NHS
Forth Valley

Report of the Director of Public Health 2008-2010

Foreword

I am pleased to present my second report on the health of the population of Forth Valley. The past two years have seen major worldwide events, including the economic recession, increased unemployment and reduced funding for the public sector. These events may impact on people's health, particularly those already experiencing health inequalities.

Over this time, in NHS Forth Valley, we have continued to see the delivery of the Integrated Healthcare Strategy with the new Clackmannanshire Community Healthcare Centre in operation and the first two phases of the new Forth Valley Royal Hospital coming into use. These new facilities will enable the delivery of health care in state of the art facilities.

This report has articles on:-

- Population statitistics including population projections
- Statistics on birth and deaths
- Healthcare associated infection
- Pandemic Influenza A (H1N1) 2009
- Blood borne viruses, including Hepatitis C, Hepatitis B and HIV
- Tackling obesity
- Reducing alcohol consumption to improve health
- Improving oral health and dental services
- Health protection

Along with addressing health inequalities which underpins all our work, significant progress has been made in these areas over the past two years. We continue to work with a range of partners, particularly the three local authorities through the single outcome agreements and the joint health improvement groups, to achieve change.

Substantial areas of Forth Valley remain classified as deprived and continue to see high levels of behaviours and diseases linked to deprivation. These include heart disease, cancer, obesity and substance misuse. For those who do not live in the most deprived areas, health challenges continue to be those of an affluent society, for example a lack of physical activity, poor diet and the environmental impacts of our 21st century lifestyle.

In April 2009 Forth Valley was the first place in the UK and one of the first places in Europe to experience cases of a novel Influenza virus which had first been identified in Mexico. **Influenza A (H1N1) 2009** went on to cause a worldwide pandemic. The public health team in Forth Valley led a highly effective local response supported by considerable input from staff in the acute and primary care services. This response included active containment of the early cases, detailed planning and preparation for a feared winter peak and then a highly effective immunisation campaign for high risk groups.

Obesity remains an increasing problem. The NHS Forth Valley obesity strategy was recently refreshed with an emphasis on community-based weight reduction.

In 2008 the Scottish Government introduced an action to address childhood obesity. This is one of the national HEAT targets, H3. The Public Health Directorate has championed a population approach to this rather than targeting individual children with obesity. Working with multi-agency practitioners we have rolled out a very successful whole-class programme entitled 'Max in the Middle' which promotes the importance of a healthy lifestyle in maintaining a

healthy weight in primary school aged children. In 2008-09 and 2009-10 NHS Forth Valley was the only NHS Board to remain on target to deliver the interventions required by the H3 target. We support a limited bariatric surgery service for the most morbidly obese patients.

Alcohol remains a major cause of death and disability and the Scottish Government recognises the need to reduce alcohol consumption and alcohol-related harm. Following a consultation entitled 'Changing Scotland's Relationship with Alcohol' the Scottish Government published 'A Framework for Action' in March 2009. As Director of Public Health, I chaired an Alcohol Strategy Group with membership from across the NHS, local authorities, police and voluntary sector. We published an NHS Forth Valley Alcohol Strategy in 2009 which the Alcohol and Drug Partnerships (ADPs) will take forward.

The Licensing (Scotland) Act 2005 came into force on 1 September 2009. I am pleased that one of the five objectives under the new act is 'protecting and improving public health'. Public health professionals are involved in an advisory capacity to the Licensing Boards.

One of the widely publicised actions proposed by the Scottish Government was the introduction of a minimum price per unit of alcohol. My department was supportive of this controversial proposal and contributed positively to the debate. I was disappointed by the Scottish Parliament's rejection of minimum pricing for alcohol in the final vote in early November 2010. However I am pleased that the alcohol bill will ban discount deals, such as two-for-one on bottles of wine. In addition it aims to curtail irresponsible drinks promotions, restrict alcohol advertising and introduce an age-verification requirement and a social responsibility levy for licensees. This levy would see retailers pay more to fund policing and healthcare arising from alcohol problems.

As previously mentioned **health care associated infection (HAI)** remains a major challenge and continues to be a priority for NHS Forth Valley. Stirling Royal Infirmary was the first hospital in Scotland to be inspected by the Healthcare Environment Inspectorate which sets standards for all Health Boards. Outlined within the report is the success in reducing the incidence of Clostridium difficile infection and work to reduce Staphylococcus aureus bacteraemias.

Blood Borne Viruses (BBVs) continue to be a cause for concern and much work is focused on reducing the spread of BBVs within the community.

This report includes **dental** health improvement and highlights the Childsmile and Make your Smile Count approaches. I am very pleased to report that currently 73.2% of P1 children and 68.7% of P7 children have no obvious dental decay which means that Forth Valley have met the 2010 national targets for these school year groups.

A major part of the work of the Public Health Directorate focuses on **Health Protection.** The Public Health etc. (Scotland) Act 2008 was enacted in October 2009. It sets out a broad range of investigatory powers which are available in defined circumstances where there are reasonable grounds to suspect that there is, or could be, a significant risk to public health. The Act also required the Directors of Public Health of NHS Boards to publish a Joint Health Protection Plan on the internet by the end of March 2010. The Joint Health Protection Plan for Forth Valley was produced by public health staff from NHS Forth Valley working in partnership with colleagues in environmental health from Clackmannanshire, Falkirk and Stirling Councils and is published on www.nhsforthvalley.com.

For the first time the Director of Public Health's report will not be published in a printed format and will be available online only. As well as delivering a cost saving this gives the opportunity to link to more detail and in depth resources available on other NHS and Government web

sites. This new format will increase the amount of information presented whilst ensuring efficiency and economy of effort as we will not be re-formatting and printing data already available from these sources.

I hope you enjoy this ‘new look’ report and would welcome feedback on this new approach. One of the final links gives that opportunity.

Anne Maree Wallace
Director of Public Health
November 2010

Contents

1. Population statistics

1.1 Population projections

United Kingdom

Based on recent trends, the United Kingdom population is projected to increase by more than 4 million over the next 10 year period to 65.6 million by 2018 and to 71.6 million by 2033 (Table 1.1). It is projected that the population of the UK will exceed 70 million by mid-2029. The age profile of the population is projected to change with a greater proportion of older people relative to the rest of the population.

Table 1.1 Projected population of the United Kingdom and constituent countries, 2008-2033 in millions.

	2008	2013	2018	2023	2028	2033
United Kingdom	61.4	63.5	65.6	67.8	69.8	71.6
England	51.5	53.3	55.3	57.2	59.1	60.7
Wales	3.0	3.1	3.1	3.2	3.3	3.3
Scotland	5.2	5.3	5.4	5.4	5.5	5.5
Northern Ireland	1.8	1.8	1.9	1.9	2.0	2.0

Note: The 2008-based national population projections are based on the estimated population at the middle of 2008 and a set of demographic trend-based assumptions about future fertility, mortality and migration. These projections do not attempt to predict the impact that future government policies, changing economic circumstances or other factors might have on demographic behaviour.
Figures may not sum due to rounding.
Source: Office for National Statistics

More information can be found at National Statistics Online - National Projections.
The projected overall population for Scotland is not expected to significantly change over the next 10 years.

Forth Valley

The projected population for Forth Valley in 2018 is 306,100, a 6% increase with a projected increase of 13% by 2033. The projected population in 2018 for Clackmannanshire is 55,400, a 10% increase, for Falkirk 160,200, a 6% increase and for Stirling 90,800, a 3% increase.
In Forth Valley in 2008, 16% or one in six people were 65 and over (Scotland 17%). In 2033 this is projected to increase to 24%, or around one in four (Scotland 25%).
A summary breakdown of population projections for Forth Valley is given in Table 1.2.
Projected Populations for Scotland and local areas are available here.

A comparison of Forth Valley Health Board population change from 2008 to 2033 with other Health Boards is shown in Figure 1.1 below.

More information can be found on the General Register Office for Scotland website.

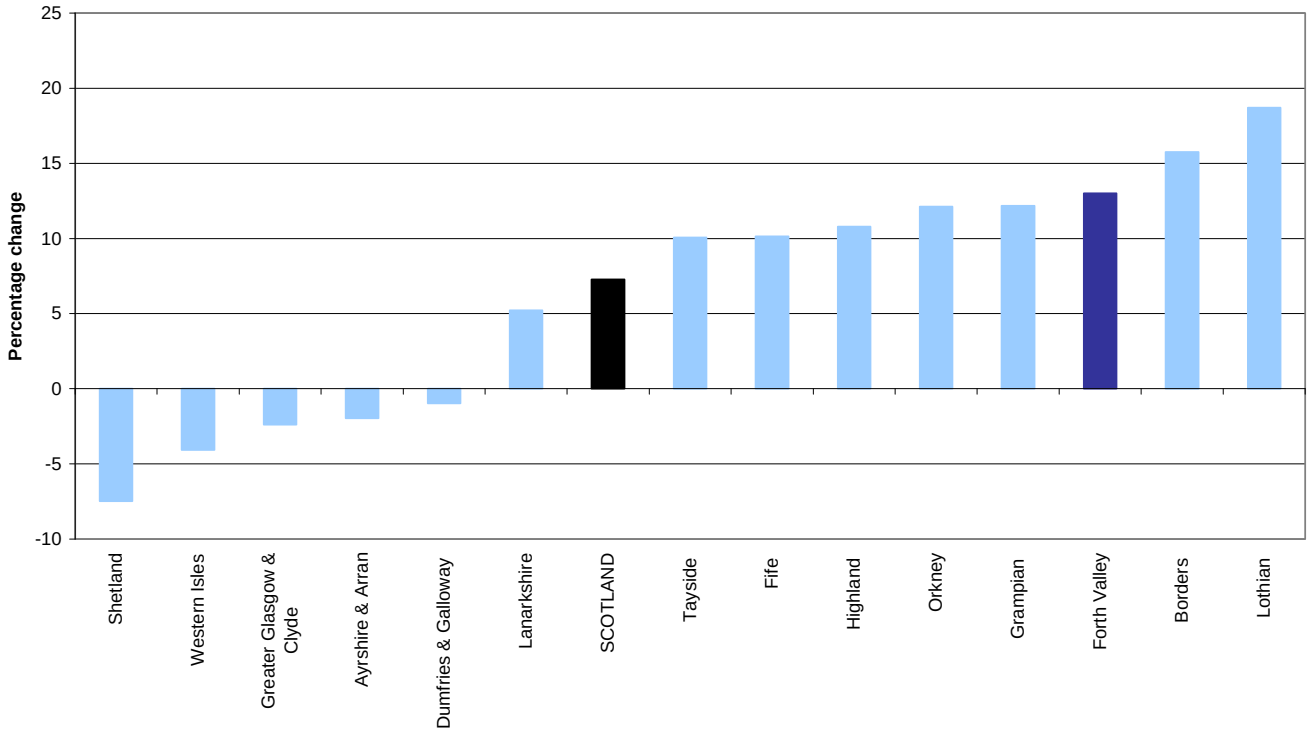
A map of Scotland showing projected population change by Health Board area can be found here.

Table 1.2 Projected population (2008-based) by sex and broad age group, Forth Valley council areas, selected years (thousands)

Age group	2008			2013			2018			2023			2028			2033		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
SCOTLAND																		
All Ages	**5,168.5**	**2,500.2**	**2,668.3**	**5,271.0**	**2,558.9**	**2,712.1**	**5,359.8**	**2,607.9**	**2,751.9**	**5,442.3**	**2,651.5**	**2,790.8**	**5,505.3**	**2,683.5**	**2,821.8**	**5,544.4**	**2,702.8**	**2,841.6**
0-15	913.5	467.6	446.0	905.5	463.3	442.2	922.6	471.8	450.8	933.0	476.6	456.4	917.9	469.1	448.9	899.8	459.8	440.0
16-29	953.0	485.3	467.6	964.7	492.2	472.5	911.9	465.2	446.7	868.8	443.2	425.6	867.8	442.3	425.5	889.0	452.9	436.0
30-49	1,457.3	704.2	753.1	1,406.1	684.9	721.2	1,370.0	676.3	693.7	1,368.2	684.7	683.5	1,402.2	706.5	695.7	1,372.4	692.1	680.3
50-64	988.2	482.2	505.9	1,045.3	504.9	540.4	1,109.4	529.5	579.9	1,116.8	528.5	588.3	1,029.8	487.2	542.6	974.4	468.2	506.2
65-74	463.4	213.4	250.0	516.5	243.1	273.3	561.6	266.7	294.9	585.4	276.3	309.1	640.9	299.4	341.5	685.3	316.5	368.8
75+	393.2	147.5	245.7	433.0	170.6	262.4	484.4	198.4	286.1	570.0	242.2	327.8	646.6	279.1	367.5	723.6	313.3	410.3
Clackmannanshire																		
All Ages	**50.5**	**24.7**	**25.8**	**52.9**	**25.9**	**27.0**	**55.4**	**27.1**	**28.3**	**57.9**	**28.3**	**29.7**	**60.4**	**29.4**	**31.0**	**62.6**	**30.5**	**32.1**
0-15	9.6	4.9	4.7	9.9	5.1	4.8	10.4	5.3	5.1	10.9	5.6	5.3	11.0	5.6	5.4	11.2	5.8	5.5
16-29	8.4	4.4	4.0	9.0	4.7	4.3	9.0	4.7	4.3	8.9	4.7	4.2	9.4	4.9	4.4	9.9	5.2	4.7
30-49	14.6	7.1	7.5	14.4	7.0	7.4	14.3	7.0	7.3	14.6	7.2	7.4	15.3	7.6	7.7	15.6	7.8	7.8
50-64	10.1	4.9	5.2	10.6	5.1	5.5	11.6	5.6	6.0	12.2	5.9	6.3	11.9	5.6	6.3	11.5	5.4	6.1
65-74	4.4	2.0	2.4	5.2	2.4	2.8	5.8	2.7	3.1	5.9	2.7	3.2	6.5	3.0	3.5	7.3	3.4	3.9
75+	3.3	1.3	2.0	3.8	1.6	2.2	4.4	1.8	2.6	5.5	2.3	3.1	6.3	2.7	3.6	7.1	3.0	4.1
Falkirk																		
All Ages	**151.6**	**73.4**	**78.2**	**155.9**	**75.8**	**80.1**	**160.2**	**78.0**	**82.2**	**164.4**	**80.1**	**84.2**	**168.1**	**82.0**	**86.1**	**171.2**	**83.5**	**87.7**
0-15	28.2	14.4	13.8	28.5	14.4	14.1	29.1	14.6	14.5	29.1	14.6	14.5	28.6	14.3	14.2	28.5	14.3	14.2
16-29	25.5	12.9	12.6	26.0	13.5	12.4	26.0	13.7	12.3	25.5	13.3	12.2	26.2	13.4	12.8	26.9	13.7	13.2
30-49	44.9	21.7	23.2	43.8	21.1	22.7	41.8	20.3	21.5	41.6	20.7	20.8	42.3	21.4	20.8	42.3	21.8	20.5
50-64	28.7	13.9	14.8	30.5	14.7	15.9	33.1	15.9	17.3	34.9	16.5	18.4	33.7	15.9	17.9	32.0	15.0	17.0
65-74	13.7	6.4	7.3	15.3	7.2	8.0	16.6	7.9	8.7	17.1	8.1	9.1	18.7	8.8	9.9	21.1	9.9	11.2
75+	10.6	4.0	6.6	11.9	4.8	7.1	13.7	5.7	8.0	16.2	7.0	9.2	18.5	8.0	10.5	20.5	8.9	11.6
Stirling																		
All Ages	**88.4**	**42.2**	**46.2**	**89.5**	**42.9**	**46.6**	**90.8**	**43.7**	**47.1**	**92.3**	**44.5**	**47.8**	**93.6**	**45.2**	**48.4**	**94.3**	**45.6**	**48.7**
0-15	16.3	8.4	7.9	15.5	8.0	7.5	15.3	7.9	7.4	15.5	8.0	7.5	16.0	8.2	7.8	16.1	8.3	7.8
16-29	16.7	8.3	8.4	18.7	9.5	9.2	18.9	9.6	9.3	18.1	9.3	8.8	17.3	8.9	8.4	17.1	8.8	8.3
30-49	23.6	10.9	12.6	21.1	9.6	11.5	19.7	9.1	10.6	20.0	9.5	10.5	22.1	10.9	11.2	23.5	11.8	11.7
50-64	16.9	8.3	8.6	17.4	8.5	8.9	18.3	8.8	9.5	18.4	8.6	9.9	15.8	7.0	8.8	13.3	5.7	7.5
65-74	8.1	3.8	4.3	9.3	4.4	4.9	9.9	4.8	5.2	9.8	4.7	5.1	10.5	5.0	5.5	11.5	5.4	6.1
75+	6.7	2.5	4.2	7.6	3.0	4.6	8.7	3.6	5.1	10.5	4.5	6.0	11.9	5.1	6.7	12.9	5.6	7.3
Forth Valley																		
All Ages	**290.0**	**140.0**	**150.0**	**298.0**	**144.4**	**153.6**	**306.1**	**148.6**	**157.5**	**314.3**	**152.7**	**161.5**	**321.6**	**156.4**	**165.3**	**327.8**	**159.4**	**168.4**
0-15	54.1	27.7	26.4	53.9	27.6	26.3	54.7	27.8	26.9	55.5	28.2	27.3	55.5	28.2	27.3	55.9	28.4	27.5
16-29	50.6	25.6	25.0	53.6	27.7	25.9	53.8	27.9	25.9	52.5	27.2	25.3	52.9	27.3	25.6	53.9	27.7	26.2
30-49	82.9	39.7	43.2	79.1	37.6	41.5	75.7	36.3	39.4	76.0	37.3	38.7	79.5	39.8	39.7	81.3	41.3	40.0
50-64	55.7	27.1	28.6	58.4	28.2	30.2	62.9	30.1	32.8	65.5	30.9	34.6	61.4	28.4	32.9	56.6	26.1	30.5
65-74	26.2	12.2	14.0	29.8	14.0	15.7	32.3	15.3	17.0	32.7	15.4	17.3	35.7	16.8	18.9	39.8	18.6	21.2
75+	20.5	7.8	12.8	23.2	9.3	13.9	26.7	11.1	15.6	32.1	13.8	18.3	36.6	15.8	20.8	40.3	17.4	22.9

Source:http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/2008-based-pop-proj-scottish-areas/tables.html

Figure 1.1 Projected percentage change in population (2008-based), by NHS board area, 2008-2033



Source GRO

1.2 Population estimates

The table below provides mid-year GRO population estimates (2009-based) for Forth Valley and Council areas.

Table 1.3 Population Estimates, by sex, age group and council area: 30 June 2009

Age	Scotland		Clackmannanshire		Falkirk		Stirling		Forth Valley	
0-4	288,989	6%	3,034	6%	9,185	6%	4,558	5%	16,766	6%
5-19	887,538	17%	9,127	18%	26,989	18%	17,369	20%	53,445	18%
20-29	701,045	13%	5,931	12%	17,911	12%	11,388	13%	35,201	12%
30-44	1,048,544	20%	10,374	21%	32,787	22%	16,369	18%	59,447	20%
45-64	1,399,372	27%	14,200	28%	40,964	27%	23,876	27%	78,932	27%
65-74	469,991	9%	4,611	9%	13,861	9%	8,398	9%	26,835	9%
75+	398,521	8%	3,263	6%	10,783	7%	6,782	8%	20,757	7%
All Ages	**5,194,000**	**100%**	**50,540**	**100%**	**152,480**	**100%**	**88,740**	**100%**	**291,383**	**100%**

1.3 Life expectancy at birth

Table 1.4 Life Expectancy at Birth in Forth Valley and council areas 2006-2008. Comparisons with 1996-1998

	2006-08			1996-98			Difference in Years			% Difference		
	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female
Scotland	77.5	75.0	79.9	75.3	72.4	78.1	2.2	2.6	1.9	2.9	3.6	2.4
Clackmannanshire	77.5	74.5	80.4	75.5	72.7	78.1	2.0	1.8	2.3	2.7	2.5	3.0
Falkirk	77.4	75.1	80.4	75.6	72.7	78.9	1.8	2.4	1.5	2.4	3.4	1.9
Stirling	79.3	77.0	81.3	76.2	73.7	78.5	3.1	3.3	2.8	4.0	4.5	3.6
Forth Valley	77.9	75.5	80.2	75.8	73.0	78.4	2.1	2.5	1.7	2.8	3.5	2.2

Stirling Council area showed the best improvement of 4% in life expectancy at birth when comparing 2006-08 birth with 1996-98.
Males showed a greater improvement in life expectancy at birth than females but female life expectancy is still higher by around 4 years.

More details on GRO life expectancy statistics are available for males, females and all persons.

1.4 Links

1.1 Population projections	
National statistics online - national projections	UK population projections
Projected populations for Scotland and local areas	GRO projected population (2008-based) by sex, broad age group and NHS Board areas, selected years
Graph of projected Health Board populations (2008-based)	Graph of projected population % change (2004 – based) for NHS Board areas
GRO 2008-based population projections for Scottish Areas	GRO webpage with list of tables of 2008 based population projections for Scottish areas
GRO 2008-based population projections for Health Board areas and councils	GRO webpage with list of tables of 2008 based population projections for HB areas
1.2 Population estimates	
GRO population estimates (2009-based) Table of figures	GRO 2009 based population estimates for Scotland and administrative areas
GRO 2009 population estimates list of Tables	GRO Webpage of 2009 population list of tables
Components of population change by Council and NHS Board area	Components of population change by administration area 2008-09 e.g. births, deaths, migration
1.3 Life expectancy	
GRO Life expectancy statistics	GRO Webpage with life expectancy statistics, 2009
GRO Life expectancy at birth - persons	GRO Life expectancy at birth - persons, 2008
GRO Life Expectancy at birth – males	GRO Life expectancy at birth - males, 2008
GRO Life Expectancy at birth - females	GRO Life expectancy at birth – females, 2008

2.1 Births by outcome

Table 2.1 Forth Valley births and stillbirths per 1,000 women aged 15-44, year ending 31 March 2009

	Live Births		Still Births	
	Number	Rate per 1,000 women	Number	Rate per 1,000 births
Scotland	57,945	55.2	294	5.0
Forth Valley	3,299	56.1	17	5.1
Clackmannanshire	614	62.1	4	6.5
Falkirk	1,850	60.1	8	4.3
Stirling	836	45.9	5	5.9

Note: Excludes home births and births at non-NHS hospitals

For the year ending 31 March 2009 Forth Valley had a total of 3,299 live births, a slightly higher birth rate at 56.1 than Scotland at 55.2. Clackmannanshire had the highest birth rate at 62.1 per 1,000 women aged 15-44. However as the absolute numbers are small caution should be exercised in interpreting this data.

More detailed information is available as follows:
Births by outcome - Health Board area, 2009
Births by outcome - Council areas, 2009
ISD Webpage link: Births and babies
ISD Webpage link: Abortions
GRO Webpage link: Stillbirths and infant deaths, 2009

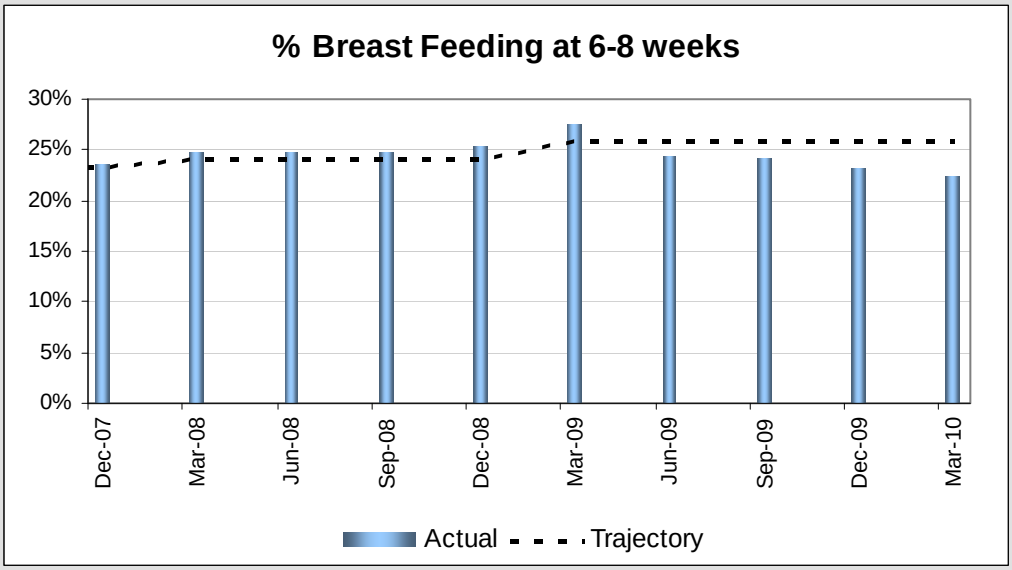
2.2 Trends in age of mother

There is a continuing trend of women starting their reproductive lives later with an upward trend for women aged 30-34 and 35-39. Births to women aged 40 and over have also increased. Further information can be found here.

2.3 Exclusively breast-feeding at 6-8 weeks

The Scotland HEAT target for babies being exclusively breast-fed at 6-8 weeks is 26.7%. Forth Valley is below this target at 23.1% (2009). Stirling is well ahead of target at 30.3% (2009). Further information is available on Breast-feeding, Breast feeding data by Health Board of residence and Breast feeding by Council area.

NHS Forth Valley target for breast feeding (HEAT target H7)



- The FV position is 22.4% against a trajectory of 25.8%. This is a 3.0% reduction on the March 2009 position. Efforts are being made to assure the accuracy and robustness of this data.
- Implementation of the Maternal & Infant Nutrition Action Plan is underway.
- Health Visitor led drop-in support clinic has been piloted and is currently being evaluated.
- The evaluation of the Breastfeeding Peer Support Project is complete and has been considered by the Steering Group with a suitable exit strategy building on this work being developed.
- The Community Health Partnerships (CHPs) for Clackmannanshire, Falkirk and Stirling, via their local action plans and the Acute Hospitals are working towards reassessment of stage 3 for Baby Friendly accreditation. The Steering Group is reviewing “Improving Maternal and Infant Nutrition: A Framework for Action” which is out for consultation.

2.4 Links

2.1 Births by outcome	
Births by outcome - Health Board area	Births by outcome and NHS Health Board, 2009 and 2008, also trend data from 1976
Births by outcome - Council areas	Births by outcome and local Council area, 2009 and 2008, also trend data from 1996
ISD Births and babies	ISD webpage with data on births and babies
Scottish birth statistics on GRO website	GRO webpage: Vital events reference tables 2009, Section 4: Still births and infant deaths
2.2 Therapeutic abortions	
Abortions by Health Board, 2008 and 2009	Abortions by Health Board of treatment and residence, 2008 and 2009
Abortion data on ISD website	ISD Webpage with Abortion information
2.3 Trends in age of mother	
ISD Births by age of mother	Births by age of mother by Health Board, Council area, CHP and Scotland

2.4 Breast feeding	
ISD Breast-feeding	ISD webpage with Breastfeeding statistics
Breast feeding data by Health Board of residence	Breast-feeding by NHS Board of Residence. Calendar Year 2001 - 2009
Breast feeding by Council area	Breast-feeding by Council area of Residence. Calendar Year 2001 - 2009

3.1 Deaths by age group

In Scotland one in five deaths occurs in persons aged under the age of 65. In Clackmannanshire one in four point five deaths occur in the under 65s. Absolute number of deaths by age group and council area are shown in Table 3.1 below.

Table 3.1 Deaths by age group and administrative area, 2009

	Number of deaths by age group		
	Less than 65 years of age	Greater than 65 years of age	All ages
Scotland	11,024	42,832	53,856
Clackmannanshire	109	389	498
Falkirk	301	1,179	1,480
Stirling	149	667	816
Forth Valley	559	2,242	2,801

Source: Registrar General Office (Scotland)

More detailed information is available on Deaths, 2009

3.2 Most common causes of death

Disease of the circulatory system (ischaemic heart disease, other heart disease and cerebrovascular disease) accounted for around a third of all deaths in Forth Valley (33% of deaths). Cancer accounted for one quarter of all deaths (26% of deaths) and respiratory disease was the cause of one in six deaths (15%).

For more details see Deaths – causes, 2009 and Deaths by sex and cause, 2009

3.3 Coronary heart disease mortality

ISD Webpage Link: Coronary heart disease mortality
Heart disease trends in mortality by age, Health Board of residence and year of death registration (Table MC1)

In Scotland the age-standardised mortality rate (for under 75s) for Coronary heart disease (CHD) continues to fall, from 124.6 per 100,000 population in 1995 to 56.0 per 100,000 population in 2008. This represents a reduction in mortality of 75%, exceeding the target set in 1995 of a 60% reduction in mortality by 2010 (Table MC2). In Forth Valley the target has also been exceeded with the age-standardised mortality rate in 1995 of 130.6 per 100,000 falling to 51.5 for the year ending 31 December 2008.

CHD mortality increases sharply with age. In Forth Valley for the year ending 31st December 2008 the age-sex-standardised mortality rate for 45-64 year olds was 82.6 per 100,000

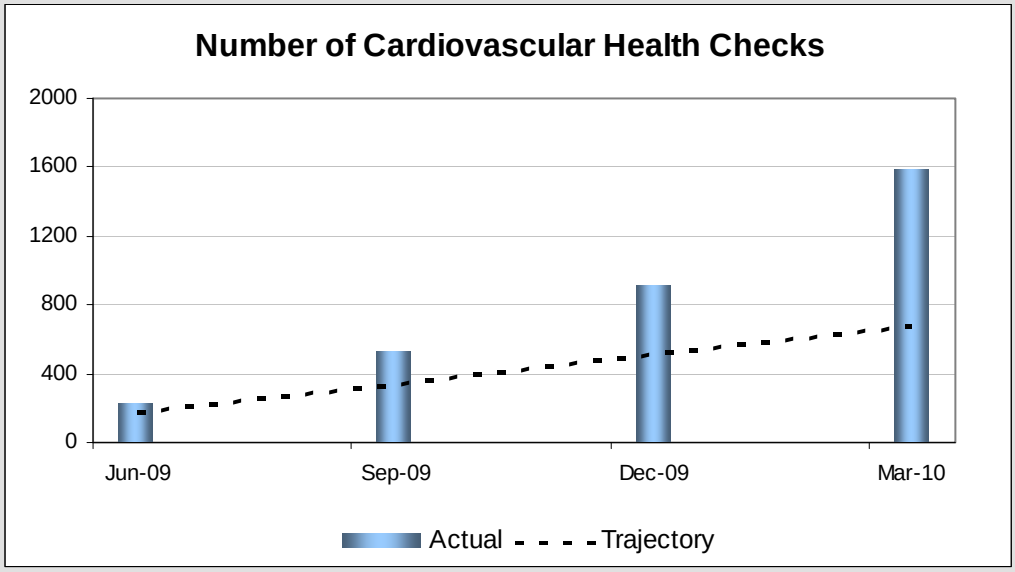
population (97.9 per 100,000 for Scotland) compared to 388.9 per 100,000 population for people aged 65-74 (401.9 per 100,000 for Scotland) (Table MC1).

The gender differential is still very apparent with males having an overall age standardised rate of 77.5 compared with 27.8 for females for the year ending 31 December 2008.

The mortality rate from acute myocardial infarction (AMI or heart attack) maintains a steady decline. For the year ended 31st December 2008 the overall AMI death rate was 62.9 per 100,000 population, a reduction of 8.4% from the previous year (Table MC1).

The reduction in deaths from coronary heart disease and acute myocardial infarctions is a success story for the NHS over the past 20-30 years. However the input of resource required is now considerable as increased survival rates leads to greater numbers of people living with heart disease, requiring more medication, support and care during their later years. For some living these extra years is a benefit which is tempered by a reduction in their quality of life. Significant healthcare costs are now incurred through the provision of new technologies such as drug eluting stents, implantable cardiac defibrillators and enhanced care for heart failure. Against this backdrop it is important to maintain a population based intervention for prevention of heart disease. The Public Health team are supporting 'Keep Well', a population primary prevention initiative aimed at 40-65 year olds living in areas of deprivation.

NHS Forth Valley Cardiovascular Health Checks (HEAT target H8)



- The Forth Valley position of 1,580 at March 2010 is ahead of target with an additional 940 health checks delivered between 1st April and 13th Aug 2010.
- Most of these health checks are delivered through anticipatory care some of which comes under the 'Keep Well' programme. Evaluation work has been commissioned and began in September.

3.4 Cerebrovascular disease mortality

ISD Webpage Link: Stroke mortality
Cerebrovascular disease mortality trends by age, Health Board of residence and year of death registration

Forth Valley has a consistently higher cerebrovascular disease mortality rate than Scotland though it has fallen by 30% over the period 1999 to 2008. Scotland has fallen by 31% over the same period.

Although stroke remains one of Scotland's major health problems, despite an aging population there has been real progress in recent years both in treating stroke, and preventing it from happening in the first place (e.g. regular blood pressure monitoring, no smoking in public places legislation). There are now specialist stroke units in nearly all Scottish hospitals. The national FAST (Face, Arm, Speech Test) campaign has informed the public about the symptoms of a stroke, which, if recognised early enough, can result in obtaining urgent specialist treatment and improve chances of surviving and recovering.

Previous Director of Public Health Annual Reports have provided data showing a reduction in deaths of around 65% over the past 30 years for those aged 45-74 years. Public health professionals are actively supporting the Stroke Managed Clinical Network (Stroke MCN) which has an active programme for prevention.

3.5 Cancer mortality

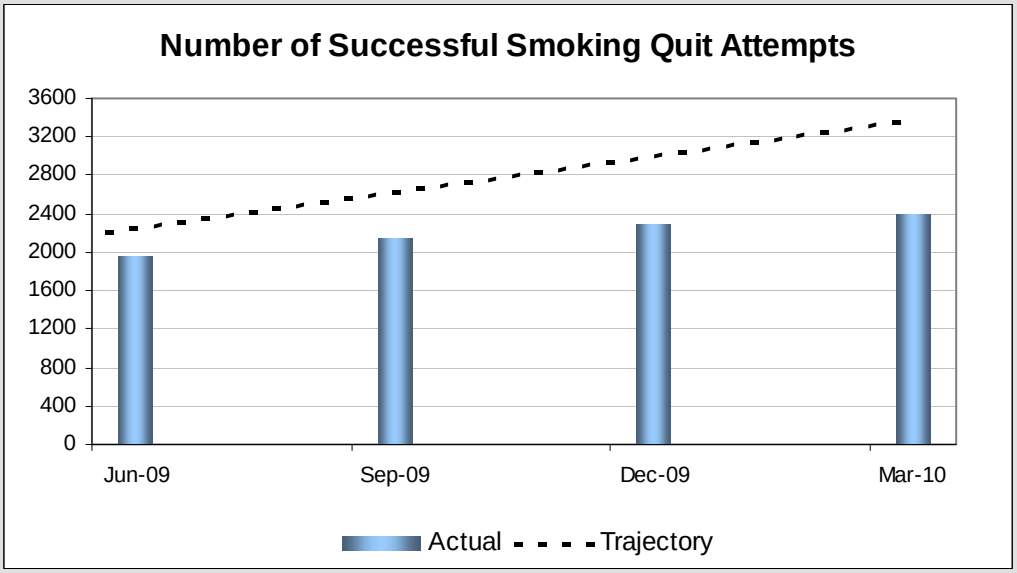
ISD Webpage Link: Cancer mortality
Cancer mortality by Health Board, sex, cancer type, 1985 – 2008

In recent years, the overall age-standardised cancer mortality rates have fallen for both males and females. However, there is considerable variation in trends for different types of cancer. For example, the rate of female deaths due to colorectal cancer has decreased 16% over the last 10 years, while female death rates due to lung cancer have increased more than 11% over the same time period. This is most likely due to the increasing number of women who smoke. Early detection of cancer and treatment of the disease at an early stage have been shown to lead to better survival rates. Screening plays an important role in the early detection, treatment and survival rates. Cervical screening, breast screening and bowel screening are coordinated by the Screening Coordinator, based in Public Health.

3.6 Smoking cessation

Smoking is a known risk factor in the development of ill-health, including cancer, stroke and coronary heart disease. The Scottish Government has set a target for successful smoking quit attempts (HEAT target H6). The progress of NHS Forth Valley against this target is shown below.

NHS Forth Valley Number of Successful Smoking Quit Attempts (HEAT target H6)



Smoking Cessation – Number of Forth Valley smokers who successfully quit

Target: 4,482 (at 1 month post quit) over the period 2008/09 to 2010/11

Position at March 2010 is 2,385 which is behind the trajectory of 3,377.

- Smoking cessation continues to be delivered across a range of settings.
- A range of approaches are being taken to increase uptake of smoking cessation services. For example it is expected that the finalisation and launch of the Varenicline Patient Group Directive may increase referral from primary care to smoking cessation services. Varenicline (Champix) is a prescription medication used to treat smoking addiction as an alternative to nicotine replacement therapy.

3.7 Links

3.1 Deaths by age group	
GRO deaths	GRO Webpage – Vital Events Reference Tables Section 5: Deaths, 2009
Deaths by sex, age and administrative area	GRO Table of data on deaths by sex, age and admin area, 2009
3.2 Ten most common causes of death	
Deaths by sex and cause	GRO data file table 6.3. Deaths by sex, cause and administrative area, Scotland 2009
3.3 Cancer mortality	
Cancer mortality by Health Board, sex, cancer type, 1985 - 2008	Trends in Cancer Mortality 1985 – 2008. Number of deaths, with crude and age standardised mortality rates by age, sex, cancer type and NHS Board
ISD Cancer mortality webpage	ISD Cancer statistics webpage with list of Tables
3.4 Coronary heart disease mortality	
ISD coronary heart disease mortality webpage	ISD Coronary Heart Disease webpage with list of Tables
Heart disease trends in mortality by age, Health Board of residence and year of death registration: Table MC1	ISD data file Table MC1. Heart Disease trends in Mortality. Number of deaths with crude and age-sex standardised mortality rates, by age, Health Board, type of heart disease and year of death, 2008
Table MC2	Coronary heart disease: Ages under 75 progress against targets, 2008
3.5 Cerebrovascular disease	
ISD Stroke mortality webpage	ISD Stroke mortality webpage with list of tables
Cerebrovascular disease mortality trends by age, Health Board of residence and year of death registration	ISD Table MS1. Cerebrovascular trends in Mortality. Number of deaths with crude and age-sex standardised mortality rates, by age, Health Board, type of cerebrovascular disease and year of death

4.1 Healthcare associated infection

Prevention of Healthcare Associated Infection (HAI) is a major priority in NHS Forth Valley. Tackling HAI is a complex issue with focus given to three key areas - surveillance, antimicrobial management and evidence based infection control practice.

This report describes initiatives being carried out within NHS Forth Valley to reduce Healthcare Associated Infections (HAIs). It also reports on progress against targets set by the Scottish Government.
The topics covered are:

- Clostridium difficile Infection (CDI)
- MRSA screening
- Surgical site infection surveillance
- Staphylococcus aureus bacteraemia (SAB) surveillance
- Norovirus
- Healthcare Environment Inspectorate (HEI) inspection
- Other issues

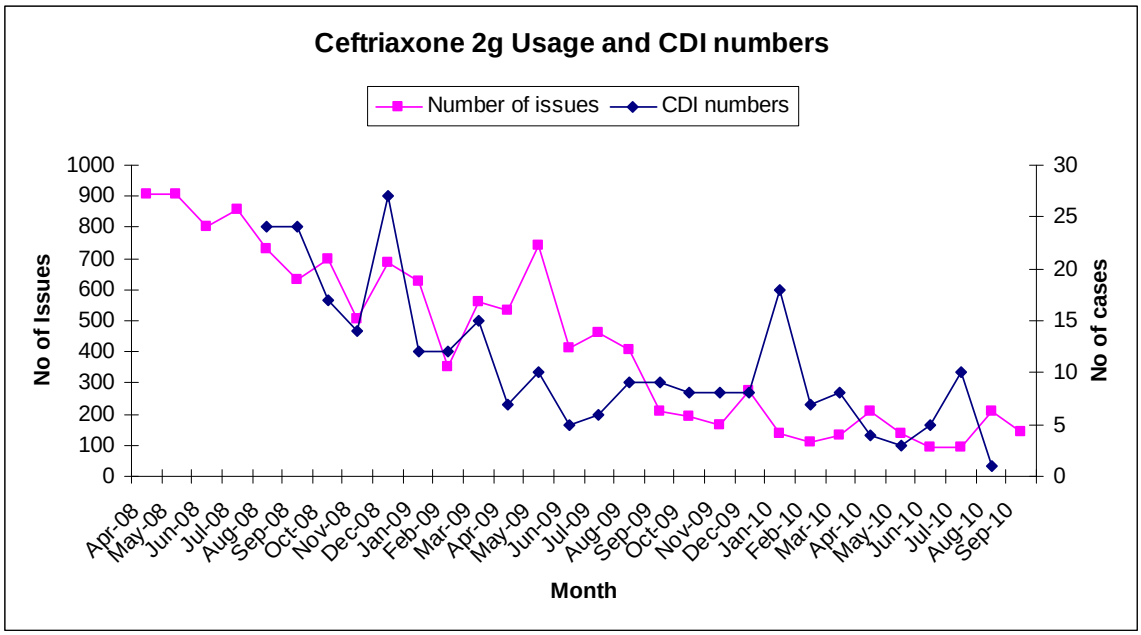
4.2 Clostridium difficile infection surveillance

Clostridium difficile infection (CDI) is primarily associated with antibiotic treatment. Clostridium difficile is part of the normal gut flora of many normal health individuals and causes no harm at all; but certain antibiotic therapies can upset the gut flora balance which results in the Clostridium difficile causing infection. Symptoms include mild to severe diarrhoea, fever and stomach pains.

NHS Forth Valley has been set a target by the Scottish Government Health Department (SGHD) to reduce the CDI rate by 50%, compared to the baseline rate from 2007, by March 2011. A revised antimicrobial policy was launched in March 2009. This assists the clinician to use the most appropriate antibiotic for a given infection, avoiding where possible, those more likely to cause CDI, thereby reducing the potential of the patient to develop the infection. Antibiotic usage is monitored by the Antimicrobial Pharmacist and Consultant Microbiologist to reduce the inappropriate use of antibiotics.

Patients are diagnosed with CDI following full investigation by the Infection Control Surveillance Team and Consultant Microbiologist. These findings are then discussed with the clinician, Antimicrobial Pharmacist, Associate Medical Director and Clinical Governance staff to ascertain the root cause of the patient having CDI. As a result of a collaborative approach involving relevant stakeholders across NHS Forth Valley, the CDI rate has been reduced by 64% so far and is currently one of the lowest rates of CDI in Scotland. The reduction in CDI cases has decreased in line with a reduction in ceftriaxone (one of the antibiotics associated with CDI) issued to patients (Figure 4.1). For further information please refer to the NHS Forth Valley HAI Annual Report 2009-10.

Figure 4.1 Ceftriaxone 2g usage and number of cases of CDI



4.3 Methicillin-resistant Staphylococcus aureus screening

Last year the Scottish Government requested that all Health Boards across Scotland screen specific patient groups for MRSA. These groups include all elective admissions and emergency admissions of vascular and geriatric patients. Preparation for this screening process began following the appointment of the MRSA Screening Project Manager in November 2009. By the end of January 2010 the screening process began. This screening process will enable healthcare workers to be aware of the MRSA status of these patients groups; so that treatment can be started and appropriate measures put in place to minimise any risk of cross infection to other patients or staff.

4.4 Surgical site infection surveillance

Surgical Site Infection Surveillance (SSIS) has continued within NHS Forth Valley since January 2003. It is a national requirement to report on two groups of procedures, caesarean sections and hip arthroplasty. In Forth Valley five procedures are monitored and it is intended to increase surveillance to cover other procedures. The annual surveillance of HAI report Jan-Dec 2009 published by Health Protection Scotland shows that the NHS Forth Valley surgical site infection rate is lower than the national rate.

4.5 Staphylococcus aureus bacteraemia surveillance

Staphylococcus aureus bacteraemia (SAB) surveillance is a Scottish Government initiative to reduce bacterial infections of the blood (bacteraemia) associated with devices which penetrate the skin such as catheters inserted into blood vessels for drips. In 2008 the Scottish Government set a target of 30% reduction of SABS across the whole of NHS Scotland by March 2010. The target reduction is relative to the SAB rate submitted to the Scottish Government in 2005-06. Unfortunately NHS Forth Valley, in common with a number of other Boards across NHS Scotland, failed to meet this target.

Not all SABs are associated with medical invasive devices and some patients acquire a SAB out with the hospital environment. It is critical that every patient who has a SAB is assessed fully by the dedicated surveillance team, to accurately diagnose the root cause of the SAB. This surveillance enables the NHS Forth Valley Infection Control Team to concentrate resources to specific areas where it is needed to help reduce SAB numbers. Following this investigation, these results are presented to relevant stakeholders including the Associate Medical Director, Clinical Microbiologist, and Ward Charge Nurse to enable a Health Board wide approach to SAB reduction.

Earlier this year, the Scottish Government Health Department announced that all NHS Boards must reduce SAB numbers by a further 15% by March 2011. Extensive work to reduce the SAB rate is underway including staff training and education events, collaborative working with Clinicians and epidemiological analysis of the data.

4.6 Norovirus

Norovirus, otherwise known as winter vomiting resulted in several ward closures particularly during the winter months putting pressure on the acute hospital services. Work is therefore underway to revise the outbreak management policy, to provide additional training to staff and to disseminate better information to patients and visitors about the control of Norovirus in healthcare settings.

During the year April 2009 - March 2010 there were 42 outbreaks of norovirus.

4.7 Healthcare Environment Inspectorate inspection

In April 2009 the Scottish Government announced that the Healthcare Environment Inspectorate (HEI) would be inspecting all acute hospitals throughout NHS Scotland. Their focus would be to reduce healthcare associated infection risk to patients and to provide assurance to the public that they are as safe as possible from HAIs and their consequences. Stirling Royal Infirmary, NHS Forth Valley, was the first hospital in Scotland to be visited by the HEI on 29 September 2009. The HEI made eight requirements and five recommendations, all of which were implemented and closed by the end of December 2009. The HEI report and action plan can be seen on the NHS Quality Improvement Scotland (QIS).

4.8 Other areas

Other areas covered by the Healthcare Associated Infections (HAI) Annual Report include audit, education and training and the NHS Scotland national hand hygiene campaign. Regular reports to NHS Forth Valley NHS Board are made as part of Performance Management. These reports are called the Healthcare Acquired Infection (HAI) Reporting Templates known as HAIRTS.

4.9 Links

4 Healthcare associated infection	
The annual surveillance of HAI report Jan-Dec 2009	Annual surveillance of HAI report contains information on HAI and provides information at Board level. This report is on the Health Protection Scotland website
HAIRTS.	The Forth Valley website contains copies of all the HAI reporting templates (HAIRTS) that have gone to the Board s part of Performance Management
NHS Quality Improvement Scotland (QIS)	HEI inspection report for NHS Forth Valley is available on the NHS Quality improvement Scotland (NHSQIS) website
NHS Forth Valley HAI Annual Report 2009-10.	Provides a link to the NHS Forth Valley Healthcare associated infection (HAI) annual report

5.1 First cases of Influenza A (H1N1)

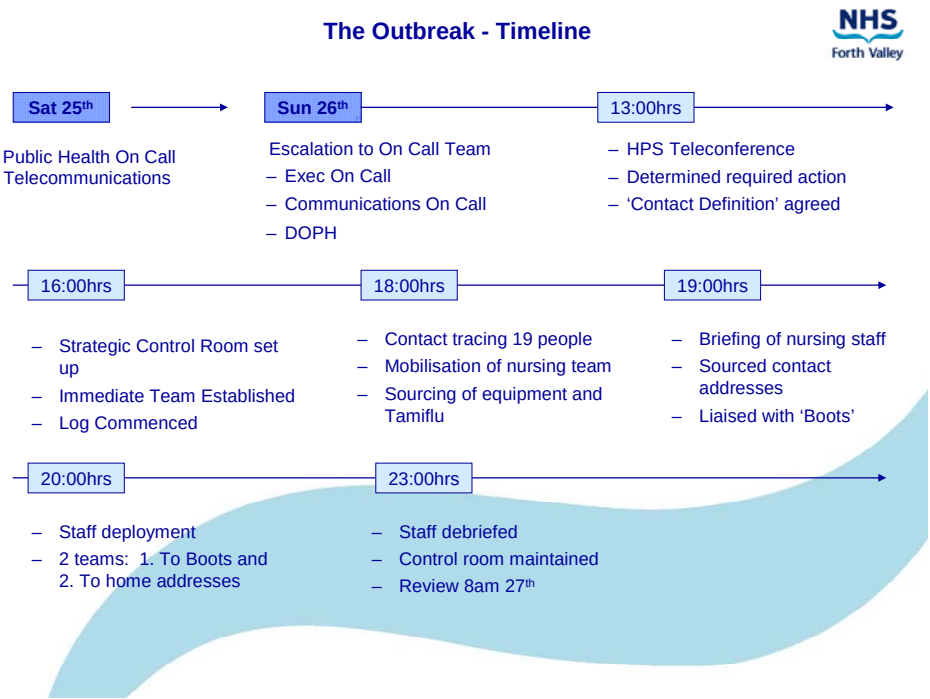
During 2009, NHS Forth Valley was host to the first diagnosed cases in the UK of Influenza A (H1N1) (swine flu) when two holidaymakers, returning from Mexico, were admitted to the isolation unit at Monklands Hospital, on 25 April 2009. This followed a few weeks in early April during which the world's attention was focused on Mexico City as reports emerged of a new and seemingly virulent influenza which had apparently caused over one hundred deaths in only a few weeks. The likelihood of it appearing in other parts of the world had been high. The UK Health Protection Agency monitored events, working closely alongside the UK government, to review the ongoing situation and assess any threat they posed to UK public health. Significant political and media interest ensued.

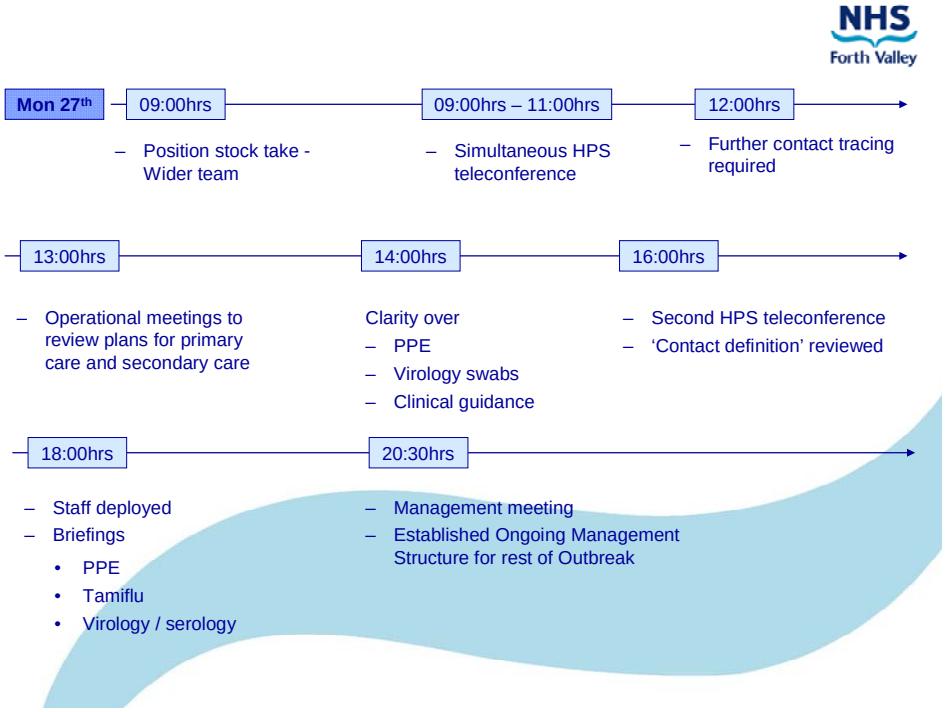
This document describes the local response to that incident, the ongoing management of the pandemic through the containment phase from 27 April to 2 July 2009 and the subsequent treatment phase. It also describes the plans to avoid possible disruption to essential NHS services and implementation of an immunisation programme for influenza H1N1.

5.2 H1N1 containment phase 27 April to 2 July 2010

In view of the size of the likely contact list and the intense political and media interest the NHS Board's strategic control team was activated. The immediate public health priority was to trace everyone who had been in contact with the initial cases whilst they were potentially infectious. Initial contacts were seen and treated by the evening of Sunday 26 April 2009. A timeline of the immediate response during the first two days is shown in Figure 5.1.

Figure 5.1 Timeline of immediate response during first two days of H1N1 outbreak





The Directorate of Public Health was pivotal in organising contact tracing and follow-up of affected individuals as well as appraising and circulating the most recent national advice. Individuals, returning from affected areas, who became unwell within seven days of their return, were advised to stay at home and to contact their GP or NHS24. Clinicians were asked to consider influenza A (H1N1) virus infection when assessing returning travelers and visitors to the UK who presented with flu-like symptoms.

The World Health Organisation (WHO) requested that all countries strengthen their flu surveillance to provide more information on this infection.

To monitor the situation data was collected by staff across a range of departments from within acute and primary care as well as Local Authorities. Local analysis and distribution of epidemiological data was successfully carried out through:

- the production of a detailed weekly situation report (sitrep) condensing local and national update information into a single, quickly digested, local update report

- the development of a swine flu "dashboard" collating local activity data including currently available beds, A &E waiting times, swine flu admissions and school absences.

It was predicted that during the influenza pandemic large numbers of people would become infected with increasing numbers of people becoming ill with subsequent complications leading to many deaths. The containment phase was intended to reduce the spread of H1N1 within the community and allow time to develop a vaccine and plan and implement an immunisation programme. During this time period several multi-agency groups were formed with membership from community and hospital based professionals as well as local authorities and voluntary agencies such as the British Red Cross.

The H1N1 pandemic was in a containment phase within the UK from 27 April through to 2 July 2009. During the first week public health professionals were very busy with initial contact tracing and follow-up of individuals with symptoms. The method of testing was being refined, staff were ensuring adequate availability of swabs, seeking advice on choice of transport

medium for swabs and considering the evidence regarding the use and choice of protective masks. There was intense scrutiny and involvement from Health Protection Scotland (HPS) and Scottish Government. Initial uncertainties in the interpretation of a newly developed test combined with daily changes in HPS guidance, a huge workload in contact tracing and follow-up of affected individuals led to challenging professional issues. Staff from a range of specialties were involved in developing an escalation model for planning and delivery of services in the event of a decreasing work force and increasing numbers of individuals affected by H1N1.

Throughout the Pandemic (H1N1) 2009 the Public Health team played a key role in leading the NHS and multi-agency response. A Consultant in Public Health Medicine (CPHM) and a Consultant in Dental Public Health co-chaired the NHS Board's pandemic influenza core group, which led the NHS Forth Valley response.

During this time good communication was essential. Amongst professionals this was done via the major incident electronic mailbox information pathway. There was good engagement with professional advisory committees and the Community Health Partnerships (CHPs) and information evenings were held, providing updates on pandemic and immunisation issues. These were attended by over 200 local community and primary care colleagues.

5.3 H1N1 treatment phase

On 2 July 2009, in view of the increase of people presenting with suspected influenza H1N1, the Scottish Government announced a change in management of the H1N1 pandemic flu outbreak from the containment phase to the treatment phase, particularly with regard to contact tracing.

Existing guidance continued to be followed particularly relating to compliance with all aspects of hand hygiene policy, avoidance of acute hospitalisation of suspected patients unless unavoidable clinically; encouragement of appropriate use and disposal of tissues and the importance of self management of flu symptoms at home. Staff were advised to continue using personal protective equipment (PPE).

An acute operational team planned for all eventualities, supported by a CPHM. Concerns included the possibility that large numbers of undiagnosed cases might be admitted, occupational health advice regarding pregnancy, the use of appropriate PPE and requests for post exposure prophylaxis. Patient pathways were developed and continuously reviewed to identify and manage potential influenza cases.

The paediatric specialty was very busy as many children with underlying health conditions were referred as possible flu cases. There were also particular challenges for Obstetrics and Gynaecology and for the intensive care unit (ICU). Detailed plans were developed to more than triple capacity in ICU by using recovery rooms and operating theatres and additional equipment was obtained to allow theatre respirators to be adapted for continuous use by potential influenza patients.

The team worked hard on managing the availability of single rooms and operational plans for cohorting of patients in influenza wards. Most of these plans were not required as the local peak of the pandemic passed in mid November 2009, with the added protection of the successful immunisation campaign for the at risk population. These plans will however be included in future pandemic plans to allow for the possibility of future Influenza pandemics of all grades of severity and also for the continued threat of an avian influenza based pandemic.

An escalation model was developed with Primary Care and Acute Services which defined services as non-essential or essential. This model would be used in the event of a decreasing number of people turning up to work.

5.4 Forth Valley immunisation programme for Influenza A H1N1

The Health Protection Team based in the Public Health Department led the design and delivery of a comprehensive population immunisation programme in 2009. The programme was rapidly established and very good local immunisation rates were achieved.

The H1N1 national immunisation programme was overseen by the Scottish Government with Health Protection Scotland (HPS) leading the programme management role.

A coordination group and working groups were established by HPS with a very wide representation. The working groups considered service delivery, data management, information and resources and monitoring and evaluation.

The National Programme had the key roles of:-

- assuring local delivery followed the principles defined by the working groups.
- coordinating local implementation with vaccine logistics and national communications.
- liaising with the operational leads in NHS boards by identifying and remedying risks and issues.
- consulting on key developments and supporting and sharing practices. Weekly teleconferences enabled the sharing of the outputs from these groups and provided the opportunity for each Health Board area to raise local issues.

Once the priority groups were identified by the Scottish Government and the availability of the vaccine was confirmed, the local plan was set into motion.

A sub-group of the Pandemic Influenza Short Life Strategic Planning Committee was set up to oversee the development and implementation of the H1N1 vaccination programme. Further multi-disciplinary, multi-agency sub groups were set up to develop operational plans for primary care, schools, health and social work and for pharmacy and procurement.

Within Forth Valley, primary care successfully delivered the entire programme based on previous expertise in delivery of the seasonal flu immunisation.
Phase 1 included the following priority groups:-

- individuals aged 6 months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
- pregnant women
- household contacts of immuno-compromised individuals and people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups
- health and social care workers

Occupational Health was involved with the immunisation of all NHS Forth Valley staff. In addition, processes were put in place to immunise in-patients who met the criteria to be vaccinated.

A programme to immunise social care workers was designed and delivered with the assistance of temporary nursing staff from the NHS Forth Valley staff bank, who were trained by health protection nurses and the local British Red Cross.

5.5 Following the height of the pandemic- lessons learned

An independent review led by Dame Deirdre Hine examined the strategic response to the H1N1influenza pandemic in the UK, including the way in which this was planned and implemented across the four nations in the first serious emergency since the advent of devolution. The 2009 influenza pandemic report published in July 2010 outlined 28 recommendations that aim to enhance the proportionality of a future response, strengthen the development and handling of scientific advice, and improve how government communicates with the public.

5.6 WHO announces official end of the H1N1 (2009) pandemic

On 10 August 2010, the Director-General of the World Health Organization announced that the H1N1 (2009) flu pandemic was over. The announcement was made following a meeting of the WHO Emergency Committee, which reviewed global epidemiological data indicating that the flu virus, worldwide, was transitioning towards seasonal flu characteristics and patterns of transmission.

The decision was prompted by the following observations:

- H1N1 (2009) Influenza activity was consistent with that seen for circulating seasonal influenza viruses. There were no longer out of season outbreaks being reported in either the northern or southern hemisphere
- many countries were reporting a mix of influenza viruses, as is typical for seasonal flu activity
- published studies indicate that 20-40% of populations in some areas have been infected and this together with good vaccination coverage in many countries, especially in high-risk groups, had increased community wide immunity.

5.7 Conclusions

A number of factors helped in dealing with the H1N1 pandemic in Forth Valley. The key factors were:

- Early recognition of the need for a co-ordinated single system whole NHS response with multi-agency support. The pandemic was not seen as being a public health or NHS only challenge
- Good communication was very important. Local analysis and distribution of epidemiological data through:

- the production of a detailed weekly situation report (sitrep)
- the development of a swine flu 'dashboard' collating local activity data

- Success was achieved in protecting and maintaining normal NHS services throughout the pandemic.

- The support of primary care clinicians working locally and the role of public health staff within Public Health were key factors towards a successful response

- The pandemic response was kept simple, following established plans rather than a more complex and different pandemic response

- The Pandemic Influenza Core (PIC) Group, containing representation from Public Health and managerial staff, managed the day to day response as well as predicting and planning for future challenges. This group was responsible for surveillance, resilience, escalation triggers and reviewing guidance and took on a scientific and technical advisory role

- The immunisation programme went smoothly and achieved good uptake rates.

5.8 Links

5 Healthcare associated infection	
The 2009 influenza pandemic report	This review by Dame D Hine examines the national response to the H1N1 pandemic and provides recommendations for dealing with similar events.
NHS Forth Valley Final report on response to pandemic influenza(2009)	Locally produced document to be published December 2010.
The pandemic of H1N1 infection in Scotland: a report on the Health Protection response	Due to be published on the Health Protection Scotland website, December 2010.

6.1 Blood Borne Viruses

The term Blood Borne Virus (BBV) refers to three viruses: Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). Blood Borne Viruses present a major burden for affected individuals in that they are capable of causing severe disease and mortality, and also impact on families as well as the community at large. They also affect some of the most excluded and disadvantaged groups in our communities. While there have been advances in the treatment of BBVs, in particular Hepatitis C, there is still no cure for HIV, but if appropriate and timely interventions are put in place they can all be prevented. Further information can be found on the Health Protection Scotland website .

6.2 Blood Borne Virus work in Forth Valley

Forth Valley does not have a large number of cases of HIV (a total of 162 cases), and while the number of new cases each year has been increasing it has been at a slower rate than Scotland as a whole. From January to June 2010 there were 5 new cases.
From April 2008 to March 2009 there were 31 Forth Valley residents diagnosed with Hepatitis B. The incidence of Hepatitis B has also been creeping up in recent times both locally and nationally.

Table 6.1 Persons in Forth Valley reported to be Hepatitis B positive (HPS)

	Number of cases	
	2008	2009
Forth Valley	20	31

Hepatitis C has seen a recent surge in the number of individuals diagnosed. In 2009 there were 113 Forth Valley residents diagnosed. This has been the result of a focused programme of testing high risk individuals. It is estimated that there are almost 3,000 Hepatitis C positive individuals in Forth Valley, with 1,247 of these individuals diagnosed.

The growing burden of disease associated with BBVs within Forth Valley led to the development of a NHS Forth Valley BBV strategy and a BBV Prevention Network Workplan in 2009. The aim of the strategy is to reduce the burden of disease caused by BBVs while ensuring appropriate and timely care and support for those individuals suffering with them. The strategy draws on guidance and direction from the National Hepatitis C Action plan. A local HIV needs assessment was undertaken in 2009. This piece of work was commissioned from HIV Scotland. The results of the needs assessment are feeding into the local action plan and will help with NHS Forth Valley's response to the recent National HIV Action plan.

Table 6.2 Persons in Forth Valley reported to be Hepatitis C antibody positive

	2008		2009		2010 (First Quarter)
	Number of cases	Rate per 100,000	Number of cases	Rate per 100,000	Number of cases
Forth Valley	76	26.3	113	39.0	23
Scotland	1,695	32.9	2,081	40.1	506

Source: Health Protection Scotland

The most advanced area of work is around Hepatitis C and driven by the dedicated funding received as part of the National Hepatitis C Action Plan. The Hep C Action Plan for Scotland 2008–2011 is now in the second year of Phase II. This plan focuses on the following key areas for development:

- Testing
- Treatment
- Care and support
- Prevention and education.

Within Forth Valley considerable work using a multi-agency approach has already been undertaken. A prevention strategy for all BBVs has been developed and is being taken forward by the prevention subgroup. A Hepatitis C workforce learning and development needs assessment was carried out in 2009.

The hepatology team within the acute setting has expanded to include a third hepatology nurse, now fully trained, as well as additional Consultant sessions. This has enabled an increase in hepatology clinic time and expanded testing and treatment within outreach centres such as the local prisons.

The needle exchange services for Intravenous Drug Users (IVDUs) commissioned from the voluntary organisation, Signpost Recovery, and local community pharmacies have been expanded and now provide 'one hit kits' (injecting paraphernalia) which significantly reduce the risk of onward transmission of blood borne viruses (BBVs). Signpost provides advice, needle exchange services and signposting to other services at their harm-reduction clinics at 5 sites across Forth Valley. In addition hepatology nurses attend three of these clinics each week to provide vaccination against Hepatitis B and A, as well as testing for Hepatitis C. In the last two years community pharmacies offering needle exchange services has increased from 13 to 14. Future plans include; changing the BBV Strategy group into a BBV Managed Care Network (MCN), which will continue to develop links between partner agencies to provide a holistic service, as well as treatment and prevention pathways for individuals living with Hep C and other BBVs. In addition, educational interventions aimed at all staff, both NHS and non NHS are being developed at both national and local levels. The Hep C Scotland website gives further information on Hep C with signposting links to support agencies.

6.3 Links

6. Blood borne viruses	
Health Protection Scotland website	Links to the Health Protection Scotland website containing information on blood borne viruses
NHS Forth Valley BBV strategy	Links to a copy of the NHS Forth Valley BBV strategy
BBV Prevention Network Workplan	Links to a copy of the NHS Forth Valley BBV prevention network workplan
HIV needs assessment	Links to a copy of the NHS Forth Valley HIV needs assessment
The Hep C Action Plan for Scotland 2008–2011	Links to the Scottish Government website publication ‘ Hep C Action Plan for Scotland: Phase 2 May 2008-March 2011
Hepatitis C workforce learning and development needs assessment	Links to the Hep C workforce learning and development needs assessment
Hep C Scotland website	Links to the website of Hep C Scotland

7.1 Obesity

Scotland has one of the highest levels of overweight and obesity in the developed world and this is also apparent in Forth Valley. Local data show that Forth Valley has some of the highest levels of female adult obesity in Scotland. Overweight is the term used to describe any person with a body mass index (BMI) over 25 and the term obese is reserved for more overweight individuals with a BMI in excess of 30. Current data show that around two thirds of local adults are overweight and half of these are officially obese.

The Scottish Health Survey provides an indication of adult obesity and shows there has been a steady upward trend in the prevalence of overweight and obesity (BMI of 25 and above) among both sexes aged 16-64 since 1995. 55.6% of men aged 16-64 were overweight or obese in 1995 compared with 66.3% in 2009. The equivalent increase for women was from 47.2% to 58.4%.

BMI = Weight in Kg/height in cm^2

Ideal weight = BMI greater than 20 and less than 25

Overweight = BMI 25 and less than 30

Obese = BMI 30 and over

Morbidly obese = BMI over 35

Overweight and obesity can cause a wide range of medical conditions the most common being type 2 diabetes, hypertension and coronary heart disease. It is also a risk factor for some cancers.

Obesity causes at least as much ill-health as poverty, smoking and problem drinking and as much premature mortality as smoking. In 2010 the Scottish Government published Preventing Overweight and Obesity in Scotland: a Route Map towards Healthy Weight, which estimates that the total cost to Scottish society of obesity in 2007-08 was in excess of £457 million. Much of this cost is avoidable.

As obesity and overweight is very much a societal problem it will take a wide range of approaches to achieve change. At a population level the emphasis is not on promoting individual obesity treatments but is to focus on the behaviour changes which will lead to a healthy weight. In particular action is being taken to promote healthy eating and an increase in physical activity.

These actions range from promoting healthy eating in school canteens and tuck shops, changing the fat, sugar and salt levels in food, encouraging walking and use of public transport to promoting wider engagement in sport.

Obesity remains a significant local public health challenge and in Forth Valley we are revising an evidence based obesity strategy with an emphasis on community weight reduction to

complement these population level changes. A summary and update of a Forth Valley Healthy Weight Strategy was published in 2009

During 2009-2010 the Healthy Weight Strategy group has reformed into an advisory forum aiming to bring together the existing advice on managing obesity into an integrated Forth Valley approach focussed on primary care.

There is an active programme to recruit primary care practitioners within Forth Valley to adopt the Counterweight approach and to train practice staff to deliver support programmes for overweight and obese patients.

The National Institute for Clinical Excellence (NICE) has produced detailed guidance on bariatric surgery which either bypasses or reduces the size of the stomach and consequently reduces the patient's appetite and their daily calorific intake. This guidance recommends bariatric surgery as a possible first line treatment for patients with a BMI in excess of 35. In NHS Forth Valley we have established a limited bariatric surgery service for the most severely morbidly obese patients. During the past two years 30 patients from Forth Valley have now had bariatric surgery and an audit of these cases has shown very positive overall results.

7.2 Childhood obesity

The Scottish Health Survey 2009 measured child obesity in a sample of Scottish children and found that 29.4% of boys and 27.0% of girls (28.2% of all children) were overweight or obese (BMI >=85th percentile).

The proportions of boys (31.0%) and girls (28.3%) with a BMI outside the healthy range were not significantly different although the proportion of children with a BMI out with the healthy range increased significantly with age, from 24.3% of children aged 2-6, to 30.8% of those aged 7-11, and to 35.2% of those aged 12-15.

Boys in the lowest income households were more likely to be obese than boys in all other income groups. There was no clear pattern for girls. Girls and boys in the most deprived quintile were more likely to be obese than girls and boys in the least deprived.

The survey also found a strong association between parental BMI and child BMI. Children of parents who are either a healthy weight or underweight are less likely to be overweight or obese than are children of obese parents (20.3% compared with 38.8%).

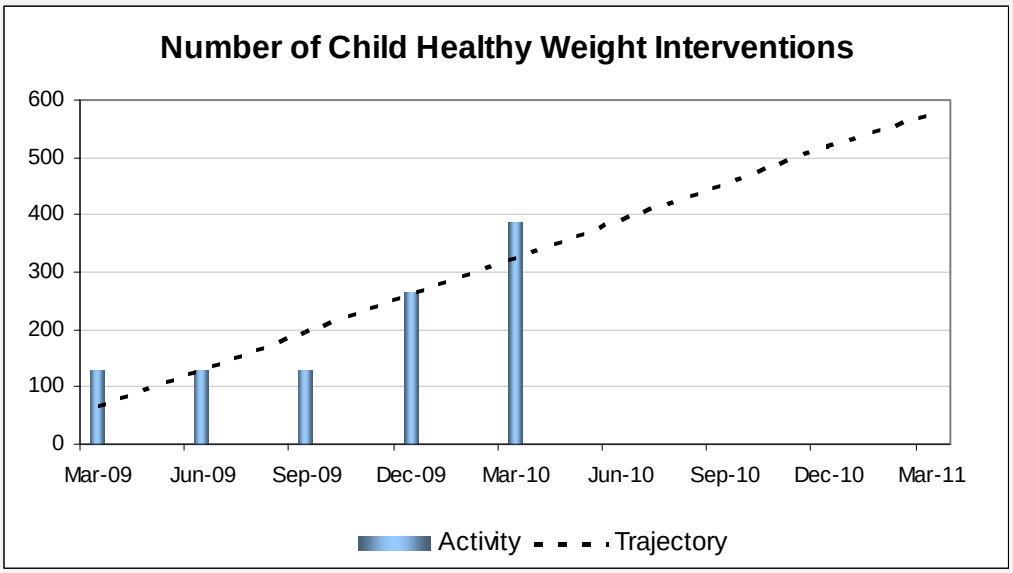
ISD Scotland also publishes national and local authority level data on children's BMI. These data show both high and low BMI.

The data cover just over 70% of primary 1 children across the 11 participating NHS Boards which is 60% of all primary 1 children across Scotland. The figures show that 7.9% of primary 1 children in Forth Valley were found to be obese and a further 11.6% (19.5% in total) were overweight.

Child healthy weight programmes work toward the Scottish Government's HEAT target to achieve agreed completion rates for child healthy weight intervention programme by 2011. The Public Health Directorate has supported a population approach to this rather than targeting individual children with obesity. Working with multi-agency colleagues we have rolled out a very successful whole class programme entitled 'Max in the Middle' which aims to promote the importance of a healthy lifestyle in maintaining a healthy weight in primary school aged

children. In 2008-09 and 2009-10 NHS Forth Valley were the only NHS Board to remain on target to deliver the interventions required by the H3 target.

NHS Forth Valley Progress with child healthy weight interventions (HEAT 3 target)



- The figures show that NHS Forth Valley was ahead of the in-month trajectory, with a position of 386 at March 2010.
- This 18 hour school based intervention is an innovative interactive non-medical model. It has a focus on quality, involvement and inclusion and provides a strong and positive prevention message.
- The current wave will be completed on November 12th 2010, and the response from schools has been very positive.
- Forward planning currently underway for the January to March wave with notes of interest from 30 classes – we plan to work with 18 classes, and will consult with partners to assess which schools to target. This is with the aim to achieve the 580 target with sufficient reserve in case not all planned schools are able to participate.

A key component of the target is the evaluation that will contribute to the existing evidence base of effective interventions. NHS Health Scotland is working closely with health boards to support the delivery of child healthy weight interventions. An evaluation report from 2008 entitled 'My Gran thinks it's changed me' and a Max programme evaluation, 2009 have been published.

The latest max evaluation report looked at the wider community impact including an extended Max programme, piloted in some schools was carried out which was evaluated available.

7.3 Child healthy weight resources

Child healthy weight resources to support children, parents and healthcare professionals have been developed and were distributed to health boards in April 2010.


Healthy, happy kids...
Eat me-size meals
Adult size portions are
too big for kids
healthier
scotland
NHS
Health
Scotland

7.4 Links

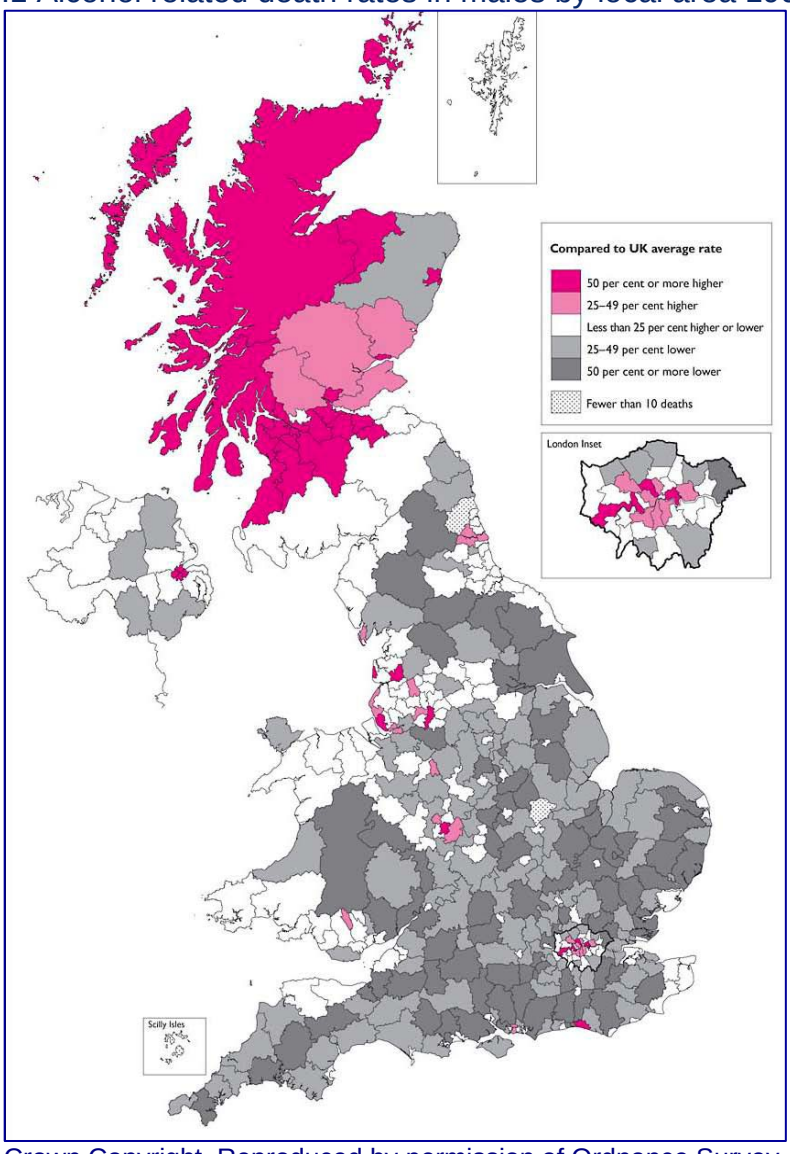
7. Tackling Obesity in Forth Valley	
Preventing Overweight and Obesity in Scotland: a Route Map towards Healthy Weight	Provides a link to a paper published by the Scottish Government on preventing obesity in Scotland
Forth Valley Healthy Weight Strategy	Links to a copy of the summary and update of the Forth Valley Health Weight strategy 2009
Counterweight approach	Provides a link to the website of Counterweight, an evidence based weight management programme for adults. This approach promotes behavioural strategies which seek to change eating habits, activity levels, sedentary behaviour and thinking processes which contribute to a person being overweight or obese
National Institute for Clinical Excellence (NICE)	Provides a link to the guideline on preventing and treating overweight and obesity produced by the National Institute for Health and Clinical Excellence.
Scottish Health Survey 2009	Provides a link to the most recent Scottish Health Survey
data on children's BMI	Information Services Division (ISD) Scotland Child BMI data
Max in the Middle	Provides link to project review of the whole class programme 'Max in the middle'
My Gran thinks it's changed me	An evaluation report from 2008 on Max in the Middle
Max programme evaluation	An evaluation report from 2009 on Max in the Middle
latest max evaluation report	Latest evaluation report of the Max in the Middle programme including information on an extended Max programme.
Child healthy weight resources	Links to resources on child healthy weight for distribution to health professionals and families, produced Health Scotland.

8.1 Alcohol

Scotland has a major problem with alcohol, with a higher consumption than the rest of the UK. Consequently the number of deaths related to alcohol is considerably higher than the rest of the UK (Figure 1*).* Detailed information can be found on the NHS Health Scotland website.

Detailed statistics on age-standardised alcohol-related death rates in both males and females by local area of the United Kingdom, 1991-1997 and 1998-2004 combined are available. The map below appeared in a briefing paper produced by NHS Health Scotland on delivering alcohol screening and brief interventions.

Figure 8.1 Alcohol related death rates in males by local area 1998-2004.



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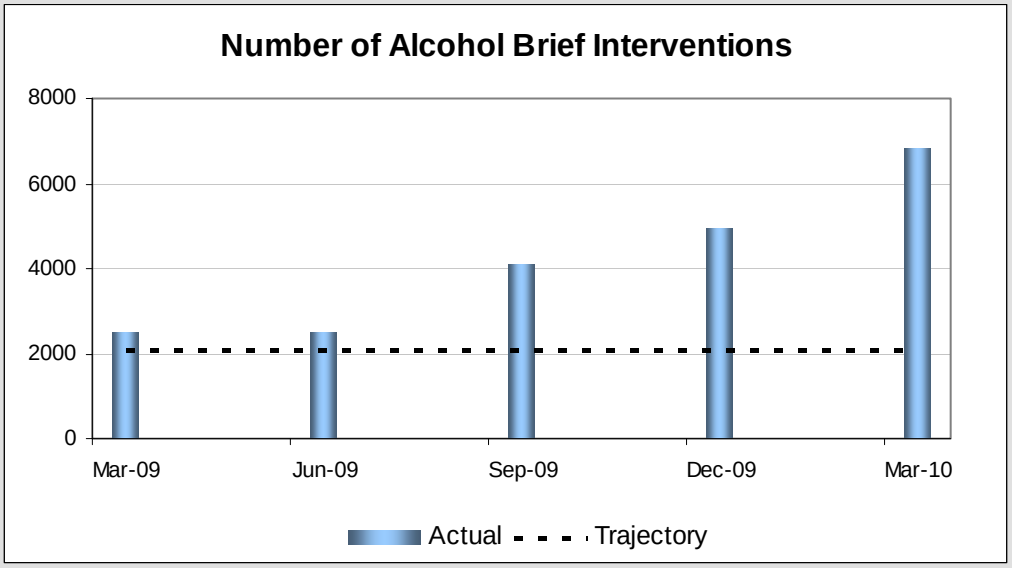
Tackling issues of alcohol misuse is a priority of the Scottish Government which published a consultation document in June 2008. This was followed in 2009 by 'Changing Scotland's Relationship with Alcohol: a Framework for Action' which set out the way forward.

8.2 Forth Valley's approach to reducing alcohol misuse

Tackling alcohol misuse is also a priority in Forth Valley. In 2009, the Director of Public Health chaired an Alcohol Strategy group with membership from across the NHS, Local Authorities, police and voluntary sector. This group published a NHS Forth Valley Alcohol Strategy which is being taken forward by the Alcohol & Drug Partnerships (ADPs). (ADPs were set up in 2009, to replace the Substance Action Team.) There is an ADP for each of the Community Health Partnerships: Clackmannanshire, Stirling and Falkirk within Forth Valley. In addition to these three ADPs, there is also an overarching ADP covering the whole Forth Valley area.

The Scottish Government set the NHS in Scotland a target of delivering 149,449 alcohol brief interventions (ABIs) between April 2008 and March 2011. This is known as the HEAT (Health, Efficiency, Access, Treatment) H4 target for alcohol brief interventions. Each NHS Board area has its own target based on its population. The Director of Public Health chairs the ABI steering group with support from the ADP coordinator and other health professionals. NHS Forth Valley is making good progress in achieving this target as shown below.

NHS Forth Valley Progress with alcohol brief interventions (HEAT target H4)



- Delivery of screening and brief interventions is progressing well across a range of settings with 6,244 interventions being delivered up to March 2010. This is ahead of the in-month trajectory.
- Work has begun with the Health Promoting Health Service along with generic health behaviour change work. This is deemed crucial for longer term sustainability.
- The rollout of community pharmacy work across Forth Valley has been agreed.

An Alcohol Healthcare Needs Assessment has been carried out by the Directorate of Public Health. This provides an estimate based on the best available data of people with health care needs related to alcohol use.
NHS Forth Valley has supported the national evaluation of the alcohol brief interventions (ABIs) which is looking at the implementation of ABIs into primary care, Accident and Emergency departments and maternity services.

In 2009-10 the Public Health Directorate contributed to consultations on national alcohol policy including minimum pricing, one of the widely publicised actions proposed by the Scottish Government, as part of their strategy to reduce consumption particularly amongst the harmful and hazardous drinkers.

The new licensing act was implemented in September 2009 including, for the first time, a statement about protecting the public's health. The local licensing Boards have input from the Public Health Directorate.

8.3 Links

8.3 Tackling alcohol misuse in Forth Valley	
NHS Health Scotland website.	Provides an overview of the alcohol related programme of work being carried forward by NHS Health Scotland
Detailed statistics on age-standardised alcohol-related death rates in both males and females	Provides statistics on age standardised alcohol-related death rates for both males and females by local areas across the UK.
NHS Health Scotland on delivering alcohol screening and brief interventions.	Provides a link to NHS Health Scotland paper 'Delivering alcohol screening and brief interventions in the A&E setting Briefing paper 1:What and why?
consultation document	Provides link to Scottish Government's consultation 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach'
Changing Scotland's Relationship with Alcohol: a Framework for Action	Provides link to Scottish Government's paper 'Changing Scotland's Relationship with alcohol: a framework for action
NHS Forth Valley Alcohol Strategy	Provides a link to the locally produced Forth Valley alcohol strategy.
Alcohol Needs Assessment	Links to a copy of the Forth Valley Alcohol healthcare needs assessment carried out by the Director of Public Health

9.1 Improving oral health and dental services

While there are a wide range of diseases that affect the mouth and its related structures there are three oral health problems that have an important public health impact:

- dental caries (tooth decay)
- periodontal disease (gum disease)
- mouth cancer.

Tooth decay and gum disease are the most common diseases in humans and can prevented by encouraging a balanced (low sugar) diet, stopping smoking, reducing alcohol consumption and stress and practicing good oral hygiene. Addressing these areas will have an impact on oral disease and will also bring benefits for general health. Since the launch of the Scottish Executive's 2005 Dental Action Plan there have been significant improvements in oral health, particularly of children as a result of improved funding for oral health programmes.

9.2 Childsmile

Childsmile is a co-ordinated national programme that had been developed since the launch of the Dental Action Plan with a number of elements:-

- a core programme which provides Dental Pack containing a toothbrush, tube of 1000ppm fluoride toothpaste and an information leaflet on at least six occasions by the age of five and a supervised nursery school and targeted primary school supervised tooth brushing programme
- a practice programme designed to link children with local Childsmile dental practices
- Nursery and school programmes to deliver fluoride varnishing for children aged three and upwards.

Tooth brushing with fluoride toothpaste and use of fluoride varnish have a robust evidence base to support their effectiveness and their use is recommended by SIGN guideline 83. Locally thanks to the support of local education colleagues and an enthusiastic Childsmile team 100% of nursery schools and all our targeted primary schools have been participating in the core programmes for a number of years. Take-up of the fluoride varnishing programme has been very positive with over 1,500 nursery applications in the past six months, our sixth cycle of the scheme. This programme is key to delivering the HEAT 9 target of at least 60% of three and four year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.

The Childsmile practice programme began its roll out earlier this year with practices joining following the relevant training with an initial target of 20 participating practices by 2011.

The National Dental Epidemiology Programme (NDIP) which undertakes annual examinations of primary one (P1) and primary seven (P7) children is showing year on year improvements in dental health (Figures 9.1-9.4) with the average number in decayed missing and filled teeth is falling and the number of children apparently free of all dental decay increasing. Currently 73.2% of P1 children are disease free (Figure 9.2) and 68.7% of P7 (Figure 9.4) children which means that Forth Valley have met the 2010 national targets for these age groups.

However whilst these changes represent considerable improvements it still means that around 30% of P1 and P7 pupils in Forth Valley have tooth decay, many of whom will go on to have teeth extracted in hospital under general anaesthesia. Tooth extraction remains one of the commonest reasons for children to be given a general anaesthetic so it is important to maintain these important preventive programmes. For while levels of dental disease have been improving in recent years since the introduction of these programmes the decade before their widespread introduction showed little improvement (figure 9.1) in our youngest children.

Figure 9.1 Decayed missing and filled teeth in P1 children 1987-2010

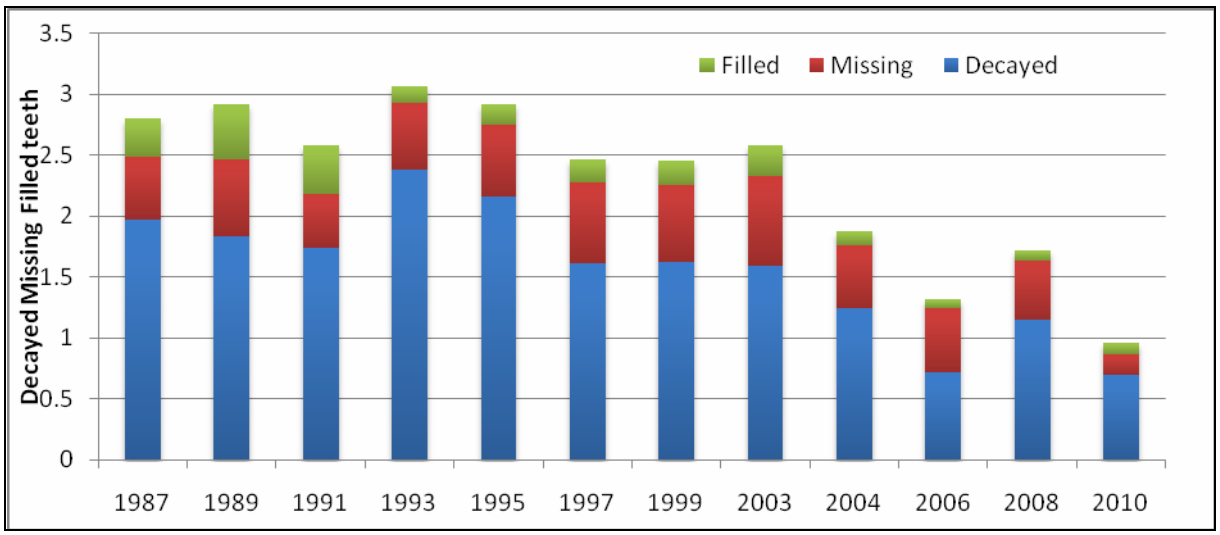


Figure 9.2 Percentage of decay free P1 children 1987-2010

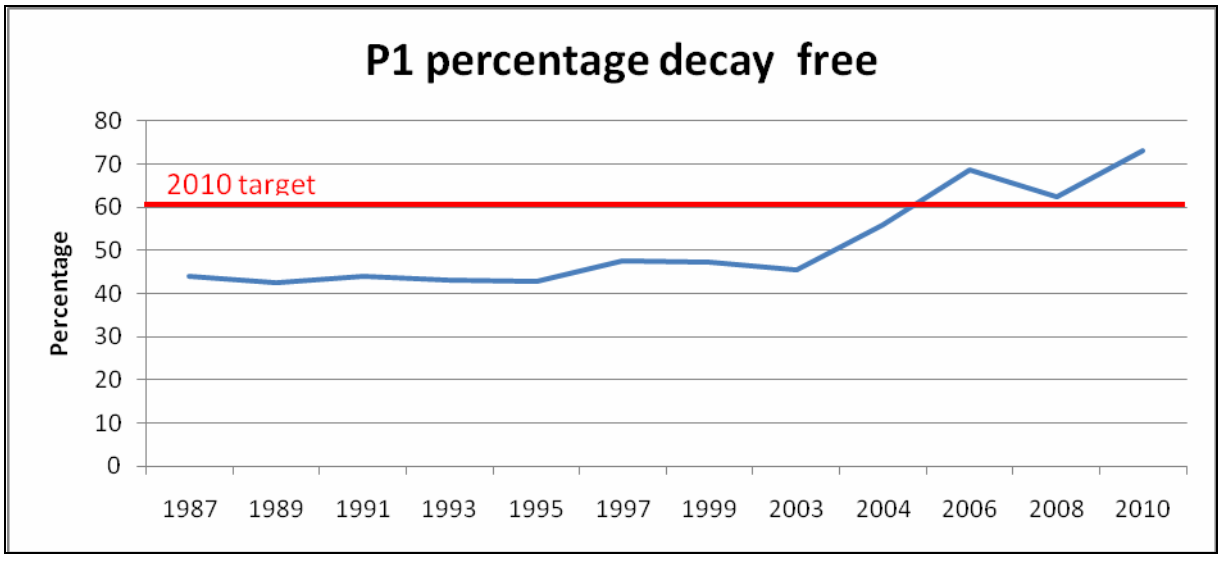


Figure 9.3 Decayed missing and filled teeth in P7 children 1988-2009

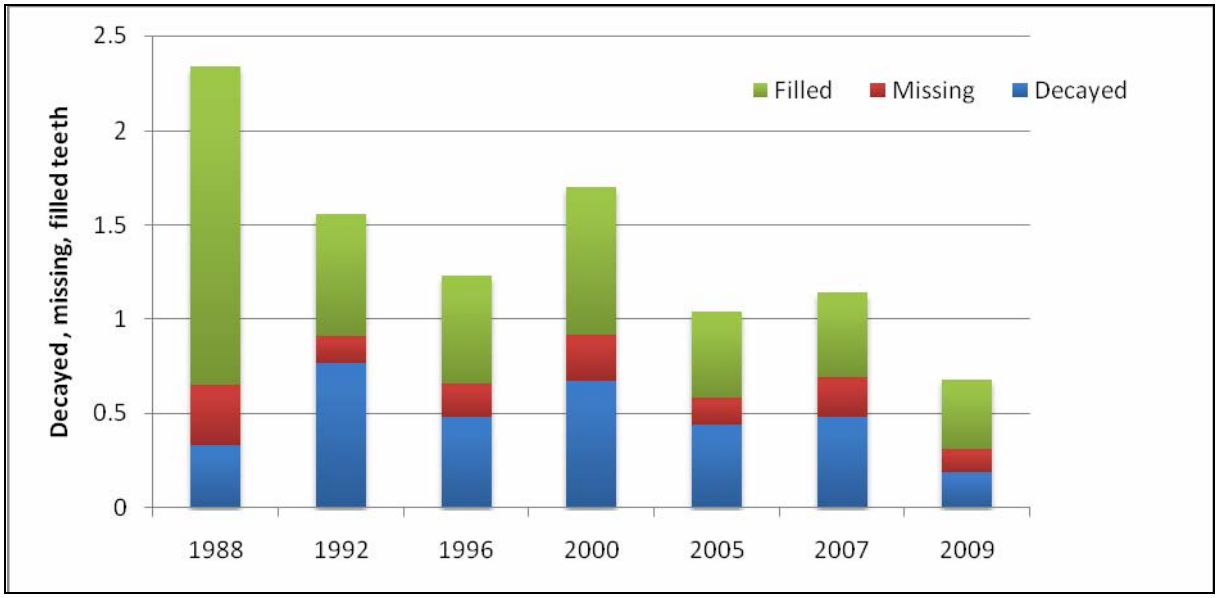
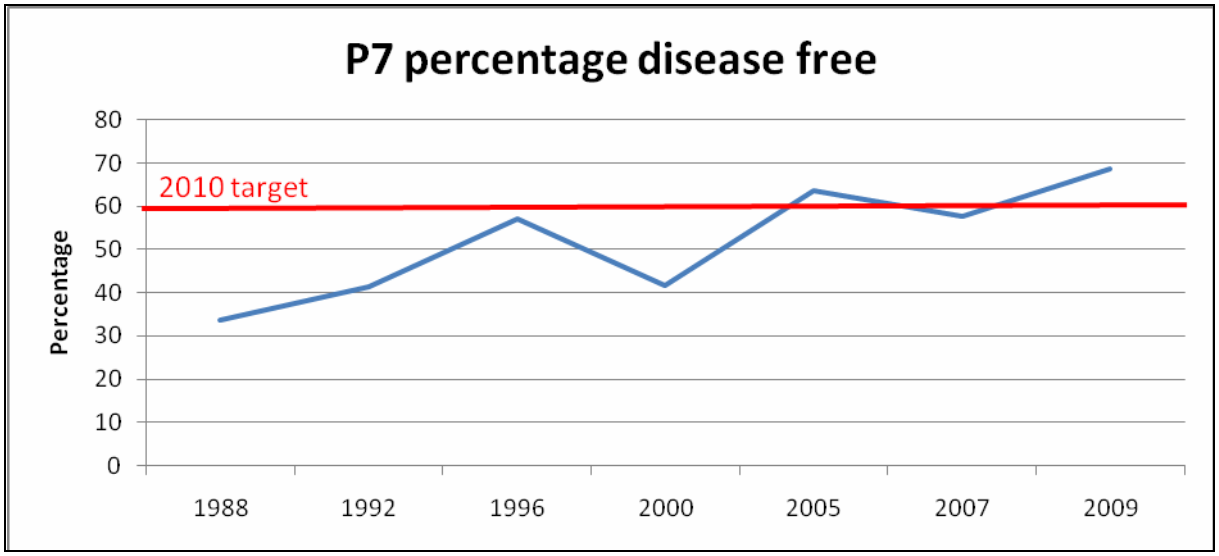


Figure 9.4 Percentage of decay free P7 children 1988-2009



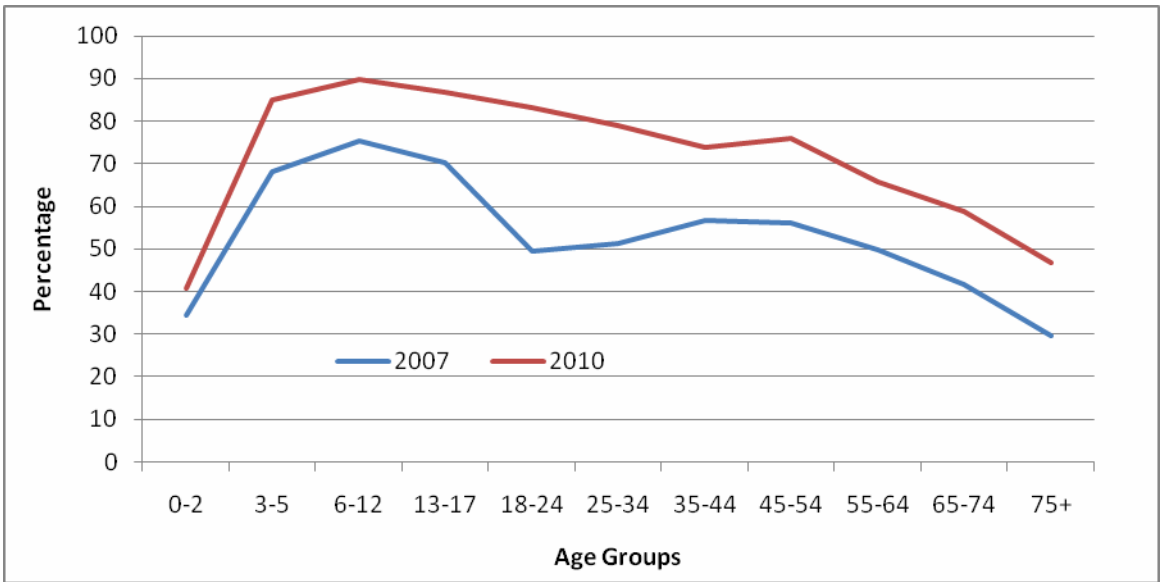
In addition to the Childsmile programmes an oral health component has been included in the Max in the Middle programme which is aimed at addressing childhood obesity. Oral Health is also one component of the Scene By Us, a teenage transition DVD toolkit developed for use in secondary schools.

A social marketing oral health campaign, Make your Smile Count, was successfully launched this year. This campaign links key oral health behaviours with numbers. It includes messages like brushing 2 times a day and being 4 times more likely to succeed at quitting smoking if you join a support group or have individual counselling. Smoking being implicated in a number of oral health problems (e.g. gum disease and mouth cancer). These are just a few examples of local oral health improvement projects with multidisciplinary input. Other work has involved projects in the workplace, with prisoners, the homeless, pharmacists and nutrition and dietetics services.

9.3 Dental services

The past few years has seen increases in both the number of dentists (39% since 2004) and dental practices (six since 2004) in Forth Valley. In addition to this the development of two dental outreach centres (Carronshaw and Langlees) where final year dental students from Glasgow Dental Schools provide treatment under supervision has resulted in greatly improved access to NHS dental services. Figures for the ratio of dentists to population show that this has improved from one dentist for 2,539 people in 2004 to one per 1,885 in 2010. This can be demonstrated by the increase in the number of patients registered with a dentist over the past three years (figure 9.5).

Figure 9.5 Patients registered with a dentist by age group 2007-2010



In February 2009 our local emergency dental service integrated with the Scottish Emergency Dental Service (SEDS) a service provided by NHS24 in partnership with NHS Boards. This together with a day-time emergency service provided through the Boards dental helpline (0844 800 6886) provided good access for patients. The new integrated services were reviewed by Quality Improvement Scotland (QIS) in June 2009 and a report on out of hours emergency dental services published.

Recent years have seen significant improvements in the dental health of children and dental service availability. Modern lifestyles mean that most of the population are a risk of the major

dental diseases (tooth decay and gum disease) for a life time so we must be aware that preventive approaches have important benefits both for individuals and populations in regard to the cost of dental care. There are also challenges ahead as a large cohort of older patients who have grown up with NHS dental services require increase complex treatments to deal heavily restored mouths from an era when dental care had a great focus on treatment.

9.4 Links

9. Improving oral health and dental services in Forth Valley	
Childsmile	Provides a link to the childsmile website giving further information on the programme
SIGN guideline 83	Links to the Scottish Intercollegiate Guideline Network (SIGN) national clinical guideline on 'Prevention and management of dental decay in the pre-school child'.
The National Dental Epidemiology Programme (NDIP)	Links to the NDIP website. NDIP gathers information on children's dental health and advises the Scottish Government, Health Boards and others on the oral disease prevalence in their area.
Make your Smile Count	Information on this Health information and social marketing programme to improve oral and dental health is available on the Health promotion area of the NHS Forth Valley website www.nhsforthvalley.com
report on out of hours emergency dental services	Links to the NHS Quality Improvement Scotland (QIS) report on out-of-hours emergency dental services

10. Health Protection: a brief update

10.1 Health Protection: a brief update

This section highlights the:

- recent introduction of an updated Public Health Act
- notifiable diseases statistics.
- childhood immunisation rates

10.2 Public Health Act

Public health legislation has recently been up-dated and consolidated into the new Public Health etc (Scotland) Act 2008. This act enables Scottish Ministers, Heath Boards and Local Authorities to better protect public health in Scotland. The Act was passed by the Scottish Parliament on 12 June 2008 and received Royal Assent on 16 July 2008.

The updated Act takes into account new information on emerging diseases and recognises the potential for a disease to spread rapidly across the world as air travel has increased during the past fifty years. The Act confers powers to designated 'competent' staff to exclude, restrict, quarantine and detain individuals if required. The list of notifiable diseases had been updated.

The Act also required Health Boards and Local Authorities to publish on-line a Joint Health Protection Plan by 1 April 2009.

10.3 Notifiable diseases

The Public Health etc (Scotland) Act 2008 lists the notifiable diseases and organisms. Chickenpox is no longer a notifiable disease. Table 10.1 shows the numbers of communicable diseases within Forth Valley for the calendar years 2008 and 2009.

Table 10.1 Communicable disease notifications, Forth Valley, 2008 and 2009

Disease	2008	2009
Bacillary dysentery	0	0
Chickenpox	913	741
Erysipelas	0	0
Food poisoning	141	146
Legionellosis	0	0
Leptospirosis	0	0
Lyme disease	5	3
Malaria	0	0
Measles	3	12
Meningococcal	0	1
Mumps	34	52
Rubella	2	5
Scarlet fever	173	65
Viral hepatitis	7	8
Whooping cough	0	0
Campylobacter	354	432
Respiratory TB	11	14
Non-respiratory TB	1	0
Not specified TB	0	0
Typhoid	0	0
Total	1644	1479

10.4 Childhood immunisation rates

In Scotland the target for the national immunisation programme is for 95% of children to complete courses of the following childhood immunisations by 24 months of age: diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenza type b (hib) and meningococcal group C (Men C). An additional national target of 95% uptake of one dose of mumps, measles and rubella (MMR) vaccine by 5 years old (with a supplementary measure at 24 months) was introduced in 2006.

In Forth Valley excellent Childhood immunisation rates, are achieved across all primary immunisations with the exception of MMR. Uptake for MMR1 is currently between 90% and 94%.

10.5 Links

10. Health Protection: a brief update	
Public Health etc (Scotland) Act 2008	Links to the Public Health etc (Scotland) Act 2008
Childhood immunisation rates	Links to a spreadsheet with details of the childhood immunisation rates for Forth Valley
Joint Health Protection Plan	Provides a link to the Forth Valley Joint Health Protection Plan produced in partnership with the local authorities

Directorate of Public Health

List of staff in Public Health

Infection Control

List of staff within Infection Control Team

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The report is available on the website www.show.scot.nhs.uk/nhsfv where the print size can be increased if required.

Any feedback and ideas for future reports will be appreciated.

It would be greatly appreciated if you would complete this on-line survey (link to be provided)

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