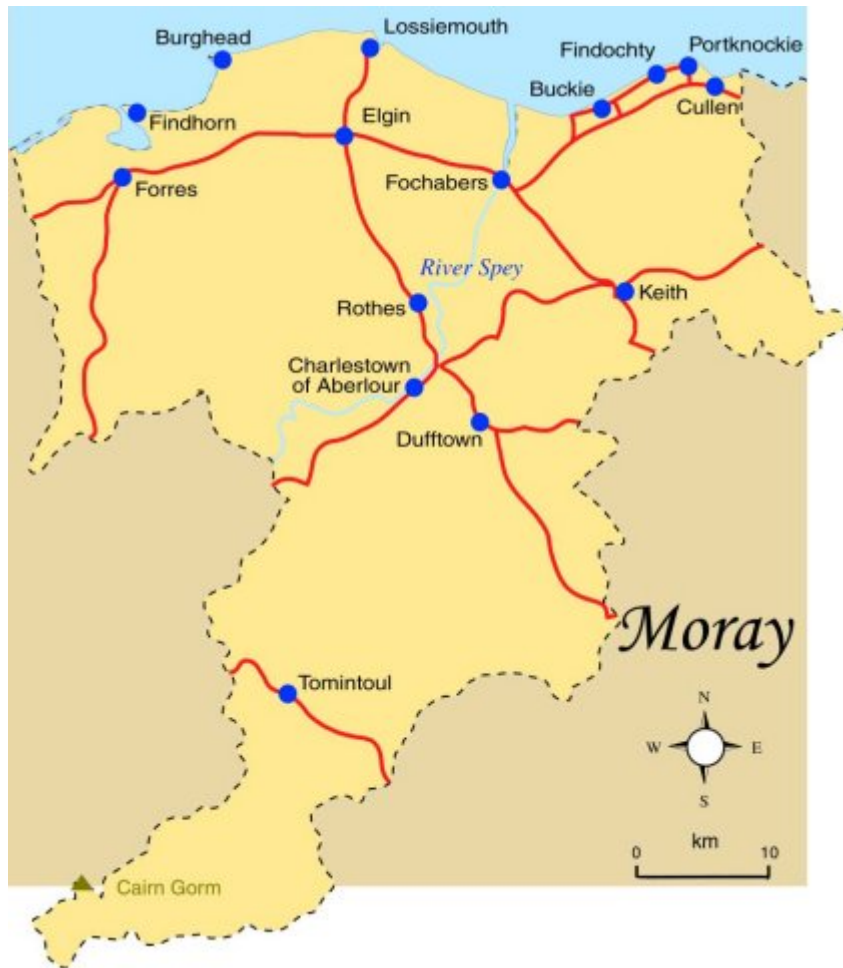


THE MORAY COUNCIL

DELIVERING A HEALTHIER SCOTLAND



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STRATEGIC ASSESSMENT 2008/09

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Introduction

This is the first strategic assessment undertaken by the Health and Social Care Partnership. It will inform a wider process designed to support strategic decision-making in relation to managing risks, setting priorities and allocating resources. The aim is to help Moray's Health and Social Care Partnership to achieve not only its own outcomes and objectives but also those set by the Moray Council administration and the Scottish Government, ultimately making Moray a healthier place to work and live.

The information and analysis contained within this report will be most effective when combined with the knowledge and local expertise that exists within the Health and Social Care Partnership and across partner agencies. The result will provide a firm foundation for developing the Health and Social Care Strategy 2008-2011.

The assessment is divided into 6 main themes in order to ensure a wide range of health and social care issues are considered. The themes are:

- Mental Health Improvement
- Healthy Weight
- Support, care and protection for the elderly and disadvantaged
- Substance Misuse
- Health Protection
- An agreed health and social care infrastructure plan

For each of the themes, the current picture is described along with any emerging trends and future considerations. Recommendations are included for consideration only.

The most recent available data is used and where possible this has been sourced independently to provide an unbiased picture. For some topics, such as home care, it was not possible to obtain ideal data, this is due to recording issues and the implementation of new software. In these cases, data has been obtained from an appropriate source and analysed to provide an indication of the situation in Moray. Where available and relevant, the results of surveys have been included to exemplify the perceptions held by local residents.

A Profile of Moray

In terms of landmass, Moray is the 8th largest Council area in Scotland, covering an area of 2238 square kilometres [1], from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. The area is mostly rural comprising 70% of open countryside and a further 25% of woodland [2].

The estimated population of Moray in 2007 was 86,870 – just 1.7% of the Scottish population. The average population density is low at just 39 people per square kilometre compared to a Scottish average of 66 per square kilometre [1]. However, approximately 57% of the population live in the 5 main towns of Elgin, Forres, Buckie, Lossiemouth and Keith [3], where the population density is approximately 2500 people per square kilometre [4]. The area has a 0.9% ethnic minority population, which is significantly lower than the Scotland average of 2.0% [7]

Overall, Moray is one of the least deprived areas in Scotland, as defined by the Scottish Index of Multiple Deprivation (SIMD), having no data zones in the 15% most deprived in Scotland and just 2 in the 20% most deprived areas, both of which are in Elgin. This represents just 1.7% of Moray's data zones, the lowest in Scotland with the exception of the three island groups. By comparison, Aberdeenshire has 8 data zones in the 20% most deprived and Angus has 9, representing 2.7% and 6.3% of their data zones respectively. However, the rural nature of Moray means that 27.6% of its data zones are within the 15% most access deprived in Scotland, due to the financial cost, time and inconvenience of travelling to basic services. This compares with 42.5% of data zones in Aberdeenshire and 26.1% in Angus [5].

Prosperity

The average gross weekly wage in Moray is the lowest in Scotland, at £388.40. The comparator authorities of Angus and Aberdeenshire are ranked 12th and 3rd in Scotland respectively (the highest wage ranking 1st), with average gross weekly wages of £470.80 and £518.80 [6]. The SIMD states that 9.3% of Moray is income deprived, compared with 11.5% in Angus and 7.4% in Aberdeenshire [5]. There are no compelling differences between the 3 authorities in terms of the division of those in employment by occupation or industry [6].

The working age population accounts for approximately 61% of the total population of Moray, which is lower than the Scottish average, and around 82% of the working-age population are economically active. This represents around 50% of the total population. 78% of the working-age population are in employment, 9% of whom are self-employed. Almost $\frac{3}{4}$ of employee jobs are in the service industry, a further 15% are in manufacturing and 7% are in construction. 9% of employee jobs are tourism-related but this includes jobs that are also part of the services industry [6].

Of the working-age population that is economically inactive, over 71% report not wanting a job. In May 2008, 890 or 14% of key benefit claimants were claiming job seekers allowance as their main benefit. However, by far the most common main benefit is incapacity benefit, claimed by 3,400 or 54% of key benefit claimants [6]. An estimated 10.9% of households are living in extreme fuel poverty, compared with the Scottish average of 5.9%.

There are no compelling differences between Moray, Angus and Aberdeenshire in relation to economic activity or inactivity. However, although the SIMD identifies no data zones in Moray that are in the 15% most employment deprived, 4.9% of Angus and 2% of Aberdeenshire's data zones are in the 15% most employment deprived [5].

Health

The Moray population's perception of their general health is the same as Angus and Aberdeenshire, with 93% of the population reporting good or fairly good health and just 7% reporting not good health [7]. The percentage of the population that has a limiting long-term illness is also very similar to both Angus and Aberdeenshire, representing around 1/6 of the total population in all 3 authorities [7]. However, prevalence data from general practices indicates that Moray has some of the highest disease prevalence in Scotland, particularly with respect to diabetes, obesity, chronic kidney disease and hypothyroidism [39].

The relationship between health and tenure indicates that 88% of occupants of social rented accommodation report good or fairly good health compared with 94% of occupants of owned or privately rented/rent free accommodation. This is reflected in the incidence of limiting long-term illness, which is 10% higher for occupants of social rented accommodation, at 24%, than for occupants of owned or privately rented/rent free accommodation. The spread across age groups is comparable, with 65-84yr olds representing the largest proportion of each tenure type having a long-term illness. The picture is very similar in both Aberdeenshire and Angus [7].

The standardised death rate in Moray is slightly higher than in Aberdeenshire at 10.9 per 1,000 population compared with 9.4 per 1,000 population, but slightly lower than Angus at 11.8 per 1,000 population [8]. The main cause of death in Moray in females is diseases of the circulatory system, which accounted for approximately 1/3 of all female deaths in 2007. This was closely followed by cancers, which accounted for just over 1/4 of all female deaths. In males, the situation was reversed. In both Angus and Aberdeenshire the main cause of death in both genders was diseases of the circulatory system, which accounted for about 1/3 of all deaths, followed by cancers, accounting for around 25% of female deaths and 30% of male deaths [8]. The SIMD identifies just 1 data zone, 0.9% of the total in Moray that is within the 15% most health deprived; this is in Elgin. This compares with 1.7% of data zones in Aberdeenshire and 1.4% in Angus [5].

Mid-2007 population estimates suggest that 18% of the population of Moray is aged under 16yrs, 61% is of working age and 21% is of pensionable age. This translates as 16074 under 16s, 52588 of working age and 18208 of pensionable age [1]. 2006-based population projections for Moray, suggest that the under 16 population will reduce by 9% by 2011, the working age population will increase by 1% but the pensionable population will increase by 10% [9]. This would mean 2011 population numbers of 14627 under 16s, 53114 of working age and 20029 of pensionable age. These changes will mean that the proportion of the population that is of pensionable age will increase by around 2% from approximately 20% to nearly 23%. These proportions are similar in both Angus and Aberdeenshire, with no compelling differences. In all 3 authorities, around 63% of the pensionable age group is female.

Male and female life expectancies are better than the Scotland average, and have been rising steadily over time.

Education

In Moray in 2007 there were 6975 primary school pupils and 5945 secondary school pupils, an overall drop of about 2.5% since 2003. The number of pupils over 16yrs has increased over the same period by 69%, while the number of pupils from ethnic minority groups has increased by 16%, from 171 in 2004 to 199 in 2007. Both Aberdeenshire and Angus have seen a similar reduction in pupil numbers over this period, although as in Moray, both have seen a large rise in the number of pupils over 16yrs, of 49% and 56% respectively. The numbers of ethnic minority pupils in Aberdeenshire has risen by 39% but in Angus, the number has more than trebled, from 170 in 2004 to 602 in 2007 [10]. There are 2 data zones in Moray, 1.7% of the total, that are within the 15% most education deprived in Scotland, both of which are in Elgin. This compares with 5 data zones in Aberdeenshire, 1.7% of their total, and 8 in Angus, representing 5.6% of their total [5].

In primary schools, absence figures for 2004/05 to 2006/07 are very consistent, accounting for around 4.5% of half days, of which an average of 14% is unauthorised. In 2004/05, truancy accounted for 43% of unauthorised absence; this fell to 17% in 2006/07. Putting these figures in perspective, truancy accounted for 7% of total absence in 2004/05, falling to 2% in 2006/07. These figures are comparable with both Angus and Aberdeenshire except that the reduction that has been seen in Moray's truancy rate is not replicated in Angus [11].

In secondary schools, the absence rate has risen slightly, from 7.6% of half days in 2004/05 to 9.2% in 2006/07. Of this, the proportion of unauthorised absence has increased from 22% to 29%, although this fell from 32% in 2005/06. In 2004/05, truancy accounted for 59% of unauthorised absence, falling to 38% in 2005/06 and then rising to 44% in 2006/07. Despite this fluctuation, truancy has consistently accounted for around 13% of total absence in each of the last 3 years. Moray's total and unauthorised absence rates are comparable to both Angus and Aberdeenshire. However, in both of these authorities truancy accounts for a higher proportion of unauthorised absence than in Moray, at around 72%. In Aberdeenshire truancy accounts for about the same proportion of total absence as in Moray but in Angus, it accounts for around twice the proportion of total absence [11].

Between 2003/04 and 2006/07, the rate of exclusions in Moray's primary schools has remained fairly constant at around 12 per 1,000 pupils. Angus' rate has risen from 13 per 1000 to 19 per 1,000 while Aberdeenshire has increased from 6 per 1,000 to 11 per 1,000. In Moray's secondary schools, the rate has risen slightly from 59 per 1,000 pupils in 2003/04 to 69 per 1,000 in 2006/07, although this is lower than in 2004/05. Moray's rate was similar to Aberdeenshire's of 66 per 1,000 pupils but considerably lower than in Angus' rate of 107 per 1,000. The vast majority of exclusions were temporary, with only just 2 pupils being removed from the register last year, which represents less than ½% of all exclusions. This is higher than Angus, which had no pupils removed from the register and better than Aberdeenshire where pupils removed from the register represent just over 1% of all exclusions [12].

Of 1,231 school leavers in Moray in 2007/08, 89% went on to further/higher education, training or employment, 9% were unemployed but seeking employment and the remainder were either unemployed and not seeking employment or their destination was unknown. There has been a slight increase over the last 3 years in the numbers proceeding to further education and employment. Both Aberdeenshire and Angus have around the same proportions going into further/higher education, training or employment, although the split is slightly different to Moray, with more going into further education and less into employment, particularly in Angus. Slightly less than in Moray were unemployed but seeking employment or training, while about the same proportion as Moray was unemployed and not seeking employment or training [13].

Housing

The total number of dwellings in Moray in 2007 was 41,327, a rise of 5% since 2003. There have been similar rises in Aberdeenshire and Angus. The ratio of dwellings to total population is the same in all 3 areas at 1:2 [10]. In Moray, approximately 63% of the population live in owner-occupied accommodation, which is slightly lower than both Aberdeenshire and Angus at 74% and 68% respectively. In contrast, Moray has the highest percentage of people both renting from the Council and renting privately at 17% and 11% respectively. Moray has a similar proportion of the population living in lone parent families as both Aberdeenshire and Angus, at 8%, and a similar proportion of people living alone, at 12%. Nearly half of those living alone in all 3 authorities are aged 65 and over [7].

Between 2001 and 2007, the mean house sale price rose by 144% in Moray, from £58,584 to £142,956 and the number of house sales rose by 22%. In Aberdeenshire & Angus the mean house sale prices also rose, by 132% and 121% respectively, while house sales rose by 27% and 29% respectively. Over the same period, the median house sale price in Moray more than doubled, from £47,000 to £116,226, with a similar increase being seen in Angus. In Aberdeenshire, the median price nearly trebled. In both Moray and Angus, the median house sale price is approximately 19% lower than the mean reflecting the large proportion of band A-C dwellings in both authorities, approximately 70%. In Aberdeenshire, there is a smaller proportion of dwellings, 47%, in bands A-C while a larger proportion is in bands F-H – about 20% compared with around 7% in Moray and Angus. Correspondingly, the median is only 13% lower than the mean. Between 2003 and 2006 in all 3 authorities, the proportion of dwellings in bands A-C fell slightly, while the proportion of dwellings in bands F-H rose slightly [10].

There are no data zones in Moray that are within the 15% most housing deprived in Scotland and this is the same for both Angus and Aberdeenshire. However, 4 of Moray's data zones are within the 20% most housing deprived in Scotland, 2 in Elgin, 1 in Forres and 1 in Lossiemouth, whereas neither Angus nor Aberdeenshire have any data zones within the 20% most housing deprived [5].

Recorded crime in Moray

In Moray in 2007/08 the total number of crimes recorded reduced by 10% from 2006/07 compared with a 19% decrease in Aberdeenshire and a 9% decrease in Angus. In Scotland the number of crimes recorded in 2007/08 decreased by 8% from 2006/07. The rate of crimes in Moray in 2007/08 was higher at 609 per 10,000

population than in both Aberdeenshire and Angus, at 355 and 505 per 10,000 population respectively. However, Moray was better than Scotland in this regard, where the rate was 749 per 10,000 population. The total number of crimes recorded in each of the last 11 years shows a slightly increasing trend in Moray, in contrast to Aberdeenshire and Angus, which both show a slightly decreasing trend. The number of crimes recorded nationally also shows a decreasing trend over this period [14].

The percentage of crimes cleared up in Moray rose by 4% to 45% in 2007/08, compared with a 5% rise to 47% in Aberdeenshire and a 4% drop to 57% in Angus. The percentage of crimes cleared up for Scotland as a whole also rose, by 1% to 48%. The trend in Moray over the last 11 years is virtually level as it is in Aberdeenshire. In Angus and Scotland as a whole, the trend is increasing [14].

Within Moray there are 12 data zones in the 15% most crime deprived, representing 10.3% of data zones in Moray. This is worse than both Aberdeenshire and Angus, who have 4% and 7.7% respectively of their data zones within the 20% most crime deprived [5].

Overall for 2007/08, Moray was ranked 21st out of 32 local authority areas in Scotland for total recorded crimes per 10,000 population (where 1 has the highest rate and 32 the lowest). Moray's highest ranking of 2nd was for the crime category crimes of indecency, while their lowest ranking was for non-sexual crimes of violence for which they ranked 25th out of 32. Compared with Aberdeenshire, Moray's ranking was worse in all crime categories and compared with Angus, Moray's ranking was better in 1 category and worse in all others. In all crime categories except crimes of indecency, Moray's ranking was better than Scotland's.

Key Healthier Themes

1. Mental Health Improvement

In Grampian there are a variety of types of mental health issues present, figures show a steady increase in the number of people being diagnosed with a mental health problem. There is year on year growth both nationally and locally. 1400 people in Moray receive the higher level of the Disability Living Allowance due to a mental health problem. 40% of the Moray Council workforce sickness absence is due to stress and /or depression. 9% of the Moray GDP is affected by the impact of mental health on the workforce locally.

Positive mental health is a state of well being where a person realises his or her own abilities, can cope with the normal stresses of life, can work productively, and be able to contribute to his or her community. Poor mental health can be a consequence of chronic disease or adverse life circumstances such as experience of abuse or violence, poor living and working conditions, experience of conflict, isolation, negative relationships, poverty or unemployment. Improving mental health and emotional wellbeing can be achieved through the development of individual strengths and supportive environments. The national action plan, Delivering for Mental Health, shows a commitment to providing and improving preventative mental health services, particularly for children and young people and to support communities through a range of training, therapies and mental health programmes.

From a primary care perspective, Moray's GP prevalence of mental health, at 0.77, whilst lower than the Scottish average of 0.80, was higher than the Grampian average of 0.72 [39].

1.1 Mental Health actions in Moray

There are a number of actions currently being undertaken in Moray to address Mental Health issues:

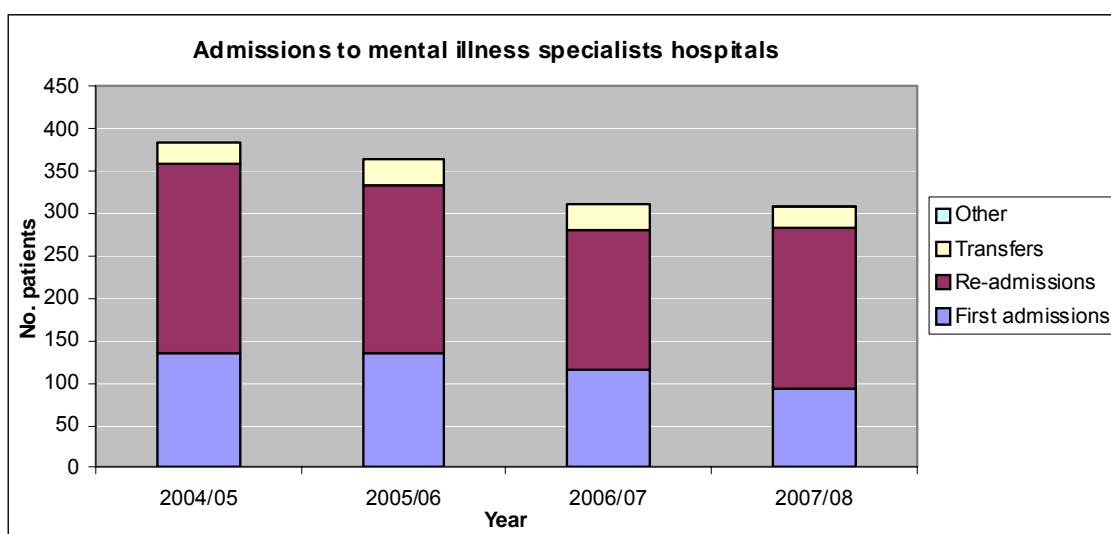
- **Early Years** - Co-ordinate training to equip and support Health Visitors to work with mothers who may experience mental distress so to improve their perinatal health. (Timescale 2008)
- **Early Years/Youth Transition** - Improve mental health services for children and young people by ensuring that a mental health co-ordinator is available in every school. (Timescale 2008)
- **Mental Health Training** - Co-ordinate basic mental health training to key front line workers who work with, or care for looked after and accommodated children and young people (Timescale 2008)
- **Workplace** - Develop training and development programmes for managers to build capacity for Mentally Healthy Workplaces (Timescale 2010)

- **Communities** - Work with GP practices and clinical leads to develop interventions that will support people who have depression and anxiety and who have coronary heart disease and/or diabetes (Timescale 2009)

1.2 Admission and discharge to mental illness specialities in Scottish hospitals

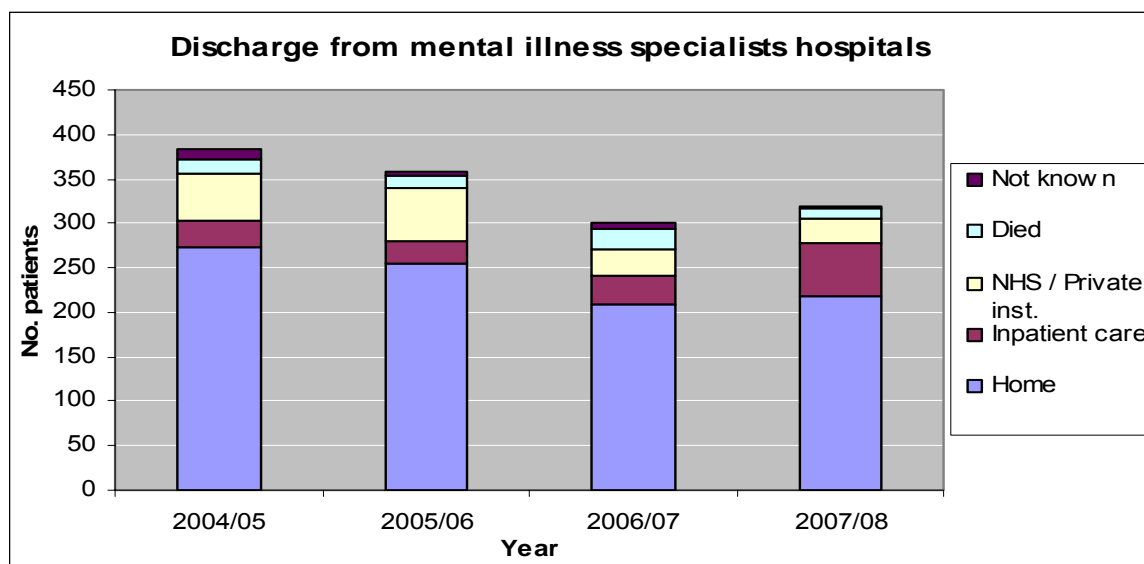
The number of people with a mental illness admitted to a specialist hospital in Moray has dropped over the last 4 years. The number of admissions has reduced by 20% from 387 admitted in 2004/05 to 309 in 2007/08. Breaking down the admission figures, the number of first time admissions has dropped by 30% while the number of re-admissions has dropped by 15% over the four years.

Mental Illness Admissions to Hospital				
	2004/05	2005/06	2006/07	2007/08
First Admissions	134	136	115	94
Re-admissions	223	198	164	190
Transfers	26	29	33	24
Other	0	0	0	1
Total Admissions	387	364	313	309



The level of mental illness patients discharged from hospital reflects the admission figures, where Moray has seen a reduction of 17% from 2004/05 to 2007/08. While the vast majority of patients are discharged home, there has been a slight drop from 71% in 2004/05 to 68% in 2007/08. The proportion discharged to inpatient care has increased from 8% to 19%, while those discharged to other NHS/private institutions have decreased from 14% to 9%. The number that has died while in the hospital has decreased from 15 to 11 over the same period. [18]

	2004/05	2005/06	2006/07	2007/08
Home	273	254	208	217
Inpatient care	30	27	32	60
NHS / Private inst.	54	58	30	29
Died	15	15	24	11
Not Known	12	4	6	1
Total	384	359	301	318



1.3 Anti-depressant Drugs

The level of anti-depressant drugs prescribed continues to climb both nationally and locally. Since 2001/02 Grampian has seen an increase of 33% in the number of prescribed anti-depressants, this is compared to a national increase of 26%. The actual increase in the number of prescribed items in Grampian was 77,956, climbing from 236,928 in 2001/02 to 314,884 in 2006/07.

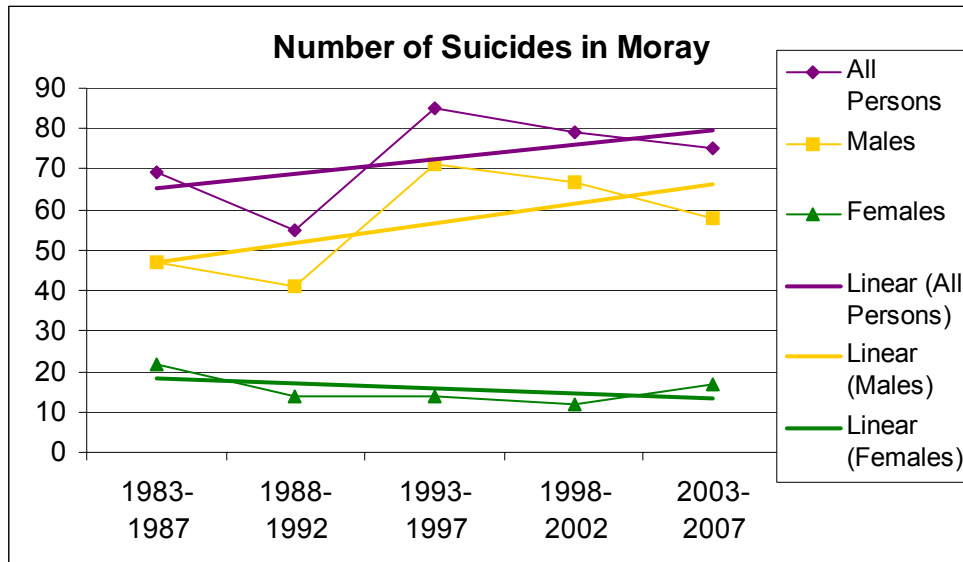
The Scottish Neighbourhood Survey estimated that in 2004, 7.4% of the Moray population were prescribed drugs for mental health issues such as anxiety, depression or psychosis. The national average for 2004 was slightly higher at 8.2%. [10].

The Moray CHP Health Summary 2008 published by ScotPHO indicates that in 2006, 3,828 (4.4% total population) patients were prescribed drugs for anxiety/depression/psychosis. This compares with the national figure of 8.1% [40].

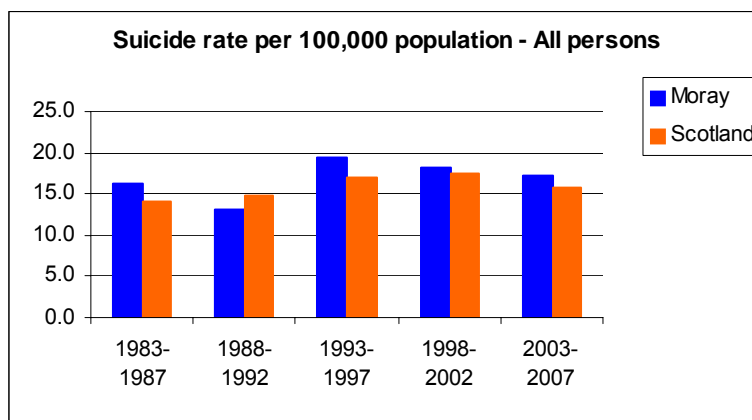
1.4 Suicide

The number of suicides is determined by summing the number of deaths caused by intentional self-harm and the number of undetermined intent. Due to numbers at Local Authority level being generally low, they are summed every 5 years.

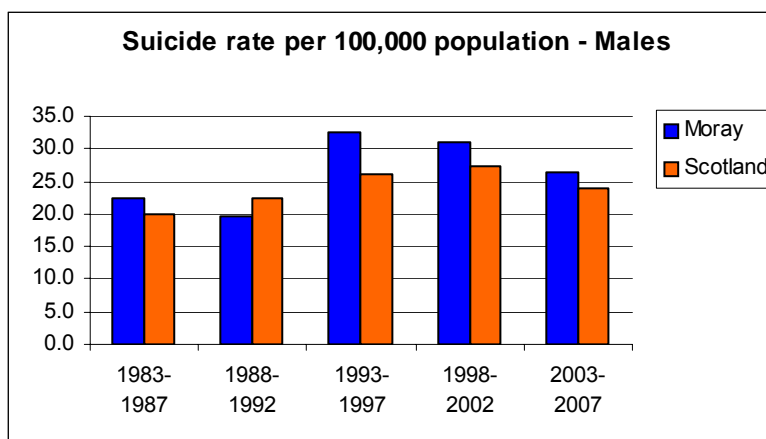
Figures for Moray using 5-year totals from 1983 to 2007 show an overall increasing trend reflecting an increasing trend for male suicides and a decreasing trend for female suicides. However, over the last 10 years, the total number of suicides has decreased reflecting a drop in male suicides but a slight rise in female suicides.



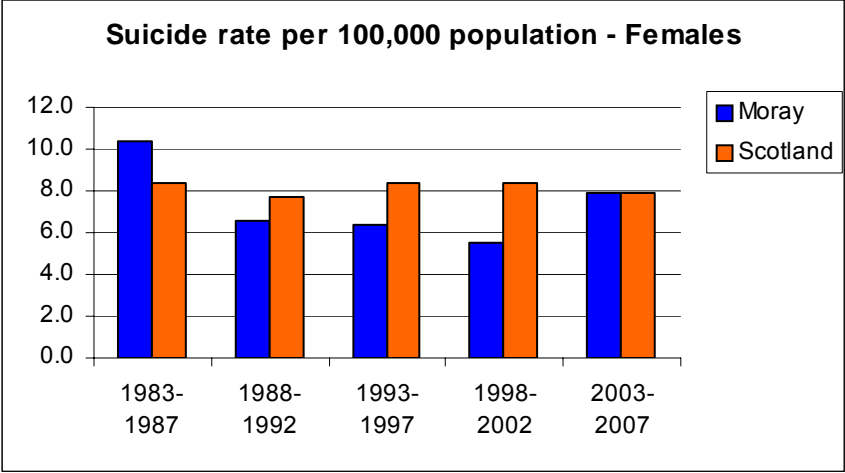
The rate of suicides in Moray has been higher than Scotland as a whole in every 5-year period since 1983, with the exception of 1988-1992.



The same is true of the suicide rate for males, with 1988-1992 the only 5-year period when Moray's rate was higher than the national rate.



However, rates for females in Moray are lower than Scotland in every 5-year period, with the exception of 1983-1987. Unfortunately, the most recent period shows the Moray rate for female suicides drawing level with Scotland's rate, after 15 years of being lower.



1.5 Learning Disabilities

In September 2007 The Same As You survey estimated that 22,875 adults with learning disabilities were known to local authorities across Scotland. This corresponded to approximately 5.5 adults with learning disabilities per 1,000 population. Moray has a total of 449 adults with a learning disability known to the local authority, equating to 6.3 per 1,000 of the Moray population. Compared to other Scottish local authorities, Moray has the 8th highest proportion of adults with a learning disability known to the local authority.

AUTHORITY	MALES				FEMALES				Total	Adults known per 1,000 Pop'n
	16-20	21-64	65+	Total	16-20	21-64	65+	Total		
Moray	28	203	21	252	27	156	14	197	449	6.3
Scotland	1,622	10,423	1,004	13,049	970	7,798	1,058	9,826	22,875	5.5

Of the 449 adults with a learning disability the highest concentration were male (56%) while the largest age grouping was 21-64 (80%). The age and gender groupings of Moray generally reflect that of the national picture. Moray has a higher proportion of adults with a learning disability who attend alternative day opportunities (32%), as opposed to solely accessing day centres, compared to the Scottish average (27%). [19].

The number of adults with a learning disability attending an alternative day opportunity has increased by almost 12% over the last 4 years. The number has increased from 253 (2004/05) to 282 (2007/08), many of the adults attend more than one alternative day service. A list of the learning disability projects and attendance figures are provided below:

	2004/05	2005/06	2006/07	2007/08
Alucans (Waste Watchers)	14	18	19	17
Coffee Bar	7	8	8	12
Forres Outreach(Towerview)	6	9	9	12
DTP	16	15	14	13
Greenfingers	23	28	31	31
Harlequins	40	41	42	45
Lochpark	49	47	46	45
Moray Artisans	30	30	30	27
ODTC	23	25	24	22
Quest	10	10	12	14
Start Shop 1	14	15	14	16
Start Shop 2	13	15	16	17
Timber Recycling (TEAM)	8	8	13	11
Total	253	269	278	282

Moray also has a high percentage of children with a disability. The number of pupils who were assessed or declared as having a disability in publicly funded schools in 2007 was 338, a rate of 26 per 1,000 pupils, well above the national average of 15.8. This makes Moray the 3rd highest area for school children with a disability [33].

Moray's GP practice prevalence of Adults with Learning disabilities is lower than the Grampian average, which in turn is greater than the Scottish average.[39]

Summary & Emerging Trends

- High suicide rates with female rate increasing
- Number of mental illness admissions to specialist hospitals decreasing
- The large majority of discharges are to the home
- Moray has a higher proportion of adults and children with a learning disability
- A higher proportion of adults with a learning disability participate in alternative day opportunities than nationally

2. Healthy Weight

2.1 Obesity

Overweight and obesity is rapidly increasing in children and adults in Scotland. Obesity has increased in Scotland over the past two decades, reaching 22% in men and 24% in women in 2003. About 60% of the population aged 16 and over are overweight or obese. There is increasing concern over the levels of obesity among Scottish children. Being overweight or obese carries a high risk of many chronic conditions, including diabetes, high blood pressure, stroke and coronary heart disease. Obesity can reduce life expectancy by between 3-13 years.

Over the next three years, an extra £40 million pounds nationally is being put into tackling obesity and other chronic conditions associated with unhealthy lifestyles. Nearly half of these new resources, £19 million, will be targeted at children – especially those most in need. These new resources will help bring about a wide range of initiatives that support a healthy diet and physical activity.

The projected increased investment to Health Boards will see the Grampian Health Board gain additional funding to tackle child obesity to the tune of £1,708,139 over the next three years. The additional funding will be phased in yearly with additional sums of £269,692 (2008-09), £559,383 (2009-10) and £899,064 (2010-11).

In Grampian around 35% of boys and 30% of girls aged 2-15 can be classified as overweight or obese compared with 34.6% of boys and 30% of girls nationally.

Obesity prevalence figures from Moray GP practices for patients aged 16yrs and over show a contrasting picture. The number of patients aged 16 and over recorded with a BMI greater than or equal to 30 in the previous 15 months is significantly higher (9.34%) in Moray than Grampian (8.63%) and the Scotland as a whole (7.34%). Out of the 40 Community Health Partnerships in Scotland, Moray ranks 35th in terms of obesity prevalence. A recent local health needs assessment exercise in Moray recorded that 35% of 12 year olds are overweight while 76% of women and 60% of men are not active enough for health.

2.2 Healthy & Active People

SportScotland participation figures for 2003-06 actually reflects that the Moray adult population on average participate more regularly in physical activities compared to the Scottish average. Weekly and monthly participation rates for adults in Moray were 46% and 59%, compared with national figures of 33% and 46% respectively. When also including walking 2+ miles as a physical activity Moray participation levels were 62% for weekly and 72% for monthly participation, compared with national rates of 46% and 59% respectively. SportScotland reported that participation rates in Moray were generally above the national average across most demographic groups and sports. [31].

Moray was ranked 2nd for the number of users (per 1,000) of swimming pools in Scotland for 2006/07. There were 5,566 attendances (per 1,000), 60% higher than the national average of 3,476. There is a slight drop for 2007/08 of 138, however

Moray has continually out performed the national average over the last 3 years. The number of attendances per 1,000 at indoor sport facilities was ranked 10th out all local authorities with a rate of 5,481.

Active Schools (Scottish Executive initiative) in Moray has helped to increase the participation levels of school children in curricular and extra-curricular sports and physical activity sessions. Continued delivery of the sports coaching term-time and holiday programmes in the area attracts over 8,000 children annually.

The NHS Grampian and The Moray Council launched the play @ home initiative in 2006. The innovative programme is designed to help parents and carers in their crucial role of nurturing children from birth to age five. The programme provides activity ideas to give children a physically and emotionally healthy start in life. Baby and toddler programmes are currently running with pre-school programmes being rolled out from September 2008. The Scottish Government have committed to funding the initiative for the next three years.

A survey in February 2007 of schools in Moray showed that on average 56% of pupils are involved in active travel (walking or cycling) to or from school, whilst on average 30% are transported by car.

2.3 Healthy Eating Young People

10% of the school roll was entitled to free school meals, which is below the national, and comparator group for primary school and above the national average for secondary school.

Of the 6,706 primary pupils present on schools meal census day, 2,737 (40.8%) primary pupils took either a free or purchased school meal, well below that of our comparator authorities' (50.3%) and national (49.6%) average levels. Moray's result equals that of the previous reporting year, against increases in our comparator authorities' and national averages. The 2008 price for a standard school meal for Moray primary schools is £1.80, the highest cost out of all of the 32 Scottish local authorities. This compares to a national average of £1.53 [32].

Since the schools meals census, Moray Council launched the 'Be Right, Eat Right' initiative in April 2008 that focused on encouraging children throughout Moray back into the school canteen at lunchtime to enjoy healthy, wholesome school meals. Initial results have shown an increase in school meal uptake throughout primary schools and it is expected that this will be reflected in next year's Scottish Government Statistics publication notice.

Of the 5,195 secondary pupils present on schools meal census day, 1,925 (37.1%) secondary pupils took either a free or purchased school meal, well below that of our comparator authorities' (49.5%) and below national average levels (42.9%). Although Moray's result is lower than that of our comparator authorities' and national average levels, there has been an increase from the previous reporting year, against decreases in our comparator authorities and national averages. The 2008 price for a standard school meal for Moray Secondary schools is £1.85, the 4th (equal) highest

cost out of all the 32 Scottish local authorities. This compares to a national average of £1.62 [32].

In secondary schools, works have been undertaken to improve the ambience of canteens to create a more café style atmosphere with, for example, a greater selection of food and the addition of music. Moreover, cashless catering is operating in all secondary schools.

Moray schools have incorporated the three measurable aspects of the Scottish Government’s healthy eating campaign. All primary and secondary schools in Moray have introduced an anonymised system for recipients of free school meals, above the national average. 91% of primary schools and all 8 secondary schools in Moray provide access to drinking water in accordance with the Scottish Government definition, again well above national average levels. Moray has also met their obligation to provide all P1 and P2 pupils with free fruit at least 3 times per week. [17].

The majority of Moray young people responding to the Grampian Youth Lifestyle Survey (2007) on Health and Diet knew about the benefits of healthy eating. 75% of respondents agreed that healthy eating can help to prevent disease like heart disease and cancer. 71% agreed that healthy eating helps maintain a healthy weight. Respondents indicated that if they wanted to change their diet the following would be helpful to them personally [41]:

	Moray %	Grampian %
More opportunities to choose food at home and school	84	85
Clearly labelled healthier choices at school	80	83
Being able to taste new products in school canteen	78	83
Information on what is needed for a healthy diet	75	79
More opportunities to cook at home	77	78
More opportunities to learn how to cook at school	75	78
More healthy food choices in school vending machines	72	77
More support from parents and friends	72	74

Summary & Emerging Trends

- School meals uptake below comparators and nationally
- Cost of primary and secondary school meals well above national average rates
- High prevalence of Obesity recorded in 2-15yr olds
- Over 16yr olds have higher than national obesity prevalence
- Higher than national attendances to Council swimming pools and leisure centres

Future Considerations

- How to improve uptake school meals
- Implications for healthcare of the impact of obesity in terms of long term conditions and health in general.

3. Support, care and protection for the elderly and disadvantaged

3.1 Forms of Social Disadvantage which adversely affect Health.

- Having few family assets.
- Social exclusion.
- Insecure employment or unemployment.
- Lack of control over one's work.
- Poor housing.
- Poorer education during adolescence.
- Weak social support.
- Bringing up a family in difficult circumstances.
- Slow growth and development *in utero* and in early childhood.

“Health Inequalities” has been identified as a Moray Community Health & Social Care Partnership (MCHSCP) health improvement priority.

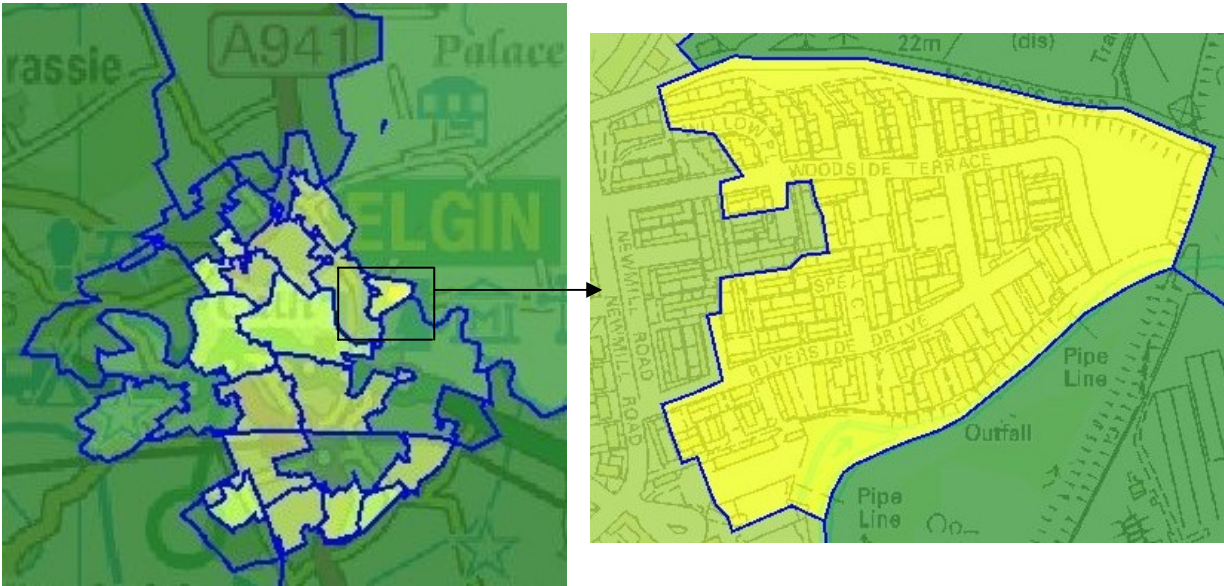
It has been agreed that there is a need to make progress regarding the development of a local strategic approach to health inequalities in Moray.

The MCHSCP needs to ensure that there is a common understanding and commitment so to successfully address the above.

To help achieve this, the MCHSCP must:

- Recognise and understand the scope of health inequalities.
- Develop, plan and implement a local action plan, which should actively address and tackle health inequalities.
- Raise awareness in regards of the impact inequalities plays in the health of the population of Moray.

The health domain of the Scottish Index of Multiple Deprivation identifies areas with a higher than expected level of ill health or mortality given the age-sex profile of the population. In Moray, there is just one datazone that is within the 15% most health deprived datazones in Scotland. This is located in Elgin [5].



Scottish Neighbourhood Statistics: www.sns.gov.uk

The 2001 Census indicated that there were 13,776 people in Moray with a limiting long-term illness (LLTI) - approximately 16% of the population. This is nearly 4% lower than the comparative national figure. The proportion of Moray's population living in social-rented accommodation is approximately 20%. However, the proportion of those with a LLTI living in social-rented accommodation is more than 10% higher, at 31%. Conversely, the proportion of those with a LLTI in owner-occupied accommodation is smaller than for the population of Moray as a whole. The situation is similar, but more pronounced, nationally, with 39% of those with a LLTI living in social-rented accommodation, compared with 24% of the whole population, and 52% of those with a LLTI living in owner-occupied accommodation, compared with 66% of the whole population [7].

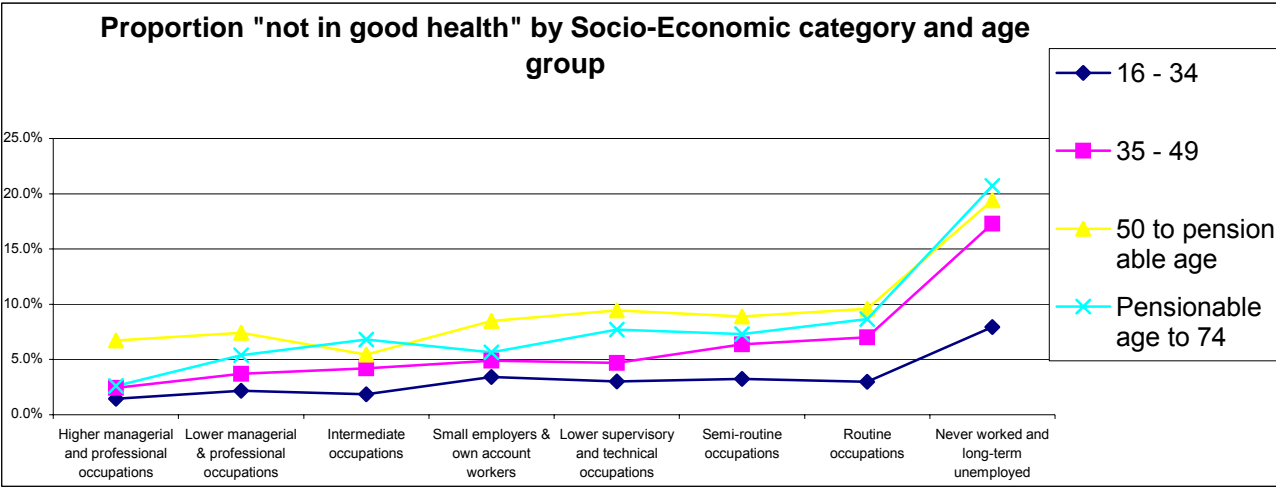
There is no difference in the proportions of Moray residents with and without a LLTI living in accommodation of which the lowest floor level is 1st – 4th. This is the same nationally. However, the proportion of Moray residents living in such accommodation is significantly lower than for Scotland as a whole. Approximately 6% of Moray's population live in such accommodation compared with a national figure of nearly 20% [7].

Approximately 25% of Moray's households have one resident with a LLTI, 81% of which do not include a carer. Around 13% of households have one carer, the remaining 6% having 2 or more carers. Of those with one carer, there is a 50/50 split between those carers who work or study and those who do not. However, this division varies with the age of the LLTI sufferer. Of those households with one resident with a LLTI aged under 60yrs and 1 carer, approximately 65% of carers work or study. This figure drops to 44% when the LLTI sufferer is aged 60-64yrs and 25% when aged 65-74yrs, rising again to 40% for LLTI sufferers aged 75yrs and over. These figures suggest that older LLTI sufferers have older carers, hence the lower proportions who work or study. The increase in the carers who work or study for LLTI sufferers aged 75yrs and over, may indicate that they are now being cared for by younger carers [7].

A further 6% of Moray’s households contain 2 or more residents with LLTI, 59% of which do not include a carer. 27% have one carer and the remaining 14% have 2 or more carers. Of the households with 1 carer, around 26% of carers either work or study [7].

The statistics for Scotland indicate a very similar picture to Moray.

There is a slight increase in the proportions of people reporting “not good health” as socio-economic status reduces, with the exception of those aged 16-34yrs. In every age group, the “never worked and long-term unemployed” category, displays a considerably greater proportion of people reporting “not good health” [7].

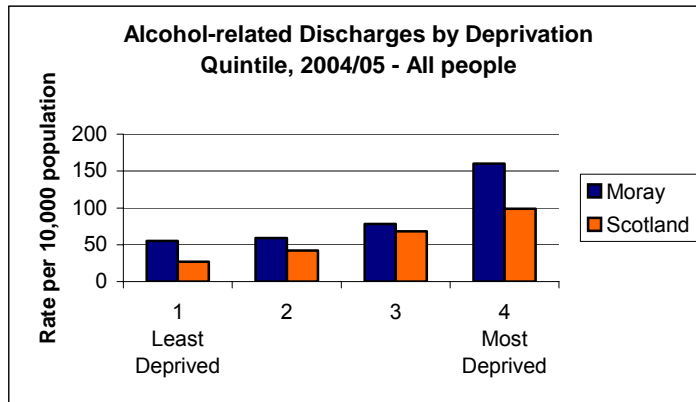


The number of deaths from coronary heart disease (CHD) in Moray has remained static since 2004/05 but has shown a decrease for the Grampian region during the same period. CHD and cancer continue to be two of the main causes of premature death for those under 75yrs in Moray [34].

Future detailed data sets will be made available to CHP’s on an annual basis, in graphical form. Each graph or set of graphs, as appropriate, will be accompanied by a brief interpretation. The data set will include cancer and ischaemic heart disease (< 75 years), suicide mortality (10-24 year olds), teenage pregnancy, smoking in pregnancy and adult smoking rates. The data set may be used to inform and support the Health Inequalities Strategy and the Single Outcome Agreement.

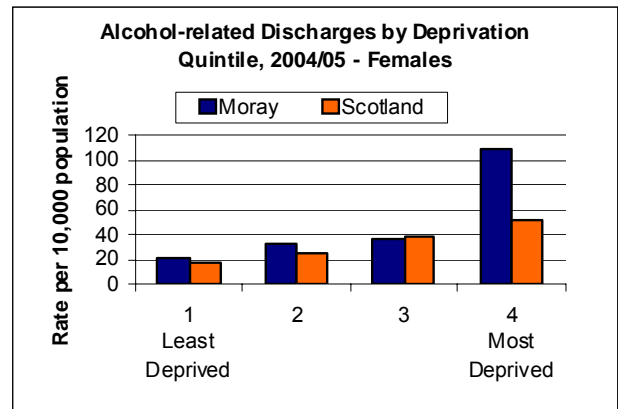
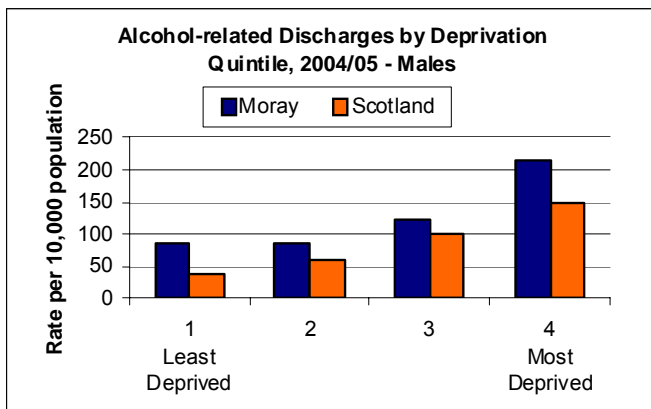
3.2 Alcohol and Deprivation

There is a relationship between the rate of alcohol-related discharges and deprivation. In Moray, there were 55 alcohol-related discharges per 10,000 in the least deprived quintile, while the rate for the 4th quintile (the most deprived quintile with data for Moray) was 160 per 10,000. These compare with 27 per 10,000 and 99 per 10,000 respectively for Scotland as a whole [25].



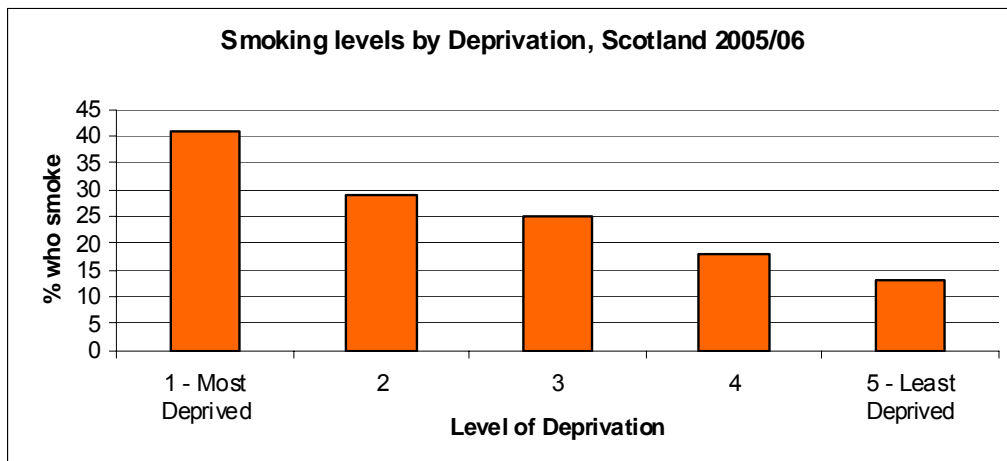
There is a distinct difference between the rates for males and females, as can be seen on the graphs below.

In the least deprived areas, the rate in Moray for males is twice that nationally, but for females is only marginally higher in Moray than Scotland. For both genders, the differences between Moray and Scotland rates are marginal in the middle 2 quintiles. However, in the most deprived quintile, the rate for males in Moray is 43% higher than nationally, but the rate for females is 112% higher in Moray than in Scotland as a whole.



3.3 Smoking and Deprivation

There is a correlation between the level of smoking and deprivation, with the smoking rate in the most deprived areas more than 3 times that in the least deprived areas, at 41% compared with 13% [35].



3.4 Shifting the balance of care for elderly

The number of people 65 and over receiving homecare has remained relatively static over the last three years, showing a slight decrease from 1,195 (2004/05) to 1,114 (2006/07). The number of homecare hours provided has decreased in line with the reduction in clients, with an overall drop of 6.6%. The number of hours homecare provided as a rate per 1,000-population aged 65+ dropped from 503.9 (2004/05) to 453.4 (2006/07), a reduction of 10%. This compares to a national average of 504.3 (2006/07), placing Moray 17th out of the 32 Scottish local authorities. The larger drop in rate per 1,000 (10%) is due to the actual increasing number of people aged 65+ living in Moray, but the reduction of people receiving a homecare service [38].

Although there is an overall drop in homecare provision to people aged 65+, the level of personal care and the amount of care provided at weekends and overnight/evenings have increased. The number of clients receiving personal care has risen from 746 (2004/05) to 835 (2006/07). While the level of weekend homecare has slightly increased from 511 to 519, and the number receiving evening/overnight care has jumped from 313 to 399 over the same period. Moray currently has the 5th highest proportion of homecare provision delivered during evening/overnight for people aged 65+ compared with other local authorities.

The number of people 65+ residing in a Moray based Care Home has continued to decline since 2004/05. The number of occupied places has dropped by 14% from 565 (2004/05) to 487 (2006/07). The number of people aged 18-64 in a Care Home has also dropped over the same period, from 111 to 90.

Summary & Emerging Trends

- Moray has just 1 datazone among the 15% most health deprived in Scotland
- The proportion of residents with a limiting long-term illness is lower than nationally
- Proportion of those with LLTI living in social-rented accommodation is higher than for all residents. Same for Moray & Scotland though less severe in Moray

- Proportion of Moray residents with or without LLTI living in accommodation 1st to 4th floor minimum is 14% lower than nationally
- 25% of Morays households have one resident with LLTI
- 81% Of these households have no carer, 13% have one carer, 6% have 2+ carers
- Overall 50/50 split between those carers who work/study and those that do not, but varies with age of LLTI sufferer.
- Generally, smaller proportion of carers of older LLTI sufferers work or study
- Slight increase in “not good health” with lower socio-economic status. Highest level for those “never worked & long-term unemployed”
- Deaths from Coronary Heart Disease static since 2004/05, but decreased in Grampian
- CHD & cancer main causes of premature death in Moray
- Lower prevalence of smoking amongst adult population in Moray than in Scotland
- Drug abuse in-patient discharges shown decrease but small number of cases so trend identification difficult
- Ratio of hospital discharges to patients for alcohol-related admissions is same in Moray as nationally
- Number of people aged 65 & over receiving homecare is relatively static
- Increase in homecare provision at weekends and evenings/overnight

4. Substance Misuse

4.1 Drug Misuse

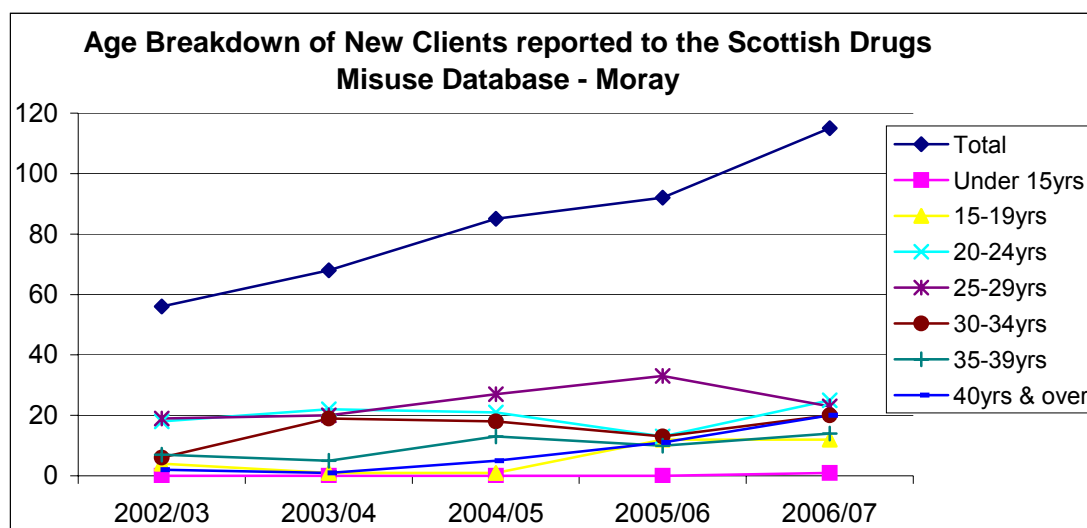
The Community Safety Surveys of 2005 and 2007 and the Citizens Panel Survey of 2006 indicate that 55% to 65% of respondents think that drug misuse or dealing is not common in their neighbourhood and 70% to 80% have not personally seen incidents of drug misuse or dealing in the previous 12 months.

However, the trend for supply offences is increasing, with a 52.5% rise between 2004/05 and 2006/07. Over the same period, possession charges showed a 23% decrease, although in the first 8 months of 2007/08 there were 31% more possession charges than in the same period of 2006/07.

The rate of drug-related deaths is lower in Moray than Scotland as a whole, at 0.04 per 1,000 population, compared with 0.07. Over the last 5 years, all the drug related deaths in Moray were due to drug abuse or were of unknown intent. There has been none due to intentional self-poisoning.

4.1.1 Users - general

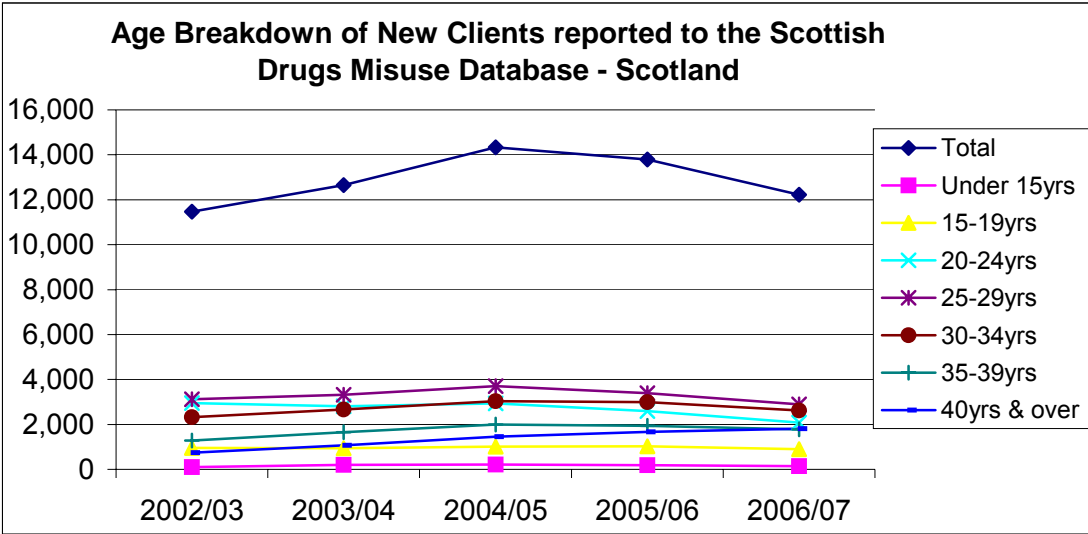
The number of new clients reported to the Scottish Drug Misuse database for Moray has increased steadily, from 56 in 2002/03 to 115 in 2006/07. The increase in new clients between 2005/06 and 2006/07 was the largest over this period at 25%. For the year ended March 2007, approximately $\frac{2}{3}$ of the 115 new clients were male, almost half of whom were aged between 20 & 29 years. Unfortunately, no age breakdown is provided for new female clients due to the low numbers (<40). However, the median age of females was 27yrs [21].



Out of the 1050 new patients reported in Grampian in 2007/08, there were, in Moray, 62 using heroin, 33 cannabis and 30 diazepam.

In Scotland, the overall trend is increasing, although the last 2 years have seen a slight reduction in the number of new clients reported. The proportions of male and female clients are similar nationally, and nearly half of males are aged 20-29yrs. The

median age of female clients in Scotland is 28yrs. However, the proportion of new clients aged under 25yrs is 8% higher in Moray than nationally, at 33% compared with 25%.



96 new clients (83%) in Moray reported illicit drug use, their most commonly used illicit drug being heroin, with 77% of the 96 individuals reporting using it. This compares with 82% of new clients reporting illicit drug use nationally, 68% of who reported using heroin, again making it the most commonly reported illicit drug.

In Moray, the next most commonly used drug by new clients was diazepam, closely followed by cannabis, reported as being used by 35% and 30% respectively of new illicit drug users in 2006/07. In Scotland these two drugs were both reported as being used by approximately 32% of new clients using illicit drugs.

Figures for Scotland indicate that heroin use has reduced over recent years in all age groups, although 2006/07 figures suggest it may be levelling off. Use of diazepam has been fairly steady but displays an increase in all age groups but one (35-39yrs) in 2006/07, while cannabis use, which was increasing across all ages, shows an average 6% reduction in 2006/07. The highest level of heroin use is in 25 to 29 year olds, with 75% of new clients in this age group reporting using it in 2006/07. Diazepam is most commonly used by 20-24yr olds, 37% of whom reported using it, while cannabis is the most commonly used illicit drug of under 15 year olds, with 81% of new clients in this age group reporting using it in 2006/07 [21].

The source of referral to specialist drug services in 2006/07 differs between Scotland and Moray, the main difference being in the proportion of referrals made by a GP. Nationally, 27% of referrals were from a GP, whereas in Moray, this proportion was 51%. Just 3% of referrals nationally came from mental health professionals, with none being made from this source in Moray. However, of those for whom information was available, 43% of new clients in Moray had co-occurring mental health issues, as did 42% of those nationally.

In Moray, 41% of new clients in 2006/07 reported first using illicit drugs when under 15 years old and a further 46% were aged 15 to 19 years. This compares with 41%

and 40% respectively nationally. For the majority of users (61% compared with 71% nationally), the onset of problem drug use is reported to have occurred within 6 years of initial use, with 38% of new clients identifying the onset of problem drug use as before age 20yrs. A further 33% indicated the age of onset of problem drug use as between 20 and 24yrs. The comparable figures for Scotland are 45% and 27% [21]. The time between the onset of problem drug use until help was first sought was less than 2yrs for 74% of Moray's new clients in 2006/07. This compares with 61% of new clients nationally.

4.1.2 Users – young people

The results of the SALSUS Survey 2006, Moray Report, lend support to these figures. The most common drug offered to and used by both 13 and 15 yr olds was cannabis. 7% of 13yr olds and 30% of 15 yr olds had tried drugs, though only 4% and 12% respectively had used drugs in the last month. Of these, the average age of first use was 13 years. Approximately half of drug use in both age groups occurs outside, although 30% of 15 yr olds reported using drugs at someone else's home and 10% of 13 yr olds reported using drugs at a party. 48% of those who have used drugs reported that they were drinking alcohol the last time they used drugs. Over 80% of drugs were obtained from a friend but in the 13 yr age group, almost as many pupils (11%) obtained drugs from an immediate family member as from a stranger (12%). Although most pupils knew where to obtain information about drugs and were aware of some of the dangers, the 13 yr age group particularly displayed some gaps in their knowledge. For example, only 47% believe that injecting can lead to HIV and only 37% believe that heroin is more dangerous than cannabis. The vast majority of pupils, particularly in the 13 yr old age group, displayed a negative attitude towards drug use although 36% of 15 yr olds surveyed did not think that people who took drugs were stupid and 39% did not feel that all people who sell drugs should be punished [22].

4.1.3 Drug-related deaths

In 2007 there were 45 drug related deaths in Grampian, 5 of which occurred in Moray. Of the 5 deaths heroin/morphine was involved in 3, methadone in 2, temazepam in 1 and alcohol was identified in 3 [21]. Opiates continue to feature in the vast majority of drug-related deaths and there is an increased trend of drug and alcohol intoxication being the cause of death [38].

Data for Scotland indicates that on average, from 2003 to 2007, 81% of drug-related death victims were male and 2/3 were aged 25 to 44 yrs. In 2007, the median age of drug-related death victims was 34 [30]. There is no equivalent data available at Moray level.

4.2 Alcohol

Alcohol is an embedded part of social, economic and cultural life in Moray as elsewhere in Scotland. In Scotland, the economic cost to society of alcohol-related problems was estimated at over £1.1 billion in 2002/03.

Drinking over the guideline limits for safe alcohol consumption is a major concern for public health. It may lead to alcohol-related health conditions, disease and hospital admissions; crime and antisocial behaviour; loss of productivity in the work place and family problems including domestic violence.

Moray has a number of alcohol-related issues. The number of alcohol-related hospital discharges increased by 82% between 1999-00 and 2004-05, compared with a 21% increase nationally. However, over the past three years there has been a 10% reduction in the number of alcohol-related hospital discharges bringing the figure back to the level of five years ago. Moray currently matches the Scottish ratio of 1.4 for hospital discharges of patients with an alcohol-related diagnosis.

Drink is a common factor in suicides and in Moray the suicide rate is increasing compared with a decreasing rate nationally. There is a further link between domestic abuse, which is also increasing, and alcohol, with 69.5% of offenders and 56.4% of victims being under the influence of alcohol at the time of the incident.

Drink driving has reduced in Moray over recent years, from 178 offences in 2004 to 159 in 2006. However, there have been 85 drink-driving collisions in this 3-year period, causing 3 fatalities, 13 serious injuries and 33 slight injuries.

4.2.1 Alcohol Consumption

Alcohol consumption and excessive drinking are increasing in Scotland. Alcohol-related hospital admissions and deaths continue to rise for both men and women and there has been a 54% increase in reported drinking by 15 year olds and a 100% rise in drinking by 13 year olds since 1990. There is justifiable concern about alcohol-fuelled violence and other forms of alcohol-related antisocial behaviour [23].

Following a review of alcohol consumption in 1995, the Department of Health issued revised guidelines on sensible drinking, which shifted the focus from recommended weekly limits for men and women of 21 and 14 units respectively, to recommended daily limits of 3-4 units for men and 2-3 units for women. Consumption of more than double the recommended daily limits is considered binge drinking [24].

4.2.2 Alcohol Consumption - Adults

The Scottish Health Survey, 2003 provides data on adult alcohol consumption in Grampian region but unfortunately does not specify figures at a Moray level. Figures for Grampian indicate that on the heaviest drinking day in the week prior to the survey, 39% of men had consumed 4 or more units of alcohol and 31% of women had consumed 3 or more units. 20% of men and 16% of women had drunk double the daily-recommended limit or more and would therefore be considered binge drinkers. Figures for weekly consumption indicate that men drink on average 14.5 units per week and women drink an average of 6.2 units per week. 22% of men and 15% of women responded that they drank more than the recommended weekly limit

for their gender. 5% of men drank over 50 units a week and 1% of women drank over 35 units per week.

The Citizens’ Panel Survey in 2007, “Achieving a Healthy and Caring Community”, to gauge Panel members’ experiences and views of health and social care services in Moray, found that 12% of males indicated their average weekly alcohol consumption to be higher than the recommended level of 21 units for men, and 14% of females indicated their average weekly alcohol consumption to be higher than the recommended level of 14 units for women.

4.2.3 Alcohol Consumption – Young People

The SALSUS Survey 2006, Moray Report, indicated that the numbers of 13 and 15 year olds that have ever had a drink has not changed significantly since 2002, at 65% and 90% respectively. The numbers that had drunk in the last week, 19% and 47%, and those who indicated that they drank at least once a week, 13% and 38%, were also not significantly different from 2002. Of those pupils who had drunk in the previous week, the most popular type of alcoholic drink with 13 year olds was alcopops, followed by beer/lager/cider and spirits/liqueurs. 15 year olds drank predominantly beer/lager/cider, followed by spirits/liqueurs and alcopops. Beer/lager/cider were most popular with boys while alcopops were most popular with girls. The most common source of alcohol for both age groups was buying from a friend or relative. In the previous 4 weeks, 57% of 15 year olds and 23% of 13 year olds had got someone else to buy alcohol for them. The most common location for 13 year olds to drink alcohol was in their own home. Outside, at a party with friends and at someone else’s house were also frequently reported. 15 year olds most commonly drank outside but also frequently at a party with friends, at home or at someone else’s house [22].

The Grampian Youth Lifestyle Survey (2007) found that of the young people in Moray, 74% had taken an alcoholic drink compared with 69% of those in Grampian surveyed. As would be expected this figure varied by school year ranging from 46% for 1st year pupils in Moray to 99% for 6th year pupils.

In order to establish the quantities of alcohol consumed by pupils, those who had taken alcohol in the seven days prior to the survey were asked to detail what they had consumed. This was then converted to units of alcohol.

Out of all the responses, 108 (47%) pupils had consumed alcohol in the seven days prior to the survey. For these, the mean consumption level was 20.9 units for Moray pupils compared to 18.5 units overall in Grampian.

Mean units of alcohol consumed in last seven days

	Moray	Grampian
Males	22.6	19.7
Females	19.1	17.5
Average	20.9	18.5

Frequency with which young people drink

Moray						
	Given up	1-2 a year	< 1 a month	> 1 a month	1-2 a week	3+ week
	%	%	%	%	%	%
Year 1	15	49	30	5	-	-
Year 2	5	34	24	25	9	3
Year 3	3	20	21	42	8	6
Year 4	-	16	32	32	16	4
Year 5	-	9	18	42	31	2
Year 6	2	12	16	45	24	2
Total	2	19	22	37	17	3
Grampian Total	3	23	21	33	18	3

When compared to the 2001 survey figures young people in Moray are drinking more in categories less <1 a month and >1 a month, however there is a reduction in the category 1-2 a week.

Young people from Moray were most likely to drink alcohol at parties (89%). The second most popular place was at home with family (70%), while 47% of young people admitted to drinking in the street and 39% to drinking in pubs/night-clubs. These percentages are similar to the 2001 survey.

The actual number of reports of underage drinking in Moray shows a reducing trend over the last 2 years, with a total reduction of 57% over this period [16].

4.2.4 Alcohol-related deaths

The number of alcohol-related deaths has increased over recent years, with approximately 75% being male. In 2004, there were 27 deaths registered in Moray where alcohol was a known underlying or contributing cause of death. 20 of these were males (74%) [25]. Out of over 400 local authority areas in the UK, Moray was ranked 14th for alcohol-related deaths in males between 1998 and 2004 [26]. 36% of alcohol-related deaths were aged 65+ years and 6% were under 45 years. This compares with 27% aged 65+ years and 15% under 45 years in Scotland and Grampian.

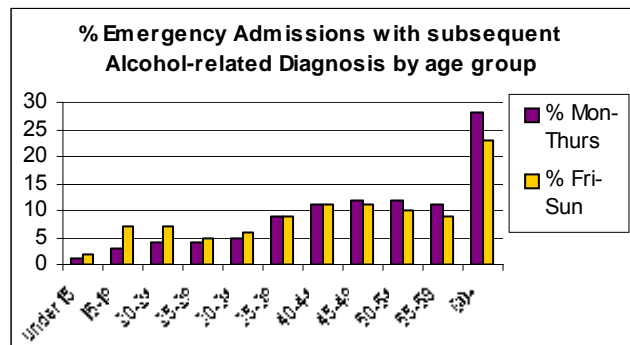
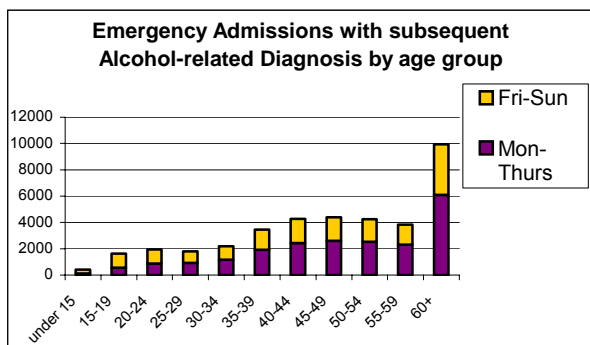
4.2.5 Alcohol & Health

Excessive alcohol consumption can result in a wide range of health problems, some short-term, such as acute intoxication and poisoning, and some longer term, such as liver and brain damage [25]. In Moray, the number of alcohol-related hospital discharges increased by 63% between 1999/00 and 2006/07, compared with a 24% increase nationally. The majority of discharges, around 71%, were males and the number generally increases with age. Of the 559 discharges in Moray in 2006/07, 80% were following emergency admission, compared with over 90% nationally. Of the overall total, the most common diagnosis was a mental or behavioural disorder due to use of alcohol, accounting for 58% of discharges, compared with 66% nationally. This diagnosis includes conditions such as acute intoxication, harmful use

and alcohol dependence. Approximately 15% of discharges in both Moray and Scotland as a whole were diagnosed with alcoholic liver disease and around 9% of both populations were suffering the toxic effects of alcohol. [9]

Although a smaller proportion of alcohol-related discharges in Moray were diagnosed with a mental or behavioural disorder, the division of diagnoses within this category was different to Scotland as a whole. The main difference was the proportion diagnosed with alcohol dependence. In Moray, 41% of this category was classified as alcohol dependent, compared with 16% nationally. Scotland had slightly larger proportions of discharges diagnosed with acute intoxication and harmful use, at 28% and 45% respectively, compared with 21% and 33% in Moray.

The number of alcohol-related discharges admitted as an emergency generally increases with age, from 1% of under-15s to 26% aged 60yrs and over. In most age groups, similar proportions of people were admitted from Monday to Thursday as Friday to Sunday. However, although 10% of admissions were aged under 25yrs, 7% of those on Monday to Thursday fell into this age group but 15% of admissions from Friday to Sunday were of this age.



4.3 Drug & Alcohol Services

There is a range of services provided in Moray to help tackle drug and alcohol misuse at every stage, from prevention, through early intervention and treatment to continuation support. The majority of services are for both drugs and alcohol although Moray New Futures – Progress to Work offers drugs only services and Moray Council on Addiction offers assistance with any addiction [28].

There are only 2 organisations offering a treatment service to young people, compared with 4 organisations for adults. However there are 15 organisations that can provide prevention services for young people, compared with 8 adult prevention services [28].

There are 8 needle exchanges operating in Moray, one of which opened in October 2007, and in 2006/07 there were 29910 needles distributed, 850 of which were combined syringes & needles, and there were 5693 needles returned [29].

Key actions are:

- Develop co-ordinated educational programmes to focus on agreed client groups

- Develop new materials to support educational campaigns
- Provide drug and alcohol information, awareness raising and training programmes to develop culture change in schools, workplaces and community settings.
- Support employers in developing workplace drug and alcohol policies
- Develop local communication strategies for Drug & Alcohol to tie in with national campaigns
- Implement local harm reduction initiatives and community prevention programmes
- Develop a core integrated data set of measures with and for all relevant partners to identify service issues and needs, ensure improved joint working and improved services.

Other possible effective actions may include:

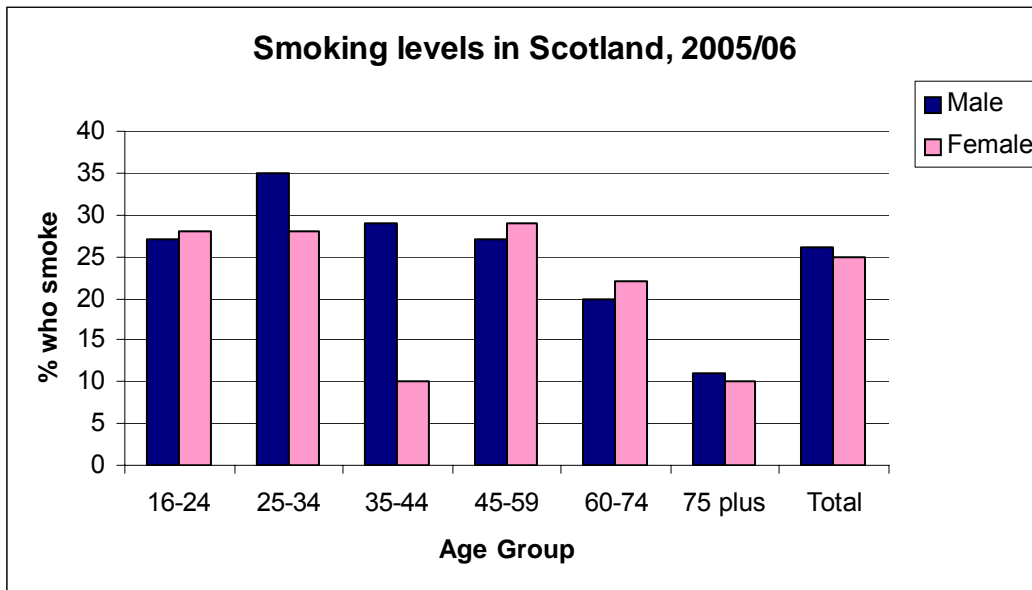
- Brief interventions in primary care for those who have harmful drinking levels
- Alcohol taxation, laws on minimum drinking age and drink driving; selective breath testing, sobriety checkpoints and random breath testing, ignition interlock devices, intensive face to face server training and management support
- Treatment and support for those who are alcohol dependent/drinking hazardous levels, psycho-social interventions, pharmacological treatments as adjuncts to psycho-social interventions.

4.4 Smoking

Smoking tobacco remains the single greatest cause of preventable ill health and early death being a risk factor in the three leading causes of death: coronary heart disease, stroke and cancer. It is estimated that up to 1,000 deaths per year in Scotland might be attributable to environmental tobacco smoke exposure among lifelong non-smokers. Identified priority areas include areas of deprivation and communities of interest namely young people, pregnant women and those living with mental ill health.

4.4.1 Adult Smoking

The Scottish Household Survey 2005/06, indicates that approximately 26% of the adult population of Scotland smokes, a figure that has been reducing steadily since 1999. Overall there is little difference between the sexes, although in individual age groups, there are some variations, the most profound in the 35-44yrs age group, in which 29% of males smoke compared with 10% of women. The highest level of smoking in males is in the 25-34yrs age group, in which 35% smoke, while the highest level of smoking in females is in the 45-59yrs age group, in which 29% smoke. Figures for Moray suggest that 23% of the adult population smoke, 3% lower than the national figure [35].



In Moray it is estimated that 23% males, 16 years and over and 22.1% females, 16 years and over smoke tobacco, which equates to 15,966 smokers in Moray and 23% of the Moray population. 28% of pregnant women smoke in Moray. Over the last 10 years (1996-2005) there has been a reduction in Coronary Heart Disease, 40% due to individual health treatments. 51% of these were due to a reduction in smoking – *ref Moray CHSCP*

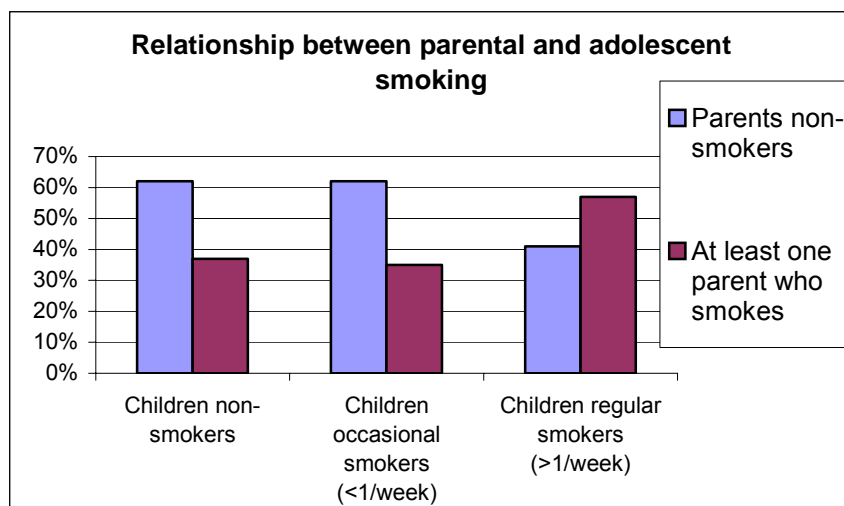
4.4.2 Adolescent Smoking

The SALSUS Survey 2006, Moray Report, indicates that 4% of 13yr olds and 20% of 15yr olds smoke regularly (usually smoke one or more cigarettes a week). This compares with 4% and 15% nationally. The levels of occasional smokers (smoking less than 1 cigarette a week) are also higher in Moray than nationally, at 4% of 13yrs olds and 10% of 15yr olds, compared with 3% and 6% respectively in Scotland as a whole.

Interestingly, nearly $\frac{3}{4}$ of 15yr olds thought it was OK to try smoking to see what it was like, whereas less than $\frac{1}{2}$ of 13yr olds thought it was OK.

Approximately half of both age groups of regular smokers wanted to give up smoking, and nearly 80% had tried to give up. The perception of ease of giving up was substantially different according to how long the pupils had been smoking. Of those who had smoked for less than 1yr, 69% thought it would be fairly or very easy to give up, while just 21% of those who had smoked for longer than 1yr, felt the same.

Although the vast majority of pupils agreed with many of the statements about the dangers and possible side effects of smoking, such as smoking can cause lung cancer and heart disease, that smoking when pregnant can harm the unborn baby and smoke can harm the health of non-smokers, there were still some who did not agree with these statements. For example, 5% of regular smokers did not agree that smoking can cause lung cancer and 9% of regular smokers did not agree that smoking could cause heart disease [22].



The proportion of non-smokers with at least one parent who smokes daily, was lower than that of regular smokers. There was a similar though slightly smaller difference between the proportions of regular smokers with no parents smoking daily and those with at least one parent smoking daily.

The 2007 Grampian Youth Lifestyle Survey (2007) found that the majority of young people in Moray who smoke are smoking between 6-10 cigarettes per day which is similar to the 2001 survey when the majority of young people in Moray smoked between 1-10 cigarettes a day. In general it would appear that unlike 2001, females smoke more cigarettes than males.

	Moray			Grampian		
	Male %	Female %	Total %	Male %	Female %	Total %
Less than 1 cig/day	16	14	15	19	31	26
1-5 cigs a day	42	24	31	36	28	31
6-10 cigs a day	26	41	35	21	22	22
11-15 cigs/day	5	14	10	9	13	12
16-20 cigs/day	11	3	6	5	6	5
20+ cigs/day	0	3	2	11	1	4

Young people, who smoke, were asked if their friends smoked and if they smoked the same brand, 73% said yes and 71% of these smoked the same brand as their friends. Of the pupils who smoke, 77% strongly agreed or agreed that their family did not want them to smoke. Most young smokers from Moray started at the age of 13 years – the same as the Grampian average

4.4.3 Smoking & Health

In 2007, there were 64 deaths in Moray due to “malignant neoplasm of the trachea, bronchus and lung”, making it the 3rd most common cause of death in Moray. Most common was “ischaemic heart disease”, accounting for 127 deaths, followed by “cerebrovascular diseases”, which accounted for 89 deaths. “Chronic lower respiratory diseases” accounted for just 1 less death than malignant neoplasms [36].

4.4.4 Smoking Cessation

In July 2005, a National Smoking Cessation database was established by Information Services Division to capture information regarding smoking cessation services in Scotland. Unfortunately, at present, statistics are only available at Grampian level.

During 2006, there were a total of 8,474 registrations with a smoking cessation service in Grampian, representing approximately 9.7% of the estimated total number of smokers in the region. This compares with a national uptake rate of 4.3%. Unfortunately the majority of people were lost to follow-up so it is not known how successful they were. However, 9% had quit smoking at the 1-month follow-up, while 7.6% had quit at the 3-month follow-up. These figures compare with national rates of 34% at 1 month and 17% at 3 months.

During 2007, the number of quit attempts was nearly ½ that of 2006, at 4,452, an uptake rate of 4.4%, compared with 3.9% nationally. However, the 1-month quit rate was higher than in 2006, at 17%, while the 3-month quit rate was virtually unchanged at 8%. Again there was a large proportion lost to follow-up. Quit rates for Scotland in 2007 were 37% at 1 month and 18% at 3 months [36].

4.4.5 Smoking Ban

The Moray Citizens Panel was asked in 2007 about the impact of the smoking ban introduced in Scotland in March 2006. ¾ of respondents felt it had had a positive impact on health in Moray and were more likely to use public places such as pubs and restaurants, while just under half believed it would cause more people to stop smoking.

84% of respondents were satisfied with the effects of the smoking ban. However, when asked whether there were any aspects of the ban with which they were dissatisfied, just over 1/3 of respondents answered. The most common source of dissatisfaction, mentioned by 38% of respondents, was the view that the ban will not reduce smoking in Moray. Other reasons included infringement of people's rights, smokers littering the streets outside public buildings, smokers restricting access to public buildings and lack of receptacles for cigarette ends.

Nearly 9 in 10 respondents were in favour of increasing the age at which cigarettes can be bought, with nearly 2/3 "definitely" in favour of the proposal. Just 11% of respondents did not support the proposal [37].

Key actions are

- Develop and implement Moray Tobacco Project – support vulnerable people (low income, pregnant women, young people) in Moray to stop smoking
- Reduce the number of young people smoking in Moray – pilot project development
- Provide smoking cessation training to key frontline staff/partner agencies
- Continue to provide Smoking Advice Service (SAS) to the public across Moray
- Provide education and awareness raising of tobacco issues in schools, workplaces and communities

Summary & Emerging Trends

Drugs

- Number of new clients reported to Scottish Drug Misuse Database is increasing each year
- Rate of heroin use slightly higher in Moray than nationally
- Heroin most common drug used by new clients in their 20s
- Cannabis most common drug used by under 15s
- 52% report first use of illicit drugs when under 15yrs, 42% when aged 15-19yrs
- Drug use becomes problematic within 6yrs: 43% aged 15-19yrs, 44% aged 20-29yrs
- 80% of drugs obtained by 13 & 15yr olds were from a friend
- Some alarming gaps in knowledge, particularly among 13yr olds. E.g. that injecting drugs can lead to HIV, that heroin is more dangerous than cannabis
- Majority of drug-related deaths involve heroin
- Higher than national average of new clients under 25 years old

Alcohol

- Citizens Panel respondents indicate that on average 12% of males & 14% of females drink > recommended weekly level
- Approx 1/8 of 13s and over 1/3 of 15s drink at least 1/wk
- Most common source is buying from friend or relative
- Of those drank in last week, nearly 1/4 of 13s and >1/2 of 15s had got someone else to buy them alcohol in previous 4 weeks
- Underage drinking reports show reducing trend over last 2 years
- Alcohol-related deaths increasing, mostly male, >1/3 aged 65+yrs
- Alcohol-related hospital discharges increased nearly 3x as much as Scotland between 1999/00 & 2006/07
- Majority of hospital discharges are males
- The most common diagnosis on discharge was mental or behavioural disorder (includes acute intoxication, harmful use, alcohol dependence) due to alcohol use
- In Moray, 41% of above diagnosis category was due to alcohol dependence compared with 16% of same category nationally
- Good range of services across Moray but only 2 organisations offering treatment services to young people

Smoking

- Approximately 23% of Moray's adult population smokes, compared with 26% nationally.
- Cancer of trachea, bronchus and lung, 3rd most common cause of death in Moray in 2007 (64 deaths)
- 4% 13yr olds smoke (Moray & Scotland)
- 20% of 15yr olds smoke (Moray) compared with 15% (Scotland)
- Some ignorance surrounding dangers and possible side effects of smoking
- Success rates of smokers using smoking cessation services is lower in Moray than nationally

- Smoking ban very popular and seen as positive by most. Some dissatisfaction with some aspects/effects of it.

Future Considerations

- Threat posed by crystal methyl amphetamine
- Increase the level of drug and alcohol education initiatives to young people, particularly under 15s to attempt to fill the identified gaps in young people's knowledge about drugs
- Investigate levels between alcohol and smoking with deprivation
- Need to address high level of alcohol use and dependence in Moray.
- Need to investigate referrals from mental health

5. Health Protection

Vaccination

Children in Scotland are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population. As a public health measure, immunisations have been hugely effective in reducing the burden of disease. It is of public health concern when immunisation rates fall, as this increases the possibility of disease transmission, and hence complications arising from outbreaks of infectious diseases.

In Scotland the target of the national immunisation programme is for 95% of children to complete courses of the following childhood immunisations by 24 months of age: diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenzae type b (hib) and meningococcal group C (MenC). An additional national target of 95% uptake of one dose of MMR vaccine by 5 years of age (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts on reducing the number of susceptible children entering primary school.

There have been a number of changes to the childhood immunisation programme since September 2006:

- a new Pneumococcal Conjugate Vaccine (PCV) immunisation was introduced
- a change was made to the schedule given in the first 4 months of life
- there was the addition of an appointment at around 12 months to deliver the Hib/Men C booster
- a pneumococcal catch up campaign commenced
- in September 2007 a Hib vaccination catch up programme was introduced - the Hib catch up programme will continue until March 2009.
- an initiative to reduce the age at which pre-school immunisation is routinely offered to around 3.5 years of age.

The consequences of these changes are that each child needs more appointments and this may lead to some older children receiving their immunisations slightly later than scheduled due to prioritisation of younger children for primary immunisation appointments. This may have reduced the reported uptake rates for some vaccines by 5 years of age in recent quarters though rates are now around previous levels. Uptake rates by 6 years of age have remained high throughout.

The recently published Moray CHP Health and Wellbeing Profile(2008) noted that Moray has a slightly higher immunisation uptake at 24 months – MMR at 91% compared to the national figures of 90.3%. However the immunisation uptake at 24 months – all excluding MMR was well below the national average at 90.6% compared to the national figure of 96%.

For the quarter ending 30 September 2008, at Scotland level:

Uptake rates by 12 months of age

- Uptake rates by 12 months of age for primary courses of diphtheria, tetanus, pertussis, polio, Hib, MenC and PCV remain above 95%.

Uptake rates by 24 months of age

- Uptake rates by 24 months of age for primary courses of diphtheria, tetanus, pertussis, polio, Hib and MenC remain high and stable at around 96% to 98%.
- The combined Hib/MenC booster (normally given at around 12 months of age) was introduced in September 2006. This required the inclusion of an additional immunisation appointment in the childhood schedule. Uptake of this vaccine by 24 months of age has risen each quarter to reach 90.6% for the latest quarter (the previous quarterly figure was 84.5%). The uptake figures for the Hib/MenC booster are slightly more modest in comparison with other immunisations, however it is too early to draw any firm conclusions from this.
- A booster dose of PCV was also introduced in September 2006 (normally given at the same appointment as the first dose of MMR at around 13 months of age). Uptake for this vaccine by 24 months of age is 93.0%. This is an increase of 1.2 percentage points on the previous quarter when the rate was 91.8%.
- Uptake of one dose of MMR (MMR1) by 24 months rose to 92.3% (the previous quarterly figure was 91.7%). MMR uptake rates by 24 months have continued to be above 90% since autumn 2005.

Uptake rates by 5 years of age

- Uptake of one dose of MMR (MMR1) by 5 years of age rose to 95.4% and now exceeds the 95% target for the first time since reporting began in December 2006 (in the previous quarter uptake was 94.9%). By 24 months the reported uptake for this cohort of children was 90.0% showing that a significant number of children are immunised beyond the standard age.
- Uptake of the second dose of MMR (MMR2) by 5 years of age is 87.4%. This is an increase of 6.3 percentage points from the previous quarter when the rate was 81.1%. Other pre-school booster vaccines experienced a similar rise (from 84.3% to 90.5%). See introduction/context for further information.

Infection and Communicable Disease

NHS Grampian is one of three Boards taking part in a Scottish study to screen all patients for MRSA when they are admitted to Aberdeen Royal Infirmary and to orthopaedic wards at Woodend Hospital. This will help NHS Scotland decide if national screening for hospital admissions would be of benefit.

Infection and communicable disease is also reflected in the following HEAT target :

T11: To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010; and to reduce the rate of C.diff infection in hospitals by at least 30% by 2011.

Sexual Health

(a) HIV

Of the pupils in Moray schools surveyed as part of the Grampian Youth Lifestyle Survey (2007), 9% said that they worry a lot about becoming HIV positive, a further 14% claim to worry quite a lot. These figures are similar to Grampian overall [41].

To assess knowledge of how the infection can be contracted, a list of statements was given and respondents asked if they were true or false. Results for Moray pupils were as follows:

Health message	Correct answer	% who gave correct answer	% who gave wrong answer	% who were unsure
A person can get HIV by shaking hands with someone who is HIV positive	NO	73	2	25
A person can get HIV by sharing needles/syringes with someone who is HIV positive	YES	82	1	17
A person can get HIV by having sexual intercourse with someone who is HIV positive	YES	90	1	9
A pregnant woman who has HIV can pass it onto her baby	YES	63	3	34
A person can get HIV by donating blood	NO	19	41	41
A person can become infected by HIV by sharing a cup or glass with someone who is HIV positive	NO	47	11	42
A person can get HIV by swallowing street drugs	NO	27	26	47
A person can protect themselves from HIV by using condoms every time they have sex	YES	76	5	19
A person can protect themselves from sexually transmitted diseases by using condoms every time they have sex	YES	79	4	18
Taking the contraceptive pill can prevent a person from becoming pregnant and being infected with a sexually transmitted disease	NO	43	23	34

There has been an overall decline in the knowledge of HIV and it was noted during the implementation of the survey that many of the 1st and 2nd year pupils did not know

what HIV or AIDS was. There has been a decrease in knowledge in all categories, especially young people thinking you could get HIV by shaking hands with someone who was HIV positive, HIV can be passed on by donating blood or by sharing a cup or glass. Accordingly there has been an increase in those who gave a wrong answer and those who were unsure in nearly all statements.

Two new statement were added this year, protection from sexually transmitted diseased by using condoms and the contraceptive pill preventing a person from becoming pregnant and being infected with a sexually transmitted disease. Only 79% knew that using a condom can protect against contracting a sexually transmitted disease and only 43% knew that the pill could not prevent infection from a sexually transmitted disease. This follows the trend in previous surveys that knowledge of how HIV can be contracted has reduced and it appears that awareness of HIV has got progressively worse [41].

(b) Relationships

The pupils were asked about their relationships and 73% of Moray respondents said that they currently have or have had a boyfriend or girlfriend. Pupils who had never had a relationship were not required to complete any further questions in the relationship section of the report and have been excluded from the baseline of the percentages quoted.

Pupils who had had a relationship were asked to specify activities they had participated in during their relationships. Responses were as follows:

	Moray			Grampian		
	Never %	Occasionally %	Frequently %	Never %	Occasionally %	Frequently %
Hugging	5	21	74	4	32	64
Kissing on mouth	12	22	66	8	25	67
Light petting (fondling, caressing above waist)	23	39	38	27	33	40
Heavy petting (fondling, caressing below waist)	41	32	28	46	27	27
Oral sex	65	20	15	71	16	13
Sexual Intercourse	67	16	17	74	13	13

Participation in each of the activities increased with age, particularly among those who had had sexual intercourse. The following table provides a percentage breakdown by year for those pupils who had either occasionally or frequently had sexual intercourse.

Respondents who had had Sexual Intercourse

	Males %		Females %		Total %	
	Moray	Grampian	Moray	Grampian	Moray	Grampian
Year 1	-	2	-	2	-	2
Year 2	5	8	9	5	7	6
Year 3	26	22	29	21	27	21
Year 4	22	29	41	34	32	32
Year 5	46	39	53	44	50	42
Year 6	74	60	50	57	61	58

Results indicate increases in males in years 2-5 with a substantial increase, 30%, in 6th year males having sexual intercourse. The same applies for females in years 2-5, however there has been a substantial decrease, 23%, in 6th year girls who are sexually active compared to the 2001 survey.

(c) Use of Contraceptives

Most, 89%, of sexually active respondents in Moray used a contraceptive the first time they had sex compared with 84% of Grampian overall.

Percentage of sexually active respondents who use a contraceptive

	Moray %	Grampian %
Always	71	74
Nearly always	14	15
Sometimes	12	7
Never	4	4

Results show that there has been a 5% decrease of young people now regularly using contraceptives compared to 2001.

Of the young people in Moray who were sexually active, 88%, knew where to get condoms free of charge compared to 83% of 2001 respondents. There were also 90% who knew that they could get contraceptive advice to prevent pregnancy even if they are under 16 years of age.

The majority of young people in Moray who have or have had a relationship are most comfortable discussing questions about sex with their friends - 76%. Nearly a half, 44% said they would be comfortable speaking to a doctor, 39% said parents/guardian, 33% a school nurse and 31% brothers/sisters. A fifth, 21%, said they would be comfortable speaking to a phone line service and 19% said teachers [41].

The national HPV immunisation programme

Starting in September 2008, HPV vaccine will be offered to girls aged 12 to 13 years (school year S2) through the school health service. A catch up campaign will also begin for older girls aged less than 18 years. Girls aged 16 to 17 years on 1st September 2008 (school years S5 and S6) who are attending school will be offered vaccination commencing in September 2008. Girls aged 14 to 15 years on September 1st 2008 (school years S3 and S4) will be offered vaccination commencing in September 2009.

Girls who are not attending school and who are aged less than 18 years on September 1st 2008 will be offered HPV vaccination primarily through the general practitioner service. National negotiations are currently being taken forward to support this approach.

Parents who request earlier HPV vaccination for their daughters should be encouraged to wait until the start of the national campaign in September 2008. In addition, once the national campaign begins, girls who are attending school should be encouraged to take up HPV vaccination when this is offered through the school health service.

Key actions are

- Work towards ensuring Moray childhood vaccination uptake figures are improved
- Continue public health message regarding Sexual Health
- Ensure full participation in national HPV program

6. An Agreed Health and Social care Infrastructure Plan

NHS Grampian has introduced a Change and Innovation programme, which is a key part of the NHS Grampian Health Plan 2005/06. The programme will ensure continuing improvement of services for patients, reduction in waiting times and capacity to cope with increasing demand for health services.

This re-design of services will make sure that hospital specialists are able to concentrate on caring for people who need their specialist skills. There will be a shift in the balance of care by improving the range of services provided by primary care teams (GP practices).

People who require ongoing social care will be cared for appropriately in a community setting and not in hospital. We will provide more services nearer to people in their own communities. Pharmacists, Community Carers, Dentists, Optometrists, GPs and Nurses will work together to promote anticipatory care.

We will promote self care by providing more opportunities for people to lead healthier and socially rewarding lives. Information and support will be provided to encourage and equip people to take more responsibility for managing their own health and well being. This will involve all Community Planning Partners working together to make Moray a healthier place.

Key actions are

- Promote self-care by providing more opportunities for the public to lead healthier and socially rewarding lives.
- Review Health Information Service (Healthpoints)
- Continue to support the implementation of Telecare services so to enable the public to undertake self care within the comfort of their own home and community.
- Implement Dufftown Self Care Community Project (Keep Well 2010 funding)
- Create and support self help groups for long term health conditions (volunteer centre)

National Initiatives

There are several programs that Moray contributes to as part of NHS Grampian and national health initiatives i.e.:

- The maximum wait from urgent referral to treatment for all cancers is two months
- As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks from GP referral to a first outpatient appointment from 31 March 2009
- As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day case treatment from 31 March 2009
- As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009

- NHS Boards will achieve agreed reductions in the rates of attendance at A&E, from 2006/7 to 2010/11; and from end 2007 no patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment
- By 2008-09, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05 and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008
- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/7 to 2010/11

Achieving a Healthier and Caring Community Seminar.

At the Achieving a Healthier and Caring Community Seminar in March 2007, which was attended by Senior NHS G, MCHSCP, local authority and voluntary sector personnel, the following was identified as key issues to be included when planning and developing a Health Inequalities Strategy and action plan in Moray:

- Target resources to most deprived communities, groups and individuals.
- Provide better transport.
- Provide affordable housing.
- Provide equal choices.
- Develop outreach services for those who are hard to reach.
- Advocate and campaign for those who are most disadvantaged – adopt and promote a corporate parent role.
- Support development of self caring communities and groups.
- Effectively implement the Health & Homelessness Action Plan.

The Moray rate of multiple admissions as emergency to acute specialities has remained static since 2004/05, which is against the national trend of a steady increase over the same period. However, the figures for the number of emergency hospital admissions for those aged 65 and over have increased gradually since 2004/05, which is in line with national data.

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