'Improving Healthy Life Expectancy in Midlothian: a progress report'

December 2010

Contents

Summary of HEAT and SOA Targets page 2
Introduction page 3
Cardiovascular Health Checks H1 (Now H8) page 5
  Coronary Heart Disease and Cerebrovascular Disease page 5
  Physical Activity page 6
  Healthy Eating page 9
Childhood Dental Registrations (H2) page 10
Healthy Weight (H3) page 12
Alcohol (H4) page 13
Mental health (H5) page 16
Smoking (H6) page 20
Early years (breastfeeding) (H7) page 24
Child Fluoride Varnish Applications (H9) page 26

Key topics (not HEAT target)
Violence against women page 27
Readiness to Learn page 29
Looked after children page 31

Appendices
1. Link Between Outcomes of Heat, Soa and Community Planning Targets page 35
2. Midlothian Health Improvement Framework 2007 -10 page 41
3. Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) page 42
Quick Reference Guide to HEAT Targets at 2009/10

<table>
<thead>
<tr>
<th>Health Inequalities [Revised] (H8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve agreed number of inequalities targeted cardiovascular health checks during 2011-12</td>
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</table>

This target was previously:
Health Inequalities (H1)
Reduce mortality from CHD among the under 75s in deprived areas
(reviewed in 2008)

<table>
<thead>
<tr>
<th>Child Dental Registrations (H2)</th>
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</thead>
<tbody>
<tr>
<td>80% of all three to five year old children to be registered with an NHS dentist by 2010/11</td>
</tr>
</tbody>
</table>

(reviewed in 2008)

<table>
<thead>
<tr>
<th>Healthy Weight (H3)</th>
</tr>
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<tbody>
<tr>
<td>Achieve agreed completion rates for child healthy weight intervention programme by 2010/11</td>
</tr>
</tbody>
</table>

(revised in 2007)

<table>
<thead>
<tr>
<th>Alcohol (H4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by March 2014</td>
</tr>
</tbody>
</table>

(revised in 2007)

<table>
<thead>
<tr>
<th>Mental health (H5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key front line staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010</td>
</tr>
</tbody>
</table>

(H5) (revised in 2007)

<table>
<thead>
<tr>
<th>Smoking (H6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11</td>
</tr>
</tbody>
</table>

(revised in 2007)

<table>
<thead>
<tr>
<th>Early years (H7) (until March 2011. Links to H3 however.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11</td>
</tr>
</tbody>
</table>

(revised in 2007)

<table>
<thead>
<tr>
<th>Child Fluoride Varnish Applications (H9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 60% of 3 and 4 year old children in each SIMD quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014.</td>
</tr>
</tbody>
</table>

This report also includes the following reports as they relate to relevant SOA Indicators:

<table>
<thead>
<tr>
<th>Readiness to Learn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome: We have enhanced maternal and infant health and nutrition</td>
</tr>
<tr>
<td>Indicator: The % of children exclusively breastfed at 6-8 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Violence Against Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome: We will work with communities to reduce offending</td>
</tr>
<tr>
<td>Indicator: Reduce the number of incidents of repeat domestic violence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Looked After Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome: We have improved the educational attainment of Looked After Children and Care Leavers</td>
</tr>
<tr>
<td>Indicator: % of Looked After Children achieving at least 1 SCQF Level 3 Qualification</td>
</tr>
</tbody>
</table>

A table linking HEAT Targets and the additional topic areas above to outcomes and indicators of Midlothian Community Planning Partnership and Single Outcome Agreement is contained in appendix 1.
Introduction

Midlothian Joint Health Improvement Partnership, in partnership with other agencies and the community, plans to improve, develop, deliver and monitor local services to ensure that they make a tangible improvement to the health of people in Midlothian, in particular those currently living in areas where there is evidence of deprivation and/or those experiencing life circumstances that impact negatively on their health.

The following definition of health improvement underpins the work of the Midlothian JHIP:

The main function of health improvement is to find ways of preventing ill-health, protecting good health and promoting better health – this is closely linked to quality of life and the concept of well-being. This is achieved by working with local communities and organisations across public, private and voluntary sectors to address the personal, socio-economic and cultural factors that influence the health of each person. Relevant interventions are at the level of group, (inter) organisation, community, whole population and systems. This should be distinguished from clinical interventions that treat individual patients.”

Performance Assessment Framework (Scottish Executive, Performance Assessment Framework 2002)

Health improvement activity in Midlothian is planned in line with the Scottish Government National Outcomes, HEAT targets, the Single Outcome Agreement and NHS Lothian Corporate Objectives.

Midlothian Joint Health Improvement Partnership will continue to build on a framework previously designed to add a health improvement focus to existing action plans and service delivery programmes across community planning partner organisations. The framework identified three determinants of health inequality in Midlothian: lifestyle, age group and deprivation.

To achieve health improvement and reduce health inequalities it is crucial to address the life circumstances in which people live as well as provide services aimed at improving health outcomes for individuals (Midlothian Community Plan 2008 -11).

General Demographic
The population of Midlothian in 2008 was 80,560 (GROS 2008). It is projected to rise to 89,750 by 2020, mainly due to migration from the wider Edinburgh area. A continuous rise in the ageing population is also anticipated.

Midlothian Population - 2008 Estimate

![Population by Age Group Graph](image)

1 Midlothian Community Planning Partnership (Research and Information Group) 2009
Life Expectancy

Life expectancy is considered to be a fairly reliable measure of population health. It is an estimate of how many years are lived in good health over the lifespan. Such information is valuable when attempting to predict future needs and identify trends and inequalities.


Population Makeup in Midlothian and Scotland 2001-2008²

² Source: Scottish Neighbourhood Statistics – www.sns.gov.uk
In 2008 NHS Boards were tasked with the following:

- Reduce mortality from Coronary Heart Disease among the under 75s in deprived areas. (H1)

In 2009 the following target was introduced:

- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2011/12. (H8)

Although no such health checks occur in Midlothian coronary heart disease (CHD) and cerebrovascular disease (CVD) prevention work continues. Mortality rates for these are close to the Scottish average.

**Coronary Heart Disease**

Targets for reductions in deaths from CHD and CVD were set out in the 1999 white paper Towards a Healthier Scotland. This set a target of a 50% reduction in deaths for people aged under 75 in the 15 years between 1995 and 2010. The Coronary Heart Disease and Stroke Strategy Update 2004 reset the target to a 60% reduction.

Progress is being made nationally towards meeting this target and as the following two charts show Midlothian contributes to this trend.

**Coronary heart disease age standardised rates for Midlothian 2000 - 2009**

![Coronary heart disease age standardised rates for Midlothian 2000 - 2009](image)

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**Physical Activity**

Inactive people are nearly twice as likely to develop coronary heart disease as people who are physically active, and 37% of all deaths related to coronary heart disease can be related to physical inactivity.

Keeping active helps to reduce the risk of range of diseases:
- Cardiovascular disease, which is one of the main causes of death in the UK
- Developing some cancers (colon and breast)
- Stroke
- Type II Diabetes
- Developing high blood pressure
- Lowers the risk of developing osteoporosis

**Key findings from the 2008 Scottish Health Survey:**
- Only 39% of adults (aged 16+) met the recommendations in 2008 (46% of men and 35% of women).
- Overall, 64% of children (aged 2–15) met the recommendations in 2008 (72% of boys and 56% of girls).

**Physical Activity & Health Inequalities**

The proportion of sedentary adults in the lowest socio-economic groups is double that among those from the highest socio-economic groups. Those living in 15% most deprived less likely to have met the recommendations, and the difference is particularly marked for men (47 vs 35%) (Women 34 vs 28%).

**Examples of work to promote physical activity in Midlothian**

The Midlothian Health & Physical Activity Alliance was formed in 2006 and meets regularly to share information and good practice. The main aim of the Alliance, which has representation from all relevant sections of the Council and NHS Lothian, is to improve health in Midlothian by increasing the number of physically active people. In 2008 the Alliance conducted a comprehensive audit of current
activity and based on this information started work on an action plan to improve physical activity opportunities in Midlothian.

The main focus of the work of the MLPAHA is ‘promoting and improving health and well being through physical activity’. The key elements of this are:

- Access, reducing inequality
- Activities appropriate for life stage groups
- Active travel
- Workplace health and well-being
- Partnership working
- Patient transition to physical activity

Implementation of this theme, and the objectives as set out in the National Strategy ‘Let’s Make Scotland More Active’, occurs through the following activities:

- Strategic co-ordination of physical activity across Midlothian, from early years to elderly and across all settings (home, schools, community, workplace, residential care)
- Identify gaps in provision across Midlothian, focusing on health inequalities and target groups (nationally these are people with a disability, BME community, teenage transitions (particularly girls) and women.

PAHA also consider local priorities for Midlothian, based on JHIP priority groups, which are:

- Deprivation: The 20% most deprived geographical communities within Midlothian, as defined by the Scottish Index of Multiple Deprivation, those residents who reside within Midlothian who are income deprived and those affected by social exclusion.
- Age-specific work: early years (aged 0 – 3), adolescents & older people.

- Further development and update of the action plan to address gaps in provision, identifying and capturing evaluation/KPIs and identifying funding opportunities where possible
- Workforce development and capacity building
- Research and evaluation
- Raising Awareness - promoting the correct physical activity message to the public and professionals.

**Early Years**
The output target for Midlothian is that all pre school centres will include physical activity in planning children’s experiences and there will be an increase in amount of time spent in physical play outdoors while at nursery in line with Curriculum for Excellence.

**Children**
The aim in Midlothian is to focus on those children who are sedentary or less active, providing a range of opportunities both in school and through extra curricular activity, commuting to school and supporting the development and implementation of H3 Child Healthy Weight.

**Adults**

**Ageing Well**
Ageing well provides physical activity and healthy living initiatives for older people. It utilises health promotion approaches to address health inequalities for this life stage. The approach includes community engagement and the recruitment of volunteers and their training to lead many activities.

It provides broad range of physical activity and health living opportunities for older people:

- Increased number of walks in areas of deprivation
- Improved the health walks to accommodate slower walkers.
- Developed health walking maps and DVD of project activities
- Provided intergenerational jogging groups
- Provided healthy living session to outreach groups of older people
- Provide activities that included seated exercise, dance, Pilates and Tai Chi

It aims to address inequalities by

- Including people with learning disabilities and physical disabilities
- Developing activity targeting vulnerable groups including those who are isolated
It will continue to be funded in 2011 has just completed a new action plan with a rapid impact assessment.

**Midlothian Active Choices**

Midlothian Active Choices began as a physical activity referral service for adults in Midlothian who are currently sedentary and suffering from mild/moderate mental health conditions (anxiety and or depression) and/or weight management problems (BMI > 30).

The first clients were referred to the scheme in October 2009 and the cumulative referrals at 16 July 2010, were 311. All but one of the 12 GP practices in Midlothian has referred to the scheme. Around 33% of clients referred suffer from obesity, 34% suffer mental health problems and 33% have both obesity and mental health problems. Three quarters (75%) of patients attending the scheme were on some form of medication, with 45% on anti depressants. 71% of clients referred were female and the age range, both male and female, being 18 to 80 plus.

Only 7% of patients referred did not engage, with some of those deferring starting the scheme for personal reasons. 89% of clients seen for initial interview were still active at their 6 and 12 week review and engaged in a variety of activities including gym circuit, fitness classes, walking, aqua aerobics / therapy, mature movers, healthy hearts and seated exercise.

Of clients seen up to the end of January 2010 (n89) 88% were still active at 9 months. This is a particularly high retention rate when compared with national retention rates for similar schemes ranging from 18-70% for example, Glasgow Live Active (31%) and Sunderland HELP (65%)

The final MAC evaluation demonstrated it had been a successful and popular programme. It clearly demonstrated that the ‘lifestyle coaching approach’ increased participation in physical activity and is more successful than traditional ‘exercise on prescription’ approaches. The scheme will now be promoted to other vulnerable groups namely sufferers of COPD and heart failure and again to limit entry to the scheme to those referred by healthcare professionals. The key to the continuing success of MAC is the co-existence in community settings, and true partnership working between health and local authority.

The team won a national accolade for the results achieved in the first year. The award was presented by the Association for Public Sector Excellence and it recognised both the clinical outcomes for the patients and the exceptional partnership working between Health & Local Authority.
Healthy Eating
As a result of funded pilot projects throughout 2010 the following outcomes have been demonstrated:

- 90 children in 2 schools eating a regular healthy breakfast – this has been shown to also improve levels of lateness and behaviour in the classroom
- Improved access to fruit and vegetables in communities of need – 8 Nursery settings; 5 care in the community projects and in deprived and remote areas (Penicuik; Bilston; Easthouses; Mayfield and Pathhead).
- 141 adults and 111 children participating in Sure Start programmes aimed at improving knowledge, confidence and skills to make healthy food choices.
- 33 volunteers and a number of vulnerable groups participating in growing programmes e.g. early years, families, young people and participants with learning difficulties.
- Adults with learning and physical difficulties participating in food related social enterprise activities.

A review of progress towards the national 2005 dietary targets revealed that none had been met. The only target where the trend was in the right direction was ‘total fat as a source of energy’ which fell from around 40% to 38% (the target was no more than 35%). Meanwhile, there was no change in consumption of fruit and vegetables, saturated fatty acids, total complex carbohydrates, oil rich fish and breakfast cereals all of which were expected to show an increase. Of particular concern are trends in the wrong direction: an increase in non-milk extrinsic (NME) sugar intake and a decrease in consumption of potatoes and bread. Also, consumption of the foods targeted for increased consumption was found to be significantly lower in the most deprived groups of the population.

Midlothian healthy eating initiatives
The Midlothian Food and Health Alliance continues to implement the actions within its action plan and logic model for 2010 to 2013. The focus of action is based on the delivering the following outcomes in the longer term:

- More people in Midlothian growing, making and eating their own food
- Improved breastfeeding rates
- Improved knowledge to allow behaviour change
- Improved access to healthy food in population groups, public places and in low income areas.
- Provide opportunities to allow people to improve cooking skills.

Key outcomes for 2010 include:

- A scoping exercise outlining the benefits of community growing programmes on outcomes relating to uptake of physical activity, access to and uptake of a healthy diet and positive impacts on well-being, was undertaken by the Health Promotion Service between March and September 2010. This has led to increased understanding and commitment from Community Planning Partners to support community growing activities. There has subsequently been 2 successful funding applications for the development of growing programmes in Mayfield and Gorebridge and the setting up of a forum of community growing programmes in Midlothian aimed initially at sharing good practice and identifying local needs.

- An evaluation of the Food and Health HIF funded project (Midlothian Community Food Initiative) was undertaken by the Health Promotion Service. This has led to secured funding from 2011-2014 for this programme of work.

Additional activity to support the reduction in CHD mortality:
With the support of the HPS Healthy Working Lives Team based at Edenhall;

- Fourteen Midlothian workplaces address Healthy Working Lives (inc Midlothian Council with approx 4,500 staff).
- Fourteen workplaces have a policy on smoking and provide employees with access to smoking cessation support.
- Six workplaces have a statement of intent to promote healthy eating and physical activity.

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H2 – Childhood Dental Registrations

The H2 target was introduced 2008/09 and read as follows:
80% of all three to five year old children to be registered with an NHS dentist by 2010/11.

Percentage of 3-5 year old children registered with an NHS dentist

<table>
<thead>
<tr>
<th></th>
<th>East Lothian</th>
<th>Edinburgh</th>
<th>Midlothian</th>
<th>West Lothian</th>
<th>NHS Lothian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 2007</td>
<td>75.26%</td>
<td>80.56%</td>
<td>64.35%</td>
<td>74.23%</td>
<td>76.53%</td>
</tr>
<tr>
<td>Dec 2007</td>
<td>76.38%</td>
<td>86.34%</td>
<td>66.54%</td>
<td>81.09%</td>
<td>81.60%</td>
</tr>
<tr>
<td>Jun 2008</td>
<td>78.55%</td>
<td>91.78%</td>
<td>70.74%</td>
<td>86.08%</td>
<td>86.37%</td>
</tr>
<tr>
<td>Dec 2008</td>
<td>75.86%</td>
<td>96.49%</td>
<td>74.02%</td>
<td>88.07%</td>
<td>89.27%</td>
</tr>
<tr>
<td>Jun 2009</td>
<td>76.01%</td>
<td>101.60%</td>
<td>74.44%</td>
<td>90.54%</td>
<td>92.50%</td>
</tr>
<tr>
<td>Dec 2009</td>
<td>74.76%</td>
<td>106.31%</td>
<td>75.61%</td>
<td>92.16%</td>
<td>95.26%</td>
</tr>
<tr>
<td>Jun 2010</td>
<td>73.44%</td>
<td>106.48%</td>
<td>73.89%</td>
<td>89.34%</td>
<td>94.27%</td>
</tr>
</tbody>
</table>

Population: Mid-year population estimates, General Registrars Office Scotland (GROS)

Please note that extreme caution should be exercised in interpreting dental registration data for geographical areas other than those at national level, because the calculation of an accurate proportion of population registered in such geographical areas is complex.


Management Information and Dental Accounting System (MIDAS), ISD Scotland
areas will be possible only when patient postcodes are used as numerators. The data in these pages is based on the postcodes of dental practices.

The graph and table above illustrate that the improving trend in the number of 3-5 year olds registered with a dentist in Midlothian during 2007 – 2009 dipped slightly in June 2010. The figure is still short of the target (80% by June 2010). As the note linked to the table above indicates, dental registration figures cannot be accurately attributed to children in a certain area as they have been calculated using the post-code of the dental practice. Many parents and children are registered at dental practices in a neighbouring area. This may explain the Edinburgh figure of 106% children registered. Some of these children will reside in Midlothian.

According to the NHS Health Scotland Public Health Observatory CHP Profile 2010:

- The proportion of Midlothian children in primary 1 with no obvious dental decay experience is similar to the Scottish average. This is a good indicator of dental health and a useful proxy for general health and nurture.

- Midlothian rates for extraction of multiple teeth (age 0 – 15yrs) are higher than the Scottish average. (Hospital admissions (inpatients & day cases) for extraction of multiple teeth [2007–09])

Examples of local activity to support the HEAT Target:

- Since 2006 Childsmile in Midlothian has ensured that every three- and four-year-old child attending nursery (whether it is a local authority, voluntary or private nursery) is offered free, daily, supervised toothbrushing.

- Discussions underway with Dental Practices. It is envisaged that 20 dental nurses will provide oral health advice (e.g. on healthy weaning, diet, teething and toothbrushing instruction) and fluoride varnishing in local practices.

- There is a pilot underway in 2 local authority areas in Scotland that involves health visitors asking parents of babies at the 6 – 8 week assessment if they would like support to register with a Dentist. It is anticipated that this will increase the number of children registered with a dentist.

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10 NHS Health Scotland Public Health Observatory CHP Profile 2010:
(http://www.scotpho.org.uk/home/Comparativehealth/Profiles/2010CHPProfiles.asp - accessed on 14th Dec 2010)
**H3 – Child Healthy Weight**

The original HEAT target for Child Healthy Weight (H3) focused on weight management for overweight children, young people and their families. This approach has been revised across Lothian following concerns about stigma, harm and the logistical problems of recruiting a sufficient number of families. The revised target takes a more holistic approach of health improvement/prevention at a whole school level, with some additional support for families as required (e.g. support for physical activity, healthy eating, smoking cessation or weight management).

According to the NHS Health Scotland Public Health Observatory CHP Report published December 2010, at 10.6% the proportion of children in Midlothian CHP who are obese in primary 1 is one of the highest in Scotland and is significantly above the Scottish average of 8.0%.

The chart below shows that Midlothian is above the Scottish average for children in P1 who are overweight.

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**Example of activity within Midlothian**

The Family Healthy Living Project is based in Lawfield Primary School in an area of multiple deprivation. The focus of the work is to include children, their families and the local community in promoting healthy lifestyles that in turn can lead to children sustaining a healthy weight. A range of activities are taking place based on parent consultation. This has included a launch event with taster sessions, cooking bus, an increased number of opportunities to be physically active, opportunities for gardening and community cookery events.

With the support of the Healthy Working Lives Team based at Edenhall, fourteen workplaces promote healthy eating to their employees, many of whom are parents.

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12 [www.isdscotland.org/isd/servlet/FileBuffer?namedFile=P1_highBMI_Dec09pp.xls&pContentDispositionType=inline#Figure B3.1!A1 Accessed 6th May 2010](www.isdscotland.org/isd/servlet/FileBuffer?namedFile=P1_highBMI_Dec09pp.xls&pContentDispositionType=inline#Figure B3.1!A1 Accessed 6th May 2010)
H4 – Alcohol Brief Interventions

Alcohol screening and brief intervention forms one part of the Scottish Government’s overall approach to reducing alcohol-related harm. The target is to reduce Scotland’s alcohol consumption by the delivery of screening and alcohol brief interventions and is identified as HEAT target 4 in the Scottish Government policy document Changing Scotland’s Relationship with Alcohol: A Framework for Action 2008.

An alcohol brief intervention is described as ‘a short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm’.

The cumulative target number of alcohol brief interventions to be achieved by NHS Lothian over 3 years and by the end of March 2011 is 23,594 from practitioners in Primary Care, Antenatal and A&E settings. 10% of the target was to be achieved by the end of year 1, a further 40% by the end of year 2 and 50% in year 3.

By March 2010, NHS Lothian Health Promotion Service had delivered training to 1200 practitioners and a total of 13,397 ABIs had been delivered across Lothian. The Health Promotion Service has therefore achieved (and superseded) the target for Year 2 and continues positively into year 3.

Work on alcohol and drug misuse in Midlothian is co-ordinated by Mid & East Lothian Drug & Alcohol partnership (MELDAP)

Outcomes - Year 1 (2008-2009)
Lothian NHS Health Promotion staff have worked closely in partnership with primary care staff providing training and support in the delivery of Alcohol Brief Interventions.

ABI Primary Care - year 1 (Oct 08 – Mar 09)
Percentage of total ABIs in each area. Number of ABIs in each area.

- 13 -
Follow up Primary Care - year 1 (Oct 08 – Mar 09)

Percentage of total follow-up ABIs in each area.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of follow-up ABIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Edin</td>
<td>160</td>
</tr>
<tr>
<td>SW Edin</td>
<td>29</td>
</tr>
<tr>
<td>NE Edin</td>
<td>67</td>
</tr>
<tr>
<td>NW Edin</td>
<td>146</td>
</tr>
<tr>
<td>SC Edin</td>
<td>96</td>
</tr>
<tr>
<td>Midlothian</td>
<td>61</td>
</tr>
<tr>
<td>East Lothian</td>
<td>165</td>
</tr>
<tr>
<td>West Lothian</td>
<td>190</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>914</strong></td>
</tr>
</tbody>
</table>

Outcomes Year 2 (2009-2010)

Health Promotion staff continued to build further capacity into existing primary care training programmes whilst designing and developing setting appropriate ABI training for maternity staff.

ABI Primary Care - year 2 (April 09 – Mar 10)

Percentage of total ABIs in each area.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of ABIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Edin</td>
<td>898</td>
</tr>
<tr>
<td>SW Edin</td>
<td>506</td>
</tr>
<tr>
<td>NE Edin</td>
<td>1499</td>
</tr>
<tr>
<td>NW Edin</td>
<td>823</td>
</tr>
<tr>
<td>SC Edin</td>
<td>698</td>
</tr>
<tr>
<td>Midlothian</td>
<td>977</td>
</tr>
<tr>
<td>East Lothian</td>
<td>539</td>
</tr>
<tr>
<td>West Lothian</td>
<td>1235</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7175</strong></td>
</tr>
</tbody>
</table>
Follow up Primary Care - year 2 (April 09 – Mar 10)

Percentage of total follow-up ABIs in each area.  Number of ABIs in each area.

- SE Edin - 251
- SW Edin - 267
- NE Edin - 758
- NW Edin - 190
- SC Edin - 281
- Midlothian - 332
- East Lothian - 232

Total - 2955

Workforce Development/Staff and Settings

During year 1 and year 2 over 1,000 Primary Care staff were trained. This included GPs (530), Practice Nurses (182), District Nurses (16), Health Visitors (31) and others (251).

Staff from Keep Well (17), maternity services (119), and other services (183) were also trained.

Examples of activity within Midlothian

Appendix 3 contains information from Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP). It explains that MELDAP aims to co-ordinate the design and delivery of alcohol and drug services across East Lothian and Midlothian and to ensure that these services are needs led, based on evidence of what makes a difference and are delivered in an effective, efficient way. The MELDAP Drug and Alcohol Strategy 2010-13 outlines the following priorities:

**MELDAP Priority 1: We will enable more people living in East Lothian and Midlothian to adopt a more responsible approach to alcohol by:**
- Promoting the safe and sensible use of alcohol
- Working with the licensing forum, GP’s and Pharmacists
- Supporting individuals make a positive contribution to their community
- Helping in changing the culture of how we drink and how much we drink
- Supporting the delivery of Brief Interventions to people at risk of developing alcohol problems

**MELDAP Priority 2: We will enable people with drug and alcohol problems to recover from them and live healthy crime free lives by:**
- Providing flexible and accessible services across a continuum of need including for people with mental health, learning and/or physical disability issues.
- Adopting a person centred approach for service users, their families and carers
- Providing services that are sensitive to age, sexuality, gender, ethnicity, religious belief and disability
- Supporting service users to take control of their lives
- Providing information & support to service users about the options available for them
Providing fast access to services at the point of need
Promoting the importance of education, training and employment
Working with colleagues to impact positively, the effects of homelessness on individuals, children and families

**MELDAP Priority 3: We will reduce the harm to children and young people affected by parental substance misuse by:**

- Effective prevention and early intervention
- Improving the identification, assessment, recording and planning for children at risk
- Building the capacity, availability and quality of support services for children and families affected by parental substance misuse
- Strengthening the consistency and effectiveness on the management of children known to be at risk
- Supporting communities to report concerns about children
- Building parenting skills and family capacity to support children

**MELDAP Priority 4: We will reduce the harm related to young people’s drug and alcohol use by:**

- Supporting communities that promote the positive development of young people
- Delivering integrated services which meet the needs of young people
- Providing effective inter agency substance misuse education for children and young people
- Providing targeted support to young people most at risk because of their substance use
- Ensuring services are designed around the needs of young people

The above are carried out by teams/services from the following:

- Health
- Social Work
- Education
- Police
- Voluntary Sector (including MYPAS and others)

With the support of the Healthy Working Lives Team based at Edenhall six Midlothian workplaces (inc MLC with approx 4,500 staff) have a workplace policy on alcohol and drugs that includes education about sensible drinking, and counselling support.
Choose Life Midlothian

The target to reduce the suicide rate by 20% is supported by local activity co-ordinated by Choose Life Midlothian (MLEL) and the delivery of a Lothian-wide training programme to 50% of key front line staff in mental health, substance misuse services, primary care and A&E. The training programme focuses on suicide risk assessment and suicide prevention.

Lothian’s Joint Mental Health and Wellbeing Strategic Programme has led on the development of the Lothian Suicide Awareness Raising and Education Programme, a tailored, tiered programme to address Commitment 7 of Delivering for Mental Health and HEAT 5. The programme has drawn on a number of the courses introduced as part of Choose Life including Mental Health First Aid, STORM, SafeTALK and ASSIST. The programme commenced in August 2009.

The initial training, started in 2006, was delivered on a multi-agency basis by Choose Life Coordinators. Since July 2009 attendance records from all training is forwarded to staff at the Mental Health and Wellbeing Strategic Programme to allow monitoring of attendance as required to measure

---

progress against H5. Since August 2009 NHS Lothian’s Empower training database has been used to collate training records. Monthly progress reports are produced and circulated to managers detailing progress against the number and percentage of staff trained.

Figures currently suggest that between September 2008 and May 2010 the following had undertaken training:

### Midlothian specific

<table>
<thead>
<tr>
<th>Service/Division</th>
<th>Total number of staff in service/division</th>
<th>Total number of staff trained to date (31 May 10)</th>
<th>Staff trained to date by %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midlothian Community Nursing</td>
<td>43</td>
<td>24</td>
<td>55.8</td>
</tr>
<tr>
<td>AHPS - Midlothian Older People MH OT</td>
<td>11</td>
<td>11</td>
<td>100</td>
</tr>
<tr>
<td>Midlothian Adult Psychology</td>
<td>Info not supplied</td>
<td>8</td>
<td>Not known</td>
</tr>
<tr>
<td>Consultant Psychiatrists (Midlothian)</td>
<td>Info not supplied</td>
<td>3</td>
<td>Not known</td>
</tr>
<tr>
<td>Midlothian - Adults CMHT, Elderly CMHT &amp; Elderly Inpatient</td>
<td>138</td>
<td>72</td>
<td>52.2</td>
</tr>
<tr>
<td></td>
<td>&gt;192</td>
<td>118</td>
<td></td>
</tr>
</tbody>
</table>

### East and Midlothian Services

(For the purpose of this report the Midlothian staff are not identifiable.)

<table>
<thead>
<tr>
<th>Service/Division</th>
<th>Total number of staff in service/division</th>
<th>Total number of staff trained to date (31 May 10)</th>
<th>Staff trained to date by %</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and Midlothian CHP – Physiotherapy in Learning</td>
<td>8</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>Other specialist services will include staff working in Midlothian</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Service Hosted by East and Midlothian CHP

(a proportion of staff will work in Midlothian)

<table>
<thead>
<tr>
<th>Service/Division</th>
<th>Total number of staff in service/division</th>
<th>Total number of staff trained to date (31 May 10)</th>
<th>Staff trained to date by %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Misuse</td>
<td>70</td>
<td>38</td>
<td>54.3</td>
</tr>
</tbody>
</table>

Details of forthcoming training programmes are disseminated to key staff groups on a regular basis. Some services are also introducing training for staff teams in order to ensure that a high proportion of staff can benefit.

The national suicide reduction target is reported on annually by ISD and is currently on a trajectory to meet the target set. However the issue of small numbers make this a difficult target to meet locally. Very small changes in very small numbers make for very large percentage swings on a year to year basis. This can be evened out statistically by bundling 4 years of figures together as has been done in the chart below.  

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Example of activities within Midlothian additional to training listed above:

The Midlothian Healthy Reading Scheme was launched in May 2009. The aims were to

- To improve the mental health and wellbeing of adults with mild to moderate mental health problems in Midlothian.
- To increase mental health literacy amongst the general public and those affected by mental health difficulties including families, friends and carers.
- To increase access to a range of psychological interventions for adults with mild-moderate mental health problems in Midlothian.
- To offer alternatives to the prescribing of psychotropic medication within primary care for those with mild to moderate mental health problems.
- To promote the uptake of library services as a source of information that will promote wellbeing.

Self help is recommended as a treatment option in the early stages of mild to moderate mental health problems in the NICE guidelines (9,22,23). The Healthy Reading Scheme supported the National Mental Health Delivery Plan HEAT targets (2008/09 & 2009/10) to reduce the annual rate of increase in defined daily doses per capita of antidepressants to zero by 2009/10. The implementation of Healthy Reading Schemes was recommended in the Lothian Psychological Interventions Network (LPIN) model for Stepped Care and was a priority for action for Midlothian Wellbeing Interventions Network (MWIN). The first year of the scheme is currently being evaluated.

Health Promotion, through the Midlothian Choose Life Steering Group, has been delivering suicide prevention training to public and voluntary sector staff since 2006.

With the support of the Healthy Working Lives Team based at Edenhall, six Midlothian workplaces raise awareness about mental health and well-being issues, including stress in the workplace, with staff and managers. These workplaces also support staff attendance by identifying why staff may have difficulty attending and offering support to staff returning to work.
H6 – Smoking - Adult Smokers (16+)

1. Adults

The Scottish Government has set a target for smoking that Boards support 8% of their smoking population in successfully quitting (at one month post quit) over the period 2008/9 – 2010/11. Midlothian has an estimated smoking population of 15,038 which requires 1,203 successful outcomes be delivered to meet their proportional share of NHS Lothian’s target.

The latest data available, from the beginning of the target period (April 2008 to Aug 2010), shows Midlothian have delivered a total of 1,013 successful outcomes. This represents 6.7% of their smoking population, leaving the remaining 1.3% to be delivered in the last 7 months of the target period.

| Midlothian (ML) estimated smoking population | 15,038 |
| Successful outcomes (SO) required to meet 8% | 1,203 |
| Monthly average SO required to meet 8% | 33 |
| Total SO delivered in ML April 08– August 10 | 1,013 |
| Monthly average SO delivered in ML | 35 |
| ML SO delivered by stop smoking service | 665 |
| ML SO delivered by Community Pharmacy & others | 348 |

Data extracted form NHS Smoking Cessation System on 25th Nov 2010

If current activity is maintained ML will exceed 8% of their smoking population successfully quitting (at one month post quit) over the target period.

Examples of activity (with adults) within Midlothian

In March 2008, the Scottish Executive notified NHS Boards of additional funding for smoking prevention services. This funding is related to achieving the above targets. Across Lothian it has been agreed that:

- there would be locally based posts creating a resource to help drive forward the implementation of the action plan in each area
- the posts would forge strong links with and between local agencies
- the post holders would accumulate greater in-depth knowledge about issues relating to young people’s smoking in their local areas which in turn will be valuable in achieving successful outcomes
- a local focus would create a greater sense of ownership for the work in each area thereby contribute to the sustainability of the work longer term through smoking prevention being embedded into the work of local agencies

This Midlothian post was filled late in 2009.

With the support of the Healthy Working Lives Team based at Edenhall, fourteen workplaces have a policy on smoking and provide employees with access to smoking cessation support.

2. Smoking (& Drugs & Alcohol) - Young People

As well as supporting adult smokers to stop, it is important that young people do not start smoking. The following section describes some national and local activity related to young people.

National Targets

In May 2008 the Scottish Government launched a national Smoking Prevention Action Plan, which aims to reduce the prevalence of young people who smoke. The plan contains 27 specific measures which fall into 4 main categories:

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- Educate and promote healthy lifestyles: making clear to children and young people the risks associated with smoking
- Reduce the attractiveness of cigarettes: countering positive images of cigarettes in the media and at points of sale and reducing the opportunities for children and young people to be exposed to smoking
- Reduce the availability of cigarettes: enforcing the law vigorously to avoid cigarette sales to minors and prevent access to smuggled/counterfeit cigarettes
- Reduce the affordability of cigarettes: ensuring cigarette prices are sufficiently high to discourage children and young people from smoking

Targets have been set to reduce the prevalence of regular smoking in 3 age groups:
- 13 year old girls from 5% in 2006 to 3% in 2014
- 13 year old boys from 5% in 2006 to 2% in 2014
- 15 year old girls from 18% in 2006 to 14% in 2014
- 15 year old boys from 12% in 2006 to 9% in 2014
- 16 to 24 year olds from 26.5% in 2006 to 22.9% in 2012

Smoking and deprivation (young people)
According to the ScotPHO Report ‘Young Adult Smokers in Scotland’ (December 2009) smoking prevalence among young people showed increasing inequality by deprivation quintile between 1999–2002 and 2003–06. Smoking rates among young people in the most deprived quintile of Scotland remained unchanged, although there was a significant reduction from 21% to 16% in the least deprived quintile.

Estimated young smokers (aged 16–24) in Scotland, by deprivation decile, 2006

Smoking prevalence among young people from specific groups that are not likely to have been represented by the Scottish Household Survey are available in ScotPHO. ‘Young Adult Smokers in Scotland’ (revised edition December 2009).

Smoking prevalence (%) among young people in Scotland, by deprivation quintile, 1999–2002 and 2003–06 (with 95% confidence intervals)19

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young homeless</td>
<td>84%</td>
<td>79%</td>
<td>75%</td>
<td>77%</td>
<td>78%</td>
<td>77%</td>
<td>76%</td>
<td>73%</td>
</tr>
<tr>
<td>Young offenders</td>
<td>67%</td>
<td>63%</td>
<td>64%</td>
<td>63%</td>
<td>62%</td>
<td>63%</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>Care leavers</td>
<td>42%</td>
<td>41%</td>
<td>40%</td>
<td>40%</td>
<td>39%</td>
<td>40%</td>
<td>40%</td>
<td>39%</td>
</tr>
<tr>
<td>Gypsies/travellers</td>
<td>41%</td>
<td>41%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>HM Forces</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Students living away from home</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Midlothian figures regarding smoking and young people
SALSUS - the Scottish Schools Adolescent Lifestyle and Substance Use Survey (2006) was last published with local data in May 200720 and provided some positive signs of a self-reported downward trend among young people in their use of alcohol, tobacco and drugs.

For example in Midlothian the headline figures showed significant reductions in the use of tobacco, alcohol and drugs for both 13 and 15 year olds.

However, there still remains significant numbers of young people who are regular smokers with girls in Midlothian being significantly more likely to be regular smokers than boys. (19% of girls and 10% of boys were regular smokers). Girls and boys at both 13 and 15 smoke more than the Scottish average.

<table>
<thead>
<tr>
<th>Midlothian smoking prevalence (regular smokers) - SALSUS 2006</th>
<th>2002</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>13yr olds</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>15yr olds</td>
<td>25%</td>
<td>19%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Midlothian alcohol prevalence (have had a drink) - SALSUS 2006</th>
<th>2002</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>13yr olds</td>
<td>74%</td>
<td>71%</td>
</tr>
<tr>
<td>15yr olds</td>
<td>91%</td>
<td>89%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Midlothian drug prevalence (offered drugs) - SALSUS 2006</th>
<th>2002</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>13yr olds</td>
<td>46%</td>
<td>31%</td>
</tr>
<tr>
<td>15yr olds</td>
<td>71%</td>
<td>54%</td>
</tr>
</tbody>
</table>

This trend appears to be consistent across Lothian and indeed Scotland as a whole.

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Examples of activity (with young people) in Midlothian

Midlothian young people also benefited from the following during 2009/10:

- smoking prevention and young people training (5 staff from local organisations trained; planning to deliver training to other local agencies being progressed,
- an increase in access to smoking prevention resources for staff and volunteers to use in work with young people (15 lending points within local public libraries and high school libraries have been established),
- support to six youth agencies to either review, develop or improve implementation of tobacco/smoking policies:
- specialist input about how smoking prevention can be integrated across the curriculum, including through Curriculum for Excellence
- planning is underway to involve young people in designing and delivering smoking prevention activities

A planning group comprising representatives from local agencies has been established to advise on the implementation of a Smoke Free Homes initiative in Midlothian (the initiative will commence August 2010).

3. Smoking in Pregnancy

There is a national target to reduce the proportion of pregnant women smoking to 23% by 2005 and 20% by 2010. The most recent national statistics from ISD Scotland are displayed below. Across Lothian an estimated 14% of pregnant smokers attempted to quit using NHS cessation services. The community health profile (2008) for Midlothian records that Midlothian is the 4th best performing CHP for smoking rates in pregnancy.

The figures in percentages for Lothian according to ISD are as follows:

Smoking at Booking – Lothian NHS Board Area (ISD Scotland)

<table>
<thead>
<tr>
<th>Year</th>
<th>Current smoker</th>
<th>Not known</th>
<th>Former smoker</th>
<th>Never smoked</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>13</td>
<td>1.6</td>
<td>3.6</td>
<td>81.7</td>
</tr>
<tr>
<td>2007</td>
<td>18.1</td>
<td>3.1</td>
<td>6.8</td>
<td>72.1</td>
</tr>
<tr>
<td>2008</td>
<td>14.8</td>
<td>4.6</td>
<td>6.3</td>
<td>74.4</td>
</tr>
</tbody>
</table>


22 ISD Scotland (www.isdscotland.org Accessed 20 May 2010)

H7 – Breastfeeding

Breast feeding rates for Midlothian are good but are very variable across the county.

Breastfeeding at 6-8 week review in Midlothian

Breastfeeding at first visit in Midlothian

Breastfeeding in Scotland by age and deprivation quintile

Examples of activity in Midlothian

Through Health Improvement Funds an Infant Feeding Advisor has been recruited to cover East and Midlothian CHPs to promote evidence based practice in relation to infant feeding practice and to increase and sustain breast feeding rates and reduce health inequalities across East Lothian & Midlothian by:

- Providing educational programmes in relation to infant feeding for staff from both the statutory and voluntary sector throughout East Lothian & Midlothian
- Promoting, developing, supporting and delivering a programme of breast feeding activities that addresses health inequalities and complies with local and national priorities
- To work in collaboration with local health professionals to improve peer and professional support and develop services which support breastfeeding
- To achieve HEAT Targets for Breast Feeding
- To report to NHS Lothian/Mid/East Lothian re targets/progress
- Facilitate community and interagency action to improve accessibility to the above services taking into account rurality of area.

Data Source: HIU (NHS Lothian)

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26 Health Improvement Unit (NHS Lothian)
H9 – Child Fluoride Varnish Applications

The HEAT Targets for 2010/11 include:

At least 60% of 3 and 4 year old children in each Scottish Index of Multiple Deprivation (SIMD) quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014.

According to the Scottish Government web-site\(^{27}\):
Fluoride varnishing aims to increase the number of children who are decay free at age 5 years, particularly addressing inequalities. Dental decay is almost totally preventable but is the single most common reason to admit children to hospital in Scotland and accounts for significant pain and discomfort to the child and causes absence from school.

According to the NHS Health Scotland Public Health Observatory CHP Profile 2010\(^{28}\):

- The proportion of children in primary 1 with no obvious dental decay experience is similar to the Scottish average. This is a good indicator of dental health and a useful proxy for general health and nurture.
- Rates for extraction of multiple teeth (age 0 – 15yrs) are higher than the Scottish average. (Hospital admissions (inpatients & day cases) for extraction of multiple teeth [2007–09])

Examples of local activity to support the HEAT Target:

- Since 2006 Childsmile in Midlothian has ensured that every three- and four-year-old child attending nursery (whether it is a local authority, voluntary or private nursery) is offered free, daily, supervised toothbrushing.
- At present 20% of Lothian Nursery/Schools are involved in fluoride varnish programme of which 6 of these are in Midlothian. Parents must provide consent for children. (The nurseries selected are those that include the most disadvantaged children according to SIMD data.)
- Childsmile also supports the primary schools linked to the nurseries mentioned above to offer free, daily, supervised toothbrushing to pupils in primary 1 and 2.
- In order to meet the target as detailed above it will be necessary for general dental practices to also offer fluoride varnishing.

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\(^{27}\) \url{http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance/Dentalregistrations. Accessed 9 June 2010}

\(^{28}\) \url{http://www.scotpho.org.uk/home/Comparativehealth/Profiles/2010CHPProfiles.asp} - accessed on 14\(^{th}\) Dec 2010
Violence Against Women

East and Midlothian Violence Against Women Partnership
(‘END IT: working together to end violence against women’)

During Jul, Aug, Sept 2010 there were 252 incidents of domestic abuse that the police were called to of which 142 involved repeat victims. This is a rise on the figures for the same quarter in 2009, 218 and 127 respectively. (See chart below produced by L&B Police Analyst. Note that the final two months on x axis should read Jan 11 Feb 11.)

The East and Midlothian Lothian Violence Against Women Partnership was launched on the 2nd September 2010. This was a well attended event with inputs from Chief Executives Kenneth Lawrie (Midlothian Council) & Alan Blackie (East Lothian Council) and the support of Superintendent Jacqueline Conway (Lothian Borders Police) & Gerry Power, the CHP’s General Manager.

Key messages from the event were:

- 36 incidences of domestic violence reported each week to LBP across East & Midlothian with children present in 50% of cases.

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29 table from LBP Police Analyst (E Division) Nov 2010
The vast number of agencies a woman will be required to contact when fleeing a violent partner, doubled where children are involved. Often a woman will speak to several individuals, in any one agency, on repeated occasions to enable her to find support and meet basic needs such as somewhere to live, schooling, healthcare etc.

The requirement for agencies to work together closely to ensure that women are appropriately supported and empowered.

Prevention requires cultural change and must involve challenging attitudes and behaviours. This view is supported by Midlothian and East Lothian Councils who are supporting the White Ribbon Campaign which campaigns for men to pledge to condemn violence against women and take action to tackle it.

The inaugural meeting of the East & Mid VAW Partnership, chaired by Monica Patterson (ELC), followed the launch. Membership includes statutory and voluntary sector organisations from across Midlothian and East Lothian. The Partnership’s action plan is based on the 4Ps: Prevention, Protection, Provision and Participation.

Proposed and current activity to tackle VAW

The strategic partnership is currently negotiating priorities for the Action Plan however the Strategic Objectives were approved at the inaugural meeting (Appendix B).

- There are various efforts to build capacity of local professionals and volunteers within Midlothian. The pool of approved VAW trainers within East and Midlothian has increased in the last month to nine. The following training is scheduled.
  - Domestic Abuse; Awareness & Understanding (Level 1)
    Five full day training events (for up to 16 participants) planned between October 2010 and March 2011.
  - Level 2 Training
    Level 2 training builds on the learning gained in Level 1 domestic abuse sessions. It is designed to promote best practice in service provision.

- Engagement with Equally Well, Midlothian to explore joint work opportunities.

- The implementation of Routine Enquiry of abuse within priority settings is a key component of CEL 41 (2008). Routine Enquiry involves asking people presenting to a service direct questions in relation to abuse. Training is being rolled out across Lothian in key settings. Some midwifery and substance misuse staff working in East and Midlothian have already undertaken training.

- Joint work with the police to explore further opportunities for remote reporting of VAW incidents.

- Multi-agency approach to White Ribbon Campaign.

There is an acknowledgement by the Partnership that funding will be limited and at present the funding of some existing projects is uncertain after April 2011. (This is particularly pertinent to work funded directly from the Scottish Government dedicated VAW funding stream). Funding is therefore an important consideration for the Partnership.
Readiness to Learn

Readiness for learning can be conceptualised in a number of ways but the following five domains of development may be the most straightforward:

1. Physical health & well being
2. Social competence
3. Emotional maturity
4. Language and cognitive development
5. Communication skills and general knowledge

Readiness to learn is not focused on schools or nurseries but the communities that schools are part of.

Educational outcomes have a very similar gradient of inequality as health outcomes.

- "While individuals may defy this trend, no school in a deprived area is able to record a similar level of success to that achieved by almost all schools in the most affluent areas."\(^{30}\)
- "...but the gaps between them (schools) are far less important than differences between students. In Scotland, who you are is far more important than what school you attend."\(^{31}\)

The above quotes from the Scottish literacy commission and an OECD report on Scottish education suggest that what happens within the environment of a child before and during school are key to how much the average child will benefit from education provision in Scotland. The link between literacy and health outcomes in later life is very well documented.

The following chart\(^{32}\) demonstrates that children from poorer socio-economic backgrounds are not reaching their full potential.

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### Inequalities in health up to 48 Months

<table>
<thead>
<tr>
<th></th>
<th>Deprived</th>
<th>Deprived</th>
<th>Relative Risk</th>
<th>Risk Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal smoking</td>
<td>8</td>
<td>41</td>
<td>5.1</td>
<td>33</td>
</tr>
<tr>
<td>Eating habits</td>
<td>-</td>
<td>-</td>
<td>1.5 – 2.9</td>
<td>10-26</td>
</tr>
<tr>
<td>Low physical activity</td>
<td>18</td>
<td>34</td>
<td>1.9</td>
<td>16</td>
</tr>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/bad health 1+ since birth</td>
<td>11</td>
<td>24</td>
<td>2.2</td>
<td>13</td>
</tr>
<tr>
<td>Behaviour to other children</td>
<td>10</td>
<td>24</td>
<td>2.3</td>
<td>14</td>
</tr>
<tr>
<td>Language development</td>
<td>12</td>
<td>26</td>
<td>2.2</td>
<td>14</td>
</tr>
<tr>
<td>Total difficulties (SDQ)</td>
<td>7</td>
<td>20</td>
<td>2.7</td>
<td>13</td>
</tr>
<tr>
<td>Conduct</td>
<td>23</td>
<td>41</td>
<td>1.8</td>
<td>18</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>13</td>
<td>27</td>
<td>2.1</td>
<td>14</td>
</tr>
</tbody>
</table>

The table above demonstrates significant difference in risk for indicators of future health problems in children from different socio economic backgrounds.

**Measuring readiness to learn**

Midlothian Council monitors performance at P1 using the ‘performance in primary school’ (PIPS) measure.

The following table relates to performance in P3, 4 and 5.

% of pupils in P3, 4, 6 & 7 meeting or exceeding age appropriate 5-14 levels in reading, writing and mathematics in Midlothian Council, its comparator authorities and nationally at end June 2002.

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33 Source: Bromley & Cunningham-Burley, 2010
Looked After Children in Midlothian

‘Looked after children can too often become needy, disenfranchised and alienated adults. It is widely accepted that they are more likely to: need mental health services; go to prison; be homeless; and, have their own children removed from them. The cost of wasted potential, of long-term support services including the cost of imprisonment, and of another generation of children in public care is almost beyond comprehension.’ (BAAF and TFN 2005).

In March 2010 there were 341 LAC&YP in Midlothian, the majority of whom were either still living at home or in kinship care (109 and 111 respectfully). Twenty-nine were in residential care and 92 were with foster carers.

It is evidenced that ‘each step up the educational ladder is associated with improvements in health, both mental and physical, employment, income, housing, family life, absence of addiction problems and lower involvement with the criminal justice system.’ (Jackson and Simon 2005)

In Midlothian, 25% of young people looked after at home, and 15% of those looked after away from home do not achieve any SCQF level 3 qualifications.

<table>
<thead>
<tr>
<th>Characteristics of children looked after by local authority, March 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local authority area</strong></td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>East Lothian</td>
</tr>
<tr>
<td>Edinburgh, City of</td>
</tr>
<tr>
<td>Midlothian</td>
</tr>
<tr>
<td>West Lothian</td>
</tr>
<tr>
<td>Scotland</td>
</tr>
</tbody>
</table>

Table excludes children who are on a planned series of short term placements. Figures are provisional and may be revised in 2009-10. ‘Minority Ethnic Group’ includes the ethnic groups Mixed Ethnicity, Black, Asian, and Other Ethnic Background.

The following figures are available from the Midlothian CHP profile published by NHS Health Scotland Public Health Observatory Division (ScotPHO) \(^{36}\)

**Children looked after by Local Authority**

Children looked after by local authority, aged 0–18, crude rate per 1,000 population [2009]:

- **Midlothian** 18.8
- **Scotland** 13.8

Number - Midlothian 353

**Child Protection Referrals**

Child protection referrals, aged 0–15, crude rate per 1,000 population [2009]:

- **Midlothian** 44.7
- **Scotland** 13.9

Number - Midlothian 685

**Educational Outcomes for LAC**

Average tariff score, S4 pupils [2008/09]:

- **Midlothian** 54.6
- **Scotland** 63

The educational attainment of Midlothian’s looked after young people

The percentage of looked after young people who achieved at least one SCQF level 3 or better (any subject) \(^{37}\)

[Graph showing percentage of looked after young people at home and away from home for 2007/08 and 2009/10]

The percentage of looked after young people who achieved at least SCQF level 3 or better (English & Maths) \(^{38}\)

---


The percentage of young people ceasing to be looked after at home, who achieved at least one SCQF level 3 or better (any subject)  

<table>
<thead>
<tr>
<th>Measure</th>
<th>(Audit Scotland PI)</th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Value</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>The percentage of young people ceasing to be looked after at home, who achieved at least one SCQF level 3 or better (any subject)</td>
<td>87.5%</td>
<td>76.5%</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>The percentage of young people ceasing to be looked after away from home, who achieved at least one SCQF level 3 or better (any subject)</td>
<td>90%</td>
<td>85.7%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>The percentage of young people ceasing to be looked after at home, who achieved at least SCQF level 3 or better (English &amp; Maths)</td>
<td>50%</td>
<td>35.3%</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>The percentage of young people ceasing to be looked after away from home, who achieved at least one SCQF level 3 or better in English and Maths</td>
<td>70%</td>
<td>71.4%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

Examples of local activity to improve outcomes for LAC&YP

The Looked After Children’s Health Team
The team provides the following:
- Health assessments and reviews (only for young people in residential care at present)
- Pathway health assessments for young people in transition
- Mental health assessments and interventions
- Health education and promotion, advice on immunisations and sexual health assessments
- Training for staff and carers
- Links with local medical advisor/s for adoption
- Support to children and young people placed out of area.

The (multi-agency) Co-ordinated Service for Children and Young People (CSCYP)
CSCYP works with Midlothian schools and families to provide educational support for children and young people aged 0–19 who experience barriers to learning and so have additional support needs, including LAC&YP. There are six teams of staff with specialist expertise.

Health and Social Care, Midlothian Council
Provides a range of services including children and families social work (including child protection) community care and criminal justice services. Specific or additional support is provided to LAC&YP and carers.

There are 55 foster carers at present and 2 residential units in Midlothian. Midfield in Poltonhall has 8 places and Ladybrae in Gorebridge has 4 places. The places are for young people aged between 12 and 18, who come from across Midlothian. Referrals are made by Midlothian’s Children and Families Team, the Family Placement Team and through the Children’s Hearing System. An “Outreach”

Service is also provided for children and their families within the community who are experiencing difficulties (capacity for 15 children).

**Throughcare and Aftercare Service**
The service supports the young person in transition from foster care, residential school or other residential setting to independence (at age 21 or 25 if in higher education).

**Education, Midlothian Council**
There is a dedicated Principal Teacher (PT LAC) in Midlothian who takes referrals for LAC&YP requiring one-to-one support either in the classroom, in their residential unit or at the Top Service. The main role of the PT LAC is to support young people to maintain mainstream education, or to re-enter mainstream classes following exclusion or non-attendance for other reasons, often social and emotional difficulties.

**Voluntary Sector Organisations**
Many voluntary organisations provide support to families, children and young people in an attempt to reduce the chances of children or young people becoming looked after.

**Health promoting units**
Following the successful mainstreaming of the health promoting schools programme in Lothian, the model has been adapted and developed for use in residential units. The HPS is currently working in partnership with Midfield and Ladybrae units.

**Health contacts card**
Developed in partnership with LAC Nursing Service, Throughcare & Aftercare Services and in consultation with young people, the card provides contact details for health services across Lothian as well as helpline numbers and web addresses for a range of national organisations. It has been distributed to residential units; children age 15 in foster care, Throughcare & Aftercare Services, health centres, school nurses and Midlothian Youth Platform.

**Targeted training for foster carers and other practitioners working with LAC**
The HPS has begun to develop various courses applicable to or designed specifically for, foster carers, residential workers, Throughcare workers and others involved with LAC. This includes Happy & Healthy Children and programmes around healthy eating. Other training needs identified include management of asthma, general infestation, coping with neo-natal abstinence syndrome, motivating young people, dealing with cannabis use and mental health issues, as well as health and wellbeing of staff.

SHARE (Sexual health and relationships education) is a well established course which has been adapted for use with practitioners working with vulnerable young people, including LAC. Participants have included staff from both residential units in Midlothian.

**Kinship care**
In the past the HPS has offered support to Grandparents Parenting Again in Midlothian including resource development and grant application support.

**Smoking prevention**
Those who work with LAC&YP are a target group for smoking prevention activity, as outlined in the Midlothian Smoking Prevention and Young People Action Plan (HPS lead agency).

**Mental health**
The Child & Adolescent Mental Health Service offers mental health training for foster carers and has two workers that provide consultancy to Midfield Children's Unit. A significant number of their patients are looked after.

**Equally Well: Support from the Start, Midlothian.**
The focus for work in Midlothian is on ‘readiness to learn’ because of the clear relationship between poor ‘readiness to learn’ outcomes in the early years and health and education outcomes. Current developments include an early intervention/preventative approach with colleagues in social work.
Health of LAC in Midlothian

It was not possible to obtain any figures regarding the health of LAC in Midlothian due to difficulties extracting local area data at the moment unless extracted manually.

There is a LAC Nursing Service for looked after and accommodated children.

A letter to the Chief Executives of all Scotland’s Health Boards (CEL 16(2009)) outlined some key tasks regarding the health of LAC. There is a Lothian wide working group taking this forward (a sub-group of the Vulnerable Children Group)

The Working Group is progressing work on the following:

- A proforma for health assessments for LAC
- pathways of care
- a mental health screening tool
- dataset on looked after children’s health
APPENDIX 1: LINK BETWEEN OUTCOMES OF HEAT, SOA AND COMMUNITY PLANNING TARGETS

<table>
<thead>
<tr>
<th>HEAT target</th>
<th>National Outcomes and related Indicators</th>
<th>Midlothian Community Plan Outcome and Indicators 2010-2013</th>
<th>Midlothian SOA Outcomes and indicators 2010 - 2013</th>
<th>Examples of Midlothian activity that will impact on target and outcomes (see descriptions below table)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Inequalities (H1)</td>
<td>National Outcome 6 We live longer, healthier lives National Outcome 7 We have tackled the significant inequalities in Scottish society</td>
<td>Reduce Inequality in Health Outcomes The % of children exclusively breastfed at 6-8 weeks. % Reduction in the number of adults who smoke. The rate of increase in the proportion of children with a Body Mass Index out with a healthy range. Reduce the use of anti-depressants. Increase the number of visits to leisure centres</td>
<td>(See some underpinning outcomes related to poverty etc.)</td>
<td>Breast Feeding activity Food and Health Alliance Midlothian Physical Activity Alliance Midlothian Active Choices. Lawfield Healthy Living Project Ageing Well Community Health Development Grants. Equally Well Statutory health and council services</td>
</tr>
<tr>
<td>Child health inequalities (H2)</td>
<td>National Outcome 5 Our children have the best start in life and are ready to succeed National Outcome 7 We have tackled the significant inequalities in Scottish society</td>
<td>Reduce Inequality in Health Outcomes The % of children exclusively breastfed at 6-8 weeks. % Reduction in the number of adults who smoke. The rate of increase in the proportion of children with a Body Mass Index out with a healthy range. Increase the number of visits to leisure centres</td>
<td>LO8: We have Enhanced maternal and infant health and nutrition HCD1b-05: The % of children exclusively breastfed at 6-8 weeks</td>
<td>Childsmile Breast Feeding activity Lawfield Healthy Living Project Sure Start Equally Well Statutory health and council services</td>
</tr>
<tr>
<td>Healthy Weight (H3)</td>
<td>National Outcome 5 Our children have the best start in life and are ready to succeed National Outcome 7 We have</td>
<td>We have happy, healthy and engaged communities The rate of increase in the proportion of children with a Body Mass Index out with a healthy range</td>
<td>LO2: Reduce Inequality in Health Outcomes IOM-11: The rate of increase in the proportion of children with a Body Mass Index out with a</td>
<td>Food and Health Alliance Lawfield Healthy Living Project</td>
</tr>
<tr>
<td>Programme by 2010/11 (revised in 2007)</td>
<td>Alcohol (H4) Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11 (revised in 2007)</td>
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<tr>
<td><strong>Indicator 14</strong> Reduce the rate of increase in the proportion of children with their Body Mass Index out with a healthy range by 2018</td>
<td><strong>National Outcome 6</strong> We live longer, healthier lives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reduce Inequality in Health Outcomes</strong> The % of children exclusively breastfed at 6-8 weeks. The rate of increase in the proportion of children with a Body Mass Index out with a healthy range. Increase the number of visits to leisure centres</td>
<td><strong>Indicator 18</strong> Reduce alcohol related hospital admissions by 2011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy range</td>
<td><strong>We have reduced the harm to young people caused by drug and alcohol misuse</strong> Increased number of 1:1 counselling sessions for young people with substance misuse problems</td>
<td></td>
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<tr>
<td></td>
<td><strong>Ensure the Local Delivery of National Policy Designed to Address Drug and Alcohol Misuse Including Children and Families Affected</strong> Nos. moving on into education, training, volunteering or employment as part of a recovery focussed model of delivery using among other services Progress 2 Work. The rate of increase in alcohol related hospital Admissions. % of RTT’s (Referral to Treatment) achieved within 8 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>We Will Work With Communities to Reduce Antisocial Behaviour and Promote Positive Social Development</strong> Reduce the number of alcohol related antisocial behaviour incidents involving young people. Reduce the percentage of residents who feel unsafe in Midlothian. Decrease the percentage of citizens panel respondents who have experienced discrimination. Increase the number of young people supported on a 1 to 1 basis.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>LO 10:</strong> We have reduced the harm to young people caused by drug and alcohol misuse <strong>HCD1b-10:</strong> Increased number of 1:1 counselling sessions for young people with substance misuse problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>LO15:</strong> Ensure the Local Delivery of National Policy Designed to Address Drug and Alcohol Misuse Including Children and Families Affected <strong>HCD1a-15:</strong> Nos. moving on into education, training or employment as part of a recovery focussed model of delivery using among other services Progress 2 Work.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>LO25:</strong> We Will Work With Communities to Reduce Antisocial Behaviour and Promote Positive Social Development <strong>CS-01:</strong> Reduce the number of alcohol related antisocial Behaviour incidents involving young people.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Mental health (H5)
Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key front line staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010 (H5) (revised in 2007)

<table>
<thead>
<tr>
<th>National Outcome 6</th>
<th>Enhance Services for all people affected by mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 15</td>
<td>Reduce suicide rates (rate per 100,000 population). Waiting times to psychological therapies for adults and over 65's. Percentage of carers who feel able to continue their role.</td>
</tr>
</tbody>
</table>

**Reduce Inequality in Health Outcomes**
Reduce the use of anti-depressants. Increase the number of visits to leisure centres

### Smoking (H6)
Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11 (revised in 2007)

<table>
<thead>
<tr>
<th>National Outcome 6</th>
<th>We have reduced the prevalence of smoking among women who are pregnant and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 17</td>
<td>Proportion of women who smoke during pregnancy</td>
</tr>
</tbody>
</table>

**Reduce Inequality in Health Outcomes**
% Reduction in the number of adults who smoke.

### Early years (H7)
Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11 (revised in 2007)

<table>
<thead>
<tr>
<th>National Outcome 5</th>
<th>We have enhanced maternal and infant health and nutrition. % of children exclusively breastfed at 6-8 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 16</td>
<td>We have improved the life chances for children, young people and families at risk</td>
</tr>
</tbody>
</table>

**We have improved readiness for Learning.**
Number of 'champions' engaged in the Equally Well test pilot
Number and uptake of

**LO8: We have Enhanced maternal and infant health and nutrition**
HCD1b-05: The % of children exclusively breastfed at 6-8 weeks

### Midlothian Active Choices
Healthy Reading Scheme
MYPAS (SLA)
Choose Life
Vol sector providers
Statutory health and council services

### Choose Life

### Vol sector providers

### Statutory health and council services

### Breast Feeding activity
<table>
<thead>
<tr>
<th><strong>Increase Healthy Life Expectancy (HLE) at birth in the most deprived areas</strong></th>
<th><strong>initiatives/events/programmes developed as part of the Equally Well test pilot</strong></th>
<th><strong>LO7: Parents and Carers across Midlothian have access to a consistent, best practice range of Parenting and Family Support approaches. Number of families benefitting from support /interventions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parents and Carers across Midlothian have access to a consistent, best practice range of Parenting and Family Support approaches.</strong></td>
<td><strong>Reduce Inequality in Health Outcomes The % of children exclusively breastfed at 6-8 weeks.</strong></td>
<td><strong>HCD1b-03: Number of families benefitting from support /interventions</strong></td>
</tr>
<tr>
<td><strong>Number of families benefitting from support /interventions</strong></td>
<td><strong>% Reduction in the number of adults who smoke.</strong></td>
<td><strong>LO2: Reduce Inequality in Health Outcomes IOM-11: The rate of increase in the proportion of children with a Body Mass Index out with a healthy range</strong></td>
</tr>
<tr>
<td><strong>The rate of increase in the proportion of children with a Body Mass Index out with a healthy range.</strong></td>
<td><strong>Reduce the use of anti-depressants. Increase the number of visits to leisure centres</strong></td>
<td><strong>Breast Feeding activity</strong></td>
</tr>
<tr>
<td><strong>Reduce the use of anti-depressants. Increase the number of visits to leisure centres</strong></td>
<td><strong>Reduce Inequality in Health Outcomes</strong></td>
<td><strong>Food and Health Alliance</strong></td>
</tr>
<tr>
<td><strong>National Outcome 6 We live longer, healthier lives</strong></td>
<td><strong>National Outcome 7 We have tackled the significant inequalities in Scottish society</strong></td>
<td><strong>Midlothian Physical Activity Alliance</strong></td>
</tr>
<tr>
<td><strong>Indicator 21 Reduce mortality from CHD among the under 75’s in deprived areas</strong></td>
<td><strong>LO8: We have Enhanced maternal and infant health and nutrition</strong></td>
<td><strong>Midlothian Active Choices</strong></td>
</tr>
<tr>
<td><strong>Health Inequalities [Revised] (H8) Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2009-10</strong></td>
<td><strong>Flouride Varnish Applications (H9) At least 60% of 3 and 4 year old children in</strong></td>
<td><strong>Lawfield healthy Living Project</strong></td>
</tr>
<tr>
<td><strong>National Outcome 5 Our children have the best start in life and are ready to succeed</strong></td>
<td><strong>National Outcome 7</strong></td>
<td><strong>Ageing Well</strong></td>
</tr>
<tr>
<td><strong>National Outcome 7</strong></td>
<td><strong>In future – Community Dental Practices</strong></td>
<td><strong>Community Health Development Grants.</strong></td>
</tr>
<tr>
<td><strong>Statutory health and council services</strong></td>
<td></td>
<td><strong>Childsmile</strong></td>
</tr>
<tr>
<td>each Scottish Index of Multiple Deprivation (SIMD) quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014.</td>
<td>We have tackled the significant inequalities in Scottish society</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>Indicator 11</strong></td>
<td>smoke. The rate of increase in the proportion of children with a Body Mass Index out with a healthy range. Increase the number of visits to leisure centres</td>
<td></td>
</tr>
<tr>
<td>60% of school children in Primary 1 will have no signs of dental disease by 2010</td>
<td>exclusively breastfed at 6-8 weeks</td>
<td></td>
</tr>
<tr>
<td>(See some underpinning outcomes related to poverty etc.)</td>
<td>Breast Feeding activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lawfield Healthy Living Project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sure Start</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equally Well</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statutory health and council services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAC</th>
<th>National Outcome 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Our young people are successful learners, confident individuals, effective contributors and responsible citizens</td>
</tr>
<tr>
<td></td>
<td>National Outcome 5</td>
</tr>
<tr>
<td></td>
<td>Our children have the best start in life and are ready to succeed</td>
</tr>
<tr>
<td></td>
<td>National Outcome 7</td>
</tr>
<tr>
<td></td>
<td>We have tackled the significant inequalities in Scottish society</td>
</tr>
<tr>
<td></td>
<td>National Outcome 8</td>
</tr>
<tr>
<td></td>
<td>We have improved the life chances for children, young people and families at risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Violence Against Women</th>
<th>National Outcome 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Our children have the best start in life and are ready to succeed</td>
</tr>
<tr>
<td></td>
<td>National Outcome 7</td>
</tr>
<tr>
<td></td>
<td>We have tackled the significant inequalities in Scottish society</td>
</tr>
<tr>
<td></td>
<td>National Outcome 8</td>
</tr>
</tbody>
</table>

| | We Will Work with Communities to Reduce Offending |
| | Reduce the number of incidents of repeat domestic Violence. |
| | Reduce the number of recorded crimes. |
| | Maintain the percentage of crimes cleared up. |
| | Reduce the number of recorded violent crimes. |

| | LO28: We Will Work With Communities to Reduce Offending |
| | CS-04: Reduce the number of incidents of repeat domestic violence = equality impact (gender) |
| | CS-05: Reduce the number of recorded crimes |

| | END IT, East and Midlothian Violence Against Women Partnership. |
| | VAW Strategy and action plan. |
| | Refuge service – Midlothian Women’s Aid (MWA) |
| | Support to women – MWA, Police |

<p>| | Health Promoting Residential Unit initiative |
| | Statutory health and council services |
| | Looked After Nursing Service |</p>
<table>
<thead>
<tr>
<th>National Outcome 9</th>
<th>Maintain the percentage of violent crime cleared up.</th>
<th>Advocacy Worker, Couple Counselling, Edin Women’s Rape and Sexual Abuse Service, Support to children – MWA  Work to increase conviction rate – LBP, women’s support services (above)  Statutory health and council services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Community Capacity</td>
<td>Reduce Relative Poverty Levels in Midlothian  Number of poverty indicators for which Scotland - Midlothian gap is maintained or improved. Reduce the % of working age population on nonwork benefits. The gap median earnings between Midlothian and Scotland (2008 Gap £62.80). Continue to outperform the JSA claimant count (as % of working age population). Reduce the Scotland - Midlothian gap in the level of take up amongst older people of eligible benefits.</td>
<td>LOS: Increase Community Capacity  IOM-05: Level of Representation of community groups across CPP at all levels  LO1: Reduce Relative Poverty Levels in Midlothian  IOM-01: Number of poverty indicators for which Scotland - Midlothian gap is maintained or improved</td>
</tr>
<tr>
<td>Underpinning outcomes</td>
<td>LO5: Increase Community Capacity  IOM-05: Level of Representation of community groups across CPP at all levels  LO1: Reduce Relative Poverty Levels in Midlothian  IOM-01: Number of poverty indicators for which Scotland - Midlothian gap is maintained or improved</td>
<td>Capacity Building work (HPS, MLC, MVA and other)  Health Bites (health inequality seminars)  Statutory health and council services</td>
</tr>
</tbody>
</table>
APPENDIX 2
Priority areas for targeted action on health improvement and to reduce health inequalities in Midlothian.

- Alcohol
- Domestic abuse
- Food & Nutrition
- Mental Health & Wellbeing
- Physical Activity
- Tobacco Issues

DEPRIVATION & AGE SPECIFIC GROUPS
- Early Years
- Adolescents
- Older People

DEPRIVATION & HEALTH-RELATED ISSUES

HEALTH-RELATED ISSUES

Maximum impact on HEALTH INEQUALITIES

DEPRIVATION & AGE SPECIFIC GROUPS

AGE SPECIFIC GROUPS

- Early Years
- Adolescents
- Older People
APPENDIX 3

Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)

‘Working with the people and communities of East Lothian and Midlothian to deal with the problems arising from the misuse of alcohol and drugs’

Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) was formed in November 2008. It brought together the two Drug and Alcohol Actions Teams in to a new partnership with high level representation from East Lothian and Midlothian Councils, NHS Lothian, Lothian and Borders Police and the voluntary sector.

MELDAP’s primary aim is to co-ordinate the design and delivery of alcohol and drug services across East Lothian and Midlothian and to ensure that these services are needs led, based on evidence of what makes a difference and are delivered in an effective, efficient way. A key component in the achievement of this aim will be that services are designed around the needs of service users and that they play an integral part in their evaluation.

MELDAP is committed to the principle of recovery with the aim of moving people on from where they are when they first engage with services, to where they want to or can go next, whether that be towards employment, self-development or stability.

MELDAP also has an essential role to play in ensuring that drug and alcohol issues are recognised as high priority in the East Lothian and Midlothian Community Plans and that partner agencies within Community Planning structures embrace and promote the importance of recovery through their own plans.

MELDAP acknowledge the following when planning and monitoring services in Mid and East Lothian:

- In Midlothian there are approximately 168 people accessing alcohol services and 322 accessing drug services.
- The ratio of need for alcohol services in relation to the provision of services is 1:20. This is equivalent to 5.0% of people in need accessing service. This is lower than both the regional and the national rate.
- The ratio of need for drug services in relation to the provision of services is 1:2.1. This is equivalent to 47.6% of people in need accessing services.
- By comparison with other areas within Scotland Midlothian would have a medium level of access.
- The gap between need and provision of drug services is largely attributable to males (1:2.5) rather than females (1:1.5).
- Waiting times for drug and alcohol services in Midlothian are lower than many areas of Scotland with all services accessible within 6 weeks.
- There is a need to explore joint working between substance misuse services and employment, training and further education services. There is a need for clear pathways for drug and alcohol users to access the range of services available.