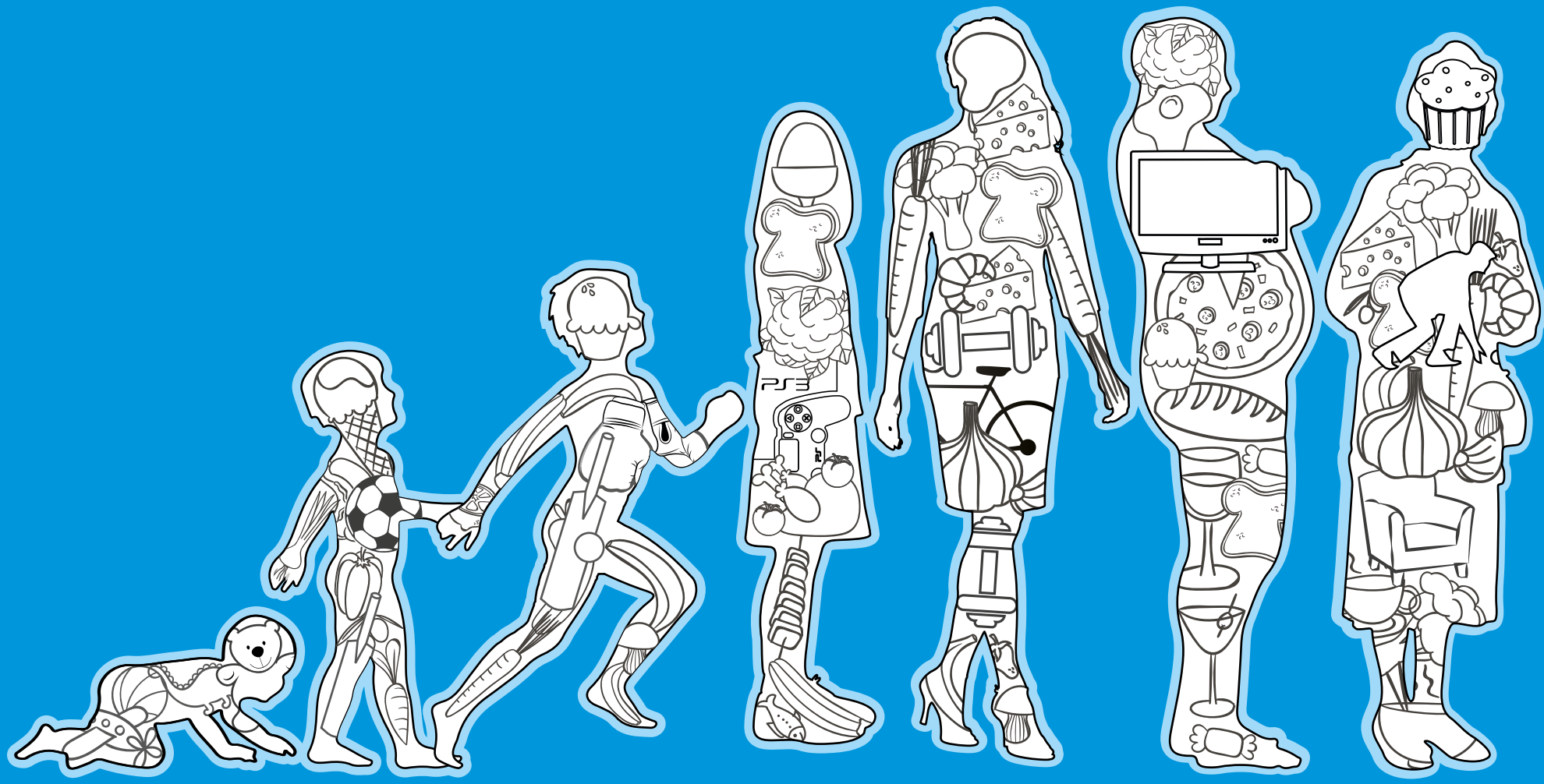


ANNUAL REPORT 2014/15
DIRECTOR OF PUBLIC HEALTH

NHS Grampian

This document is also available in large print and other formats and languages upon request.
Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

CONTENTS

INTRODUCTION

Who is the Director of Public Health in Grampian?
The current Interim Director of Public Health is Susan Webb.

What is Public Health?
Public Health focuses on the health of populations rather than individuals, being defined as *"the science and art of preventing disease prolonging life and promoting health through the organised efforts of society".* [1] The three key domains of public health practice are health improvement, improving health services and health protection.

What is the Director of Public Health Annual Report?
Director of Public Health reports have been described as *"a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed."* [2] In summary, this report will tell you about the collective public health efforts during 2014/2015 to:

- Complement strategies for health and wellbeing
- Deliver services to support and encourage better health
- Support communities
- Influence policy
- Realise the benefits of collaborative working across the health system

This report is written to guide future health system planning and public health efforts across Grampian. Detailed information on most of the matters contained in this report can be found in the links below, including locality level information.

- **http://www.hi-netgrampian.org/wp-content/uploads/2015/02/Health_and_Wellbeing_Compendium_Sep_15.pdf**
- **https://www.scotpho.nhsnss.scot.nhs.uk/scotpho/homeAction.do**

Who is involved in Public Health?
Everyone has a role in working towards better health and wellbeing . This includes individuals, communities, public health specialists or practitioners, public health staff in the community, health care workers, local authority workers, third sector colleagues and associated partners. This report focuses on the responsibilities delegated to the Grampian NHS Board.

Who is this report for?
We encourage anyone with an interest in Public Health to read this report. Key messages to guide our future collective efforts can be found on Page 39. We hope that you find them inspiring and you will want to share these, and the report, with others.

We acknowledge that some of the terminology used in this report may not be familiar to people. Therefore, we have produced a glossary at the back of this report. This document is also available in plain language, large print and other languages on request. Please contact NHS Grampian Corporate Communications on 01224 551116 or 01224 552245 if you require any of these.

Where can I find further information?
It is impossible to fit everything into one report and there are lots of examples of work which have made a positive contribution to health and wellbeing. We are really pleased to share these. You can find them at:
http://www.hi-netgrampian.org/

How can I feed back on this report?
We welcome all feedback. Please contact us at:
nhsg.publichealthdirectorate@nhs.net

MESSAGE FROM THE INTERIM DIRECTOR OF PUBLIC HEALTH

Welcome to the Director of Public Health Report for 2014-2015. It is my pleasure to write to you, providing an overview of the main achievements within Public Health within the last year. This report provides information on the current health status of those living in Grampian, followed by information on the work and activities that help to protect, build, sustain and support health and wellbeing across our population.

The report builds on the previous Director of Public Health Report 2013/14,[3] which included key messages for the future. You will see from this report that some of those messages have now been translated into action. For example:

- Substantial developments have been made across Grampian in some of the largest and often complex diseases or determinants associated with poor health and wellbeing e.g. smoking, obesity, alcohol and drugs.

- We continue to work in partnership with colleagues from all areas connected to public health, and more importantly, recognise the improvements in health and wellbeing that come from continuing to empower individuals and communities.

- We have committed to, and made progress in, the delivery of the Healthy Working Lives Programme and Health Promoting Health Service agenda, both of which contribute to reducing health inequalities.

- Advances in the last year within our Health Intelligence function make it easier for us to share information and aid decision making across Public Health and our partnerships.

- We reflect on the advancement of the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014[4] and the integration of health and social care services.

This report also focuses on some of our challenges, a changing demography is one. We acknowledge that in some groups, vulnerability and persistent inequalities continue and that we have much work to do to reach our goals by 2020. Therefore, we finish this report by drawing conclusions to shape what this all really means and where we go next.

I am particularly proud of the hard work and dedication that is shown throughout this report, by those directly and indirectly working in Public Health and thank those individuals who have collaborated in producing this document. I do hope that you will enjoy reading it and that it stimulates conversation for future direction.

Susan Webb
(Interim Director of Public Health)

ACKNOWLEDGEMENTS

This report would not be possible without all the people who work tirelessly across Public Health.

The development of the content of this report was overseen by a short life working group, including Susan Webb (Chair), Lisa Allerton (Editor), Nicola Beech, Corri Black, Lynn Byres, Jillian Evans, Tracey Gervaise, George Howie, Jonathan Iloya, Chris Littlejohn and Linda Smith.

Contributors to this year's report include: Imran Arain, Mary Bellizzi, Adam Coldwells, Caroline Comerford, Katie Cunningham, Leah Dawson, Hazel Dempsey, Laura Dodds, Lynn Falconer, Karen Foster, Jenny Gordon, Pam Gowans, Katherine Hale, Simon Hilton, Wendy Innocent, Caroline Lamb, Linda Leighton-Beck, Susan Leslie, Calvin Little, Elaine McConnachie, Judith Proctor, Liliane de Ruiter, Eric Russell, George Rutten, Laura Sutherland, Susan Thom, Mandy Thow, Karen Tosh, Diana Webster and Heather Wilson.

Additional editorial support was provided by Marka Rifat, Lesley Hall and Margo Urquhart. Administrative support was provided by Andrea Thomson.

This report was jointly prepared with the University of Aberdeen Medical Illustration Team. Particular thanks are given to Wai-Lum Sung, Graphic Designer.

CHAPTER 1 - HEALTH AND WELLBEING IN GRAMPIAN

How is the Grampian population changing?

The Grampian region has a total population estimated at 584,2403 living in 3,360 square miles (8,700km^2) - making up almost 11% of the population of Scotland. There are three administrative areas – Aberdeen City, Aberdeenshire and Moray, with respective populations of 228,990, 260,500 and 94,750.[5]

The Grampian population is changing. As the World Health Organization (WHO) comments in a report on ageing, *"by 2020, for the first time in history, the number of people aged 60 years and older will outnumber children younger than 5 years."*[6] This is already evident in the Grampian population. The total population is expected to increase by 8% between 2014 and 2025, and by more than 16% in the period to 2037. For the over 60 age group, this increase will be markedly higher at 24% up to 2025 and 42% to 2037. Life expectancy is increasing and the over 80 population growth is calculated at 36% and 106% over the same time periods. This increase in the elderly population is among the highest in Scotland.[7]

Within Grampian, 4% of the total population belongs to a non-white minority ethnic group. The proportion is higher in Aberdeen City at 8%, the third highest among local authorities in Scotland. There has been a six fold increase in the African population since 2001 (although still only 2.3% of the overall Aberdeen City population.)[7] There has also been a significant rise in the Eastern European population living and working in Grampian, with over 2,000 new National Insurance registrations in 2013 compared to 56 a decade before.[7]

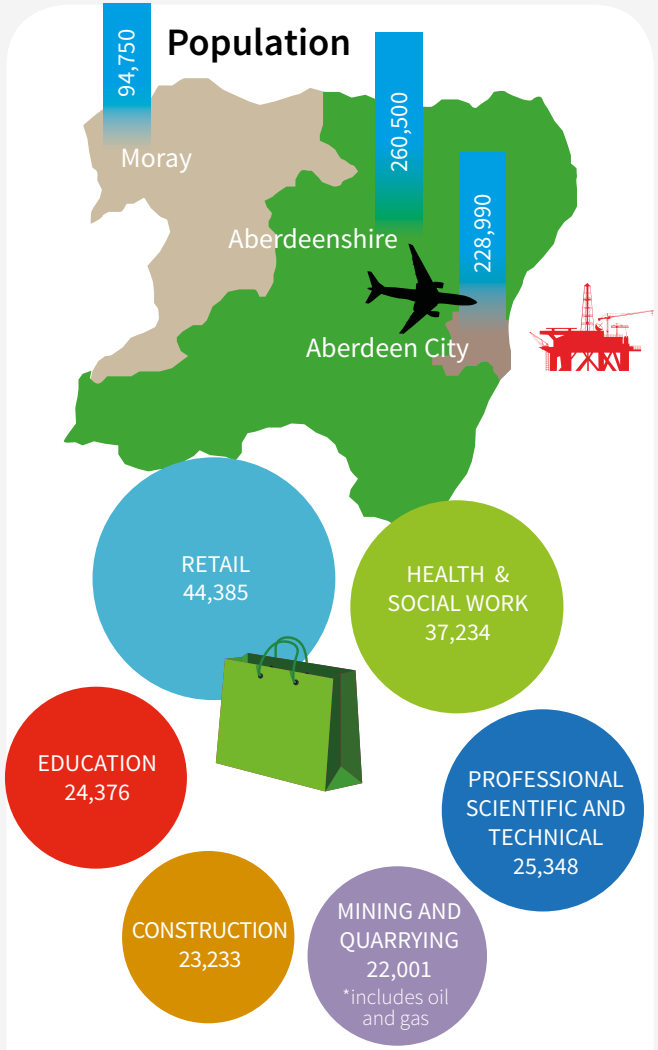
Our population is also increasing. Between the 2001 census and the 2011 census there was a 7.6% increase in Grampian's total population.[8] Aberdeen City has a high proportion of young adults, reflecting the student population but extending into those aged 25-44 years.

School aged children are more likely to live up to 30 miles outside of Aberdeen City, in Aberdeenshire where most of the new housing is located.

The percentage of older adults aged 45-64 years is high throughout rural areas. There is an almost equal split of men and women living in Grampian, 49.4% and 50.6% respectively.[7]

There is great diversity within Grampian, with a mix of urban and rural, affluence and poverty. Community wellbeing is improving in Grampian as it is across Scotland, with 55% of residents in Aberdeen and 65% in Aberdeenshire and Moray reporting that their neighbourhood is a good place to live.[9] Employment has traditionally been high, but with changes in the oil and gas industry, individuals and communities are vulnerable too.

These changes in our population present both challenges and opportunities for our collective Public Health efforts. We need to be sensitive to age and cultural differences, to be able to help individuals and communities look after their health, and access health care services when they need them.



Six largest employment sectors in Grampian.
TOTAL WORKING POPULATION 301,147

Source: Scotland Census data 2011

Why do we need to change the way we think about health and care?

There are many forces and drivers for change in health and healthcare. The future needs and demands of the Grampian people will depend on changes in the age structure of our population, particularly as life expectancy continues to rise and the number of older people increases. Levels of ill health, particularly among older people, are key determinants of health and care use. Higher demand for health services can occur simply through people becoming more engaged in health issues.

It is very difficult to make accurate long term predictions but it is useful to have a broad sense of direction. The changing nature of disease incidence and prevalence, treatments, technologies and patterns of service use, are all uncertainties that will influence health services and society in the future. However, we must counter the effect of increasing need and demand for health services. For example, we believe that without making substantial changes, the number of people with diabetes could rise from 25,000 to an estimated 30,000 in 2020. The number of general emergency admissions to our hospitals could rise from 70,000 to 96,000 each year. In financial terms, if we had the estimated population of 2035 right now, we would need an extra £291 million just to meet their needs in the way we do currently.[10]

In dealing with the challenges ahead, we could pin our hopes on getting additional resources and look for ways to recruit a larger workforce. Undoubtedly our local health system will respond by delivering care differently, developing staff and increasing the use of technology.

However the evidence tells us that the answer does not lie with redesigning or reconfiguring services.

Essentially our solution requires all of the above but more importantly, it requires people in the future to be healthier than they are today – to live healthier for longer and here, Public Health can make a significant contribution. A renewed focus on maintaining and improving health in today's younger age groups will result in reduced incidence of serious diseases, such as coronary heart disease, stroke and cancer.[11]

This is the essence of NHS Grampian's 2020 vision[12] where with support, Grampian people take greater responsibility for their health, leading to a reduction in premature death and less dependence on health services. Health services, when they are needed, will then be more efficient and tailored to individual needs.

Self-care is one of the best examples of how partnership with individuals and health services can work to mutual benefit. It can improve some outcomes and patient experience [13] and has been shown to reduce unplanned hospital admissions in some cases.[14] It is estimated that for every £100 spent on encouraging and supporting self-care, around £150 of benefits can be delivered in return.[11] We will continue to engage with our communities to allow them to fully participate in planning services and to ensure that they have access to the right services at the right time so that we can sustain person centred care. All of this will go a long way to achieving our 2020 vision for our region,[12] and be consistent with the aspirations of the Scottish Government.[15]

It is estimated that for every £100 spent on encouraging and supporting self-care, around £150 of benefits can be delivered in return.[11]

What do we mean by 'health and wellbeing' and how do we measure it?

The World Health Organization defines health as *"a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."*[16] Wellbeing is something that affects people's lives every day and is described as *"the presence of positive emotions, the absence of negative emotions, satisfaction with life, fulfilment and positive functioning".*[17]

One measurement for assessing health and wellbeing is average life expectancy. In 2013, the average life expectancy from birth in Grampian was estimated at 78 years for men and 82 for women.[18] Like the rest of Scotland, and indeed across Europe, this has continued to increase over recent decades *(Figure 1).*

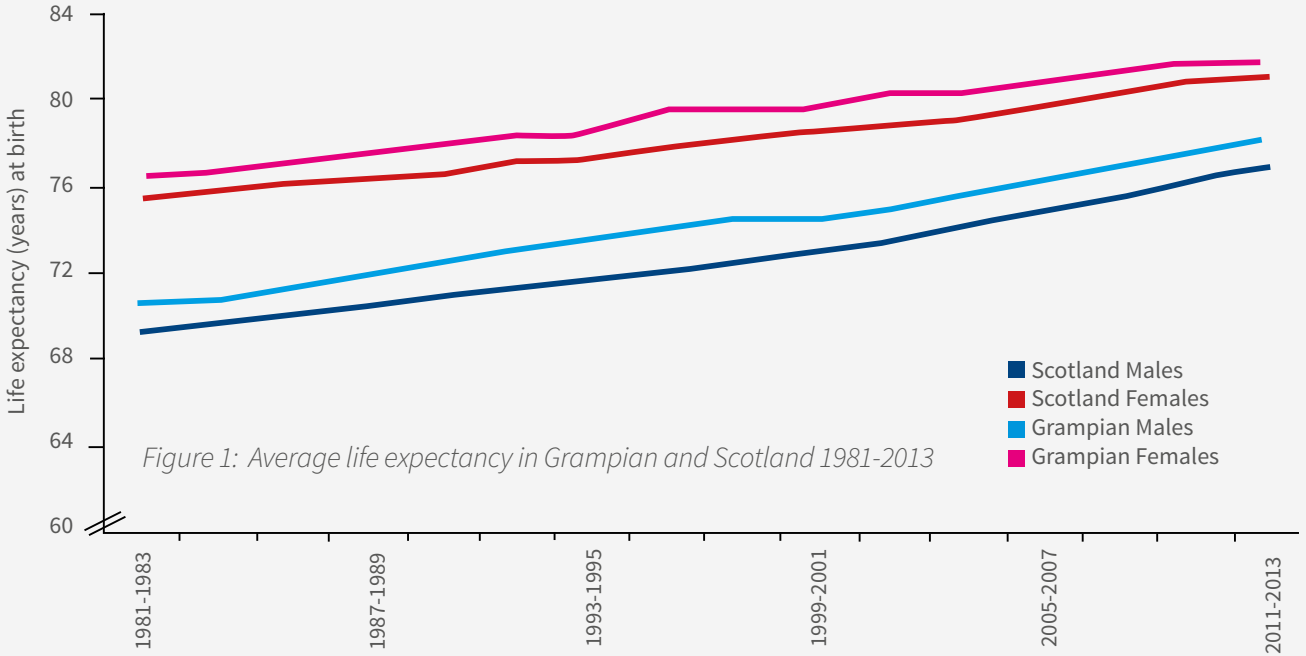
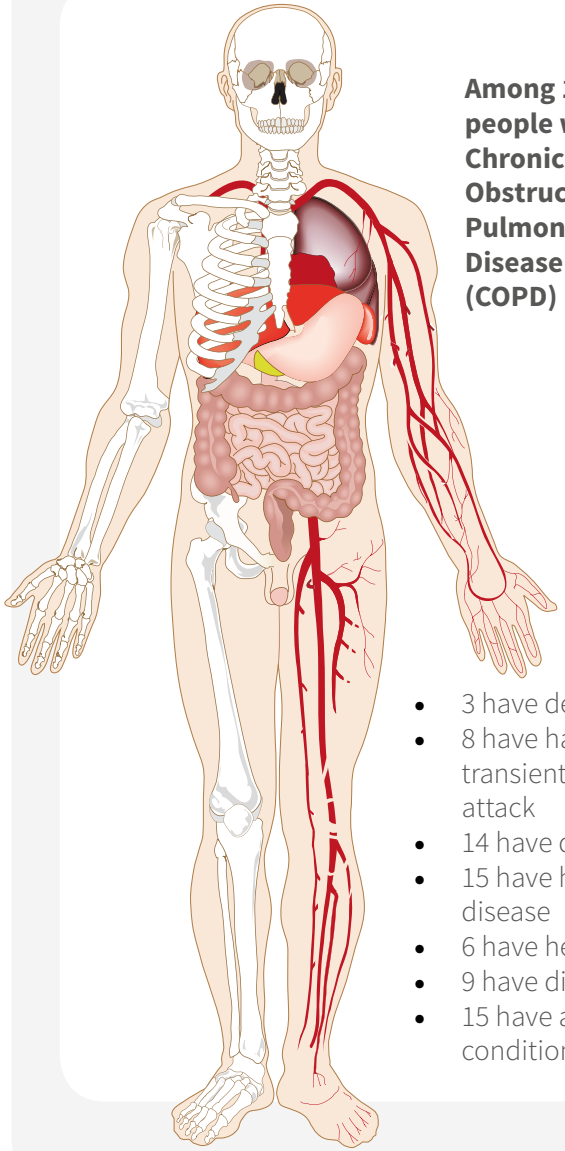


Figure 1: Average life expectancy in Grampian and Scotland 1981-2013

However, this is only part of the picture. What we are aiming for is longer, healthier life, as measured by healthy life expectancy which estimates how many years a person may be expected to live in a healthy state. Underlying trends in healthy life expectancy show a general improvement in Scotland over recent years. The expected period for males in Grampian to live in a 'not healthy' state is 5.5 years, compared to 7 years across Scotland.[8]

People in Grampian are living with long-term and often multiple conditions. This is sometimes referred to as multi-morbidity and describes the presence of two or more long-term physical or mental health conditions in an individual. It is a key measurement of health and wellbeing as people with multiple conditions often report a poorer quality of life, worse health outcomes and have increased use of health and social care services. The way health needs have changed over time means that health care services, particularly in hospitals, have found it difficult to be flexible around the multiple and complex needs of increasing numbers of people.[19] It is estimated that by the age of 65, one in every two people will have multiple long-term conditions.[20] However, compared to the rest of Scotland, people living in Grampian have fewer long-term conditions such as diabetes, stroke and cancer recorded in their primary care records *(Figure 2).*



Among 100 people with Chronic Obstructive Pulmonary Disease (COPD)

- 3 have dementia
- 8 have had a stroke/ transient ischemic attack
- 14 have depression
- 15 have heart disease
- 6 have heart failure
- 9 have diabetes
- 15 have a painful condition

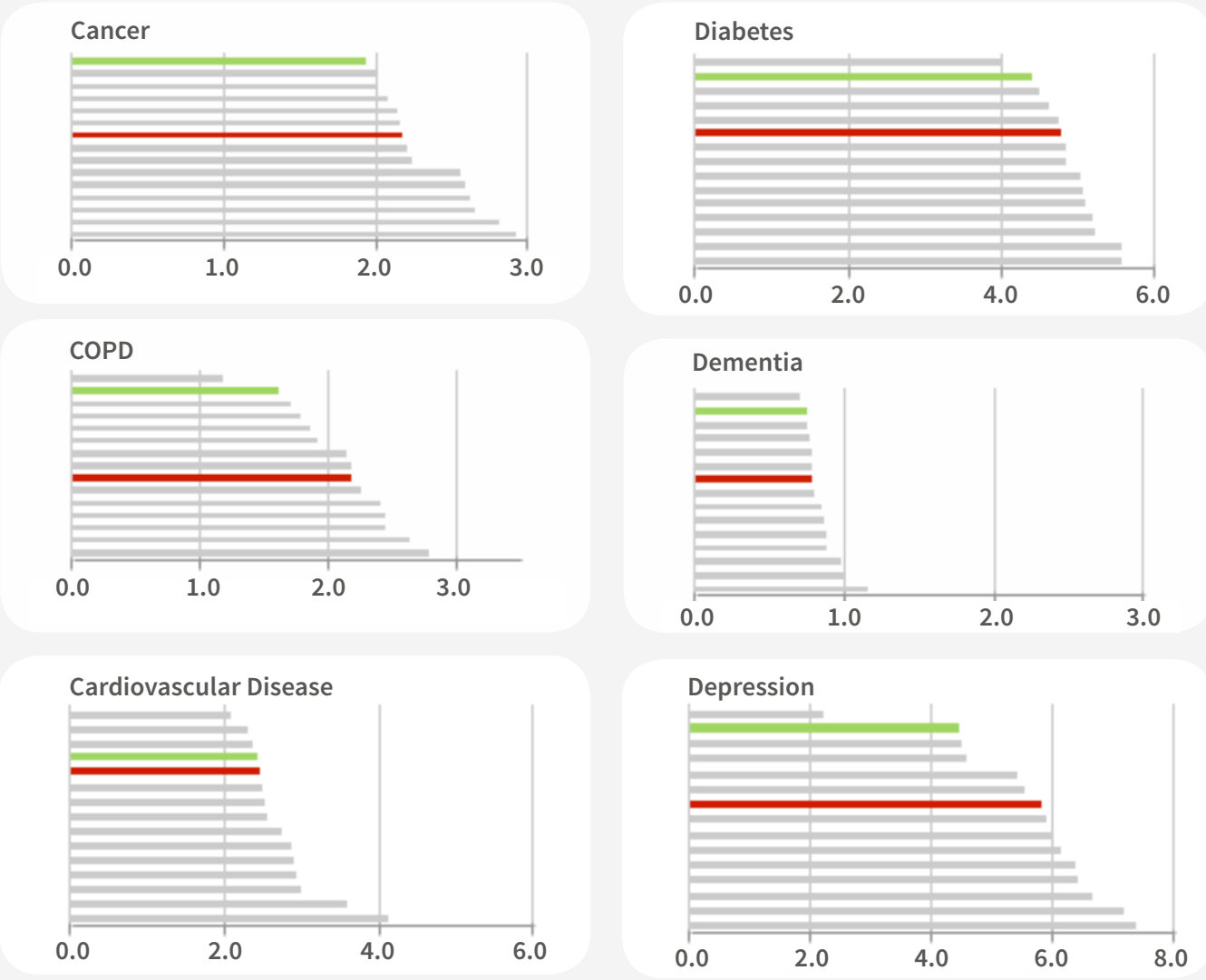


Figure 2: Quality Outcomes Framework recorded prevalence (% adult population) of long-term conditions in primary care comparing health boards in Scotland.

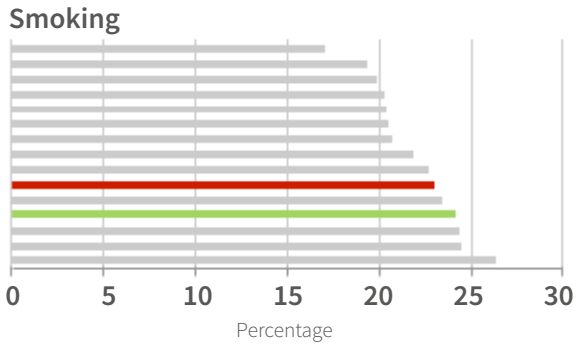
Mental health and wellbeing has an important impact on our communities. Suicide remains one of the leading causes of death in 15-34 year olds in Scotland. In Grampian, there are around 75 deaths from suicide each year.[21]

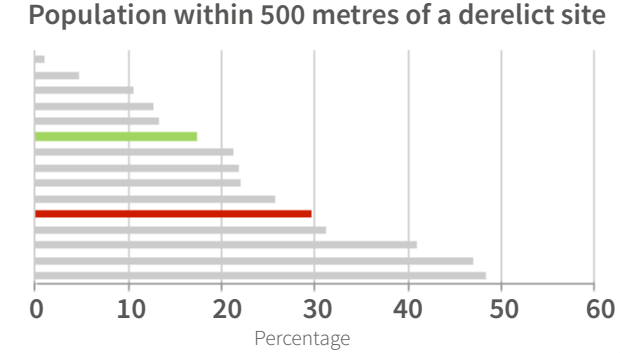
We continue to face persistent health inequalities. Life expectancy for men living in the least deprived parts of Aberdeenshire is almost 10 years higher than men from the most deprived parts of Aberdeen City. Admissions to hospital for alcohol misuse are six times greater among people from the most deprived compared to the least deprived, parts of Grampian.[22] People from the most deprived communities in Aberdeen City are approximately eight times as likely to smoke compared to people in the least deprived, and four times as likely to have dental caries compared to the least deprived.

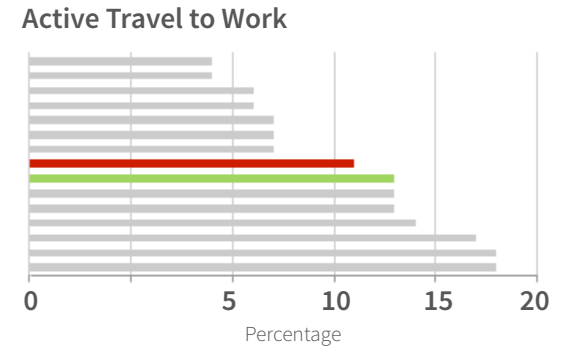
Wider social determinants of health describe the factors in which people are born, grow, work, live and age. These include among many, the environment, educational attainment, income levels - all of which have an impact on health and wellbeing. In general, Grampian compares well with other Scottish regions, particularly on employment, housing and crime. There are exceptions *(Figure 3)* highlighting where efforts are needed and where focusing on supporting younger people will prove benefical in the future.

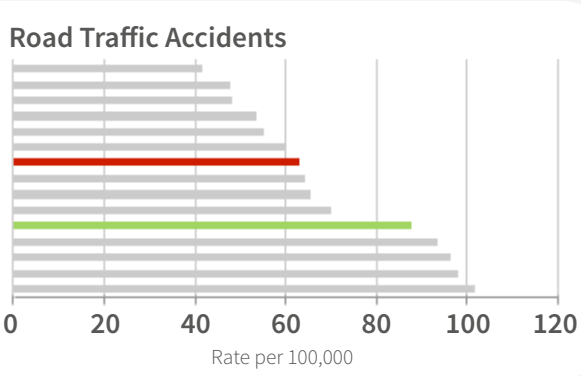
We have an ageing population. This means that in the future there will be even more demand on our heath and social care services, but also means that as we get older, we are more likely to develop multiple conditions.

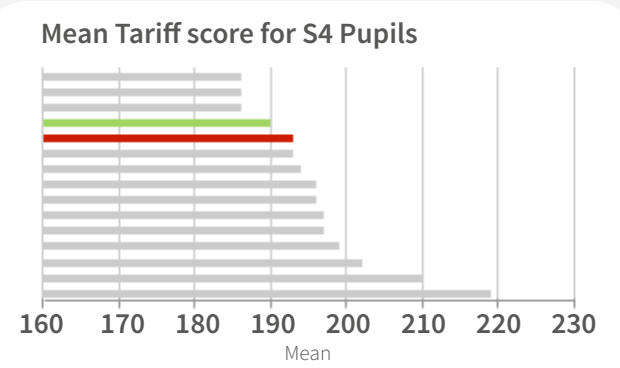
Figure 3: Health and Wellbeing profiles 2013 comparing Grampian and Scotland for selected measures

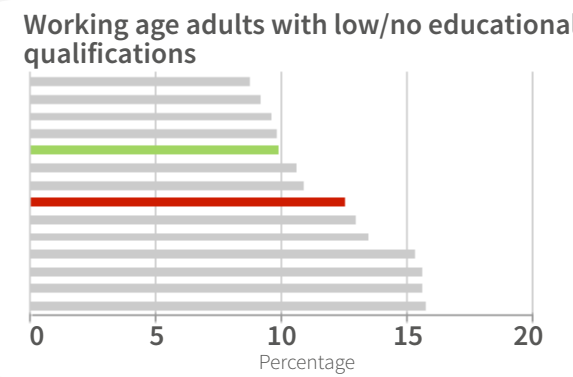


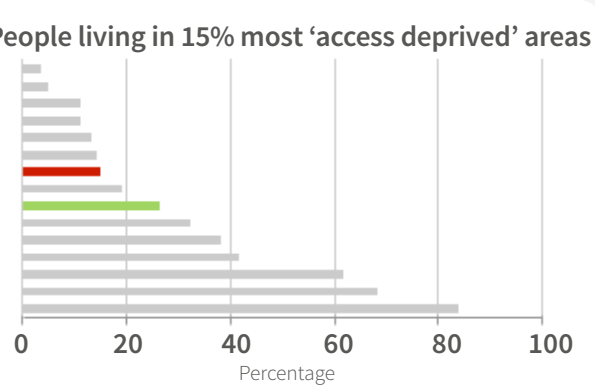


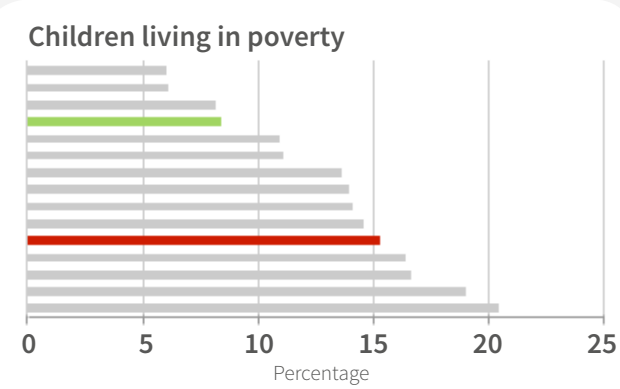


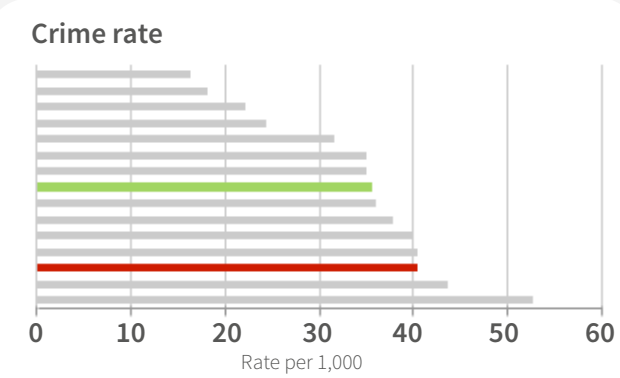












How do we protect, build and sustain health and wellbeing?
In Public Health we recognise that we have a specific responsibility to protect people's health and wellbeing - through ensuring the safety of food, water and the general environment, preventing transmittable diseases and dealing with threats from outbreaks and other incidents. **Chapter 2** outlines the achievements of our local Health Protection team who have a responsibility for this essential work. Good health and wellbeing is important for building the resilience of individuals, families and communities. In our last Director of Public Health Report [3] resilience was a key theme. We highlighted the need for adaptation, responsiveness, being able to meet demand and being able to face uncertainty. We said that we could not do this alone and that to build health and wellbeing, interdependency was key. This report gives us an opportunity to highlight and reflect on the main achievements over the last year **(Chapter 2),** many of which have been done alongside our community planning, third sector and community health and social care partners **(Chapter 3).**

Chapter 4 looks at how we sustain and support health and wellbeing through our collective Public Health efforts and how we continue to improve health and inequalities.

In Chapter 5, we consider the forthcoming integration of health and social care and the benefits this may bring.

We finalise this report by deliberating on how the developments we envisage in public health will affect individuals and communities in the future **(Chapter 6)**.

The Scottish Government states:
"Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management." [15]
(2011)

CHAPTER 2 - PROTECTING AND IMPROVING HEALTH AND WELLBEING

We have said that the future health needs and demands of the population will depend on: changes to age structures, changes in health status and the numbers of people seeking health care.[11] At the centre of Public Health is reducing demand on services by investing in the promotion of good health and wellbeing and preventing disease - in essence, preventing the preventable.

Health Protection

The core business of the Health Protection team is to protect the health of the public by working with partners to deliver a timely response to threats from communicable diseases and environmental hazards. This is achieved by maintaining surveillance of communicable diseases in the Grampian community and taking appropriate action to prevent, investigate and control incidents of infectious disease and environmental exposures.

The scale of this task is substantial. In 2014, the Health Protection team were notified of over 1500 cases of infectious diseases in Grampian residents requiring individual risk assessment, many of which led to subsequent action by the team. The cases included people suffering from relatively common infections such as campylobacter, mumps and whooping cough as well as those which are less common including salmonella, E. coli O157, typhoid, blood borne viruses (BBVs), tuberculosis (TB) and meningitis.

In addition, working in partnership with local and national microbiology and virology laboratories, our local hospital Infection Prevention and Control team, Environmental Health Officers and the Education Departments in our three local authorities, we investigated and controlled 60 outbreaks and incidents of infectious disease and environmental exposure. A further 994 incidents of microbiological and/or chemical contamination of water supplies were jointly risk assessed and managed by us working in partnership with Environmental Health Officers and Scottish Water. These involved many private water supplies as well as a more limited number of public supplies.

Considerable work was undertaken locally in relation to the prevention and control of a very 'old' infectious disease, TB, with almost 2,000 people being offered screening for detection of TB infection. New infectious disease threats continue to appear and, in 2014, it was the Ebola outbreak in West Africa. Ensuring we were prepared to rapidly and effectively respond to any case imported into Grampian by a returning traveller required a considerable amount of work and time for the Health Protection team working together with ambulance, hospital and general practitioner services.

A significant development in the autumn of 2014 was the roll-out of the annual seasonal flu vaccination, to all pre-school children aged two years and above and all primary school children in Grampian. This was offered to approximately 60,000 children over an eight week period by health visitors, practice nurses and school nursing teams with considerable success given the pre-existing workload pressures. Overall, the uptake by children in Grampian was very close to the national average.

Flu vaccaintion uptake rates

Two year olds

Grampian uptake **49.5%**

Scotland uptake **51%**

Three year olds

Grampian uptake **49.5%**

Scotland uptake **50.7%**

Four year olds

Grampian uptake **48.1%**

Scotland uptake **40.6%**

Primary school children

Grampian uptake **71.4%**

Scotland uptake **71.8%**

Child Health

Today's children will become tomorrow's adults. Public health action at this point give us an opportunity to embed good health and healthy behaviours which can last a lifetime.[23]

We have seen post-war the rate of infant mortality (infant deaths) decrease rapidly, probably due to the advances in perinatal and infant care *(Figure 4)* but there still remains much work to do in improving health and wellbeing for children living in Grampian.

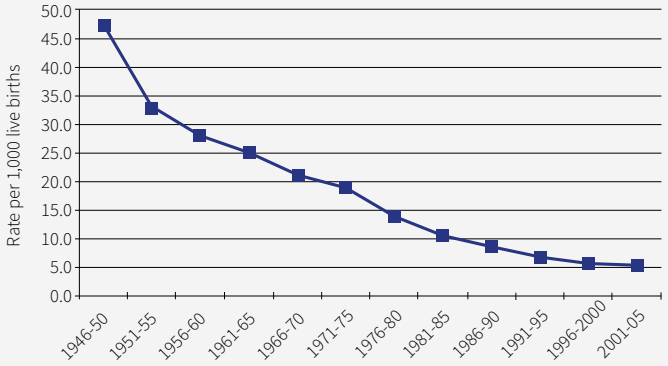
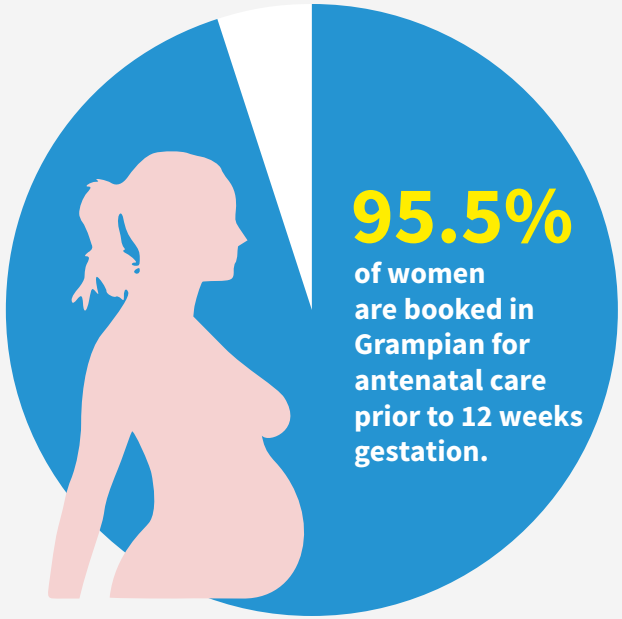


Figure 4

Under the Scottish Government's approach 'Getting It Right for Every Child'[24] (GIRFEC) we must ensure that children are supported to be safe, healthy, achieving, nurtured, active, respected, responsible and included. Achieving these high level outcomes is essential for building resilience in our children today, which will in turn empower them as adults with regards to their own health and wellbeing and that of their children.

In 2014 we saw aspects of GIRFEC become enacted in the 'Children and Young People (Scotland) Act,[25] specifically "the named person"[26] (usually a health visitor or teacher) who acts in a capacity to promote, support and safeguard children's wellbeing and development. Under the Act, we have a responsibility to plan, deliver and design services for children with children's rights in mind, as per the United Nations Convention on the Rights of the Child.[27]



The three Community Planning Partnerships in Grampian unite colleagues from the NHS, local authorities, police, fire, transport, third sector and others. They plan, in consultation with the community, to deliver better services which make a real difference to people. Integrated Children's Services is one such area.

Child Health 2020,[23] NHS Grampian's Strategic Framework for Children and Young People's Health, sets out a vision that *"by 2020, all children and young people in Grampian will have the healthiest start in life."*

Key developments since its publication include the establishment of a multi-disciplinary Programme Board to oversee the delivery of the Child Health 2020 Action Plan; implementation of a three year programme of health intelligence reports to support service planning; agreeing a plan for the involvement of children, young people and families, including real time feedback and service redesign; and securing support to develop information technology solutions for frontline child health community staff.

A vital theme in this framework recognises the significant benefits of early intervention and prevention. GIRFEC[24] signals a move away from services reacting to problems as they arise.

This is the ethos behind the 'Early Years Collaborative,' a health-system wide effort to support the Government's 'Early Years Framework'.[28] It includes, for example, women having positive pregnancies which result in the birth of healthier babies, evidenced by a reduction of 15% in the rates of infant mortality, and a higher proportion of children reaching their development milestones at 27-30 months and again at primary school age.

In 2012 we completed a review of our maternity services.[29] Implementation of this is progressing well, including the development of integrated teams and the community maternity unit model which will provide care closer to home where possible and support early antenatal access. We have a high rate of women booking for antenatal care before 12 weeks gestation (95% across Grampian). The service will continue to work to increase the number of women booked before 10 weeks.

The Early Years Collaborative has priorities to support vulnerable women, for example by increasing the numbers of women being able to access Healthy Start[30] vitamins and encouraging early communication, bonding and attachment between mothers and babies.

The recent development of the Family Nurse Partnership[31] in Grampian is an exciting opportunity to improve the future of young, first time mothers. It aims to improve maternal health, child health and development, and family economic self-sufficiency. It addresses elements of the three big key social policy areas - health inequalities, child poverty and early years.

Physical Health

Obesity is a significant public health problem. It is associated with a reduction in quality of life and increases in severe chronic conditions such as diabetes. People who are severely obese are over three times more likely to require social care than those who are a healthy weight. The annual cost to NHS Scotland of people being overweight and obese may be as much as £600m.[32] However, healthcare costs are a small part of the total cost to society of obesity. It has been shown to adversely affect employment, productivity levels (through increased sickness absence from work or school and premature death) and mental wellbeing.[33]

A detailed look at obesity[34] in Grampian has recently found that there has been a significant rise in adult male obesity (16 years+) between 2003 and 2013, with a 6.5% increase compared to a 2.5% increase in the Scottish male adult population over the same period. In adult females (16+ years) there was an increase of 4.2% in Grampian compared to 3.3% in the Scottish female population over the same period.

The Scottish Government has specific targets around adult obesity which are:

- To prevent weight gain in those who are of a normal weight (Body Mass Index [BMI] 18.5-25) and those who are overweight
- To reduce weight in those who are currently overweight or obese
- To prevent adverse events in those who are obese

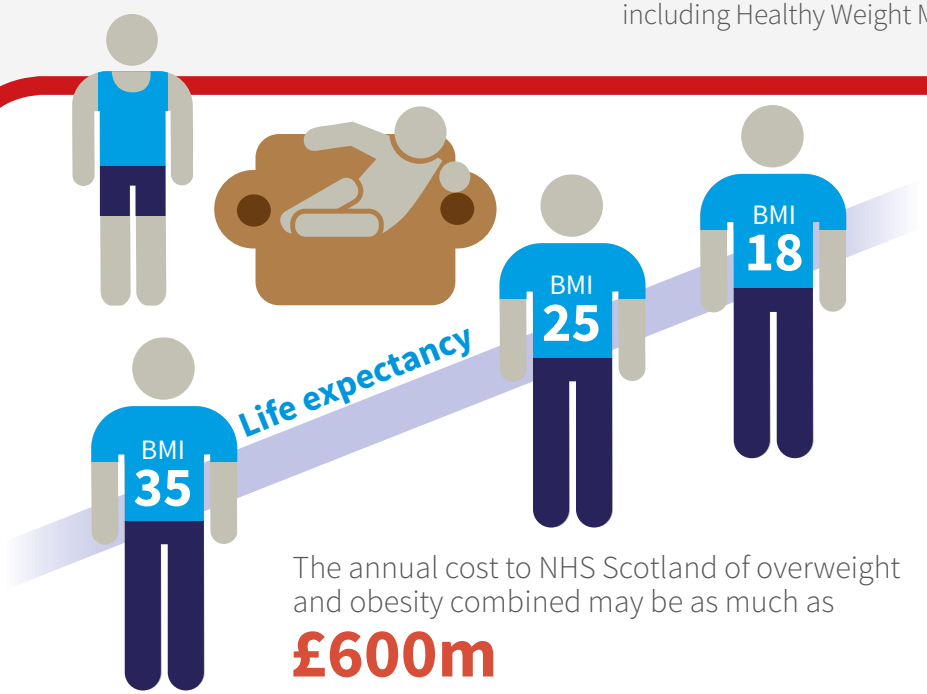
Our action on reducing overweight and obesity in our population is multi-faceted. **Nutrition** is essential for healthy development during pregnancy and for mothers-to-be for long-term health and wellbeing.[35] Breastfeeding is one of the healthiest ways for a woman to feed her baby, with well documented short and long term health benefits for both mother and baby including a preventative role in developing obesity in later life. Data for 2013/14 shows that NHS Grampian's exclusive breast feeding rate at 6-8 weeks was 35.2%, compared to the national rate of 27.1%. The NHS Grampian Infant Feeding Policy[36] and Supporting Breastfeeding Mothers[37] programme are both fully embedded. A rolling programme of Breastfeeding Management training is underway, through the UNICEF Baby Friendly Programme,[38] with NHS Grampian now fully accredited. Developments for the coming year include rolling out peer support for breastfeeding mothers across Grampian.

We have mentioned Healthy Start[30] in the context of providing pregnant women with nutritional supplements but it also provides eligible families on low incomes with vouchers to access fruit and vegetables. Uptake of this has traditionally been lower in Grampian (67%) than the national average; it will become a priority for the Early Years Collaborative in 2015/16.

The Grow Well Choices (GWC) programme, aimed at children, which focuses on the importance of being healthy and making healthy choices, supports the local Child Healthy Weight Delivery plan.[39] Many of our everyday habits have their roots in childhood, and primary schools offer an important environment in which to instil healthy behaviours. Our Grow Well Choices programme encourages healthy eating and physical activity. During 2014/15 the programme was delivered to over 1,000 pupils from primary schools and nurseries in Grampian. It is encouraging that almost half (43%) of these lessons were delivered by NHS and education staff working together, and it is hoped that the proportion of delivery by education staff will continue to increase.

Having the skills to prepare and cook healthy meals is supported by both Confidence to Cook classes and Community Kitchens in Grampian. Community Kitchens use an asset-based approach to help build confidence in individuals to enable them to make better choices with regard to nutrition, as well as to reduce social isolation among vulnerable communities, for example in those recovering from substance misuse.

The delivery of the Keep Well[40] Programme also facilitates improvements in nutrition by offering individuals in vulnerable groups access to NHS and non-NHS services including Healthy Weight Management courses.



Estimates suggest that being overweight (BMI 25 to less than 30) reduces life expectancy by about three years, and being obese (BMI 30 or more) can reduce life expectancy by ten years.

The annual cost to NHS Scotland of overweight and obesity combined may be as much as

£600m

Reproduced with thanks to the Kings Fund: http://www.kingsfund.org.uk/sites/files/kf/field/field_document/public-health-infographics.pdf

All adults should minimise the amount of time spent being sedentary (sitting) for extended periods

Start Active Stay Active

Physical activity has many health benefits in terms of preventing serious ill health, but it also improves energy levels, wellbeing and quality of life. Grampian is performing better than Scotland for all ages and both sexes for participation in terms of any physical activity. National guidance[41] advocates that all adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more. Adults are also advised to minimise the amount of time spent being sedentary (sitting) for extended periods. Scottish data indicates that only 39% of adults meet the ideal 30 minutes of moderate activity on 5 or more days per week.[42]

Mental Health

Mental health can be affected by enviromental, social or individual circumstances, with poor mental health adversely affecting some populations more than others. We know that those who experience poor mental health are also likely to experience health and social inequalities which means that investing in prevention activities is fundamental.

In recognition that good mental health and wellbeing has a positive impact on communities, we continue to focus on the wider promotion of positive mental health and the prevention of mental ill health. We contribute, with our partners, to improve the mental health and wellbeing of our communities and collaborate regionally and nationally to support public mental health policy and practice development, implementation and evaluation. Many of our interventions have been developed in line with the

National Mental Health Strategy for Scotland 2012-2015,[43] underpinned by local needs assessment.

We have been building our workforce capacity to deliver training programmes on mental health improvement, mentally healthy working lives, suicide prevention/Choose Life training, mental health first aid, stress management and mindfulness based stress reduction courses. For our patients and staff, the Grampian Hospitals Art Trust currently provides an art room and we will soon have the Aberdeen Royal Infirmary therapeutic roof garden which will offer a space for people to relax, reflect and rejuvenate. These types of activities all work towards achieving healthier and more independent lives.

We noted in our introduction that there was a vulnerability to our communities. The recent economic impact of crude oil prices may present a significant mental health challenge in Grampian, with both individuals and families being affected by loss of earnings. Changes in welfare reform may also result in the need for increased support around mental health. Some support within industries or through employers may be delivered by our Healthy Working Lives team or by building on our relationships with our third sector partners who support people who are at risk.

There are a number of local mental health improvement, stress reduction, combating stigma and discrimination awareness raising campaigns running in partnership with national and regional programmes, for example 'Breathing Space' and 'Mental Health Awareness Week'. Future priorities for Grampian focus on the development and implementation of new national guidelines in addition to strengthening our partnership working across mental health.

Sexual Health & Blood Borne Viruses (BBVs)

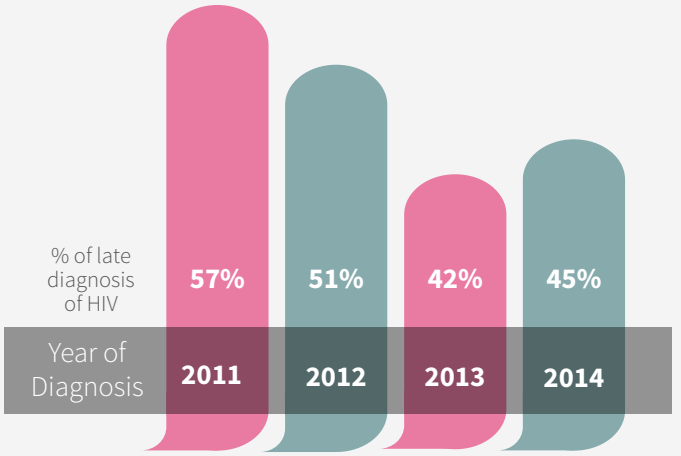
One of the strengths of the Managed Care Network for Sexual Health and BBVs is bringing together like-minded partners in achieving the national Sexual Health and BBVs outcomes.[44] Two new frameworks, looking at Sexual Health and BBVs, will underpin the future direction of Sexual Health and BBVs in Grampian in 2015/16.

Achievements in the last year have seen BBV testing being made available in non-NHS settings, as well as increased testing in some primary care practices. Health hubs offering sexual health advice, in addition to generic health and wellbeing advice, have been established in some key areas. Extensive training and education has been delivered to a wide range of organisations. The introduction of new treatment options for viral hepatitis has improved patient centred care, as has the availability of community prescribing.

Significant work still remains, such as improving reliable and coherent information, services for the most vulnerable at risk groups in the right places, services for termination of pregnancy nearer to patients and accessibility to appropriate support services for those infected or affected by sexual ill health or BBVs. Other challenges include reducing late diagnosis of human immunodeficiency virus (HIV) *(Figure 5)* and increasing the use of long-acting reversible methods of contraception, which has remained static in the last 2 years (61.8 per 1000 women).[45] Long-acting reversible contraception is a cost-effective method of reducing unintended pregnancy, particularly if use is increased in women who are at higher risk.

We recognise that, by working together with our partners, we can begin to improve sexual health and wellbeing, and continue to reduce the number of teenage pregnancies [46] and abortions.[47] We can also begin to reduce the number of people who have undiagnosed Hepatitis C, Hepatitis B or HIV, allowing individuals to live long and fulfilling lives with the right treatment, care and support in their own communities, reducing the health burdens that they may face without diagnosis.

Figure 5



Alcohol and Drugs

Alcohol and drugs increase poor outcomes in terms of mental health and wellbeing and the use, or excessive use, of alcohol and drugs (both 'legal' and illegal) can have an impact on our health and wellbeing in a wider sense.

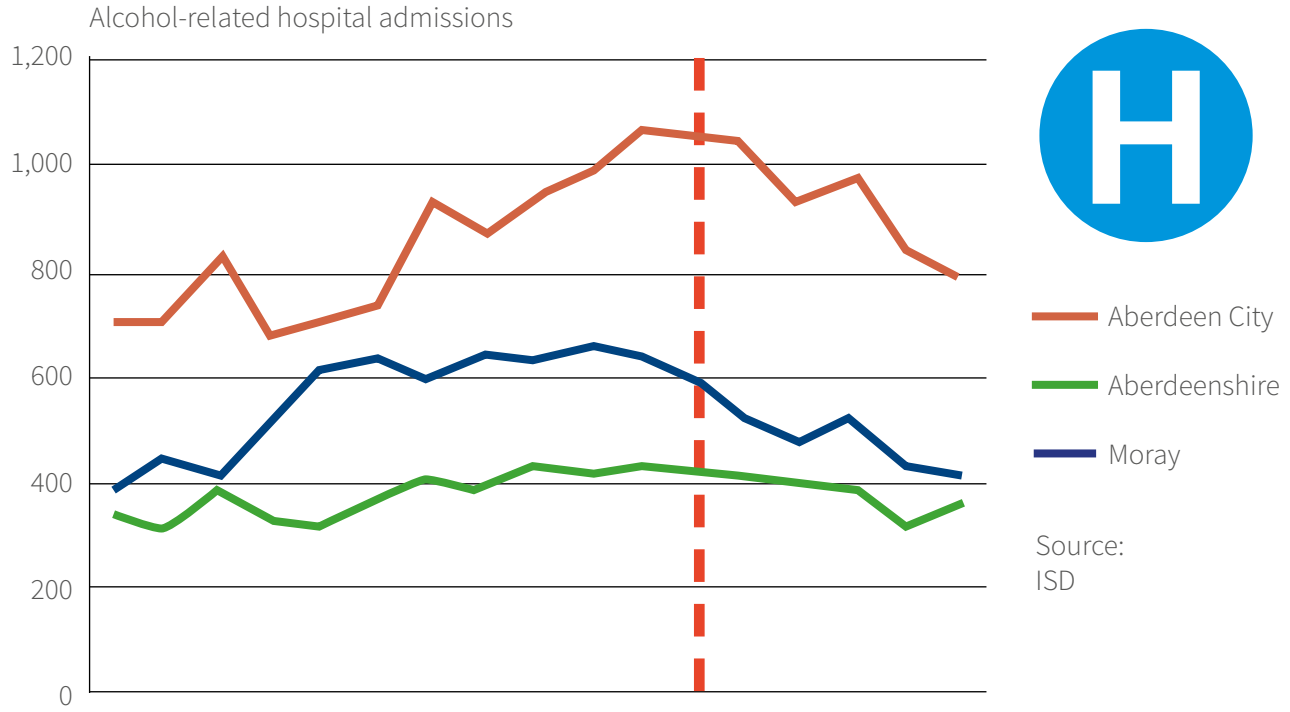
Total alcohol sales in Scotland have shown welcome signs of levelling off, largely due to reduced sales in licensed premises such as pubs. However, the volume of alcohol sales from off-licensed premises remains a concern. These changes in sales volumes are likely to be due in part to the steep increases seen in relation to on-sales prices.[48]

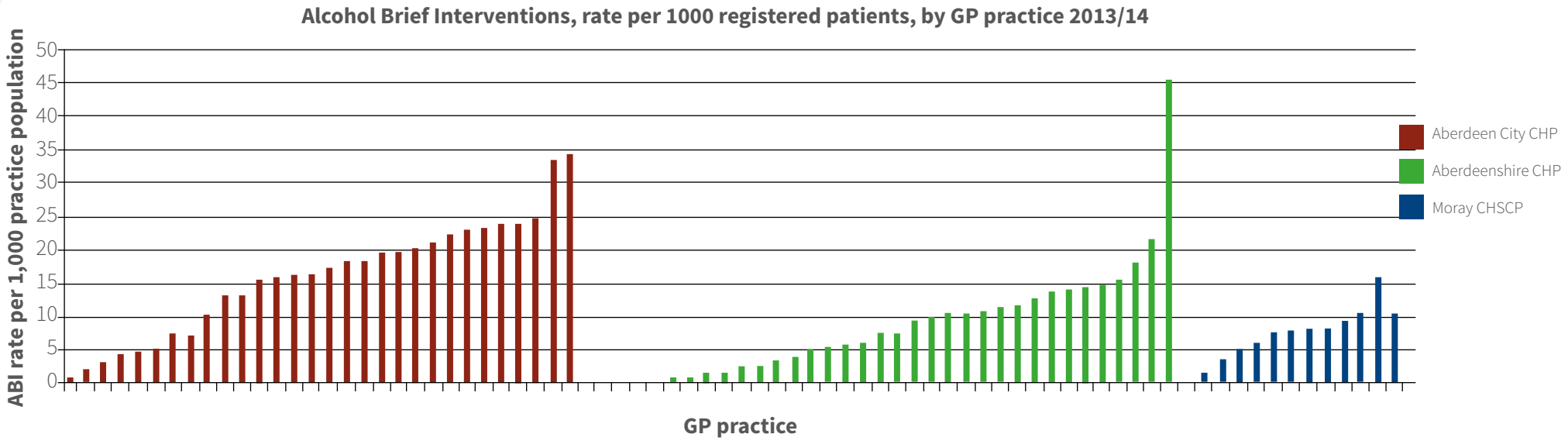
As people drink less, the number of alcohol related injuries such as assaults, falls, and fire is expected to reduce. Alcohol-related diseases, such as liver cirrhosis, can take years to develop. Therefore, changes in the number of people developing such diseases can be delayed. In this context, we note that alcohol-related hospital admissions in Grampian have been reducing.[49] Alcohol-related deaths have also reduced, but not quite so markedly.

It is now well established that communities with more licensed premises have more alcohol-related hospital admissions, more alcohol-related deaths, and more alcohol-related violence, injuries, and accidents.

Aberdeen City's proactive Alcohol Licensing Board has previously been commended by NHS Grampian, and a constructive working relationship has been maintained. The Public Health Directorate submitted objections on behalf of NHS Grampian against 22 of 80 licence applications in 2014/15. Of these, five licences (23%) were refused by the Licensing Board, and nine (41%) were only granted subject to additional conditions. In Aberdeenshire, Public Health informed the Licensing Boards annual reports, highlighting communities with high levels of alcohol-related harm. The intention remains to influence both Aberdeenshire and Moray Licensing Boards' licensing policy when they are reviewed in 2016.

There is clear evidence that a significant proportion of people reduce their alcohol consumption after a relatively brief conversation (alcohol brief intervention) with a health professional.[50]





General Practices across Grampian (Aberdeen City, Aberdeenshire and Moray)

Over 7,000 people in Grampian received support and advice in relation to their alcohol consumption during 2014/15.[51] While NHS settings remain the main area for such conversations, widening availability into social work settings is particularly welcome.

The number of people dying prematurely from a drug-related overdose has shown no obvious sign of reducing over the past decade.[52] Almost every week in Grampian, people lose a partner, parents lose an adult child, or children lose a parent, to drug overdose. It is of particular concern that the number of drug-related deaths in Aberdeen City in the first quarter of 2015 is the highest since recording began. While work to understand the reason for this rise continues, it underlines the importance of ensuring that people who use illicit opiates have access to the overdose antidote Naloxone, in addition to finding ways of reducing harm from new psychoactive substances (NPS), the formal name for so called 'legal highs'. Clean injecting equipment and paraphernalia, as per national guidelines [53] is also widely available across Grampian in both community pharmacies and in commissioned specialist drug services. Public Health is represented in all three Alcohol and Drug Partnerships which have a responsibility for local alcohol and drug services.

Smoking

Smoking is a major Public Health concern, a key contributor to prevailing health inequalities in Scotland and the largest, single, preventable cause of illness and early death.[54,55]

'Creating a Tobacco free Generation' - A Tobacco Strategy for Scotland[56] sets a goal of achieving a smoking prevalence among the adult population of 5% or lower. This is an ambitious goal and focuses on the three strands of tobacaco control – prevention, protection and cessation.

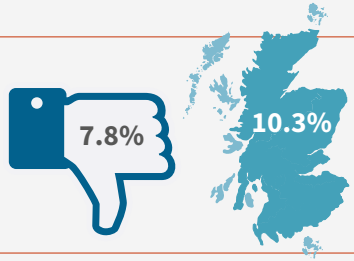
The Tobacco Control Strategy and Action Plan for Grampian[57] aims to reduce the number of people in Grampian who smoke and the harmful effects of tobacco on the population. In the last year (2014/15), 6,971 quit attempts have been made with the help of NHS Grampian's smoking cessation services (pharmacy led and Smoking Advice Service (SAS)). Of those who set a quit date, 39% were still not smoking at four weeks with 23% still not smoking at 12 weeks. Our community pharmacy scheme supported 94% of our quit attempts which was one of the highest in Scotland. A decrease in the use of smoking cessation services has been noted nationally with similar decreases noted in Grampian. This may be attributable to the increased use of e-cigarettes both nationally and locally.

Some of those quitting with our help have come from the most deprived communities. Cessation work will further reduce the number of people who smoke in Grampian with a particular focus on populations where smoking rates tend to be the most damaging.

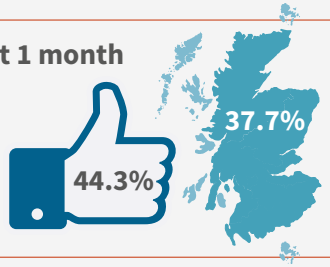
Continued prevention work will seek to ensure that our young people choose not to smoke. We aspire to create a culture where non-smoking is the norm and where smoke-free environments are commonplace. Grampian has been working towards becoming smoke-free in our NHS grounds. Significant work has also been undertaken by our Public Health colleagues in the Community Health and Social Care Partnerships to aid NHS premises to become smoke-free. There have been consultation events, awareness sessions, signposting staff to local smoking cessation services, access to e-learning modules and appropriate signage in key locations.

	Pharmacy	SAS
Contribution	92.9%	7.1%
Quits at 1 month	41.9%	75.8%
Quits at 3 months	25.1%	19.0%

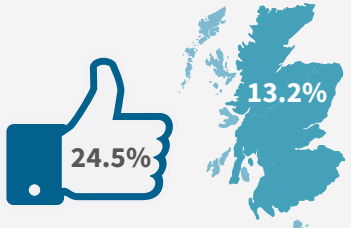
Service uptake



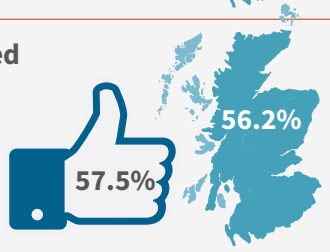
Successful quits at 1 month



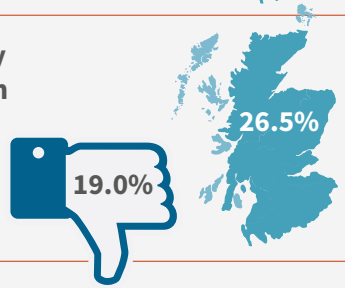
Successful quits at 3 months



40% most deprived



Quit attempts by pregnant women



Oral Health

The number of people registering with an NHS dentist continues to improve, at around 70% of adults and 87% of children in Grampian, but remains lower in comparison to the Scottish average of 87% of adults and 93% of children.[58] To address this, the NHS Grampian Dental Plan 2020[59] sets challenging targets to improve registration levels by 2016 and then again by 2020. Public awareness campaigns this year have focused on raising awareness across Grampian that NHS dental places are available and encouraging people to register with a practice near to where they work or live.

Dental health is widely used as an indicative measure of children's general health: dental decay is almost totally preventable, but is the single most common reason to admit a child to hospital in Scotland.[60] In Grampian the number of children in Primary 1 showing no signs of dental decay is higher than the Scottish average, 73.2% compared to 68.2%. Childsmile teams and dental practices across Grampian continue to deliver a range of preventative care interventions, including fluoride varnishes, for children who are at increased risk of dental decay.

In older people (75 years+) in Grampian, dental registrations are also poorer than the national average.[60] However, Caring for Smiles training in care homes ensures that there is consistency in oral health assessments, care plans and daily monitoring of these plans with support given to establishments to ensure they are well placed to promote good oral health. Grampian has done exceptionally well in this area with 102 out of 103 care homes having had this training. A Caring for Smiles Award programme will follow to assist with implementing this training. Training, awareness raising sessions and toothbrushes and toothpaste have been made available to organisations which work with some of the most vulnerable groups such as prisoners, people who are homeless, those who misuse substances, criminal justice, looked after and accommodated children and the travelling community.

CHAPTER 3 - BUILDING HEALTH AND WELLBEING IN OUR COMMUNITIES

In the previous chapter, we noted the role of protecting and improving health and wellbeing, primarily through prevention.

In successive Director of Public Health Reports, we have indicated that some variances in health are unavoidable. However, widening health inequalities are unacceptable and we continue to engage with individuals, families, communities and organisations to address these. We need to persist with our focus to create a fairer Grampian. In many respects, this is highlighted in the Scottish Government's Economic Strategy[61] on maximising Scotland's richest resource, its people. We are committed to addressing health inequalities as described in Grampian's Improvement and Co-Production Plan[62] and as part of Community Planning Partnerships we are tackling health inequalities, through single outcome agreements.

The Community Empowerment (Scotland) Act 2015[63] is a key driver for a more inclusive, involved approach to support a healthier, wealthier, fairer, greener, safer and stronger life in Scotland. In our last report,[3] we discussed the complexities of inequalities to prioritise action and to mark progress. Our collective efforts are having a positive effect. However, we acknowledge that there is still a need for accelerated action, to build sustainable communities, maximise individuals' potential and capabilities and allow people to control their own health and wellbeing.

There is an abundance of collaborative work across Grampian to build health and wellbeing in our communities which has been organised and delivered primarily through the three Community Health Partnerships (CHPs) in Grampian. CHPs were dissolved on 1st April 2015 and replaced with more formal arrangements for integrated working through Community Health and Social Care Partnerships. As the new Partnerships progress, we reflect here on some of the main issues and achievements in the three CHPs. More in-depth information and reports can be found at http://www.hi-netgrampian.org/

Aberdeen City

The Grow Well Choices (GWC) Programme continues to be delivered in primary schools to support healthy weight in children. Since the formation of a multi-agency child healthy weight group in Aberdeen City

during 2014, an action plan has been developed based on the results of an audit undertaken with a wide range of stakeholders. It has informed a new model of delivery which works across the whole school, instead of targeting individuals, to embed the principles of the programme, particularly in schools where the need is greatest.

This new approach has been adopted by other health improvement programmes in Aberdeen City, including Grow Well Choices Early Years. Activities have included an audit of facilities to undertake practical food skills and training needs of staff, draft guidelines to assist schools with the development of policies that promote child healthy weight through physical activity and healthy food choices, training delivered to early years and out of school care staff, engagement with the parent council forum to identify effective ways of involving parents and encouraging them to consider how they can support and deliver on the child healthy weight agenda.

In reducing obesity and associated ill health more generally, health walks for adult patients with diabetes have been piloted in one GP practice in Aberdeen City with physical brief interventions being delivered in other practices. Community Planning Partners have also been working hard on developing a physical activity referral pathway which will, when in place, provide an approach to increase the opportunity for engagement in physical activity.

Efforts to improve infant nutrition have resulted in the Aberdeen City CHP leading the way with the Breast Feeding Welcome scheme.[64] The scheme encourages local businesses to sign up and support mothers who breastfeed away from their home by displaying a welcome scheme sticker and adding their details to the Facebook: Breastfeeding Grampian page. Where mothers see this sticker they can be reassured that staff will be welcoming and supportive of mothers' rights to breastfeed on their premises.

Grow Well Choices has been designed and implemented to raise awareness of the importance of a healthy lifestyle and the benefits associated with making informed choices for primary school aged children. Aligned to the National Curriculum for Excellence, Grow Well Choices informs and supports children to make healthier food choices and be less sedentary by focusing on being active for 60 minutes per day.

Welfare reform and financial hardship can be a significant determinant to poorer health and wellbeing.[65] NHS staff occupy a unique position to engage with individuals who may not seek support due to limited awareness of entitlements, transport/mobility issues and social isolation. As such, the Aberdeen City Public Health and Financial Inclusion teams received Scottish Government funding to pilot an approach to providing money and welfare benefit advice in two GP practices. Significant awareness raising has been completed and the first group of clients has been referred with positive outcomes

such as: access to essential household goods for families, backdated benefits for individual patients and rent arrears cleared by discretionary housing payment. However, the most significant part of this pilot project is the ability for anyone to access this service regardless of which GP practice they attend so this service reaches those with the greatest need.

A pan-Grampian alcohol and drug partnership campaign around new psychoactive substances (NPS) was delivered in 2014. Using community engagement, a campaign slogan - 'Not for Human Consumption' was developed for use in an online advert. This advert was placed on websites that offered the purchasing of NPS. When clicked on, the advert then redirected individuals to a web portal which offered information and advice on the risks of NPS. The web-based campaign was successful with high engagement of around 122,000 people accessing the adverts with a further 2,000 people accessing the portal. There was also strong evidence to suggest that people did not immediately leave the portal. Although there was an element of potentially 'curious' individuals accessing the site, overall it was felt that this was a cost-effective approach to engaging with individuals who were actively seeking to purchase NPS and as such the website remains open. Any policy or legislative developments around NPS may indeed influence the longevity of this campaign.

'Health Walks' and 'Seated Exercise Programmes' have been pivotal in engaging a variety of individuals, communities and partners in improving physical, mental and emotional health and wellbeing.

Aberdeenshire

Keep Well[40] is an anticipatory care programme to assist in reducing health inequalities. It has been delivered across some areas of Grampian since 2008 providing 'holistic health checks' and onward signposting/referral for those at risk of preventable serious ill health. Now in its fifth year of delivery in Aberdeenshire, the Keep Well Programme continues to be delivered in GP practices and some community pharmacies. Targeted Keep Well checks in Aberdeenshire are also delivered in substance misuse and in other partner agencies. In 2014, this expanded to employability services and carers services with a planned introduction in criminal justice. For 2014/2015, Aberdeenshire fell just short of the 400 completed health checks target. Sustainability of the service is planned with the introduction of a shorter lifestyle check. Turning Point Scotland in Peterhead is a partner who will be using the shorter lifestyle checks.

In Aberdeenshire, as in Aberdeen City, Grow Well Choices also prioritises obesity in children. To date, Early Years Grow Well Choices has been piloted in two nurseries and two primary schools in Aberdeenshire with feedback gathered through observation, staff evaluation and children and parental/guardian questionnaires. The feedback has been positive, particularly the links with the Curriculum for Excellence.

The effects of obesity, poor eating choices or lack of physical exercise in adults does not just create physical ill-health but can also create social isolation, poor self-esteem and lack of confidence which impacts on overall wellbeing. Community kitchens have been established in Inverurie, Insch and Kemnay and have shown significant improvements in attendees' health and wellbeing. The real benefit of community kitchens is that they reach vulnerable groups without stigmatisation.

'Social prescribing' and 'community volunteers' initiatives have made a big contribution towards physical activity endeavours in Aberdeenshire. With the involvement of partners in health, leisure, private sports trusts and the third sector, they have helped to deliver some of the short- and long-term objectives in the Aberdeenshire Community Planning Partnerships single outcome agreement.[67] 'Health Walks' and 'Seated Exercise Programmes' have been pivotal in engaging a variety of individuals, communities and partners to improve physical, mental and emotional health and wellbeing. For example, Health Walk Leader training has been provided to volunteers who aim to deliver health walks for client groups which include Alzheimer Scotland, Ellon Resource Centre, Comraich Mental Health Services, Community Learning and Development, Garioch Community Kitchen and NHS Grampian Nursery Nurses.

Children interacted well with the session. They were interested in the story and responded well to the questions.

I like the flexibility of the Grow Well Choices system whereby you can do as little or as much depending on time and also the children.

Moray

Taking into account the current and projected demographic profile for Moray, it is predicted that there will be a 50% increase in the number of those affected by dementia in the next 25 years. Dementia is most commonly used to describe a range of symptoms which indicate a decline in mental ability, which in turn negatively affects daily living and tasks.[67] It is not exclusive to those who are older but there is a consistent increase in the number of people who are affected by dementia as age increases. A Joint Dementia Strategy (2013-2016)[68] has been developed which aims to respond directly to the needs of those who may suffer or be affected by dementia.

In the last year, 'Dementia Adventure' was commissioned in Moray to help deliver training programmes which focused on informing, advising and supporting families, carers and organisations so that they may be better educated and equipped to deal with challenges faced at the current time and in the future. Workshops delivered in Moray were a key success last year, with those who attended feeling positively informed, educated and motivated to make a difference.

In our introduction, we highlighted the significant increase in the number of people living with multiple conditions. Community based groups in Moray like 'Easy Breathe', 'Strength and Balance', 'Findhorn Flyers' and 'Be Active Life Long (BALL)' are good examples of self-sustainable groups proactively supporting and encouraging those with multiple conditions to keep active, connected and involved in their community and improve their overall health and wellbeing.

Tackling substance misuse in Moray is aided by the Buckie Thistle Community Alert – a transition partnership now in its fourth year. The partnership advocates and promotes the strength of working together: Police Scotland, the Moray Council, NHS Grampian, Scottish Fire and Rescue Service, Quarriers, St Andrews First Aid, Buckie Thistle Football Club and 'Out of the Darkness' theatre company all work together to encourage young people to make positive and informed choices on alcohol, drugs, fire and accident prevention and to provide an opportunity for school pupils to meet their new peers before moving to secondary school.

The Outreach Mobile Information Bus (OMIB) works within the heart of the Moray community delivering services where needed most. The OMIB aims to tackle inequalities in communities and build on individual and community strengths, which is an example of where we want to be in 2020.[12] Promoting the availability of information on a broad range of public health and welfare reform topics, the OMIB also provides young people, in an outreach setting, information on the risks of substance misuse. Operation Avon is an intelligence led, partnership initiative, which provides street based information and education to young people in a safe environment delivering key message to support and guide young people to fulfil their potential. There is good evidence to show that this approach is effective in the 2013 Scottish Schools and Adolescents Lifestyle and Substance Use Survey results.[69]

We know that some young people, for example those who have been looked after and accommodated through local authority services, have chaotic lifestyles and that prioritising their health and wellbeing may be a significant challenge. The 'Through Care and After Care' pilot project in Moray has been developed to specifically respond to and encourage self-directed management of health and wellbeing through empowerment and health behaviour change. To date, the pilot has demonstrated good progress towards actively encouraging self-care and self-management in young people as does the launch of 'The Loft' Health Hub - a health information drop-in service for young people.

'Baby Feeding Matters ´ is concerned with maternal and infant nutrition. It offers free access to peer support to any new mother, providing easily accessible, up-to-date, and accurate information on baby feeding which includes options for breastfeeding.

Grow Well Choices (GWC) in Moray continues to raise the awareness and importance of a healthy lifestyle and the benefits associated with making informed choices for primary school aged children. Twenty sessions in Moray primary schools were delivered in 2014/2015, with a further ten sessions delivered in nurseries, supporting the Grow Well Choices Early Years programme.

Overall, we have seen that we and our communities are putting inequalities at the heart of what we do. We are building continuously towards more equitable life expectancy, making better use of our assets and agreeing an integrated approach. We now need to take steps in the coming year to agree a common framework and measurements, to give communities and partners confidence that together we can continue to sustain progress.

CHAPTER 4 - SUSTAINING AND SUPPORTING HEALTH AND WELLBEING

Grampian's strategy for health and healthcare, 'Healthfit 2020'[12] is concerned with sustainable health futures. It maintains that good health and wellbeing can only be sustained in partnership with individuals and communities. This chapter outlines our progress against this backdrop.

Screening for disease

Screening is an important way of detecting disease, or the precursors of disease, at an early stage, before the individual experiences symptoms. The current national population screening programmes are: pregnancy and newborn screening; diabetic retinopathy screening; cervical, bowel and breast cancer screening; and abdominal aortic aneurysm screening.[70]

During 2014-15, the Detect Cancer Early programme across Scotland has focused on the importance and value of accepting the offer to participate in screening, whether attending for a breast screening appointment or returning a completed bowel screening test. Although breast screening and bowel screening participation at Grampian level remains relatively high (80.3% and 62.9% respectively) in comparison to Scotland (72.9% and 57.6%),[71] there is variation across the eligible populations for screening.

Over the past year, there have been important developments in the current and future delivery of the breast and bowel screening programmes. Older X-ray equipment, in the North East Breast Screening Centre in Aberdeen and the Breast Screening Mobile Units, has been replaced with digital technology which uses computer imaging. These images allow increased clinical examination by consultant radiologists and can be more easily stored and retrieved on secure computer systems.

NHS Grampian, along with three other NHS Scotland Boards, has been participating in the 'Bowel Scope Study'. The purpose of this study is to establish the additional value and feasibility of offering a flexible sigmoidoscopy test at around 60 years of age, in the context of the Scottish population where routine faecal occult blood test screening is offered from 50 years of age. In February 2015, the Health Secretary announced that a new test (faecal immunochemical) will replace faecal occult blood test in the Scottish Bowel Screening Programme. It is expected that this new routine screening test will be introduced across Scotland during 2017. The potential to simplify the bowel screening test and the improved clinical usefulness of this test are important improvements.

Within cervical screening, a local training programme has been set up for new smear-takers and the first training day for this was run in September 2014. Feedback has been very positive resulting in ongoing demand from both within and out with Grampian. Subsequent training days have been delivered, and are coordinated with cervical screening update days, which are provided in collaboration with the Royal College of General Practitioners. This ensures that smear-takers in Grampian have access to a complete training package.

An important development for the coming year is the national cervical cancer audit. All cases of cervical cancer are already reviewed by NHS Grampian's Cervical Screening Monitoring Group to ensure that the screening pathway is robust. From 2015-16, NHS Grampian will be participating in a national audit of all cervical cancer cases which should provide a platform for better monitoring of the disease and the screening programme.

Abdominal aortic aneurysm (AAA) screening in men aged 65 years has been running in Grampian since October 2012 and over 16,800 men have now been screened. In the last year screening has also been offered to men at the 'Health Village' in Aberdeen. Screening is currently offered at 11 clinics across Grampian; the uptake of AAA screening remains among the highest in Scotland at almost 90%.[72] A comprehensive survey of several hundred screened men in Grampian and Orkney has demonstrated very high levels of satisfaction with all aspects of the screening process.[73] A recent quality assurance exercise has also demonstrated very high levels of accuracy of the ultrasound measurements obtained by our screening nurses.[74] In the next 12 months the screening nurses will be taking on an enhanced role to reduce cardiovascular risk factors (including a focus on smoking cessation) among men found to have an abdominal aortic aneurysm who are under routine surveillance.

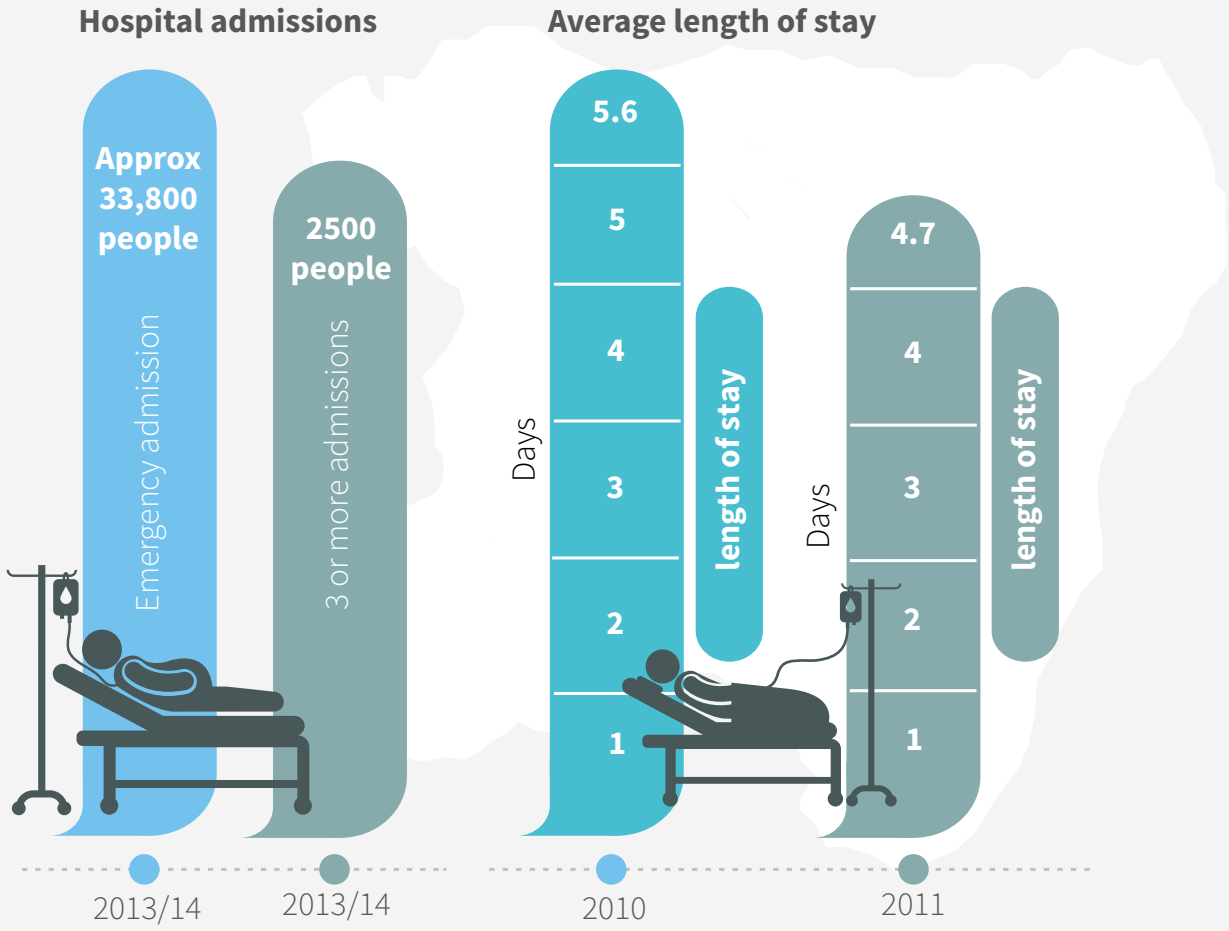
Managing future needs for health care across the health system

Our health system works hard to respond to the increasing needs of people in Grampian. While our hospital activity continues to rise year on year, we work in partnership with patients, families and other care providers to meet and manage these demands. Sustainability of our health service is supported by our many third sector organisations – such as Maggie's Centre pictured on Page 32.

The significance of integrated care and enabling communities should not be underestimated. We need to anticipate future demand and need, increase the ability to provide specialist planned care closer to home, reduce the length of stay within hospital settings further and increase independence and self-caring for longer.[12] Some of the key public health areas that can contribute to this include creating a strong and resilient workforce which focuses on health promoting activities, tackling health behaviour changes in settings out with the NHS, reducing social exclusion, and using technology to our advantage.

Building capacity in our workforce

When we talk about our workforce we often think about the small group of people who spend a substantial part of their working practice furthering public health goals. The term used for this group is public health practitioners or specialists. However, we have seen from this report that improving the health of the population encompasses activities undertaken by a wide range of professionals and groups such as teachers, social workers, housing planners, transport experts,



employment counsellors and community activists. The challenge to ensure that the wider workforce is prepared with skills and knowledge to face both current and emerging public health issues is immense.[75]

Public Health staff play a key role in supporting the wider workforce to strengthen health improvement in their daily work. The Health Protection team, for example, delivered teaching and training to over 1300 people from a range of disciplines including postgraduate nursing and medical staff, undergraduate medical students, postgraduate students, care home managers and staff, childcare staff and voluntary organisations. Similarly, training was delivered on Sexual Health and BBVs to more than 50 organisations. We have already highlighted the successful training by our Oral Health Improvement team in care homes and the achievements of the community kitchens.

We support communities to have a bigger say in how we develop services through consultation work, partnership working and community planning. There have been several consultations around health and social care integration and community events, like the Moray Feelgood festival, which have been successful collaborations with local communities. Working with individuals we offer health coaching where the principles of health psychology are applied to help people make positive improvements in their health behaviours.

Our health system and those working in it can offer more than merely responding to the acute needs of the population. Any contact with our services or colleagues working in front line services is a public health opportunity. *The Health Promoting Health Service (HPHS)* describes a health promoting culture, whereby effective health improvement practice is embedded in all of our services.

Working closely with our acute sector colleagues, we develop and sustain public health policy and practice to address health inequalities by creating supportive environments for change within hospital environments. The underlying principles of this are equity, participation, empowerment and sustainability which fit well with the ambitions of the Health Care Quality Strategy (2011)[76] and Equally Well (2008).[77] Our approach follows the national guidelines[76,77] and aims to influence the physical hospital environment, enhance clinical care for patients and supports NHS Grampian staff health and wellbeing. However, this year we have gone a step further to collaborate with a range of partners including the National HPHS team, allied health professionals, Health and Social Care Partnerships, Healthpoints and Healthy Working Lives to encourage people to think about *'making every opportunity count.'*

Where money concerns are affecting a person's health and wellbeing, NHS staff can make a difference through simple signposting. As part of *'making every opportunity count,'* staff in an HPHS, can signpost patients to support about money concerns where a number of partner agencies in Grampian have specific expertise.

We are also building capacity and capability in some selected NHS staff to engage briefly with individuals around employability. This ensures that where we can, we support those who would benefit from remaining in work (with adjustments), those who would benefit from returning to work, or those who need help to develop their skill set to be able to work. All of this complements the Keep Well[40] programme largely provided in primary care and in the community. This means that similar messages and support are available in a range of settings.

In the next year, HPHS will cover targeted topic areas. To aid this we are using some innovative approaches with technology described later in this chapter.

A recent inquiry into Work, Wages and Wellbeing[79] for the Scottish Parliament highlighted that employment, along with income and education, is a key social determinant of health and health inequalities in Scotland. Being in work can be protective against poverty but, moreover, being out of paid employment is bad for health, increasing the risk of premature mortality by more than 60% and increasing the risk of morbidity, especially poor mental health. Although Grampian has relatively low levels of unemployment at around 2%[8], we acknowledge that unemployment, in-work poverty and poor quality work all present significant public health challenges.

Healthy Working Lives is a Scottish Government programme designed to promote good health and wellbeing throughout the population's working years.[79] It is a partnership involving all 14 NHS Boards and NHS Health Scotland and has the potential to be very effective in reducing health inequalities and improving health and wellbeing. Working with employers, Healthy Working Lives increases the awareness of the employer's role to protect and support the health of their employees and to help their employees, in turn, to do the same themselves. One way of doing this is by encouraging employers to work towards a 'Healthy Working Lives Award'. The award programme aims to help employers and employees focus on health promotion and safety themes that are mutually beneficial, for example occupational health, health and safety and risks at work. Across Grampian, our employers are served by a team of six advisors and two health and safety/occupational advisors. Since the programme started, there have been 227 awards with 34 of these achieved during 2014/2015. At present we are working with 143 employers, reaching over 73,000 staff members. Organisations vary in size, from fewer than ten employees to those that have thousands.

Focus on in-work poverty

What causes in-work poverty? Low hourly pay, temporary work, the inability to increase or work additional hours due to individual circumstances (e.g. caring responsibilities) and inadequate benefits, which would ordinarily make up any shortfall, can all contribute to in-work poverty.

Why is this important? The effects of in-work poverty are not only felt by the individual but extend to the wider family unit. Estimates suggest that child poverty in the United Kingdom costs about £29 billion per year. In Scotland, 420,000 people in work are paid below the living wage, which is £7.20 per hour, with 130,000 people affected by temporary work. In Grampian, some of those will be in the largest sectors. Recent welfare reforms are also likely to increase the number of people who experience in-work poverty.

6 Advisors

2 Health & Safety Advisors

Each organisation will have varying health and wellbeing needs based on the composition of their staff, the type of work they do, whether they have permanent or temporary staff and where they are located among other factors. Increasing levels of in-work poverty will be a particular challenge for the Healthy Working Lives Team.

Developing the use of technology

We understand the importance of technology in a modern world and although we know it presents some challenges to us, overall it is advantageous to Public Health.

'Healthfit 2020'[12] envisages that people will become less dependent on health services and technology can help with this. Sharing relevant information within NHS and across partners where appropriate, greater use of telemedicine, self-booking and referrals to avoid lost clinical time and easy access to clinical guidance for clinicians are all aspirations listed in our 2020 vision.[12]

In our last report[3], we spoke about the 'No Delays' resource which allows elements of care pathways to be digitalised and sent by email. This year, we have seen a variety of examples of technology being used in Public Health including: comprehensive social marketing campaigns, targeted websites, on-line training and development packages, e-learning modules, video studies, the use of social media platforms (Facebook, Twitter, YouTube, Instagram etc.) and specialist infant feeding support by video conferencing.

We will continue to use technology to communicate health improvement messages and to enable people to remain in their homes and communities without the need to travel to specialist care settings.

Social Media use worldwide

Facebook	**Facebook 1.3 billion**
YouTube	**YouTube 1 billion**
Google	**Google+ 500 million**
Twitter	**Twitter 289 million**
LinkedIn	**LinkedIn 238 million**
Instagram	**Instagram 130 million**
Pinterest	**Pinterest 70 million**

Correct as of August 2015.

Using evidence to improve health and reduce inequalities

One of the risks we face relates to awareness and knowledge management of evidence and intelligence used for developing strategy. This takes into account the need to equip staff, patients and the public with relevant, timely and comprehensive information to improve health outcomes and the effective planning and organisation of services.

In response to this, our mechanisms for improving access to and presentation of data and information are improving. They include developments combining data from a range of sources, alongside more visual ways to present information, and this is all helping people to use evidence more effectively. However, what we measure is crucial if we are to inform strategic direction, identify areas of potential risk and ensure good organisational governance. In Grampian we monitor over 700 indicators to assess how well our organisation is providing safe, effective and caring services.

Using the experience and evidence from high performing organisations, we have been implementing 'The Intelligent Board'.[80] This uses a set of principles and a framework for structuring information (like our 700 indicators) to support strategy development and oversight of business delivery and effectiveness. It is not just about improving the use of information, but about influencing the way that we work by empowering staff in their choices and decisions for health service improvement.

The identification and measurement of inequalities is at the heart of our intelligence reporting. Variations in health experience and access to care feature throughout, and we have developed a specific set of indicators to measure change continuously over time. We are also using a methodology called the 'relative index of inequality' which measures the extent to which outcomes such as chronic disease vary with socio-economic status. These efforts will increase our understanding of inequality and help to embed inequality thinking into planning and decision-making. Health intelligence over the past year has also supported detailed planning, particularly in hospitals. Assessing future demand and the capacity that is needed in terms of workforce, beds, theatres and clinics has helped to inform hospital specialty investment as well as new developments including the Baird Family Hospital and ANCHOR Centre.

CHAPTER 5 - HEALTH AND SOCIAL CARE

What's in a name – Integrated Joint Boards
In 2014, the development of the 'Public Bodies (Joint Working) (Scotland) Bill highlighted one of Scotland's major programmes of reform. When enacted, in April 2015, the new legislation[4] highlighted a way of working that meant health boards and local authorities were to integrate health and social care.

In this Director of Public Health Report the three Chief Operating Officers in our area explain what this name means and how they are working towards a fully integrated service by April 2016.

Judith Proctor

Pamela Gowans

Adam Coldwells

Our three Chief Operating Officers for Adult Health and Social Care are Judith Proctor (Aberdeen City), Adam Coldwells (Aberdeenshire) and Pam Gowans (Moray).

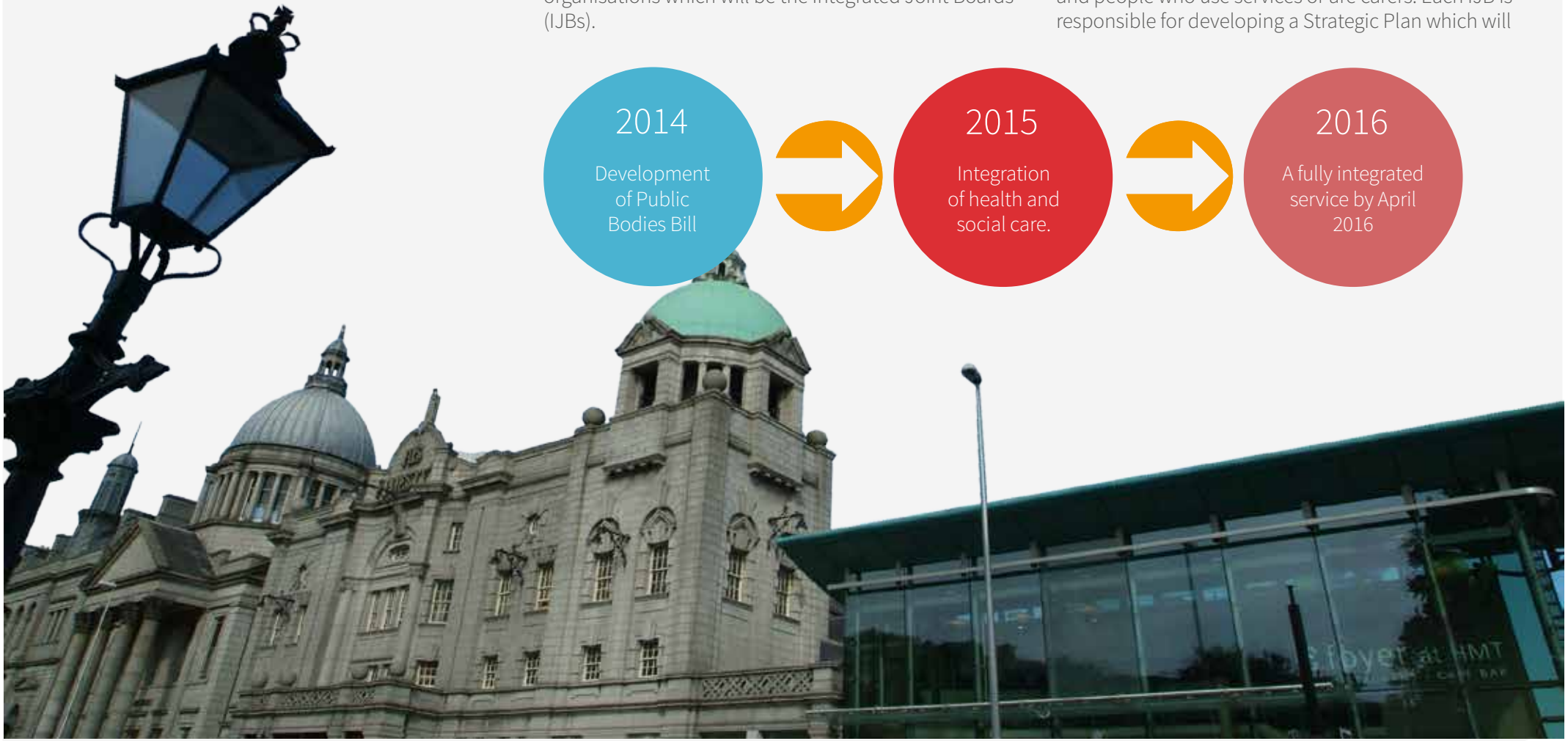
What is health and social care integration?
Fundamentally, integration is about doing the right thing for people and arranging our services around people and communities. The philosophy behind the legislation is that we can and should work better as a single system under a single, pooled budget. Integration teams, working in the community with shared resources, should be able to deliver better outcomes for people with streamlined budgets, decision-making and resources. A significant element of what we do is to engage and plan more with communities so that services are shaped in response to communities' unique characteristics. In this way, while we will seek to deliver consistent outcomes, our teams may be shaped differently in different areas.

What is the role of the Chief Officer?
The legislation asks that each of the new Integrated Joint Boards (IJBs) appoints a Chief Officer. The role is to have operational responsibility and accountability for adult health and social care services that are being delegated by local authorities and the NHS, which are known as the parent bodies. Although it might look a little bit different in each of the three local authority areas (Aberdeen City, Aberdeenshire and Moray) effectively we will take responsibility for staff, budgets

and resources across community health care i.e. primary care, community health services, community mental health and learning disability, Public Health and adult social work services.

The role provides an opportunity to integrate teams and budgets to enable and support a person-centred approach that can help us move towards more seamless services under a single, pooled budget. The Chief Officer reports and is accountable to new organisations which will be the Integrated Joint Boards (IJBs).

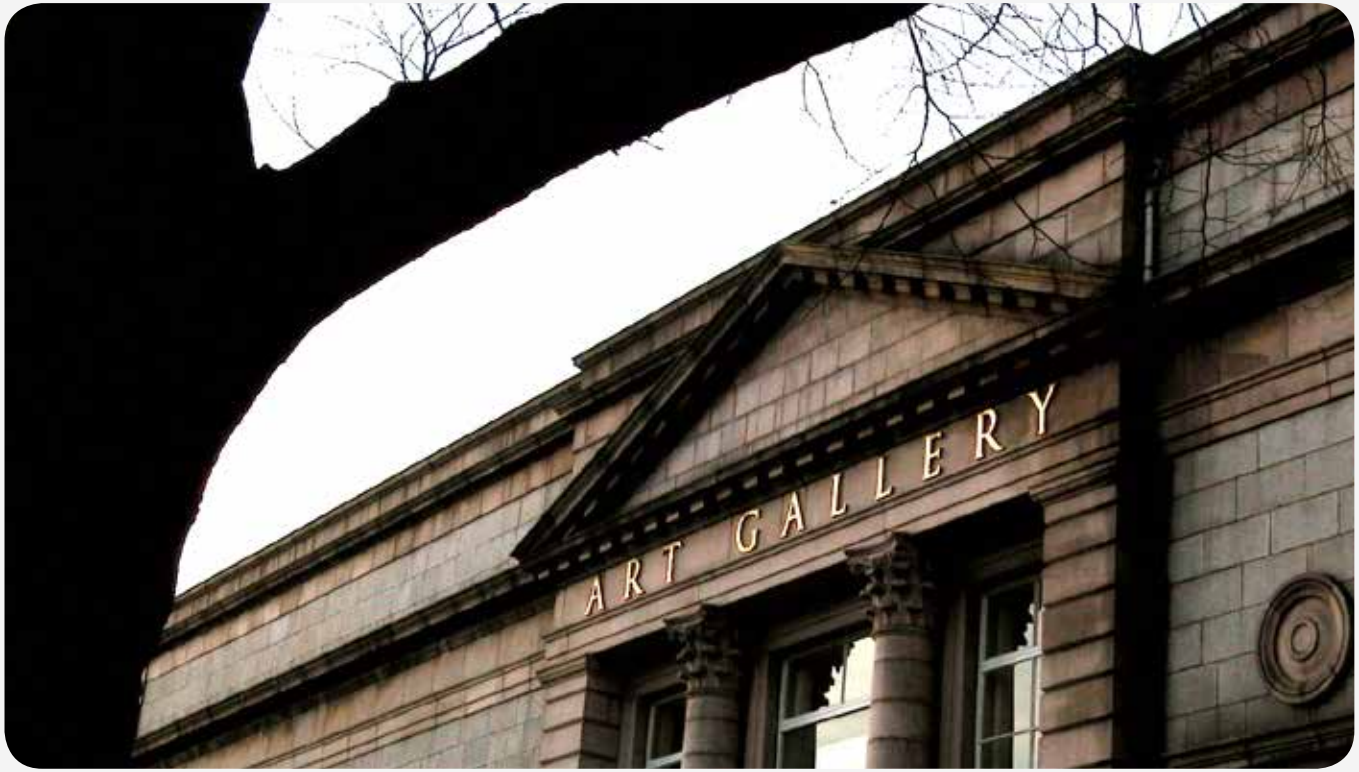
The membership of the IJBs comprises elected members from the local authority and members of the NHS Board .The IJB is supported by other non-voting members which includes the Chief Social Work Officer, nursing and medical advisors, staff side representatives and people who use services or are carers. Each IJB is responsible for developing a Strategic Plan which will



set out its vision and direction in terms of the use of the total budget and how this will support the wider transformation of services we wish to achieve.

Why does integration matter?
It matters on many levels. We want to ensure that we deliver consistent outcomes for people, that we are person-centred and community focused. It is also important in the context of the significant challenges we face in the public sector in Scotland with increasing financial challenges, changing demographics and increasing demand. Working as a single system, we can plan services more effectively and target our resources better. Across Scotland the emphasis is on reducing health and social care inequalities and addressing these longstanding issues to ensure improved health and wellbeing.

What does it mean for individuals and communities living in Grampian?
This is a long-term process of change and transformation so some people and communities will not see significant changes immediately. As we move forward, people will see differences and change on lots of levels. We are all planning more engagement and participation in communities and people should find that they have more opportunities to be engaged with this and support the planning of their services. People should also increasingly be driving and directing the changes and the support they receive, being at the centre of what is delivered.



CHAPTER 6: WHAT DOES THIS ALL MEAN AND WHERE DO WE GO NEXT?

What does this all mean?
The health needs of the Grampian population, as elsewhere in the UK, are changing. The report highlights some of the 'big issues' that face us when we look to improve health or plan delivery of health and care services. Our aim is for people in Grampian to live longer, healthier and more fulfilling lives.

People are living longer – which is a success of the current system. Life expectancy is increasing overall, but people living in the most deprived parts of Grampian live almost 10 years less than those living in the least deprived areas and are also more likely to live in poorer health. Tackling these health inequalities is crucial for a fairer, more equal society.

The choices we make about how we live our lives can have a significant effect on our health. We have reported positive trends in breastfeeding, oral health, physical activity and restricting the sale of alcohol and these contribute towards improved quality of life and longevity. As a region, we compare positively to the rest of Scotland on a range of areas which influence our health and outlook such as employment, housing and crime. However, we still have a long way to go in reducing smoking and obesity if we are to avoid the preventable premature deaths associated with smoking and obesity in diseases such as cancer and coronary heart disease. This will become increasingly important for the public purse, because it will not be possible to absorb the rising costs of preventable ill health in a climate where budgets are forecast to remain static or decline over the next decade. Prevention and early intervention are therefore viewed as essential not only on moral and social grounds - to reduce avoidable ill health and tackle inequalities – but also on economic grounds.

This report encourages us not to forget the 'hidden' work of those in the field of health protection: the partnership working that goes into planning for emergencies, preventing, investigating and controlling infectious diseases and environmental exposures, and the delivery of immunisation and screening programmes to prevent disease or to detect illness early. While not comprehensive, the report highlights key areas of importance for those planning services in the future.

Our population is getting older and with age, people are more likely to develop more than one long-term condition such as diabetes, dementia or heart disease. Caring for long-term conditions requires partnership with individuals over a long period of time rather than providing single, unconnected 'episodes' of care. It also requires services to be integrated around the needs of

the individual. The formation of the Integrated Joint Boards within our three local authority areas in 2016 will provide us with a real opportunity to tackle the issues raised in this report and previous Director of Public Health Reports through a more collaborative and structured approach.

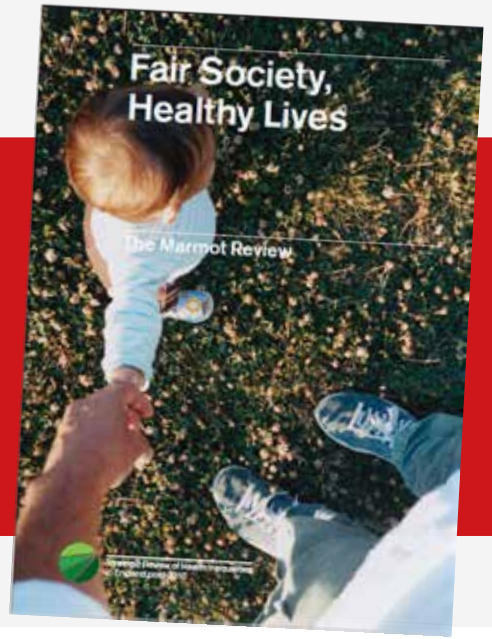
While this report does not prescribe best practice solutions, it provides examples of good practice to demonstrate how health improvement can be embedded in our day to day work. Many of the programmes and initiatives described are delivered at too small a scale to have a widespread effect. It is for partners to discuss these examples and to consider how we can work more productively together to achieve region wide improvements in health.

Where do we go next?

The achievements that have been made to date are illustrated by the report. However, we know that there is a lot more we can and must do before we reach our aspirational 2020 vision[12]. By 'we' I mean Community Planning Partners. We have a common agenda - areas with the highest rate of emergency hospital admission for adults, which are also the areas with high income deprivation, high levels of unemployment, low educational attainment, high crime rates etc [82]. As Community Planning Partners, we need to work together to understand 'what makes us healthy' and what we can do (or stop doing) to support individuals and communities to maintain their health. My hope is that partners will use this report to discuss the case for change, to make connections and build on some of the innovations already happening, learning from each other to create the future system.

'Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill'.

Marmot (2010) Fair Society Healthy Lives Final Report [81]



Over the next year conversations may include:

Working with Communities:
In recent years there has been a public health focus on the delivery of national targets to reduce unhealthy lifestyle behaviours. This traditionally professionally-led problem -orientated approach is important, but there is a lot of natural resilience which we can build on too. It is increasingly recognised at government and policy levels that additional ways of working should be adopted which enable individuals and communities to identify their collective strengths, resources, capacities, knowledge and skills, to improve health outcomes (the so–called asset approach). Health Walks, Community Kitchens and Social Prescribing are all great examples of this.

Creating the environment:
While some staff are successfully working with communities in this way, others will need time to learn how to do this. This applies across all levels in the organisation and partnerships. Some reports go as far as saying that senior officials are probably as much part of the problem as the solution.[83] We need to foster an organisational culture which rewards co-operation and creativity and enables staff to be involved and make a difference to things that matter most at a local level. Enthusiastic individuals are necessary but not sufficient – they must be working in an appropriate environment'.[84] As the new Integrated Joint Boards are established, there is an ideal opportunity to ensure the right culture is created to facilitate this change. The Health Promoting Health Service, Healthy Working Lives and Grow Well Choices programmes provide many lessons for the future.

Health Protection colleagues are reporting a small minority of patients who are undergoing treatment for TB who have no income, are homeless and have no means to pay for food or electricity for cooking and heating. Recent benefits changes mean they have no recourse for public funds.

This lack of stable domestic arrangements has been associated within lapses in taking medication. This increases the risk of patients remaining infectious for longer and infecting others, and of developing multi-drug resistant TB.

The answer isn't to keep them in hospital but for partners to work together to develop the solution. Staff need to be supported to be creative.

Getting serious about prevention:
This report sets out some of the most significant factors that lead to poor health – smoking, obesity, lack of exercise, excessive alcohol consumption, sexual ill-health and poor mental wellbeing. There are a range of effective programmes on offer. Activities such as Keep Well and *making every opportunity count* provide tools to support staff to make every contact a health promoting opportunity; immunisation programmes for staff and patients help to reduce the risk of infectious diseases; and the Smoking Advice Service supports smokers who want to quit. Evaluation of many of these programmes is positive and work is now required with partners to increase the pace of implementation.

As individuals, replacing short car journeys with walking, cycling or using public transport can increase our physical activity. As partners we can support individuals and communities through promotion of active forms of travel through Cycle to Work scheme, Health Walks, making roads safer for pedestrians and cyclists. The case for change – getting just one more person to walk to school could pay back £768 in terms of the health benefits to individuals, savings in NHS costs, productivity gains, and reductions in air pollution and congestion.

The Kings Fund – *ideas that change health care.*

The Kings Fund

Learning Together:
The importance of looking at how we measure 'success' is highlighted in this report. Too often we are focusing on measuring failures (premature mortality, sickness) than our aspirations (mental wellbeing) for the future, measuring what we can rather than what we should. There is a balance to be reached – we need to continue to measure what is important to the current system while developing measures for a new future. Integrated working requires integrated solutions.

If we are advocating change, we need to produce evidence about the impact of this change. Community-led interventions require new models of evaluation – who defines success and how do we measure it? The improvement methodology as applied to the Early Years Collaborative encourages practitioners to come together to reflect on practice, an approach that may be useful to share more widely particularly as community engagement approaches are tested across the region.

Public Health, working with academic colleagues, should support partners to understand the causes and the impact of poor health, provide insight about what works, how best to implement effective interventions and to evaluate innovation.

In conclusion:
My hope is that partners will use this report to discuss the case for change, to connect with each other and communities to discuss emerging ideas and create a culture in which change can flourish. In Public Health we are committed to working with all partners to ensure that improving health and tackling health inequalities is core to what we do.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advice
SALT

Glossary

- **Alcohol brief intervention:** a discussion with a person on their use and intake of alcohol and how they can make better informed choices about their use of alcohol.
- **Alcohol and Drug Partnerships:** are multi agency partnerships, providing leadership for alcohol and drug issues.
- **Average life expectancy:** is the number of years that are likely to be lived by a group of individuals exposed to the same mortality (susceptibility to death) conditions until they die.
- **Care pathway:** also known as care pathways, critical pathways, integrated care pathways, or care maps, are one of the main tools used to manage the quality in healthcare concerning the standardisation of care processes.
- **Chronic Obstructive Pulmonary Disease (COPD):** is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
- **Commissioning:** is the process of ensuring that health and care services are provided so they meet the needs of the population; it includes a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and evaluating outcomes.
- **Communicable disease:** is a disease that is transmitted through direct contact (for example touching) or indirect contact (for example coughs and sneezes) with an infected individual.
- **Community Planning (Partnership):** is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives.
- **Deprivation:** covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial, and can be defined in a broad way to encompass a wide range of aspects of an individual's living conditions. These may include: employment, education, health, housing, crime and many more.
- **Determinant:** is a factor which decisively affects the nature or outcome of something. Many factors combine to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment.
- **Early Years Collaborative:** is a national outcome focused initiative that aims to reduce inequalities, for all babies, children, mothers, fathers and families across Scotland.
- **Faecal occult blood test:** A test that checks for hidden blood in the stool.
- **Environmental hazard:** is a state of events which has the potential to threaten the surrounding natural environment and adversely affect people's health.
- **Health Improvement:** is the term used to describe trying to promote or improve people's health and wellbeing.
- **Health inequalities:** are differences between people or groups due to social, geographical, biological or other factors.
- **Health Intelligence:** is the process of collecting, analysing, interpreting, synthesising and communicating information that describes health and wellbeing including health risks, health needs and health outcomes for different populations.
- **Healthy Life Expectancy:** is an estimate of how many years a person may live in a healthy state.
- **Health Promoting Health Service:** is the concept that every health care contact is a health improvement opportunity.
- **Health Protection:** is the term used to describe protection of the population from infectious diseases and environmental hazards.
- **Healthy Working Lives:** is a national programme that helps employers create a safer, healthier and more motivated workforce.

- **Incidence:** is the number of new events during a specified time period.
- **Infant mortality:** is a term used to describe a death in a child who is less than one year of age.
- **Integration:** in this context, is the joining of adult health and social care services which have previously been separate.
- **In-work poverty:** where a working person's household income is below the poverty line.
- **Life expectancy:** is a measurement of how long a person may live, based on their year of birth, their current age and other demographic factors.
- **Mortality:** describes a person's susceptibility to death; often used in public health to describe the number of people who have died within a population.
- **Multi-morbidity:** describes co-occurring diseases. For example, a person could have diabetes, heart disease and high blood pressure.
- **New Psychoactive Substances (NPS):** is the name for drugs which have similar effects to other drugs that are internationally controlled, that may cause serious risks to public health and safety and may be fatal.
- **Outbreak:** where two or more people experiencing illness are linked in time and/or place and there is a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.
- **Perinatal:** refers to the period shortly before and just after birth.
- **Public Health Practitioners:** are key members of the public health workforce and can have a great influence on the health and wellbeing of individuals, groups, communities and populations. They work across the full breadth of public health from health improvement and health protection, to health information, community development, and nutrition, in a wide range of settings from the NHS and local government to the voluntary, and private sectors.
- **Public Health Specialists:** strive to realise ways of making communities and environments healthier and more capable of providing us with what we need for optimal health, operating on the principles of prevention rather than cure. They are siimilar to public health practitoners but they generaly work in an area of expertise such as health protection.
- **Screening/screening programme:** NHS national screening programmes are recommended to test whether people are at increased risk of developing a condition. Screening will help to detect and treat serious conditions sooner.
- **Sigmoidoscopy:** is a test used to look at the rectum and lower colon using a flexible tube which has a camera and light at one end.
- **Social inequalities:** result when resources in a given society are distributed unevenly.
- **Social prescribing:** refers to linking people up to activities in the community that they may benefit from.
- **Socio-economic status:** is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education and occupation.
- **Telemedicine:** is the use of telecommunication and information technologies in order to provide clinical health care at a distance.
- **Vaccination:** an injection that can be given to prevent a person becoming infected with a specific disease.
- **Vulnerable populations:** are defined as those at greatest risk of poorer health outcomes and health care access.
- **Wellbeing:** is defined as the presence of positive emotions, the absence of negative emotions, satisfaction with life, fulfilment and positive functioning.

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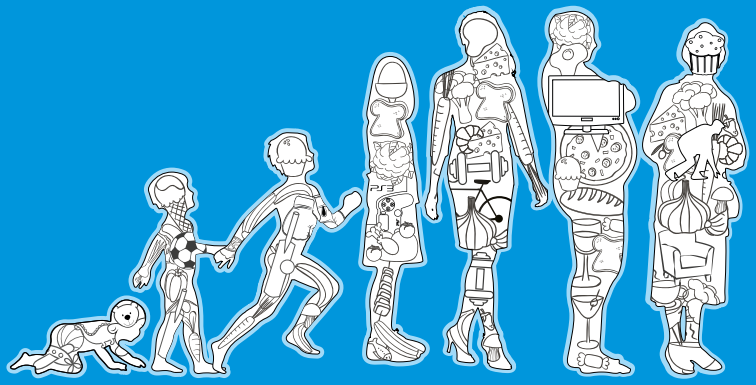

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DIRECTOR OF PUBLIC HEALTH

NHS Grampian