

FIFE

DIRECTOR OF PUBLIC HEALTH REPORT

2018 - 2019



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Acknowledgments and list of contributors

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Foreword

I am delighted to share with you the Director of Public Health Report for Fife for 2018. I hope you enjoy reading it. I joined public health in Fife half way through this year and therefore wish to thank my predecessor Dr Margaret Hannah, the public health team in Fife and our partners for their contributions to this report – it really has been a team effort.

This year's report is focused firstly on our need to know our population and for those working in public health and our partners to have a common understanding of what those needs are. Only through understanding the needs of our population can we ensure that our partnership effort is focused on addressing those needs. Therefore the first section of this report provides a summary of the population of Fife and the factors that contribute to their health and wellbeing. We hope this will provide all partners in Fife with key data that can be used to aid the development of policies and plans that improve population health.

The second section of the report provides some highlights from the work undertaken by partners in Fife to address inequalities and improve health and wellbeing in Fife. We have structured these short contributions under the six Public Health Priorities for Scotland and hope that this gives you a flavour of work underway across the different areas of public health.

This is an important time for public health in Scotland. There is a programme of Public Health Reform that is well underway and has at its core an ambition to create an environment where those working in public health can lead and support improvements in population health across Scotland. The reform programme began with the creation of Public Health Priorities in Scotland so that we have a core set of common goals for us all to work towards. This is essential if we are to see the improvements that are needed in population health in Scotland. The Priorities were published in September 2018 and fit well with our already agreed priorities outlined in the Plan for Fife.

The Public Health Priorities are not just for public health departments to deliver. They were created in partnership across Scotland within the public sector, the third sector and across local communities. The priorities now need to be owned and delivered jointly with those partners if we are to achieve the changes we want to see to improve things for our local populations.

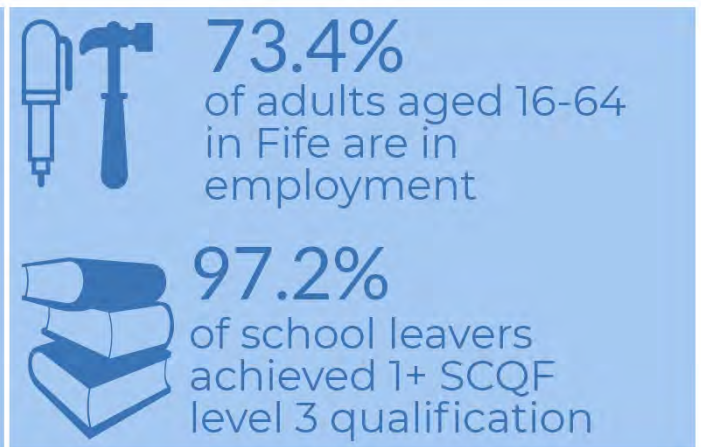
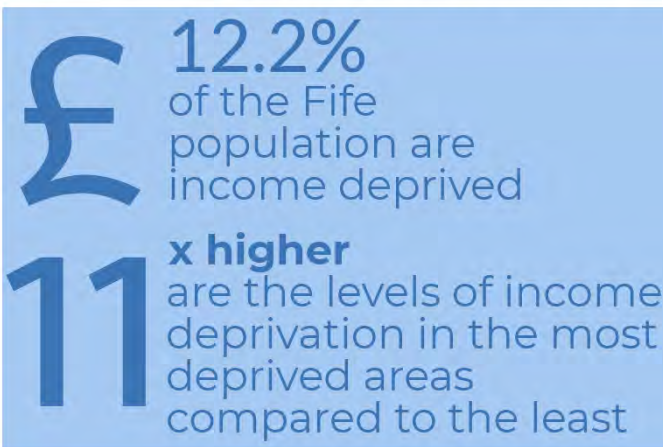
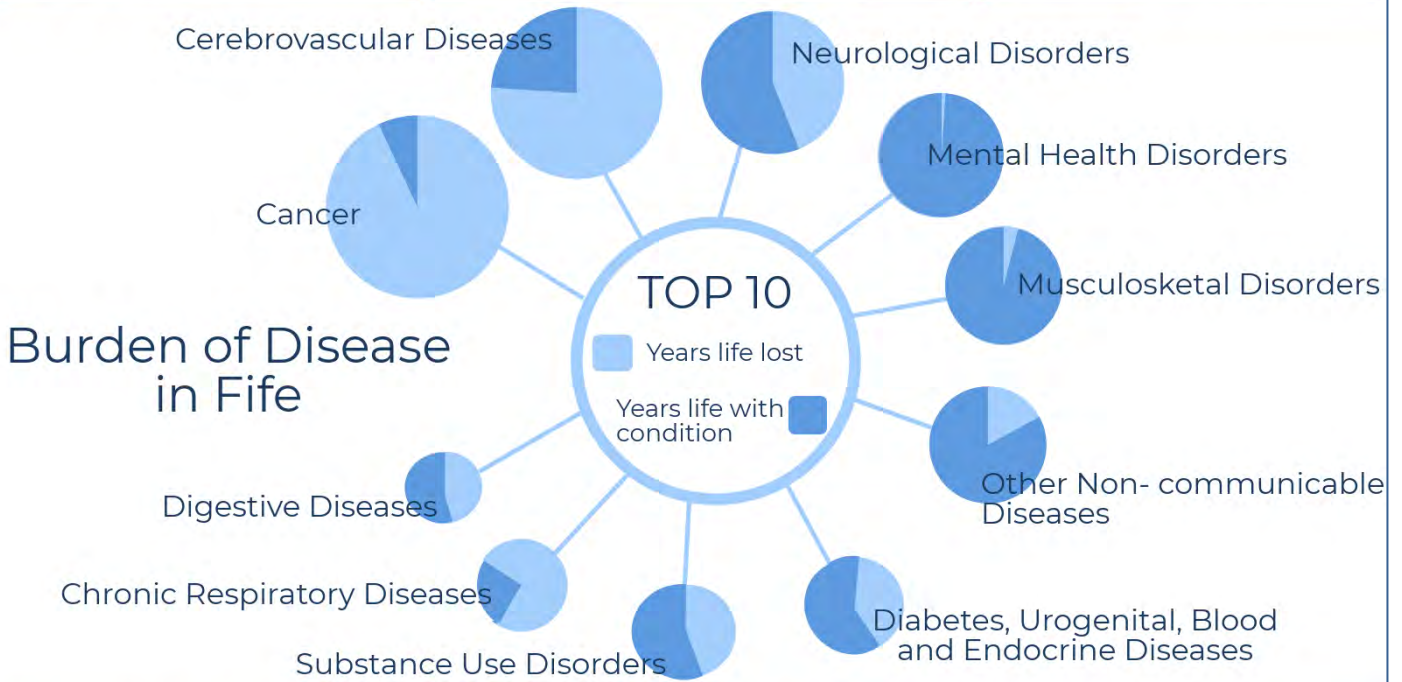
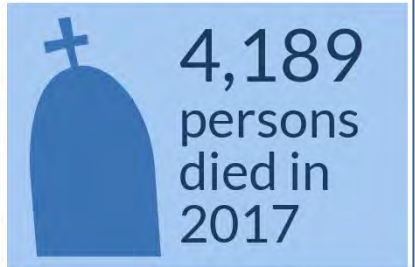
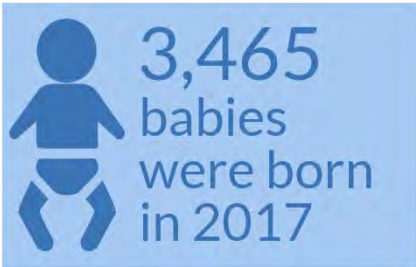
It is evident from the examples of work in the second part of this report that when we harness our knowledge and resources we can make a real contribution to reducing inequality in Fife. The greatest gains for those facing the highest levels of inequality will come from addressing the social and economic determinants of health. The work underway addressing school attendance and educational attainment, improving employment opportunities, providing good housing and increasing the levels of income that households have are what we need to be doing to tackle the fundamental causes of health inequalities. We have some good examples of local work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work which provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and wellbeing.

All of this work is a key feature of our Plan for Fife and of the Public Health Priorities for Scotland. These are challenging times for our communities and public and third sectors but we have strong universal services in Fife that we can build on to support families and local communities. At the heart of this work will be our partnerships with others and thinking about how we work with local communities to shape our public health effort in Fife. This isn't easy, but the potential for change in the way we work with the public and local communities is evident and this will be at the heart of our public health partnership work going forward.

Dona Milne, Director of Public Health

Fife - In Brief

Understanding Fife's population; its size and structure and patterns of births, deaths, diseases and determinants of health and wellbeing



Fife – In Brief

Understanding the population of Fife - its current and predicted future size and structure, patterns of births, deaths and diseases and levels of education, employment, housing and income - contributes to improving health and wellbeing, reducing health inequalities and ensuring our services meet population needs. As such it is important that each year we review what we know about the population of Fife, differences within Fife and changes in Fife over time. Understanding our population helps us understand their needs and in turn helps us to prioritise actions and interventions with partners that can improve population health. To find out more about Fife and the people who live there visit: www.know.fife.scot

Population

Fife's population continues to grow; at June 2017 an estimated 371,410 persons lived in Fife. This was 1,080 more people than lived in Fife in 2016, equal to an annual growth rate of 0.3%, slightly lower than the national growth rate of 0.4%.¹ The number of people living in Fife has increased annually since 1998 and is currently projected to continue this trend to 2034 when Fife's population is estimated to be 379,861 people.²

There are almost 64,500 children aged 0 to 15 years living in Fife, 17% of the total population. Persons aged 16-64 account for the majority of the population in Fife (63%) whilst 20% of the population are aged 65 and over. As the population of Fife continues to grow it will be growing older - by 2034 it is estimated there will be more than 100,000 people in Fife aged 65 and over - accounting for 26% of the total population, 15% of whom will be aged 85 and over.

Births

3,465 babies were born in Fife in 2017 - a 7% reduction on the number of births in 2016 and the lowest annual number of births since 2000. However Fife continues to have higher fertility rates than Scotland as a whole, 51.7 per 1000 women aged 15-44 compared to 51.3 but the difference is narrowing.³ The majority of babies (57%) born in Fife in 2017 were born to mothers aged 25-34, 5% were born to mothers aged 19 and under and 3% to mothers aged 40 and over. 6% of live singleton babies born in Fife during 2017/18 had a low birth-weight. However inequalities are evident - 9.4% of babies born in the most deprived areas had a low birth-weight compared to 3.3% from the least deprived areas.⁴

Life Expectancy

Life expectancy at birth in Fife was 77.2 years for men and 80.8 years for women in 2015-17. This is an increase of 1.4 years for men and 0.7 years for women in the last ten years and an increase of 3.9 years for men and 2.0 years for women in the last twenty years.⁵

However in line with Scotland, increases in life expectancy have recently stalled with decreases observed in male and female life expectancy in Fife between 2013-15 and 2014-16 and most recently between 2014-16 and 2015-17.

These changes to life expectancy trends have attracted a lot of attention. Life expectancy is calculated from mortality rates so changes to these will be reflected in life expectancy estimates. However establishing a causal relationship between hypothesised causes and increases in mortality rates requires further analytical work which will be ongoing in Scotland during 2019.

Deaths

There were 4,189 deaths in Fife in 2017, a 3% increase on the number in 2016 and the third consecutive annual increase.⁶ The majority (63%) of all deaths in Fife occur to those aged 75 and over. We know that an increasing proportion of Fife residents are living longer and this is reflected in the fact that there were 710 deaths in the 90 and over age group in 2017 compared to 439 twenty years ago.

There were 1,519 premature deaths in Fife in 2017 i.e. deaths in people aged 75 and under. Mortality rates for premature deaths in Fife have reduced by 12% in the last 10 years but the inequality gap remains persistent. Each year since 2011 the premature mortality rate in the most deprived areas in Fife has been between 2.1 and 3.2 times greater than the rate in the least deprived areas.⁷ At present the gap is 2.9 with rates of 439 per 100,000 population in the most deprived areas compared to 152 per 100,000 population in the least deprived areas.

Greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Currently death rates in the most deprived areas are more than four times those in the least deprived areas with rates of death from suicide and drug related causes being highest within this age group.

Causes of Death

Cancer remained the main cause of death in Fife, accounting for 28% of all deaths in 2017.⁸ Lung cancer was the most common cause of death from cancer, responsible for 363 deaths. The second most common causes of cancer death were prostate cancer among men and breast cancer among women.

Heart disease was the second most common cause of death in Fife, accounting for 599 deaths in 2017. More than three quarters of heart disease deaths were as a result of ischemic heart disease (IHD). There were 485 deaths from dementia and Alzheimer's disease in 2017, the third most common main cause of death in Fife and reflecting the increasing proportion of the population living to older ages.

Winter Deaths

It is widely acknowledged that more deaths occur in the winter months and the overall long term trend in these deaths has been decreasing. However the winter of 2017/18 saw the highest number of winter deaths in Fife in the last 11 years, a trend also observed for Scotland as a whole.⁹ In the four months between December 2017 and March 2018 there were 1,622 deaths in Fife which was 370 greater than the average number of deaths in the four months prior to and after this period. Known as the seasonal increase or 'additional' winter deaths these figures are monitored closely on an annual basis. These deaths result from a combination of causes, however, modelled data at a national level indicates that flu explained much of the excess mortality in 2017/18 (particularly for the elderly where there was a poor vaccine match to the circulating flu strain in Scotland). Low temperature did not explain the excess. Additional winter deaths will have an impact on short term fluctuations in our overall mortality rates and associated measures of life expectancy, but do not explain longer term trends in life expectancy.

Burden of Disease

The burden of disease in the Fife population can be quantified using a measure produced by NHS Health Scotland known as Disability Adjusted Life Years (DALYs). For each of 21 main disease/injury groups DALYs show the total amount of burden in Fife arising from both fatal burden (years of life lost due to death) and non-fatal burden (number of years living in less than ideal health) of that disease or injury.¹⁰

In Fife the largest total burden was from cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of the total burden of disease across the whole Fife population.

Details of the burden for individual conditions within each grouping are available at a Scotland level and show that within the top five groupings listed above the most total burden is experienced from lung cancer, ischemic heart disease, Alzheimer's and other dementias, depression and neck and lower back pain.¹¹ This is likely to be similar in Fife.

There are some notable differences in the burden of disease that results from fatal burden and non-fatal burden. For example among cancers in Fife the majority (92%) of the total burden comes from fatal burden. By comparison almost the entire total burden for other disease/injury groups such as mental health disorders (99%) and musculoskeletal disorders (96%) results from the number of years spent living in less

than ideal health with that disorder. These disorders have a significant impact on demand for healthcare services and reduced quality of life.

Burden of disease is not experienced equally – Scottish figures showed the disease burden in the most deprived areas was more than double that found in the least deprived areas.¹² In deprived areas, premature death contributed to more of the total burden than living in poor health compared to the least deprived areas where people are more likely to live with ill health than die prematurely.

Education

There are currently 49,660 children attending schools in Fife, 41% of whom are in secondary schools.¹³ Just over 3,500 young people left school in 2017/18 in Fife. Across Scotland more than 60% of young people now leave school at the end of S6 compared to 55% in 2009/10. 92.4% of school leavers in Fife moved into a positive destination, slightly less than the Scottish figure of 94.¹³ but an increase of 5.8% since 2009/10. School leavers from the most deprived areas and those who are looked after children were less likely to be in positive destinations, 74% of looked after children in Fife were in positive destinations.¹⁴

For both Fife and Scotland, the top three positive destinations for school leavers in 2017/18 were higher education followed by further education and then employment. 37% of Fife school leavers moved to higher education, 33% moved into further education and 18% moved into employment.

In 2017/18, 97.2% of school leavers achieved 1 or more at SCQF Level 3 qualifications or better in Fife, similar to the Scottish figure of 97.8%. 95.7% of school leavers living in the most deprived areas achieved 1 or more SCQF Level 3 or better, similar levels across Fife. However as the level of qualifications increases the gap in proportion of school leavers achieving these in the most deprived areas and Fife widens; 57% of school leavers achieved 1 or more SCQF at Level 6 in Fife compared to 38% in the most deprived areas in Fife.¹⁵

At the 2011 Census 26.4% of the population of Fife aged 16 and over reported that they held no qualifications and 24% reported that they held a degree, postgraduate qualifications or professional qualifications. The proportion of the population reporting no qualifications decreased with decreasing age, 59% of those aged 65 and over compared to 7% of those aged 16-24.¹⁶

Housing

There are 176,394 households in Fife.¹⁷ Across Fife, 60% of all households are owner occupied rising to 80% within the least deprived areas in Fife compared to 38% in the most deprived areas.¹⁸ Findings from the Scottish House Condition Survey published in December 2018 show that 26% of households in Fife fail the “energy efficient” criterion of the Scottish Housing Quality Standard, whilst 9% of occupied dwellings in Fife “lack modern facilities/services”. ‘Private Rented’ households had the highest levels of “lack modern facilities/services” at 21% compared to 7% of owner occupied households.

Income and Poverty

Weekly earningsⁱ for people who were employed in Fife in 2017/18 were similar to the Scottish level, £438.73 and £442.33 respectively. Earnings in Fife have increased by 13% since 2012/13, compared to an increase of 11% at the Scottish level. The gap between earnings at a Fife and Scottish level has decreased from 2.8% in 2012/13 to 0.8% in 2017/18. Across Scotland in 2015-18, 20% of working-age adults were in living in relative poverty after housing costs; 60% lived in a household where at least one adult was in work.¹⁹

ⁱ Defined as the median earnings, in pounds, for employees living in the local authority area who are employed on adults rate of pay and whose pay was not affected by absence

Mean household incomeⁱⁱ in Fife was £24,900, 10% lower than the Scottish mean of £27,500. Owner occupied households in Fife had higher average incomes than those that were private rented; £29,300 compared to £18,500.²⁰ 31% of the Fife population are living in fuel poverty compared to 27% of the Scottish population, defined as households that require fuel costs >10% of income.²¹ Older one- or two-person households were most likely to be living in fuel poverty in both Fife and Scotland.

Across Fife 18.1% of children live in povertyⁱⁱⁱ compared to 16.8% across Scotland. Within Fife rates of child poverty in the most deprived areas are nine times higher than among the least deprived areas, 36% of children compared with 4%. It is estimated that in Scotland two thirds of children who are living in poverty live in households where at least one adult is in work.²²

Employment

Three quarters of the Fife population aged 16-64 were employed in 2018. Just over a fifth (21.8%) of the population aged 16-64 were economically inactive (not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks) which was slightly less than the Scottish figure of 22.6%.²³

The proportion of 16-24 Fife population employed has increased since 2009. Currently the employment rate in Fife is slightly higher than the Scottish level, 64.9% and 59.4% respectively.

In terms of people claiming out of work benefits²⁴ i.e. unemployment related benefits including Employment and Support Allowance and other incapacity benefits, and Income Support and Pension Credit, the figure for Fife was slightly higher than that for Scotland; 11.2% and 10.9% respectively.

ⁱⁱ The average reported household income

ⁱⁱⁱ Percentage of children in poverty - children living in families in receipt of Child Tax Credit (CTC) whose reported income is less than 60% of the median UK income (before housing costs) or in receipt of Income Support (IS) or (Income-based) Job Seekers Allowance (JSA).

Public Health Priority 1

A Fife where we live in vibrant, healthy and safe places and communities

53%

of adults in Fife rated their neighbourhood as a **very good** place to live

74%

of adults in Fife live a five minute walk from useable greenspace

83%

of adults in Fife felt safe walking alone at night

32% of adults in most deprived areas

71% of adults in least deprived areas

in Fife rated their neighbourhood as a **very good** place to live

47%

of adults in Fife use their local greenspace more than once a week

28%

of adults felt a very strong sense of belonging to their local community

Housing insecurity, poor housing and homelessness are detrimental to wellbeing across the life course

176,394
households in Fife

Owner occupied households:

60%

Fife

8% of households reported that they were not managing well financially

38% of households reported that they were 'getting by' financially

31%

of households in Fife are living in fuel poverty

38%

most deprived areas

2,347

homeless applications to Fife Council in 2017/18

80%

least deprived areas

1%

of households in Fife are overcrowded

Public Health Priority 1: A Fife where we live in vibrant, healthy and safe places and communities

It is encouraging to see a focus on place within the public health priorities for Scotland and it is also a strong feature of our Plan for Fife, both of which influence and shape the work of public health in Fife. We have interpreted this priority in its broadest sense and included our joint health protection work (keeping us safe), our healthcare public health work (keeping us healthy) and our wider determinants work (vibrant communities). This section provides some examples of work underway.

Safe Places – Health Protection

The sections below outline three areas of work supported by the Health Protection Team that contribute to Fife having safe places and communities for the population to live in:

- Routine surveillance and investigation of communicable diseases
- Responding to health protection incidents
- Protecting and improving our environment

Much of the work of the Health Protection Team is undertaken jointly with partners such as Environmental Health, SEPA and Scottish Water. More detail on this work can be found in the Fife Joint Health Protection Plan 2018-20²⁵.

Routine surveillance and investigation of communicable diseases – 2016/17 overview

NHS Boards have a legal duty to report any communicable diseases or organisms which are listed in the Public Health etc Scotland Act 2008.²⁶ Therefore when a communicable disease is suspected, NHS Fife's Health Protection Team will carry out investigations to establish the potential number of people involved and put control measures in place where this is appropriate. Table 1 below gives an overview of the *confirmed* communicable diseases notified to NHS Fife in 2016 and 2017 (latest up to date data available). This does not include possible and probable cases of communicable diseases that also required investigation and implementation of control measures.

Table 1: Overview of Communicable Diseases for 2016-17

Notifiable Disease/Organism	2016	2017
Salmonella	61	47
Cryptosporidium	54	37
Whooping Cough (Pertussis)	59	31
Tuberculosis	16	16
E.coli O157	8	8
Meningococcal Infection	8	8
Mumps	12	7
E.coli (non O157 STEC)	<5	<5
Legionellosis	<5	<5
Measles	0	<5
Shigella	<5	<5
Giardia	0	0
Listeria	<5	0
Lyme Disease	0	0
Rubella	0	0

Responding to health protection incidents - Mossmorran Flaring

An extended period of unplanned flaring occurred at the Mossmorran plant in June 2017, with Scottish Environmental Protection Agency (SEPA) receiving many complaints from the surrounding community.

A Problem Assessment Group (PAG) was established with representation from NHS Fife, Fife Council Environmental Health and SEPA and met on 21st June 2017 to discuss the unplanned flaring. Fife Council and SEPA also attended the Mossmorran Action Group meeting of 5th July 2017 where the concerns of local communities were discussed. A meeting of the Mossmorran Braefoot Bay Air Quality Review Group was also held on 25th July 2017 to consider these flaring incidents. Further public meetings have taken place to discuss the concerns of - and provide information to – the public.

As the site regulator, SEPA is undertaking a full investigation into these incidents and the actions the operators will take to prevent any recurrence. SEPA have undertaken to keep discussions going with the local community on these matters and to ensure that information is shared regularly.

Responding to health protection incidents - Former Longannet Ash Lagoons

During spring 2017, uncapped coal fly-ash lagoons at Preston Island, Valleyfield, were allowed to dry out, thus risking airborne dust clouds being formed. The weather in April and May 2017 was unusually dry and windy and airborne dust clouds from the fly-ash lagoons drifted over neighbouring areas including residential communities. This is a potential health issue as inhaling dust can have a detrimental effect, particularly for those with pre-existing cardio-respiratory disease.

As the site owner Scottish Power has responsibility to contain the ash within its site perimeter and noted dust on 11th April. Members of the public also reported this dust around the same time and both SEPA and Fife Council Environmental Health staff became involved in assessment and control. NHS Fife was informed and called a PAG. SEPA began air monitoring that day and NHS Fife then established an Incident Management Team (IMT).

The problem was addressed over subsequent weeks and has not, as yet, recurred. The long-term solution will be capping the site and, ideally, landscaping the site to create a mosaic of semi-natural habitats as a community resource. Designs have been submitted including one by a consortium of environmental charities including the RSPB. It is hoped that the planning authorities will encourage the site owners to adopt such an approach.

Protecting and improving our environment

Whilst much of the work of our health protection team and our partners is to respond to incidents that occur, we also take a preventative approach to improve the environment that we live in. We live in environments which have become increasingly far removed from the natural world. This is particularly true for the current generation of children. This is unfortunate, particularly as we have increasing evidence of the therapeutic, restorative and health-protective effect of spending time in nature.

At the same time, there are significant issues facing populations of the other species with which we share our planet. Since the 1970's we have lost around half of all mammals, fish, amphibians, reptiles and birds and this is true whether we look at the planet as a whole, Britain, Scotland or Fife. Meanwhile the rate of species loss is at unprecedentedly high level: around 100-1000 times the background (without the impact of humankind rate. We are losing species at a rate greater than ever before.

Such problems have been with us for centuries but are getting worse. They reflect ecological degradation via, for example, deforestation, construction, pollution, intensive agriculture and exploitation.

While the loss of species (often for ever) and the degradation and loss of our natural environments might be seen as a shame, they are actually harmful to our health. The problem is probably more severe and acute than that. We are possibly now close to the point where human life in some areas becomes unsustainable.

What about Fife? The landscape of Fife is typical of lowland Scotland. Native habitat is largely gone and we have a severely impoverished fauna and flora. Urban (and most rural) areas are ecologically fairly sterile: depleted of other species or a patchwork of non-native and largely hostile monocultures. The use of pesticides has removed wild flowers ('weeds') and invertebrates on which ecosystems depend. Things that have been previously taken for granted are now gone.

Work on a variety of scales has demonstrated that some impacts can be reversed. There is scope for re-wilding on a large scale in the largely deforested and overgrazed hills and moors that cover over a quarter of Scotland. We have these in Fife. Fife's Local Biodiversity Action Plan and Local Outcome Improvement Plan ('Plan4Fife') go some way towards realising the vision of a more natural, healthier place. For example, the River Leven Connectivity Project is focusing on developing an active travel network to link communities of Levenmouth to the fabulous natural asset of the River Leven and its extensive green space. It is proposed that by working with the community to design, improve and use these assets there will be direct economic, social and health benefits for the area.

Farming can be done in a way that is less damaging to the environment and which encourages the diversity of species that used to share our countryside, urban areas can be made greener. Native plants can be selected that provide food for vertebrate and invertebrate creatures. Selecting native and/or nectar-producing plants, for example, for a town's flower display can turn it into a haven for bees, butterflies and hoverflies. Encouraging the population to make wildlife-friendly choices in their gardens can make a difference. The people - and especially the children - of Fife deserve to live in and have access to an environment where other animals can live too. The responsibility for really making it happen is on all of us and we will be working with the Fife Environmental Partnership to increase our efforts in this area.

Healthy Places – ensuring health and social care meets the needs of our communities

Health and Social Care Public Health (HSCPH) is concerned with maximising the benefits of healthcare while meeting the needs of individuals or priority groups and considering available resources.

Examples of HSCPH work in Fife includes:

- Public health input to the Strategic Planning Group of Fife's Health and Social Care Partnership's (H&SCP)
- Public health advice to Fife H&SCP's General Medical Service (GMS) Implementation Committee, which is charged with implementing the new Scottish GP contract locally
- Providing guidance on developing and evaluating new models of care of the Joined Up Care work underway in Fife to support people being cared for closer to home
- Providing guidance and support to evaluate the Best Supportive Care work in Fife which looks to support people with palliative and end of life care needs, and their loved ones, to ensure the care they receive is appropriate to their needs
- Coordinating a review of NHS Fife smoking policy for staff and members of the public
- Participation in the review of specialist palliative care services in Fife
- Input to the planning and commissioning of Alcohol and Drugs services for Fife
- Support for the development of Tier 2 weight management services

Healthy Places - Preventing Homelessness

The positioning of 'Place' as a key Public Health priority for Scotland is a reflection of a return of the profession to its shared roots with town planning, hygiene and housing in Victorian London and the impacts of the Industrial Revolution. This was described as the 1st wave of public health but is no less important today than it was then. But it is also a commitment of significant upstream action to create 'places' that support health and wellbeing as we face epidemics of loneliness, mental distress and chronic disease across our ageing society. The 'place' agenda impacts universally as we all need 'a house to call home' in

which we can feel secure, build relationships, rest, feed and restore ourselves for life outside our front doors in our local and wider communities where we play, work, study and meet one another.

Therefore housing insecurity, poor (or better termed as un-healthy) housing and actual homelessness is detrimental to the fostering and sustenance of wellbeing across the life-course.

Fife has been at the forefront of work to bring the health causes and consequences of homelessness to national attention. It began with joint work between NHS Fife public health and information intelligence and Fife Council Housing Department whereby the health experiences of individuals who had been assessed by the Council under the Housing(Scotland) Act 1987 as homeless were collated and examined from 2006-2013. The Fife research was widely reported and led to a decision by Scottish Government to undertake a 3 year research project linking health and homelessness data sets across all 32 council areas. The research, which required the data linkage of 1.3 million individuals, is the first national assessment of the impact of homelessness on healthcare utilisation and mortality. The Health and Homelessness in Scotland Report²⁷ was released on 19th June 2018 and has since received much interest across the housing and homelessness community and a desire to fully engage with Health and Social Care Partnership and NHS healthcare services to address the extreme impact of the state of homelessness on health utilisation with more evidence-informed preventative approaches.

The headline results of this rich and unique linked dataset are as follows:

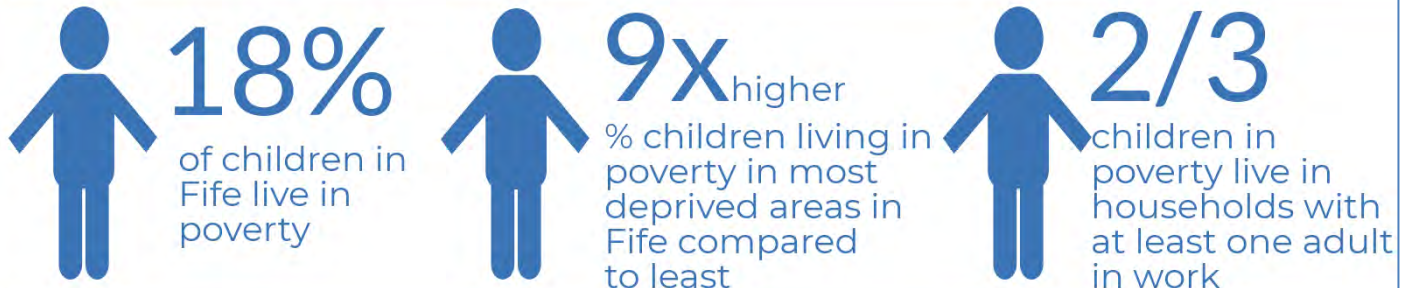
- At least 8% of the Scottish population had experienced a state of 'homelessness' at some point in their lives during the study period of 15 years
- Forty-nine percent of the total homeless cohort had evidence of mental health, alcohol or drug use requiring management
- Six percent of the homeless cohort had evidence of 'tri-morbidity' namely drug, mental health and alcohol issues. This figure rising to 11% for repeat homeless, 25% in those who had been looked after and slept rough at some point, and 27% in those who had become homeless after being discharged from prison
- By mapping interactions against the point in time when individuals made their first homeless application to the council it was possible to generate 14 separate graphs all of which demonstrated a stark increased health service uptake occurring from 5 years before to 5 years after the initial homelessness presentation is recorded. A gendered discrepancy is apparent and requires further analysis to explain why women's uptake of services remains so high following a homeless episode

It is encouraging to see an increased focus on the important underpinning relationship between 'healthy housing' and health outcomes. The homelessness data linkage work has evidenced beyond doubt that the healthcare system must act in partnership with housing services to address the often unmet health needs of those who experience homelessness.

Public Health Priority 2

A Fife where we flourish in our early years

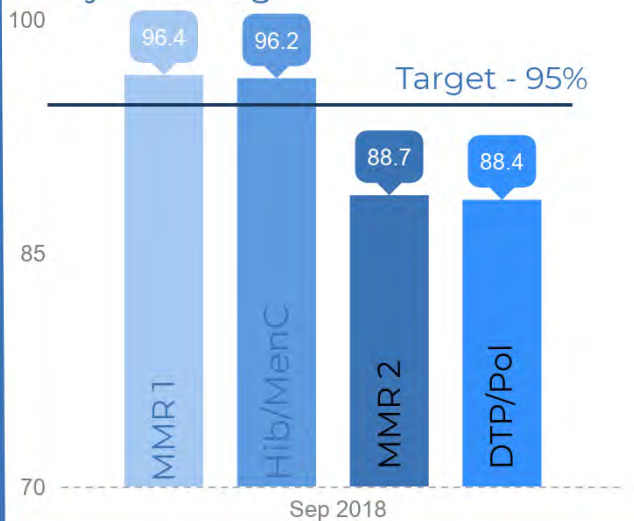
"A child perspective must be central to all...policies because the health and wellbeing of infants, children and young people requires action across every level of society. Ultimately, healthy, happy, resilient children will drive a healthier and more prosperous future..." RCPCH



Average number of obviously decayed, missing or filled teeth; Fife PI children:



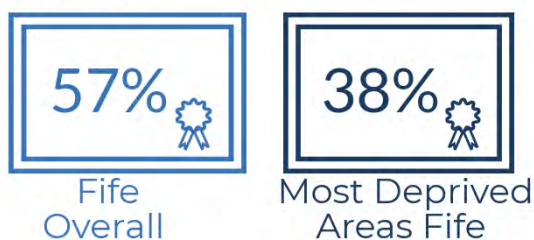
Immunisation uptake; Fife children at 5 years of age:



School leavers in positive destinations:



School leavers with one or more SCQF qualification at level 6:



HPV Immunisation uptake; by secondary school 3rd year 2017/18:

	Fife	Fife Most Deprived	Fife Least Deprived	Scotland
1st Dose	87.8	87.0	87.4	91.8
2nd Dose	79.1	76.8	80.3	86.8

Public Health Priority 2: A Fife where we flourish in our early years

The evidence about intervening in the early years is strong and has therefore been an increasing focus for public and third sector partners in recent years. In this section we describe a few of our core public health activities taking place in this life stage within Fife and how we will be developing those further. At a time when there are increasing levels of child poverty and significant inequalities in matters such as educational attainment, it is important that public health and its partners are clear about our role in addressing the social and economical determinants of health whilst continuing our health improvement and health protection work in this area.

A focus on prevention through promoting the rights of children and young people

The *United Nations Convention on the Rights of the Child* (UNCRC) came into force in the UK in 1992 and is the most widely ratified human rights treaty in the World.²⁸ The background to development of human rights treaties are previous actions by states and other parties resulting in maltreatment, persecution and discrimination against specific groups in society.

These rights are not only relevant to services for babies, children and young people but relate more widely to organisational policy, resource distributions and adult services as they affect dependent children, and young people. The Royal College of Paediatrics and Child Health (RCPCH) recently stated:

'A child perspective must be central to all Government policies because the health and wellbeing of infants, children and young people requires action across every level of society. Ultimately, healthy, happy, resilient children will drive a healthier and more prosperous future for Scotland'

The family is the core unit of society which cares for children and policy affecting families is particularly important. Public authorities have responsibilities under the Children's and Young People (Scotland) Act 2014 to secure better or further effect UNCRC requirements.²⁹ Scotland's Children's Commissioner has a remit to champion for the rights of all children and young people in Scotland.

Children's rights are explicit in the Fife Children's Service Plan and the Strategic Priorities for the Child Health Management Team. In the NHS Fife Equality Impact Assessment process, documents with particular relevance to children can be identified and considered for a Children's Rights Impact Assessment. Children's Rights should be incorporated into staff training and practice.

According to the Royal College of Paediatrics and Child Health 'Child health in Scotland ranks among the worse in Western Europe, and the disparity between children living in the most and least affluent communities is unacceptably wide'.³⁰ Health is fundamentally linked to social and familial circumstances, and promoting children's rights, alongside economic, social and cultural rights will benefit Scotland's future and realise the potential of all future citizens.

An example of work currently underway in Fife is the development of the Financial Inclusion Referral Pathway which looks to address child poverty. A multi agency working group led by Fife Health and Social Care Partnership Health Promotion service has been working to ensure *all pregnant women and families with young children are asked about money worries and offered a referral to an advice service.*

Senior managers in NHS Fife midwifery services and Fife H&SCP Children's Community Services are providing leadership and commitment to workforce development with key staff groups to ensure midwives and health visitors have the skills, knowledge and awareness and confidence to ask all pregnant women and families with young children about money worries, with work progressing to embed a referral pathway. Citizens Advice and Rights Service Fife is the key partner providing financial advice services and, from the start of 2019, will be running a financial health check service specifically for pregnant women and families

with young children which will be person centred and sensitive to their needs. The next phase of work will be recording and measuring impact and outcomes.

There is also work underway to improve the health assessment processes for looked after children and ensuring corporate parent responsibilities are met. This involves redesigning the system for delivering health assessments for over 5s who are taken into local authority care in partnership with social work, with a key role for school nursing. This allows a child centred approach to ensuring that children are registered with GPs and dentists, and also that wider health aspects such as mental health and health behaviours are considered going forward.

A focus on prevention through oral health improvement

Good oral health is recognised by the World Health Organisation as an important component of general health and wellbeing.³¹ Dental professionals are ideally placed to be advocates for policy options which have the potential to improve health. The relationship between oral health and general health is well documented, with oral disease and non-communicable chronic diseases sharing many common risk factors, most notably poverty, diet, tobacco and alcohol use.³²

Tooth decay (dental caries) and gum disease (periodontal diseases) are two of the commonest diseases in the world, are largely preventable and account for 15 million DALYs (Disability Adjusted Life Years) globally. Untreated caries in permanent teeth was the most prevalent condition of all 291 conditions assessed in the Global Burden of Disease 2010 study, collectively affecting 3.9 billion people worldwide.³³ The burden of disease is not evenly distributed and those from the more deprived populations experience more oral disease but conversely those with least need are the ones who regularly access dental services.

It is well known that the common oral diseases are caused by poor diet and oral hygiene. The question has to be asked why the diseases are so common if we know the causes. The problems come as there are many factors associated with 'the causes of the causes' and fundamentally these have to be addressed in order to see the benefit in oral health improvement.

Dental extractions are the most common reason for elective admission to hospital for children across Scotland. This results in approximately £5 million and 8,000 lost days from pre-school and school and days off work for parents/guardians. 834 child dental general anaesthetic procedures were undertaken in Fife in 2017.

The Childsmile programme was established in 2006 to improve oral health in response to high rates of dental decay among children. Childsmile provides daily, supervised tooth-brushing in all nurseries, and primary schools in disadvantaged areas; twice-yearly fluoride varnish applications in targeted areas; and supports families to improve their oral health and access dental services.

Childsmile demonstrates the effectiveness of forming strong inter-professional networks from dental services, education and health visitors. If we look at the amount of decay experienced by children in Fife, the average number of obviously decayed, missing and filled teeth in Primary 1 children has fallen from 2.39 in 1987 to 1.10 in 2018. Similarly, the decay experience in permanent teeth in Primary 7 children has improved falling from 2.27 in 1988 to 0.49 in 2017.³⁴ The impact on related dental services has been seen alongside improvements in child oral health with a reduction of around 50% in dental general anesthetic procedures since 2002.

Despite the data showing encouraging results there is scope for significant improvement. Decay experience is measured at the level where active intervention would be required, i.e. filling; therefore preventive programmes need to be maintained to continue to reduce levels of disease and stop disease before it occurs. At least 30% of Fife children (in primary 1 and primary 7) suffer from a preventable disease and therefore significant work targeting those in the most deprived circumstances is required.

A focus on protection through immunisation

The childhood and teenage immunisation programmes play an important role in preventing the spread of serious infectious diseases such as flu, measles, mumps, whooping cough and meningitis, and reduce the burden of disease in the population. The World Health Organisation (WHO) target for childhood immunisation uptake is 95%.

The NHS Fife Immunisation Report provides annual vaccine uptake rates for each part of the Scottish Immunisation Programme including those for the childhood and teenage immunisation programmes. In 2018 uptake rates in Fife at 5 years were above 95% for Hib/MenC (protects against Haemophilus influenzae type b and meningococcal group C bacteria, both of which can cause meningitis and septicaemia) and for first MMR vaccine (protects against measles mumps & rubella), which are both given at 1 year of age. However, the uptake rates at 5 years for the pre-school second dose of MMR and a DTP/Pol booster vaccine (protects against diphtheria, tetanus, pertussis and polio), which are given at around 3 years 4 months, remained below the WHO target at 88.4% for MMR2 and 88.7% for DTP/Pol (Scotland: MMR2 91.2%; DTP/Pol 91.6%). In collaboration with the immunisation team within Fife Health and Social Care Partnership, plans are being progressed for mop-up of children that have missed these immunisations.

Inequalities (both absolute and relative) in uptake increase with age across the childhood immunisation programme, meaning people living in more deprived circumstances in Fife are less likely to be protected against these serious infectious diseases and the risk of disease outbreaks in more deprived communities is greater than less deprived communities.

The teenage immunisation programme includes:

- a combined booster vaccine for tetanus, diphtheria and polio (Td/IPV), given at around 14 years of age
- a vaccine protecting against four strains of meningococcal bacteria (MenACWY), given at around 14 years of age and
- two doses of Human Papillomavirus (HPV) vaccine which is offered to girls in Fife in S1 and S2. The HPV vaccine protects against the two types of HPV that cause at least 75% of cases of cervical cancer

Inequalities in HPV uptake for girls in S3 is evident in both Scotland and Fife. In Fife, 23% of S3 girls living in the most deprived areas of Fife had not received a second HPV dose by the end of the 2017/18 school year. In collaboration with the immunisation team within Fife Health and Social Care Partnership, further efforts are required to improve teenage uptake and reduce inequalities, this will be a focus of our work in 2019/20.

Public Health Priority 3: A Fife where we have good mental wellbeing

It is encouraging to see the importance of good mental health and wellbeing given equal status to good physical health: we have known the links between physical and mental health for some time but not always taken action. Creating environments for positive mental wellbeing is extremely important and in this section we highlight some of the strong prevention and early intervention work taking place with partners across Fife.

Creating good mental health: early intervention with Children and Young People

Children and young people's mental health is a priority for the Scottish Government and is central to achieving its ambition for Scotland to be the best place in the world for children to grow up.

The Scottish Government's mental health strategy (2017– 2027) has a strong focus on early intervention and prevention.³⁵ However, in practice, across Scotland, this is often limited, and mental health services for children and young people are largely focused on specialist care and responding to crisis³⁶, thankfully this is beginning to shift. Fife's Community Planning Partners have produced the *Our Minds Matter* (2017) framework to support children and young people's emotional wellbeing.³⁷

This framework recognises that:

- *all* children and young people need input for their emotional wellbeing from parents, carers and the workers around them (*universal* support)
- *some* young people will need *additional* support from local partners and
- *only a few* will require *intensive* support from specialist providers

In line with this framework, Fife Child and Adolescent Mental Health Service (CAMHS) have recently developed an enhanced early intervention service to promote good mental health across Fife. This service consists of a nurse consultant, a team of primary mental health workers, a health psychologist, researchers and support staff.

This team has created a core training programme to help empower frontline workers to develop the necessary skills and confidence to support children's emotional wellbeing at the *universal* and the *additional* support levels within the framework. The key messages in the programmes are:

- we can all promote positive mental health
- we all have mental health
- we need to look after our own mental health
- difficulties with mental health are normal
- we can reduce the stigma associated with mental health problems

During the last year participants have included more than 2300 frontline workers from a variety of backgrounds including: guidance teachers; head teachers; learning support teachers; pupil support assistants; social workers; voluntary sector workers; school nurses; youth workers; health visitors; residential care workers; community and family support workers; and police. The training has been very well received and there is an ongoing plan for more training for a wide variety of frontline workers and also for parents.

The [Hands On Scotland](#) website³⁸ is a Fife initiative that backs up the messages provided in the core training provided by CAMHS early intervention service and the team have recently reviewed this to ensure the information, including Fife-based information on local services, is up-to-date, accessible to all workers and parents and user-friendly.

Improving mental health: responding to the impact of early trauma on physical and mental health and wellbeing

There is now substantial evidence of the impact of early trauma on physical and mental health and wellbeing.³⁹ Adverse childhood experiences (ACEs) are recognised as important not only for the immediate impact on children but also for the longer term. ACEs include abuse and neglect, household substance misuse, domestic violence, a parent being in prison, household mental illness and loss of a parent (for any reason).

Research has shown that experience of cumulative adverse experiences in childhood are associated with significant lasting effects on adult risk behaviours, life circumstances, physical and mental health and premature mortality.⁴⁰

Those with four or more ACEs were found to be:

- 4 times more likely to be a high risk drinker
- 15 times more likely to be a perpetrator of violence
- 16 times more likely to have used heroin
- 20 times more likely to be jailed for committing an offence

No studies have been published to date on the prevalence of ACEs in the population of Scotland but results from an English study showed 50% of people reported at least one ACE and over 8% reported four or more ACEs. If these figures are applied to the Fife population, this equals 153,539 adults in Fife with at least one ACE and 24,566 adults with four or more ACEs.

Understanding the scale of current exposure to ACEs and potential outcomes from this exposure is an important part of work ongoing in Fife - further information can be found at:

<https://know.fife.scot/2019/01/30/adverse-childhood-experiences-aces-in-fife-exposure-and-outcomes-profile/>

Many ACEs are to some degree preventable and the impact of others can be mitigated, in childhood and also by adult services responding sensitively to people i.e. using 'trauma-informed' practice. In Fife, a multi-agency steering group has been established in order to coordinate work towards building trauma-informed practice.³⁰

Work under way includes:

Awareness-raising - Screenings of the film 'Resilience' have taken place across Fife and a new Fife resource – the Be That Person film, materials and workshop – was developed as part of Our Minds Matter work. Various learning events for staff across sectors have been held and a trauma conference is planned for early summer 2019.

Workforce development - Keeping Trauma in Mind (KTIM) staff training and trainer training is being rolled out to staff across agencies and introduces a model for working with people who have experienced trauma. Further training has been developed in line with the NES Framework, including:

- A new half-day workshop,
- freely available to staff and volunteers working in Fife through the Health Promotion Training Programme
- A workshop for KTIM-trained staff to support them in implementing trauma-informed practice in their workplaces.

New pathways of support - The Better than Well model, which equips people to recognise, understand and manage the symptoms of childhood trauma and work to improve lives, is being extended across Kirkcaldy and Levenmouth. This involves self-help coaches from LinkLiving offering cognitive behavioural based,

trauma informed support to survivors of childhood trauma, and 'warm handovers' (supported signposting) to local and specialist support.

Early results show positive impacts on mental and physical wellbeing, ability to work and take part in social activities, and on close relationships. As well as supporting individuals, the team is strengthening links with public and third sector agencies, to improve referral pathways, and regularly organises seminars and learning events to help services become more trauma informed.

Maintaining Wellbeing – good work is good for you

Delivering Differently for Mental Health in Fife is an 18-month project, led by Fife Voluntary Action, which is working with strategic partners, providers and people who use services to improve employment outcomes for people in Fife who are experiencing mental health issues.

This work directly contributes to The Plan 4 Fife 2017 – 2027⁴¹ which commits to the idea that 'physical and mental health issues are no barrier to achieving positive employment outcomes'. The project also supports the Opportunities for All and Community Led Services themes from the Plan 4 Fife and Fife's Economic Strategy 2017⁴² which has the aim of doubling the number of positive outcomes for people claiming benefits due to mental health issues.

The vision of the project is that 'people with mental health problems in Fife are supported to aspire in life and can easily access appropriate support as and when they are ready to make the journey (back) into work.'

Delivering Differently is supported by a project team which includes representatives from NHS Fife, Fife Health and Social Care Partnership, Department of Work and Pensions (DWP), Fife College, Fife Council, specialist and generalist employability services, mental health community groups and, critically, people with lived experience of mental health conditions.

The project has been divided into three phases:

- Phase One: focusing on employability services and creating a baseline for measuring improvement. This phase included developing an indicator for Mental Health and Work and providing basic mental health awareness training to help frontline staff have appropriate conversations about how clients' mental health might affect their journey to work, and ensure clients are accessing the most suitable support
- Phase Two: focusing on health and social care and third sector mental health services, running a series of staff and service user workshops to understand what could work better. Delivering Differently commissioned 9 Pilot Projects which are currently all testing different ways of delivering mental health and employability services
- Phase Three: focusing on self-management, employer engagement and creating a 'Wellbeing in work strategy' for Fife. In addition, time will be spent designing and launching a cross-sectoral staff training programme

The policy context and evidence for investing in employment support for people with mental health problems and mental illness is becoming well established. Nationally, from a health perspective the project supports:

- Recommendations 36 and 37 of The Scottish Government Mental Health Strategy 2017-27⁴³
 - Recommendation 36: Work with employers on how they can act to protect and improve mental health and support employees experiencing poor mental health
 - Recommendation 37: Explore innovative ways of connecting mental health, disability and employment support in Scotland
- The NHS Health Scotland "Good work for all" agenda (2016)⁴⁴
- The 9 national health and wellbeing outcomes as set out in the National Health and Wellbeing Outcomes Framework 2015⁴⁵

- The Scottish Government's aim of halving the disability employment gap⁴⁶

Public Health Priority 4

A Fife where we reduce the use of and harm from alcohol, tobacco and other drugs



23%

of adults in Fife drink more than the recommended weekly units

1,693

Fife residents were admitted to hospital with an alcohol diagnosis in 2017/18, 96% were emergency admissions

91

people died from an alcohol-specific death in Fife in 2017, the highest number in 18 years

Stark inequalities:

Alcohol availability **2.6** x more off-sales

Alcohol heavy consumption **1.5**x more units

Alcohol harm **4.6** x more deaths

in most deprived areas than least deprived:

3A

availability
affordability
attractiveness

to tackle alcohol harm

In Fife:

20% of adults

12% of 15 year olds

19% of expectant mothers

are smokers

In 10 years Fife has seen

decreases in smoking prevalence - however

currently rates in Fife are **among the highest** of all health boards and **higher** than the **Scottish average** for adults, 15 year olds and expectant mothers

In the most deprived areas smoking rates are:

4x higher in adults

9x higher in expectant mothers

than in the least deprived

In 2017/18 there were:

3,067 quit attempts

23.9% 12 weeks quit rate

in Fife

66



drug related deaths were recorded in Fife in 2017 the highest number ever recorded

Drug use disorders are the leading cause of disease burden in young men aged 15-24 in Scotland

1

19x

Drug related deaths affect more men than women but deaths have increased in women

by more than **750%** in the last 10 years from 3 to 26

750%

Drug related hospital stays increased by

144%

between 2002/3 and 2016/17

Drug related hospital stays among residents of the most deprived areas in Fife are 19 times higher than in the least deprived areas

Public Health Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs

The misuse of alcohol, tobacco and drugs are a major cause of poor health and early mortality in Fife, especially in areas of high deprivation, where general health vulnerability exacerbates their negative impact. Patterns of use and harm in relation to alcohol, tobacco and drugs, so whilst we recognise that together they contribute a huge – and somewhat overlapping - disease burden, different approaches and strategies are required to reduce that burden.

Reducing harm through reducing the provision of alcohol

Fife has significant levels of alcohol related harm with more than 70,000 adults reporting they drink alcohol beyond the weekly guideline amounts⁴⁷. Among adults who drink beyond weekly guidelines, those living in most deprived areas consume on average 43 units per week compared to 28 units per week among adults living in the least deprived areas.

It is estimated that 6.5% of all deaths are caused (wholly or partially) by alcohol consumption – which would be equal to 272 deaths in Fife in 2017. In 2017, 91 alcohol-specific deaths (where alcohol consumption is the main underlying cause of death) were recorded - the highest number reported in the last 18 years. In addition alcohol related hospital admissions have increased each year for the last three years and accounted for 2,350 admissions in 2017/18. Rates of both alcohol related hospital admissions and alcohol-specific deaths are significantly higher in our most deprived communities⁴⁸.

The Scottish Government recently published its commitment to tackling alcohol harm through addressing affordability, availability and attractiveness in the 2018 Alcohol Framework⁴⁹. In Fife, colleagues in Public Health, Fife Alcohol and Drug Partnership and Fife Council have been working over the last year to address alcohol availability. 73% of all alcohol sold in Scotland is sold through off-sales and evidence shows that higher levels of alcohol availability through off-sale outlets is associated with increased alcohol-related death and hospital stay rates.⁵⁰

Alcohol licensing is the main tool available locally for regulating the availability of alcohol and in Fife, licences for the sale of alcohol are granted by Fife Licensing Board. NHS Fife is one of the statutory consultees for every application and can try to address alcohol availability through this route. Last year Fife Licensing Board consulted on its new licensing statement which addresses the extent of over provision of licensed premises in Fife. The licensing statement also details how Fife Licensing Board will meet its licensing objectives which include 'protecting and improving public health'. As part of this consultation process, we presented evidence to highlight the relationship between over provision and harm, emphasising the levels of alcohol harm in Fife and made recommendations to tackle this.⁵¹

In its draft policy circulated for consultation, the Licensing Board included our recommendation that no further off-sale licences should be granted in the two areas with the highest provision and levels of harm in Fife together with a third area, included at the request of its Local Area Committee. Unfortunately, the Licensing Board did not include any of NHS Fife's recommendations in the final policy, deciding there was no over provision of alcohol in Fife. This was despite NHS Fife's Public Health department submitting a detailed response to the consultation, in addition to the evidence presented previously.

This makes it more difficult to prevent new licenses being granted or current licenses being extended. Objections can, however, be made on the grounds of licensing objectives, including 'protecting and improving public health'. The Public Health department and our partners will therefore continue to object on these grounds to new or extended off-licences in targeted areas of Fife as part of our strategic approach to reducing alcohol harms in Fife.

As part of this approach, over the next year we will work with colleagues on a review of alcohol-specific deaths in Fife to contribute to the evidence base to prevent future deaths. We will also provide public health input to the Alcohol and Drug Partnership to ensure that effective evidence-base alcohol prevention and treatment services are in place, and that there are clear referral guidelines between alcohol-specific and mainstream services.

Reducing harm through increased Tobacco Control in Fife

Although substantial achievements have been made in reducing the smoking rates, smoking remains a major influence on Scotland's health. In Fife adult smoking prevalence is 20%, below the Scottish average (21%). However, smoking rates are much higher in deprived communities. Innovative and imaginative approaches are needed in working with those who face complex health and social issues and who suffer more smoking related ill health. With a focus on reducing inequalities, work has centred on three priority areas: Prevention, Protection and Cessation.

Prevention: Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke

Encouraging children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking, linked to broader health and wellbeing improvement programmes in the curriculum. Health Promotion Service deliver programmes of work in schools and further education establishments, for example - Smoke Factor and Smoke Free Class programmes.

Protection: Fife aims to protect people from second-hand smoke and the wider harms associated with smoking

Health Promotion Service carry out awareness-raising work on the impact of second-hand smoke—highlighting an increased risk of cancer, heart disease and respiratory diseases, with younger children at particular harm. We have a smoke free homes project which is a whole population approach to protecting people and in particular children. Work on Smoke Free NHS sites has focussed on raising awareness and increasing compliance with our policy.

Cessation: Support people in Fife to give up smoking.

The Health Promotion Stop Smoking Service deliver Quit Your Way which aims to reduce rates and frequency of active smoking in adults, young people and vulnerable groups such as Looked after Children (LAC), pregnant women, individuals suffering from mental health issues, transient workers, travellers, homeless and those in the most deprived communities.

Taking users feedback into account, we have extended our specialist service to 6 days, use a mobile unit to reach people living in Fife's most deprived communities, routine carbon monoxide (CO) monitoring of pregnant women and formulary review of NHS Fife stop smoking products. 2018 has also seen the services transition across to the national branding 'Quit Your Way'- with our support.

NHS Fife Smoking Policy - Work is underway to review NHS Fife's smoking policy as a result of emerging evidence of the role of e-cigarettes in harm reduction and smoking cessation. The Scottish Government has been consulting with Health boards and guidance is awaited. Meanwhile local work continues under the auspices of the Area Partnership Forum.

Reducing drug-related harm

The Scottish Burden of Disease study shows that drug-related health problems are now one of the top two conditions for causing ill health and premature death in the male 15-34 year age group.

Drug-related deaths are a stark indicator of persistent health inequalities in Fife, as they are much more frequent in areas of disadvantage - drug-related deaths in women have increased from 3 to 26 in the last

decade (compared to a 60% increase in men⁵²). There was a spike in drug-related deaths in Kirkcaldy in 2018.

Policy and practice has also changed in recent years, notably in relation to seek, keep and treat (SKT) care models, screening and vaccination for BBV and TB. Preventing harm from drug misuse will be a priority for public health partners in Fife in the coming years with the following priorities identified for increased partnership effort:

1. Designing new models of care to ensure they take a population approach and build in health protection and public health requirements
2. Evaluation of existing and future services commissioned by the ADP. This includes identifying meaningful and measurable outcomes from interventions
3. Connecting alcohol and drug-related policy and practice with other related public health domains such as BBV, sexual health, homelessness, dentistry and criminal justice. There is a potential here for further integration and development of the SKT model with cost-savings in the longer term
4. Ensuring that mental health service strategic redesign and evaluation takes into account the specific needs of people who use drugs, given the overlap in at-risk populations
5. Ensuring that primary and secondary care services are responsive to the needs of drug users and their families

Public Health Priority 5

A Fife where we have a sustainable, inclusive economy with equality of outcomes for all

20%

it is estimated that 20% of the Scottish population were living in relative poverty after housing costs in 2015-18.

This is equivalent to

74,282

people in Fife



Relative poverty after housing costs has increased in Scotland continuously since 2009-12



Income inequality has been steadily increasing since 2012-15. The **top ten percent** of the population in Scotland had **27% more** income than the **bottom forty percent** combined

Maximising income can have a profound impact on people's lives and consequently on their health and wellbeing.

2019 will see further work in **Fife** exploring **Basic Income**; regular unconditional payments made to all citizens regardless of whether they are employed or seeking work.



Almost **3/4** of working age adults in Fife are in work



Six out of every **ten** working age adults in relative poverty were living in working households

£438.73

median weekly earnings in Fife in 2017/18

Weekly earnings in Fife were **lower** than Scottish average of £442.33

40% of working age disabled adults compared to

80%+ of adults with no disability **are in employment** across Scotland

19%

of people in employment in Scotland earned less than the Living Wage (£8.75) in 2018

In the last year, women's earnings increased at a faster rate than for men but the gender pay gap for full-time hourly earnings in Scotland is **5.7%**

22.8%

of the working age population are employment deprived (in receipt of key out of work benefits) in the most deprived areas in Fife. In the least deprived areas this proportion is:

2.6%

Public Health Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all

The Plan for Fife identifies the wider determinants of health as priorities for action and it is good to see a focus on a sustainable inclusive economy within the Public Health Priorities for Scotland. We know that one of the most important that we can do to improve population health is to improve people's economic circumstances. This section shows some examples of work underway and how we will increase our efforts in this area in the coming year.

A focus on the causes: researching employability services

Health inequalities result from the unequal distribution of income, wealth and power and one of the most important determinants of health and of health inequalities is employment – its nature and availability including things like the quality of employment and security and regularity of the work.

Being in good work is important in addressing health inequalities. Paid work has the potential to protect health, and contribute to reducing health inequalities, by increasing incomes through earnings and by meeting important social and psychological needs. Conversely, lack of work is bad for your health. Some groups also face additional barriers to get and keep work. The Scottish Government estimates that around 30,000 to 40,000 people every year in Scotland leave work due to ill health/disability. Many of these people want to work and could do so with the right support.

In Fife a partnership approach to jointly commissioning and monitoring research on long term unemployment and health inequalities has resulted in better understanding of the impact that employability services can have on their clients health and wellbeing. The research took a community-led approach with research conducted by a team of peer researchers i.e. people who themselves had experience of unemployment and had received training in research skills. The study found that having increased confidence and being given the tools and skills to manage mental health issues made the biggest difference in improving wellbeing of study participants. The health impacts of long-term unemployment included: social isolation, feeling stigmatised, anxiety and loss of meaning and purpose. The attitudes of professionals working with unemployed people had significant impacts: negatively as a barrier to finding work and in insufficient support for mental health and positively in terms of safe learning environments on courses and support given by key workers.

Recommendations from the research have been accepted by Opportunities Fife which is Fife's strategic planning partnership for employability. These include improving the accessibility of the employability pathway, promoting shared values and joined-up working and increasing information to and participation of people using employability services.

Since the research was carried out Opportunities Fife have:

- Committed to funding increased in-work support
- Committed to funding increased mental health specialist provision and to improving mental health support within generalist provision of employability services
- Adopted a rights based approach and the associated principles as part of the assessment criteria for ESiF funded employability provision 2019-2022
- Supported training on human rights for employability services

A focus on wellbeing: Piloting a new Health and Work support service

Health and Work Support is a new service being piloted in Fife from June 2018 for two years which makes it easy for individuals and employers to talk to a professional about a health issue, condition or disability that is affecting their work activities. Health & Work Support is the key way of accessing a range of existing, funded support services for people with health, disability and work issues in Scotland, such as Healthy Working Lives, Working Health Services and many local affiliated services. Support is provided primarily via telephone or web access, with the option of face-to-face support when required. Fife Health Promotion Service Workplace Team are actively involved with delivery of the pilot, participation in the Fife Steering Group and will represent Fife at the national marketing and communications group.

Potential benefits of the pilot are:

- Better awareness of health and work issues amongst affiliated services, and a better understanding of where to go to get help. This includes supporting employers to take appropriate action to keep people in work
- A better experience for the individuals receiving support – the aim is to provide a seamless service, where individuals do not have to tell their story many times to different services and where they get what they need, first time
- Better understanding of the outcomes of early intervention approaches and improved use of data and information to allow improvement and alignment of services - over time, as more people flow through the single gateway, and as information is gathered on service use and outcomes, we should get a better picture of which services are genuinely effective and where there are opportunities for efficiencies and further improvement

A focus on having enough money to live on: Basic Income

Basic income can be defined as the concept of regular, unconditional payments made to all citizens, regardless of whether they are employed or seeking work.

Fife is working with North Ayrshire, City of Edinburgh and Glasgow City Councils to explore the feasibility of local pilots of basic income in Scotland. The work is being supported by NHS Health Scotland, the Improvement Service and the Scottish Government. The Scottish Government has provided funding to the local authorities to explore a number of aspects of undertaking a local pilot of basic income including the political, financial, psychological, behavioural and institutional feasibility of implementing a basic income.

Maximising income can have a profound impact on people's lives and consequently on their health and wellbeing. An objective of implementing a basic income would be to have improved health and wellbeing outcomes in terms of an association with reduced financial stress for recipients and the possession of additional personal financial resources. 2019 will see a greater focus on this work with proposals being considered across the proposed pilot areas in Scotland.

Public Health Priority 6

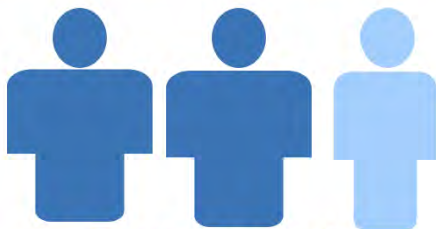
A Fife where we eat well, have a healthy weight and are physically active

23% of Fife adults met the **5 portions** of fruit and vegetables a day recommendation in 2014-17 with an average daily consumption of **3.3 portions**. Both have changed little since 2008-11.



Consumption of 5 daily portions was **higher** among adults living in less deprived areas than in most deprived areas

16% of Fife children aged 5-12 met the **5 portions** of fruit and vegetables a day recommendation with **9%** reporting eating **no portions** daily in 2014-17



2 out of 3 adults in Fife are either overweight or obese

24% Least deprived areas

The proportion of adults in Fife who are obese increases with increasing deprivation

Levels of adult obesity in Fife have remained consistent over time

2008-11: **31%**

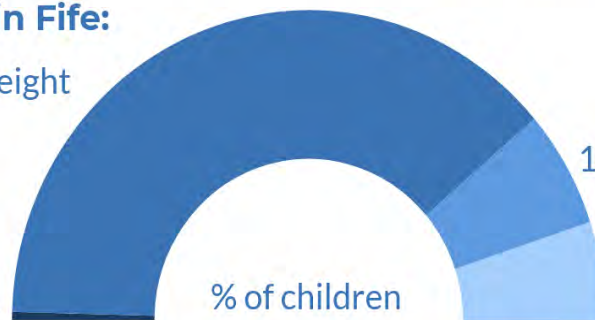
Most deprived areas **39%**

2014-17: **32%**

Primary 1 Children in Fife:

76.6% healthy weight

0.8% underweight



% of children

12.3% overweight

10.3% obese

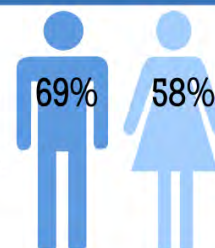
24,000

adults in Fife may be experiencing food insecurity

Dietary risk factors are the 2nd biggest contributory factor to death and disability after smoking **2nd**

63%

of adults in Fife met the physical activity guidelines for moderate or vigorous physical activity in 2014-17



Men were more likely to meet the physical activity guidelines than women

Adherence to the guideline declines with age. **Half** of all adults aged 75 and over reported **less than 30 minutes** a week of moderate exercise compared to **one in nine** 16-24 year olds.

Public Health Priority 6: A Fife where we eat well, have a healthy weight and are physically active

This priority recognises the significant continuing inequalities in diet, weight and physical activity and this section includes information on work within Fife to highlight and reduce food insecurity, the impact of sugar and the work of Active Communities as examples of work underway in Fife.

Ensuring we eat well

In Fife, the Local Outcome Improvement Plan: Plan for Fife highlights the latest estimates that more than 24,000 adults in Fife may be experiencing food insecurity⁵³ – “the inability of one or more members of a household to consume an adequate quality or sufficient quantity of food that is useful for health, in socially acceptable ways, or the uncertainty that they will be able to do so”. These estimates reflect the latest information from the Scottish Health Survey 2018.⁵⁴ There is a clear link between food insecurity and health inequalities with poor diet being a risk factor in obesity, cancer, coronary heart disease and diabetes.⁵⁵

Initiatives to alleviate food insecurity in Fife include foodbanks working across the area and, like foodbanks across the UK⁵⁶, foodbanks across Fife are reporting increased numbers of emergency food supplies being distributed. Foodbanks also report that people are coming to them with issues such as lack of crockery, clothing and furniture and social isolation is reported to be a common experience amongst foodbank clients.

Foodbanks tend to provide more than emergency food aid, often working in partnership with other organisations to offer services such as benefits advice and signposting to other sources of support such as community cafes. Community cafes offer free or low-cost food in community settings and, as well as providing free or low cost food to those experiencing food insecurity, provide opportunities for people to come together over food and socialise. Research⁵⁷ carried out in Scotland found that several community café users had started attending so they could socialise and meet new people. The research also found that people attended as they didn't have the knowledge or awareness around buying and cooking food or didn't have the means to cook meals at home.

Innovative community-led approaches to food insecurity include CLEAR Buckhaven's Community Fridge project to enable sharing of surplus food, and the development of a new Community Food Hub by Greener Kirkcaldy, due to open in 2019. The Food Hub will offer training, volunteer and work experience opportunities; learning around how to grow and prepare food and engagement with the community on healthy, sustainable food. Work is also underway with Dunfermline Foodbank and West Fife Enterprise where registered referrers collect emergency food boxes from West Fife Enterprise and deliver directly to people facing food crisis, tackling the barriers of both low income and rurality.

The Fife Community Food Team play a key role in supporting work to tackle food insecurity in Fife: running practical cookery courses for low-income individuals and families, supporting community-led initiatives such as growing projects and community meals, and working with foodbanks to try to ensure food parcels are healthy and balanced. Working in partnership with colleagues in Fife's Health and Social Care Partnership Health Promotion Service, the Food Team train and support Fife's network of Food Champions – staff and volunteers from across public and third sector agencies trained to deliver practical cooking sessions to people in communities. There are approximately 150 Food Champions in Fife.

Fife is one of three local authority areas (with Dundee City and East Ayrshire) participating in 'A Menu for Change' – a three year project developing service responses to food insecurity so that people have access to the money they need before they reach crisis. Running in Levenmouth, it also aims to increase choices of dignified ways of accessing healthy food, such as community cafes or food co-operatives. The project combines research into experiences of people facing food crisis, action learning to support practice development, local pilots, national/networking/learning events and advocacy.

Whilst the activity in Fife around food insecurity is encouraging, it is important to continue to give a strategic focus to tackling those factors which cause food insecurity. In line with the principles of the Dignity report⁵⁸

we will aim to develop solutions which are dignified, involve people with experience of food insecurity, and recognise the social dimension of food.

Reducing the impact of sugar and diet on oral health

Sugar intake and poor diet represent significant common risks across the health sector. Not only does it have severe implications for general health including diabetes and cardiovascular disease but also for oral health. Key message include advice about sugars and strategies for sugar reduction and snacking with a view to the diet as a whole.

Research by Public Health England⁵⁹ found some association between child height and weight and caries; children with low BMI (Body Mass Index) had a greater likelihood of caries and greater severity of caries.

The prevalence of caries among children with very high BMI is higher than children of healthy weight but the severity is the same in both groups. The association between BMI and dental caries exists over and above the impact of deprivation, ethnicity and where people live but the strength of the association is weaker than that of caries and deprivation.

A common and consistent message needs to be delivered across all health sectors, to allow healthcare professionals to give advice with confidence and ensure the public don't receive conflicting messages. We are aware that dental professionals encourage no sugars between meals and recommend savoury snacks which could be high in salt and fat but this can create tensions with other health care professionals who advocate for a reduction in salt and fat intake.

Moving forward we must continue to reduce inequalities through empowering people and communities including supporting local organisations and communities to apply for the Community Challenge Fund to support people to change their oral health behaviours (one of the recommendations in the Scottish Government's Oral Health Improvement Plan 2018). Collective action through collaborative working and engagement should be strengthened, sharing the common risk factor approach and promoting prevention and early diagnosis and intervention.

Keeping communities active

Regular physical activity is proven to help prevent and treat non-communicable diseases (NCDs) such as heart disease, stroke, diabetes and breast and colon cancer. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being.

The Active Communities team within Fife Council embrace many different approaches to physical activity – including walking, cycling, active recreation sport and play and seek to achieve the 'whole of the system' approach necessary, working across multiple agendas set out in the Plan for Fife. The Thriving Places theme within this has an ambition that every community has access to high quality outdoor cultural and leisure opportunities.

During 2017/18 Active Communities worked with a wide range of partners to deliver a wide range of programmes - from engaging with over 150 families during National Play Day in Beveridge Park to delivering "School of Hard Knocks", a rugby programme for schools.

In total, Active Communities delivered 8805 sessions to 143,434 participants^{iv} of all ages across the Kingdom, including

- community sports programmes, dance, play, football rugby
- cycling, walking, sessions with older adults in care homes

We worked with 545 volunteers to deliver these sessions, providing a range of training courses for clubs and organisations including first aid, club governance, walk leaders, dance leaders and cycle leaders. The *Sports Development Officers* rolled out a programme of community based physical activity and sports

^{iv} NB: One person could have attended more than one session

sessions for P1-S4 pupils across Fife including badminton, basketball, football, handball, netball and trysport (a session where young people can come and try a variety of sports).

The *Bums off Seats* programme continued to grow and develop with strength and balance exercises being incorporated into walks and new walks being added including Nordic walking. Glenrothes and St Andrews also now have dementia friendly signposted walks and it is hoped to roll this out across more towns in Fife. Walking football and walking netball sessions have also began, ensuring people of all ages have opportunities to participate in physical activity and sport within their community.

Equalities and Inclusion - Active Communities continues to receive referrals from occupational health and schools for pupils with additional support needs to signpost them to appropriate activities in order to increase their participation in physical activity.

2018 was a successful year for Active Communities. A greater variety of programmes were delivered enabling more of the community to participate in physical activity and not just sport. More partnerships were created to ensure barriers were removed for the least active. During 2019 it is hoped to increase participation further, engage with all care homes across Fife to support older adults becoming more active and remain independent and reduce barriers to participation even further for women and girls.

Next Steps

It is evident from these examples that we need to maintain our focus and increase our efforts on reducing inequality in Fife. This means that we need public and third sector partners to work together to support those facing the highest levels of inequality through addressing what we call the social and economic determinants of health. There is a lot of work underway already to address issues such as school attendance and educational attainment, to improve employment opportunities, to provide good housing and to increase the levels of income that households have. We have some good examples of local work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work which provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and well-being.

We have recently embarked on some work to pull together our Team Public Health for Fife – this includes having some common goals across the Public Health Department, Health Promotion and Environmental Health as our core public health workforce. We already work together with and for communities but we need to strengthen this joint effort in the coming year to enable us to become more effective in meeting the needs of the people of Fife. Over the coming year we will increase our partnership commitment to community planning to support and lead work with and for communities.

Find out more:

KnowFife Website: <https://know.fife.scot/>

Follow Public health Fife on Twitter to keep in touch @PHfife

Public Health Priorities for Scotland: <https://www.gov.scot/publications/scotlands-public-health-priorities/>

Get in touch Fife-UHB.PublicHealthFife@nhs.net

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