For many years we have had concerns about young people’s drinking – an increasing number of young people are turning up at A&E the worse for wear for alcohol, and young people actually needing treatment for their ‘alcohol problem’. We all have views and concerns about this and we are all quick to point the finger at others, at places where young people can buy alcohol even though they’re ‘under-age’, at people who buy alcohol for young people, at the police who ‘don’t do anything about it’, at parents who don’t seem to care – at, well at almost anyone except ourselves.

And that is perhaps the real issue – when it comes to under-age drinking we all have a part to play in the problem. Young people are growing up in a modern, complex adult world. They see all the adverts about alcohol. They watch all the programmes on television where alcohol is a normal part of life. They watch how adults drink. They listen to how adults speak about alcohol, and they notice how adults behave when they drink too much. They also watch and listen to their parents – both what they say about alcohol, but also what they do about alcohol. ➤ page 3
The importance of maintaining and improving the health of the public remains a top priority for me. Although men and women are living longer and death rates from heart disease, stroke and certain cancers are falling, there are worrying trends in lifestyle factors.

Binge drinking is becoming a way of life for many people in Northern Ireland and is occurring across all the age groups. The resulting significant short-term effects as well as serious long-term effects are causing major health problems which unfortunately are now being seen much more frequently than ever before.

One very positive step in improving the health of the people in Northern Ireland was the introduction of the smoking ban on 30 April 2007. Already there is evidence that this has resulted in a considerable number of people quitting smoking. This is very good news and in future years will make a major contribution to reducing the number of premature deaths from heart disease and cancer.

Many people in our society suffer unnecessarily from poor health which may have been preventable. This can be due to their lifestyle choices but is also linked to underlying social, economic and environmental factors. To improve health we need to focus on the upstream causes. There needs to be a concentrated, co-ordinated and sustained effort to tackle health inequalities and lifestyle choices. People need to have a better understanding about causes of ill health and the benefits of a healthy lifestyle so that they can make informed choices about their future health and that of their children. We need to help them take responsibility for their own health.

The report also highlights a number of other important issues including; the importance of getting children involved in taking exercise through, for example, active play; the medical emergencies meningitis and nut allergies; sexual health and teenage pregnancy; the introduction of the vaccine for human papilloma virus which is known to cause cervical cancer; and the importance of taking all measures available to minimise the risk of a hospital acquired infection.

While we all have a responsibility to make healthy lifestyle choices, more than ever the health service needs to use its resources efficiently and effectively. As we continue to drive up standards of care and improve outcomes for patients, this means taking a long hard look at existing models of care; at how we ensure that our workforce has all the necessary skills; and how we can embrace new technology to support independent living.

We live in exciting times and must take every opportunity to improve the care that we provide and ensure the best outcomes for our patients. Change is inevitable and no change is not an option. Patients want to be treated by the right people in the right place and to the highest possible standards.

Dr Michael McBride
Chief Medical Officer

10 Facts
about the People in Northern Ireland

1. In 2006 there were estimated to be 1,741,600 people living here.
2. 8,412 people are aged 90 or over; 6,393 of them are women.
3. 23,361 babies were born in 2006.
4. 14,532 people died in 2006; 7,062 males and 7,470 females.
5. 2,998 people died from heart disease.
6. 3,848 people died from cancer, 1,780 were aged 75 and over. 850 from lung cancer, 412 from bowel cancer, 300 from breast cancer and 212 from prostate cancer.
7. Over 2½ million prescription items are dispensed every month.
9. Over 1,700,000 out-patient appointments were arranged in 2006. For 200,000 of these the patients did not attend.
10. There are 150,000 emergency admissions to hospital each year.
Under-age drinking blue bag generation cont’d from p.1

Young people ‘learn’ how to drink – and they are learning about alcohol at a time when there seems to be more types of alcohol available. Alcohol has become more affordable even for those with ‘pocket money’. There are also probably more pressures on young people – there are less certainties about employment these days, more emphasis on the ‘quick fix’ and instant gratification – getting drunk may actually make some sense to today’s young person.

That is the challenge we all face, and one we must all face up to. WE all have a responsibility to ensure that young people know the facts about alcohol, about the real harm it does, about how getting drunk can lead to all sorts of unwanted consequences – and not just the hangover. We all need to ensure that young people find it difficult to get hold of alcohol.

Above all, we as adults and as parents need to ensure that we help young people learn about alcohol and help them drink safely and sensibly. We also need to be aware that they are already learning from us in how we talk about alcohol and how we ourselves use alcohol.

In the meantime we will continue to ensure young people receive the facts about alcohol and the harms it can cause. We will support parents and communities in being part of this process, providing information about alcohol, but also ‘tips’ on how to talk to children about alcohol. We will work with those who are trying to address the availability of alcohol to young people - there are already local schemes across Northern Ireland. We will work with the ‘drinks industry’ who clearly have a major role to play – and have a clear social responsibility in this issue. We will continue to urge that the current laws concerning under-age drinking are enforced rigorously.

Young people’s drinking – the facts
- The average age for a first alcoholic drink is 11 years old.
- The greatest increase in drinking occurs between 11 and 13 years.
- 4 out of 5 of all 16 year olds have had a drink.
- 2% of young people reported drinking everyday.
- The UK has some of the highest levels of drunkenness in Europe – Northern Ireland levels are similar to the rest of the UK.
- The most cited motivation for drinking is increased confidence in social and sexual situations.

Source: Health Promotion Agency

It is recommended that men do not drink more than 4 units per day and women not more than 3.

### The Binge Drinking Culture

Binge drinking in men is defined as drinking at least 10 units of alcohol in one session (eg 5 pints of beer) and in women if they exceed 7 units in any one session (eg 3 small pub bottles of wine or 4 Alco pops.

43% of males and 33% of females currently binge drink.

### Counting Your Units

Counting the number of units of alcohol you have drunk is not always easy. The alcohol content of many drinks (wine, beer, etc) varies a lot more these days, and pubs and restaurants frequently serve much larger glasses of wine than previously. All of this makes it very difficult to count the number of units of alcohol you have drunk but rest assured it is probably more than you think! Many bottles of wine now contain over 11 units of alcohol and a pint of some beers can contain 3-4 units.

Binge drinking increases the risk of:
- High blood pressure and stroke;
- Coronary heart problems;
- Liver disease;
- Kidney failure;
- Damage to the brain;
- Increased body weight associated with diabetes type 2 and coronary heart disease;
- Cancer;
- Accidents;
- Mental health problems and suicide.

NEED A BOTTLE BANK FOR YOUR BACK YARD? NEED HELP!
PlayBoard, the lead agency for children’s play in Northern Ireland, has produced a new practical handbook of games and play ideas called “The Way to Play”. It gives parents and those working with children a vast range of ideas for activities and games. The Way to Play covers games and activities that have been played down through the years. The activities outlined are geared towards children of all ages and encourage children in a fun way to feel very much part of a group. Everything from ball games to skipping rhymes is covered - from traditional games like ‘Simon Says’ - to Circus Play and DIY games.

The handbook was sponsored by the Western Investing for Health Partnership, the Western Health and Social Services Board, and the Eastern Health and Social Services Board. A total of 185 School and Play Projects in the Western Board will receive the Pack to complement existing ‘play’ training by the end of December 2008.

For more information on ‘The Way to Play’ go to www.playboard.org

I WENT DOWN TOWN
SKIPPING GAME

I went down town,
I met Mrs Brown,
She gave me a nickel,
So I bought a pickle,
The pickle was sour, so I bought a flower,
The flower wouldn’t smell, so I bought a bell,
The bell wouldn’t ring, so I began to sing,
On the hillside stands a lady who she is I do not know,
All she wants is gold and silver, all she wants is a nice young man.

Lady, Lady tip the ground, (skipper tips the ground)
Lady, Lady turn around, (skipper turns around)
Lady, Lady show your shoe, (Skipper points their toe to the sky)
Lady, Lady run right through. (player runs out).

Babies and Children

Are you coming out to play?

In Northern Ireland one in four girls and one in six boys in Primary One are overweight or obese. Many children are not as physically active as they should be and this is contributing to our levels of obesity.

Active play is an integral part of any child’s development. Many of today’s children do not have the same opportunities to play as we may have had though the needs of children are still the same as they have always been.

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You should aim for at least 30 minutes of moderate physical activity 5 days a week.
Breast is Still Best!

Breastfeeding is widely acknowledged to be the best and most healthy way to feed a baby. Despite recent increases, Northern Ireland still has the lowest rates of breastfeeding in the UK. Dads too have an important role to play in supporting their partner breastfeed. The longer a baby is breastfed the better the health benefits.

Recommendations on Infant Feeding

- Breast milk is the best form of nutrition for infants, it provides all the nutrients a baby needs;
- Exclusive breastfeeding is recommended for the first six months of an infant’s life;
- Six months is the recommended age for the introduction of solid foods for both breast and formula fed infants;
- Breastfeeding (and/or breast milk substitutes, if used) should continue beyond the first six months along with appropriate types and amounts of solid foods; and
- Mothers who are unable to, or choose not to, follow these recommendations should be supported to optimise their infant’s nutrition.

Baby Friendly

Here in Northern Ireland many hospitals and community health care facilities are working hard to improve the support they provide for breastfeeding mothers and babies.

The UNICEF UK Baby Friendly Initiative is a programme which supports health care facilities to ensure a high standard of care for pregnant women and breastfeeding mothers and babies.

A total of 9 organisations in Northern Ireland have been successful in obtaining the prestigious UNICEF UK Baby Friendly Award and a further 12 organizations are working towards achieving their full Baby Friendly award.

More details about the Baby Friendly Initiative are available on www.babyfriendly.org.uk
DEALING WITH MEDICAL EMERGENCIES

Babies and young children get lots of minor illnesses but how do you recognize if it might be something more serious or even life threatening. The ‘Birth to Five’ book which is given to all new mothers is an excellent guide to parenthood and the first five years of your baby’s life. It contains a lot of useful information including advice on illnesses and accidents in children.

RECOGNISING MENINGITIS AND SEPTICAEMIA

Meningitis is an inflammation of the lining of the brain. It is a very serious illness but, if it is picked up and treated early, most children make a full recovery. Septicaemia is blood poisoning and may be caused by the same germs that cause meningitis. It is also very serious and must be treated straight away. If untreated, both diseases may be fatal. Early symptoms of meningitis are mild and similar to those you get with colds and flu, such as a raised temperature (37°C and above), fretfulness, vomiting and refusal to eat. However, some of the important signs to look out for include:

IN BABIES

- high pitched cry;
- difficult to wake;
- very high temperature (39°C and above);
- pale or blotchy skin;
- very cold hands and feet;
- red or purple spots/marks that do not fade under pressure, these can appear anywhere on the body.

IN OLDER CHILDREN

- a stiff neck – can the child touch their forehead to their knee?
- Drowsiness or confusion;
- Very bad headache;
- Dislike of bright lights;
- Very cold hands and feet;
- Red or purple spots/marks that do not fade under pressure, these can appear anywhere on the body.

If a glass tumbler is pressed firmly against a septicaemic rash the rash will not fade. You will be able to see the rash through the glass. If this happens get a doctor’s help immediately.

You shouldn’t wait for all of these signs to appear. If your child becomes ill with any one of these important signs, contact your doctor immediately or take your child to the accident and emergency department of your nearest hospital.

The MenC and Hib vaccines protect against two types of meningitis and septicaemia but there are other types for which there are no vaccines so it is important to still watch out for the signs and symptoms. Parents should ensure that their children get the MenC and Hib vaccines.
Some foods such as nuts may cause a reaction so severe that it is life threatening (anaphylaxis). Thankfully, this affects very few children. It is vital that patients, family and friends can recognise and assist in the management of the condition. Common signs of anaphylaxis include:

- difficult/noisy breathing, wheeze, breathlessness, chest tightness, persistent cough;
- difficulty talking, change in voice, hoarseness;
- swollen tongue;
- swelling, tightness, itchiness of the throat;
- impaired circulation- pale clammy skin, blue around the lips, decreased level of consciousness;
- sense of impending doom;
- becoming pale/floppy;
- collapse.

For those who have such an anaphylactic reaction, an injection of adrenaline (epinephrine) is required. Those at risk can be prescribed preloaded injection devices.
WHY DO TEENAGERS TAKE RISKS

Young people do have a tendency to take risks and this makes them even more vulnerable to risky health behaviours.

Adolescence is a time of many conflicting emotions. Childhood has been left behind, the rules have changed, and it can be difficult for a young person to find their place in this new world.

During this time there are major and significant body changes and also new feelings and emotions – some associated with their emerging sexuality. In these circumstances it is absolutely natural that these changes and the start of sexual feelings make a young person feel insecure. To counteract this, many feel a greater need to conform with friends and classmates, meaning peer influence is at its greatest. (‘I blame it on his/her friends!’).

However it is not just friends who encourage risk-taking: there are countless adverts, songs and films that depict this behaviour as glamorous and desirable.

But the chief culprit is possibly one of the most basic of human qualities – curiosity mixed with the thrill of experimentation – something we can all probably relate to (or even somewhat distantly remember). However when you put this curiosity against those adult behaviours (eg excessive drinking, smoking, drug taking, sex) which seem so fascinating to the young person, the risks involved suddenly become all too clear.

And let us be quite clear, curiosity and experimentation are common and good. They help a young person develop a greater understanding of themselves and society. But some risk-taking can have long-term consequences for a young person’s health, and this is at odds with the safe environment that parents want for their children.

PROMOTING GOOD MENTAL HEALTH

Good mental health contributes significantly to our sense of well being and quality of life.

Having good mental health means feeling positive about yourself, being able to cope with every day pressures, and being able to maintain relationships. We all want to be in this position so it is important to recognise the signs of poor mental health in yourself, and in your friends and family. These signs include:

- Changes in eating or sleeping patterns;
- Being angry for no reason;
- Increased use of alcohol or other drugs;
- Feeling anxious, worried or overwhelmed by problems;
- Finding it hard to concentrate and make decisions.

Mental health problems are among the most common forms of ill health. They affect around 300,000 people (1 in 6) in Northern Ireland at any one time and create a heavy burden on the individual, their family and carers and also society.

So what can help minimise any likely harm?

- Knowledge and responsibility. Make sure young people know the good and bad effects of drugs, alcohol and sex. This will give them a chance to take responsibility for what they decide to do.
- Communication. Keep talking! Young people actually want to know what their parents think and feel on these important health issues — it may not always appear that way, but they are looking for a view or even a steer.
- But above all continue to help build your child's self-esteem and self-confidence. Remember what it was like to be a teenager!

The ‘Lifeline’ number is 0808 808 8000
Teenage Pregnancy

Unplanned pregnancy and parenthood can have a significant impact, particularly on our young people. The number of births to teenage mothers in Northern Ireland has fallen in recent years. In 2006 there were 1,427 births to teenagers, a decrease of more than 20% from the 1,791 in 1999.

The highest rates of teenage pregnancy are found in areas of greatest social and economic deprivation. These young parents often face limited prospects for their education, training and employment.

The DHSSPS continues to support the Teenage Pregnancy and Parenthood Strategy and Action Plan which aims to reduce the number of unplanned births to teenage mothers and minimise the adverse consequences to teenage parents and their children. Through this initiative a number of actions have been taken forward including support for young mothers to remain in education, multi-professional training, teen parenting and parent/child communication programmes, and personal development programmes for young people. Quality information, advice and support services have also been provided for young people to enable them to make informed choices relating to their sexual health.

Sexual Health

Sexual health is an important part of physical and mental health, as well as emotional and social well-being. With the increasing numbers of sexually transmitted infections (STIs) and rate of teenage pregnancies, the DHSSPS is committed to improving the sexual health and well-being of our population.

The Sexual Health Promotion Strategy and Action Plan is due to be published shortly. It recognises the need for positive and accurate information about sexual health and emphasises the importance of respect and responsibility. Young people in particular, cannot make informed choices about their sexual health unless they have knowledge. Parents and carers must also have the skills to educate and inform young people.

Helping people making informed choices about their sexual health and reducing the spread of sexually transmitted diseases will be the key focus of a new strategy. One of the main challenges is attitudes to sexual behaviour.

The Health Promotion Agency (HPA) has produced a range of leaflets and posters on sexual health promotion and recently ran a campaign “Sex – don’t just do it, think it through” to raise awareness of sexual health issues, promote safer sex and empower young people to delay their first sexual experience.

http://www.healthpromotionagency.org.uk
A HEALTHY OUTLOOK FOR LIFE

Investing for Health

The health of the Northern Ireland population is improving. Life expectancy is increasing and death rates from the major killers such as heart disease, cancers and chest disease have fallen in recent years. This is good news. But it is still the case that many people suffer unnecessarily from poor health which may have been preventable. It is also the case that much preventable ill-health is linked to underlying social, economic and environmental factors, including:

- How much there is to spend on healthy food and the quality of their housing;
- Whether people have social networks and support around them particularly at times when they may feel vulnerable;
- Whether the physical environment around where people live and work is safe, allows easy access to services and is generally conducive to well-being.

While the health of our population is improving generally there is a continuing gap in health status between those who, for example, live in deprived areas and the rest of Northern Ireland. Those who are poor are more prone to poorer health. Improving health and, in particular, reducing health inequalities amongst those groups and areas most at risk of poor health are the twin aims of the Northern Ireland public health strategy Investing for Health.

Investing for Health takes account of the wide range of factors which impact on health. It aims to address these through partnership working, between government departments, public bodies, local voluntary and community organisations, district councils and social partners. Action targeting 7 key areas is taking place at both regional and local levels.

7 Key Areas for Action
1. Poverty;
2. Educational Attainment;
3. Housing;
4. Environment;
5. Reducing deaths and injuries from all types of accidents;
6. Promoting positive mental health and well-being; and
7. Encouraging healthy choices.

FIT FAMILIES

Halting the rising level of childhood obesity is a major health priority. A weight management programme called - Fit Families is a unique initiative to help combat the rise in obesity within the Northern Health and Social Services Board. It was developed through the Northern Investing for Health Partnership involving Antrim Borough Council and the Northern Health and Social Care Trust. The aim is to provide a holistic family focused approach to the management of obesity in children.

Fit Families treats the whole family and not just the overweight or obese child. The programme is designed to create a lifestyle change for the whole family, so healthy eating and moderate physical activity becomes a part of their everyday lifestyle.

To date over 43 families have completed the 3 month programme. The family based approach with the emphasis on fun, food and fitness has proven to be popular. Participating families reported positive changes to their diet and lifestyle since commencing the programme and would definitely recommend it to others.

At regional level DHSSPS working with other Government departments and regional bodies has developed a range of strategies and action plans. They address key challenges in relation to, for example, smoking, obesity, mental health promotion and suicide prevention, alcohol and drugs misuse. Illustrations of some of the work being taken forward to implement these strategies are provided later in this report.

At local level there is active partnership working between health and other sectors such as education, local government, local communities, and links to other partnership arrangements with complementary aims. These partnerships are vital to the overall effort to improve health. Cross sectoral Investing for Health Partnerships based in each Health and Social Services Board area are co-ordinating actions to meet local health priorities. The report also provides examples of partnership working at local level - see articles on for example, Fit Families, Older People’s Forum, Advice 4 Health.

1 In 2005 the Northern Ireland Health and Well Being Survey showed that 10% of children aged 2-10 years were obese, and a further 17% were overweight.
Healthy Living Centres

There are 17 Healthy Living Centres providing services to substantial numbers of people living in disadvantaged communities across Northern Ireland. There is evidence that they have impacted positively on the physical and mental health of regular users. Examples include:

1. The Heart Project in the Lower Falls – support is provided for positive health programmes. It has a state of the art aerobic and fitness diagnostic centre.
2. The East Belfast Healthy Living Centre has helped support people to have health screening undertaken in various workplaces and community settings in East Belfast.
3. The Peninsula Healthy Living Centre provides outreach services to the Lower Ards Peninsula including the provision of voluntary services, a physical activity programme, childcare facilities, a community transport service and youth work.

Healthy Living Centres here were initiated through Big Lottery funding. They are focused on deprived areas and run by local partnerships. Healthy Living Centres provide a wide range of services to local communities. Some operate from dedicated, purpose built centres whereas others operate from shared space in community settings across a number of neighbourhoods.

A forum FOR OLDER PEOPLE

A number of local Older People’s Forums have been set up across the Eastern Health and Social Services Board. They bring together community groups across geographical areas to network, socialise and share common issues of concern. This has enabled older people to learn of the range of local services available to them and provides the opportunity to discuss and highlight issues which are of particular importance to them.

These Forums are part of a wider ‘Healthy Ageing Inter Action Plan’ which aims to address the wider determinants of health affecting their health and quality of life.

You can get information about the health and well-being of your local community by logging on to www.ninis.nisra.gov.uk. The Northern Ireland Neighbourhood Information Service (NINIS) provides free access to information relating to small areas across Northern Ireland. As well as providing support for policy makers and those who are designing services, the website is a useful resource for local communities, assisting them to build a picture of the health and well-being needs in their local areas.
People in Northern Ireland are living longer than previous generations and more people are living well into their nineties, with an increasing number reaching 100.

Thirty years ago the life expectancy at birth was 67.5 years for a man and 73.8 for a woman. Now it is 76.1 and 81.0 for men and women respectively. As a result of people living longer the number of older people has been steadily increasing. There are now 239,300 (13.7%) people over 65 compared to 173,400 (11.3%) in 1997. This number is predicated to rise to 303,000 (16.2%) by 2016.

These population changes will have major implications for society particularly the increased need for health and social care as many people will develop illnesses and become more dependent.

Dementia is a disease seen mainly in older people. With it there is a progressive impairment of mental function for which there is no cure. In the early stages people may experience lapses of memory and have problems finding the right words. As the disease progresses they may:

- Become confused, and frequently forget the names of people, places, appointments and recent events.
- Experience mood swings. They may feel sad or angry. They may feel scared and frustrated by their increasing memory loss.
- Become more withdrawn due either to a loss of confidence or to communication problems.
- Need more support from those who care for them. Eventually they will need help with all their daily activities.

No one single factor has been identified as a cause of dementia. It is thought to be due to a combination of different risk factors which may include age, genetic predisposition, other diseases or environmental factors. Research has shown that smoking, high blood pressure and high cholesterol tends to increase the risk of dementia.

- 16,000 people in Northern Ireland are estimated to be living with dementia.
- 10% of people over 75 suffer from dementia.
- 40% of people over 85 are likely to be affected.
- Women are twice as likely to be affected as men.
- Alcohol Related Brain Damage accounts for 10% of the overall dementia population (1,600).
Living Longer

Accidents in the home

Accidents in the home are a significant cause of injury and death. In 2006/07 there were over 7,000 hospital admissions resulting from injuries received in home accidents. In 2006, 100 deaths were attributable to home accidents of which 55 were due to falls (half of these were people aged 65 years and over) and 17 were due to poisoning.

Focus on Occupational Therapy

Occupational Therapists work with a range of people including those who have physical, mental and/or social problems, either from birth or as the result of an accident, illness or ageing. They are aware of the impact that change in circumstances can have on an individuals’ independence and confidence.

Occupational Therapists will work with a person to design a programme of treatment based on the individual's unique lifestyle and preferences, sometimes modifying the environment surrounding the person. Enhancing someone’s ability to participate in everyday activities is a central part of occupational therapy.

Occupational Therapists recognise and understand that everyone's lifestyle is different and how each person chooses to live is up to them. They will consider the importance of how a person's physical, mental and social needs will impact on their recovery process and help them to achieve the goals that are most important to them.

Occupational therapists work in hospitals and the community including people's own homes. They play a key role in promoting health, safety and independence in older people. They work alongside the older person and other agencies offering professional advice and, where necessary, equipment and adaptations that promote safety and independence.

Preventing Falls

The older you get the more likely you are to have an accident in your home, and the more severe your injuries are likely to be.

Some handy hints to help prevent falls

Stairs and staircases are particularly hazardous, so:

• Make sure the staircase is well lit.
• Don’t leave any objects lying around on the stairs.
• Make sure the stair carpet is securely fixed and doesn’t slip about.
• If you find it difficult to get up and down the stairs, have an extra hand-rail fitted so you can hold on to both sides.
• Make sure your shoes or slippers have non-slip soles and are not loose-fitting on your feet.

Be especially careful when getting in and out of the bath. Use an anti-slip mat that sits firmly on the bottom of the bath. Also, a grab rail can be fitted to the wall for you to hold on to.

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VACCINE TO PREVENT CERVICAL CANCER

A Smear Test Could Save Your Life

Cervical cancer is the second most common form of cancer in young women worldwide. Each year in Northern Ireland there is on average 80 new cases of cervical cancer and around 30 deaths, yet it can be prevented. The smear test detects changes at the neck of the womb at an early stage, before any cancer is present. These early changes can easily be treated to prevent cancer developing. This simple test is offered every five years to women aged between 20 and 65 years. Over half of all cases of cervical cancer occur in women who do not attend regularly for screening.

Just over 70% of women in Northern Ireland respond to their invitation for screening. This figure masks variation in uptake of screening within different parts of Northern Ireland and different groups of women. It tends to be lower in more deprived areas.

The Eastern Health and Social Services Board has set up a pilot, using a mobile cervical screening unit, to try and increase the number of women attending for screening. The service targets geographically based ‘local’ communities and women from ethnic minority communities including Chinese, Travellers and Hindus. Prior to visiting a particular community, awareness of the service is raised to provide reassurance and promote the service to local women.

In just over 6 months more than 500 women have attended the mobile screening unit and over 300 of them have had a smear taken. Unfortunately for a small number of them early signs of cancer were detected. This however has meant that they were referred for treatment much earlier than would have been the case had they not attended for a smear.

This service is complementary to other mainstream screening services and is specifically aimed at women who are resistant to come forward for screening. Hopefully having attended for screening on this occasion they will attend when they receive an invitation in the future.

There are a number of factors associated with the development of cervical cancer, one of these is infection with the Human Papilloma Virus – HPV. Although screening is effective in early detection it would be much better if the development of the cancer could be prevented.

A vaccine has now been developed which protects against the most common types of HPV associated with the development of cervical cancer. From September 2008 this new vaccine will be offered routinely to all 12 and 13 year old girls in Northern Ireland to protect them against their future risk of cervical cancer. It will involve each girl receiving three doses of the vaccine over a six month period.

In addition, a catch-up programme will start in September 2009 for all girls up to age 18. It will run for two years.

Introducing this vaccine will have significant health benefits for young women in the future. However, as it will be a number of years before these benefits are seen, all women should continue to attend for screening when invited to do so.

Having a Smear Test Could Save Your Life

If you are a woman aged between 20 and 65 and have never had a smear test or not had one for the last 5 years why don’t you make an appointment at your GP surgery or your local family planning clinic to have one taken. It only takes a few minutes and it may save your life.

In addition to providing cervical screening this mobile unit also provides general health advice on a range of areas including diet, exercise, smoking cessation, blood pressure, sexual health and sexually transmitted infections.
Blood donation is vitally important in helping save lives. Most of us will know someone who has benefited from a blood transfusion.

The Northern Ireland Blood Transfusion Service is responsible for the collection, testing and distribution of almost 62,000 blood donations each year. The demand for blood and blood products is constantly increasing. Around 500 patients need life saving blood each week. To ensure an adequate supply to hospitals 300 people are needed to give blood every day.

In 2007 the Southern Investing for Health Partnership entered into a campaign with the Northern Ireland Blood Transfusion Service to try and help recruit new blood donors in the Armagh, Dungannon, Craigavon, Banbridge and Newry and Mourne Council areas. The ‘Make a Life Saving Investment’ campaign has been very successful in recruiting new donors. It is hoped that many of these new donors will become regular donors and also that they will try and recruit their friends and family too.

There are almost 1,000 blood donation sessions at around 250 locations across Northern Ireland each year.

To find out more about becoming a blood donor tel: 0500 534 666, log on to www.nibts.org or visit the blood donation mobile service when it is on your area.

Anyone between the age of 17 and 65 can give blood for the first time and can continue to donate three times a year up to the age of 70.
PHARMACY SERVICES

Community pharmacies play a vital role in promoting better health within their communities. They are often seen as the open door to the health service providing accessible advice and services for the public, healthy and sick alike, without the need for an appointment. There are over 500 community pharmacies across Northern Ireland.

MINOR AILMENTS SERVICE

If you suffer from a common minor ailment such as, cough, cold or hay fever, you can now get advice and non-prescription medicines straight from your local pharmacist without the need to make an appointment with your GP.

Most pharmacies offer the Minor Ailments Service which is a convenient and fast way to receive expert advice and, if necessary, recommended medicines that are free of charge for patients who do not pay prescription charges. Various studies have shown that a large proportion of GP time is spent dealing with common minor ailments and a benefit of the Minor Ailments Service is that it enables GPs to spend more time focusing on those patients that really need their help.

New conditions are being added to this service and soon you will be able to go straight to your pharmacist for the treatment of head lice, threadworms, athlete’s foot and vaginal thrush.

To use the Minor Ailments Service look out for a pharmacy displaying the logo and the pharmacist will see you without an appointment.
Managing your MEDICINES

Most people will take prescribed medicines at some stage during their life but many people do not take their medicines as recommended. Failure to take medicines as prescribed is known as non-compliance. It may result in ill health and possibly premature death as well as considerable waste for the health service in unused medicines.

The reasons for non-compliance are complex. For example, some people may choose not to take their medicines. Others may want to take their medicines as prescribed, but cannot because of problems such as impaired vision, difficulty in opening containers, side-effects or confusion about their treatment.

Many community pharmacies offer a Medicines Management Service which aims to improve patient’s ability to take their medicines as prescribed.

This service involves patients, who are at risk of poor compliance, meeting with the pharmacist on a one to one basis to discuss their medicines and to identify any problems which they are experiencing.

The pharmacist may suggest a number of changes, such as:
- Supplying medicines in packaging or bottles which are easy to open and close.
- Ensuring directions and warnings can be read and medicines identified, for example, larger print or coloured labels.
- Providing memory aids such as reminder cards or cues.
- Contacting the patient’s doctor and recommending that treatment regimens are simplified.
- Supplying multi-compartment compliance aids, also known as Monitored Dosage Systems (MDS).

If you, or someone you care for, have concerns about taking prescribed medicines ask your pharmacist for more information about the Managing your Medicines Service.

DUMP!
Dispose Unwanted Medicines Properly

Never take medicines which have been prescribed for other people, and don’t hoard medicines you are no longer using. You can return them to any pharmacist. An estimated £2.5 million worth of unwanted medicines are returned to pharmacies in Northern Ireland every year.

Regular Dispose Unwanted Medicines Properly Campaigns (DUMP) are held across the region to encourage people to safely discard their unwanted, unused or out-of-date medications by bringing them back to their local pharmacist.

The main reason for the disposal of medicines is that in most cases the medicine had been changed or stopped by the patient’s doctor, often due to side-effects or the condition improving. GP practices are taking steps to reduce the number of prescriptions issued and you can help too by:

- Only ordering medicines that you need.
- Telling your GP if you have stopped taking any repeat medicines.
- Asking your GP if the repeat dispensing service would work for you.
- Giving unwanted and out-of-date medicines to your local pharmacy for disposal.
PARTNERSHIPS WITH LOCAL COMMUNITIES

Pharmacies are busy places, often located in the heart of the communities that they serve, with regular customers who visit frequently for supplies of medicines and other services. Well informed patients may feel able to take steps to improve and manage their health but there are groups of people within communities who do not actively engage with health services such as homeless people, vulnerable older people and migrant workers.

It is known that people living in areas of social and economic deprivation within Northern Ireland are more likely to experience avoidable ill-health and premature death and often have less access to health services.

Across the region, partnerships between community pharmacies and voluntary and community groups have developed through the Building the Community Pharmacy Partnership (BCPP) Programme which has led to new collaborations that aim to address locally defined health issues.

The programme, which is unique to Northern Ireland, has enabled pharmacists and local groups to identify their health needs and work to design ways to tackle some of these issues together on a local basis. One example of this is the Foyle Haven Centre in Londonderry.

THE FOYLE HAVEN CENTRE

THE FOYLE HAVEN CENTRE is a drop-in centre for street and homeless drinkers. Street drinkers are often in temporary accommodation, unemployed and in a poor state of physical health. They are often not well enough to request the care they require and this puts them off attending much needed appointments. Foyle Haven set up a pharmacy project to help street drinkers become more aware of their health.

The positive change in their self-worth and esteem and the building up of their support network has demonstrated how a locally driven project can meet the needs of a vulnerable group.

Foyle Haven’s health worker said: “The partnership between Foyle and the pharmacist has been brilliant . . ., I can drop into the pharmacist or ring for advice. The users feel comfortable dropping in to talk to the pharmacist and to ask questions”.

The Advice 4 Health project aims to reduce poverty and tackle disadvantage by maximising benefit take-up in the community, with a particular focus on the vulnerable such as the elderly, people with disabilities, people with mental health difficulties and families living in poverty.

Developed in partnership between the Citizens Advice Bureau and local health and social care organisations, Advice 4 Health provides, information, support and practical help to local people living within the Northern Board area.

Working within a range of health and social care settings, such as community rehabilitation centres, GP surgeries and the inpatient mental health unit, four specialist Advice 4 Health workers are available to offer support to vulnerable clients who may not traditionally access services.

During the first year of the project the 4 workers dealt with 8,500 enquires and accessed over £720,000 in additional benefit entitlement for clients.

Government is committed to promoting and maximising benefit uptake. The Advice 4 Health approach, using the health and social care professionals as a point of referral for clients, has been very successful. It is clear that many people, most of whom are older vulnerable people known to health and social care services, were not accessing their full benefits which may have been impacting on their overall levels of health and well-being and preventing them from leading a better quality of life.
When we are at work or out socialising, we are no longer exposed to toxic second-hand smoke – smoke that contains over 4,000 chemicals, many of which cause cancer.

Given the strong public support for the introduction of the ‘smoking ban’ the legislation has been well received. In the first year over 36,000 premises have been inspected with over 97% of them complying with the legislation.

Almost 80% of adult smokers in Northern Ireland say they started smoking in their teens. That is why it is so important to discourage young people from smoking. Legislation to increase the age of sale of tobacco products from 16 to 18 will come into operation before the end of this year, subject to the approval of the Assembly.

While most retailers are responsible and ask for proof of age when in doubt, some continue to be in breach of the law. Of course raising the age of sale will not in itself prevent young people smoking. Shops are only one of a number of
sources of cigarettes for young people. There is a need to look at the efficacy of further measures to address this issue.

More People Want to Quit the Habit
Evidence from other countries suggests that comprehensive controls on where people may smoke encourages more smokers to want to kick the habit. This has been borne out in Northern Ireland. The decision to legislate was announced in October 2005 and in 2006/07, 13,795 smokers set a ‘quit date’ compared to 8,702 in 2005/06. Provisional figures for 2007/08 are 19,662. Of course not everyone who sets a quit date follows it through. Those who set a quit date in 2006/07 were followed up after four weeks. Over half of them (7,150) had successfully quit (based on self reporting). Follow up at 52 weeks found that 15% of those who set a quit date had stopped smoking.

Smoking cessation services are provided in a range of settings across Northern Ireland. Over 600 specialist providers are registered with the Health and Social Services Boards with around half of them community pharmacies. During 2007, over 10,000 smokers signed up to quit with pharmacy based services which offer a 12 week programme of advice and support and is free to those eligible for free prescriptions.

To find out more about smoking cessation contact the Smokers Helpline on 0800 858585

www.want2stop.info provides information to smokers about the health effects of smoking, the benefits of stopping smoking and where to access support to help them quit, along with interactive exercises and testimonies from ex smokers.
Reducing Inequalities in Ethnic Minorities

For more than decade, Northern Ireland’s minority ethnic population has increased in size and diversity, including a growing number of migrant workers from a widening range of countries. Along with all the advantages this brings - not least in meeting the widespread shortage of skilled staff in key areas across health and social care - there is also a range of issues and new challenges. The Health and Social Care family is determined to tackle these in order to meet its commitments to equality of access to services for all who are entitled to them, and to reducing the health inequalities found amongst some minority groups.

Regional Interpreting Service

The Regional Interpreting Service helps black and minority ethnic communities who do not speak English either as a first or competent second language to access health and social care services.

There are also Regional Translation arrangements to promote equality of access to health and social care services.

In addition a booklet providing key information about health services in English and in thirteen other languages was launched last June. It is available at: www.centralservicesagency.n-i.nhs.uk/display/healthandsocialcareni

Support for Travellers

Travellers experience poorer health than the settled community. Childhood immunisation rates are lower. Death rates in children are up to ten times that of the population as a whole and on average they die about 15 years earlier. A number of initiatives aimed at addressing these recognised health inequalities are being taken forward across Northern Ireland. They include:

- Ongoing support to An Munia Tober Travellers’ Health Development project based in Belfast which aims to increase travellers’ skills, knowledge and confidence around health and well-being and access to health services; and increase the capacity of Travellers to promote health within their own communities.

- A Southern Area Action with Travellers (SAAT) partnership in the Southern Board area.

- Closer working between Travellers support groups throughout Northern Ireland on a range of health issues.

- Collaboration with the Department of Health and Children in Dublin on an important study, the All Ireland Travellers Health Study, to quantify the extent of health inequalities in relation to Travellers and so inform appropriate services and providers in addressing that inequity.
SERVICE FRAMEWORKS

promoting health and well-being

Cardiovascular Health and Well-being

The first of these frameworks – the service framework for cardiovascular health and well-being – will be issued for consultation in June 2008. This framework sets standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation and palliative care of individuals / communities who currently have or are at greater risk of developing cardiovascular disease. Recognising that several diseases can co-exist, share common risk factors and can adversely impact on prognosis, this service framework includes standards for:

- Prevention of and reduction in cardiovascular risk factors such as smoking;
- High blood pressure;
- Abnormal lipids including high cholesterol;
- Diabetes (as a significant risk factor for the development of cardiovascular disease);
- Coronary heart disease;
- Stroke;
- Poor circulation in the legs; and,
- Kidney disease associated with cardiovascular disease.

Further information on this and other frameworks currently under development can be accessed at http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards/sqsd-standards-service-frameworks.htm

USEFUL WEBSITES

The Chief Medical Officer’s web pages are a useful source of up to date information on a wide range of topics. Public Health Policy issues including investing for Health, screening, travel advice and emergency planning are regularly updated to provide advice for professionals and the public.

CMO’s web page can be found at http://www.dhsspsni.gov.uk/index/phealth.htm

Health and Care in Northern Ireland is the official gateway to Health and Social Care Services in Northern Ireland, containing links to Boards, Trusts, GP Surgeries, Clinics and Agencies: http://www.healthandcareni.co.uk

The Health Protection Agency provides an integrated approach to protecting UK public health, including communicable disease, radiation, chemical and environmental hazards: http://www.hpa.org.uk

The Health Promotion Agency provides leadership and support to all those involved in promoting health in Northern Ireland, including nutrition, physical activity, drug and alcohol misuse, smoking, mental health and sexual health: http://www.hpani.org

The Regulation and Quality Improvement Authority inspects the quality of health and social care services provided by Health and Social Care (HSC) bodies in Northern Ireland and regulates a wide range of services delivered by them and by the independent sector: http://www.rqia.org.uk
COMBATING HEALTHCARE
Associated Infections

The recent outbreak of Clostridium difficile (C.difficile) in the Northern Health and Social Care Trust has brought healthcare associated infections into the headlines in Northern Ireland. C.difficile is recognised as a problem in hospitals across the developed world. It is not a new problem and it is not unique to Northern Ireland.

Clostridium difficile is the major cause of antibiotic associated diarrhoea. It can be fatal. It generally affects older, frailer people who may often have a number of other medical problems. Most infections occur in hospitals and nursing homes, but it can also occur in primary care settings.

Antibiotics are life saving. Before we had antibiotics many people died with serious infections such as pneumonia which we can now treat with powerful antibiotics. However, in elderly and frail ill people these powerful antibiotics may allow C.difficile to grow and produce toxins. For this reason, it is important that we use them wisely and only when really needed. Otherwise we will also face increasing problems with antibiotic resistance, making it more difficult to treat infections.

The strain causing the outbreak in the Northern Trust has been identified as type 027 which was the main cause of the outbreaks at the Stoke Mandeville Hospital and the Maidstone and Tunbridge Wells NHS Trust. This is the first time this type has been reported in Northern Ireland. Type 027, is of particular concern because it causes a greater proportion of severe disease and appears to have a higher mortality rate. It also appears to be very capable of spreading between patients.

Five main control measures have been identified which if rigorously applied would contribute to a reduction in the incidence of C.difficile diarrhoea. These are:

- Prudent use of antibiotics
- Hand hygiene
- Environmental cleaning
- Isolation/cohort nursing
- Use of Personal Protective Equipment (PPE) by staff

Hand hygiene is the most important way to prevent the spread of many health care associated infections (HCAIs). As part of the drive to reduce HCAIs, Northern Ireland’s first regional leaflet for patients and visitors on infection prevention was launched in September 2007. A million copies of the leaflet have been distributed throughout hospitals in Northern Ireland. It encourages staff and visitors to clean their hands on entering wards and provides advice for patients on cleanliness and infection prevention when in hospital. In addition, alcohol based hand rubs are available at the point of patient care.

The over arching strategy and action plan, based on the best evidence available, for the control and prevention of Healthcare Associated Infection, ‘Changing the Culture’ was published by the Department in May 2006. Important aspects of the plan are effective surveillance systems, and practical measures including hand washing, enhanced staff training and the provision of quality advice to patients and visitors.

Good work across Northern Ireland is having results
Northern Ireland with a 5.5% rate has a lower overall HCAI rate than England with 8.2%, and Wales with 6.3%. The Republic of Ireland’s rate is 4.9%.