The NHS is here to ensure equity in healthcare for everyone

A HEALTH SERVICE
WE CAN ALL TRUST

Five major achievements in 2008–09

EVERY year, the director of public health and health policy’s report focuses on some of the major threats to health and opportunities for improvement.

This year, Dr McCallum outlined five successful developments from 2008-09:

■ NHS Lothian signed an agreement with the Carbon Trust to reduce its carbon footprint by 80 per cent by 2050; won an award for grey water laundry; and reduced energy use by 2 per cent.
■ The number of people using stop smoking services increased to more than 5400, up from 3785 the previous year, and the success rate increased to 42 per cent.
■ All hospital catering facilities achieved the first steps towards providing staff and visitors with healthy food, the Healthy Living Award.
■ Rates of healthcare associated infection continued to fall thanks to the combined efforts of staff, patients and the public. Steps included developing a single infection control team to cover hospital and community settings, including nursing homes.
■ The World Health Organisation identified our system-wide approach to tackling health inequalities as a model of good practice.

The report outlines some of the challenges and achievements facing society as a whole, NHS Lothian and in particular the public health directorate. These include the huge issue of tackling health inequalities to ensure that everyone has the same health and life chances, whoever they are and wherever they live in Lothian.

Lothian takes a systems-wide approach to this, working with local authorities, the voluntary sector, communities and others to work creatively to tackle inequalities in health and healthcare.

Previous reports have examined the burden of disease across the course of people’s lives and have looked at effective forms of treatment and prevention and this report notes some of the successes.

For example, Lothian has the highest percentage in Scotland of babies that are exclusively breast-fed at six to eight weeks.

The report also looked at the importance of trust and community capacity in Lothian and examined the steps taken to involve and engage patients and the public in health and health services.

Preparing for the future and prioritising services

THE adverse effects of unemployment and financial stress are more likely to make people turn to the health service, Dr McCallum warned. In an economic downturn, the NHS must be prepared for rising GP consultations and hospital admission due to a risk of increased suicidal tendencies, misuse of drugs and alcohol, fear of crime and the reduction of physical exercise and increased mental health problems in adults and children.

Looking to the future, public health research should be used to guide decision making on expenditure, particularly when public finances are tight, she said. NHS Lothian’s public health research examines influences on health and health inequalities and on interventions that might improve life in Lothian.

Research published includes the genetics of colorectal cancer, factors that make it more difficult for people to take medicine or follow medical advice, trends in multi-resistant tuberculosis, the health impact of green space and of public transport, and the impact of the smoking legislation on smoking cessation.

“Undertaking and being an advocate for public health research and its implementation continues to be an essential part of the role of the director of public health and health policy,” said Dr McCallum.

“Over the coming years, we will be participating in local, national and international collaborations. These will help create and implement evidence required to make the health service more equitable.

“The results will also help us work more effectively with our partners to improve the lives and health of the people who live, work and receive care in Lothian.”

INSIDE: Find out more about the services that are available in Lothian to ensure your good health and wellbeing – pages 2&3
Calling Time on Excess Alcohol Use

Excess alcohol use is a serious issue in Lothian and a number of steps are being taken to reduce the problem.

Alcohol remains a serious issue for Lothian, as it does for the rest of Scotland. Dr McCallum highlighted the issue at the start of her report and explores NHS Lothian’s mutual response to the growing problem of excess alcohol use.

“Alcohol requires special mention because of its prominence in our society,” she said. “Tackling excessive use of alcohol in Scotland has been high on the agenda for both the NHS and government.”

As part of a broader programme of therapies aimed at reducing alcohol misuse, NHS Lothian has introduced Alcohol Brief Interventions (ABIs), a process which supports people to reduce their alcohol intake from hazardous levels and provides tailored support to help rebuild lives and families.

“Treating patients, however, is not enough,” added Dr McCallum. “As a population, the amount of alcohol purchased is enough for every adult to exceed the recommended weekly limits. There must be effective strategies in place to reduce alcohol use across the population.”

These should include minimum pricing per unit of alcohol, tackling oversupply and increasing the availability of smaller sized and lower strength drinks, she said. The report also outlines the importance of social and community influences in helping or hindering recovery in people dependent on alcohol.

“Recovery from alcohol dependence is possible and is assisted by mutual help.”

said Dr David McCartney, clinical lead for LEAP (see below). “Treatment involving groups and therapeutic communities can be effective and assertive linkage of people to mutual aid groups gets better results than passive referral.”

“As a population, the amount of alcohol purchased is enough for every adult to exceed the recommended weekly limits”

Dr Alison McCallum, director of public health and health policy

LEAP to Help People to Recovery

There has been further development of the Lothians & Edinburgh Abstinence Programme (LEAP), which aims to help alcohol and drug dependent people to achieve recovery.

This therapeutic community approach, launched in 2007, involves a three month quasi-residential programme, with a day service and supported accommodation on different sites.

LEAP takes a wide-ranging response, offering interventions from intensive psychotherapy to helping with housing, training and employment needs.

Since LEAP started, five new mutual aid groups have opened locally and a therapeutic community has developed, initially through formal aftercare but now extending well beyond that.

“Importantly the programme also provides a means by which the wider community is supported through the re-integration of its clients into employment, housing and a sustainable lifestyle,” said Dr David McCartney.

“There support goes some way towards building a stronger community with a greater degree of social capital.”

Getting it Right for Children Is a Top Priority

Supporting children and young people is one of the most important investments we can make in the future, say public health experts.

Dr Graham Mackenzie, Michele McCoy and Vanessa Strong describe how a mutual approach and working together across agencies bring benefits to children, their families and the wider community.

The Scottish Government’s policy, Getting it Right for Every Child (GIRFEC), involves a common and integrated approach to services for children and families. It also involves streamlined planning and consistent joint working between statutory and voluntary bodies and families.

We have a secure system that enables professionals to work together electronically to provide an integrated package of support and care for each child who needs it. For example, child protection TRAK alerts are triggered when a child who is on the risk register attends A&E or becomes an inpatient or when they do not attend an arranged outpatient appointment.

Alert letters go to social work and are also copied to the child’s GP. TRAK alerts went live on 1 June 2008 and by the end of March this year, there had been 462 A&E attendances of children with an alert; 274 outpatient attendances of children with an alert; and 253 children with an alert did not attend outpatient appointments.

Across the region, innovative roles have been developed, including a transition nursery nurse in East Lothian, who helps to co-ordinate services around the needs of children and their families, and a throughcare aftercare nurse, also in East Lothian, who addresses health issues for 15-25 year olds who have been looked after in social care.

Mental Health and Wellbeing Are Everyone’s Business and Everyone Has a Role in Promoting Them

All agencies have a responsibility to enable people to recognise problems when they arise, help develop necessary resilience and learn how to take positive action to sustain and safeguard their wellbeing.

The report calls for mental wellbeing to be given an “appropriate priority” by the Scottish Government, health boards, local authorities, care professionals and communities.

It also calls for an investment in “mental capital”, which it defines as a mental bank account, containing the stock of cognitive and emotional resources which individuals have at their disposal.

Despite hard times and terrible experiences, some people and some populations develop mental health problems less frequently and recover more quickly than would be expected. These populations have higher levels of mental wellbeing and mental capital.

Improving mental health and wellbeing includes promoting a better understanding of mental health and illness as a society.

Improving mental health and wellbeing involves tackling prevention, including promoting esteem and reducing stress; treating mental illness and promoting recovery.

NHS Lothian staff are also working with other agencies to develop and deliver a range of services, which work together to offer the support people need, when and where they need it.

Ensuring full support is vital for everyone’s health and wellbeing.
increase awareness among the general public. This includes support for suicide prevention and for social marketing campaigns which are reducing the stigma of mental health issues.

The health board has also launched programmes developing approaches to mental health first aid and is a Scottish partner in the European Alliance Against Depression.

There are many stakeholders in mental wellbeing, including employers, education providers, government, health boards, local authorities, the voluntary sector and commercial interests, as well as individuals and their families and communities.

“All of these have a mutual responsibility for mental wellbeing,” the report says.

In Lothian, work is already under way to increase access to psychological therapies and to enhance the provision of training for GPs and other practitioners in these areas.

TACKLING obesity and helping people to maintain a healthy weight remains an important priority in Lothian, but it isn’t easy. Major thinking and action is needed, not just by government and health services, but by individuals, families, businesses and society as a whole.

Almost two thirds of Scottish adults and one third of children are now overweight or obese and in Lothian alone about 150,000 adults are clinically obese.

“In order to reduce excess weight in the population, we need a society where we eat fewer calories and are sufficiently physically active that we use more energy than we consume. “Reversing these trends to achieve the necessary health and economic benefits in the medium term will require some difficult decisions,” the report notes.

Implementing the Scottish Diet Action Plan (which includes eating more fruit and veg and reducing fat and salt levels in the diet) is essential, said Dr McCallum.

“Expecting every individual to comply with it without tackling food pricing, availability and composition is not a sustainable approach.”

Steps taken in Lothian include Edinburgh Fareshare, a new and more “mutual” approach which provides food redistribution and links emotional and social capacity building with food provision through volunteering and training in food hygiene and cooking skills.

PHYSICAL activity is also essential to maintaining a healthy weight. NHS Lothian is working with key partners, including local authorities, to help people to become more physically active.

Some examples of what’s going on include:

- **Lothian Cycle-2-Work scheme**
  This scheme has been introduced by NHS Lothian in partnership with Cycle Scheme Ltd and will be run in accordance with the government’s green travel plan.
  The scheme offers an attractive employee benefit by encouraging staff to maintain a healthy and active lifestyle while making substantial savings on the cost of a bike and safety equipment.

- **Partnership to promote walking**
  The NHS health promotion service has developed a partnership with the City of Edinburgh Council and Paths to Health, a national charity, to develop a city-wide action plan to promote walking.
  Volunteer walk leaders run walking programmes designed to boost the health of participants.

- **West Lothian on the Move!**
  This project aims to increase physical activity to reduce health inequalities. It involves a partnership approach, under the umbrella of the West Lothian Physical Activity and Health Alliance, which oversees implementation of the West Lothian on the Move strategy.

Outcomes include increasing awareness of physical activity and its benefits and improving levels of physical activity for those who work and play in West Lothian.

**Let’s get physical**
H1N1 hit the headlines in 2009 when our pandemic contingency plan was quickly put into action

THE story of H1N1 influenza, one of the major public health challenges of last year, saw our pandemic flu contingency plans turn into reality. The virus is likely to continue to circulate for some time and public health directorates will remain alert. “People have worked extremely hard to protect the health of the population, learning from earlier pandemics,” said Prem Grewal and Dr Jo Tomlinson, from NHS Lothian’s public health directorate. “There is a lot to learn from our experience so far.”

The H1N1 pandemic influenza first reached Scotland in April 2009, when a couple who had recently been in Mexico were admitted to Monklands Hospital in Lanarkshire, suffering from the virus. Scotland then went into “containment” mode. “The decision to try to slow down the spread of the virus by containing it as much as possible resulted in a huge amount of public health activity,” the authors note. “Health protection teams were stretched to capacity in all health board areas across Scotland. The whole directorate in NHS Lothian was involved in supporting the H1N1 response.”

In the first few weeks, no-one knew how serious an infection H1N1 would be. People with flu like illness, returning from parts of the world where flu was spreading, had to be screened and treated and they, and their contacts, given anti-viral drugs. Healthcare staff too had to be protected from the illness, and health service providers were supported to ensure they could keep going as the virus spread. Efforts were made at a worldwide, national and local level to determine the seriousness and spread of the illness and to find out who was most at risk. Meanwhile, scientists were working hard trying to find an effective vaccine against H1N1, with two being approved in October 2009.

“A vaccination programme for Lothian was put in place by public health and other experts over several months preceding the arrival of the vaccine,” said the authors. “Over the first two days of the programme, 2229 H1N1 vaccinations were given to frontline staff, and patients were also among the first to be immunised.”

Managing the pandemic tested emergency planning, health protection teams, infection control teams, local authorities and all primary and secondary care services. “No one agency could have adequately protected public health – the only way this has been achieved has been through working flexibly together. We would like to take this opportunity to thank everyone who has contributed,” the authors concluded.

HOW TO PROTECT YOURSELF AND OTHERS FROM INFLUENZA

■ Follow good hygiene practices to prevent the spread of germs: always carry tissues; use clean tissues to cover your mouth and nose when you cough and sneeze; and bin the tissue after you use.
■ Adopt good hand hygiene: wash your hands with soap and hot water, supplemented by a sanitiser gel where soap and water are not available.
■ We strongly encourage everyone who is offered the vaccine to take it up.
■ Keep up to date by visiting the Scottish Government’s swine flu web pages on www.scotland.gov.uk/topics/health/health/flu/pandemic.

If you think you need help, call NHS 24 on 08454 242424.

SICK FEELING: norovirus can quickly spread among people

Lothian’s health protection team worked with other agencies to manage an outbreak of the norovirus on a cruise liner which was to dock at the Port of Leith.

Norovirus, often called the winter vomiting bug, is a common cause of gastroenteritis, and can quickly spread from person to person (via food or water) or by contact with the virus in a contaminated area. The public health team was called on to help deal with an outbreak on the cruise liner in October 2008.

The response involved co-ordinated action with a number of agencies, in Lothian and beyond. Steps to control it included an enhanced cleaning schedule for the ship, closure of high-risk facilities, such as buffets, swimming pools and jacuzzis; and isolation of passengers and crew who became infected until they were symptom-free.

Daily telephone conferences were held throughout the outbreak to ensure that all the necessary tasks were undertaken by each agency. New international health regulations are now in place, which should improve and build our capacity to deal with international threats to public health, such as this.

Prompt action to control sickness bug