NHS
Fife

The Report of the Director of Public Health

December 2014

Introduction

The primary purpose of the Director of Public Health's Report is to keep a 'watchful eye' on the health of the Fife population. This Report takes into consideration the implications of the 2011 Census results.

The Census contains important information on factors that contribute to the health of the population; in particular information on self-reported health and long term health conditions, the composition of households where people live, their employment and education status and information on measures of deprivation used to monitor variation in health inequalities between the most and least advantaged communities. The Census also includes population data on 'carers', those who undertake unpaid care.

All this information is vital for the planning of services to improve health in the population.

This year's report also includes Fife-based data from the Scottish Health Survey; a periodic survey that asks people about their habits and behaviours that contribute to their health. The general levels of healthy behaviour in the community are well known and need to improve on all fronts. Levels of reported smoking that have been declining appear to have plateaued. Reviewing common diseases, the most striking finding is the rise in liver cancer in men. I have reported on known risk factors, such as excessive alcohol consumption and blood borne viruses causing liver infection (hepatitis) in earlier reports. However, findings illustrate that there is often a delay between identifying a health problem and putting in place effective mitigating action. The continued rise in reported lung cancer in women is a consequence of a trend in smoking that started over 50 years ago.

The second section of the report shows how organisations and services are tackling the new preventive challenges in young people, adults and the older citizens. The report highlights in young people the success of Childsmile, a national programme coordinated in Fife, to improve oral health. It has demonstrated success in reducing inequalities in poor dental health across the whole population. Also highlighted is the programme to ensure young people are aware of the hazards of smoking and don't start. Our ambition is to have a tobacco free generation in Scotland. For adults I highlight the work of the community led projects funded by the Health Alliance within the Community Planning Partnership. These projects draw on the assets of the communities themselves to identify and tackle health issues. These community asset-based projects offer practical ways to enable communities themselves to lead in the improvement of conditions and health. Middle-aged men are a particularly difficult group to engage in healthy living. Recent studies have shown that local football clubs can provide an acceptable setting to attract this hard to reach group.

The section on the older person highlights the contribution to the community made by older persons and also the importance of their sustaining healthy behaviours.

Finally, the report includes information on our management of communicable diseases, where I highlight our rising levels of immunisation against mumps, measles and rubella (MMR). High MMR levels in the Fife population were crucial in minimising cases of measles in a recent outbreak centred on South Wales. Much of the work in communicable disease occurs through co-ordinated national plans and I note the plan for TB and the recent work on gastrointestinal infection that can lead to severe life threatening renal disease.

The report I hope will be of use to all in Fife who work to improve health, in their professional role, or working in the community. I hope the report will be used for the planning of health in its widest sense by public bodies and their partnerships.

DR EDWARD COYLE
Director of Public Health
NHS Fife

November 2014

CHAPTER 1
HEALTH INTELLIGENCE

Understanding the size of the population in Fife, its composition, patterns of births and deaths, the occurrence of disease and factors that can determine health such as health behaviours and life circumstances helps to provide the basis for improving health and wellbeing, reducing health inequalities and ensuring our services take account of the health needs of the population. Health intelligence makes the most of the data we have available in Fife; from the Census to routinely collected data and surveys we ensure we have robust information to assess the current situation, look at past trends and make judgements about future projections.

This is the first Director of Public Health Report written since the publication of the 2011 Census results. As such we have included these figures where appropriate and looked at how the population of Fife, the health of Fife residents and health determinants have changed since the last Census in 2001. For the first time we are also able to include information on health behaviours of Fife residents living in different areas in Fife and of residents of different ages from the publication of Scottish Health Survey results.

In this chapter we can only provide an overview of the numbers and trends for some of the key issues but further detail on these issues and others are available through specific reports and profiles and by using the information in the KnowFife dataset.[a]

1.1 Population

1.1.1 Sex and Age

The 2011 Census recorded the population of Fife to be 365,198 persons which rose to an estimated 366,910 in mid 2013.[1,2] In the 10 years between the current Census and the last in 2001 the total population of Fife increased by 4.5% (more than 15,700 persons) which was similar to the 4.6% growth reported nationally.

There were more women than men in Fife, 51.5% to 48.5% of the total population at the 2011 Census with the ratio of women to men increasing with increasing age. The median age of Fife residents was 42 years.[1]

Of the total Fife population on the 2011 Census day 17.6% were children (0-15), 64.8 % were of working age (16-64) and 17.5% were of pensionable age (65+). Within Fife Dunfermline and West Fife had the largest proportion of children (18.8%) and the smallest proportion of older people (15.9%). Kirkcaldy and Levenmouth had the greatest proportion of population aged 65 and over, 18.9%. Fife had slightly higher proportions of children and older people than Scotland but a lower proportion of working age adults (Table 1).[1]

Table 1: 2011 Census population by broad age group; Fife, Fife CHPs and Scotland

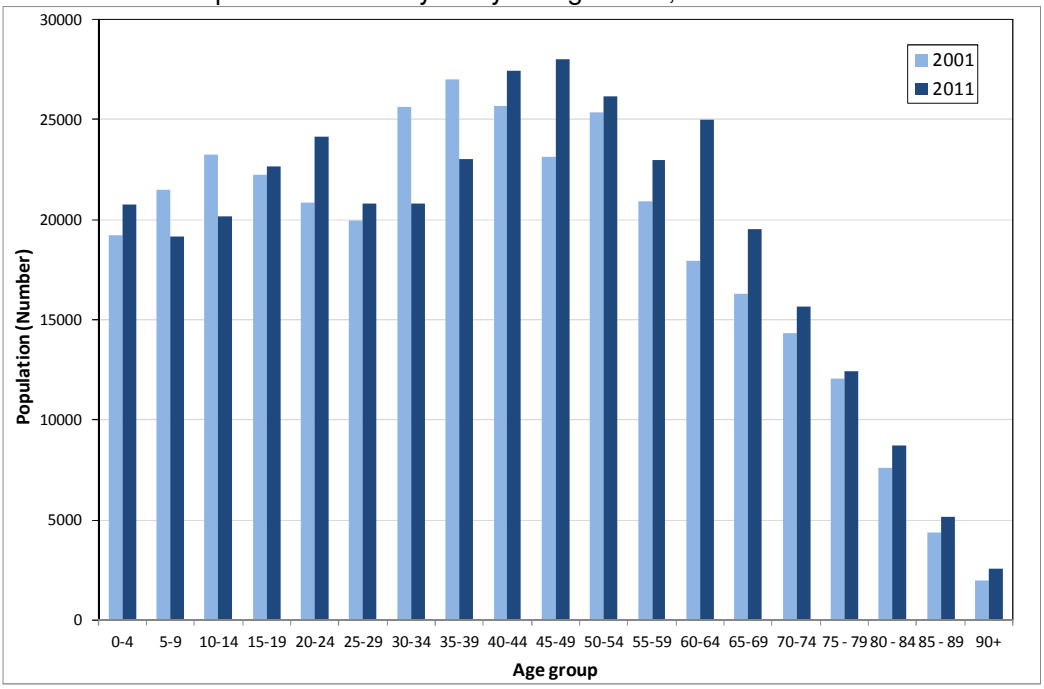
	Dunfermline and West Fife		Kirkcaldy & Levenmouth		Glenrothes and NE Fife		Fife		Scotland	
	No.	%	No.	%	No.	%	No.	%	No.	%
0-15	27,333	18.8	17,266	17.7	19,798	16.2	64,397	17.6	916,331	17.3
16-64	95,084	65.4	61,725	63.4	79,921	65.3	236,730	64.8	3,488,738	65.9
65+	23,068	15.9	18,371	18.9	22,632	18.5	64,071	17.5	890,334	16.8
Total	145,485		97,362		122,351		365,198		5,295,403	

Source: Census Data Explorer

[a] Reports and profiles are available in the Health and Wellbeing resources section of the KnowFife Dataset and information through Data Picker. https://knowfife.fife.gov.uk/

Chart 1 shows the number of persons in each of the five year age bands at both the 2001 and 2011 Census. Increases were observed in the number of children aged 0 to 4 and among young people aged 15 to 29. The 30-34 years age group has seen the largest decrease of 4,816 persons (19%) between the two Census periods. Decreases were also seen in the number of children aged 5-9 and 10-14 and adults aged 35-39 years.[1]

Chart 1: Population of Fife by five year age band; 2001 and 2011 Census



Source: Scroll and Census Data Explorer

There has been in an increase in the number of persons in each of the age bands from 40-44 years upwards.[1] The 60-64 age group has seen the largest increase of 7,035 persons (39%) between the two Census periods. There were also substantial increases in the number of oldest old in Fife, an 18% increase in those aged 85-89 and a 27% increase in persons aged 90 and over.[1]

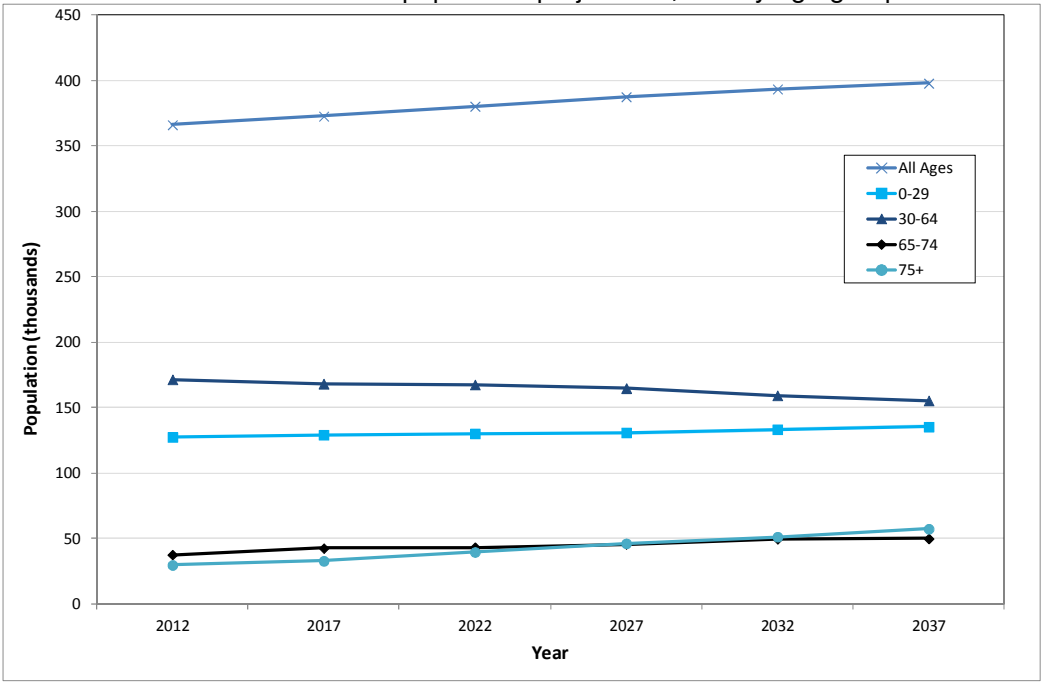
The proportion of the Fife population who are aged 75 and over and 85 and over has also increased since the last Census rising from 7.5% to 7.9% and from 1.8% to 2.9% respectively. Fife, in common with Scotland, has an ageing population and the proportion of the Fife population aged 75 and over is projected to continue to rise and be 14.4% by 2037 according to projections recently published.[3]

The 2012-based population projections, based on the 2011 Census results, estimate that Fife's overall population will increase by 31,769 (9%), from 366,220 in 2012 to 397,898 in 2037.[3] Increases however will not be seen across all age groups (Chart 2). In the next 25 years it is estimated that there will be an overall net reduction of 16,207 persons (9%) aged 30-64, the mid to older working age group, in Fife.[3]

Increases will be seen in the number of younger Fife residents aged both 0 to 15 (8%) and 16 to 29 (4%). The largest increases will be seen in persons aged 65-74 and those aged 75 and over. By 2037 the number of persons aged 65-74 expected to be more than 12,000 more than in 2012, a rise of 33%. However the number of persons aged 75 and over is estimated to increase by 93% from 29,632 in 2012 to 57,327 in 2037. From 2027 the number of

persons aged 75 and over in Fife is estimated to exceed the number of persons aged 65-74 (Chart 2).[3]

Chart 2: 2012-based population projections; Fife by age group



Source: National Records for Scotland

1.1.2 Ethnic Group

In the 2011 Census, 97.6% of the population of Fife described their ethnicity as 'White', a decrease of approximately 1% on the 98.7% reported in 2001(Table 2). Within this grouping the most commonly reported category was 'White Scottish' stated by 85.7% of the Fife population followed by 'White Other British' stated by 8.6%. A new category for the 2011 Census showed that there were just over 3,000 persons living in Fife who stated they were 'White Polish', 0.8% of the total population.[4]

A separate 'White Gypsy/Traveller' response category was also added to the Census in 2011. 316 people in Fife recorded their ethnic group within this category corresponding to 0.1% of the population of Fife (Table 2). This proportion was the same as that recorded nationally but compared to other council areas Fife had the fourth (of 32) largest number of people who identified themselves as 'White Gypsy/Traveller'.[4]

Table 2: Population of Fife by broad ethnic group; 2001 and 2011 Census

	White	White: Scottish	White: Gypsy/ Traveller	White: Polish	Asian	African, Caribbean or Black
2001 – No.	345,003	308,371	-	-	2,734	490
2001 - %	98.7	88.3%	-	-	0.8	0.1
2011 – No.	356,550	312,957	316	3,058	5,748	1,126
2011 - %	97.6	85.7	0.1	0.8	1.6	0.3

Source: Scroll and Census Data Explorer

There have been increases in all of the minority ethnic groups in Fife in the last ten years with the largest increase seen in the proportion of people in Fife who stated they were 'Asian' (a grouping which includes Indian, Pakistani, Bangladeshi and Chinese). In the 2011 Census

this was 1.6%, double the 0.8% reported in 2001 (Table 2). There was also an increase from 0.1% to 0.3% in people classifying themselves as 'African, Caribbean or Black'.[4]

There were differences in the proportions of ethnic groups within the age groups of the Fife population. Almost 98% of the population aged 65 and over in Fife described themselves as 'White Scottish or British' compared to 88% of those aged 20-34. 2.4% of the population aged 20-34 were 'White Polish' which was four times the proportion across the total population. This age group also had the highest proportion of people who identified themselves as 'Asian' and 'African, Caribbean or Black', 3.4% and 0.5% respectively.[4]

There were also geographic differences in ethnic group populations living across Fife. 43% of the 'White Polish' population in Fife lived in Kirkcaldy representing 2.7% of the total population in that settlement. St Andrews, which has a large international student population, had the largest proportion of people reporting 'Asian' ethnicity, 8% of the population, which corresponded to almost a quarter (24%) of the 'Asian' population in Fife. Approximately a quarter (24%) of 'African, Caribbean or Black' Fife residents lived in Dunfermline and a further 21% in Kirkcaldy, representing 0.3% and 0.5% of the total populations of these settlements respectively.[4]

2. Births

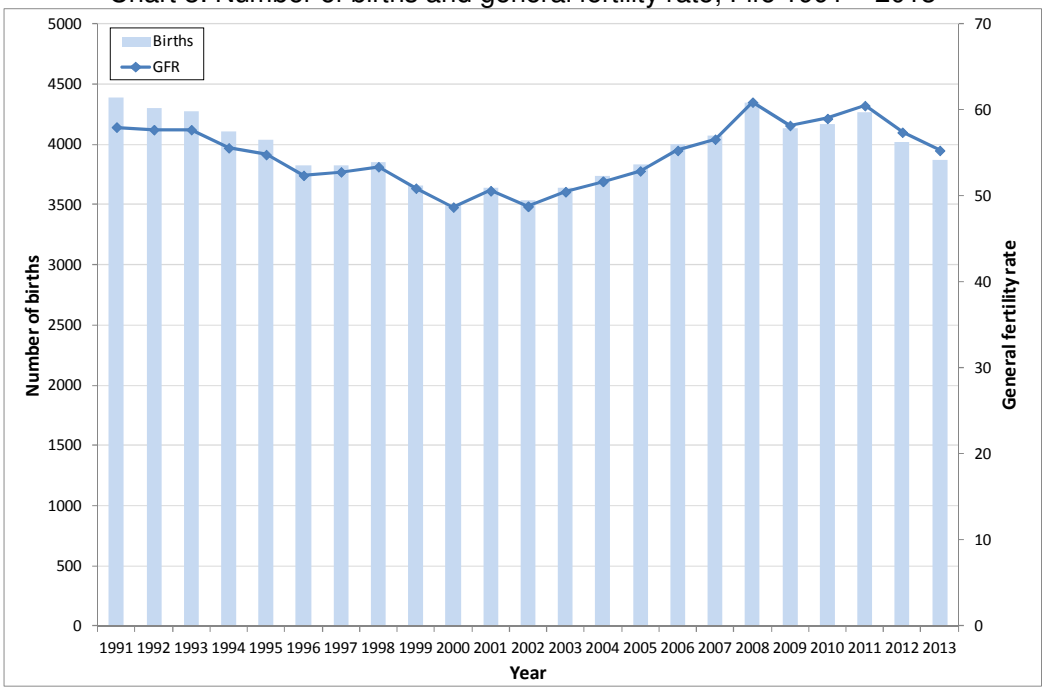
2.1 Numbers and rates

There were 3,872 live births to Fife residents during 2013.[5] This was a decrease of 147 on the 4,019 babies born in the previous year. This was the lowest number of births in Fife since 2006 and 11% fewer births than the peak in 2008 which saw 4,349 births and the highest General Fertility Rate (live births divided by female population aged 15-44) of the 23 year period shown in Chart 3 of 60.9 per 1,000 women aged 15-44.[5] Chart 3 below shows that between 1991 and 2002 birth rates fell in Fife from 58.0 per 1000 women to 48.8 before increasing annually between 2002 and 2008. Since 2008 birth rates have fluctuated in Fife but the current rate is the lowest since 2006.

Despite the recent fall in the number of births and General Fertility Rates seen both in Fife and nationally, Fife continues to have higher rates than Scotland, 55.9 per 1000 women compared to 53.7 per 1000 women in 2013, and has had higher rates each year since 2001. Within Fife birth rates were highest in the Kirkcaldy area at 62.6 per 1000 women closely followed by rates in the Cowdenbeath area of 61.6 per 1000 women. Birth rates were lowest in North East Fife at 40.2 per 1000 women in 2013.[6,b]

b Areas are defined as those used for local area committee/community plan structures

Chart 3: Number of births and general fertility rate; Fife 1991 – 2013

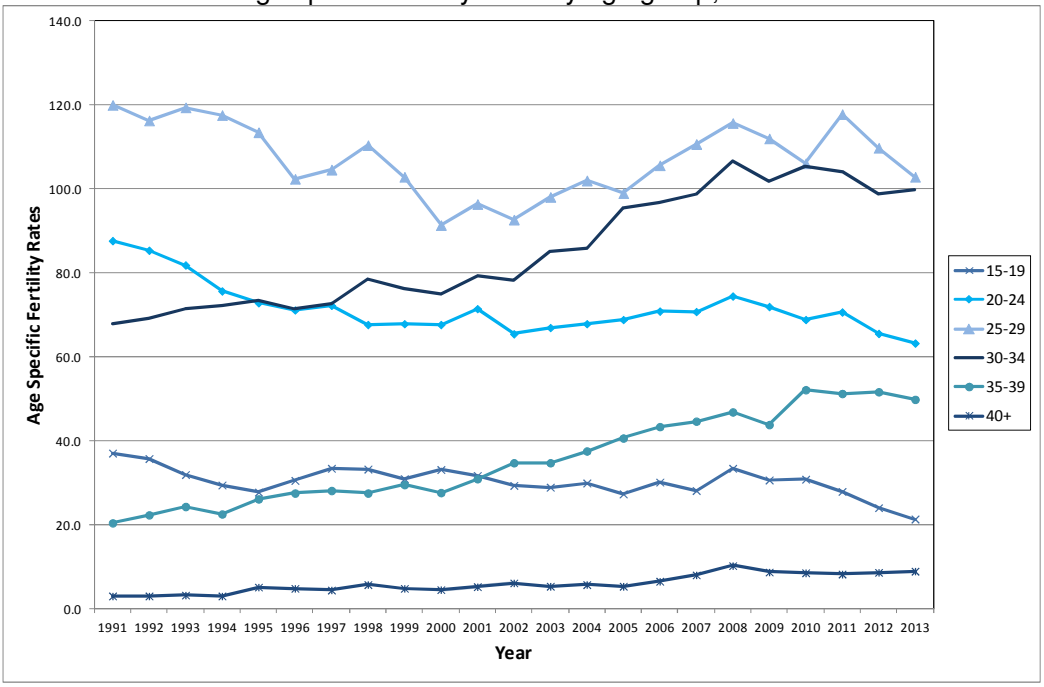


Source: National Records of Scotland/Information Services NHS Fife

Age Specific Fertility Rates, calculated for five-year age groups of mother's age, show that women in Fife are now choosing to have babies later in life. Fertility rates for women in the three age groups beyond 30 years have all increased since 1991, with rates among women aged 35-39 and 40-44 increasing by 143% and 190% between 1991 and 2013 (Chart 4).[5]

During the same time period rates among women aged 30-34 have almost doubled whilst rates among women aged 15-19 and 20-24 have decreased by more than a quarter. Women aged 25-29 have had the highest fertility rates in Fife in the period shown below however rates among this age group have also decreased since 1991 and in 2013 fewer babies were born to mothers aged 25-29 (1,093) than aged 30-34 (1,108).[5]

Chart 4: Age specific fertility rates by age group; Fife 1991-2012



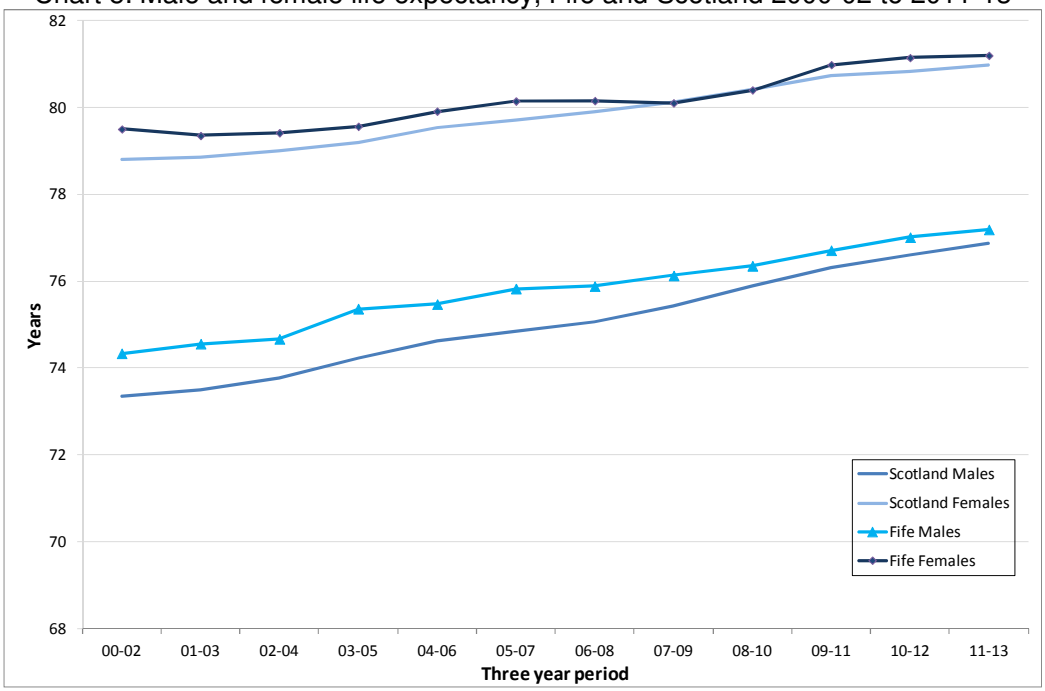
Source: National Records of Scotland

3. Life Expectancy

The latest figures available for life expectancy show that babies born during 2011-13 in Fife could expect to live 77.2 years for males and 81.2 years for females.[7] Life expectancy at birth has increased among both males and females in the last 10 years.[c] Although male life expectancy is still significantly lower than female it has increased more in the last 10 years, 2.9 years compared to 1.7 years for females. This means the gap between male and female life expectancy has reduced from 5.2 years in 2000-02 to 4.0 years in 2011-13. Fife has higher values for both male and female life expectancy than Scotland but Scotland has seen greater increases in the last 10 years, 3.3 years among males and 2.0 years among females (Chart 5).

[c] Life expectancy figures from 2000-02 onwards have been revised following changes to population estimates after 2011 Census.

Chart 5: Male and female life expectancy; Fife and Scotland 2000-02 to 2011-13



Please note axis starts at 68 years

Source: National Records of Scotland

4. Deaths

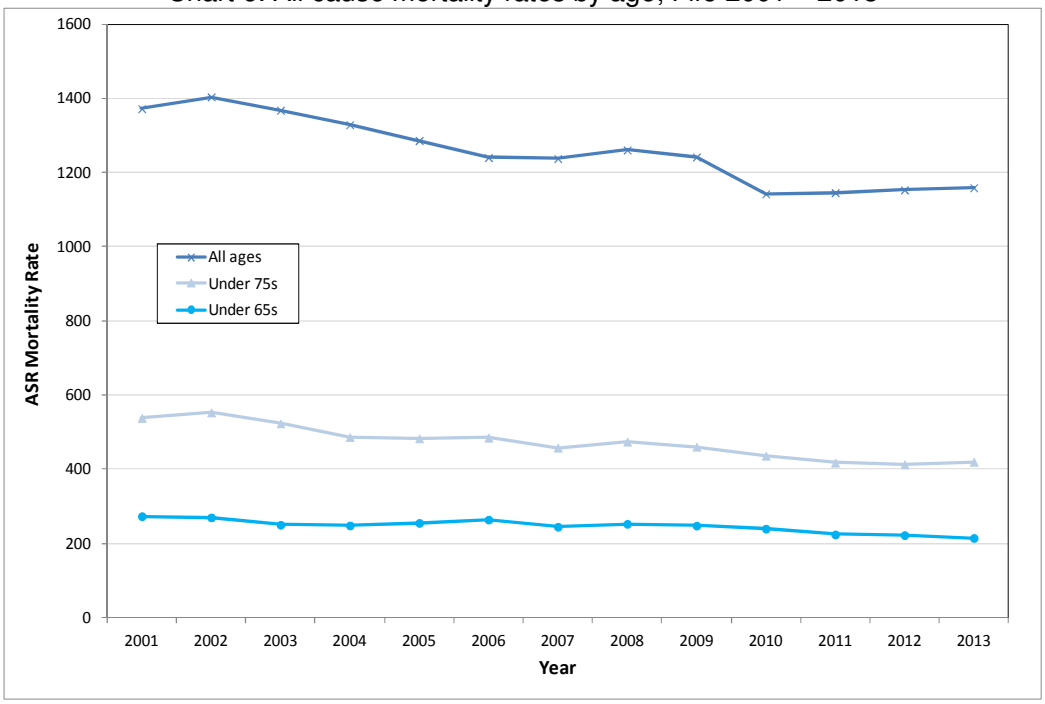
4.1 Numbers and rates

During 2013 there were 3,845 deaths of Fife residents.[8] This was 13 more deaths than recorded in 2012. Fife continues to have lower rates of death (all causes all ages) than Scotland with a rate of 1143 per 100,000 population in 2013 compared to 1152 per 100,000 population.[d] Rates of death, for all ages and from all causes in Fife, decreased by 16% between 2001 and 2013 (Chart 6).

1,381 deaths were to Fife residents aged under 75 years which corresponded to 36% of the total number of deaths in 2013. This included 651 deaths to residents younger than 65 years. Rates of death among those both aged under 75 years and under 65 years have decreased by 22% since 2001 (Chart 6). Fife had lower premature mortality rates (under 75 years) than Scotland, 413 per 100,000 population compared to 438 per 100,000 population in 2013.[8]

[d] Rates are 2013 European age standardised rates which allow for differences in the age structures of different populations

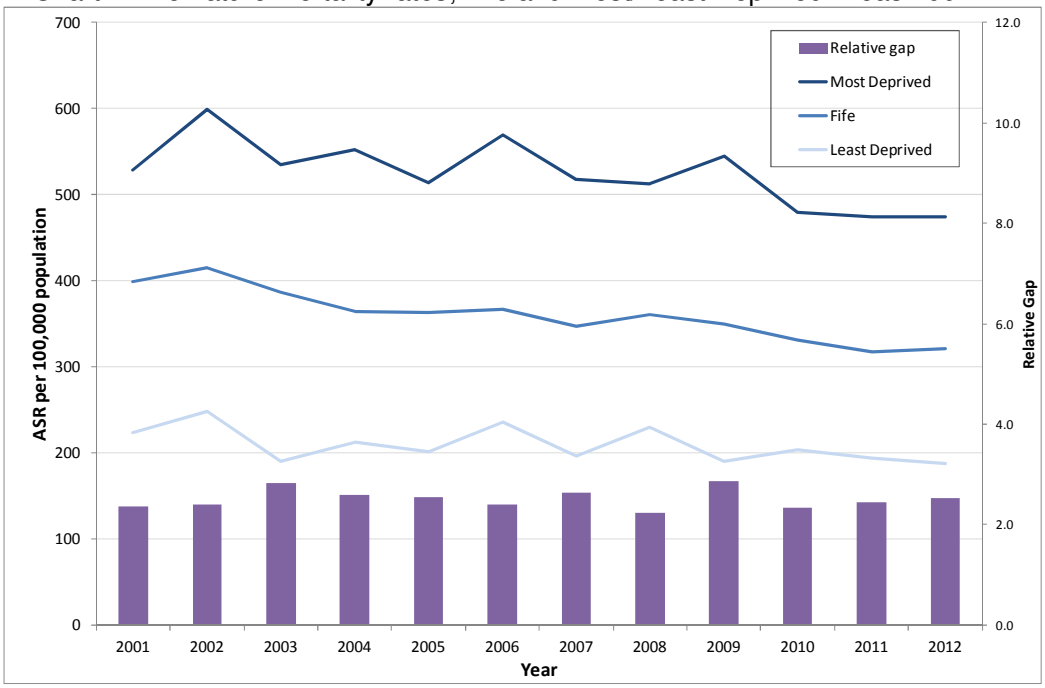
Chart 6: All cause mortality rates by age; Fife 2001 – 2013



Source: Information Services NHS Fife

Despite decreasing all age and premature mortality rates in Fife the relationship between increased deprivation and higher mortality rates persists. Rates of death for all causes and all ages have been between 1.7 and 1.8 times greater among the most deprived areas than the least deprived in the last five years. Chart 7 shows that the relative gap in premature mortality rates between the most and least deprived has fluctuated between 2.2 and 2.9 since 2001.[9]

Chart 7: Premature mortality rates; Fife and Most/Least Deprived Areas 2001-12



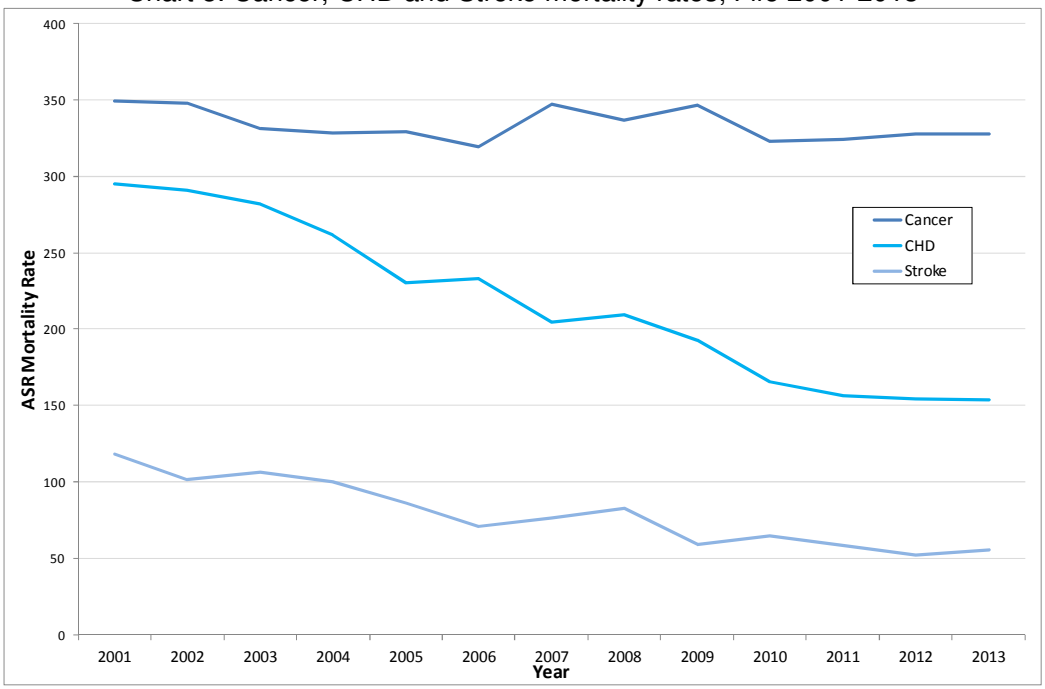
Source: Information Services NHS Fife

4.2 Causes of death

In 2013, 1,813 deaths in Fife were due deaths from cancer, coronary heart disease (CHD) and cerebrovascular disease (stroke), often referred to as the 'big three' causes of death.[8,10] Since 2001 the number of deaths from these causes has reduced, falling from 56% of all deaths to currently 47% of all deaths. The proportion of deaths caused by CHD decreased from 22% to 13% between 2001 and 2013 and in the same time period the proportion of deaths caused by stroke has also decreased, from 8 to 5%. During this time the proportion of deaths attributed to cancer has increased from 26% to 30% resulting from an increase in the number of cancer deaths in Fife from 1,034 in 2001 to 1,126 in 2013 and a decrease in overall deaths.[e]

The differences between the 'big three' causes are also reflected in age standardised mortality rates which have decreased almost annually for CHD and stroke to now be 48% and 53% lower than rates in 2001.[11] Rates for cancer deaths have fluctuated more and decreased less being 6% lower in 2013 than in 2001 (Chart 8). Increasing numbers of cancer deaths but decreasing age standardised rates are strongly influenced by the increasing proportion of older people within the population and the fact cancer is more common among older people; 50% of cancer deaths in Fife occur among those aged 75 and over.[12]

Chart 8: Cancer, CHD and Stroke mortality rates; Fife 2001-2013



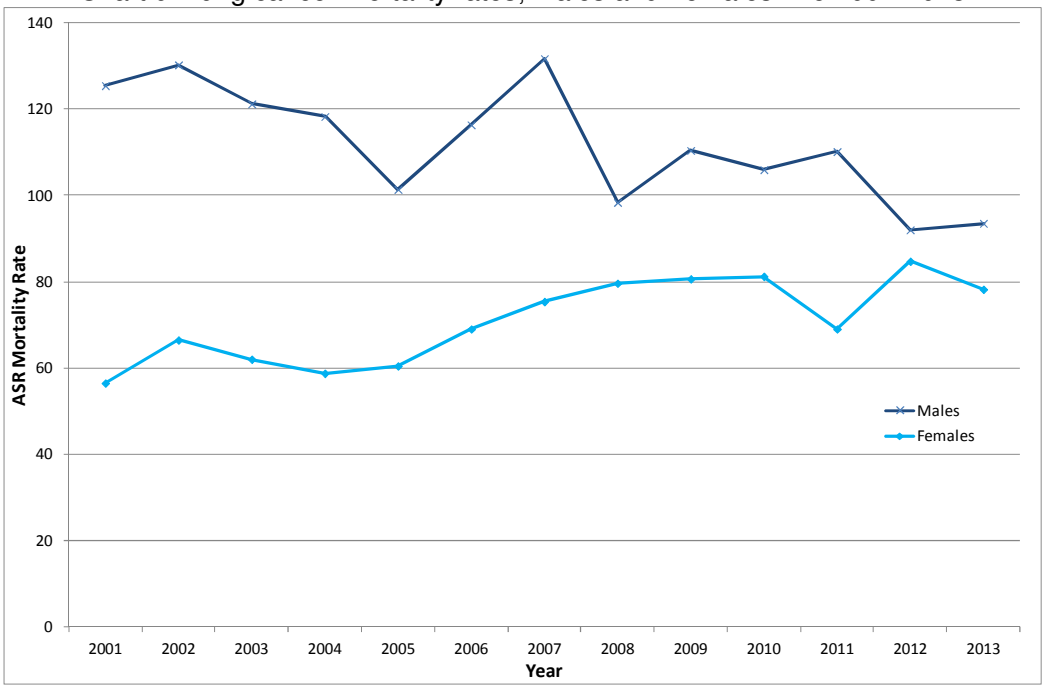
Source: Information Services NHS Fife

There were 1,126 cancer deaths in Fife in 2013 with half (567) of these deaths among persons aged under 75 years of age which included 236 deaths to persons aged under 65 years.[11] In 2013, Fife had a very similar rate of all cancer mortality to Scotland, 332 per 100,000 population compared to 334.[13]

[e] CHD derived from ICD10 codes underlying cause; I20-I25, Cancer from ICD10 codes underlying cause; C00-C97 excluding C44 (all malignant neoplasms excluding non-melanoma skin cancer) and Stroke from ICD10 codes underlying cause; I61, I63, I64.

Lung cancer was the most common form among both males and females accounting for 297 deaths, 26% of all cancer deaths.[13] There were more female lung cancer deaths (52%) than male in Fife in 2013. Rates of lung cancer deaths among women in Fife have increased by 38% since 2001 whilst rates among men have decreased by 25% (Chart 9).[12] This reflects past trends in the prevalence of smoking among men and women with smoking being more common among men earlier than among women which is now being seen in both lung cancer incidence and mortality.

Chart 9: Lung cancer mortality rates; Males and Females Fife 2001-2013



Source: ISD Scotland

The number of female lung cancer deaths (153) was more than twice the number of breast cancer deaths (63), the second most common cause of cancer death among women.[13] Prostate cancer remained the second most common cancer death among men (66 deaths) in 2013 with the third most common type being colorectal for both men and women (46 male deaths and 53 female deaths).

Cancer of the liver was cause of 44 deaths in Fife in 2013, the largest number in the previous 25 years. The majority of liver cancer deaths occurred to males, 30 deaths. The rate of liver cancer deaths among males has almost doubled in the last 10 years in Fife, increasing from 10 per 100,000 population in 2003 to 18.9 in 2013.[13] Similar increases have been reported nationally. Increased mortality has mirrored rising incidence of liver cancer which has poor survival rates and known risk factors of alcohol consumption and chronic hepatitis B and C.[12]

Of the remaining 'big three' causes, stroke accounted for 177 deaths of Fife residents in 2013, 83% of which were to residents aged 75 and over. Coronary heart disease was the cause of 510 deaths of Fife residents in 2013.[11] A further 199 residents died from other forms of heart disease.[11] Just over a third (34%) of all CHD deaths were to persons aged under 75 years. Rates of death from CHD among the most deprived areas (108.1 per 100,000 population) were more than twice those among the least deprived areas (55 per 100,000 population) rising to more than three times as great for residents aged under 75 years, 65.6 per 100,000 population compared to 20.6 per 100,000 population in 2010-12.[11]

Other common causes of death among Fife residents included deaths from respiratory diseases which accounted for 13% (485 deaths) of the total number of deaths in 2013.[8] This

category includes deaths from pneumonia (151 deaths) and chronic lower respiratory diseases (226 deaths) such as chronic obstructive pulmonary disease (COPD). A further 8% (302) of all deaths were due to mental and behavioural disorders including dementia. Diseases of the digestive systems (e.g. chronic liver disease) were the cause of death among 200 Fife residents, 5% of all deaths in 2013.[8]

5. Health Status

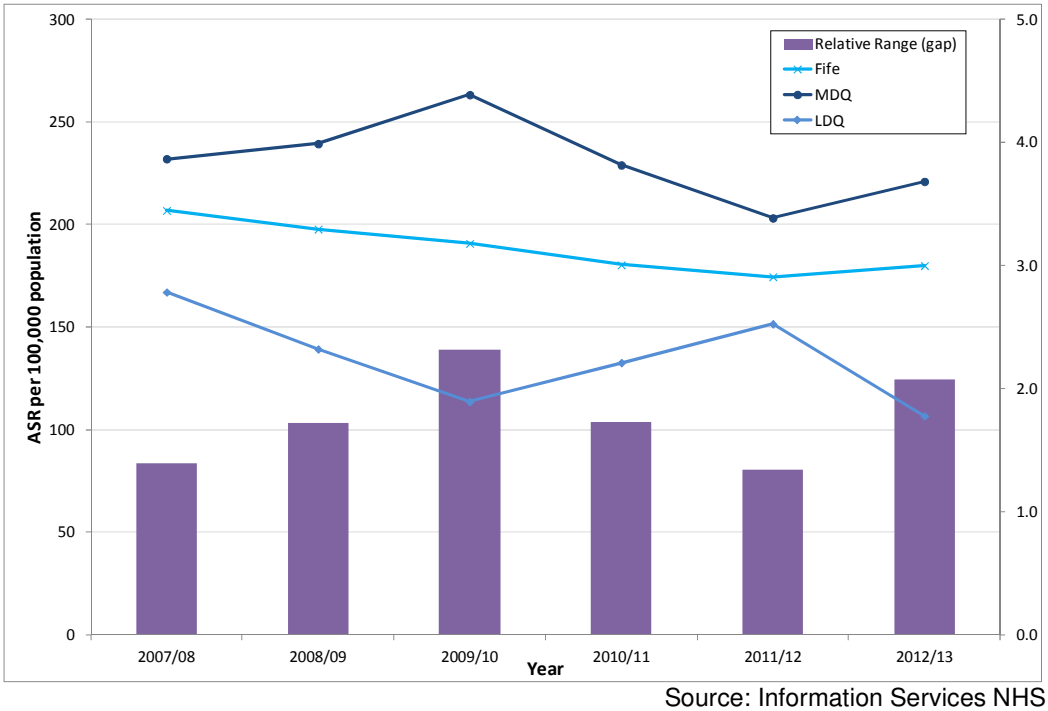
5.1 Coronary Heart Disease

During 2012/13 there were more than 3,000 discharges from hospital of Fife residents following a diagnosis of CHD.[14] Two thirds of these discharges involved residents aged 75 years and younger and two thirds of all discharges were to men. Rates of CHD discharges have been decreasing with the current rate of 619.2 per 100,000 population representing the lowest rate in the last 10 years in Fife and lower than the Scottish average of 670.2.[14]

Incidence of CHD (defined as new hospital cases excluding those with similar previous admissions within 10 years plus deaths with no hospital admission) has also decreased in the last 10 years. There were 1,242 incident cases of CHD in Fife in 2012/13. This corresponds to a rate of 239.3 per 100,000 population in Fife which is lower than the rate of 262.8 in Scotland and 30% less than the rate of 341 per 100,000 in 2003/4.[14]

As part of its aim to reduce health inequalities the Fife Partnership Community Plan monitors the first admissions to hospital with CHD as primary diagnosis among those aged under 75 years. In 2012/13 there were 608 first admissions to hospital of Fife residents with a diagnosis of CHD. Between 2007/8 and 2012/13 the rate of these admissions Fife wide has reduced from 206.9 to 180 per 100,000 population. The gap between the rate in the most and least deprived areas has fluctuated each year with the current gap of 2.1 times being the second highest of the six year monitoring period to date (Chart 10). CHD first admissions rates in residents from the most deprived were 4% lower in 2012/13 than in 2007/8 compared to 36% lower in residents from the lest deprived areas.[15]

Chart 10: Under 75s CHD first admission rates; Fife and Most/Least Deprived Areas 07/08-12/13



Source: Information Services NHS Fife

5.2 Cancer

There were 2,206 new cancer registrations among Fife residents in 2012, the largest number in the previous 25 years.[16] There has been an increase of 494 in the annual number of cases between 2001 and 2012. This has also been seen nationally with Scotland reporting increases in the same time period and the second highest number of new registrations in previous 25 years in 2012. In 2012 Fife had a higher rate of cancer registrations (all cancers) than Scotland, 633 per 100,000 population compared to 626.[17]

For both males and females combined in Fife, lung cancer is the most common cancer, with 375 cases diagnosed in 2012 (17% of all cancers), compared to 327 cases (15%) of breast cancer and 264 cases of colorectal cancer (12%).[17] These three cancers account for more than half of all cancer registrations among men (51%) and women (55%). In line with cancer mortality, rates of lung cancer registrations have decreased (by 11%) among men in Fife in the last 10 years whilst rates among women have increased by a third. The number of liver cancer registrations increased from 63 in the three years of 2000-2002 to 99 in the three years of 2010-12. Most of this increase was due to a rise in the number of registrations among men from 36 to 67.[16]

Two thirds of new cancer registrations (1,476) in 2012 were to Fife residents aged under 75 years.[16] Monitoring of rates of cancer registrations among this age group is part of the Fife Community Plan. Rates have fluctuated between 2007 and 2012 but the Fife figure of 444 per 100,000 population in 2012 is the highest of the six year period.[17] Rates among residents in the most deprived areas were higher than among the least deprived in 2012, 471 per 100,000 population compared to 410 per 100,000 population.

5.3 Diabetes

At the end of 2012 there were more than 19,000 Fife residents known to be living with diabetes (recorded on the diabetes register), representing a crude prevalence of 5.2% of the total population of Fife and an age adjusted prevalence of 5.06%. The age adjusted prevalence was slightly higher than the 4.92% reported nationally. Within Fife prevalence of diabetes was higher within the Cowdenbeath area (6.1%) and among the population living in the most deprived areas (5.9%) compared to the least deprived areas (3.7%).Of those living with diabetes in Fife 53% were aged 65 and over and 89% had type 2 diabetes. 58% of those with type 2 diabetes were obese and a further 31% were overweight.[18]

5.4 Self-reported health

The 2011 Census asked people to rate their health on a five point scale from very good to very bad. Self-reported health has been shown to be a useful measure of overall health status and to be related to the presence of disease and predictive of hospital admissions, perceived poor health is a strong indicator of future use of the health service.[19] 82% of the Fife Census population rated their general health as ‘very good’ or ‘good’, 14% rated their health as ‘fair’ and 5% as ‘bad’ or ‘very bad’. Ratings of health as bad or very bad increased with increasing age, 10% of those aged 65-69 selected these categories compared to 1% of those aged 30-34.[4]

The question asked in the 2001 Census was not directly comparable to the information collected in 2011 with 67% rating their health in the previous 12 months as ‘good’ and 23% as ‘fairly good’.

5.5 Long term health conditions

Long-term health problems can be a strong predictor of higher use of health service resources and as such a question about the presence, and types, of long term conditions were asked in the 2011 Census.[20] Fife residents (of all ages) were asked if they had any of eight conditions (or enter other conditions) listed that had lasted or was expected to last at least 12 months.

32% of Fife residents reported they had one or more long term health conditions compared to 30% nationally. The presence of one or more health conditions increased significantly with age, 19% of those aged 25-34 reported having one or more health conditions compared to 59% of those aged 65-74 and 88% of those aged 85 and over.[4]

Table 3: Self reported presence of health conditions by age group; Fife 2011 Census

	Population	No Conditions		One or more conditions	
		No	%	No	%
Total	365,198	247,857	68%	117,341	32%
0 to 15	64,397	57,394	89%	7,003	11%
16 to 24	42,525	35,471	83%	7,054	17%
25 to 34	41,589	33,733	81%	7,856	19%
35 to 49	78,487	58,108	74%	20,379	26%
50 to 64	74,129	42,157	57%	31,972	43%
65 to 74	35,181	14,436	41%	20,745	59%
75 to 84	21,155	5,598	26%	15,557	74%
85 and over	7,735	960	12%	6,775	88%

Source: Census Data Explorer

The most frequently reported health conditions from those listed were 'deafness or partial hearing loss' and 'physical disability' which were both reported by 7% of the Fife population. 'Mental health conditions' were reported by 4% of the population and 'blindness and partial sight loss' by 2.5%. 20% of the Fife population reported they had 'other' health conditions as did 19% of population of Scotland.[4]

Reports of 'deafness or partial hearing loss', 'blindness or partial sight loss' and physical disability were much more common among the older population in Fife. More than a quarter of residents aged 65 and over reported 'deafness or partial hearing loss' rising to half of all those aged 85 and over (Table 4). A fifth of the 65 and over age group reported a physical disability compared to just 4% of those aged 35-49. The oldest old were most likely to report mental health conditions (11%) but proportions reporting this among the other age groups were more similar, 3% of those aged 16-24 and 55 of those aged 50-64 (Table 4).

Table 4: Four most common condition categories by age; Fife 2011 Census				
	Deafness or partial hearing loss	Blindness or partial sight loss	Physical disability	Mental health condition
Total	7%	3%	7%	4%
0 to 15	1%	0%	1%	0%
16 to 24	1%	1%	1%	3%
25 to 34	1%	1%	2%	5%
35 to 49	3%	1%	4%	6%
50 to 64	8%	2%	10%	5%
65 to 74	18%	4%	16%	3%
75 to 84	31%	11%	24%	5%
85 and over	50%	27%	37%	11%

Source: Census Data Explorer

Residents were also asked in the 2011 Census if their day to day activities were limited by a long-term health problem or disability (including problems related to old age) that had lasted or was expected to last at least 12 months. 80% of the Census population reported that their activities were not limited by a health problem. 11% reported that their activities were limited 'a little' and 9% said their activities were limited 'a lot'. This (20%) was the same proportion who reported a limiting long-term health problem 2001, and is consistent with the Scottish average of 19.6% reported in 2011.[4]

Of those who had reported one or more health conditions 63% stated that their activities were limited by these conditions. Reports of activities being limited by a long term health problem or disability were more common among older age groups. 88% of those aged 75 and over reported their activities were limited compared to 42% of those aged 16-24.

5.6 Healthy weight

Body Mass Index (BMI) calculated from the height and weight (kg/m^2) of adults is a widely accepted measure that allows for differences in weight due to height. This information is collected by interviewers for the Scottish Health Survey and used to monitor progress towards the national long term outcome of 'having the majority of Scotland's adult population in normal weight throughout life'.[21] Being obese significantly increases the risk of developing a range of serious diseases, including type 2 diabetes, hypertension, heart disease and premature mortality.

In 2008-11 the majority of adults (67%) in the Fife sample had a BMI which exceeded the normal weight range so were classed as either overweight or obese. Levels of obesity were recorded among 31% of Fife adults, a significantly higher proportion than the 27% in Scotland. A third of all adults in Dunfermline and West Fife were obese as were a third of all adults in the most deprived areas in Fife (Table 2). The least deprived areas had the greatest proportion of adults with a normal weight and the most deprived the greatest proportion underweight.[22]

Women were more likely to be obese and severely obese than men. 29% of men and 32% of women were obese in Fife but more than double the proportion of women to men were severely obese in Fife, 5.2% compared to 2%. Obesity levels were lowest among those in the youngest age group of 16-24(16%) with proportions less than half those reported for adults aged 55-64 (40%) and aged 65 and over (35%).

Table 2: BMI Categories; Fife and Fife SIMD Quintiles						
	Fife	DWF	K&L	GNEF	Most Deprived	Least Deprived
	% of adults					
Underweight	2	2.5	1.6	2	4	2
Normal	31	30	31	33	29	37
Overweight (incl obese)	67	68	67	65	67	61
Obese (incl severely)	31	33	32	27	33	28
Severely obese	4	4	4	3	4	3

Source: Fife Scottish Health Survey Results 2008-11

6. Determinants of Health and Wellbeing

6.1 Life Circumstances

6.1.1 Provision of care

The provision of unpaid care is a key indicator of care needs and is important for the planning and delivery of health and social care services both for the carer and the persons being cared for.[23] It can also be used to identify local needs and inequalities within Fife.

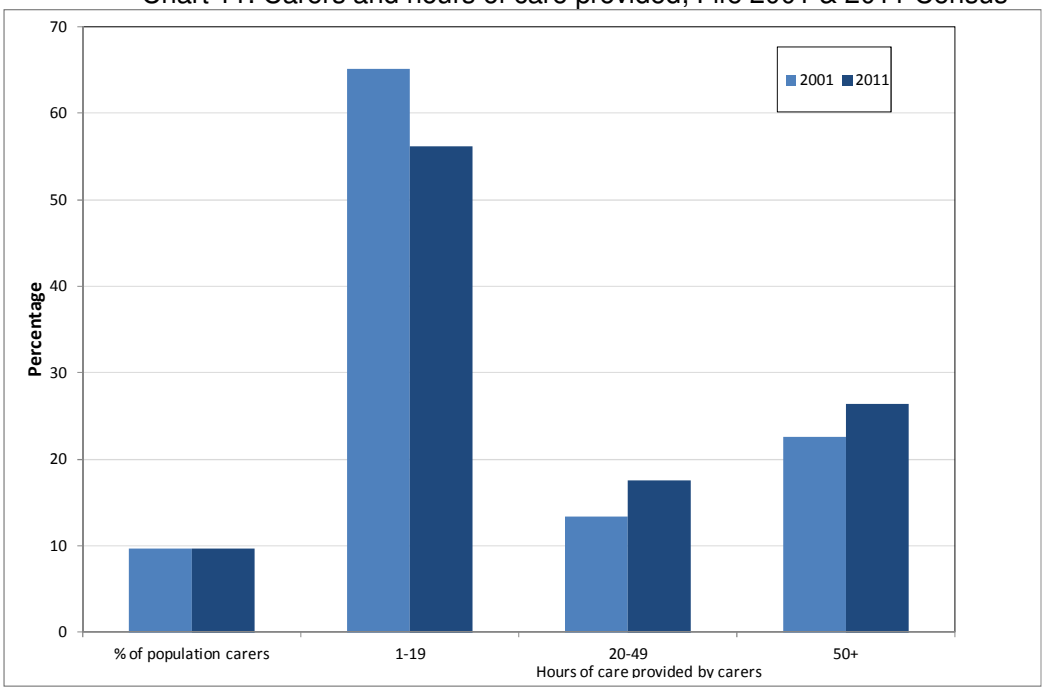
Just under ten percent of the Fife Census population living in households reported that they provided unpaid care to someone either within or outwith their household due to the person's long term ill health or disability or problems relating to old age. This is similar to the national average of 9.3% and has not changed since the 2001 Census. The provision of care was reported by a greater proportion of the population aged 50 and over than among those aged under 50 years (Table 5).[4]

Table 5: Number of carers and caring hours provided by age; Fife 2011 Census						
	Carers		Hours of unpaid care provided			
	Number	% of population	1-19	20-34	35 to 49	50+
Total	34,717	9.7%	56.2%	9.4%	8.1%	26.4%
0 to 24	2,355	2.3%	66.5%	11.4%	11.1%	10.9%
25 to 49	12,494	10.5%	56.7%	9.7%	10.1%	23.5%
50 to 64	12,962	17.6%	62.1%	8.8%	6.6%	22.5%
65+	6,906	11.2%	40.5%	9.2%	6.1%	44.2%

Source: Census Data Explorer

Although the overall proportion of the population providing care has remained the same the number of hours care is provided has increased. In 2001 65% of carers reported providing between 1-19 hours per week unpaid care which had fallen to 56% in 2011 (Chart 11). The proportion of carers proving between 20-49 hours per week and 50 hours or more have both increased from 12% to 17% and from 22% to 26% between 2001 and 2011.

Chart 11: Carers and hours of care provided; Fife 2001 & 2011 Census



Source: Scroll/Census Data Explorer

58% of carers reported they were economically active slightly less than the adult population average of 61%. Carers who provided greater hours of unpaid care (35 or more a week) were more likely to be economically inactive (63%) than those who provided no care (38%) or less care (30% of those providing 1-19 hours). Of carers who were inactive the majority were retired (62%) followed by looking after home and family (19%).

Increasing hours of providing unpaid care as was associated with poorer ratings of self assessed health. 60% of carers who provided 50 or more care a week rated their health as good or very good compared to 71% of those providing 20-34 hours and 83% of those who provided no care.

6.1.2 Households and Housing

At the 2011 Census there were 357,440 people (98% of population) living in 160,952 households in Fife, an increase of 7% in the number of households since 2001. The average household size in Fife has decreased in the last 10 years from 2.28 persons to 2.22. As such two person households account for the largest proportion (37%) of households followed by one person households (32%), both of which have increased since the 2001 Census.[4]

The majority of people (77%) in Fife lived within 'one family' households. The most common type of which was 'married or cohabitating couple with two or more dependent children' accounting for the living arrangements for 20% of the Fife population followed by 'married or cohabiting couple no children' (17%). 12% of the population (adults and children) lived in a lone parent family household.

Two percent of the Fife population, 7758 people, lived in communal establishments, a rise of more than 1000 persons living in such accommodation since 2001 when 6,442 lived in communal establishments. In 2011 the most common type of communal establishments were care homes and educational establishments. Almost half of all persons living in communal establishments lived in educational establishments (48%) and a further 38% lived

in medical and care establishments. Of those living in communal establishments one third were aged over 65 years which represented 4% of the population aged 65 and over in Fife.[4]

More than 50,000 people in Fife, 14.3% of the population, lived alone in 2011. Of these 41% were aged 65 and over (21,207) representing a third of all people aged 65 and over living in Fife at the 2011 Census. Fife had a lower proportion of its population living alone than reported nationally (16%) but since 2001 the proportion of the total population living alone has increased slightly from 13%.

Five percent of households in Fife were rated as 'overcrowded' with the majority of these households (80%) having one fewer room than the standard for the number of people living there. Conversely 71% of homes in Fife were rated as 'under-occupied' compared to 66% in Scotland as a whole which also had more overcrowded households (9%). The proportion of overcrowded houses has decreased since 2001 when the figure was 8% and the proportion under occupied increased (66% in 2001).

Ninety-nine percent of households in Fife had some form of central heating, the most common form being gas central heating found in 87% of households. Whilst nearly all homes are equipped with central heating additional information shows that 15% of all households in Fife are living in fuel poverty, required to spend more than 10% of their income on fuel to satisfactorily heat their home and 7% of households are in extreme fuel poverty, spending more than 20% of income.[4]

Seventy-four percent of all households in Fife had access to a car or van, with 30% of households reporting having access to two or more. This is higher than the 69.5% reported for Scotland as a whole.[4]

6.1.3 Employment and Education

More than 60% of the population of Fife aged 16-74 reported that they were employed (full or part-time) or self-employed at the 2011 Census. More than half of all those employed worked 38 hours or more a week with 28% working up to 30 hours a rise of 5 percentage points since 2001. In Fife (and Scotland) the most commonly reported industry sectors within which people were employed were 'Health and social work' and 'Retail activities' each accounting for 15% of the employed population. The majority (70%) of those in employment in Fife travelled to work by car compared to 64% nationally. 14,255 people aged 16 to 74 stated they were unemployed (excluding full-time students), 5.1% of the total population in this age group. Of those who were unemployed 30% were aged 16 to 24 and 19% aged 50-74. 14% of all those who were unemployed reporting they had never worked representing a large increase on the 8% who reported this in 2001.[4]

At the 2011 Census there were almost 25,000 Fife residents aged 16 and over in full-time education, 8.1% of the population in this age group and an increase from the 6.9% of those aged 16-74 in full-time education in 2001. Fife currently has a slightly higher percentage of 16-17 year olds in education (82%) than the Scottish average (79.8%).[4]

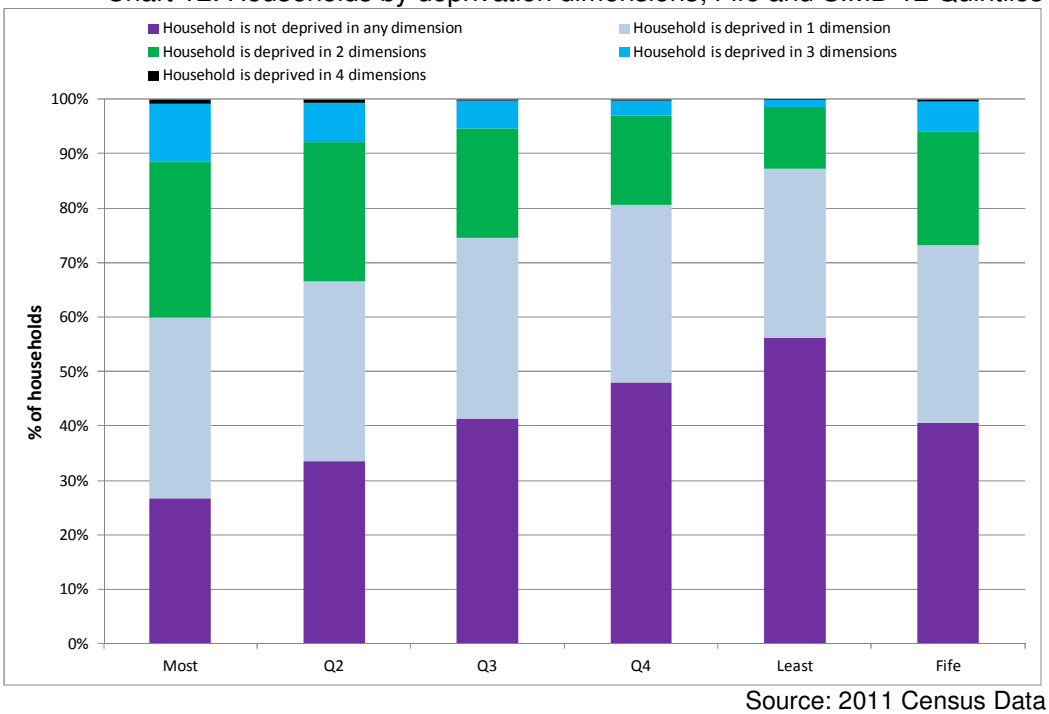
The definition of 'no qualifications' has changed slightly from 2001 when almost a third of Fife residents aged 16-74 said they had no qualifications compared to 26% of Fife residents aged 16 and over in 2011. In the same time period there has been a decrease in the proportions of the population with the lowest level of qualifications (Ordinary Grade, Standard Grade or equivalent)and an increase in the highest level(first or higher degree, professional qualifications, or other equivalent higher education qualifications). Fife has a lower level of people with the highest level of qualifications than Scotland (24% compared to 26%) but a slightly higher proportion of people with the lowest level, 24% compared to 23%.[4]

6.1.4 Deprivation

Information from the 2011 Census collected for each household was used to classify households as being deprived on up to four dimensions: employment, education, health and housing.[f] In Fife in 2011, 41% of households were not classified as deprived in any of the four dimensions. A third of households were deprived in one dimension, just over a fifth in two dimensions, 6% in three dimensions and 0.4% in all four dimensions. These proportions were very similar to those reported for Scotland. Chart 12 shows the differences in the proportion of households with none and multiple deprivation dimensions in the most and least deprived areas in Fife.[4]

In the most deprived areas 27% of households did not have any deprivation dimensions compared to 56% in the least deprived areas. The proportion of households with two or more deprivation dimensions increased with increasing deprivation with 0.8% (1 in 125) of households in the most deprived areas having all four dimensions which was eight times the 0.1% (1 in 1000) in the least deprived areas. Chart 12 also shows that there are households in all areas in Fife living in deprived circumstances as each of the five quintiles has households with one or more deprivation dimension. Kirkcaldy and Levenmouth had the greatest proportion of households with four deprivation dimensions (0.5%) and Glenrothes and North East Fife the greatest proportion with none, 43%.[4]

Chart 12: Households by deprivation dimensions; Fife and SIMD 12 Quintiles



Source: 2011 Census Data Explorer

[f] These dimensions were; where any member of a household, who is not a full-time student, is either unemployed or long-term sick, no person in the household has at least level 2 education and no person aged 16-18 is a full-time student, any person in the household has general health that is 'bad' or 'very bad' or has a long term health problem, and household's accommodation is either overcrowded, with an occupancy rating -1 or less, or is in a shared dwelling, or has no central heating.

The 2012 SIMD showed that 13.3% of the population in Fife were income deprived, adults and children living in households in receipt of one or more income related benefits, similar to the 13.4% reported nationally. In the most deprived areas this proportion rose to 27% which was more than six times greater than the proportion in the least deprived areas of 4%. 20% of people were income deprived in the Levenmouth area compared to 16% in Glenrothes area and 11% in Dunfermline area.[24]

6.2 Health Behaviours

Health behaviours such as smoking, drinking, eating habits and exercise play an important role in determining levels of health and wellbeing and contribute to rates of the diseases described above. As such all of these are the focus of national and local strategies to improve health and wellbeing. Information collected about health and wellbeing enables us to monitor our progress towards a healthier Fife and Scotland and allows us to identify areas for development.

Much of this information is collected via the Scottish Health Survey (SHeS), a national survey of health and health behaviours. Since 2008 the SHeS has collected information annually from Fife residents with the sample size boosted by NHS Fife to enable more informative analysis. This larger sample has provided the relatively unique opportunity to produce results by both sex and age in Fife and results for each of our CHPs and areas of differing levels of deprivation. This section presents results collected during 2008-2011 with data presented by sex and age group in Fife, for each of our community health partnerships and for survey respondents living in the most to least deprived areas as defined by the SIMD 2009.

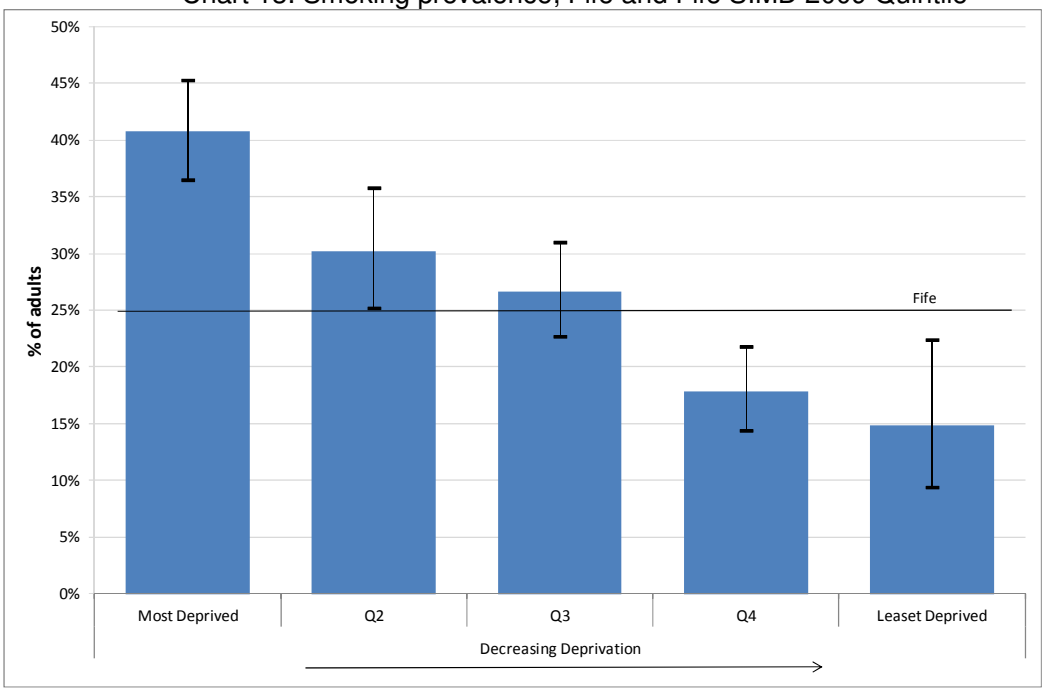
6.2.1 Smoking

In 2008-11, cigarette smoking prevalence among the Fife sample was 26.4%, slightly higher than the 25% reported nationally. Smoking prevalence was significantly higher among adults living in the most deprived areas than Fife and any of the other Fife SIMD deprivation quintiles with 41% of adults reporting being a current smoker. Chart 13 shows that this was more than twice the proportions reporting smoking in the least deprived area and that smoking prevalence increased in line with increasing deprivation. Cigarette smoking prevalence was 28.3% among men which was higher than the 24.7% among women. Smoking prevalence was highest among those aged 25-34 (36%) followed by those aged 35-44 (34%). Smoking prevalence decreased with age from 25-34 years and was lowest amongst those aged 65 and over. The proportion of those reporting they had never smoked in Fife was highest amongst those aged 16-24 (67%).[22]

6.2.2 Physical Activity

37% of adults in Fife achieved the recommended weekly amount of at least 150 minutes of moderate physical activity compared to 38% in Scotland. Glenrothes and North East Fife had the highest proportion of adults achieving recommended levels, 39%. Men (43%) were more likely than women (32%) to have met the recommended levels of weekly physical activity. The proportions meeting recommended levels decreased with increasing age from 50.5% among those 16-24 to 14.9% of those aged 65 and over. There was no relationship between levels of physical activity and deprivation with the lowest proportions achieving the recommended level being in the least deprived areas (34%) and the highest among the second least deprived areas (43%).[22]

Chart 13: Smoking prevalence; Fife and Fife SIMD 2009 Quintile



Source: Fife Scottish Health Survey Results 2008-11

6.2.3 Fruit and vegetable consumption

Consumption of five or more portions of fruit and vegetables (the recommended daily amount) was low, reported by 24% of adults in Fife and 22% in Scotland. Consumption was highest in Glenrothes and North East Fife CHP at 26% with proportions of 23% and 21% being reported in Dunfermline and West Fife and Kirkcaldy and Levenmouth CHPs respectively. Women (26%) and adults aged 55 and over were more likely to consume five portions daily than men (21%) and younger adults. Consumption increased with decreasing deprivation with double the proportion of adults in the least deprived areas eating five or more portions (34%) to the most deprived (16%). Conversely consumption of no portions was highest in the most deprived area (13%) decreasing to 5% among adults in the least deprived.[22]

6.2.4 Alcohol consumption

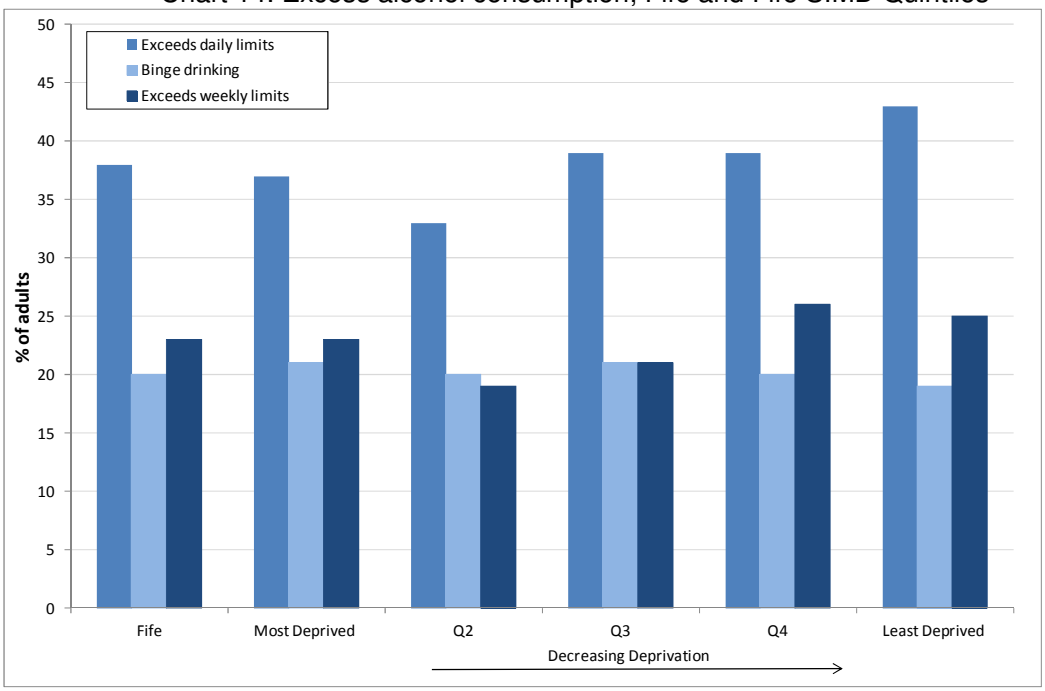
Guidelines for sensible levels of alcohol consumption state that women should drink no more than 2-3 units per day and men no more than 3-4 units with a recommendation that everyone should have at least two alcohol free days per week. In addition weekly consumption should be not be greater than 14 units per week for women and 21 units per week for men. 43% of men and a third of women in Fife exceeded daily drinking guidelines which was similar to levels reported nationally. Dunfermline and West Fife had the largest proportion of men and women to report this with men in all age groups more likely than women to drink beyond daily limits. Drinking beyond daily limits was reported by more than half of men aged 25-34 (58%) and 47% of women aged 35-44, the largest proportions across the age groups. Adults living in the least deprived areas were most likely to report this with 43% drinking beyond daily limits (Chart 14). The lowest proportions of adults doing so were in the more deprived areas (most deprived and quintile 2) alcohol free days a week, 84% of men and 90% of women.[22]

Binge drinking, defined as consuming more than 6 (women) or 8 (men) units on any one occasion was reported by 26% of men and 15% of women in Fife. Proportions were the same among males in Scotland but slightly higher among female Scottish respondents at 17%. Reports of binge drinking were most common among men and among younger age groups.

Among men aged 25-34, 46% drank more than 8 units on their heaviest drinking day (binge drinking) as did 28% of women aged 16-24. Reports of binge drinking were highest among males and females in Dunfermline and West Fife (28% of men and 18% of women) and lowest in Kirkcaldy and Levenmouth (23% of men and 13% of women). Levels of binge drinking were similar across areas of differing levels of deprivation ranging from 19% (least deprived) to 21% (most deprived and quintile 3).[22]

Weekly drinking limits of 14 or more units for women and 21 or more units for men were exceeded by 23% of adults in Fife and Scotland, 28% of men and 18% of women in Fife. Kirkcaldy and Levenmouth CHP had the highest proportion of men reporting this and Dunfermline and West Fife CHP the largest proportion of women. The less deprived quintiles (quintile 4 and least deprived) reported the highest proportions of adults to exceed weekly limits with Quintile 2 having the lowest proportion of 19% (Chart 14). Among women in Fife consumption of alcohol beyond weekly sensible limits was most likely in those aged 16-24 (29%) and among men those aged 55-64 (36%).[22]

Chart 14: Excess alcohol consumption; Fife and Fife SIMD Quintiles



Source: Fife Scottish Health Survey Results 2008-11

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CHAPTER 2
CHILDREN & YOUNG PEOPLE

In this section we highlight a broad range of measures helping to improve the health of our children and young people.

2.1 Preconception Health

To help reduce preventable causes of health issues in babies and children, there are a number of modifiable factors which can impact on health prior to conception.

For women, smoking, alcohol, dependent drug use and obesity may lead to higher risks of obstetric or pregnancy complications or low birth weight. Good nutrition including vitamin D and folic acid supplementation can also reduce the risk of future health problems. In the case of alcohol in particular, damage is often done prior to a woman being aware of being pregnant. Alcohol use in pregnancy can lead to foetal alcohol syndrome, with permanent physical effects and associated learning disability of different degrees. Substance misuse may lead to neonatal abstinence syndrome, leading to babies requiring intensive support in the neonatal unit.

Smoking, obesity and alcohol use also reduce the chance of conceiving in some cases where there are fertility problems. In either parent, excess alcohol or drug use may impair the ability to nurture or care for children, the impact of which was discussed in the 'Hidden Harm' report of 2003.

As a relatively high proportion of pregnancies are unplanned, this has implication for health promotion activity in the wider community. The Fife Health and Wellbeing Plan 2011-2014 is therefore very important in improving health not just of young people and adults for their personal health, but future families, reproductive health and the early years of childhood.

The health aspects of Curriculum for Excellence are significant in educating young people about this. For example, while children can flourish in many different circumstances, in terms of sexual health, encouraging responsibility and consideration of the impact and timing of pregnancy is an important part of Relationships, Sexual Health and Parenting Education.

Activity in other partnerships such as prevention and treatment aspects of the Fife Alcohol Drug Partnership is also very important for future families. Prevention and services overseen by the Fife Domestic & Sexual Abuse Partnership have an important impact on families and children including unborn children. Prevention and treatment of physical and mental health problems in young people and adults who are parents and future parents will also have a positive effect on families and young children.

In this sense, it is difficult to disaggregate societal issues or health service impact in relation to adults and children separately, as these are so closely intertwined.

We now consider a range of health improving measures in early years and childhood and beyond.

2.2 Improving our children's' dental health

The national Childsmile programme has been in operation in Fife since 2006 and there is increasing evidence of its effectiveness at improving dental and oral health and in reducing inequalities in oral health by combining universal and targeted approaches to health improvement.

The programme commences with the universal 6-8 week child health surveillance visit where a decision is made – usually by a public health nurse - as to whether to refer the child for assessment by a Childsmile dental health support worker. These are community based workers who can provide additional support to families (including home based support) to enable them to develop good oral health awareness and skills and to establish patterns of regular dental visits for preventive advice and interventions during their pre-school years.

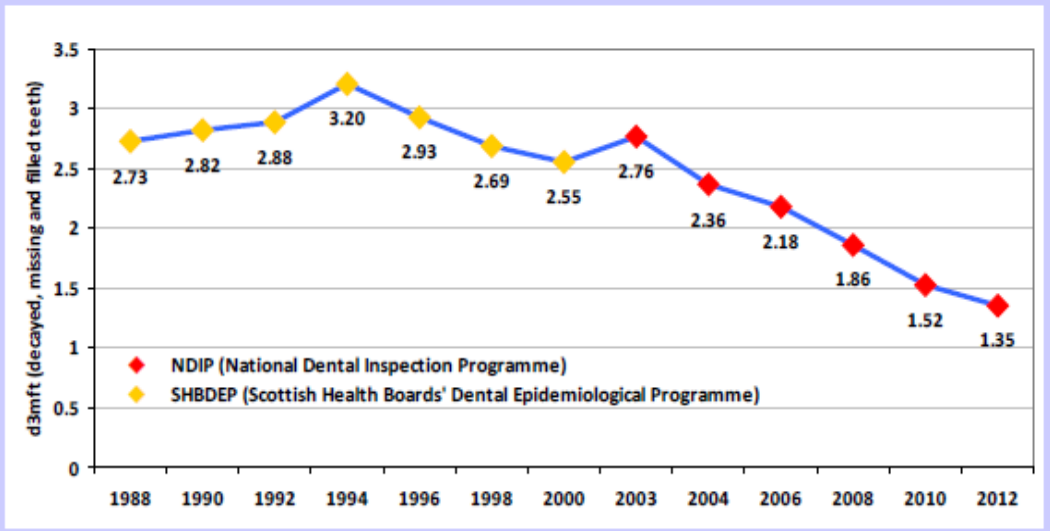
The support available from the Childsmile team includes advice on weaning and early foods and links with other local community based resources to help to establish healthy eating patterns.

Nurseries in Fife are offering daily supervised brushing with fluoride toothpaste and there is now good evidence of an association between nursery toothbrushing and recent improvements in the dental health of Scottish 5 year olds[g].

There are a number of other important elements to the Childsmile programme, including a targeted programme to provide twice yearly fluoride varnish applications for nursery and school children in Fife, together with a comprehensive programme to support family dentists to provide preventive care from birth onwards.

There is much interest in the effectiveness of Childsmile. Figure 3 shows the improvements in oral health in 5 year old children since 1987.

Figure 3: trends over time in the mean number of obviously decayed, missing and filled teeth (d_3mft) in P1 children in Scotland



[g]L.M.D. Macpherson, Y. Anopa, D.I. Conway & A.D. McMahon. Journal of Dental Research, Volume 92, Number 2, pp 109 - 113. February, 2013

In addition, the most recent report on P7 children[h] demonstrates a reduction in dental health inequality using both simple and complex measures of inequality.

2.3 Healthy Eating and Young People

Evidence has shown that engagement with young people, involving them in the planning and preparation of food, means that they are more likely to try foods that are unfamiliar. The following examples illustrate the wide range of healthy eating activities taking place in Fife:

2.3.1 Kids in the Kitchen

Fife Community Food Project has been running Kids in the Kitchen for the last three years, offering week long 2-hour sessions during the Easter and October holidays for P5-P7 children. These programmes aim to increase confidence, cooking skills and food knowledge in a fun environment. Key messages around health and safety and food hygiene are reinforced at each session and each child is given a certificate and recipe book containing the recipes used and the key food safety messages to take away with them.

2.3.2 Girls R Gold get cooking

Working with an established group of vulnerable young teenage girls and their mothers, Girls R Gold offers practical cookery workshops to develop skills and confidence in the kitchen. At the end of the project the participants are given 'cook kits' to enable them to continue developing their skills at home.
The workshops provide recipes that are quick and easy to produce using the minimum amount of ingredients. There is also a focus on budgeting and reducing waste in the kitchen. By developing good cooking habits early in life the skills learnt should enable the participants to cook for themselves rather than rely on expensive ready-made meals that tend to be high in fat, sugar and salt.

> Comments from the girls:-
>
> *'I learned how to make a variety of different recipes, best part was eating the food'*
> *'Making foods that I can cook myself, cooking was the best part'*
> *'I enjoyed it all except cutting onions'*

Fife Community Food Project runs a Cooking in the Community Course for key workers from Fife Council, NHS Fife and the Voluntary Sector. This aims to provide the skills and knowledge for participants so that they can deliver healthy eating programmes within their own communities. Here are a few examples of work with young people.

2.3.3 CU Cook

CU Cook is a 12 week programme for young people based in Kirkcaldy who have been affected by their own or someone else's substance misuse. It includes input from specialist staff including oral health, health promotion, Greener Kirkcaldy, Scottish Fire and Rescue Service and Sustrans.

[h] http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/2013-10-29/2013-10-29-NDIP-Report.pdf?35540407897

A Food Hygiene Course is also offered as part of the programme. Each session runs for 4 hours and includes planning, shopping and cooking a meal with participants. One focus is on making meals go further and trying to 'shop smart' to take advantage of deals/offers available and how to achieve this whilst managing on benefits.

2.3.4 16+ Plan B Programme

This programme contains 4 Key Areas:

- Working with Others
- Personal Development
- Active Mind/Active Body
- Skills for Life

Participants are not in education, employment or training. The aim is to positively challenge their established behaviour and lifestyle patterns, to promote health and wellbeing messages and encourage the young people to participate in healthy eating and cookery sessions.

When one participant was first referred to the Plan B programme he was very shy and lacked in confidence. He took part in a community food project and was not keen on trying new foods and told staff that he frequently would order takeaway food. Since taking part in the Community Food Project he has seen a massive shift in attitude towards food and is now willing to try different foods. He commented on the homemade burgers that he made saying 'that they were actually the best burger I have ever tasted'. He now says that he is ordering less take away foods since learning to cook. Whilst attending the programme he lost 2 stones through learning how to cook healthily and on a budget.

2.4 Tobacco Programmes for young people

2.4.1 Smoke Factor

The aim of Smoke Factor is to provide a tobacco prevention intervention to all children in Primary 6 and 7 across Fife.

The objectives of the initiative are:

- To prevent experimentation with and the uptake of smoking by children through education on tobacco issues and the promotion of non-smoking norms.
- To provide a programme of activity which meets the Curriculum for Excellence 'experiences and outcomes' requirements.

Smoke Factor consists of 4 'Activity Sets' to be delivered by the class teacher and a drama/play delivered by an external company. The aim of the drama /play element is to consolidate the classroom learning from the activity sets.

There are various themes including the history of tobacco; its ingredients and effects; and the effects of second-hand smoke.

2013 is the third year of Smoke Factor with 27 primary schools participating in the programme. Here are some quotes (direct from the pupils):

> *"We got to make tobacco Joes. We went on the smart board and learned what type of plant tobacco comes from."*
>
> *"Sidestream smoke is when the tip of the cigarette is lit and mainstream smoke is when smoke is breathed in and out."*
>
> *"I was shocked that they gave the soldiers tobacco in WW1 (World War 1)."*
>
> *"Cristifor Columbus found tribes smoking tobacco through their noses."*

2.4.2 Smoke Free Class Competition

The Smoke Free Class Competition is a European school-based smoking prevention programme which aims to:

- Delay or prevent the onset of smoking
- Prevent young people who are experimenting with tobacco becoming regular smokers
- De-normalise smoking and promote a 'smoke-free' message.

The programme is targeted at S1 pupils (11-12 years) as research has consistently shown that prevention measures are most effective if they begin before the majority of young people start experimenting with tobacco.

The competition runs over a five month period (Jan-May) during which time participating classes are asked to sign a monthly report form to pledge that they have stayed smoke free. In order for classes to be eligible to enter 90% of pupils must be non-smokers with at least 80% remaining so at the end of the competition.

2013 saw the programme running for the fourth time across 9 secondary schools, with 65 classes and 1365 pupils participating.

The pupils were asked what they had learned about smoking from taking part in the competition, here are some quotes

> *'It can damage your health'*
> *'Smoking Kills and costs a lot on money'*
> *'That passive smoking is as bad as normal smoking'*
> *'That it damages your lungs and it's not healthy'*
> *'I have learned that not a lot of 13 year olds smoke'*

2R1 from Balwearie High School were the overall competition winners and won a trip to Dynamic Earth in Edinburgh.

2.5 Young people and physical activity

Physical activity helps minimise the risk of many long term medical conditions and is known to have a positive impact on mental health and well-being. National recommendations indicate that children and young people should be physically active at least 60 minutes per day and cut down on time spent sitting. And yet research shows that teenage girls lag far behind teenage boys in meeting these recommendations.

"Gotta Be Active" is a Fife-wide campaign targeted specifically at teenage girls, one of two priority groups identified within the 5 Year Review of the national physical activity strategy, *Let's Make Scotland More Active*. In the wake of a National Summit in August 2010, Active Fife hosted a stakeholder symposium to agree a local action plan to encourage increase engagement in physical activity amongst inactive girls.

The key recommendations from this event were to engage in:

- Consultation and sustained dialogue with teenage girls
- A partnership approach to developing sustainable, community-led activities for teenage girls
- Development of intergenerational opportunities

A multi-agency partnership group was established in 2012 to support the work. Members are drawn from Active Fife (Physical Activity and Active Schools), Youthwork Practitioners from within Third Sector and Fife Council, Community Use Schools, Fife Sport and Leisure Trust, NHS Health Improvement, Fife Cultural Trust and Fife Council Communications Team.

The focus of Gotta be Active has been on encouraging girls to lead the campaign as much as possible (the name “Gotta Be Active” was identified by girls themselves.) Groups of girls have taken basic physical activity health messages and interpreted them in their own way, using a variety of media. Working through youth workers in East Fife and using facilitators from Fischy Music, one group wrote, produced and recorded the song “Gotta Be Healthy” which reflected how they felt about being active and healthy. Shortly afterwards a group based at the YMCA in Kirkcaldy made a film about what being active means to them (“Gotta Be Active”), which featured as background music the song produced by the East Fife group and which is now on YouTube.

What the project has demonstrated is that engaging in a creative process around physical activity has led directly to the girls wanting to become more active. One of the primary indicators is that they are all walking more, with some having moved on to become walk leaders or to be involved in walking groups. Elsewhere teenage girls are being trained as cycle leaders and community activists are being supported to encourage girls to become more active. A one-day training course has been developed and piloted around Teenage Girls, Physical Activity and Self-Esteem to help workforces to feel more confident to encourage girls to be more active. A successful Training for Trainers course has also been developed and delivered around this with demand for further courses.

Key to the success of all these projects has been the hard work of the girls and the skills and commitment of community based workers who provide encouragement and support. Current projects include the development of a group work programme for girls, a community kitchen based project linking physical activity with food and health and a Teenage Girls and Physical Activity network event.

CHAPTER 3
HEALTH OF ADULTS

In recent years, public health has been adopting an asset-based approach to improving health and wellbeing. This approach focuses on what people and communities have in terms of social, cultural and material assets and mobilising them as a source of strength and resilience.

An asset is any of the following:

- The practical skills, capacity and knowledge of local residents
- Our networks and connections – including friendships and neighbourliness
- Our physical surroundings – community spaces, buildings, open spaces
- The economic resources of a place or a community – work, business, funding
- The presence of local community and voluntary associations
- The availability of public, private and third sector organisations and services to support a community.

This chapter describes some examples of initiatives taking an asset-based approach in Fife.

In 2012 Fife's Health and Wellbeing Alliance began a two-year programme funding six community-led health projects. The projects are still at an early stage and will be contributing to a growing body of knowledge about the impact this way of working can have on health and wellbeing.

3.1 A Healthy Voice

A Healthy Voice is based in Oakley in south west Fife. The village, formerly a mining community, now has high levels of unemployment. In the last 18 months Coalfields Regeneration Funding allowed the Oakley and Comrie Community Action Plan to be developed. The Action Plan is based on community consultation which showed residents felt there were many positive aspects of living in Oakley but also problems with the environment, anti-social behaviour and community safety. These issues can affect people's health in a range of ways including negative impacts on mental health.

A Healthy Voice was initiated by Fife Council's Community Learning and Development team who felt community led health activity would complement the wider community action plan.

The project has used a two-strand approach to help people define their own health issues and establish their own community groups to tackle these. Education has been key to the project and 13 learners have taken part on two courses (Local Investigations Units and CHEX Health Issues in the Community or HiiC). The second theme will build on the education and learning with learners being supported to set up a community led health group and to think of solutions and suitable actions to take to improve mental health in the Oakley area.

For more information on the project contact Kirsty Ross, Community Education Worker, kirsty.ross@fife.gov.uk

3.2 Broomhead Drive Community Health Initiative

Broomhead Drive flats are three blocks of Council owned multi-storey flats in north- west Dunfermline, which are undergoing a major £5.1 million renovation. There are 210 flats which house a mix of families, young single people and pensioners. There are good amenities close by including a sports centre, schools, green area and shops. However the flats are in need of refurbishments and have a poor reputation locally for anti-social behaviour, crime and drug taking. Despite the flats' poor reputation a consultation on their future saw residents voting to refurbish rather than demolish them. The consultation also identified interest from residents in making better use of the community flat in the area.

The project was initiated by Fife Council's Community Learning and Development team in Dunfermline and has become a strong partnership group working with NHS Dunfermline and West Fife CHP, the Council's Family Support in Fife, the Salvation Army and Police Scotland.

The project would like to help residents address health and wellbeing issues in the area alongside the physical regeneration of the flats.

In March 2013 an initial consultation was undertaken with a small number of residents which resulted in a stop smoking programme and a young person's services Hub being established. A further consultation found that residents were pleased with the community flat and suggestions for its use included counselling, budgeting, support for those with addictions and arts and craft activity. The project employs a part time community worker to build on these recommendations.

For further information on BDCHI contact Callum Farquhar, Locality Support Team Leader in Dunfermline, callum.farqhuar@fife.gov.uk

3.3 Collydean Community Connections

Collydean Community Connections (CCC) is based in Glenrothes. Around 2500 people live in the Collydean area. Like many other neighbourhoods it is affected by increasing unemployment and is seen as at risk of becoming more deprived. It is some distance from Glenrothes town centre and has few local amenities other than a community centre, a church hall and the building where CCC is based. The project was initiated by a Collydean resident and is working in partnership with Fife Employment Access Trust (FEAT), Collydean Primary School and Glen Housing Association.

Local agencies feel health and wellbeing is an issue in the area with high levels of disability and poor health including poor mental health. The FHWA funding has allowed a part-time community co-ordinator to be appointed to support the community to identify health and wellbeing issues and help them to take the lead on improving wellbeing.

A number of residents with various skills, capacities and knowledge are now involved in community activity, including a student who is contributing to the community newsletter; a retired professional who is teaching IT classes and a qualified drama teacher who is running story time classes for pre-school children.

CCC has strong links with the existing organisations in the area. Local primary school children designed two of the project's logos as part of a homework assignment, while the Baptist Church and Community Centre have offered the project spaces to hold events.

One of Collydean's physical assets is its green space and the project is now working with residents on improving an area of disused land in the community, which the Ecology Centre in Kinghorn will advise on.

For more information about Collydean Community Connections contact Duncan Mitchell, project manager Dunan@journeytowork.co.uk

3.4 HEAL 2

HEAL 2 is based in Auchmuty, Glenrothes. Auchmuty is an area of predominantly council and social rented housing. There has been some housing regeneration in recent years and people involved in HEAL 2 say that the area is 'coming up'. They feel residents like living in the area as there are lots of green areas and it is close to Glenrothes town centre. However, the recession and welfare reform have had profound impacts on people living in Auchmuty where there are high levels of unemployment and poverty. The kinds of health issues experience by local people include problems with long term health conditions, poor mental health and difficulties accessing healthy food.

The project was initiated by Fife Council's Community Learning and Development team in Glenrothes who work in the area's adult learning centre. The project's focus is on worklessness within the community and the project works to build individual's confidence and self-esteem, support residents in developing supportive social networks, and explore wider health and wellbeing issues. HEAL 2 is adopting an asset based approach and is made up of participants, CLD workers and a part-time community catalyst worker.

3.5 Real Connections

Real Connections is a Kirkcaldy based project, though it is open to anyone in Fife experiencing mental health issues. The project is supported by LinkLiving, a voluntary sector organisation, with a Community Connector. Real Connections wants to help people who are experiencing mental health difficulties, including people affected by stress and low self-esteem and confidence, improve their mental and physical health.

Participants involved with the project regard themselves as 'members'. They suggest and participate in a number of different activities. Some are documenting their experiences and presenting them to mental health professionals.

By getting involved, it is hoped that members will feel less isolated, make friends, become more active, participate in their local communities, pick up skills, and realise their existing talents.

For more information about Real Connections contact Paul McFadden, Volunteer Worker, LinkLiving paul.mcfadden@linkliving.co.uk

3.6 Women's Health Information Research

The WHIR project is a participative action research project led by women who are experiencing domestic or sexual abuse The focus of this project has been to find workable solutions to the issues of being homeless in Fife. A core group of 10 women from different parts of Fife has been working together to build a strong community research team (CRT). Since June 2013, the team has been meeting weekly to strengthen their trust and understanding about the impact of domestic and sexual abuse and homelessness on women's health, well-being and livelihood. The CRT uses their expertise and understanding to develop the focus of their research question. Members continue to share their own knowledge and experiences to develop each other's skills. FHWA funds were used to provide a safe space, crèche facilities, travel expenses, refreshments and activity resources.

The project was initiated by Fife's Domestic and Sexual Abuse Partnership (FDASAP) and Scottish Women's Aid. Fife Women's Aid has supported women who have used their services to engage with the project.

WHIR is using a participative action research approach to improve understanding, prioritise and deal with the factors that compromise the health and well-being of women and children who have experienced domestic abuse.

The first year of the project will concentrate on homelessness and the threat of homelessness, something all the women have experienced. The second year of the project will be about exploring other important issues that impact upon women's health and wellbeing and identifying solutions to address these.

In addition to these asset-based approaches, public health continues to provide support and input into other ways to improve health of adults.

3.7 Health Working Lives

The Healthy Working Lives team in Fife works to raise awareness of, and support and develop workplace health, safety and wellbeing with employers across Fife. A range of free workplace services are available for employers from the team including: information and resources, workplace training and events, policy advice, lifestyle health checks for employees, award programme and specialist advice from the team.
Taking an asset based approach to workplace wellbeing allows the team to effectively work in partnership to draw on the skills, knowledge and experience of colleagues and partner agencies in Fife such as Fife Council, Fife Voluntary Action, Fife Chamber of Commerce, Health Improvement training programme and the Health Promotion Information and Resource Centre. But it also importantly allows workplaces to share good practice and learn about 'what works' from each other.

3.7.1 Health Promotion Resource Workshop

This workshop was delivered in partnership with the Information and Resource Centre (IRC) to demonstrate some of the many free resources available for workplaces and support to help them use these resources within their own organisations. Following the session a number of workplaces registered with the IRC and the activities demonstrated were replicated in these organisations.

3.7.2 Health Working Lives Award Ceremony

The annual Health Working Lives Award ceremony brings together workplaces to celebrate the achievements of organisations receiving Awards and allows them to showcase and share their good practice. At the 2012 event Thomson Cooper accountants described the very successful pedometer challenge that staff had taken part in and as a result numerous organisations went on to organise their own version throughout 2013.

3.7.3 REHIS Elementary Health and Safety training for SMEs

Working with Fife Council Business Education team this accredited training has been delivered to 52 participants in the last year. The main aim of the course is to move on from basic awareness of health and safety issues, and is aimed at workers in Small and Medium Enterprises (SMEs) and voluntary organisations requiring a greater understanding and knowledge of health and safety matters an how to apply this in their own workplace. The intention was also to provide attendees with an understanding of the assistance available from Healthy Working Lives Fife and Fife Council Consumer and Business Education Team in relation to fulfilling their statutory obligations to promote good health, safety and wellbeing in the workplace.

3.7.4 Safer Lone Working Fife Workshop

This event was held in partnership with Fife Voluntary Action, Police Scotland and Fife Council and built upon a similar successful event for Fife workplaces held last year in Dunfermline. Participants were able to explore the issue of lone working and personal safety to help reduce their specific risks and improve the safety of their workers.

For more information on Healthy Working Lives contact Healthy Working Lives Fife Team hwlfife@nhs.net.

3.8 Templehall Dad's Group

The Templehall Dad's Group came about following a piece of scoping research by a public health nurse into the needs of young fathers, and the awareness by professionals working in The Cottage Family Centre that the needs of fathers in the area were not being addressed. The project aims to encourage young men to improve their health and wellbeing and employability.

At the time that the Dads' Group began the Family Centre was about to begin renovation of its garden and the garden renovation became the focus of the Dads' Group. It was felt that the group needed a tangible project that they could become involved in and contribute to, rather than just having the opportunity to meet up with other young fathers. A male community worker is employed and works alongside staff from the Centre to facilitate gardening activities as well as co-ordinating input from relevant agencies.

The project provides meaningful initiatives and activities for young dads which offer opportunities for learning, recognition of their abilities, building confidence and self esteem and improvements in the physical, social and emotional health. Discussion with the young dads led to the development of a programme of activities and enabled them to take ownership of the project and its future direction. The group evolved to include short education courses on IT training, health, cookery, first aid and parent craft as well as working on the garden project.

3.9 Detect Cancer Early

This programme aims to increase early referral and investigations for patients presenting with signs and symptoms of lung cancer. There is a Pilot taking place in Inverkeithing Medical Practice with a further ten GP Practices now becoming involved.

As part of this programme, two recent events were designed to target adults between the ages of 50 & 74.

The main focus of this health promotion work is to raise awareness of the signs and symptoms of Breast, Bowel & Lung cancer and highlight the pathways towards detection.

3.9.1 Cowdenbeath FC Derby Match

Positive links with Cowdenbeath FC were developed and NHS Fife Health Promotion services were given the opportunity to sponsor the Derby match against Raith Rovers, highlighting Lung Cancer. We provided pitch side advertising (which will remain in place for two seasons), programme advertising as well as selection of 'Man of the Match'. The club was supportive in developing campaign specific messages for their supporters. The team posed for our 'Don't Give Cancer Extra Time' hoarding and wore the 'Lung Cancer isn't what it used to be' t-shirts, on the day.

We already have plans in place to work in partnership to support community programs aimed at the older adult.

We are delighted to find partners like Cowdenbeath FC who value their fans' loyalty and want to support them and their local community. After all, encouraging fans to recognize the early signs and to seek advice when necessary, is not only key to good lung health but it also means that they will be fit to Chant in the stands on match days!

For further information contact Fiona Lockett, Health Promotion Officer - Cancer

3.9.2 Mega Lung event at B&Q Kirkcaldy

B&Q Kirkcaldy are very focused on the importance of health and wellbeing for their staff and the wider community and were very supportive of the value of promoting the Alex Ferguson *'Don't get scared, get checked'* message within their local branch. We used the main display area in the store on a Wednesday afternoon, which is a regular discount day for older adults.

We supplied a set of interactive inflatable lungs for customers to explore and learn about the benefits of healthy lungs and the damage inflicted through exposure to smoke and chemicals. The day was a success, allowing us to reach approximately 500 people within our target group. To add value to the day, we worked in partnership with the 'Well on Wheel' bus team, who were also on site to offer health checks and general health advice to all.

For further information contact Fiona Lockett, Health Promotion Officer – Cancer

CHAPTER 4
OLDER PEOPLE

National policy around health and social care for older people and for their carers emphasises the need to shift the balance to providing support and preventive services to help people maintain their independence and wellbeing in their own homes and communities.

4.1 Fife Strategy

Fife's Health and Social Care Partnership's *Joint Health and Social Care Strategy for Older People (2011-2026)* sets out its purpose:

To meet the needs of the older population now and in the coming years; that all Health and Social Care Services should have a primary aim of maintaining and supporting independent living and maintaining quality of life and that the resources of local people and communities will be at the centre of social care provision.

4.2 National Strategy

National Policy documents such as "*Achieving Sustainable Quality In Scotland's Healthcare A '20:20' Vision" published in September 2011* make clear that the demands for healthcare and the circumstances in which it will be delivered will be radically different in future years:

- Over the next 10 years and beyond, the proportion of people aged over 75 in Scotland – who tend to be the highest users of NHS services – will increase significantly.

- There will be a be a continuing shift in the pattern of disease towards long term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia.
- Over the next 20 years, these changes alone will require significant increases in expenditure on health and social care. This is against a context of increased financial pressures which have resulted from the recent global financial crisis.

The Scottish Government's 2020 Vision , is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

This Vision supports the implementation of the Healthcare Quality Strategy for NHSScotland, the pursuit of the Quality Ambitions of person-centredness, safety and effectiveness – and the required actions to improve efficiency and achieve financial sustainability.

4.3 Reshaping Care for Older People

The Scottish Government's Reshaping Care for Older People[1] programme has been ongoing since 2011 with the policy goal of optimising independence and wellbeing for older people at home or in a homely setting. The desired outcome of this programme is that older people and those close to them get the information, advice, support and service they need to:

- Help them stay well
- Live as they want, with choice and control
- Feel safe
- Have meaningful activities and opportunities to meet and support each other.

4.4 Health and Social Care Integration

The Policy rationale of the *Public Bodies (Joint Working) (Scotland) Act 2014* legislation is "to improve the quality and consistency of services for patients, carers, service users and their families, to provide seamless, joined up, high quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with longer term and often complex needs, many of whom are older."

It is vital that as plans and strategies for integration of health and social care services are further developed, that this main aim and rationale is kept to the forefront, particularly to ensure that frail older people and people living with complex long term conditions and/or care needs receive the good joined up health and social care services they need, to enable them to live independently in the community for a long as practicable.

4.5 Recent Publications

Most older people live relatively healthy independent lives, but a recent report by The Joseph Rowntree Foundation and IRISS points out that there is a fast growing subgroup within the population of older people with a high level of support needs. http://www.iriss.org.uk/resources/delivering-better-life-older-people-high-support-needs-scotland

The report sets out 7 challenges – which we should all integrate into our thinking:

- The need for positive images to challenge ageism – reminding us that "old age is about all of us"
- The need to make the effort to see and hear the individual behind the label or diagnosis and to hear the voices of older people with high support needs.
- That all support should reflect meaningful relationships
- The need to use the many assets, strengths and resources of older people with high support needs, through recognising and creating ways for them to both give and receive support
- Treat people as equal stakeholders with both rights and responsibilities not just as passive recipients of care
- Be open to radical and innovative approaches and how to make simple changes to existing services to improve lives.

4.6 Preventing ill health and improving health

Improving Services to better meet the needs of the older population now and into the future is only part of the equation. Alongside that it is important that Older People themselves take opportunities to maintain and improve their health and wellbeing and that communities

[1] The Scottish Government (2011) "*Reshaping Care for Older People. A Programme for Change 2011 – 2021"* Available: http://www.jitscotland.org.uk/downloads/1299249359-ReshapingCareProgrammeFinal4March.pdf

themselves continue to contribute their own resources to be resilient and supportive including with frailer older people.

Fife Partnership's Health and Wellbeing Alliance supports a range of Improving Health initiatives for different sectors of the population including older people. Local improving health teams and Fife's health promotion service, working in tandem with other organisations including Voluntary Organisations and a range of different Fife Council services have also developed a number of local initiatives.

It is important that every area of work for those working to prevent ill health and improve health and wellbeing should consider the implications for and the assets of the *growing older population* to help them maintain their ability to continue living independently in the community for as long as they can and to help people maintain their wellbeing.

4.7 Examples of Good Practice in Fife

4.7.1 CookWell: LiveWell for One!

Cooking for one person, no matter what age can be a problem as very few recipe books cater for the single person. Neither is it easy to convert a recipe designed to feed four to single portions because the ingredients just can't be reduced in proportion – how do you divide an egg into 4!

Following the success of the "Chariots of Fife" event held in Cupar a number of ladies expressed a need for a cookery book for one.

One specifically designed for people living on their own which contained quick, easy everyday recipes, and so the CookWell:LiveWell for One group was established and has met for the last few months in the Community Kitchen in Leven to try, test and taste a number of favourite recipes. The group consists of 7 ladies and 1 man ranging in age from late fifties to mid eighties, all with the exception of one are widowed and living on their own.

CookWell:Live for One has been designed to inspire all those people living on their own to get back into the kitchen and start cooking again, we have sourced recipes that use everyday readily available ingredients that don't cost the earth!

Personal Story

Jan who has recently lost her husband stated that it was her husband that did all the cooking and once he had passed away, she felt that she no longer had the confidence to cook and so had virtually stopped eating much to the despair of her friends. After attending the group she has now started to cook for herself again and is enjoying making the different recipes at home. But more importantly she is really enjoying the new found friends she made.

CookWell:LiveWell for One will be launched at the end of March 2014: *For more details on how to access this resource please contact Lyndsay Clark, Senior Health Promotion Officer, Food and Health on lyndsayclark@nhs.net or 01592 336498*

4.7.2 Contact the Elderly

Over recent years NHS Fife has developed an enhanced befriending service for older people aged 75+ through monthly social events on a Sunday afternoon run by Contact the Elderly. Groups are run by volunteer co-ordinators. Volunteer hosts and their families offer private hospitality in their homes and guests are transported to and from outings by volunteer drivers.

The service is targeted at people aged 75 and over who live alone and are socially isolated and excluded. Groups are currently based in Dalgety Bay, Dunfermline, Glenrothes, Cupar/St Andrews (Jolly Fifers) and the Fife Arts Group.

Contact the Elderly organises monthly Sunday afternoon get-togethers for people over 75. Their guests live alone, have little or no support from family and friends, have become frail with age and find it difficult to go out unassisted, leading them to become socially isolated. Volunteer drivers use their cars to collect guests from their homes and take them to volunteer hosts' homes, where everyone enjoys the welcome and warmth of simple friendship. These small groups enjoy spending time together and take pleasure in chatting over a home-made afternoon tea. The group is warmly welcomed by a different host each month, but the drivers remain the same which means that over the months and years, acquaintances turn into friends and loneliness is replaced by companionship.

Feedback from our guests, volunteers and referrers are promising

"Before I joined Contact, the only way I could mark the difference between a weekday and the weekend, was to sit in a chair in the week and move to my sofa on a Sunday." Mary, 91.

"I feel I've come out a dark tunnel into the light. Before I joined Contact I thought my life had ended, now it's started again!" Edith, 85, after her first tea party.

"I look forward immensely to the monthly tea party, as Sundays are very lonely times." David, 89.

"I haven't been out for 7 weeks. I'm really looking forward to meeting people. I spend a lot of time alone and this will be a lovely change." Elsie, 94.

Fife Arts group – Contact the Elderly

For further information on Contact the Elderly contact: Dorothy Woolley, NHS Fife (dorothy.woolley@nhs.net)

4.7.3 Reducing Social Isolation in Sheltered Housing in West Fife

Dunfermline and West Fife Inequalities Team carried out a needs assessment in four sheltered housing complexes in the Dunfermline and West Fife area to identify ways to improve the health and well being of older people and reduce social isolation.

36 older people took part in the interviews/focus groups and were asked about their involvement with groups and activities within the Sheltered Housing and within the community. They were also asked about awareness of other groups and any barriers which restrict access.

Many respondents were happy with the existing groups they attend and it was largely dependent on mobility and health issues. There were varying activities within the sheltered housing including film nights, fish tea, bingo, card games etc but this varied considerably between complexes.

Main gaps in services which contribute to health and well being were identified as;

- Physical activity. Seated exercise classes were previously available in one of the complexes but had to be stopped due to the expense for residents.
- Increase awareness – some had a low awareness of activities available for older people in community centres nearby. The directory from Fife Elderly Forum has been shared with the wardens and residents.
- Transport – transport is provided for some groups and for those attending Day Centres. Others noted the free public bus pass was good as bus stops were just outside each

complex. Others noted that due to mobility and site issues, they did not feel comfortable on public transport.

- Information Technology (IT) skills – some residents were interested in developing IT skills. Moir Court is due to be visited by the Digital Inclusion Project to provide a computer in the lounge area with a tutor and Digital Inclusion Project have been informed of the other sheltered housing complexes interested in IT. Residents were also informed of the IT suites in local community centres.
- Social Activity – encouraging residents to take part in community groups in their area. Some residents said they were interested in certain things that were available in their local community centre which provides a bus service directly to the sheltered housing but without knowing what is available it can be daunting. It was recommended a taster session could be provided to encourage more older people to attend existing groups.

Sarah Alston, Public Health Assistant , Dunfermline and West Fife Health Inequalities Team sarah.alston@nhs.net

4.7.4 Physical Activity: Active and Healthy Ageing in Fife

Fife's approach to Physical Activity as part of Active Ageing is based on the national framework "Active for Later Life", which considers 3 groups of older adults determined by level of dependency, rather than age. The groups are not distinct however, and work programmes do overlap.

For older adults living independently and able to make their own activity choices, the focus has been on encouraging continued participation. Fife has progressed this through "Chariots of Fife" events which have provided taster sessions in a range of activities, then signposted participants to where they can take part in these locally. 'Bums off Seats', Fife's award winning volunteer led walking programme, also provides opportunities for older adults to take part in health walks and Nordic walking. Between 3000 and 5000 people participate in walking for health per week in Fife. There are 391 volunteers with "Bums off Seats", the majority of whom are older adults.

With the middle group who are still living at home but are becoming frailer and more dependent on services, there is a focus on rolling improving strength and balance programme using a programme called "OTAGO" to reduce the risk of falls and maintain independence.

The third group are frail, older adults typically in residential care. This involves working closely with care providers with a focus on workforce development, access to resources and increasing the opportunities to be active. An SQA-verified Seated Exercise course has been developed, and a series of workshops is provided to train staff in various other activities. A programme of activities has also been developed under the national "Go For Gold" initiative which has included games leagues between the care homes and large events for all homes to participate in.

Bums off Seats and Active Fife have been awarded Investing in Volunteers - the charter mark volunteer version of Investing in People. It was the first walking project to go through SROI (Social Return on Investment) and the social return was estimated to be between £5.50 and £7.00 for every £1 invested.

For more information contact Fiona Dale at Fife Council – fiona.dale@fife.gov.uk

4.7.5 Developing New Service Models to meet the needs of the Ageing Population

The Scottish Government's Reshaping Care for Older People Programme helped fund a new Integrated Community Assessment and Support Service (ICASS) has been implemented across Fife since 2011.

ICASS comprises three key components – Hospital at Home, Intermediate Care and Homecare Reablement and aims to improve the quality of care and outcomes for older people with the intention of allowing them to remain independent within their own homes or communities – similar to many of the key themes of the Fife and Scotland Strategies and fitting with the Challenges posed by the JRF/IRISS report referred to earlier.

In particular, anticipated outcomes of ICASS include:

- Providing an alternative to emergency hospital admissions for older people, progressing to also reduce the number of people requiring long term institutional care.
- A reduction in the length of stay being facilitated for those who require hospital admission.

Enabling older people who are maintained at home to achieve and sustain their maximum potential.

4.8 Service Evaluation

The Public Health Department has been leading a programme of evaluation of ICASS with a particular focus on *Hospital at Home* which focuses on providing hospital care for frail older people in their own homes.

Several evaluation methods were used including key stakeholder interviews, gathering patient, carer and staff perceptions, an audit of a series of Hospital at Home patients, and a quantitative analysis of acute hospital activity.

The evaluation found that:

- Hospital at Home contributes to ICASS's overall aim of helping older people to remain independent within their own homes or communities.
- This has been achieved by Hospital at Home providing both an Alternative to Admission to hospital and Step Down Care from hospital, thus helping reduce the length of time an older person remains in hospital.
- Patients and carers, on the whole, like the service and it accounted for about 8% of acute hospital admissions activity for people aged 75 and over in Fife in August 2013. However, some patients may not previously have been admitted to hospital and so the true number of admissions to an acute setting avoided by Hospital at Home may be less than this.
- Although Hospital at Home is aimed primarily at people aged 75 and over, 27.5% of referrals accepted between April 2012 and March 2014 were for people aged under 75 who were deemed to be frail and otherwise meet the criteria for the service. In accepting referrals for these patients, Hospital at Home is not achieving its maximum potential in terms of the impact on acute hospital activity for the target age group which may also reduce its cost-effectiveness.
- In terms of financial sustainability, the direct costs of hospital at home are currently estimated to be 36% less than an acute hospital setting.

- It is too early to estimate the longer term impacts of Hospital at Home. Longer term monitoring of care home admission rates or re-admissions to hospital will help quantify whether there is a reduction in the extent to which people require long term institutional care in future.

A series of recommendations from the evaluation work are currently being progressed in order to continue improving this important area of work. A copy of the detailed evaluation report is available on request and at the NHS Fife website.

CHAPTER 5
HEALTH PROTECTION

Working together, NHS Fife and Fife Council jointly agree health protection (communicable disease and environmental health) priorities, provision and preparedness. This shared approach is described in the co-produced Joint Health Protection Plan (JHPP) in accordance with the statutory duties of territorial Health Boards and their Local Authority partners. The most recent plan was drawn up in 2014 and covers the period 2014-16.

5.1 Communicable Diseases

The number of cases of notifiable diseases reported to the NHS Fife HPT between 2010 and 2013 is shown in Table 1. Gastrointestinal diseases are the most common notifiable infectious disease conditions. Each case requires follow up by the HPT and colleagues in Environmental Health, to ensure appropriate control measures are in place and to investigate the source of the
infection.

The number of meningococcal infections remain low but each one requires a careful assessment of contacts and provision of antibiotics where indicated. If a case occurs in a school or nursery, all pupils and staff are informed.

Although only a small proportion of the total public health notifications are for TB, each TB case requires a large input of nursing and public health time to identify contacts and ensure that adherence is maintained during the six months treatment period. The complex nature of TB requires a multidisciplinary approach from TB nurses, clinical teams in primary and secondary care, microbiology and public health. In NHS Fife multidisciplinary TB meetings are held to review all cases.

Table 5.1 Main Communicable Diseases notified to NHS Fife Public Health Department 2010 to 2013

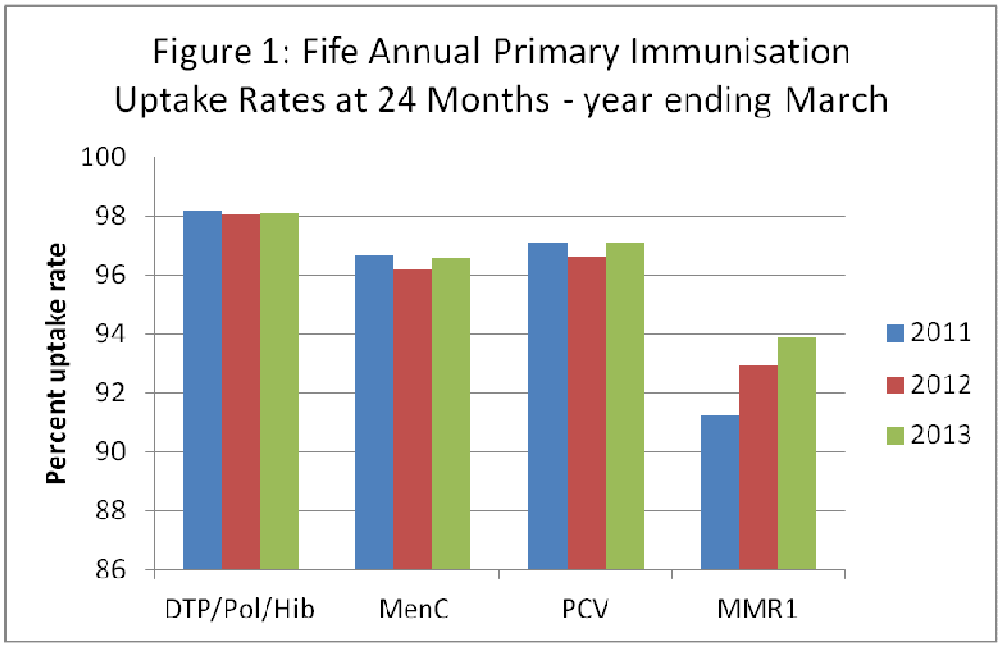
NOTIFIABLE DISEASE/ORGANISM	2010	2011	2012	2013
Cryptosporidium	15	44	59	59
E.coli (non O157 VTEC)	<5	9	<5	0
E.coli O157	19	<5	12	21
Giardia	<5	<5	0	<5
Legionellosis	0	<5	5	5
Listeria	0	0	<5	<5
Lyme Disease	<5	0	0	<5
Measles	0	<5	0	15
Meningococcal Infection	5	5	<5	8
Mumps	28	<5	20	<5
Rubella	0	0	<5	0
Salmonella	83	59	45	45
TB	6	10	11	6
Whooping Cough (Pertussis)	<5	<5	22	28

Source: NHS Fife HP Zone

5.2 Vaccination

The countries in the European Region of the WHO, including Scotland, are committed to the elimination of measles and rubella by 2015 through increased rates of vaccine uptake. Vaccine preventable diseases (for example, whooping cough (pertussis), measles, mumps and rubella) account for a small but significant proportion of notifications in Fife. Each notification and laboratory confirmed case is followed up by the HPT to reduce the likelihood of further cases and offer vaccination if required.

Primary immunisations are a major prevention strategy in the control of communicable disease. Figure 1 shows the uptake in Fife from 2011 at 24 months, which includes the first MMR vaccine. It is pleasing to see an improvement in coverage for this vaccine in recent years.



Source: ISD

5.3 Health Protection Planning

In addition to the JHPP, there are three key plans which are reviewed, exercised and updated by NHS Fife on a regular basis. These are: Major Emergency, Pandemic Influenza and Public Health Incident Plans.

There are many other plans to cover specific areas of emergency preparedness and health protection which are reviewed on an on-going basis. These include COMAH registered sites and other industrial sites, a few of which are inspected by the local authority under its duties around health and safety. Others are inspected by the Health and Safety Executive. More information on these sites can be found on the Fife Direct website at:- COMAH Sites Generic Plan

There is a Community Risk Register which is reviewed annually by the Strategic Co-ordinating Group.

Community Risk Register - This risk register will be modified to the new resilience structures following the changes made to national Police and Fire structures.

NHS Fife and Fife Council work closely with Animal Health Regulators and review the Animal Health emergency plan.

5.4 Health Protection Priorities for 2014-16

National priorities for health protection are unchanged from the previous plan. These are:

- A potential pandemic of influenza
- Healthcare associated infections (HAI) and antimicrobial resistance (AMR)
- Vaccine preventable diseases
- Environmental exposures which have an adverse impact on health
- Gastro-intestinal infections
- TB Action Plan for Scotland

Following discussion with key partners and a stakeholder event which was held in August 2013, a number of key areas for local action have emerged for health protection in this plan. These are:

- Community Resilience
- Communications with the public
- Antimicrobial Resistance
- Organisational Resilience

5.4.1 A potential pandemic of influenza

Although the 2009 Pandemic Flu Outbreak, was in the end, essentially a mild illness for most people responding to the Pandemic was still a significant challenge for NHS Fife and its partner organisations. It did however provide us with a great opportunity to test our pandemic planning and our overall resilience in the face of a major outbreak of pandemic flu.
Pandemic Flu is still considered to be one of the major risks likely to affect the UK and we still need to maintain a high level of preparedness through diligent planning and exercising.

5.4.2 Healthcare associated infections (HAI) and antimicrobial resistance (AMR)

NHS Fife is tasked with implementing the HAI Task Force Delivery Plan 2011 around seven key areas:

- Antimicrobial Prescribing and Resistance - there is an increasing threat of HAI related to resistant organisms.
- Cleaning, Decontamination and Estates - healthcare settings should meet cleanliness standards appropriate to the care that is delivered.
- Infection Control Policy Guidance & Practice - ensuring NHS Fife meets national standards on infection control
- Organisational Structures - staff need clarity of roles and responsibilities to work together effectively and prevent HAI.
- Staff and Leadership - healthcare workers need appropriate skills and knowledge of infection control principles relevant to their post.
- Quality Improvement – using care bundles to reduce risk of MRSA and *C.difficile* infection
- Surveillance - to monitor and understand emergent organisms and patterns of antimicrobial resistance

Considerable progress has been made both in Fife and across Scotland in terms of reducing HAI. Prescribing practice has also been modified which both reduces the risk of HAI and also the rate of emergence of resistant organisms. However, new and resistant strains of organisms are continually being detected through local surveillance systems. Whilst many of

these infections may be acquired abroad, they still pose a significant clinical challenge to detect, identify, control and treat.

Further details of NHS Fife approach to preventing HAI and AMR can be found in the Annual Report of the Infection Control Committee.

5.4.3 Vaccine preventable diseases

NHS Boards were notified in December 2012 that an extension of the existing Scottish Immunisation Programme would be phased in over 2013-16. This would affect the childhood, adolescent and adult immunisation programmes.

The Major Changes to the Scottish Immunisation Programme covers four Immunisation programme areas; an extended Childhood Influenza Programme, Rotavirus Immunisation, Herpes Zoster (Shingles) Immunisation and Meningococcal C Immunisation**.**

Childhood Influenza Programme

This is to be extended over a three year phased period to include all children and young people aged 2-17 years of age with the introduction of a new intranasal vaccine, Fluenz® to those children not in clinical at risk groups.

Rotavirus Immunisation

Two doses of live oral vaccination have been added to the primary immunisation schedule for babies from 8 weeks.

Herpes Zoster (Shingles) Immunisation

The vaccination programme starts in 2013 for those aged 70 with a catch up programme for those aged between the years of 70 and 79 phased in over three years.

Meningococcal C Immunisation

There have been alterations made to the existing programme with the primary immunisation schedule reduced from two doses to one dose with the removal of Men C from the primary childhood immunisation programme at age 4 months. In contrast, Men C immunisation is being extended to adolescents as part of the school based immunisation programme, to be administered along with the School Leavers Booster (S3). A single booster of Men C vaccine is also being introduced to those entering 1st year University as part of a catch up programme between 2013-2016.

5.4.4 Environmental exposures which have an adverse impact on health

There are many different kinds of environmental exposures that may have an adverse impact on health. Local surveillance, monitoring and risk assessment is carried out on a routine basis in line with environmental legislation by Fife Council, Scottish Environmental Protection Agency and Scottish Water. NHS Fife health protection team gets involved where concerns are raised either from these agencies or from the general public about an actual or possible hazardous environmental exposure. There are also occasions when a rapid assessment of risk and its management is needed such as with industrial fires and chemical spills. A local example of this type of challenge includes the on-going issues with radioactive particles at Dalgety Bay.

5.4.5 Gastro-intestinal infections

Good food and hand hygiene along with regulation and inspection of food premises and careful treatment and surveillance of the water supply remain the mainstays of protection from gastro-intestinal infections. Both Fife Council and Scottish Water undertake annual programmes of surveillance, risk assessment and inspection in line with legislative requirements. NHS Fife health protection team meets Environmental Health Officers twice a year when matters of concern can be discussed.

Over recent months, a wide range of health protection incidents and threats have been investigated and responded to by the HPT. Some of these have involved continuing themes such as recurrent measles incidence amongst potentially vulnerable communities and the ongoing incidence of pertussis. In addition there have been some significant, sometimes larger, incidents. Some of these are are detailed below.

In April 2013, an outbreak of Cryptosporidium took place in Fife associated with feeding lambs at an animal attraction. This led to a multi-agency response in line with the Public Health Incident Plan. A full report is available from the Public Health Department.

In November 2013, the Scottish Government published its action plan to address the challenge of *E.coli* O157 or VTEC. http://www.scotland.gov.uk/Publications/2013/11/8897/0

A number of recommendations have been made, most of which require action by national agencies. Of interest locally is the acknowledgement that more action is required to alert the public to maintain good hand hygiene and to be aware of the limitations of alcohol wipes and gels. Fife Council Protective Services will be taking steps to address the recommendations of the VTEC Action Plan, in conjunction with NHS Fife health protection team and other agencies.

In May 2014, an outbreak of *E.coli* O157 was identified in the west of the county. NHS Fife convened a series of outbreak management team meetings and worked in concert with Fife Council and other partner agencies to investigate and manage this incident. The outbreak was controlled and declared over during June 2014. While the multi-agency team used routine tried-and-tested methods to try to eliminate ongoing risk of infection, it made use of innovative analytical methods to investigate the cause the outbreak. This rapidly gave confidence that the early focus on Khushi's Indian restaurant in Dunfermline was appropriate, and avoided the effort and delay involved in a 'traditional' case-control study.

Protective Services have also introduced a targeted cross contamination strategy to address the directive issued by the Food Standards Agency to ensure that consumers are protected from the risk of an isolated instance of low level contamination of ready to eat food with *E. coli* O157.

Periodically, the Protective Services Food Enforcement Service is audited by the Food Standards Agency and so far, outcomes have been satisfactory.

5.4.6 TB Action Plan for Scotland

Subsequent to the implementation of the TB Action Plan for Scotland, there has been a two-year decline in the incidence of TB across the country. This is an encouraging development but further years will be needed to assess whether the trend is sustained.

Although Fife has a low incidence of TB, there have been two situations in 2012/13 which have led to an intense public health response. The first was the need to invoke the Public Health Act to detain someone with TB to ensure the patient did not pose a risk to others. This is a very unusual step and only taken when all possible other approaches have failed. An

order is requested from the Sheriff's Office and the person detained in hospital until the risk is deemed manageable in the community.

The second situation was a response to pulmonary TB diagnosed in a child attending a High School. Roughly 200 pupils and staff needed to be screened to ensure there had not been any spread to others. This response required a combined effort from the school the Education Department, Community Health Services and Public Health. In the event, there was no evidence of spread.

New arrangements for BCG vaccination of children who require it have been set up in Fife with clinics now run by paediatric nurses. The main priority for TB for this JHPP is to raise awareness of TB in vulnerable groups e.g. people with drug and alcohol problems.

DEPARTMENT OF PUBLIC HEALTH

NAME	TITLE	EMAIL ADDRESS	TELEPHONE NUMBER
COYLE, Eddie	Director of Public Health	edwardcoyle@nhs.net	01592 226843
ARCHIBALD, Bryan	Information Analyst	barchibald@nhs.net	01592 226870
BALL, Graham	Consultant in Dental Public Health	graham.ball@nhs.net	01592 226407
BROWN, Chris	KnowFife Dataset Co-ordinator	c.brown27@nhs.net	01592 226462
BROWN, George	Emergency Planning Officer	georgebrown2@nhs.net	01592 226454
BROWN, Jeanne	Office Manager	jeanne.brown@nhs.net	01592 226459
BURNETT, Lynn	Health Protection Nurse Specialist	lynn.burnett@nhs.net	01592 226519
BURNS, Jacqueline	Specialist Registrar in Dental Public Health	jacquelineburns1@nhs.net	01592 226862
CAMPBELL, Clare	Public Health Scientist	clare.campbell@nhs.net	01592 226918
CHALMERS, Kim	Childsmile Regional Programme Manager	kim.chalmers@nhs.net	01592 226853
CLIFFORD, Cheryl	Personal Secretary	cheryl.clifford@nhs.net	01592 226447
COOKE, Cathy	Public Health Scientist	cathy.cooke2@nhs.net	01592 226408
DUNCAN Lesley	E Formulary Project Officer	lesleyduncan@nhs.net	01592 226897
EAVES, Jenny	Regional Childsmile Researcher	jennifer.eaves@nhs.net	01592 226886
FISSENDEN, Liz	Personal Secretary (Childsmile)	lizfissenden@nhs.net	01592 226885
GILMOUR, Mhairi	Public Health R&D Officer (Older People)	mhairi.gilmour@nhs.net	01592 226431
HAMLET, Neil	Consultant in Public Health	neil.hamlet@nhs.net	01592 226479
HANNAH, Margaret	Consultant in Public Health Medicine	margaret.hannah@nhs.net	01592 226402
HOLLANDS, Kate	Specialist Registrar in Dental Public Health	khollands1@nhs.net	01592 226939
HUNTER, Janice	Personal Secretary	j.hunter@nhs.net	01592 226924
JOHN, William	Public Health Pharmacist	william.john@nhs.net	01592 226943
LINYARD, Alison	SHINE Project Manager	alison.linyard@nhs.net	01592 226556
LUMSDEN, Shona	Personal Secretary	shona.lumsden@nhs.net	01592 226435
MACDONALD, Sandra	Personal Secretary	sandra.macdonald@nhs.net	01592 226915
MCALLISTER, David	Specialty Registrar in Public Health	david.mcallister@nhs.net	01592 226443
MCGUIGAN, Chris	Consultant in Public Health Medicine	chris.mcguigan@nhs.net	01592 226912
MCLAREN, Gordon	Consultant in Public Health	gordon.mclaren@nhs.net	01592 226414
MOHAMMED, Ishtiaq	Principal Pharmacist - Clinical Effectiveness	ishtiaqmohammed@nhs.net	01592 226937
NEALON, Sarah	Personal Secretary	sarah.nealon@nhs.net	01592 226471
O'KEEFE, Emma	Consultant in Dental Public Health	emmaokeefe@nhs.net	01592 226792
PEARCE, Trisha	Personal Secretary	patriciapearce@nhs.net	01592 226416
QUINN, Mary	Health Protection Nurse Specialist	mary.quinn2@nhs.net	01592 226947
SAUNDERS, Charles	Consultant in Public Health Medicine	charles.saunders@nhs.net	01592 226526
SIMPSON, Wendy	Public Health Scientist	w.simpson@nhs.net	01334 696015
VALENTINE, Jo-Anne	Health Improvement Manager – Health Inequalities	jo-anne.valentine@nhs.net	01592 226917
WATSON, Lorna	Consultant in Public Health Medicine	lwatson@nhs.net	01592 226460
WILLIAMS, Nicola	Research Assistant, Childsmile	nicola.williams1@nhs.net	01592 226936
WOOLLEY, Dorothy	Librarian / Choose Life Development Officer	dorothy.woolley@nhs.net	01592 226425
WILSON, Natalie	Personal Secretary	natalie.wilson@nhs.net	01592 226916

For any further information, please contact:

Public Health Department
Cameron House
Cameron Bridge
LEVEN
KY8 5RG

01592 226459

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