



NHS Lothian
**Director of Public Health
Annual Report 2023**

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Photo courtesy of Wester Hailes Youth Agency

Introduction

The Public Health team in Lothian is committed to creating a society where everybody can thrive and everybody has the right building blocks for a healthy life – a stable job, good pay, quality housing and good education. In Lothian there are huge differences in life expectancy and other health outcomes that can be seen from very early in babies' lives. All children and young people should be able to grow up in healthy and safe environments.

The early years of a child's life lay the foundations for their physical, social, intellectual, and emotional development. Policies focusing on children and young people's health and wellbeing are based on prevention, early identification of need and early intervention with extra support for people identified as having the greatest need. Children and young people need environments where they are protected from harms such as air pollution, traffic danger, the impacts of poor-quality housing, as well as environments that allow them to realise their right to play, learn and be physically active including the opportunity to connect with nature.

The Lothian Strategic Development Framework sets out a five-year strategy for the Lothian Health and Care system working alongside local partners. Improving maternal, children and young people's health and wellbeing is a key part of the framework, with four priority areas:

- Improving maternal health and tackling poverty
- Infant and child health and wellbeing
- Adolescent health and wellbeing
- Supporting care experienced children, young people and families through delivery of The Promise.

There is a statutory duty for health boards and local authorities to produce Children's Services Plans every three years and to report progress on these annually. Children's Services Partnership Groups are established in each of the four Lothian local authority areas and involve a range of community planning partners working collaboratively to develop strategic plans and deliver on identified priorities which aim to improve children and young people's health and wellbeing. Each partnership plan reflects different priorities and needs; however, all four local partnership area plans are underpinned by commitments to tackling poverty and inequality, Children's Rights, Getting it Right for Every Child (GIRFEC), and implementing The Promise.

Our work to improve children and young people's health and wellbeing is informed by data and evidence, a key part of which is listening to the voices of children and young people themselves. The national School Health and Wellbeing Survey is one way to find out more about the health and wellbeing of children and young people, to allow local partnerships to plan and act effectively to improve health outcomes for our population.

The Public Health team has prioritised work on children and young people as the evidence tells us that if we want to make a difference to long term health outcomes, we need to build on work from the early years. The purpose of this report is to increase understanding amongst public and community and voluntary sector partners about where our efforts should go to ensure this work is embedded in all that we do. The report provides examples of activity to improve the health and development of pregnant women, children and young people, including protection from harms such as smoking, obesity, and infectious diseases.

This years annual report deliberately focuses on the work we need to do to improve outcomes for children and young people - we know this is where the greatest gains in health improvement can be made.

Of course, the work of public health in Lothian spans many more areas of work than we have featured here. We have responsibility for the oversight of significant population health initiatives such as all immunisation programmes, pharmaceutical and dental public health, national screening programmes, delivery of an effective health protection function alongside services such as Healthy Respect, Maternal and Infant Nutrition and Quit Your Way, our smoking cessation service. There are reports for all of these services available separately. Those of you that are interested in finding out more about the work of the Public Health Department in Lothian, [should visit our webpages.](#)

Dona Milne,

Director of Public Health and Health Policy
NHS Lothian.

Getting it Right for children and young people - a children's rights approach

To make Scotland the best place in the world to grow up, everyone supporting children and young people must develop and maintain positive relationships so that children feel loved, safe and respected. Support should be child-centred, empowering for families, and rooted in trusting relationships. It should be strengths based and proportionate to need.

[The United Nations Convention on the Rights of the Child \(UNCRC\) \(Incorporation\) \(Scotland\) Act](#) was passed by the Scottish Parliament in December 2023 and received Royal Assent in January 2024. This establishes children's rights in legislation. It recognises that childhood is special, that each child is an individual and must be allowed to grow, learn, play, develop and flourish with dignity. Public bodies must take steps to respect, protect, and fulfil children's rights and ensure children and young people are involved and listened to in relation to decisions that affect them and their communities. The [NHS Lothian Equality and Human Rights Strategy 2023-2028](#) is the mechanism through which we do this.

The principles of [GIRFEC](#) are founded on the UNCRC and underpinned by a common definition of wellbeing; that children are: safe, healthy, achieving, nurtured, active, respected, responsible, and included. The principles of GIRFEC are well established in NHS Lothian providing a consistent framework and shared language to work with partners to support cultural norms that put the interests of children at the heart of what we do.

NHS Lothian is committed to fulfilling [The Promise](#) which sets out a vision for what the future of care for Scotland's children and young people could be. It advocates for more intensive, preventative support provided to families in order to keep them together where safe to do so and where this is not possible, the alternative should provide them with a loving home with positive and lasting relationships and support to thrive.

NHS Lothian is working with partner organisations to implement the UNCRC, GIRFEC and The Promise and will share learning and build on what is going well. It is essential to listen to children and young people and ensure their voice is heard and at the forefront of decision making.

Priorities for action

- We will develop a UNCRC Incorporation implementation plan.
- We will support services to understand the implications of UNCRC incorporation.
- We will involve children in policy making and decisions about care and treatment.
- We will monitor and evaluate the impact of policies and practices on children's rights and wellbeing.

Improving maternal health and tackling poverty



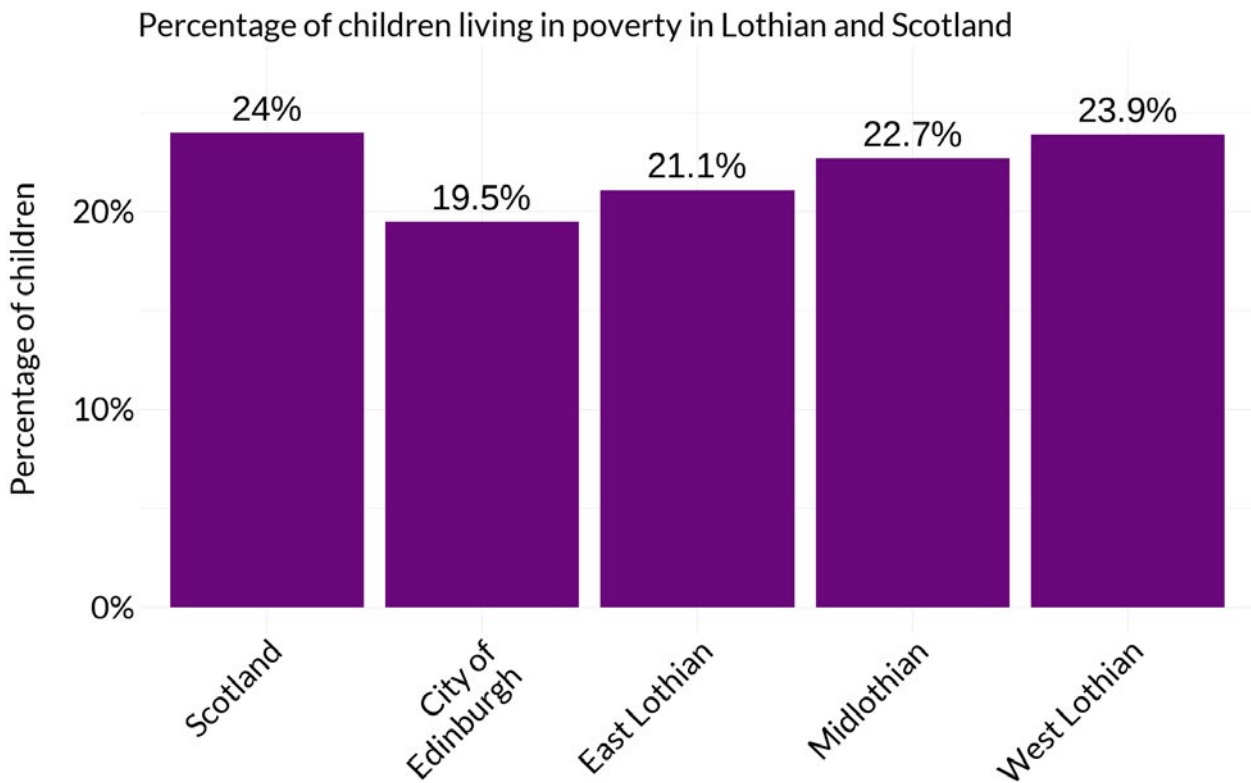
Child and Family Poverty

Child poverty has a harmful impact on the health and wellbeing, education, and life chances of children, young people, and their families. Some families are at higher than average risk of poverty and require targeted support. The NHS is tackling child poverty, in particular by maximising patient income, but also by increasing opportunities for local employment of those most affected by poverty.

The Child Poverty (Scotland) Act 2017 places a duty on local authorities and health boards to jointly prepare an annual report on the activity they have taken, and will take, to reduce child poverty in their local area through action on the three main drivers of poverty: income from employment, income from social security benefits and reducing the cost of living.

Child Poverty has increased in Scotland over the last few years due to many factors including the rise in the cost of living.

Figure 1: End Child Poverty statistics 2021/22



In order to reduce child poverty we need to focus initially on increasing the amount of money that people have to live on. One of the ways that we can do that is through increased access to welfare rights, income maximisation and debt advice. We have these services in each local authority area and we are working with partners to review these services and to ensure equitable access to these services for everyone that needs them.

Financial wellbeing referral pathways are being established in midwifery, health visiting and family nurse partnership services to ensure people worried about money are identified and supported to access help.

Welfare advice services in Lothian hospitals which, since October 2022, have supported 1,350 clients with financial gain totalling over £1.1 million, are being increased. Staff across the Lothian health and care system will be trained to support increased take-up of benefits and how to refer to local money advice services. NHS Lothian will explore the feasibility of automating referrals to financial advice.

A national Infant Food Insecurity Toolkit was launched in February 2024. In addition, a cash-first pathway for crisis infant food insecurity support will be developed in Lothian.

Priorities for action

- We will continue to work with partners to produce Local Child Poverty Action Plans and Reports to address the main drivers of poverty and support those most at risk of poverty.
- We will work with partners to develop a child poverty dataset to enable us to prioritise action where it is needed most and to monitor the progress of these actions to ensure they are making a difference.
- We will continue to increase the work of NHS Lothian to tackle child poverty through our employability and recruitment processes.

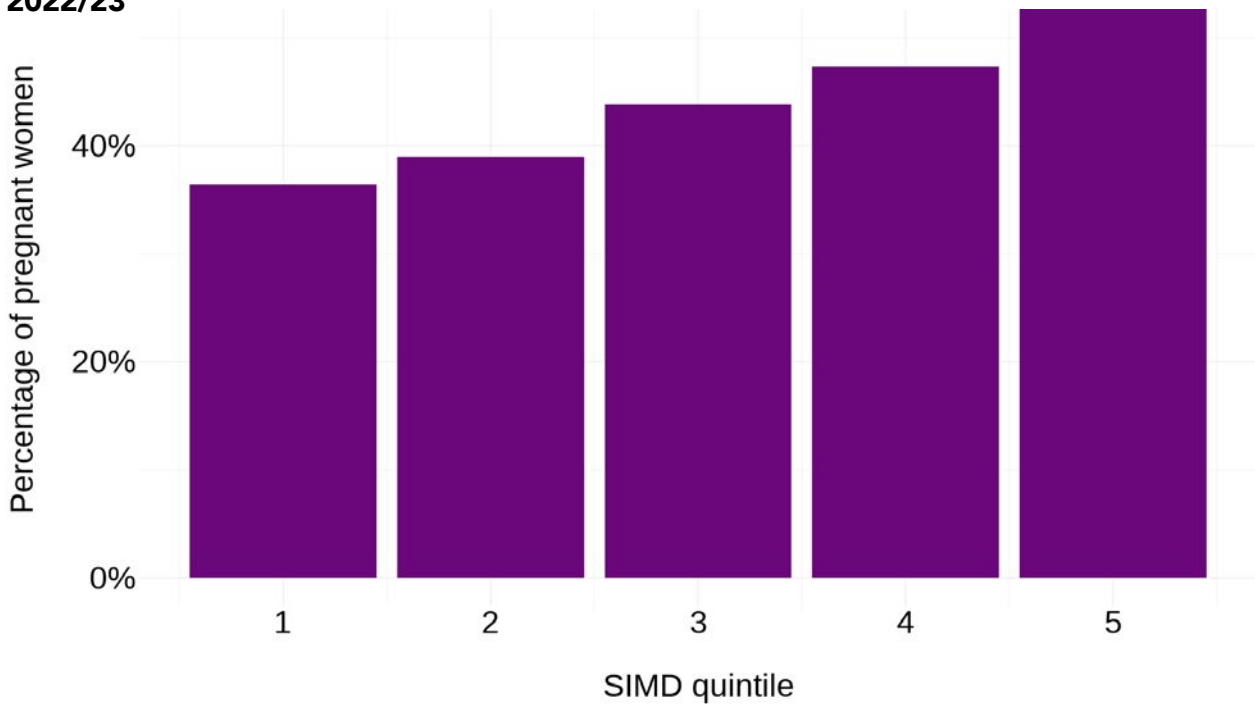
Healthy Weight in Pregnancy

There is a strong relationship between a mother’s weight (her Body Mass Index or BMI) and where she lives. Overweight and obesity can affect fertility and is associated with increased risks for mothers and babies. This includes conditions like gestational diabetes, high blood pressure and increased risk of miscarriage and stillbirth. Maternal obesity is associated with obesity in children.

In the least deprived areas of Lothian (SIMD 5) only 15% of mothers are overweight or obese and over half (53%) are a healthy weight.

In comparison a higher percentage of mothers in the most deprived areas of Lothian (SIMD 1) are overweight or obese (31%) and a smaller percentage (36%) are a healthy weight.

Figure 2: Percent of pregnant women who are of a healthy weight for financial year 2022/23



In Lothian, pregnant women with obesity are offered specialist support during pregnancy to enable them to achieve a successful outcome for mum and baby. Pregnant women with gestational diabetes receive help in the community to maintain glycaemic control and are offered support postnatally to prevent or delay the onset of type-2 diabetes in the future.

Priorities for action

- We will continue to work with a range of partners to improve food and physical activity environments to support people to achieve a healthy weight.
- We will work with weight management services to improve the support available for pregnant and postnatal women.
- We will explore what more we can do to support women to achieve a healthy weight before pregnancy.

Smoking in Pregnancy

Smoking is a major risk factor for still-births, premature births, low birthweight and other negative maternal and child health outcomes. NHS Lothian is committed to a system response to support pregnant women to stop smoking. Support to stop smoking is offered by teams in every NHS Board across Scotland through a service called 'Quit Your Way'.

Smoking in pregnancy by deprivation

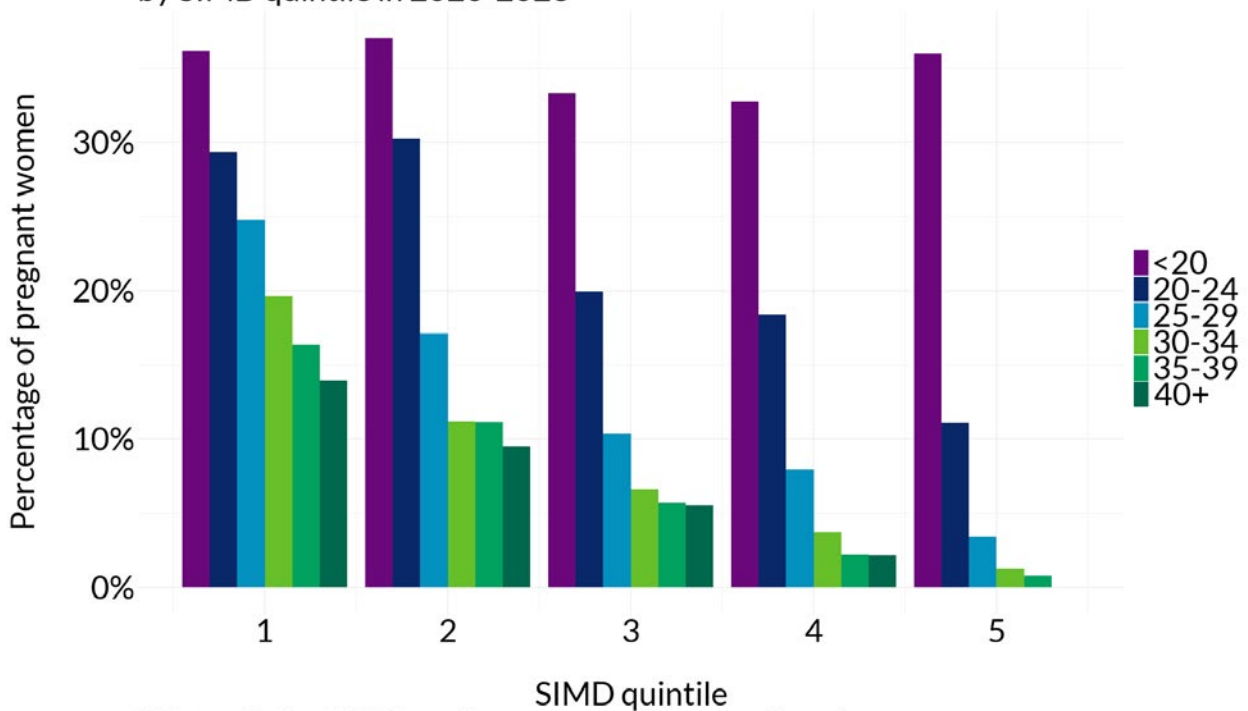
There is a relationship between smoking in pregnancy and age and deprivation.

Across all deprivation levels, more than 30% of babies born to mothers under 20 are exposed to tobacco in the womb.

The percentage of mothers who smoke generally decreases with age and when deprivation decreases.

Figure 3

Percentage of pregnant women in each age group who smoke by SIMD quintile in 2020-2023



** Data point for SIMD 5 age 40+ was removed due to small numbers

Support to stop smoking

Across Scotland, over the last ten years, fewer pregnant women have been recorded as trying to quit smoking. Those who do try to quit however are now more likely to be successful.

[\(NHS Stop Smoking Services, Scotland 2022/23. Public Health Scotland\)](#)

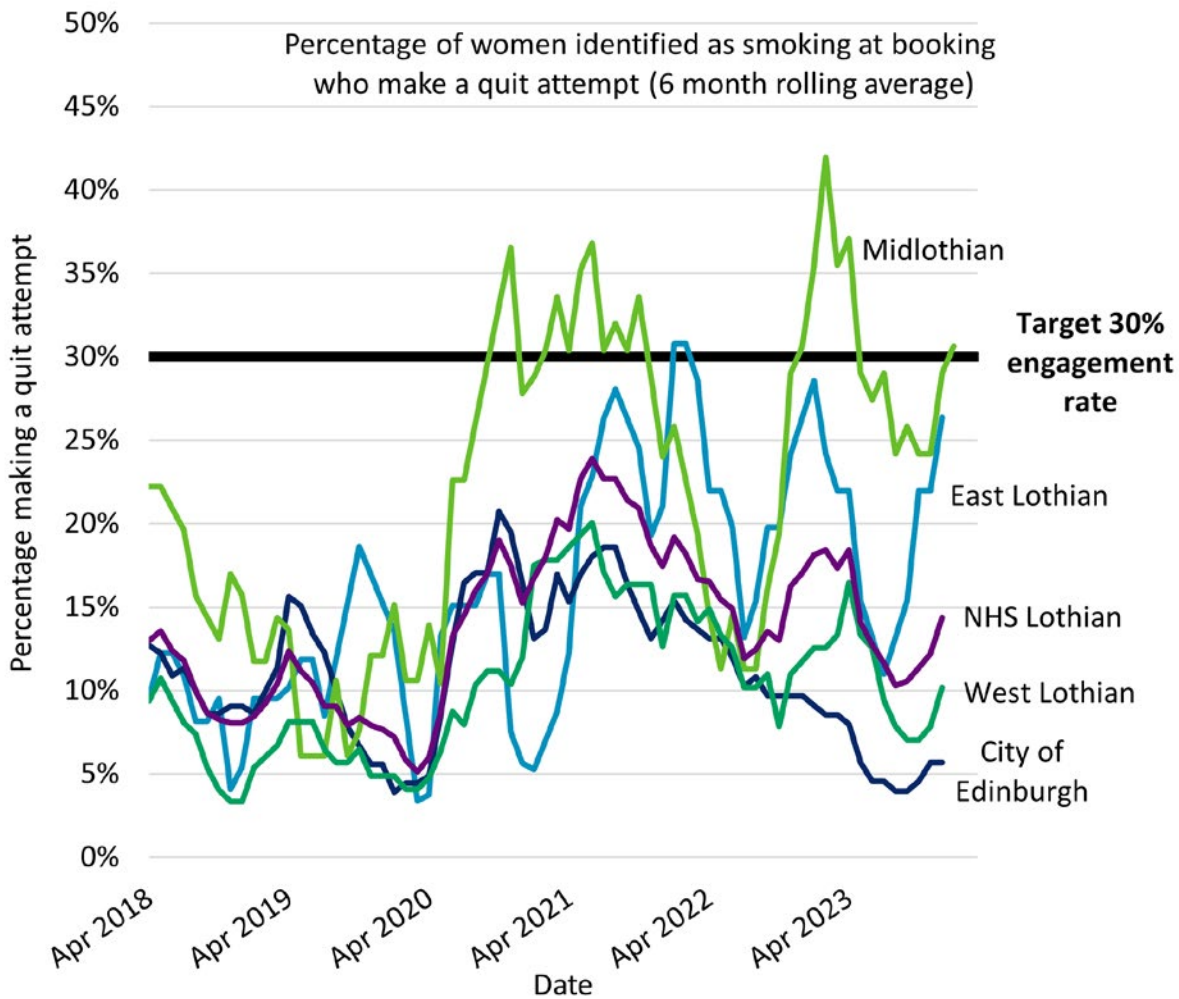
In Lothian, the numbers trying to quit are lower than the scottish average and success rates are the lowest in Scotland. To improve this, a whole system maternity project has started in Midlothian. This aims to support 30% of women identified as smoking at booking appointment to try to quit smoking through:

- Training maternity staff to support conversations about smoking at booking visits
- Distributing carbon monoxide monitors to the midwifery team and training staff on how to use them
- Automating referrals to the smoking cessation team
- Training each of the Quit Your Way teams in Lothian to provide specialist support for pregnant women.

Engagement is the initial, but essential, starting point for a successful smoking quit. Our data show that the enhanced service model in Midlothian has delivered higher engagement rates than in other areas of the service when the support has been in place.

Figure 4: Percentage of women across Lothian who made a quit attempt

(Women were identified as smoking at booking appointment and supported by NHS Lothian Quit Your Way Services) 2018-2023



Priorities for action

- We will support women to stop smoking by delivering a whole system response where maternity services staff and smoking cessation specialists are working together to support women.
- We will monitor our performance and continuously strive to make improvements to increase access and to support women to stop smoking.
- We will roll out the enhanced maternity smoking cessation approach across community midwifery teams in Lothian and all referrals from maternity services will be prioritised for support by these practitioners.

Infant and child health and wellbeing



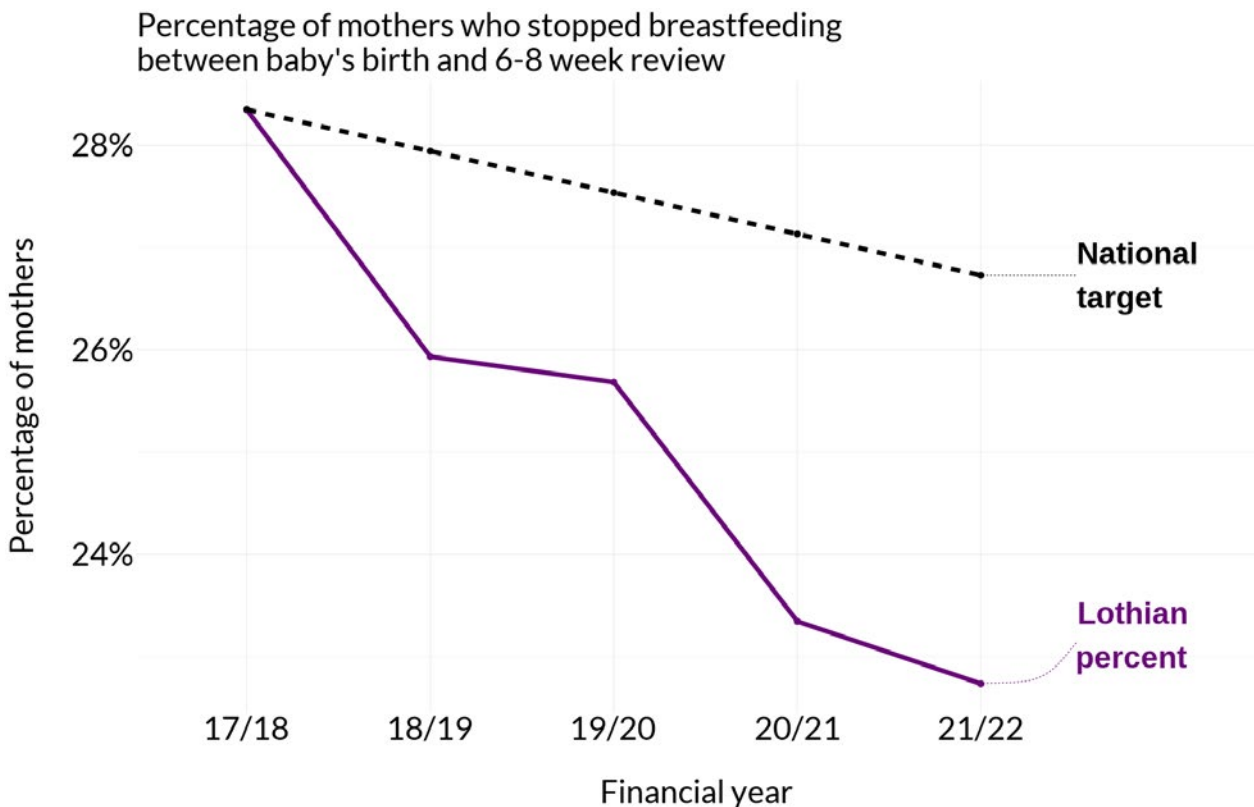
Maternal and Infant Nutrition

Preconception, pregnancy and early childhood are crucial periods in establishing good nutrition and developing healthy eating habits which continue throughout life. The Maternal and Infant Nutrition (MIN) service within Public Health supports families with infant feeding during the first year of life.

The MIN service provides support to reduce breastfeeding drop off at 6-8 weeks and supports staff to have increased knowledge and confidence around nutrition. NHS Lothian breastfeeding rates at 6-8 weeks are better than the Scottish average. There has been an improvement over time in Lothian's breastfeeding drop-off rate compared to the target values established by the national aim to reduce drop-off by 10% between 2019 and 2025.

In 2017/18, Lothian's rate of breastfeeding drop off at 6-8 weeks was over 28% whereas it was under 23% in 2021/22, which is a move in the right direction, with more women breastfeeding for longer.

Figure 5: Breastfeeding drop off rate



The proportion of women breastfeeding in Lothian was 59% compared to 45% in Scotland. Rates vary across the four local authority areas in Lothian, from 70% in Edinburgh City to 42% in West Lothian.

A dedicated project to reduce breastfeeding drop off rates in West Lothian has been established - Delivering Early Breastfeeding Support (DEBS). DEBS provides proactive

breastfeeding support in addition to universal maternity care. Outcomes show the project has reduced the drop off in breastfeeding at 6-8 weeks across all areas (regardless of level of deprivation) and contributed to the improving breastfeeding rates in West Lothian.

During 2023, the MIN service led accreditation for the [UNICEF UK Baby Friendly Initiative](#) in Neonatal services and reaccreditation in Maternity services in Lothian. This is the first time that maternity, neonatal and community services in Lothian have been accredited. The Royal Hospital for Children and Young People has been selected as the only site in Scotland to pilot UNICEF accreditation within a children's hospital.

Moving on from milk feeding is another important milestone in a child's life. The MIN service supports this by working with the Dietetics service to deliver training on weaning for health visiting staff. Our HENRY (Health, Exercise and Nutrition for the Really Young) programme has been increasing community-based family support workers' knowledge, confidence and skills about family food and nutrition. This project has linked with our whole system approach to support an increase in child healthy weight and a reduction in the onset of obesity and type-2 diabetes.

Priorities for action

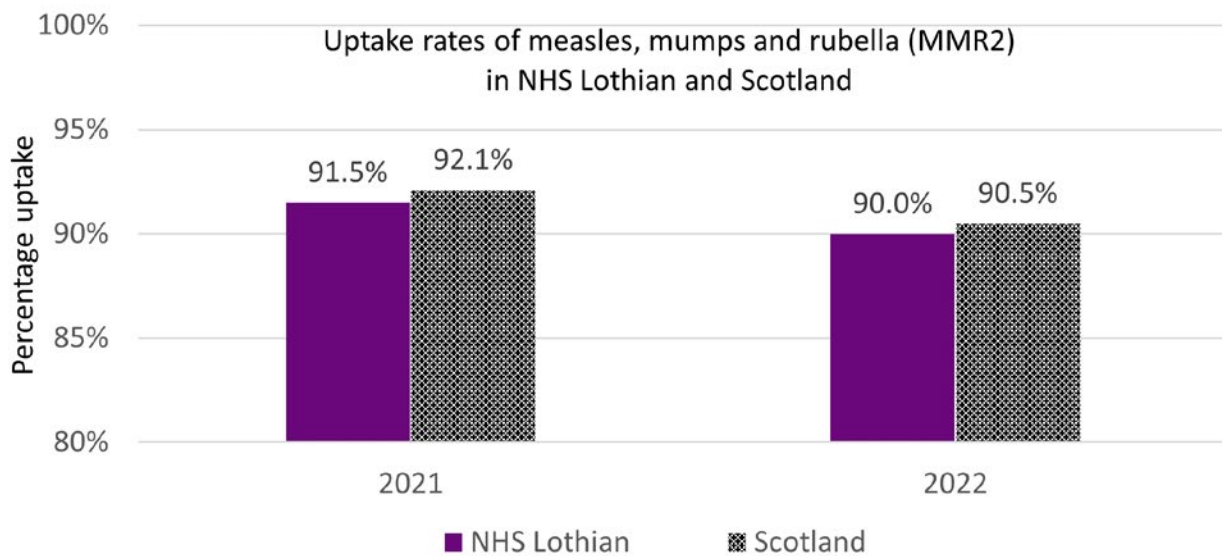
- We will continue to work towards UNICEF baby friendly initiative sustainability by working with our Baby Friendly Guardians.
- We will explore the feasibility of expanding the DEBS project to other areas where breastfeeding drop off is higher.
- We will support the expansion of HENRY across Scotland alongside NHS Education for Scotland.

Immunisation

Immunisation programmes save lives and are an important part of prevention in public health. The Immunisation team work with Health and Social Care Partnerships, local authorities and community and voluntary sector partners to protect the people of Lothian against vaccine preventable diseases.

NHS Lothian routine childhood immunisation uptake remains high but has been declining over the last few years. [Childhood immunisation statistics](#) show that uptake of measles, mumps, and rubella (MMR) vaccine in 2022 was 90% for two doses at 5 years of age, a reduction of 1.5% from 2021 and below the World Health Organisation 95% target. Reasons for the decline include new arrivals to Lothian, vaccine hesitancy and barriers to accessing services, such as the cost of travel for appointments.

Figure 6: Uptake rates of measles, mumps and rubella (MMR2) in NHS Lothian and Scotland



Vaccine-preventable diseases in our children have not disappeared. We are seeing the threat from measles, which can spread very easily among those who are unvaccinated, as the number of cases in England and Europe has increased. NHS Lothian and Health and Social Care Partnership vaccination teams have started a catch-up campaign for children and young people with missed MMR vaccines in order to protect them from this increased threat.

The Immunisation team continues to focus on supporting childhood immunisations by ensuring coverage is high overall with additional efforts to engage families living in areas of higher deprivation or families from ethnic minority backgrounds where vaccination uptake is lower. Our routine immunisation surveillance data is used to help the team work together with a range of organisations to inform and deliver targeted interventions.

Understanding Lothian population attitudes to vaccination is key and in 2024/25 we will complete research with parents and carers to help us understand barriers and enablers to childhood immunisations. Immunisation services must continue to be safely delivered, reflecting our local population needs.

Priorities for action

- We will develop our understanding of public perceptions and views to provide good information about immunisation.
- We will continue to improve uptake of immunisation and reduce inequalities in those who are vaccinated.
- We will develop an integrated and flexible vaccination workforce to deliver an effective and efficient service.

Early child development

Early child development is important as it is strongly associated with long-term health, education and wider social outcomes. Detecting developmental problems early provides the best opportunity to support children and families to improve outcomes. There is good evidence that parenting support and early learning opportunities can improve outcomes for children with, or at risk of, developmental delay.

There is a steep socioeconomic gradient in developmental concerns, particularly for speech and language development, with 16% of those living in the most deprived areas (SIMD 1) having a speech and language concern identified, compared to 5% in the least deprived areas (SIMD 10).

Positive progress had been observed across Lothian with reductions in the proportion of reviews identifying children with a developmental concern, from 18% in 2013/14 to 11% in 2018/19. From 2019/20 onwards, this progress stalled, with a small increase in concerns about child developmental being identified in Lothian, to 13% of reviews in 2021/22.

Figure 7: Developmental concerns at the 27–30-month review

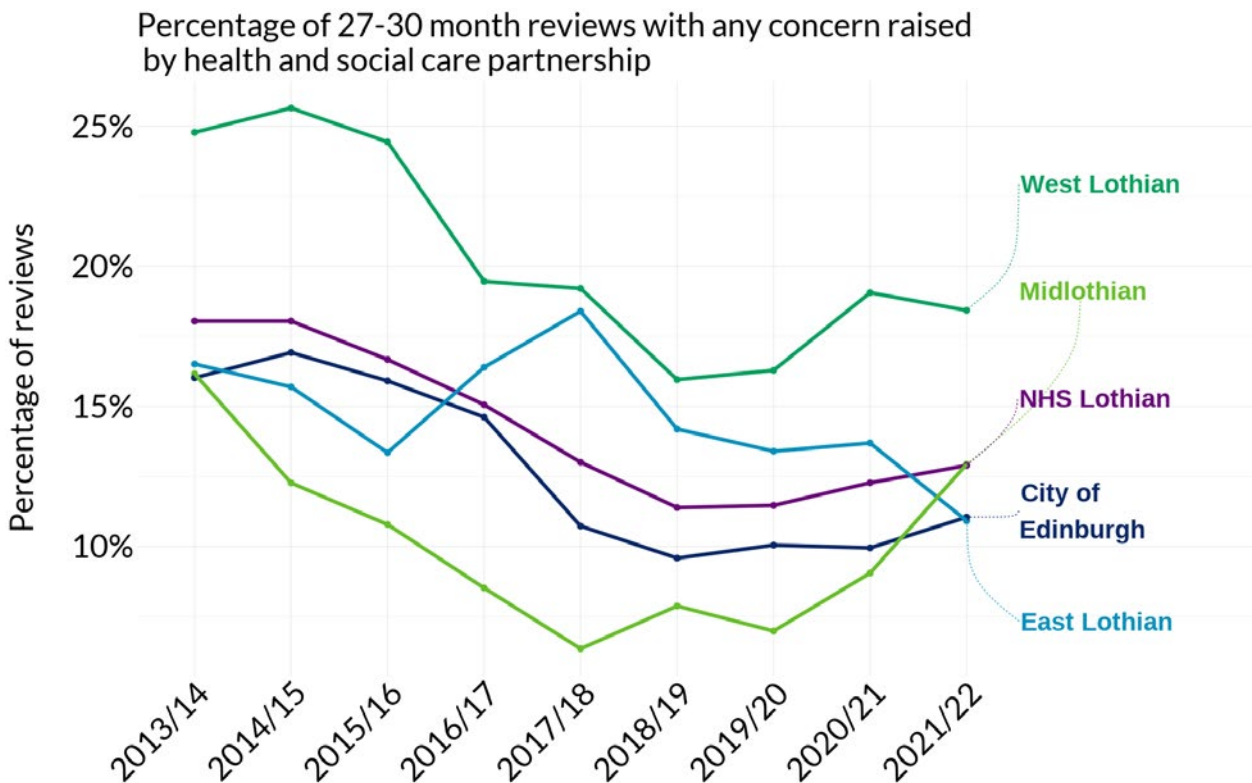
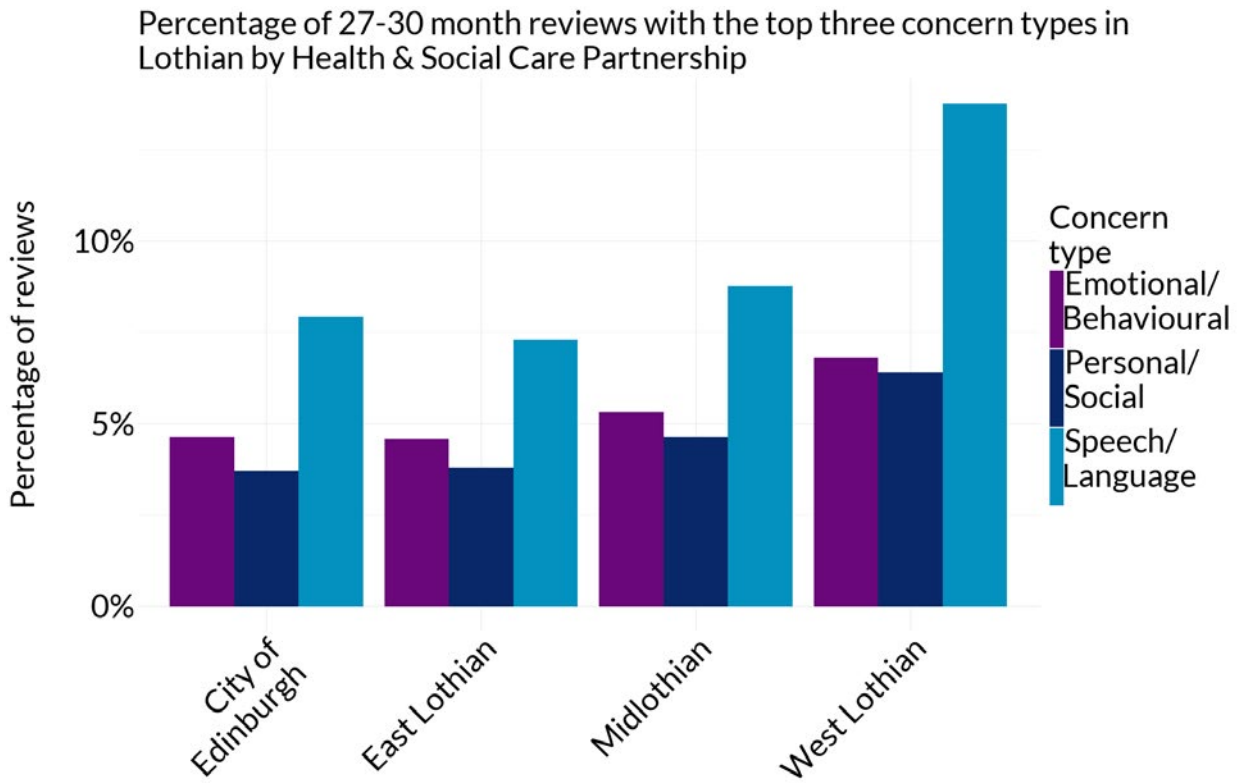


Figure 8: Top 3 concerns raised at the 27-30-month review



At 27-30 months of age, speech and language is the concern most commonly identified in children. These concerns are most common in West Lothian where 14% of reviews identified a speech and language problem.

Child development is supported through GIRFEC principles and strengths-based approaches, the Universal Health Visiting Pathway, Family Nurse Partnership, early learning and childcare, and multiagency family support services. Early identification of developmental concerns, such as speech and language, allows practitioners to provide interventions to those who need it most, to reduce inequalities in early years development and future educational outcomes.

Priorities for action

- We will work together with partners to ensure concerns about child development are identified early and interventions are in place to support children and families to meet expected development outcomes.
- We will consider what further action is needed to ensure children’s early language development is supported and improved.

Adolescent Health and Wellbeing



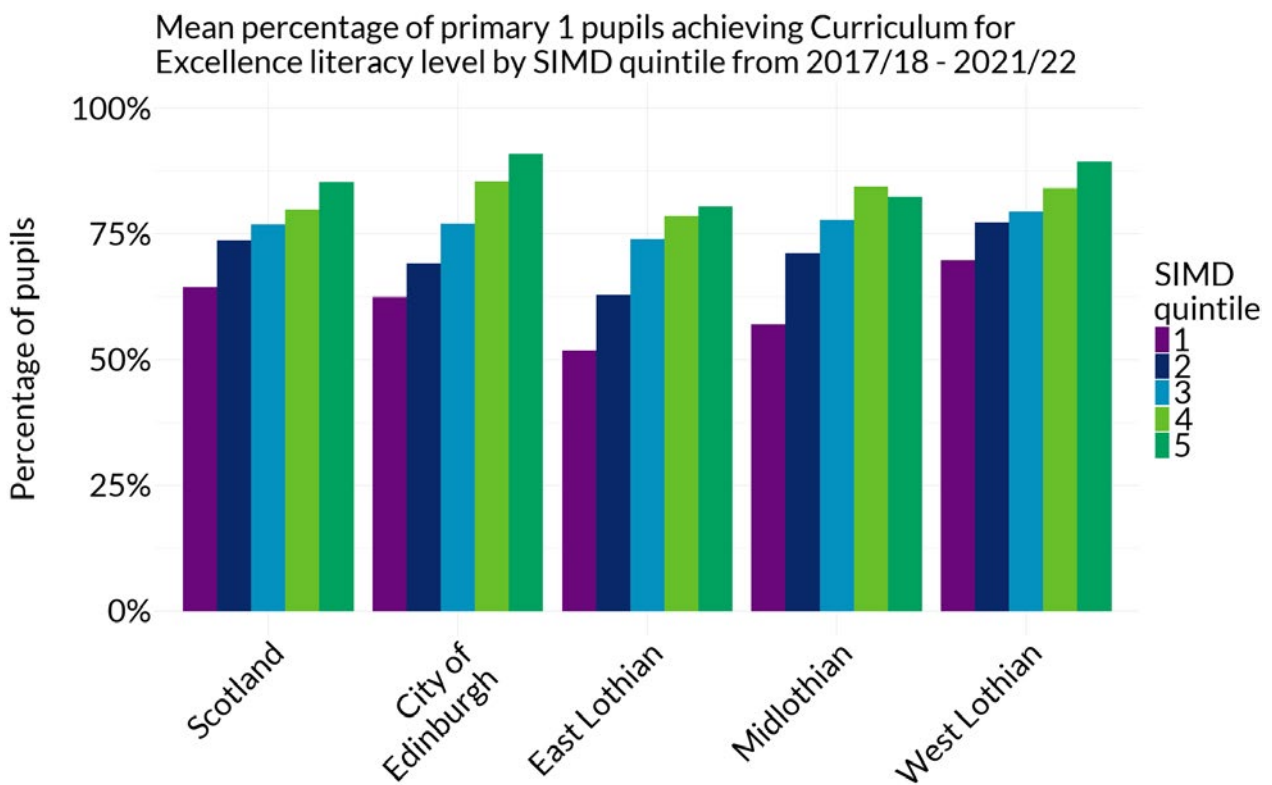
Healthy learning and development

One of the building blocks of health is education. We know that addressing educational attainment and children and young people’s attendance at school can increase their future life chances and reduce inequalities longer term.

There are significant differences in educational outcomes between those living in the most deprived (SIMD 1) and least deprived (SIMD 5) areas. Along with our data on early child development, it illustrates the need to focus our attention on increasing attendance at school by those children living in deprived circumstances and to provide whole family support to ensure continuing engagement in education to prevent and reduce future inequalities.

Early level attainment (literacy)

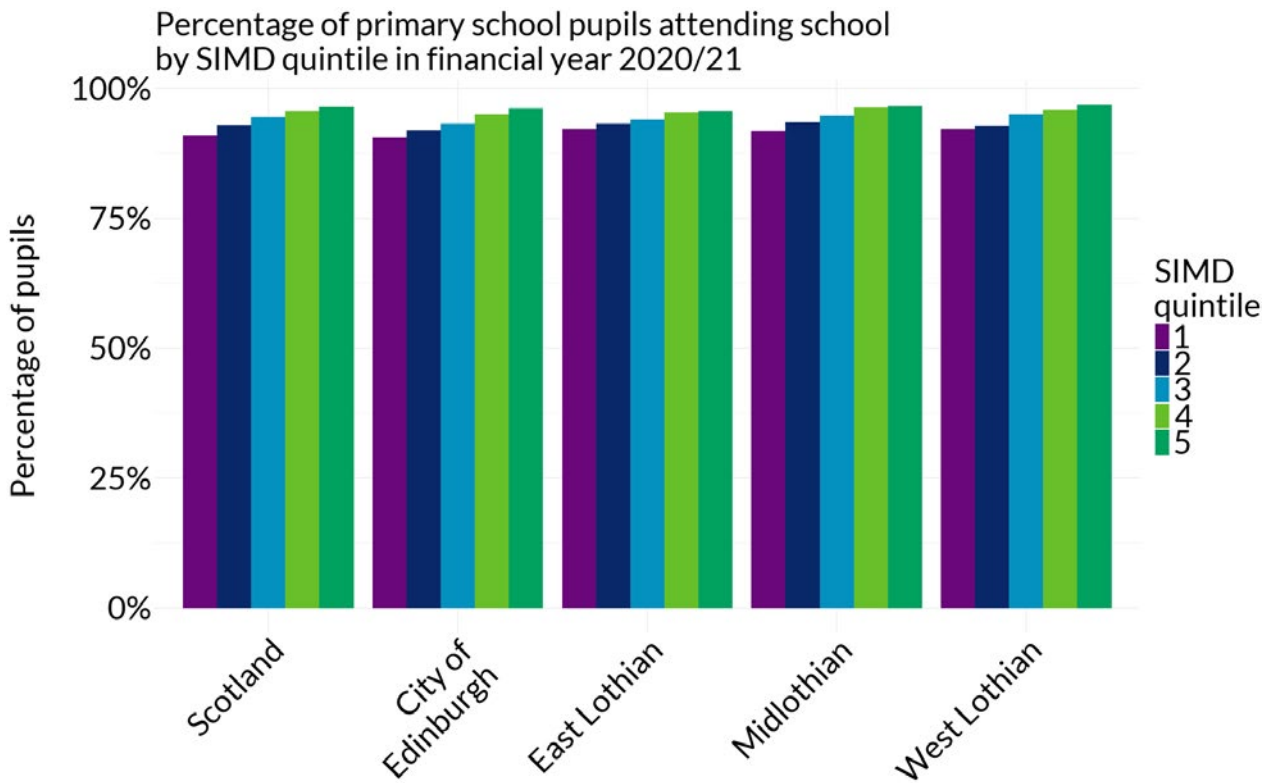
Figure 9: Percentage of P1 pupils achieving expected literacy levels



Local authority areas in Lothian each show a steep socioeconomic gradient in primary 1 literacy levels. For example, in East Lothian, 52% of primary 1 pupils living in the most deprived areas (SIMD 1) achieved expected reading levels compared to 81% of those in the least deprived areas (SIMD 5). A similar pattern is observed for numeracy.

School attendance

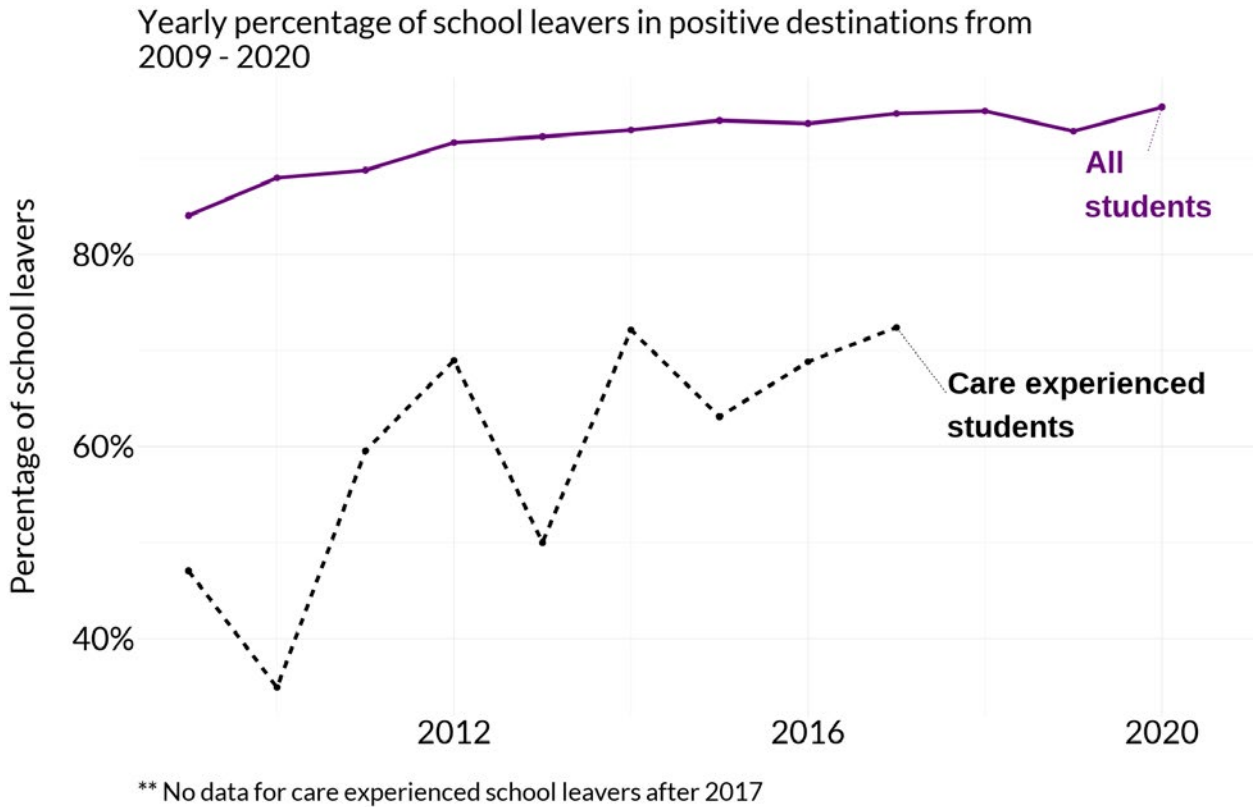
Figure 10: Primary school attendance



Local authority areas in Lothian each show a socioeconomic gradient in school attendance. In the city of Edinburgh in 2020/21, school attendance was 90.5% for those living in the most deprived areas (SIMD1) compared to 96.2% in the least deprived areas (SIMD 5). Improving this situation continues to be a priority for education departments, schools and their local partners who are supporting children and families.

Positive destinations

Figure 11: Percentage of school leavers in positive destinations



The chart above shows trends over time in the percentage of school leavers in positive destinations (including higher and further education, employment, training and voluntary work), by care experience.

The figure highlights a wide, but narrowing, gap with care experienced young people being far less likely to leave school for a positive destination than the total school-leaver population. As of 2017, 94.7% of the total school-leaver population were in a positive destination compared to 72.4% of care experienced young people.

A range of activity is being delivered through Children’s Services Partnerships to support children’s development, readiness to learn, and attainment. This includes whole family support, early education and childcare, and youth work approaches.

Priorities for action

- We will continue to work with our partners to identify need and ensure children, young people and families have access to the support they need to thrive.
- We will continue to build on the work of NHS Lothian as an Anchor Institution to support young people through training and employment opportunities.

Relationships, sexual health and parenthood

Among the under 25 population, knowledge, behaviours and outcomes in sexual health and conception have changed in recent years.

Due to disruption to school attendance during the Covid-19 pandemic, children and young people missed out on key areas of education including relationships, sexual health and parenthood (RSHP) education. Practitioners in sexual health services report gaps in young people's knowledge and an increasing impact of misinformation from social media.

[The 2022 Health Behaviours in School-aged Children Scotland survey](#) reported a continued decline in sexual activity among under 16s. Of the 15-year-olds who had had sex, 34% did not use a condom or birth control during their last intercourse. Although [teenage pregnancy rates](#) in Scotland continue to decline, those living in the most deprived areas had teenage pregnancy rates more than four times higher than those living in the least deprived areas (44.3 compared to 9.9 per 1,000 women).

Despite the reported decline in rates of sexual activity in young people under 16 years, sexually transmitted infections (STIs) and harmful sexual behaviours are at the highest for over a decade. Since 2019, [gonorrhoea infections](#) among sexually active people aged under 25 years have doubled.

Some groups of children and young people are particularly vulnerable to poor sexual health and wellbeing. These are LGBT+ young people, those with care experience, and young people with a learning disability.

LGBT+ young people are more likely to engage in sexual intercourse and more likely to say they were not ready for their first sexual experience. [Evidence](#) supports a strong link between age at first anal intercourse and infection with HIV/STIs, which means efforts to delay first sexual activity could be protective.

Care experienced children and young people have less access to consistent sources of [sex and relationships education](#). Interrupted or low school attendance and placements with different carers can mean learning is through older relatives, self-research, or through experience.

Young people with learning disabilities are more likely to miss out on protective factors such as RSHP and more likely to be victims of sexual abuse. [Evidence](#) suggests the rates of sexual activity among 19 and 20-year-olds with a learning disability are not significantly different to those without a learning disability, but pregnancy rates are double.

Young people's sexual health needs can be supported, and inequalities addressed, through evidence based RSHP provision delivered by trained, competent teachers and staff, alongside providing young people friendly, inclusive and accessible sexual health services.

Priorities for action

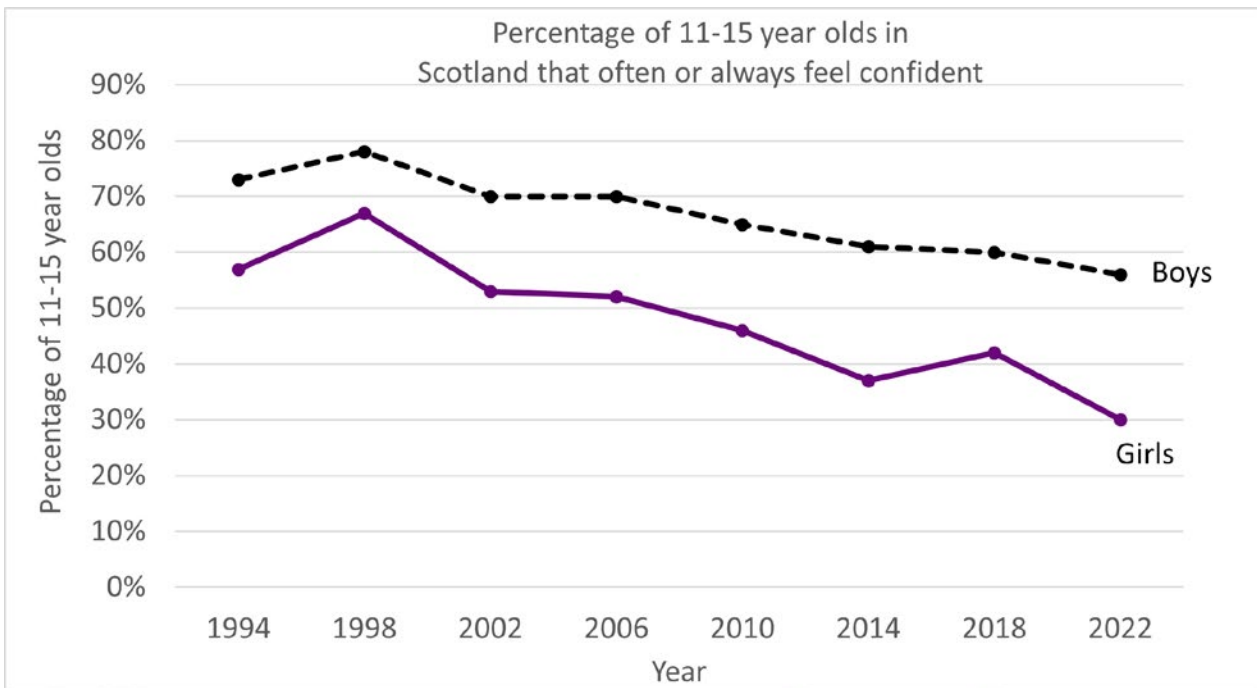
- We will continue to deliver multiagency workforce development opportunities across Lothian.
- We will deliver a partnership project to develop a resource for LGBT+ Inclusion in youth and children's education and services.
- We will develop flexible models for school and community-based early intervention sexual health services.
- We will develop accessible information on sex and relationships, including Easy-Read information.

Mental Health and Wellbeing

When children and young people do not receive timely support for their mental health needs, this can lead to spikes of demand for more specialist support, such as that provided by Child and Adolescent Mental Health Services. Intervening early to support mental wellbeing helps children and young people develop the skills they need to live healthy and happy lives.

Data from the [Health Behaviour in School-aged Children Study](#) highlight continued deterioration of young people’s mental health and wellbeing. These downward trends for 11–15-year-olds have been evident since around 2010, and as of 2022, the levels of self-reported confidence and happiness (for girls) are the lowest observed in nearly 30 years.

Figure 12: Often or always feel confident



The cost of living crisis has worsened the impact of the pandemic on children and families with around one fifth of children in Lothian now living in families affected by poverty. There is a strong relationship between poverty and mental health and wellbeing. Supporting prevention and early intervention and timely access to support is key to reducing waiting lists and improving outcomes for children and young people.

Partnership working across public and third sectors is crucial to meet the changing needs of children and families. In Lothian, partners are working to develop Single Points of Access to mental health and wellbeing support for children, young people and families. This enables faster and easier access to low, moderate and specialist levels of support, depending on need. It is vital that services are delivered in a trauma-informed way by suitably trained staff.

Work to develop Single Points of Access has included consultation with young people, mapping of existing services, and development of user-friendly referral processes.

Priorities for action

- Continue to develop Single Points of Access to ensure children and young people have timely access to appropriate emotional, mental health, and wellbeing support.
- Ensure professionals are appropriately trained and equipped to deliver services in a trauma-informed way.
- Continue to focus on prevention activity through Children's Services Partnership structures, including work to address child poverty.

Conclusion

This report has deliberately focused on the health and wellbeing of our children and young people in Lothian as the greatest opportunity for influencing change to improve long term outcomes. The data tells us that we continue to see significant inequalities throughout these life stages. We have worked with partners within the health and care system and the wider community planning partnerships, who have a responsibility to produce plans to improve outcomes for children and young people, to ensure that this data and evidence informs the actions we will take locally.

Our goal is to continue to bring attention to the needs of our children and young people and their families to inform our work in this area. During a period of significant reductions in public sector resources there is a danger that we will see reductions in services for children, young people and families. The [evidence](#) is overwhelming that continued investment in the lives of our children and young people will reduce future inequalities, improve future health outcomes and reduce future demand on the health and care system.

This report calls on all public, community and voluntary sector organisations to consider the data presented and how it can shape their work. It seeks a commitment from partners to work together on the actions in the report that we feel will make the biggest difference (based upon the evidence we have) to the lives of children and young people. We look forward to our continued work with partners to see these improvements being achieved.

Improving and protecting the health of the people of Lothian

The Role of the Public Health Department in Lothian

Approximately 175 people are employed in the department. We operate four divisions as illustrated below. We provide specialist advice and leadership to NHS Lothian, the four Lothian local authorities and the voluntary and community sector to shape services and create healthy communities for everyone.

- **Health Care Public Health**

The Health Care Public Health team provide:

- > Leadership and oversight across the pathways of the six National Screening Programmes (breast cancer, bowel cancer, cervical cancer, diabetic eye screening, abdominal aortic aneurysm, pregnancy and new-born)
- > Dental Public Health expertise to assess and improve the oral health needs of the population
- > Strategic leadership and assurance for Immunisation Programmes
- > Professional expertise on pharmaceutical public health

- **Business and Administration**

The Business and Administration team provide flexible administrative and clerical support across the Department. They play a critical governance role ensuring that the Department has robust processes and business procedures to meet strategic and operational objectives and priorities. The team also monitor and track workforce performance.

- **Health Protection**

The Health Protection team work to protect the health of the local population from communicable and infectious diseases and environmental hazards. The team provides specialist public health advice, direction and operational support to NHS Lothian, local authorities and other agencies.

- **Population Health**

The Population Health division includes:

- > Partnership and Place teams for each of Lothian's four local authority areas focusing on tackling inequalities and improving population health

Other population health functions cover the whole of Lothian:

- > a Public Health Intelligence Team providing high-quality, rigorous evidence and data for public health strategy and policy
- > Maternal and Children's Public Health, including the Maternal and Infant Nutrition team.
- > a Sexual Health Improvement team (Healthy Respect) and
- > a Tobacco Control team which includes NHS Lothian's Quit Your Way smoking cessation service.

- **Board wide hosted programmes**

Public Health and Health Policy hosts four services that deliver Board-wide remits: (i) Resilience (ii) Equalities and Human Rights (iii) Safe Haven, and (iv) Child Health Commissioner

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Conclusion

[Health Equity in England: The Marmot Review 10 Years On](#)

