Director of Public Health

annual report

summary

NHS Grampian

ACKNOWLEDGEMENTS

As always the production of the Director of Public Health Annual Report is a team effort.

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Foreword

This report covers the public health of Grampian for the year 2011 and is my first as Director of Public Health.

It provides a snapshot of the health status of Grampian and describes a number of activities that are underway to protect and improve the health and wellbeing of our population.

Overall, the report signals that Grampian compares favourably on a number of counts to the Scottish average, including in relation to life expectancy.

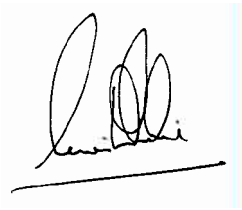
However, a number of continuing challenges include: inequalities in health, increasing obesity, alcohol/drug misuse and growing numbers/care needs of elderly people. We must strive to give our children the best start in life, to improve the health of all and to reach out to the most vulnerable in our communities.

There are many encouraging examples of effective partnership working already underway in Grampian: with local and national government, the statutory authorities, the third/voluntary sector, further/higher education and the business community.

Going forward, it will be crucial for all of us to work more closely together in a common cause. In effect, nurturing and empowering the public health of Grampian is everyone's business.

I am grateful to all colleagues who contributed to this report, particularly to Dr Dorothy Moir, as editor. They are listed in the Acknowledgements Section.

This report has been prepared in two formats – a Full Report and a Summary Report (this version). Both are available on the NHS Grampian website: www.nhsgrampian.org.



Sir Lewis Ritchie
Director of Public Health
NHS Grampian

Director of Public Health Annual Report 2011
Summary Version

Introduction

There are many factors that affect health and wellbeing – lifestyles, family, friends and community involvement, living and working conditions, employment and financial hardship. Health care needs are also influenced by a range of factors – the health conditions that people experience, the treatments that are available, willingness or ability of people to request help – all of which change over time. To ensure services meet the changing health needs of Grampian, it is important to understand the make up of the population, what is known about the patterns of disease and how services could and should be used more effectively. This helps to build up a picture of what services and health improvement measures are likely to be required both now and in the future.

The Director of Public Health Annual Report aims to provide a snapshot of the health status of the population and of the many activities that are underway to protect and improve the health of the public. Although Grampian compares favourably with the Scottish average across a range of measures, much remains to be done if we are to reduce variation in health outcomes for some of the most vulnerable groups in our communities. This Report aims to stimulate debate and discussion with a range of individuals, groups, communities and organisations, in order that we can work more closely together to further improve health and wellbeing in Grampian.

How Healthy Are We?

An Ageing Population

Across the Western world, life expectancy at birth has increased and populations are growing older. There has been a similar increase for both males and females in Grampian, with life expectancy significantly higher than that for Scotland.[1] Males in Grampian have the second highest life expectancy (77.3 years) and females the fifth highest life expectancy (81.3 years), when compared with other NHS Boards in Scotland.[2] However, Scotland compares less favourably to other Western European countries.

Population projections suggest that the population of Grampian will increase 21.2% by 2035,[3] (Figure 1). Children aged between 0-15 years are expected to increase 18% by the year 2035. Adults of working age (15-64 years of age) are predicted to increase by 9% and people over 65 years of age by 77% within the same time period. In line with many parts of the UK, the age dependency ratio (the number of people aged 65 and over compared to those aged 16-64 years) is increasing in Grampian. Changes in our population profile therefore have major implications for service provision. Older people are high users of health services and once admitted, patients in this age

group typically have a longer length of stay in hospital compared to younger age groups. In order to respond to these challenges, new models of health improvement and care provision must be developed, involving a shift from more acute hospital based care to community care, in line with both NHS Grampian's and the Scottish Government's 20:20 Vision statement.[4]

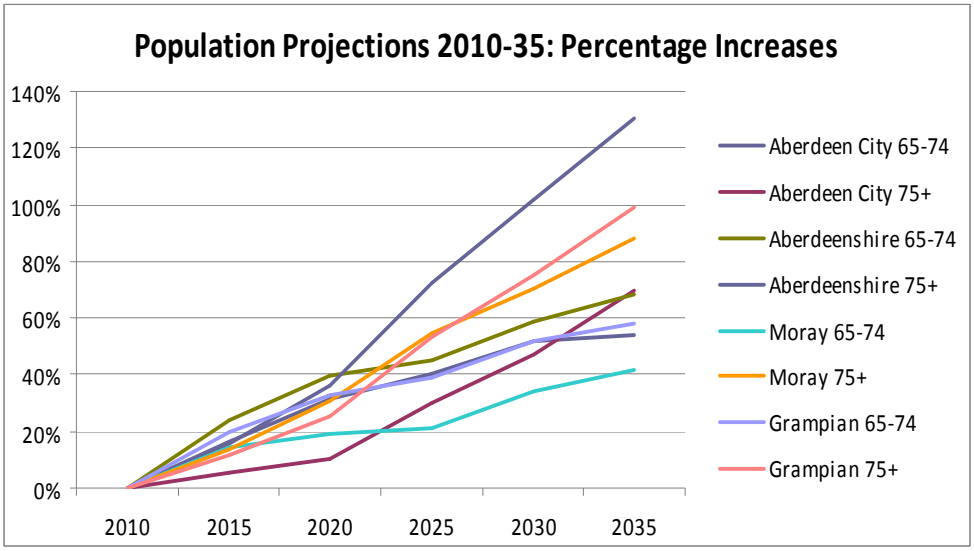


Figure 1: Population Projections 2010-2035: Percentage Increases
Source: National Records of Scotland (2012)

Healthy life expectancy (the number of years a person is expected to live healthily), relative to life expectancy for males and females in Scotland, is shorter than the average for the UK.[5] Male and female healthy life expectancy in Grampian is better than the Scottish average – the fourth longest compared with other NHS territorial Boards. This pattern also holds good for other indicators. One probable, and highly influential, factor behind this is Grampian's relative prosperity, compared to other areas in Scotland. The percentage of people living in socially deprived circumstances (social deprivation) in Grampian is among the lowest in Scotland.

What Do We Die Of?

The main causes of death in Grampian mirror the main causes of death in the Scottish population – coronary heart disease and cancer.[6] This also holds true for premature deaths in those under 65 years of age.

Cancer

As a group of diseases, cancer is characterised by variations in individual-level risks, due to genetic susceptibility, non-modifiable risk factors, such as increasing age, and exposure to modifiable risks (such as exposure to tobacco smoke or obesity) or to protective factors. The most common cancers diagnosed in Grampian are lung, colorectal, breast and prostate.[7] For all cancers, the number of new cases diagnosed in Grampian between 2006 and 2010 was lower than the Scottish average. It is well recognised that deprivation is associated with an increased risk of cancer mortality. With

improvements in treatment options and clinical outcomes, an increasing number of people are living with cancer (as a long-term condition) and beyond cancer (recovery/cure).

Coronary Heart Disease

Coronary heart disease (CHD) is not a single disorder, but a group of related conditions that are commonly linked with hardening of the arteries. Such conditions include angina, myocardial infarction, heart failure and arrhythmias (an irregular pulse). The risk of developing CHD increases with age and also with the presence of several modifiable risk factors, strongly associated with premature development of CHD. These include smoking, high cholesterol, high blood pressure, obesity, physical inactivity and a diet high in saturated fats (and low in vegetables). These modifiable risk factors also increase the risk of stroke. Over the last 15 years, Grampian (and Scotland as a whole) has seen a dramatic fall in the level of premature deaths from CHD, due to a combination of both lifestyle improvements and improved health care. It has been estimated that some 40% of this reduction in deaths from CHD is due to lower levels of smoking, 20% from decreases in blood pressure and cholesterol and 40% due to improved medical management. Individuals living in socially deprived circumstances have a higher occurrence of CHD and a poorer outlook, than the general population when they develop CHD.

Mental Health

Suicide is a leading cause of mortality among young people and the European age-standardised rates per 100,000 for suicide are generally higher in Scotland (24.1 for males and 7.7 for females) than elsewhere in the UK.[8]

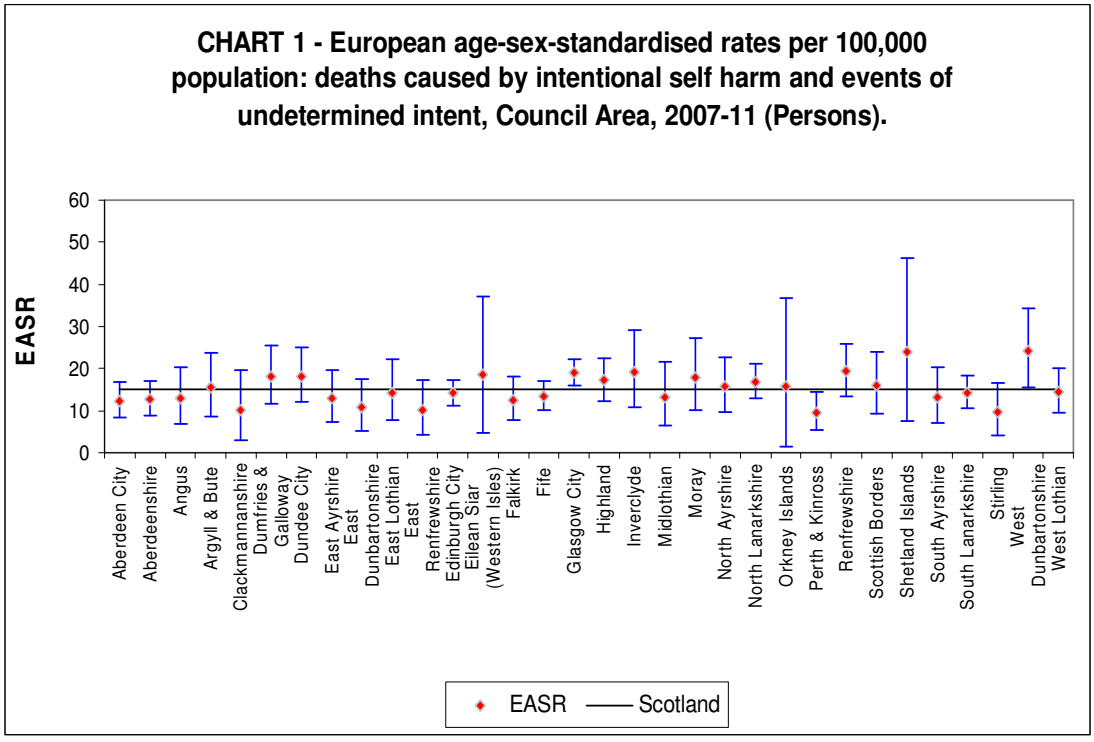


Figure 2: European age-sex-standardised rates per 100,000 population
Source: Scottish Public Health Observatory (2012)

When compared with Scotland, Grampian has one of the lower rates of death caused by intentional harm and events of undetermined intent (Figure 2). Within Grampian, there are differences in suicide rates by local authority area - described further in the full version of the Director of Public Health Annual Report 2011. Mental health is important to all of us as it affects many aspects of our lives. NHS Grampian is currently working with partners to agree ways to measure mental wellbeing, as opposed to mental ill health, on a routine basis. By concentrating efforts on mental health improvement, lifestyle behaviours that are harmful to health - such as excessive drinking and obesity, self-harm and suicide - may also be addressed.

The Choices We Make

Healthy Eating Active Living

As well as ageing, the population is also 'growing', with increasing numbers classified as overweight or obese (Figure 3). Analysis of Primary 1 children in Grampian has shown that, between 1970 and 2004, levels of obesity in this age group rose eight-fold, with a doubling in children classified as being

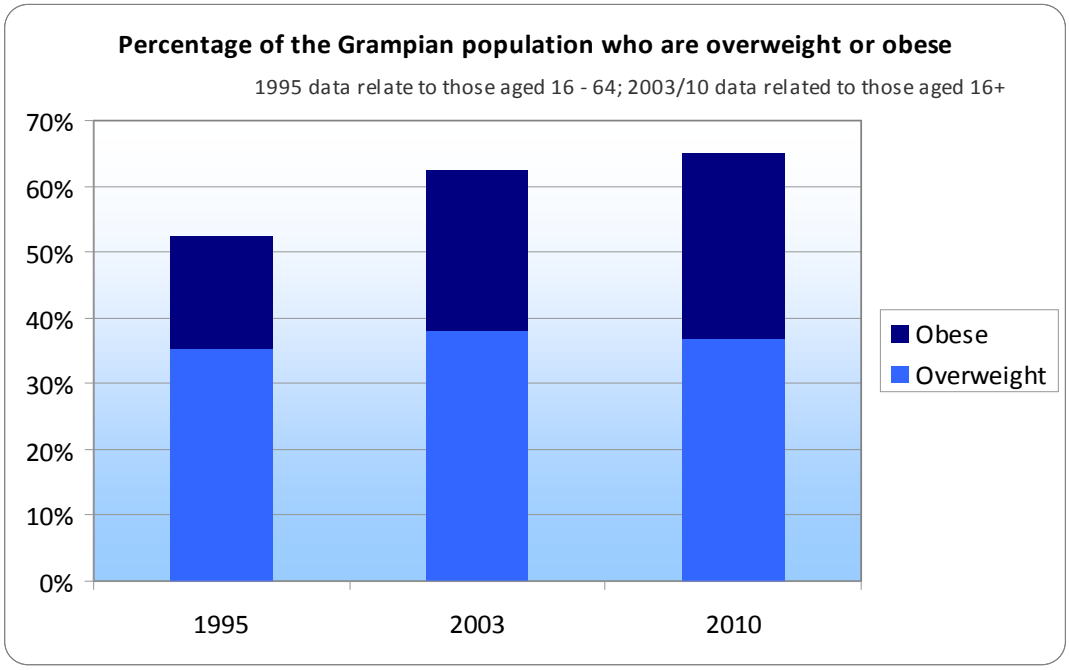


Figure 3: Percentage of the Grampian population who are overweight or obese
Source: The Scottish Government (2011)

overweight.[9] While prevalence of obesity has risen across the whole population, the greatest increase was seen in the least affluent communities. More recent data suggest that the numbers of overweight or obese children are reducing. However, approximately 20% of children are still overweight or obese in Grampian in the first year of primary school.[10] Research shows that parents of overweight children are likely to be overweight themselves. It is

estimated that nearly 30% of adults in Grampian are already obese, and there are few signs that this trend is either reversing or slowing down. Data show the prevalence of obesity increases with age, peaking among men and women aged 55-64 years. Obesity in women is associated with deprivation, but not for men.[11]

This is important, as obesity increases the chances of developing a number of long-term conditions as we age.[12] One example is type-2 diabetes, which is five times more likely to develop in overweight adults (compared to normal weight adults) and twelve times more likely in those who are obese (Figure 4). Among those with type-2 diabetes, at least half of these could have been prevented if they had not been obese.

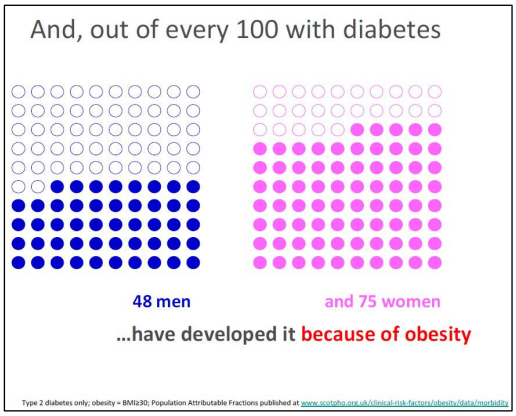


Figure 4: Population Attributable Fractions for Diabetes
Source: ScotPHO

Smoking

Smoking is the single biggest preventable cause of premature death in Grampian. 21% of deaths in Grampian are smoking related, compared to the national rate of 24%.[13] In Grampian, smoking prevalence in adults has reduced significantly from 27% in the combined years of 1999 and 2000 to 21% in 2009 and 2010. The most recent Scottish Household Survey found that 20% of adults in Aberdeenshire, 23% in Aberdeen City and 28% in Moray smoke.[14] Regular smoking among 13 and 15 year olds in Grampian also reduced between 2002-10 (7% to 2% in 13 year olds and 24% to 13% in 15 year olds).[15,16]

Substance Misuse

Scotland is a country of high alcohol consumption and Grampian is no exception to this. It is estimated that 43% of the adult Scottish population drink above sensible limits, either on a weekly or daily basis, and are, therefore, at increased risk of harm, compared to those who drink more responsibly.[17] In Grampian, this equates to nearly 200,000 individuals. For younger consumers in Grampian, the trends are more encouraging. Surveys suggest apparent reductions in ever drinking (74% to 60%) or weekly drinking (20% to 13%) from 2002 to 2010 across Grampian in 13 and 15 year olds.[14,15] It has been estimated that 11% of Accident and Emergency attendances were alcohol related in 2011,[18] while alcohol related admissions in Grampian are showing a decrease over the period 2006-11.[19]

At a population level, alcohol affects us more than drugs do, but drug misuse remains a serious issue. Quantifying the prevalence of drug misuse is difficult. Nationally derived estimates of heroin and benzodiazepine misuse are estimated at 4,900 in Grampian,[20] with Aberdeen City among the local authority areas in Scotland with the highest levels. Numbers appear to have

stabilised. Stimulant use (cocaine, ecstasy and amphetamine) is more prevalent, estimated at 2.8% for use in the previous year in Scotland,[21] Consumption of illicit drugs by school aged children is demonstrating an encouraging trend with a reduction in 13 and 15 year olds ever taking drugs from 20% in 2002 to 8% in 2010.[15,16] The reduction appears to be less marked in Moray, than in Aberdeen City and Aberdeenshire. Drug misuse, whether illicit or unprescribed, is dangerous and led to at least 48 deaths, mainly from overdose, in 2011 – the highest recorded for years. The likely explanation may have been a decrease in heroin purity, coupled with substitution with sedative substances, inadvertently increasing the risk of overdose.

More detail can be found on activities to address substance misuse through the three Alcohol and Drug Partnerships strategies.[22,23,24]

The Impact on NHS Services

The North of Scotland (NoS) Planning Group has examined the impact of lifestyles and health interventions on demand for and cost of NHS services in the North of Scotland.[25,26] Estimates suggest:

- Obesity related illness costs the NHS in the NoS £48.7million (07/08) and this is predicted to double by 2030.
- Smoking related disease costs were estimated at over £85.7million (07/08) – 82% of lung cancer and 86% of COPD is smoking related.
- Alcohol related disease costs at least £68.9million per annum (07/08).

Is it the Same Everywhere?

Commonly, there are differences in health between males and females, between people from different ethnic backgrounds, from different locations and from different socio-economic groups. It is well recognised that the health of those from more socio-economically advantaged (least deprived) areas generally fares better than those from more deprived areas. Grampian's relative prosperity improves the average for some health indicators, while masking the range of health and illness within the whole population. Using Aberdeen City as an example, people living in the poorest neighbourhoods will, on average, die five years earlier than people living in the richest neighbourhoods (Figure 5).[27] By comparison, males in Aberdeen City will not only die sooner (on average by two years), but will also spend more of their shorter lives with a disability (on average by one year) than their Aberdeenshire counterparts.

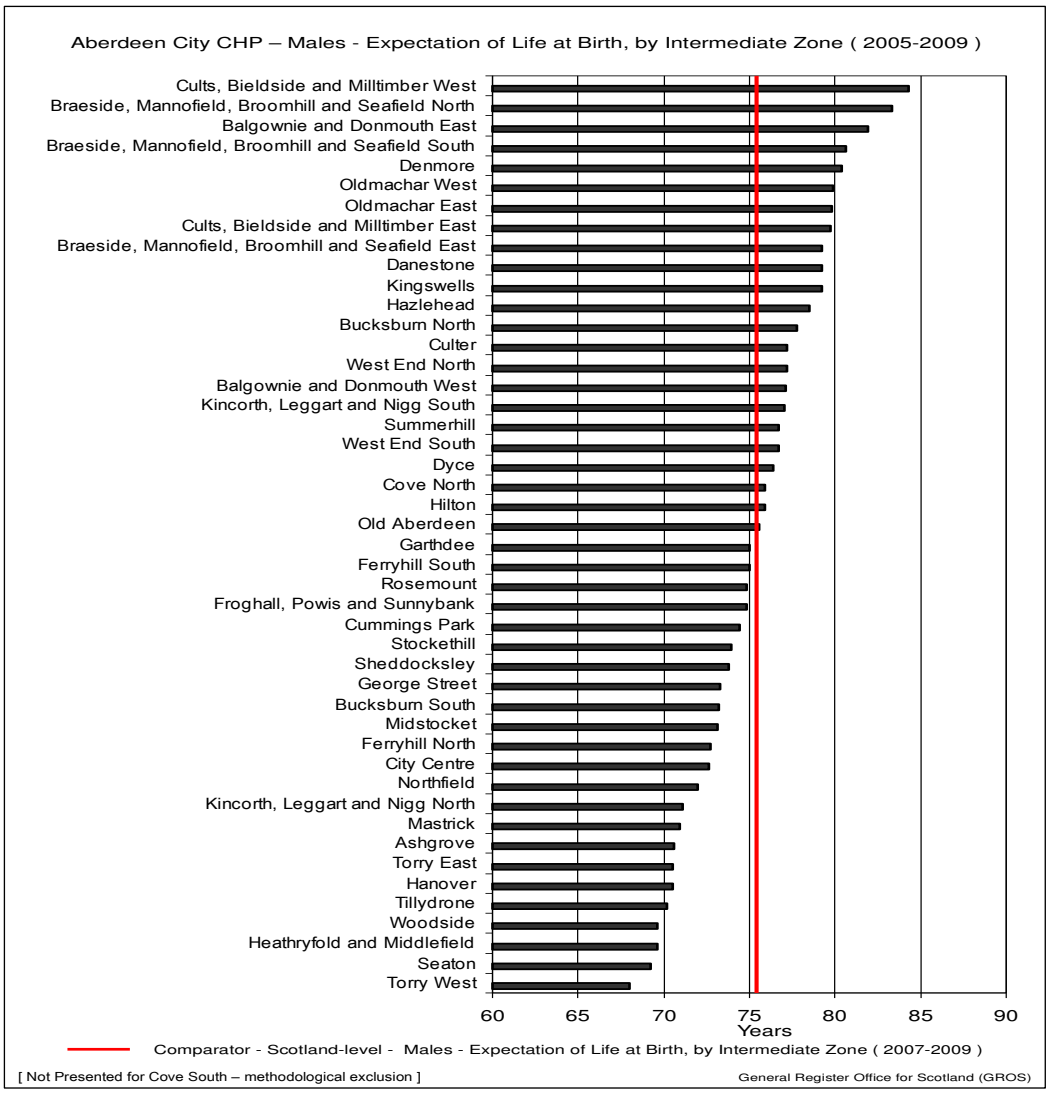


Figure 5: Expectation of Life at Birth by Intermediate Zone (2005-09) Aberdeen City CHP Males. Source: National Records of Scotland

The causes of inequalities are complex and interlinking. Some health inequalities are attributable to biological variation, genetic factors and intergenerational causes – health in later life can be tracked back to the conditions experienced while in the womb and during childhood. Health inequalities can also be attributable to lifestyle choices, which are significantly influenced by the environment, social and cultural conditions in which people live, work and learn. In the last couple of years, Grampian has achieved a reduction in the inequalities gap in smoking during pregnancy and in premature death from coronary heart disease.

The future health of a population can be improved by making the conditions of pregnancy, infancy and childhood as favourable as possible. Smoking in pregnancy is more common in the most deprived areas in Grampian, than in the least deprived areas (42% and 9% respectively).[28] The benefits of not smoking in pregnancy include reduction in the number of stillbirths, premature births and underweight babies. When Grampian data are compared between 2001-05 and 2006-10, there is a significant reduction in the percentage of women who reported being 'current' smokers at booking. The greatest improvements were in the most deprived quintile, thus narrowing the

inequalities gap. Exclusive breastfeeding for at least the first six months offers the greatest benefits for mother and child. In 2010/11, 32.5% of Grampian women breastfed - the fourth highest breastfeeding rate at 6-8 weeks in Scotland. However the average percentage rate masks variation within Grampian. 38.4% of babies from the least deprived quintile were exclusively breastfed at 6-8 weeks, while 21.1% in the most deprived were exclusively breastfed (Figure 6).

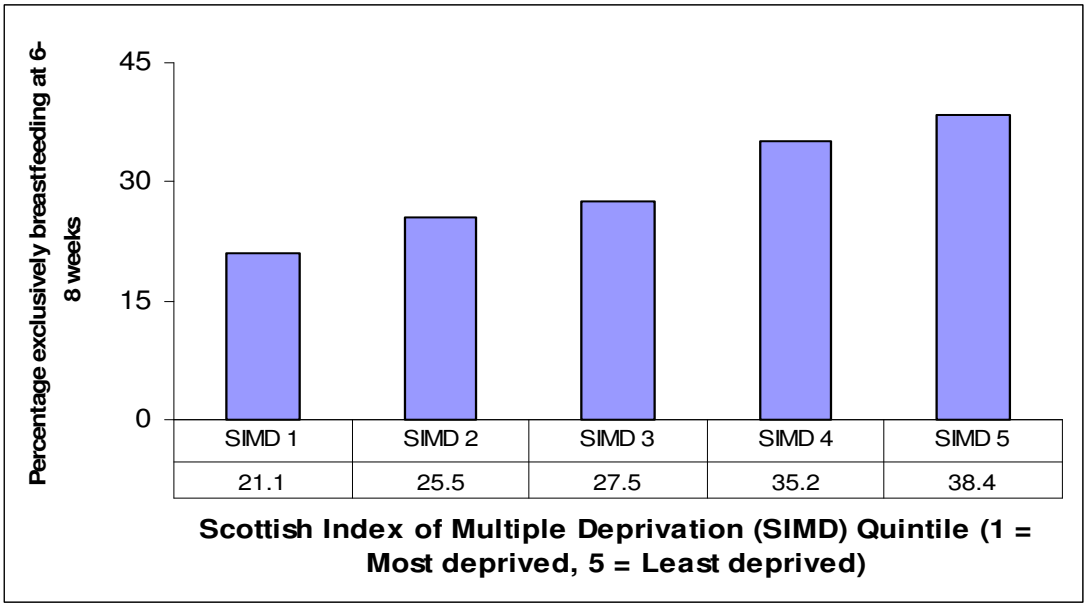


Figure 6: Percentage of women exclusively breastfeeding at 6-8 weeks in Grampian by local SIMD quintile, June 2010 – August 2011
Source: ISD Scotland

Although overconsumption of alcohol is a significant problem in all communities, alcohol related diagnoses of patients admitted to hospital in Grampian are disproportionately more common in people from the most deprived quintile. This may reflect historical drinking patterns. The rate of alcohol related diagnoses is five times as great in the most deprived quintile, when compared to the least deprived.

Research suggests that communities experiencing poor health make more reactive and recurrent use of public services, using the services for treatment, rather than as a service to help them keep well.[29] Expenditure on acute health care has increased for all groups in Grampian since 1997, but it has increased disproportionately in the more deprived quintiles.

Health improvement work is, therefore, viewed as an essential component of Government and NHS Grampian policy, in order to improve and protect health, reduce avoidable ill health, tackle health inequalities and contain rising demands and costs.

Protecting Health

NHS Grampian and the three Grampian local authorities, Aberdeen City, Aberdeenshire and The Moray Councils, have published the first Grampian Joint Health Protection Plan 2010/12 (a copy of which can be accessed at NHS Grampian website www.nhsgrampian.org/healthprotectiondocuments). It provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness. Health protection involves surveillance, investigation, control and prevention of communicable disease and environmental hazards to human health. The priority is to provide a timely response to actual or potential threats to the public's health. In comparison to other health board areas, certain health protection risks are of increased (and in some instances unique) importance in Grampian. These include:

- Private water supplies: these are associated with an increased risk of bacterial contamination and consequent gastrointestinal illness. There are more than 8,500 such supplies in Aberdeenshire and over 700 in Moray;
- Radon gas: Radon is a naturally occurring radioactive gas, which seeps up from the ground into some buildings. Radon is considered to be the second largest cause of lung cancer in the UK. Aberdeenshire is one of the main areas in Scotland to be affected by Radon gas;
- International airport, heliport and seaports: these are associated with a number of risks, including importation of infection.

Gastrointestinal infections

Gastrointestinal infections are infections involving the digestive tract and lead to symptoms such as diarrhoea and vomiting. They can be caused by a variety of organisms, including bacteria such as Escherichia coli and viruses like norovirus (Table 1). Gastrointestinal infections are relatively common and most people will recover without ill-effect. A minority can suffer severe illness and even death as a result of infection. Gastrointestinal infections are preventable and people can take steps in their daily lives (for example, hand washing) in order to reduce their risk. Grampian has one of the highest rates of gastrointestinal infections in Scotland due to certain factors, such as extensive rural hinterland and the large number of private water supplies.

Organism/ Illness	**2010**	**2011**
Campylobacter	808	763
Cryptosporidium	70	44
E. coli O157	51	41
Entamoeba histolytica	5	4
Giardia	18	20
Hepatitis A	7	1
Paratyphoid	3	1
Salmonella	103	102
Shigella species (Dysentery)	11	10
Typhoid	3	2
Yersinia	5	2

Table 1: Number of cases of notified disease in Grampian, 2010 – 2011
Source: NHS Grampian Health Protection Team

Blood Borne Virus Infections

There is great scope to reduce the effects of chronic disease progression of blood borne viruses (BBV). Three blood borne viruses – hepatitis C, hepatitis B and HIV – share common modes of transmission, each to varying degrees, through unprotected sexual intercourse, sharing of non-sterile equipment during illicit drug use or inadequate infection control procedures and transmission from mother to child. Hepatitis C is the most common BBV in Grampian and unlike hepatitis B and HIV, hepatitis C infection is curable in the majority of cases. Approximately 120 cases are diagnosed in Grampian each year, however, up to 51% of those exposed to the virus remain undiagnosed (estimated as approximately 1,500 in Grampian). A local action plan includes raising awareness of hepatitis C, encouraging testing, access to sterile injecting equipment and access to support and opiate substitution therapy. The majority of Grampian HIV positive individuals have not acquired the infection in Grampian. The most common factor in Grampian remains heterosexual intercourse, mainly in individuals who have been exposed to infection abroad, approximately 60% either in the individual's country of origin or through foreign work, travel or leisure contacts. By raising awareness of how to avoid infection, and by normalising BBV testing, more individuals will be enabled to address these potentially life-shortening conditions in an effective way.

Immunisation/Vaccination

Vaccination against serious infections is offered to all children in Grampian. Uptake of primary vaccination consistently exceeds 95% with the uptake of the booster dose of MMR significantly exceeding the Scottish average. During 2011, an outbreak of measles spread throughout France and other European countries. As long as high uptakes of MMR can be maintained locally, the risk of significant spread of infection from a single imported case will remain low.

In 2011, uptake of influenza vaccination exceeded the national target of 75% in the over 65 year age group at 76.4%. The 62% uptake in the younger at risk clinical groups, although better than the Scottish average, was still considerably less than the national target (75%).

Reducing Avoidable Ill Health

There are a number of population screening programmes made available to the people of Grampian, intended to prevent disease, or to detect and treat disease earlier. Early detection of disease depends on individual participation in these programmes. Programmes run in Grampian from pregnancy and continue through childhood and adulthood. Examples include:

Diabetic Retinopathy

Diabetic retinopathy is the most common cause of sight loss in people of working age. It may not cause symptoms until it is quite advanced, which is why screening is important. Grampian screening uptake is similar to the Scottish average (79.7% compared to 78.1%).

Bowel Screening

Bowel cancer is the third most common cancer in the UK and the second leading cause of death. This screening programme aims to identify cancers at an early stage, but also prevent some cancers by removing polyps before they develop any malignant changes. Uptake of screening is relatively high across Grampian. For the period May 2008 – April 2011, uptake was 59.5%, compared to the Scottish average of 54.1%. Variation still exists. Uptake is lower in men than women, 56% and 63.7% respectively, and lower in more deprived areas – 65% in the most affluent areas and 39.4% in the least affluent (Figure 7).

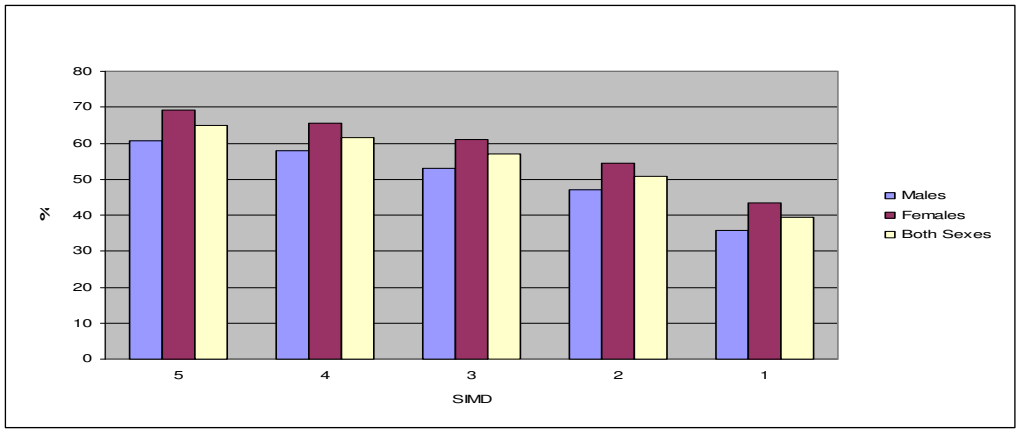


Figure 7: Bowel Screening uptake by SIMD and sex (Grampian, May 2009 – Apr 2011)
Source: ISD Scotland

Cervical Screening

Uptake of cervical screening in women aged 20-60 years has been decreasing over the last 10-15 years. Uptake rates are significantly lower in younger women and peak in middle age.

A range of promotional activities has taken place across screening programmes, to encourage those eligible to attend to take up the offer, for example, the Detect Cancer Early programme.

Improving Health

Although many public health programmes have achieved considerable success in reducing ill health and premature death, it is increasingly recognised that other approaches are required, if inequalities in health are to be prevented from widening. An 'asset based' approach is a way of working

that draws on inherent strengths and abilities of individuals, groups and communities. It complements the traditional way of working (often described as a deficit approach) that seeks to identify problems (poor health) and provide solutions. The deficit approach often relies on a professional intervention that can result in an individual becoming a passive recipient of services, rather than managing their own lives.[30] NHS Grampian aims to adopt an asset approach across all its work and work with partners. The following partnership examples highlight that asset based work is already happening across Grampian and so there is much to build on.

Building Healthy Public Policy

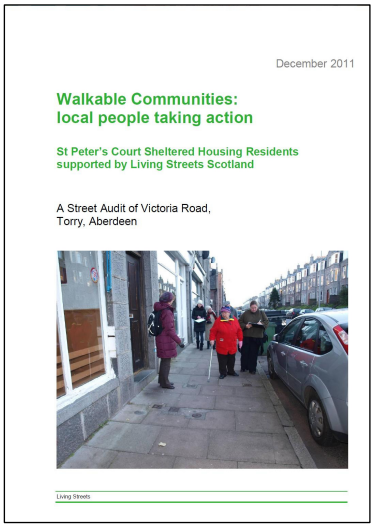
Building healthy public policy ensures that health and wellbeing is considered within all policy development.

An *Early Years Award* has been developed in partnership with Aberdeen City Council to embed health promotion within the daily activities of nurseries, playgroups and crèches.

NHS Grampian is working to develop a Community Benefit Clause with the help of the third sector. These contractual requirements seek to deliver wider social benefits within a contract, forming part of the criteria on which bids are assessed and evaluated.

Creating Supportive Environments

An example of communities helping to improve their local environment has involved groups of elderly citizens undertaking street audits. These audits, supported by *Living Streets,* assessed routes around local amenities and highlighted barriers for older people. As a result, recommendations made to Community Planning partners have indicated that residents feel their environment has improved, allowing more people to become active.



Businesses are helping each other to promote health in Grampian. A pilot is underway with one of the established *Healthy Working Lives Gold Award* organisations, which supports smaller businesses to become involved in and to promote health in the workplace.

Communities and businesses have also worked together with our health services. Being in hospital can be stressful - a group of NHS staff, third sector and business partners, working together have created a sensory garden in Dr Gray's hospital. The garden benefits patients, visitors and staff alike and is well used, providing a welcome break from treatment and the stresses of a hospital environment.

Strengthening Community Action for Health

Patients in primary care can now be prescribed a range of non-medical sources of support in the community. Community kitchens are being developed across Grampian, providing the opportunity to learn how to shop for, and cook, healthy meals. One example, the Huntly Kitchen, has been established with the involvement, ownership and direction of local people and has attracted 40-50 groups who regularly use the facility.

Social networks are good for your health. Research demonstrates that individuals who are socially isolated are between two to five times more likely to die prematurely, than those who have strong social networks.[29] The Change Fund for older people has set up a range of initiatives to support companionship for those who are isolated, whether through house moves, physical needs, bereavement or simply a lack of transport. A volunteer service matches older people with the social and cultural contacts they desire.

Supporting Personal and Social Development

This can be achieved through the provision of information, health education and life enhancing skills.

As part of the *Childsmile* oral health improvement programme, 16,000 children across Grampian brush their teeth daily within nurseries and schools. The children are learning how to look after their teeth and are given the opportunity to practice what they learn. Toothbrushes and toothpaste are provided to enable children to continue brushing at home. Healthy snacks at break-time ensure the environment is supportive. Over the last nine years, the numbers of children in Primary 1 who have no obvious decay has increased by 21.8%.

Give Kids a Chance supports disadvantaged young people to increase their self-confidence and self esteem, and to develop social and practical skills, through participation in their chosen activity. This could be to play a piece of music, swim a couple of pool lengths or, for some who have led a chaotic life, to simply attend and take part. In 2011, 167 young people were supported and stories highlighting their achievements can be found in the full version of the Director of Public Health Annual Report 2011.

As part of the *Keep Well* programme, people living in deprived areas are invited to attend health checks for factors that will increase their risk of developing coronary heart disease. A Health Coaching Service provides up to four sessions with a trained coach, with plenty of time to think and talk about making healthy changes. The coaches can signpost to other sources of support such as healthpoint, Health Walks, Healthy Helpings, the Smoking Advice Service, adult learning and financial support through credit unions and carer's support.

Providing Care and Treatment in a Different Way

Health care is one of a range of assets that communities require, in order to improve their health. As part of *Healthfit 2020*, NHS Grampian has been working with senior clinical staff, partners and communities to group primary care resources and services (GP practices, pharmacies, optometrists and dentists) in natural communities and populations. These groupings bring together knowledge of the local area and engagement with local people, and are ideally placed to work with Community Planning Partnerships to tackle inequalities in health. They also allow for services to be shared between professionals and practices, enabling NHS to deliver more services closer to home.

Well North – Dufftown was developed with extensive community engagement. The local GP practice identified a number of patients at risk of poor health and invited them in for a health check. The time and type of appointment was influenced by input from the community. Onward referral was made to services not traditionally thought of as health, such as housing and financial advice. In consequence, the GP practice has modified its service provision. For example, many patients with hypertension now monitor their blood pressure at home and report feeling more in control of the management of their condition. They also liked the convenience of not coming into the practice. The community also became more involved in community based activities – volunteers now staff the gym to enable it to stay open longer.

Every visit to the health service is an opportunity to promote health. In addition to individual lifestyle programmes, such as alcohol brief interventions and smoking cessation, staff are encouraged to consider other factors, such as financial hardship when working with their patients. A financial inclusion scheme has been set up and received 279 referrals (2011) providing advice on housing benefit, debt and affordable foods. Overall, patients have benefited from an estimated £210,000 to alleviate financial hardship and aid recovery.

In Summary

This report provides a snapshot of the health status of Grampian and describes a number of examples of services and developments that are underway or planned, in order to promote the health and wellbeing of our population. As we move forward, it will be crucial for all relevant agencies to work very closely together with our local communities, in order to improve the public health of Grampian and its people.

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