BORDERS DIRECTOR OF PUBLIC HEALTH REPORT 2015

SUMMARY

NHS Borders

Scottish Borders COUNCIL

SUMMARY OF KEY CHALLENGES FOR 2016

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There is a lot to celebrate in this report but there are also areas of concern. The following are key challenges to be considered by local organisations, planning groups, communities and individuals involved in improving health and well-being in the Borders. They are referenced to the relevant Report Chapter.

CHAPTER 3: WHO LIVES IN THE BORDERS?

The numbers of people aged 65-74 may increase by almost one third (32%), whilst the numbers aged 75 and over may increase by 75%. As our population ages it is vital that maintaining and improving physical, mental, social and economic wellbeing of older adults is a priority.

Census data may not capture the seasonal economic migration that occurs in the Borders to support the farming and fishing industry. Significant migration to the UK has also occurred since the 2011 census and the 2011 data may under report white non British and other ethnic minorities. Local services need to be sensitive to migrant health issues.

CHAPTER 4: HOW LONG MIGHT WE LIVE?

There are areas within the Scottish Borders where the male and female life expectancy is lower than for Scotland. Differences in average life expectancy between people living in the least and most deprived areas are mainly due to deaths from coronary heart disease, stroke, cancer and respiratory disease. These inequality issues are covered in more detail in Chapter 11: Health Inequalities in the Borders.

CHAPTER 5: ARE WE HAPPY WITH OUR LIVES?

The mental health of children and young people (C&YP) under 17 years in Scotland has improved or stayed broadly constant over the past decade or so. However the data suggest that there is considerable scope for action. Life satisfaction and happiness decreased with age between P7, S2 and S4 pupils. Inequalities by area deprivation (SIMD) are common across both mental wellbeing and mental health problems.

More than 80,000 people aged 65 plus in Scotland describe themselves as often or always feel lonely. Loneliness can be seriously damaging and recent studies have shown it has double the impact of obesity and that feeling extreme loneliness can increase an older person's chances of premature death by 14%. The Scottish Government Equal Opportunities Committee is currently examining the issue of loneliness in Scotland.

CHAPTER 6: STARTING WELL: MATERNITY AND INFANCY

The rate of smoking in pregnancy appears higher in Scottish Borders than the Scottish average and is particularly high in the most deprived areas. The reduction of smoking in pregnancy remains a very high priority.

Although breastfeeding rates locally compare reasonably well with those from other parts of the country, far higher rates have been achieved elsewhere and therefore it is possible to do even better. This should be a priority for the future for the benefit of children and mothers.

Nutrition is an important foundation for good health and there continue to be challenges in ensuring access to affordable healthy food for all families with young children.

We need to ensure that children have the best possible opportunity for health and wellbeing and recognise the difference that family circumstances can make.

CHAPTER 7: DEVELOPING WELL: CHILDREN AND YOUNG PEOPLE

In Scotland as a whole, around 14.8% of girls and 17.2% of boys, aged 2-15 years, are estimated to be at risk of obesity. The rate of increase over the past 15 years has been greater for boys. If the Scottish trends also apply to Borders young people there may be an increasing problem with teenage boys gaining excess weight and all the physical and mental health issues that may bring.

It is disappointing that nationally there has been no overall increase or decrease in physical activity for Borders boys between 2008 and 2013. Public Health, Education and wider partners need to work closely to promote nutrition and healthy weight through the curriculum and activities and opportunities in local communities and by promoting a good food culture in Borders.

The emotional health of our young people affects all other aspects of their lives and we need to be sure that we are doing all we can to support young people to develop resilience to face the challenges of life.

CHAPTER 8: LIVING WELL: WORKING AGE ADULTS

A HEALTHY LIFESTYLE = DRINKING RESPONSIBLY

At least 43% of adults in the Scottish Borders may be exceeding recommended alcohol drinking limits. Alcohol related mortality is linked to long term drinking behaviours and so the impact of recent drinking is yet to appear. Reduction of excess drinking in men and women remains a priority.

A HEALTHY LIFESTYLE = REDUCING HARM FROM DRUGS

The trend for Scottish Borders drug related hospitals stays is increasing particularly in deprived areas. As drug users grow older i.e. 35 years, they are more likely to experience concurrent physical and mental health problems and service providers need to be aware of these needs.

A HEALTHY LIFESTYLE = EATING WELL AND BEING ACTIVE

The estimated prevalence of obesity tends to rise with increasing age, from around 1 in 9 people aged 16-24 to more than 1 in 3 people aged 55-74.

The majority of the population in the Scottish Borders do not meet the recommended level of physical activity. 29% of the population have low levels of physical activity.

CHAPTER 9: AGEING WELL

FUEL POVERTY

The lower income groups have the highest rates of fuel poverty, but fuel poor households are found in all income bands.

CARING AND CARERS

The percentages of carers rating their own health as bad or very bad increases with the amount of unpaid care provided. 3% of people providing less than 20 hours of care per week rated their health as bad/very bad, compared with 13% of people providing more than 50 hours of unpaid care. Service providers need to be aware of the needs of this group.

LONG TERM CONDITIONS

By the age of 65, nearly two-thirds of people will have developed a Long Term Condition: 75% of people aged 75-84 have two or more such conditions. Management of elderly persons with multiple conditions is one of the most challenging problems faced by service providers particularly in primary care. Organisations need to recognize that providing appropriate support to such patients will not only help maintain patients in good health but ultimately reduce demands on services in the future. The evaluation report from the local LTC project, expected in early 2016, should be carefully considered so we learn from it and use it to improve the management of LTCs across the region.

FALLS

The rate of hospital admissions following a fall in the Borders for the over 65s in the period 2012-12 was similar to that for Scotland. However this means there is still nearly 500 emergency admissions each year in Borders persons over 65 years due to falls.

EMERGENCY ADMISSIONS

The Scottish Borders has a higher rate of emergency hospitalisations compared to Scotland with more deprived communities having higher rates. By far the highest rates of emergency admissions to hospital are amongst people aged 75 and over. The most common cause of admission in this age group is chest infection. There may be opportunities to improve care for these patients in the community and thus prevent hospital admissions.

DEMENTIA

The cases of dementia are expected to significantly increase in the Borders over the next 5 years. This will have significant implications for families, communities and care providers.

CHAPTER 10: COMMON ILLNESSES SPANNING AGE GROUPS

CANCER

The actual numbers of cases of cancer have risen over the last decade, largely due to an ageing population, as the incidence of new cancer cases rises quickly after 65 years. Sustained prevention measures are important to bring about a reduction in the lifestyle risk factors amongst higher risk groups, although positive impact on the incidence of new cancers and prevalence will be gradual. Prevention should also include implementation of health promoting actions in acute care settings for those who already have health problems – inherent in the

Health Promoting Health Services (HPHS) initiative. All these activities should aim to promote healthy weight, increase physical activity, promote smoking cessation and reduce alcohol consumption with effective pathways into community services and resources.

Bowel screening is one of the most effective screening programmes available and is estimated to save 7 lives per year in the Borders. Borders men have a lower uptake of bowel screening than women: 57.8% v 64.5% and the uptake is even lower in the most deprived groups. Every effort needs to be made to increase uptake in these groups.

DIABETES

The prevalence of diabetes across Borders is increasing year on year. The excess healthcare costs attributable to diabetes are substantial and pose a significant clinical and public health challenge. This burden is an important consideration for decision-makers, particularly given increasing concern over the sustainability of the healthcare system, aging population structure and increasing prevalence of diabetic risk factors, such as obesity.

A recent National Institute of Clinical Effective review suggests that the role of bariatric surgery for patients with a BMI of 30 or over who have recent-onset type 2 diabetes and who have failed to lose weight by other means, is likely to significantly increase in the future.

MENTAL ILL HEALTH

Lifestyle factors and barriers in accessing services adversely affect the physical health of people with mental health problems: poorer diets, low rates of exercise and higher prevalence of smoking than among the general population. All care providers need to be aware of these risks.

Men of working age, particularly in deprived communities, are a key risk group for suicide in the Scottish Borders. Suicide prevention strategies need to include explicit aims to reduce socio-economic inequalities and gender inequalities in suicide.

LEARNING DISABILITIES

Research tells us that people with learning disabilities have some of the poorest health of any group in Scotland. They are considerably more likely to die at an early age than the general population - on average 20 years before. Some of the causes of death are potentially preventable, and the main causes of death differ from those of the general population.

INFLUENZA

Even though we have nearly reached the Scottish Government target of 60% uptake for under 65 years at risk residents, we still have as many as 5437 eligible under 65 years at risk Borders residents at higher risk of

complications from influenza due to underlying medical conditions who did not receive the vaccine during 2014/15. Continued sustained efforts are needed to reduce this figure.

Even though our NHS staff vaccination programme has achieved its highest uptake rate ever, continued sustained efforts are needed to increase this uptake performance in order to protect patients from infection.

CHAPTER 11: HEALTH INEQUALITIES IN THE BORDERS

There are significant inequalities in health in Scotland between people who are socially and economically well off, and those who are socially disadvantaged. Health inequalities are not only apparent between people of different socio-economic groups. Inequalities are also related to gender, ethnicity, age, mental health and learning disabilities. Whilst recognising that national government policies have a very important impact on health inequalities there is still a lot we can do in the Borders. We therefore need to enhance, develop and maintain partnership working across the Borders to address the many factors leading to health inequalities.

We need to ensure that all staff in statutory or non-statutory organisations understand their public health role in reducing health inequalities.

For example:

- Staff should understand what health inequalities exist and how these may be tackled
- Senior managers should provide leadership in supporting their staff to identify and address health inequalities.

We need to recognise people who are disadvantaged have higher health needs and the level and intensity of service provision should reflect that. Service development plans could contain a Health Inequalities assessment in addition to the current Equalities and Diversity assessment.

The built environment affects every aspect of our lives and has an influence on health inequalities e.g. availability of healthy food, location on health services, facilities for walking and cycling. We need to ensure that health is an important consideration in planning decisions. Health Inequalities Impact Assessment (HIIA) is a way for organisations to think about how their plans or decisions might affect people and population groups in different ways. The findings can inform the development and implementation of plans and policies, helping organisations to ensure that no-one is disadvantaged by what they do.

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