



Your Moray - Your Health and Well-being

REPORT TO: HEALTHIER STRATEGIC GROUP – 2 OCTOBER 2008

SUBJECT: EQUALLY WELL: HEALTH INEQUALITIES TEST SITE

BY: NHS GRAMPIAN / THE MORAY COUNCIL

Local Context

Overall, Moray is one of the least deprived areas in Scotland as defined by the Scottish Index of Multiple deprivation (SIMD) and has no data zones in the 15% most deprived in Scotland and only 2 in the 20% most deprived areas, both of which are in Elgin. This represents just 1.7% of Moray's data zones. There is however, a significant concern that the SIMD does not accurately measure the incidence of deprivation in rural areas, such as Moray.

Inclusive Society

Practically all areas which are the most deprived are found in the larger towns, with concentrations in the centre of Elgin, the north of Forres and the east of Buckie. Areas least deprived are north of Elgin, East of Forres and southern extremities of areas around Tomintoul.

The SIMD shows that in the 20% most deprived areas Moray has two areas (New Elgin East and Bishopmill East/Cathedral) that are educationally deprived and 9.3% of the population (8,170 people) are income deprived.

The 2001 census shows that 5.17% of men and 3.94% of women aged 16-74 years in Moray are permanently sick or disabled or economically inactive. And Elgin has the second highest incidence of people with a visual impairment in Grampian, next to Aberdeen.

Moray has a high level of fuel poverty with an estimated 21% of households in fuel poverty. Rates of pre-1919 housing stock levels of private rented stock and median income for single person households are the key indicators that relate to increased fuel poverty and which Moray is worse than the Scottish average. The position is similar to other comparative councils and indicates a strong association between fuel poverty and rural areas.

Hard to Reach Learners

In 2006/07 there was an estimated 16,000 in need of adult literacy and numeracy support in Moray, of which 397 asked for support.

Employability

Employment opportunities in Moray are constrained by its peripheral location and small, semi-rural industrial base.

The region produces around 1,100 school leavers per annum. There has been little improvement between 2004 and 2007 in the proportion of school leavers entering positive and sustained destinations.

Demand from young people for employability support through Moray New Futures has increased by approximately 30% indicating a gap in provision to meet the needs of young people who are more distanced from the labour market.

In 2006/07, The Moray Council supported 63 vulnerable adults into paid employment, a 34% increase from the previous years result.

Migrant Workers

Moray has had an increase of 215% of migrant workers. Racially aggravated incidents have increased by 40% from 30 incidents in 2004/05 to 42 incidents in 2006/07.

Health Inequalities in Moray

Due to a relatively poor health status and increasing population, Moray is experiencing an increasing demand for health and social care services, of which includes planned and unscheduled care.

In addition to the above Moray has higher than national rates of healthy life expectancy, and the number of people aged 65 years and over receiving a high level of care at home in Moray has increased by 25% since 2004/05.

In a recent local health needs assessment the following was recorded:

- Cancer, stroke and coronary heart disease are the main causes of premature death.
- 35% of twelve year olds are overweight.
- 76% of women and 60% of men are not active enough for health.
- 16% of the population is over 65 years of age.
- Young people are consuming more alcohol at a younger age.
- 27% of pregnant women smoke.
- There were 600 homeless applications in 2006.
- We have 70-80 looked after children.
- People with a learning disability are four times more likely to die of a long term preventable disease.
- 1 in 5 adults have a disability or long term illness (only 5% of disabled people are in a wheelchair).
- Translation services are increasing by 15% per month.

Political reality, public involvement, organisational re-shaping and performance management are aiding to create the relevant structures and processes to support NHS Grampian, The Moray Council and other Community Planning Partners in tackling health inequalities, increasing the potential for local involvement and ownership in both healthcare and health.

Health Inequalities have been identified as a Moray Community Health & Social Care Partnership (MCHSCP) health improvement priority and a Moray Community Planning Partnership priority

Moray Community Planning Partnership – Social Inclusion Strategy

In order for Community Planning Partners to actively address and achieve National Outcome 7: We have tackled the significant inequalities in Scottish Society, the Moray Community Planning Partnership has recently agreed to develop and implement a Social Inclusion Strategy.

The Social Inclusion Strategy shall identify and address the root causes of social disadvantage which adversely effect health and wellbeing and enable and support community planning partners to tackle inequalities in health, social care, housing, and education and to promote community involvement in Moray.

To date the Partnership has submitted proposals to the Scottish Government on how they propose to effectively utilise the Fairer Scotland Fund to tackle poverty and disadvantage. Proposals focus on the three key areas pre- identified by Government

- Regeneration,
- Improving the life chances of individuals and groups experiencing poverty and disadvantage
- Improving employability.

It is in the latter two key areas that this Equally Well test site proposal shall focus on.

Test Site Proposal

Initial mapping and research has been carried out by the More Choices More Chances Strategy group within the Community Planning Partnership, so to identify issues, barriers and gaps within the current service provision that young people who require specialist input and support may experience when coming into contact with relevant local agencies.

It has been clearly identified and agreed by the strategy group that there is a real need for greater co-ordination and partnership working to take place between local agencies that provide services to the pre-identified target group, so to ensure that young people are offered an equal and integrated service in Moray.

To actively address this it is proposed that the More Choices, More Chances Strategy Group lead and co-ordinate a research based processed mapping exercise which utilises existing resource.

The exercise shall require and support the active participation of service users who are currently accessing local services and service providers.

The exercise has the potential to map in greater detail existing Young People's pathways and:

- Establish a framework for an integrated and effective pathway for Young People (More Chances More Choices Client Base)
- Support the future development and implementation an integrated service pathway for young people, via an evidence -based approach
- Raise awareness of the pathway, so to promote a greater understanding and awareness of the roles each agency/service has to play whilst working in partnership with Young People.
- Aid to establish monitoring systems and structures to support and work in parallel with the Single Outcome Agreement and future Joint Outcome Agreement.
- Focus on outcome's relevant to health inequalities, in line with the Task Force Recommendations.
- Manage sustainable redesign of services within existing local budgets.
- Feed into the Task Force's review of progress in 2010.

If not neither supported nor undertaken in the near future there is a growing concern that existing issues, barriers, gaps may continue i.e. duplication of services, and thus not successfully support young people in Moray to optimally secure positive and sustained destinations in Moray.

If endorsed and supported by the Scottish Government and COSLA, it is anticipated that there shall be further evidence to support and inform other practice developments within the Community Planning Partnership which shall address other Equally Well target groups, i.e. young children, to identify how they may move more effectively through health and social care systems by applying the above stated approach/exercise, which could further enable and support the Getting It Right For Every Child network in Moray.

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