testing in high risk settings, as well as continuing to promote the new Hep C pathway across local services.
- Phase 2 (2024) of the RECAST project will be pivotal to enabling NHS Lanarkshire to achieve Hep C Elimination by March 2025.
- The British Liver Trust model of community roadshow events provides clear evidence for more community health outreach work and has shown the benefit of community health checks as part of early detection and prevention.
- The findings from the Lanarkshire Love Your Liver events reflect the poor liver health status of the Lanarkshire population, as highlighted in the British Liver Trust and Scottish Governments cross party debate in June 2023⁽¹⁾. These events also demonstrate the significant role that community outreach/health checks can play in engaging with local communities and supporting early detection and prevention.

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- Chris Kimber, BBV Network Development Officer
- Dr John Logan, Consultant Public Health Medicine (CPHM)/BBV Executive Lead
- Maureen Woods, BBV Testing Lead, Harm Reduction Team

Third Sector

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- Lauren Kelly, Support Worker, Positive Support
- Laura McLean, Development Officer, Landed Peer Education Project
- Eddie Wilkie, Support Worker, Positive Support

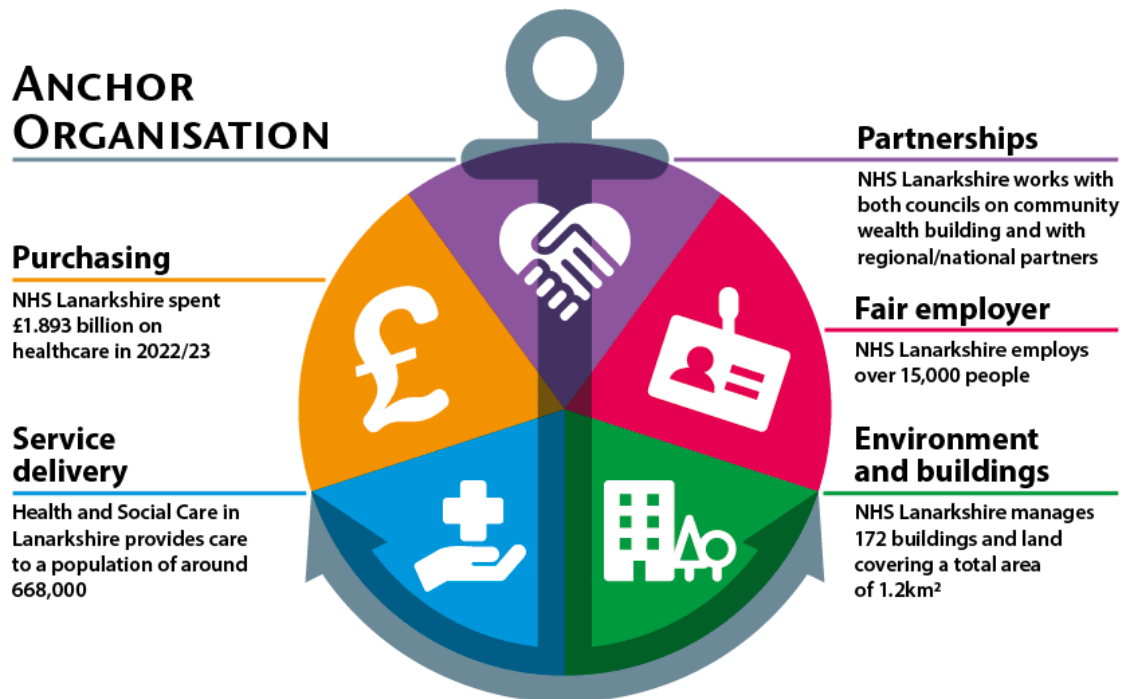
3. Anchor Themes

3.1 NHS Lanarkshire as an Anchor Organisation

What is an Anchor Organisation?⁽¹⁾

Anchor organisations are typically large local employers with a strong local presence in an area like the NHS, local authorities, colleges and large local businesses.

Figure 3.1.1: Anchor organisation



Anchor organisations can have a sizeable positive influence on the health and wealth of communities as they employ large numbers of local people, spend substantial amounts of money, own and manage local land and buildings. Taking positive actions in these areas is known as **community wealth building** which is a new approach to local economic development which aims to mitigate inequalities. **Community wealth building** aims to direct financial resources back into the local economy and ensures local people are able to have control over, and benefit from, the opportunities these investments can bring.

Anchor organisations also often deliver crucial services intrinsic to health and wellbeing and are rooted in the local community offering stability and support to communities, hence the term “anchor”.

In addition, smaller local organisations, often in disadvantaged areas, can be community anchors through their ability to build trusted relationships with local people, offer local employment and community led activities, and connect their residents to opportunities that will support their health and wellbeing.

How Can Anchor Organisations Make a Difference?

The Health Foundation⁽¹⁾ identified five dimensions where anchors can have a positive influence. Taking **intentional** actions across these areas can affect social, economic and

environmental change, contribute to positive health and wellbeing outcomes, and mitigate the impact of inequalities.

Being an exemplar anchor – organisations can embed ‘anchors thinking’ across their culture, planning and actions, and work with other anchors to systematically share good practice and deliver enhanced positive impacts for their people and places.

Employer – organisational policies on recruitment, pay and conditions, career progression and health can support inclusion goals and lower paid workers and help organisations to recruit and retain staff and fully tap the talents of their workforce.

Procurement – organisations can adopt practices for buying goods and services which support local businesses and job opportunities, recirculate wealth and bring community benefits as well as improve supply chain resilience, responsiveness and relationships.

Environment and assets – organisations can act to respond to the climate emergency, reduce energy, waste and pollution, use their assets for the benefits of communities and create better built and natural environments to support place making.

Service design and delivery – public sector and community anchors can deliver their services in ways designed to help those facing poverty and disadvantage.

Key Points

- NHS Lanarkshire has a long history of operating as an anchor organisation with a strong inclusive culture and many positive examples of working in partnership across these five areas.
- NHS Lanarkshire is committed to working with other anchors through more intentionally targeting opportunities and services to those who are most vulnerable and through shaping employability, procurement and asset strategies to be more inequalities focused.
- This ambition fits with national policy direction as the Scottish Government Health Inequalities: Place and Wellbeing Programme⁽²⁾ now includes an anchors workstream and all Health Boards are required to have a 3-year strategic anchor plan in place.

Priorities for Action

- In the following chapters we describe examples of work NHS Lanarkshire and partners are taking forward under our anchor ambitions.

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3.2 Widening Access and Employability Opportunities

Background

NHS Lanarkshire recognises, as an anchor organisation and exemplar employer, the reciprocal link between health and work, and by widening access and employability, we enhance social mobility and life chances of our local communities. The right career with fair pay and conditions, improves people’s overall physical and mental health, supports quality of life and creates a positive and virtuous cycle leading to a reduction in health inequalities.

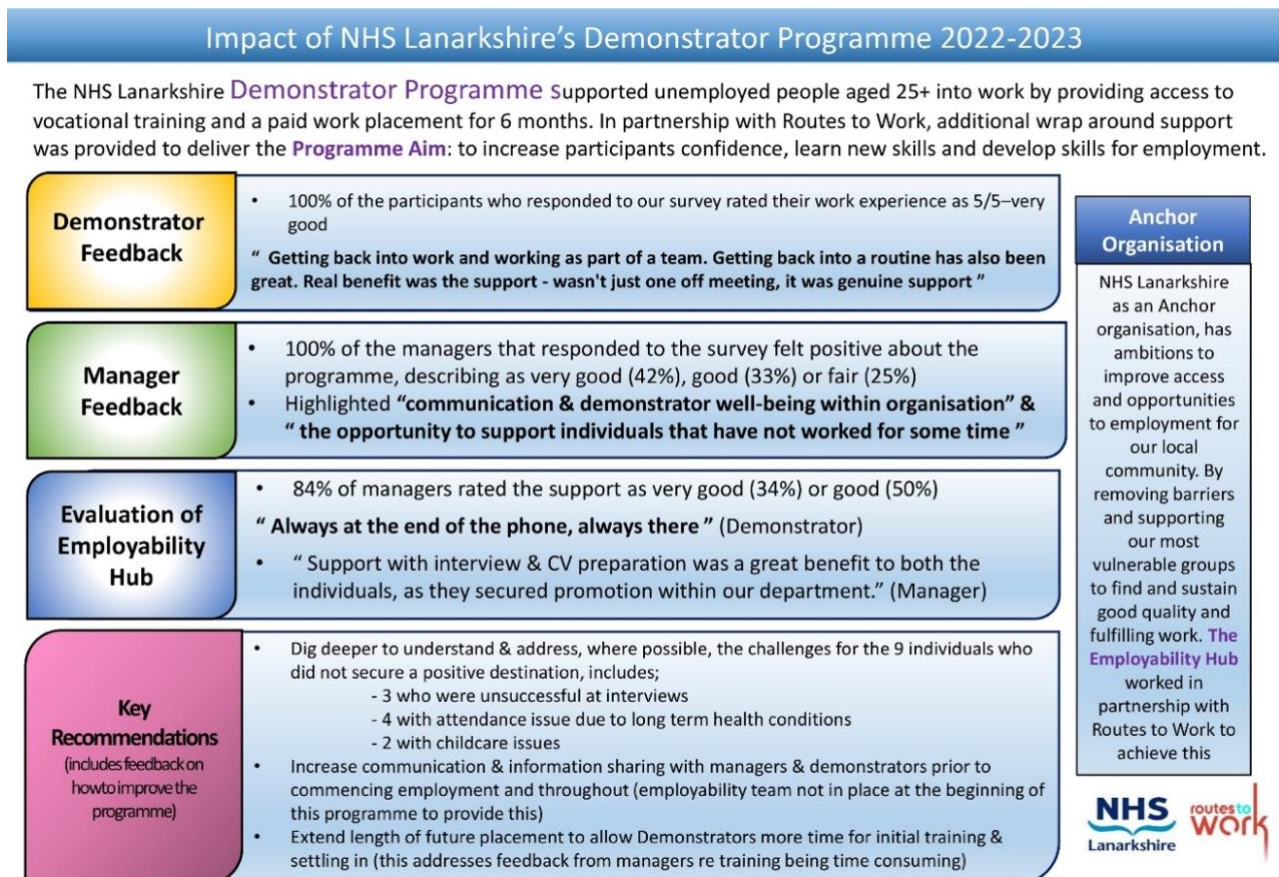
Workforce

NHS Lanarkshire is committed to putting in place a healthcare workforce which is representative of the communities we serve, with particular focus on widening access for those who are underrepresented within our existing workforce, from lower socioeconomic and deprived areas, or from minority backgrounds.

Historically, individuals taking up work experience, apprenticeships and volunteering opportunities within NHS Lanarkshire have typically come from more advantaged communities.

Widening access to these opportunities through inclusive recruitment practices and targeting to key populations, such as those affected by child poverty, is beneficial to both the individuals and the organisation as a whole as results in a wider and more diverse talent pool for staff recruitment.

Figure 3.2.1: Impact of NHS Lanarkshire’s Demonstrator programme, 2022–2023



Employability Programmes

NHS Demonstrator Project

The first Demonstrator Project was introduced under the *Best Start, Bright Futures: Tackling child poverty delivery plan 2022–2026*⁽¹⁾ focussing on those over 25 years old and unemployed. The project aims to increase participant's confidence, learn new skills and develop skills for employment. Working in Partnership with both Local Employability Partnerships, NHS Lanarkshire has supported 26 individuals into paid placements, 17 (65%) of which achieved a positive outcome.

Clinical Employability Programme

In support of the *No One Left Behind: Delivery Plan*⁽²⁾ NHS Lanarkshire has worked in partnership with New College Lanarkshire to support approximately 80 unemployed individuals annually into health care support worker roles.

David Forbes-Nixon (DFN) Project SEARCH

Project SEARCH is based on the most successful transition to work programme in the world and has been recognised by the Scottish Government as a model of good practice within the national learning disability strategy *The keys to life: Improving quality of life for people with learning disabilities*⁽³⁾.

This project is aimed at young people with additional support needs, it is in its 13th year at University Hospital Wishaw and 11th Year at University Hospital Monklands and Hairmyres.

To date, 160 young people have come through the NHS Lanarkshire programme, with approximately 70% going on to a positive destination in terms of employment or further study.

Community outreach

NHS Lanarkshire Employability team have been proactively engaging with partners with the aim of attracting and supporting individuals into health and social care careers. This has included attending events and client information sessions with partners such as Department for Work and Pensions, Prince's Trust, and Remploy. In addition, the team have engaged with care experienced individuals and the armed forces talent programme

Key Points

- The employability projects delivered by NHS Lanarkshire are making an impact on people's lives by getting them back into the workplace.
- Targeting employment opportunities to key priority groups will contribute to the overall ambition of reducing inequalities.

Priorities for Action

- Provide paid placements and work experience for individuals facing barriers to employment or those facing poverty.
- Provide outreach activities to our local community to promote NHS Lanarkshire as an exemplar employer.

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3.3 Monklands Replacement Project and Community Benefits

Background

The Monklands Replacement Project (MRP) will deliver NHS Lanarkshire's vision for a new acute hospital to replace the existing University Hospital Monklands as set out in NHS Lanarkshire's strategic framework. The new hospital will be delivered on a new site at Wester Moffat Farm, east Airdrie and is being designed to support delivery of a new model of care that moves the focus of care away from long inpatient stays to one where day case, day treatment, outpatient and community care is the norm.

Community Benefit

All public sector contracting authorities are required to include community benefit requirements for all regulated procurements where the estimated value of the contract is equal to or greater than £4 million. The value of the MRP is significantly greater than that threshold therefore delivery of community benefits was a core part of the procurement strategy.

The MRP has an established community benefit group which developed the community benefits plan and set the following key objectives:

1. To encourage the local community to be involved in the project by supporting local community initiatives.
2. To ensure community benefits are directed towards positive outcomes for disadvantaged and vulnerable groups that reflect what the community needs and contribute to reducing inequalities.
3. To facilitate opportunities for sustainable employment through the provision of skills, education and training programmes; apprenticeships; and new graduate job opportunities that are targeted to vulnerable groups including those who are unemployed or experiencing in-work poverty.
4. To promote economic growth through the involvement of small and medium-sized enterprises, Third Sector and Supported Businesses by facilitating awareness of the project, promoting contract and supply chain opportunities and related Community Wealth Building opportunities, while also ensuring these organisations are as ready to tender for opportunities as they can be.
5. To promote health & wellbeing through the inclusion of environmental and other initiatives that contribute to sustainable health & wellbeing outcomes.
6. To inform community benefits for future NHS Lanarkshire projects through measuring and reporting on community benefit targets and outcomes that highlight best practice, whilst seeking continual improvement and innovation.

The Community Benefit requirements have been identified across five key themes as shown, below.

Figure 3.3.1: Community Benefit Themes



Key Points

There is an opportunity for NHS Lanarkshire to harness wider opportunities through delivery of community benefits. Some of these opportunities include:

- Promoting NHS Lanarkshire's role as an inclusive anchor organisation offering more targeted employment opportunities for local people, increasing procurement spend within the community, and being a role model for environmental sustainability through the hospital build process and ongoing policies and practices.
- Supporting Community Wealth Building through working with the local authorities and the local business base to identify opportunities to generate and keep money in the local economy.
- Positively contribute to the current Public Health Scotland priorities.

Priorities for Action

- Develop the delivery plan.
- Develop the supporting communication plan.
- Establish the progress monitoring tool and reporting arrangements.

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3.4 Service Design and Delivery

Background

As part of our anchor approach, services should be designed and delivered in a way that support disadvantaged communities, working with partners and the community to help reduce inequalities and tackle poverty.

Some examples of work within this area have included progressing a comprehensive cost of living action plan and ensuring that integrated Equality Impact Assessments (EQIA) are carried out and acted upon by our services.

Cost of Living

A range of initiatives this year have focussed on what we can do to enhance NHS Lanarkshire's service delivery to support those at risk of, or experiencing, poverty within our communities and our own workforce. Tackling poverty is not the remit of specialist teams or any single organisation. Everyone can contribute to the collective effort to reduce poverty and this has been the message that we have been conveying this year, alongside our partners.

- An FAQ for managers on how to support staff who may be struggling with money worries has been developed.
- An FAQ for services on how to support patients who may be struggling with money worries has been developed.
- Working with partners, free period products have been made available in some of our sites.
- Workforce development sessions have taken place across services and teams with support to embed routine enquiry of finances.
- Support, in the form of a Welfare Rights Officer, from Money Matters Advice Service has been commissioned.
- A comprehensive communications plan has been developed and delivered.
- We have continued to work with partners to prioritise action on child poverty.

Equality Impact Assessments

It is widely documented that the COVID-19 pandemic has further exacerbated inequalities across our communities. The importance of embedding health inequalities across NHS Lanarkshire as part of COVID-19 Recovery has never more been at the forefront of policy making with the aim of ensuring equity of access for all Lanarkshire residents. Identifying inequalities and addressing these through service design and delivery, will enable services to be developed that focus on the needs of those who are most vulnerable.

To ensure an inequalities focussed approach and compliance with the Equality Act 2010, NHS Lanarkshire undertakes a robust programme of integrated EQIAs across all work streams. There has been extensive work undertaken to ensure the assessment process complies with the Equality Act 2010, integrates the Children's Rights Wellbeing Assessment and also pays (due regard) to reducing inequalities of outcome caused by socio-economic disadvantage.

Key points

- NHS Lanarkshire has been taking forward a range of initiatives to mitigate the impact of the cost of living crisis on patients and staff.
- The development of the new NHS Lanarkshire healthcare strategy has provided an opportunity to embed an inequalities approach through the use of integrated EQIAs across all workstreams.

Priorities for Action

- Supporting patients and staff with cost of living issues through a variety of actions, including addressing child poverty, is a key component of our anchor plan.
- Continue to ensure that integrated EQIA's are carried out and our services are designed to reach and support our most disadvantaged communities.

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3.5 Environment, Sustainability and Assets

Background

Environmental sustainability is one of the pillars of the NHS as an anchor organisation and gives the opportunity to do environmentally sustainable work that has local impact on people's health and inequalities as well as positively contributing to climate change.

Our Natural Health Service provides benefits to physical, mental and social health⁽¹⁻³⁾ and can help to reduce inequalities in health through access to quality greenspace⁽³⁾. There is a significant evidence base for the range of individual and wider social health and wellbeing benefits that can be achieved through outdoor activity and contact with nature.

These benefits include: improved physical and mental health; therapeutic and restorative qualities enhancing recovery; reduced social isolation and greater community cohesion. There is overwhelming evidence to show that being physically active; including walking, has been shown to reduce a range of illnesses, reduce stress levels helping to reduce blood pressure and reduce feelings of depression and stress⁽⁴⁾.



Lanarkshire Green Health Partnership (LGHP)

The Lanarkshire Green Health Partnership (LGHP), is integrated with weight management services and is partly funded via NHS Charities Together. The LGHP works to connect people with nature and maximise health inducing green assets.

The partnership was formed, in 2018, as part of the national work 'Our Natural Health Service' and supports health sectors to embrace green health. It complements the NHS, to support the breadth of health and social care activity and see nature-based health programmes used as part of health improvement and encourage health behaviour change.

As a partnership we recognise the importance of an integrated approach and developing opportunities and pathways to ensure individuals within our communities have access to engage in activities. The LGHP have taken approaches to help support specific areas of work and link to the outcomes of the partnership.

Lanarkshire is rich in green spaces, including the NHS estate and the aim of the partnership is to coordinate and promote the use of all green spaces for health benefits and provide supportive green health programmes.

Key priorities for 2023–2026 will be:

- Deliver an integrated model of leadership for LGHP
- Get Walking Lanarkshire
- Clydesdale Community Initiative – Therapeutic Garden Projects
- Voluntary Action South Lanarkshire/Voluntary Action North Lanarkshire – Green Health and Wellbeing Volunteer development.

Key Points

- There is a broad range of partnership activity being delivered within Lanarkshire communities supporting adults, children and families to connect with nature and the positive impact on physical, mental and social health and wellbeing, especially for our most vulnerable groups.
- The contribution that these programmes make to the prevention agenda and tackling health inequality through targeted intervention and the offer of free local, health enhancing greenspace.

Priorities for Action – LGHP

- Raise awareness and share the benefits of engaging with green health and promote engagement with activity.
- Support and build partnerships to inspire projects that help people connect to nature and be active outdoors.
- Empower health & social care and third sector staff to be confident to connect people to green health opportunities as appropriate.
- Seek and secure funding to enable contribution and continuation of evidence based practice.

Priorities for Action – wider Environment, Sustainability and Assets anchor actions

- Enhance active travel and transport opportunities and ensure developments meet the needs of groups most affected by inequalities.
- Further develop community use of facilities and outdoor estates with a strong focus on engaging those most affected by inequalities.

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3.6 Being an Exemplar Anchor

Background

Being an exemplar anchor is about how organisations recognise the potential of their anchor role and intentionally embed anchor principles in their culture and values, corporate priorities, the day to day running of their services, and in how they work with, and learn from, other anchors.

This involves reflecting on current practice and taking forward opportunities to further develop areas of good practice or to develop different ways of doing things that will benefit the local community.

Development of NHS Lanarkshire Strategic Anchor Plan

NHS Lanarkshire started their journey to more intentionally consider their role as an anchor back in 2021 as they began to recover from the pandemic and recognised the need to build back better with a stronger focus on inequalities.

Seminars were held with senior leaders to gain their support for this agenda and from this initial work a strategic commitment was made to embedding anchor ways of working into the new NHS Lanarkshire Healthcare Strategy which is due to be published in 2024.

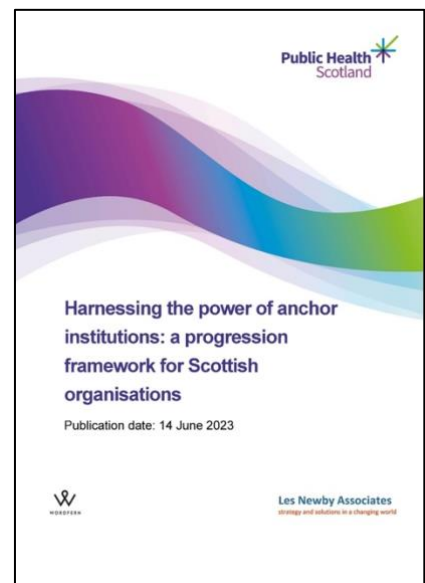
To inform the development of the anchor plan, NHS Lanarkshire used a national anchor assessment framework⁽¹⁾ to assess their baseline position as an anchor and to identify priority actions across the five anchor dimensions.

The actions that have been prioritised focus on further developing areas of good practice identified from the anchor baseline assessment or more intentionally applying an inequalities anchor lens to existing programmes of work. The actions aim to positively influence wider determinants of health through taking a public health prevention approach. The anchor action plan sets out milestones to be achieved annually for the next three years and high level performance measures have been proposed for each action.

Working with Other Anchors

NHS Lanarkshire are working closely with both local authorities, third sector organisations, and other local partners to align the anchor ambitions with partnership strategic priorities including Community Wealth Building, Child Poverty plans and Community Planning Partnerships.

NHS Lanarkshire are also participating in regional, national and UK anchor networks in order to learn from others and identify opportunities for collaboration.



Key points

- NHS Lanarkshire has developed a 3-year strategic anchor plan which outlines actions it will take to support community wealth building and a more inequalities focused approach to service delivery.
- Opportunities to work with other anchors on common goals to support community wealth building are evolving through working in partnership.

Priorities for action

- Delivery of the strategic anchor plan requires leadership, ownership and support from across all services within NHS Lanarkshire.
- Communications to raise awareness of the anchor concept is a key priority for this programme of work.
- Maximising NHS Lanarkshire's role as an anchor will require investing time to build on the local partnerships already in place with other anchor organisations to develop shared goals and to learn from each other.
- In November 2023, the Scottish Government issued a set of metrics for measuring baseline activity in relation to anchor activity. These will be incorporated into programme governance for 2024/25.

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3.7 Community Wealth Building

Background

Community Wealth Building (CWB) is a practical approach to local economic development that supports the delivery of a wellbeing economy. The approach is based around five pillars:

- Inclusive Ownership
- Workforce
- Spending
- Land and Property
- Finance

CWB seeks to redirect wealth back into local and regional economies and place more control over economic benefits in the hands of local people and businesses.

CWB has a key focus on the role of anchor organisations and how they can use their economic levers to better support their local and regional economies.

From a policy perspective, CWB forms part of the *Scotland's National Strategy for Economic Transformation*⁽¹⁾ and the *National Planning Framework 4*⁽²⁾. Building on the development of the approach across Scotland, the Scottish Government has committed to take forward a Community Wealth Building Bill in this Parliament, to enable more local communities and people to own, have a stake in, access and benefit from the wealth their economy generates. The Bill seeks to cement and augment the role public sector anchors play in supporting local economic development and advancing a wellbeing economy, legislating for them to consider their economic footprint within a wider place system.

Figure 3.7.1: Community Wealth Building



Adapted with permission from Economic Development Association Scotland and Scottish Government

The North Lanarkshire approach

The Commitment

There is commitment across the North Lanarkshire Community Planning Partners to develop a shared approach to CWB that can be applied across a number of policies, strategies and services for the benefit of local people, businesses and communities.

This commitment will be realised through delivery of the following aims:

- Developing a common understanding of CWB.
- Understanding the breadth of work that contributes to CWB and identify further opportunities to enhance this.
- Developing a CWB statement to be embedded across several policy and strategy development areas.
- Ensuring that decision-making and practice is developed through a CWB 'lens'.

Developing the Approach

A North Lanarkshire Partnership Working Group is in place with representatives from North Lanarkshire Council, NHS Lanarkshire, Voluntary Action North Lanarkshire, Police Scotland, and Scottish Fire and Rescue Service to drive forward the approach.

An initial mapping document has been produced highlighting the many activities already happening which align to CWB across North Lanarkshire.

The Partnership hosted a stakeholder session in August 2023. This included a presentation from the Scottish Government, an update on the North Lanarkshire Approach and five workshops around each pillar exploring: what is working well; gaps; what could we do more of; what assets are in place; and, any partnership/collaborative opportunities. The feedback from the event has been collated and circulated.

An engagement plan is in place to consult and gather views from a wide range of internal and external stakeholders including Community Boards, elected representatives, businesses and young people. The consultation exercise will conclude by the end of February 2024.

The findings of the consultation exercise, along with a review of best practise across Scotland, will form the basis for the development of the final statement and associated action plans and monitoring frameworks.

Key Points

- Commitment is in place from the North Lanarkshire Community Planning Partners to develop a shared approach.
- The adopted approach will be embedded across several policy and strategy development areas.
- The approach will ensure that decision-making and practice is developed through a CWB 'lens'.

Priorities for Action

- Continued consultation and engagement on the approach.
- Adoption of the approach by the North Lanarkshire Strategic Leadership Board and partners by late summer 2024.

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The South Lanarkshire approach

The Commitment

The challenges of the last few years – the COVID-19 pandemic, soaring cost of living, and the war in Ukraine – have underlined the importance of local services rooted in local places and communities. It was therefore imperative to develop new ways of working which not only support the communities served by statutory services but also to contribute to making our services and our places stronger, more resilient and more sustainable.

In March 2021, South Lanarkshire Council launched its Community Wealth Building Strategy⁽¹⁾. The strategy set out an aspiration to work in a new way for the people of South Lanarkshire, to use the power and influence of the council and other organisations to support communities and the South Lanarkshire economy.

Developing the approach

From the start of the strategy development process, there was a strong recognition that CWB should be built into all areas of the Council's business. There was a need to ensure that CWB became part of a new culture and way of working and to do this required the change in thinking to be led from the top.

To facilitate this senior level support, a Community Wealth Building Commission was established which has cross-party political support within the council and engages senior officers from South Lanarkshire's anchor organisations. These include NHS Lanarkshire, University of the West of Scotland, Voluntary Action South Lanarkshire (VASLan) and the business sector.

By working together collaboratively across the five pillars of CWB, anchor organisations can multiply their effectiveness and deliver far-reaching transformational change.

Turning strategic aspirations into action on the ground is the job of the CWB Progress Group. This multi-agency group is chaired by VASLan and aims to take the practical steps necessary to deliver the actions underpinning the CWB strategy.

With the right structures in place and the key stakeholders involved from the start, results of our work are beginning to emerge across the five pillars of CWB. This strategic, whole-systems approach is beginning to bear fruit in what is a long-term aspiration to change our way of working for the benefit of the South Lanarkshire economy.

Progress to date includes:

- Analysis of the council's procurement spend;
- Changes to QuickQuote process to enable more local bids;
- A range of engagement events with local businesses to improve engagement with procurement processes;
- Development of Community Wishlists;
- Community benefits arising from council capital projects;
- Development of a Social Enterprise strategy and action plan; and,
- Development of a South Lanarkshire Community Wealth Building Charter.

Key points

- South Lanarkshire Council and the South Lanarkshire Community Planning Partners are committed to improving the lives and prospects of everyone in South Lanarkshire through maximising opportunities for community wealth building.
- A Community Wealth Building Commission has been established to provide strategic leadership and support for this commitment and a CWB strategy has been developed along with a draft charter.
- There has been good progress made through proactive work on procurement practices and community benefit programmes.

Priorities for action

- Work together to strengthen the collective role of key anchor organisations who deliver services across the area, in order to bring wealth into the area and generate real change across South Lanarkshire.

- Develop opportunities to share expertise and learning between local anchor organisations.
- Develop joint CWB indicators of progress and monitor these over time.

Reference

- (1) South Lanarkshire Council. Community Wealth Building Strategy 2021 [Internet]. 2021. Available from:
https://www.southlanarkshire.gov.uk/downloads/file/14909/community_wealth_building_strategy_2021

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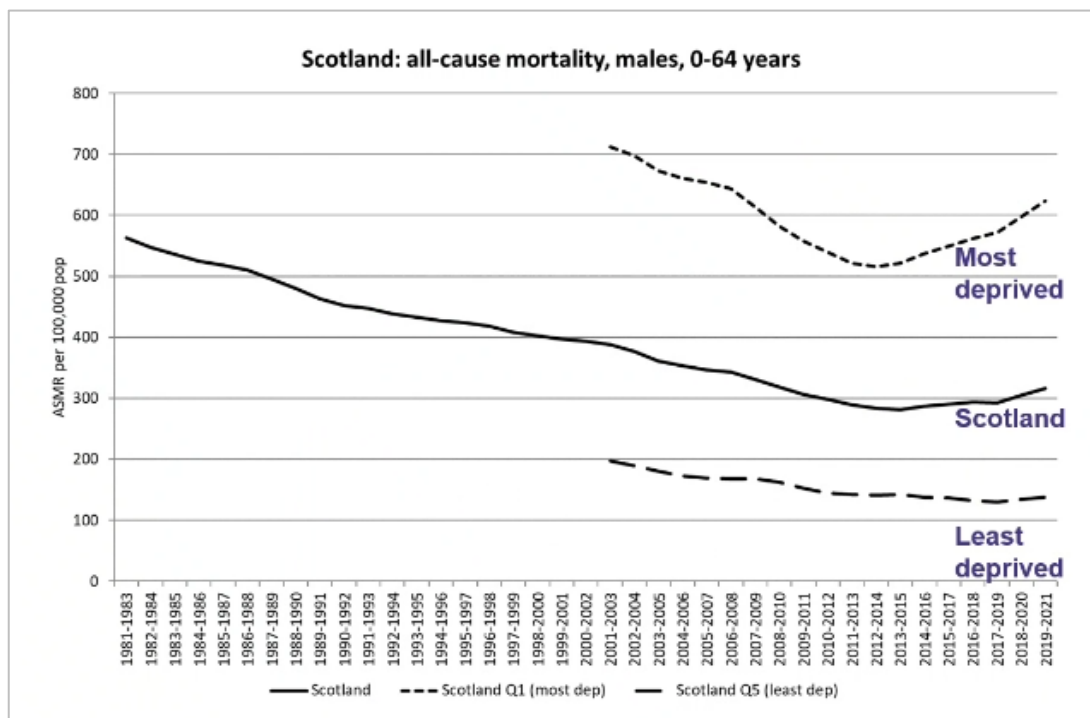
4. Healthcare Public Health

4.1 Strategic Prevention in Healthcare: Opportunities and Challenges in Lanarkshire

Background

Improvements in life expectancy have stalled in Scotland and is reducing in the most deprived areas (Figure 4.1.1, more discussion regarding life expectancy can be found in chapter 1.1 and appendix A12). Those living in the most deprived areas experience approximately 25 years fewer healthy years of life than the least deprived⁽¹⁾. Preventative healthcare in Lanarkshire, aligned with national healthcare directives, represents a pivotal shift in managing health and wellness that can reverse this trend. This strategic focus underscores the potential to transform the landscape of healthcare delivery and outcomes.

Figure 4.1.1: Scotland all-cause mortality rate in men 0 – 64 years



Source: Glasgow Centre for Population Health

Opportunities for Lanarkshire

Emphasising primary prevention through legislation, regulation, lifestyle support, vaccinations, and screening reduce chronic diseases, cardiovascular diseases, cancers, and diabetes⁽²⁾ through service provision and advocacy, ensuring prevention is embedded into all areas of public sector service provision.

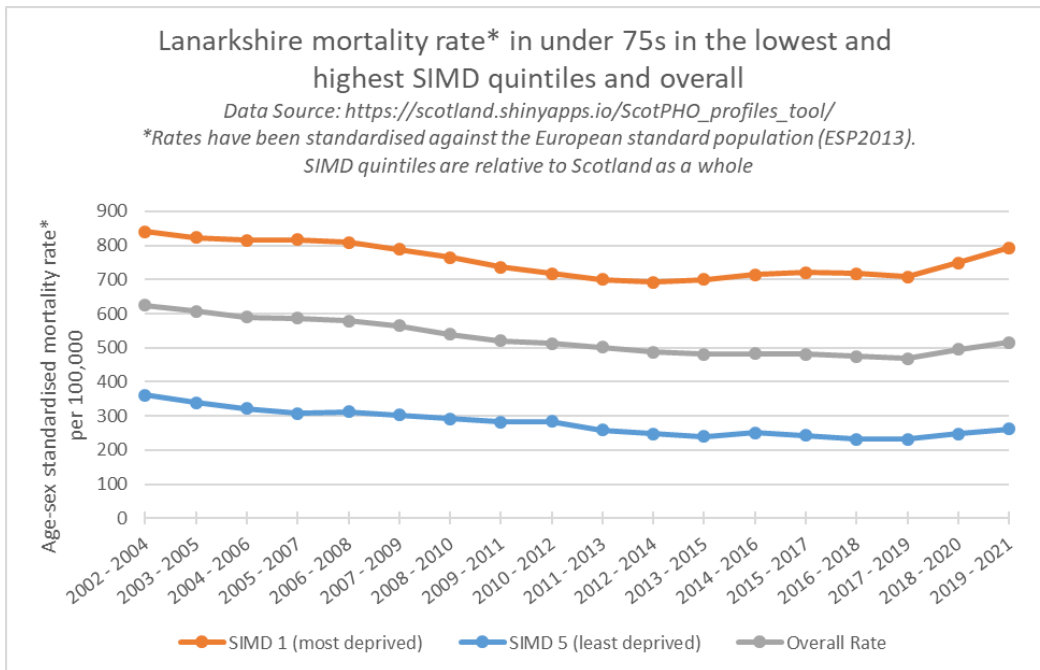
Embracing targeted universalism, Lanarkshire can target resources whereby communities who uptake services least are supported and empowered to access those services in a focused manner⁽³⁾:

- Secondary prevention efforts, including routine screenings for diseases like cancer and hypertension, facilitate early detection and treatment, improving patient outcomes.
- Tertiary prevention, managing existing conditions, can significantly reduce complications and improve quality of life.

Preventative strategies can be cost-effective, reducing later need for expensive treatments and hospitalisations.

Proactive health measures encourage community participation and awareness, fostering a culture of health and wellness.

Figure 4.1.2: Lanarkshire mortality rate* in under 75s in the lowest and highest SIMD quintiles and overall



Challenges to implementing a prevention mindset can be mitigated:

Upfront dedicated proportionate spend on areas clearly defined as prevention can alleviate pressure against prioritising prevention in an environment with limited resources and an imperative to focus on deliver in the acute sector.

Preventative healthcare must address inequalities to tackle disparities in mortality and life expectancy (see Figure 4.1.2 & chapter 1.1, Figure 1.1.2). The Inverse Care Law suggests that those most in need of medical care often receive the least⁽³⁾.

Structural change and investment in that change is required to successfully integrate preventative strategies requiring substantial effort, training, in that restructuring.

Infrastructure to support individuals and patients to participate in prevention to ensure patient compliance and the effectiveness of interventions, can be built through a new vision of Primary Care reaching out and supporting personal change.

Lanarkshire’s strategic leaning towards a preventative approach in healthcare presents significant opportunities to enhance health outcomes, reduce long-term costs, and further engage communities in their health and wellbeing. However, this approach also faces

challenges, including resource allocation, addressing health inequalities, implementation complexities, variable effectiveness, and the prevailing focus on immediate treatment. Effective integration of preventative measures requires careful planning, community involvement, and a commitment to addressing these challenges head-on.

Key Points

- Allocating funds specifically for prevention can reduce pressure in resource-limited settings.
- Prioritising prevention is key in delivering acceptable acute sector services.
- Effective preventative healthcare must tackle existing health inequalities.
- Structural changes and investments are vital for integrating preventative strategies.
- Preventative strategy integration demands considerable effort and training.
- Developing infrastructure is crucial for patient participation in prevention.
- A new Primary Care vision can support personal change and ensure intervention effectiveness.

Priorities for Action

- Develop and promote in our own and partner organisations a prevention mindset at a strategic, tactical, and operational level.
- Restrict a proportion of budget for well-defined prevention infrastructure development.
- Develop a proportionate universalism framework of delivery to tackle inequalities.
- Develop anchor collaboration and infrastructure to support successful adoption of prevention by patients and communities.

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4.2 Population Screening

Background

NHS Lanarkshire provides all of the national population screening programmes available in Scotland. Table 4.2.1 shows the number of people in the target population, as well as uptake for each programme and a brief summary of our achievements against Healthcare Improvement Scotland standards

Uptake

Uptake rates for some screening programmes are improving (e.g. breast and bowel cancer screening) and others have levelled off (e.g. cervical cancer screening) over the last year. Uptake remains high in pregnancy and new-born screening programmes.

Inequalities

Activity to raise awareness of the benefits of screening and address the barriers to screening participation are being coordinated through an updated 3-year Screening Inequalities Action Plan. This includes allocation of the Scottish Government Cancer Screening Inequalities Fund to support a number of new areas of work, the continuation of an outreach approach to engage with people experiencing homelessness, community development work in areas of deprivation to encourage and support increased uptake of the cancer screening programmes and targeted messaging to support informed choice. All of the work to improve uptake in screening will now feature under the larger Detect Cancer Early programme of work across NHS Lanarkshire which aims to improve cancer outcomes through prevention, earlier detection and treatment.

The national equity in screening strategy and action plan was published in the summer of 2023. Our local action plan will support the achievement of identified outcomes.

National Cervical Exclusion Audit

Following an incident in the national Scottish Cervical Screening Programme, an audit of patient records of those who have been excluded from the programme is being carried out to review the appropriateness of any exclusion applied. It has been identified that 13,199 records will require to be audited by NHS Lanarkshire.

This National Cervical Exclusion Audit commenced within NHS Lanarkshire in April 2023 should take around 12 months to complete. The audit is progressing well and is on track to complete late spring of 2024. The audit has required close partnership working with primary and secondary care in Lanarkshire to ensure evidence is uploaded, reviewed and clinical management of patients, where appropriate, is in place.

Table 4.2.1: Summary of Screening Programmes in Lanarkshire

	Target population	Denominator and time frame	Standard	Uptake	Outcomes ⁽¹⁾
Bowel screening	All males and females aged 50 to 74 years	195,306 ⁽¹⁾ men and women May 2020 – Apr 2022	Nationally agreed KPIs, including the target uptake of 60.0%.	63.6 % All persons. Uptake varies across SIMD quintiles from 53.4% in SIMD 1 (most deprived) to 70.7%% in SIMD 5 (least deprived). 61.4% male 65.7% female	Meets uptake standard for both sexes. Standards for pre assessment and colonoscopy waiting times continue to be a challenge following the introduction of the new bowel screening test called qFIT in 2017.
Breast Cancer Screening	Females 50-70 years	91,142 ⁽²⁾ women Apr 2019 - Mar 2022	Nationally agreed standards including minimum uptake of 70.0%.	72.5% Uptake varies across SIMD quintiles from 63.7 % in SIMD 1 (most deprived) to 81.4 %in SIMD 5 (least deprived).	Meets all standards except time to issue results and time to assessment from first adequate screen. Across Apr 2020 - Mar 2021, 136 invasive cancers were detected in women following breast screening: 31 were detected at the first screen (women aged 50-52) and 105 were detected at subsequent screens in women 53-70 years old.
Cervical screening	All women aged 25-64 years	176,872 women Data from Apr 2021- Mar 2022	Nationally agreed standards including the target uptake of 80.0% in each Scottish Index of Multiple Deprivation (SIMD) quintile.	71.1% ⁽³⁾ 25-49 year olds 70.2 % 50-64 year olds 72.5% Uptake varies across SIMD quintiles from 63.7% in SIMD 1 (most deprived) to 79.0% in SIMD 5 (least deprived).	Meets all standards apart from uptake and laboratory turnaround times for cytology. Sample to routine colposcopy referral are proving challenging to meet while NHS Lanarkshire deliver the National Cervical Exclusion Audit.
Universal Newborn Hearing Screening (UNHS)	All newborn babies born to Lanarkshire residents or moving into Lanarkshire under the age of 12 weeks	6253 Apr 2022 – Mar 2023	98.0% of babies should have completed the hearing screen by 10 weeks.	99.8% of all newborn babies born to Lanarkshire residents, or moving into Lanarkshire under the age of 12 weeks in 22/23, have completed their hearing screening by 10 week	6 babies with moderate to severe permanent hearing loss were detected through screening.

Newborn Bloodspot Screening	All newborn babies born to Lanarkshire residents and babies with no bloodspot result moving into Lanarkshire before age 12 months	6156 ⁽⁴⁾ Apr 2022 – Mar 2023	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.	99.86% (standard $\geq 99.5\%$) of all babies born to Lanarkshire residents 2022/2023 have undergone bloodspot screening	11 babies were identified with four of the 9 conditions screened in the newborn blood spot programme. A further 29 babies were identified as carriers for Cystic Fibrosis or Haemoglobinopathies (including Sickle Cell Disease)
Diabetic Eye Screening	Patients with diabetes aged 12 years and over	44383	Nationally agreed Key Performance Indicators (KPIs), including minimum uptake of 80.0% uptake.	85.4% of those invited for screening attended for at least one screening test	<i>Currently unavailable as KPI data calculations are being validated</i>
AAA Screening	Men aged 65 years	4184 ⁽⁵⁾ men aged 65 who became eligible in year ending 31 March 2022 (<i>based on provisional data</i>)	Nationally agreed KPIs, including minimum uptake of $\geq 75.0\%$ uptake.	78.0% for those invited for screening. Uptake varies across SIMD quintiles from 72.1% in SIMD 1 (most deprived) to 76.6% in SIMD 5 (least deprived). Highest is for SIMD 4(88.0%)	10 large aneurysms detected and referred for assessment by a Vascular Specialist for consideration of appropriateness for intervention.

Key Points

- Screening can help prevent conditions (including cancers) developing as well as detecting conditions and cancers at an early stage, when treatment is more likely to be successful. Maximising uptake across the population, and targeting areas where uptake is lowest, will improve outcomes for those individuals and at a population level.
- Where members of the population make an informed choice not to participate in population screening programmes, awareness of the signs and symptoms of conditions, including cancer, is important, to improve outcomes and detect conditions earlier.
- Barriers to accessing services exist for screening tests and any required diagnostic testing or interventions. Identifying and addressing these barriers continues to be a focus within the work of the screening programmes

Priorities for Action

- Continue work on the recovery of the Diabetic Eye Screening Programme; although, noting that significant progress has been made in addressing the backlog.
- Continue efforts to encourage engagement with, and participation in, population screening programmes in the most disadvantaged populations.
- Completion of the National Cervical Exclusion Audit across Lanarkshire to ensure all who have been excluded from cervical screening were excluded appropriately.

References

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4.3 Scottish Dental Needs Assessment Report on Older Adults: Challenges and Recommendations

Background

The Scottish Dental Needs Assessment Programme (SDNAP) was tasked by the National Dental Advisory Committee to conduct a needs assessment of oral health and dental services for older adults. Given the demographic shift towards an increasingly aged population in Scotland⁽¹⁾, the needs assessment investigated the challenges and barriers associated with providing dental care for individuals entering their later years, often having received complex dental treatments in the past. The COVID-19 pandemic significantly affected the older population, increasing isolation and loneliness⁽²⁾. The fieldwork for the SDNAP Report on Older Adults was conducted before the pandemic and serves as a crucial baseline for understanding the evolving challenges.

Health Inequalities and Increasing Complexity of Care

Despite the expectation of good health and well-being in later life, social determinants of health contribute to inequalities among older adults⁽³⁾. Issues such as dependency, access to nutritious food, suitable accommodation, and timely healthcare interventions emerge as critical factors influencing oral health.

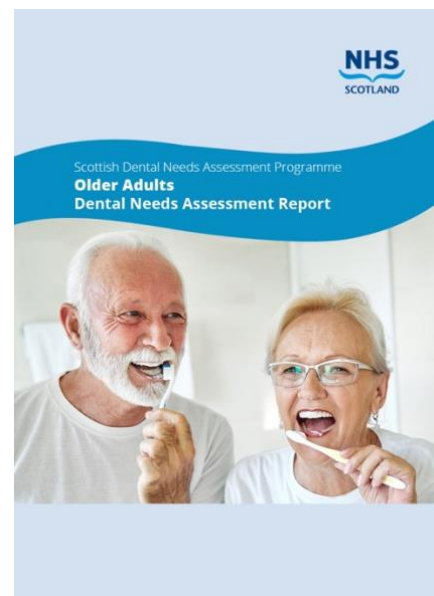
Qualitative interviews conducted with general dental practitioners, hospital dental consultants and public dental service specialists and dental officers revealed the growing challenges in managing older adults, citing factors like increased medical complexity and changes in oral disease patterns. The need for specialised care, especially for patients with multiple comorbidities, was evident. Stakeholders recognised an overlap between challenging dental treatment and patient modifying factors.

The Role of Prevention

All stakeholders unanimously acknowledged the importance of prevention in maintaining oral health for older adults. Dentists called for a comprehensive, transparent, and fairly remunerated system that prioritises prevention across the life course. Patients valued preventative advice, highlighting the need for wider preventative education. The report acknowledges the challenges posed by an aging population, including multiple comorbidities and polypharmacy, underscoring the integral role of oral health in overall well-being⁽⁴⁾.

Training and Workforce Requirements

Stakeholders also recognised the increasing complexity of care for older adults and the need for additional training opportunities. Dentists reported gaps in knowledge regarding the management of patients with two or more chronic conditions where each condition may influence the care of the other condition. The evolving demands on services, compounded by staff losses and shortages, underscored the importance of skill mix and utilising competencies effectively.



Government Initiatives

The Scottish Government has demonstrated a commitment to addressing the unique needs of older adults through various initiatives. The National Performance Framework, aligned with the United Nations 2030 Agenda for Sustainable Development Goals, emphasises healthy aging and equitable access to health and care services⁽⁵⁾. Frameworks like A Fairer Scotland for Older People⁽⁶⁾, and the Oral Health Improvement Plan⁽⁷⁾ provide a strategic approach to tackle health inequalities and evolving oral health challenges.

Key Points

- Dental care for older adults faces challenges due to complex medical histories, changing disease patterns, and increased patient expectations.
- Prevention is unanimously recognised as pivotal in maintaining oral health. Dentists advocate for a comprehensive prevention-focused approach across all age groups.

Priorities for Action

- Policy Alignment: Ensure ongoing alignment of national policies with the evolving needs of older adults.
- Oral Health Improvement Programme Adaptation: Regularly review and adapt national oral health improvement programmes like Caring for Smiles to meet changing demographic needs.
- Education and Training: Prioritise education and training opportunities for the dental workforce to address the increasing complexity of care and patient expectations.
- System Review: Conduct a thorough review of the relationship between Public Dental Service, Hospital specialist dental service, special care dentistry, and General Dental Service to bridge the gap in service provision.

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- A18 **Primary and booster immunisation uptake rates:** by locality/HSCP

General notes

- Lanarkshire has two Health and Social Care Partnerships (HSCPs) – North Lanarkshire and South Lanarkshire. The HSCPs cover the same geographical areas as North Lanarkshire Council and South Lanarkshire Council. There are ten localities within the HSCPs – six in North Lanarkshire (*Airdrie, Coatbridge, North, Bellshill, Motherwell and Wishaw*) and four in South Lanarkshire (*Cambuslang/Rutherglen, East Kilbride, Clydesdale and Hamilton*) – see map on page 2. On 1 April 2014, changes to NHS board boundaries resulted in NHS Lanarkshire becoming coterminous with the HSCPs and local authorities. The tables in the Statistical Appendix indicate whether information relates to the old or new NHS Lanarkshire boundary, the exception being where all data relate to April 2014 onwards. On 1 April 2019, changes to the Lanarkshire and Greater Glasgow and Clyde boundary at Cardowan by Steps resulted in the following postcodes now being part of North Lanarkshire and NHS Lanarkshire - G33 6GZ, G33 6GX, G33 6GS, G33 6GY, G33 6GW, G33 6GT, G33 6GU, G33 6NS.
- Populations shown and used in rates calculations are, for NHS Lanarkshire, the HSCPs and Scotland, mid-year estimates produced by National Records of Scotland (NRS). Locality populations are from NRS small area population estimates at data zone level.

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