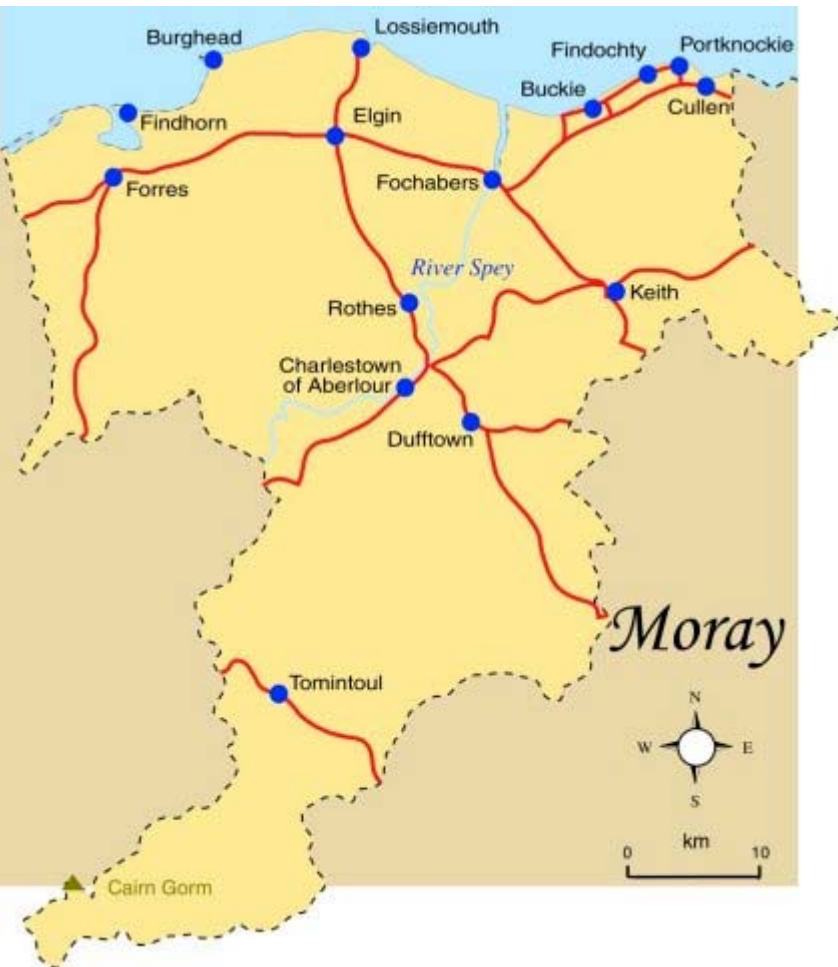


THE MORAY COUNCIL
DELIVERING A HEALTHIER SCOTLAND



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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:

- Alcohol, Drugs & Smoking
- Healthy & Active Young People
- Obesity
- Mental Health
- Health Inequalities
- Shifting the Balance of Care /Care in the Community

For each of the 6 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 population of Moray was 86,870 in 2007 – this was 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].

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 £377.30. The comparator authorities of Angus and Aberdeenshire are ranked 11th and 7th in Scotland respectively (the highest wage ranking 1st), with average gross weekly wages of £447.50 and £473.10 [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 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, almost 75% report not wanting a job. In May 2007, 1,130 or 17% of key benefit claimants were claiming job seekers allowance as their main benefit. However, the

most common main benefit is incapacity benefit, claimed by 3,500 or 53% of key benefit claimants [6].

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

Moray's general health is very similar to Angus and Aberdeenshire, with 93% of the population reporting good or fairly good health and just 7% reporting not good health, compared with 92% and 8% respectively for Angus and 93% and 7% for Aberdeenshire [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].

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 at 10.5 per 1,000 population than in Angus and Aberdeenshire, both of whose death rates are 9.4 per 1,000 population [8]. The main cause of death in Moray, in both genders, is diseases of the circulatory system, which accounted for approximately 1/3 of all deaths in 2006. The next most common cause of death is cancer, which accounted for around ¼ of all deaths in 2006. Angus and Aberdeenshire show a similar split [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-2006 population estimates suggest that 19% of the population of Moray is aged under 16yrs, 61% is of working age and 20% is of pensionable age. This translates as 16052 under 16s, 52952 of working age and 17746 of pensionable age [1]. 2006-based population projections, 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 14607 under 16s, 53482 of working age and 19521 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 22%. 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.

Education

In Moray in 2006 there were 7133 primary school pupils and 5890 secondary school pupils, an overall drop of around 2% since 2003 (comprising a 4% drop in primary pupils & a 2% rise in secondary pupils). The number of pupils from ethnic minority groups has increased from 171 in 2004 to 197 in 2006. Aberdeenshire has seen a similar reduction in pupil numbers but Angus has seen virtually no change. Both Aberdeenshire and Angus have seen similar percentage increases in numbers of ethnic minority pupils [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 2005/06, the rate of exclusions in Moray's primary schools has remained fairly constant at 12 per 1000 pupils. This is similar to Angus but slightly higher than Aberdeenshire, although this difference reduced over the period. In Moray's secondary schools, the rate has increased slightly from 59 per 1000 pupils in 2003/04 to 67 per 1000 in 2005/06, although this is lower than in 2004/05. In 2005/06, Moray's rate was similar to both Angus and Aberdeenshire following a fall in Angus and a rise in Aberdeenshire. The vast majority of exclusions were temporary, with only around 6 pupils being removed from the register in each of the last 3 years, which represents about 1% of total exclusions. This is higher than Angus, which has had no pupils removed from the register and better than

Aberdeenshire where pupils removed from the register represent approximately 2% of total exclusions [12].

Of 1072 school leavers in Moray in 2006/07, 85% went on to further/higher education, training or employment, 12% were unemployed but seeking employment and the remainder were either unemployed and not seeking employment or their destination was unknown. Numbers in all categories have remained fairly consistent for the last 3 years. Both Aberdeenshire and Angus have slightly higher proportions going into further/higher education, training or employment, at around 90% each, although the split is slightly different to Moray, with more going into further education and less into employment. 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 2006 was 40,728, a rise of 3% 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].

Despite a 100% rise in the mean house sale price in Moray, from £58,584 in 2001 to £117,417 in 2006, the number of house sales rose by 17%, from 1,899 to 2,215. The mean house sale prices in Aberdeenshire and Angus also rose, by 88% and 93% respectively, while house sales rose by 23% and 26% respectively. The median house sale price in Moray nearly doubled, from £47,000 in 2001 to £93,000 in 2006 and similar increases were seen in both Aberdeenshire and Angus. The median price being lower than the mean price is reflective of the large proportion of band A-C dwellings in Moray, approximately 70%. In Angus, approximately 65% of dwellings are band A-C but in Aberdeenshire, the proportion is much lower at approximately 45%. Correspondingly, the proportion of dwellings in bands F-H is small in Moray and Angus, at approximately 5% and 7% respectively, while in Aberdeenshire, the proportion is higher at nearly 20%. 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 2006/07 the total number of crimes recorded increased by 4% from 2005/06 compared with a 7% decrease in Aberdeenshire and a 3% rise in Angus. In Scotland the number of crimes recorded in 2006/07 increased by less than 0.5% from 2005/06. The rate of crimes in Moray in 2006/07 was higher at 680 per 10,000 population than in both Aberdeenshire and Angus, at 446 and 558 per 10,000 population respectively. However, Moray was better than Scotland in this regard, where the rate was 819 per 10,000 population. The total number of crimes recorded in each of the last 10 years shows a slightly increasing trend in Moray, as it does in Aberdeenshire. In contrast, Angus shows a slightly reducing trend, as does Scotland as a whole [14].

The percentage of crimes cleared up in Moray fell by 2% to 41% in 2006/07, compared with a 7% rise to 42% in Aberdeenshire and a 1% rise to 61% in Angus. The percentage of crimes cleared up for Scotland as a whole also rose, by 1% to 47%. The trend in Moray over the last 10 years is virtually level compared with a slightly reducing trend in Aberdeenshire and a slightly increasing trend in Angus and Scotland as a whole [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 2006/07, Moray was ranked 18th 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 12th was for the crime category crimes of dishonesty, while their lowest ranking was for non-sexual crimes of violence for which they ranked 27th out of 32. Compared with Aberdeenshire, Moray's ranking was equal or worse in all crime categories and compared with Angus, Moray's ranking was better in 2 categories, equal in 1 and worse in 2. In all crime categories, Moray's ranking was better than or equal to Scotland's.

Key Healthier Themes

1. Alcohol, Drugs and Smoking

1.1 Alcohol

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.

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].

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.

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 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].

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.

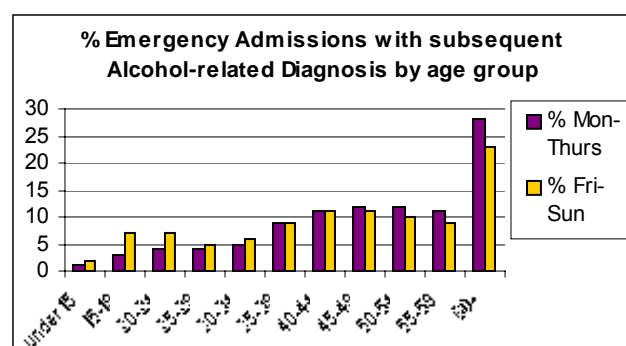
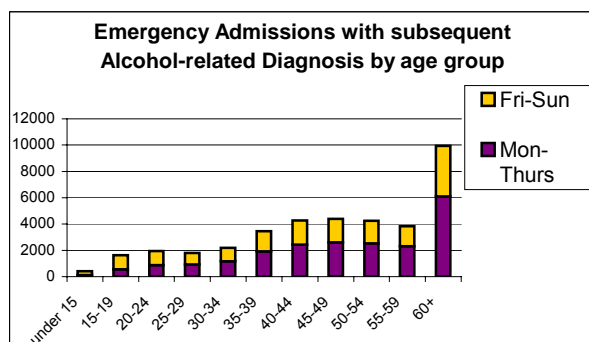
Alcohol & Health

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.



1.2 Drugs

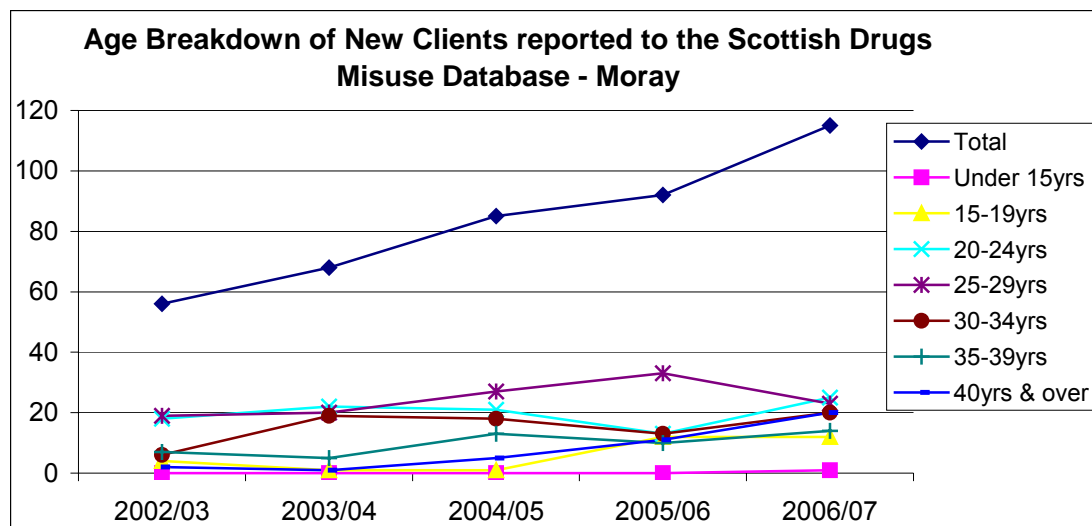
The Community Safety Surveys of 2005 and 2007 and the Citizens Panel Survey of 2006 indicate that 55% to 65% of respondents think that drug misuse or dealing is not common in their neighbourhood and 70% to 80% have not personally seen incidents of drug misuse or dealing in the previous 12 months.

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.

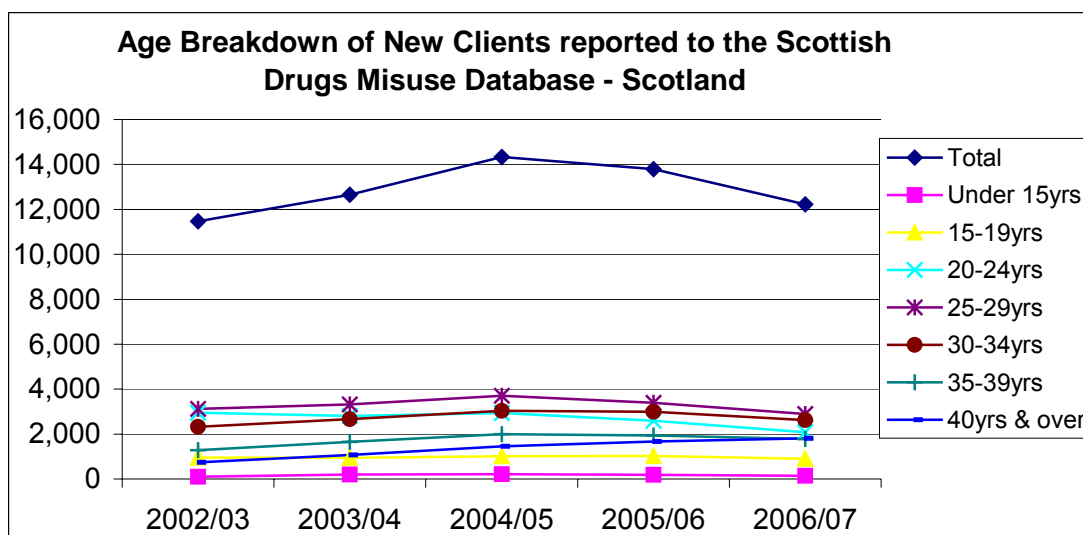
The rate of drug-related deaths is lower in Moray than Scotland as a whole, at 0.04 per 1,000 population, compared with 0.07. Over the last 5 years, all the drug related deaths in Moray were due to drug abuse or were of unknown intent. There has been none due to intentional self-poisoning.

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].



In Scotland, the overall trend is increasing, however, 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.

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].

Drug-related deaths

In 2007 there were 5 drug related deaths in Moray, 3 of which involved heroin/morphine. 1 involved methadone, another involved temazepam and 3 involved alcohol [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.

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

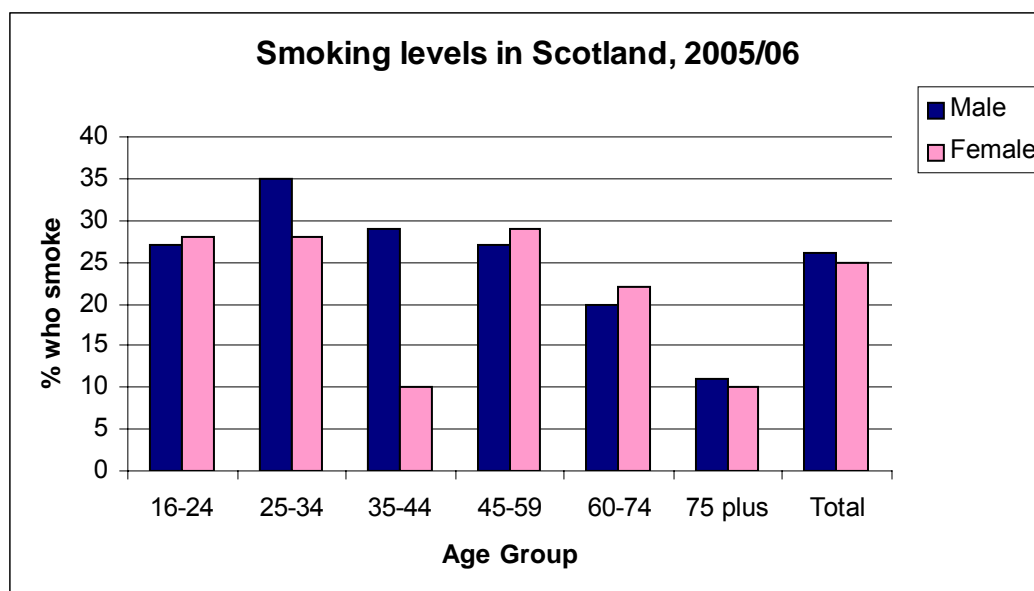
only services and Moray Council on Addiction offers assistance with any addiction [28].

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].

1.3 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].



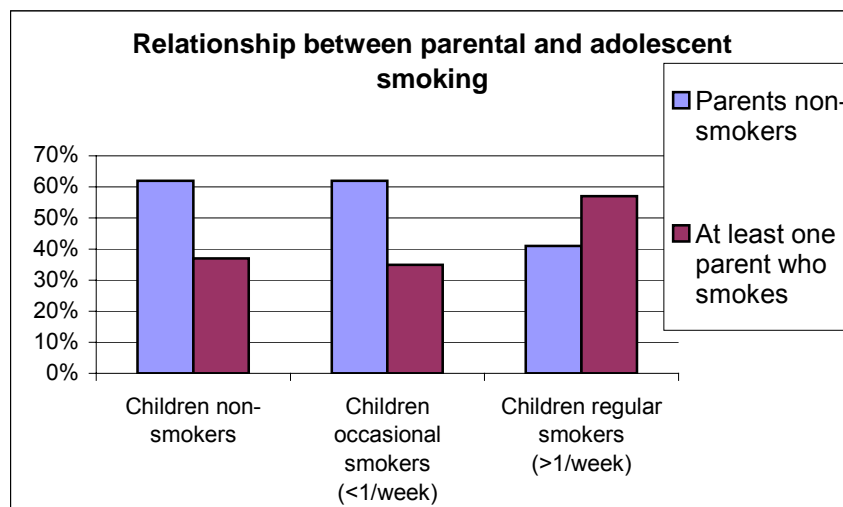
Adolescent Smoking

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.



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.

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 a pregnant woman smoking 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].

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].

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 was 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].

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].

Summary & Emerging Trends

Drugs

- Ready supply of heroin and cocaine in Moray
- Possession charges decreased between 2004/05 and 2006/07 but higher year to date than same period last year
- Number of new clients reported to Scottish Drug Misuse Database is increasing
- Majority of new clients are male in mid to late 20s
- New female clients early to late 20s
- Most commonly used drug among new clients is heroin, followed by cannabis. Rate of heroin use slightly higher in Moray than nationally

- Over recent years heroin use reducing while cannabis use increasing
- Heroin most common drug used by new clients in their 20s
- Cannabis most common drug used by under 15s
- In Moray, over ½ referrals from GP, nearly twice rate nationally
- Nearly ½ had co-occurring mental health issues but no referrals in Moray from mental health professionals
- 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
- Of those aged 13 & 15yrs who had used drugs, average age was 13yrs
- Most drug use in 13 & 15yr olds occurs outside
- Almost half of 13 & 15yr olds who have used drugs were drinking alcohol when last used
- 80% of drugs obtained by 13 & 15yr olds were from a friend
- 13yr olds obtained drugs from a family member as much as from a stranger
- 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
- Increasing trend for drug & alcohol intoxication being cause of death
- Higher than national average of new clients under 25 years old

Alcohol

- Grampian data:
 - Large proportion of men & women drinking daily limit or more on heaviest drinking day
 - Approx 1/5 of men and women binge drinking (double daily limit or more)
 - Average weekly consumption in men 14.5 units
 - Average weekly consumption in women 6.2 units
 - 1/5 men and 1/7 women drink >weekly limit for gender
- 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 popular drink of 13s is alcopops
- Most popular drink of 15s is beer/lager/cider
- Most common source is buying from friend or relative
- Of those drank in last week, nearly ¼ of 13s and >½ of 15s had got someone else to buy them alcohol in previous 4 weeks
- Most common locations for 13s & 15s are home, outside, party with friends and someone else's house
- Underage drinking reports show reducing trend over last 2 years
- Alcohol-related deaths increasing, mostly male, >½ 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

- 80% of discharges followed an emergency admission
- 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
- Number of alcohol-related discharges generally increases with age with similar proportions Mon-Thurs & Fri-Sun
- Under 25yrs age group, twice as many admitted Fri-Sun as Mon-Thurs
- 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.
- 35% of males aged 25-34yrs smoke - highest rate (Scotland)
- 29% of females aged 45-59yrs smoke - highest rate (Scotland)
- 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)
- Possible relationship between parental and adolescent smoking:
 - Less non-smokers had parent(s) who smoked than did regular smokers
 - Less regular smokers had non-smoking parents than had at least one smoking parent
- 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

2. Healthy & Active Young People

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

4% of 13 year olds and 20% of 15 year olds described themselves as regular smokers but overall in Moray the number of adult smokers within the population is lower than the national average.

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. 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.

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.

2.1 Healthy & Active Adults

Sportscotland participation figures for 2003-06 also 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 to 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 to 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].

2.2 Healthy Eating Young People

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. While Moray have also met their obligation to provide all P1 and P2 pupils with free fruit at least 3 times per week. [17].

Summary & Emerging Trends

- School meals uptake below comparators and nationally
- Cost of primary and secondary school meals well above national average rates

Future Considerations

- How to improve uptake school meals

3. Obesity

Since 2004/05 Moray has been ranked within the top quartile for the number of attendances at swimming pools but within the bottom quartile for the number of attendances at indoor sport and leisure facilities.

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).

Indoor Facilities – number of attendances per 1,000 population

	2004/05	2005/06	2006/07	2007/08
Moray	2455	2455	2796	5481
Scotland	3889	4156	4085	-

Moray has continually performed well below the national average with the number of people (per 1,000) attending indoor leisure facilities. However, as noted in the Audit & Performance Review Committee (06/02/08) only the Moray Leisure Centre attendances have been included prior to 2007/08 due to other facilities being unable to quantify attendances. The 2007/08 attendance figure (5,481) includes the number of attendees from other staffed Council Community Education Centre as well as the Moray Leisure Centre, hence the 96% increase in attendances from 2006/07. While Moray was ranked 25th of the 32 local authorities in 2006/07, if the 2006/07 figures were replaced with the 2007/08 figures Moray would have ranked 8th. The Council has implemented a process to ensure that this information is available in relation to Community Centre attendances for future reporting years.

Sport and Leisure Management – the number of attendances per 1,000 population for all pools.

	2004/05	2005/06	2006/07	2007/08
Moray	5050 (37%)	4638 (34%)	5566 (60%)	5428
Scotland	3684	3463	3476	-

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.

Active Schools is a Scottish Executive initiative, joint funded by sportscotland and the local authority, with the aim of increasing the activity levels of children by enabling the provision of high-quality, safe and sustainable physical activity opportunities for all pupils. The Active Schools team co-ordinate these opportunities during the formal, informal and extended curriculum as well as in the wider community. The remit of the programme is wide and includes all forms of activity: sport at the grass-roots level, active travel, outdoor adventure and the active arts. (Moray web)

Active Schools 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 number of schools involved in the 'Stay and Play' initiative has increased from 56 (2006/07) to 60 (2007/08), although the number of P3-P7 pupils participating in after school 'Stay and Play' activities has dropped slightly from 1,295 to 1,248 over the period.

Street Football is an initiative aimed at providing young people with a positive activity rather than hanging out on the street, and helping to reduce antisocial behaviour. Using a portable pitch, young people are able to play football in any location.

Since its launch in October 2006, there has been 111 sessions arranged, only 19 of which have been cancelled, all due to bad weather (16) or illness (3). A total of 2299 young people have taken part and only 10 sessions have attracted fewer than 10 participants. In July 2007, a Carnival of Street Football took place in Elgin, attracting more than 100 participants and many spectators.

A similar event was held this year in Cooper Park in Elgin, in association with the R.G.U. Street Football project from Aberdeen and Aberdeenshire's Street Sports/Active Schools projects.

Summary & Emerging Trends

- Obesity increasing in both adults and children
- Increased participation levels of school children in curricular and extra-curricular sports and physical activity sessions

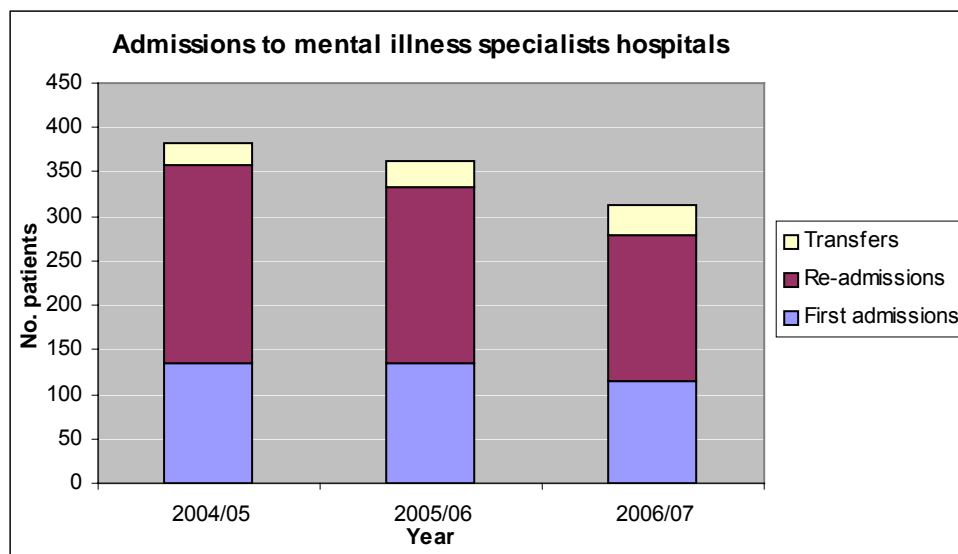
4. Mental Health

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.

4.1 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 3 years. The number of admissions has reduced by 19% from 387 admitted in 2004/05 to 313 in 2006/07. This is above the national average where there has been a drop of 11% over the same period. Breaking down the admission figures, the number of first time admissions has dropped by 14% while the number of re-admissions has dropped by 26% over the three years.

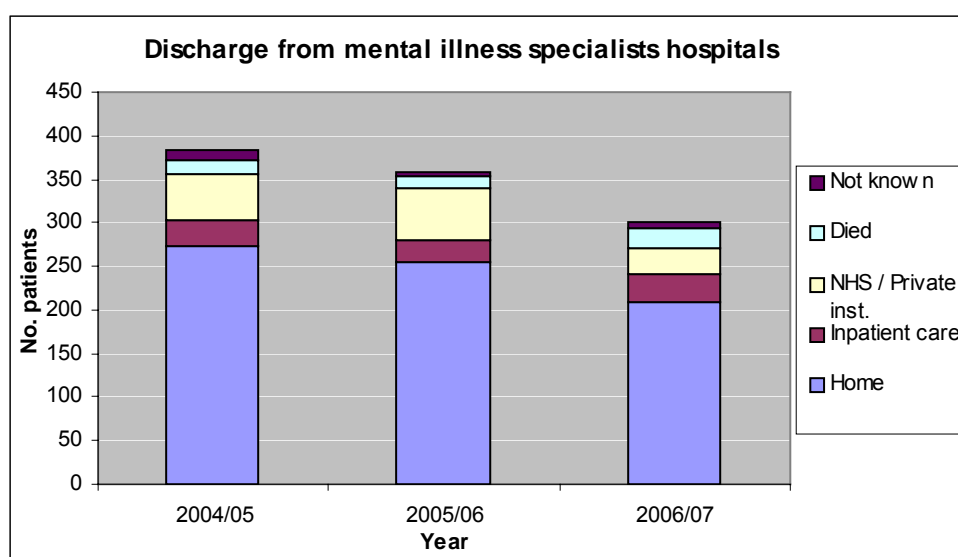
Mental Illness Admissions to hospital			
	2004/05	2005/06	2006/07
First Admissions	134	136	115
Re-admissions	223	198	164
Transfers	26	29	33
Total Admissions	387	364	313



The level of mental illness patients discharged from hospital reflects similarly to the admission figures, where Moray has seen a reduction of 22% from 2004/05 to 2006/07. While the majority of patients are discharged home,

there has been a slight drop from 71% in 2004/05 to 69% in 2006/07. The number discharged to inpatient care has increased from 8% to 11%, while the number discharged to other NHS / private institution has decreased from 14 to 10%. The number who have died while in the hospital has increased from 15 to 24 over the same period. [18]

Mental Illness Discharges from Hospital			
	2004/05	2005/06	2006/07
Home	273	254	208
Inpatient care	30	27	32
NHS / Private inst.	54	58	30
Died	15	15	24
Not Known	12	4	6
Total	384	359	301



4.2 Anti-depressant Drugs

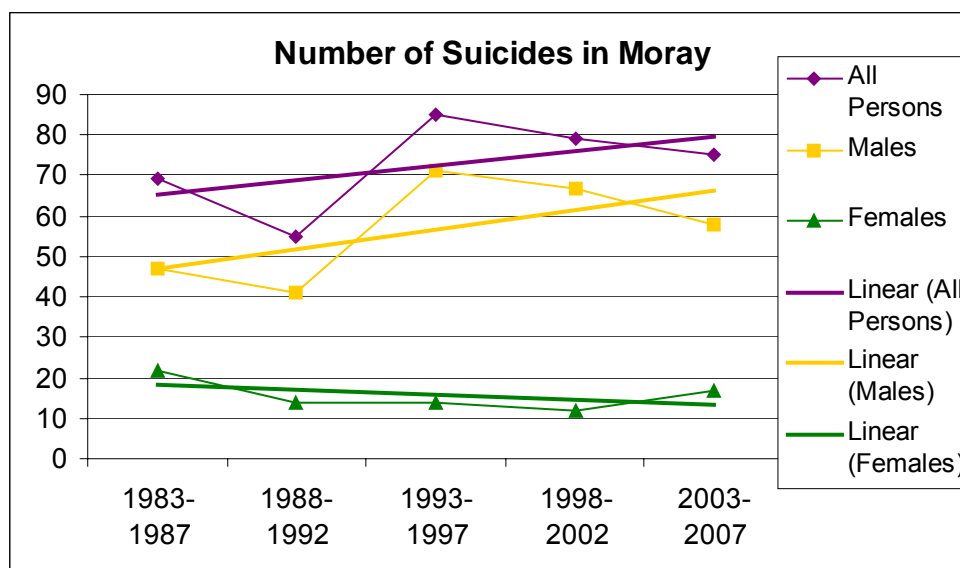
The level of anti-depressant drugs prescribed continues to climb both nationally and locally. Since 2001/02 Grampian has seen an increase of 25% in the number of prescribed anti-depressants, this is compared to a national increase of 21%. The actual increase in the number of prescribed items in Grampian was 60,229, climbing from 236,928 in 2001/02 to 297,157 in 2006/07.

The Scottish Neighbourhood Survey estimated that in 2004 7.43% 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].

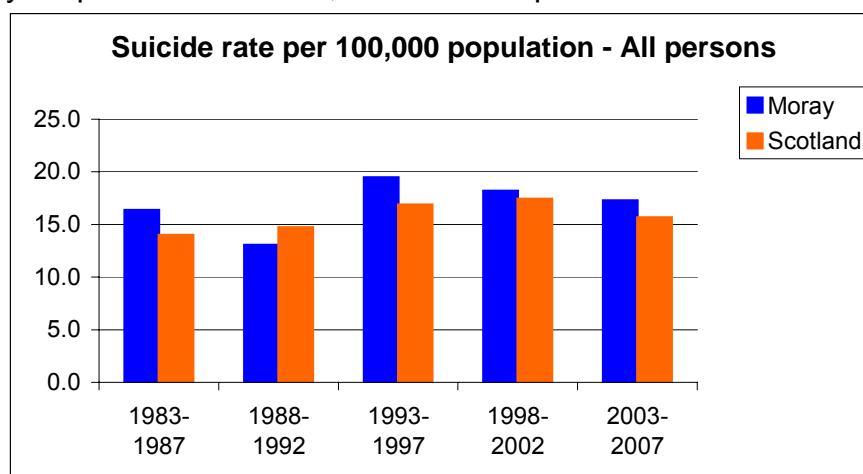
4.3 Suicide

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.

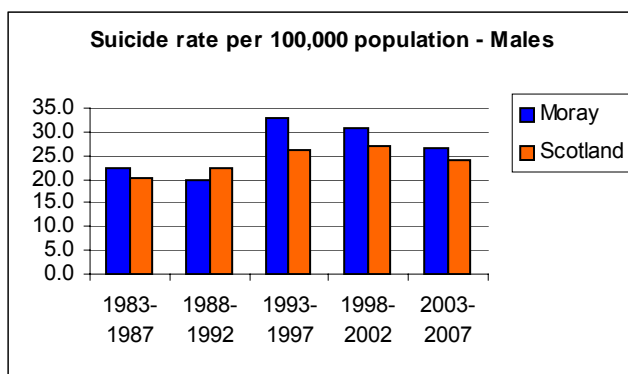
Figures for Moray using 5-year totals from 1983 to 2007, show an increasing trend for all persons and males, while the trend for female suicides is slightly decreasing. However, over the last 10 years, the number of suicides has decreased, both overall and of males. The number of female suicides has increased slightly over this period.



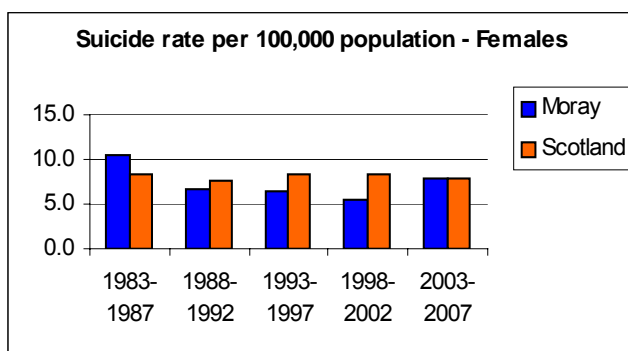
The rate of suicides in Moray has been higher than Scotland as a whole in every 5-year period since 1983, with the exception of 1988-1992.



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.

4.4 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.

<u>AUTHORITY</u>	<u>MALES</u>				<u>FEMALES</u>				<u>Total</u>	Adults known per 1,000 Pop'n
	16-20	21-64	65+	Total	16-20	21-64	65+	Total		
<u>Moray</u>	28	203	21	252	27	156	14	197	449	6.3
<u>Scotland</u>	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 number 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

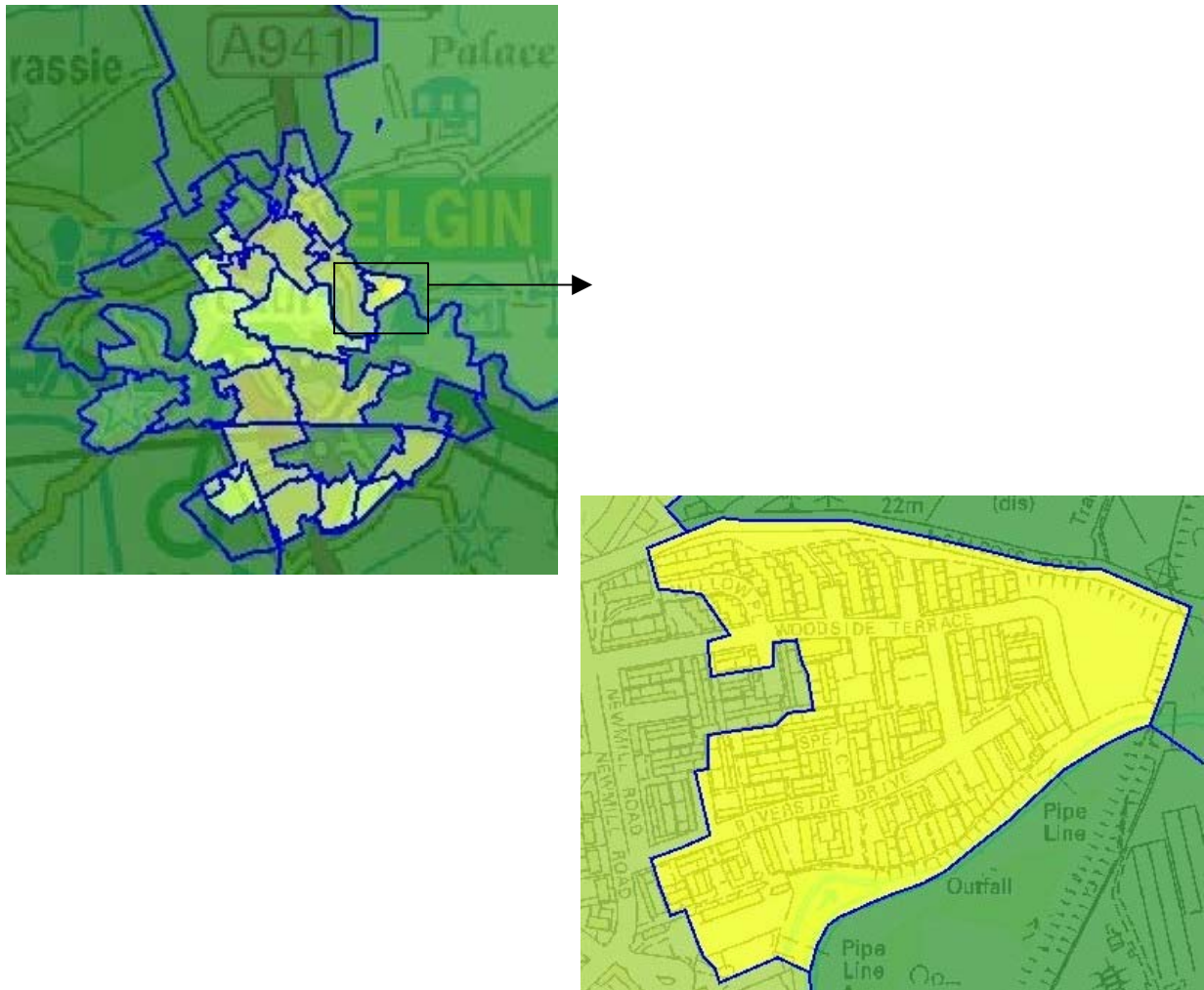
Moray also has a high percentage of children with a disability. The number of pupils who were assessed or declared as having a disability in publicly funded schools in 2007 was 338, a rate of 26 per 1,000 pupils. This makes Moray the 3rd highest area for school children with a disability, well above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

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

5. Health Inequalities

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 that lives 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].

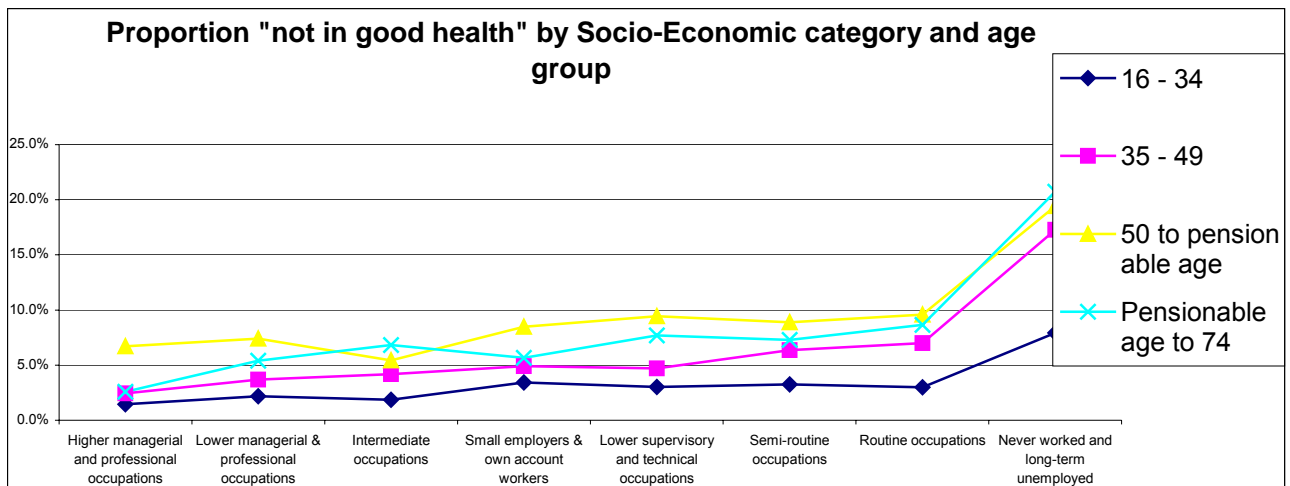
There is no difference in the proportions of Moray residents with and without a LLTI living in accommodation of which the lowest floor level is 1st–4th. This is the same nationally. However, the proportion of Moray residents living in such accommodation is significantly lower than for Scotland as a whole. 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 report "not good health" [7].

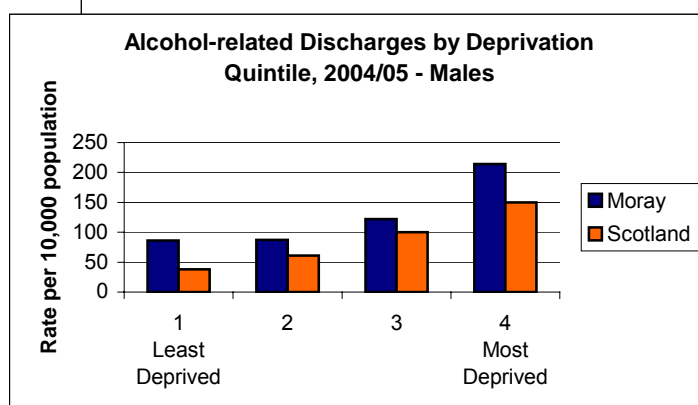
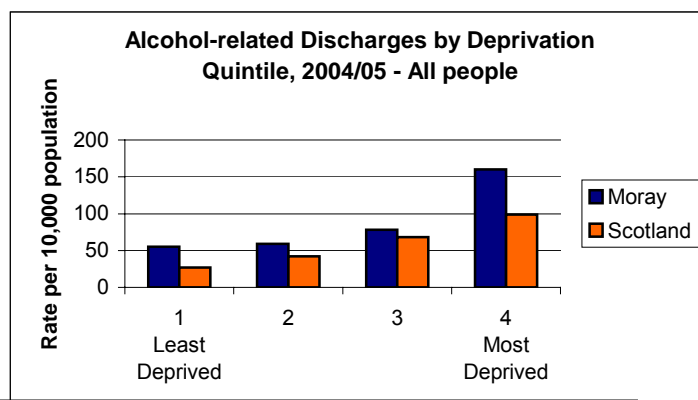


The number of deaths from coronary heart disease (CHD) in Moray has remained static since 2004/05 but has shown a decrease for the Grampian region during the same period. CHD and cancer continue to be two of the main causes of premature death for those under 75 in Moray [34].

Moray has a lower than national prevalence of smoking amongst the adult population and the figures for drug abuse in-patient discharges has shown a decrease since 2004/05, although the small numbers of cases involved make accurate trend identification difficult. The ratio of hospital discharges to patients for alcohol-related admissions is the same as the national average.

Alcohol & 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].



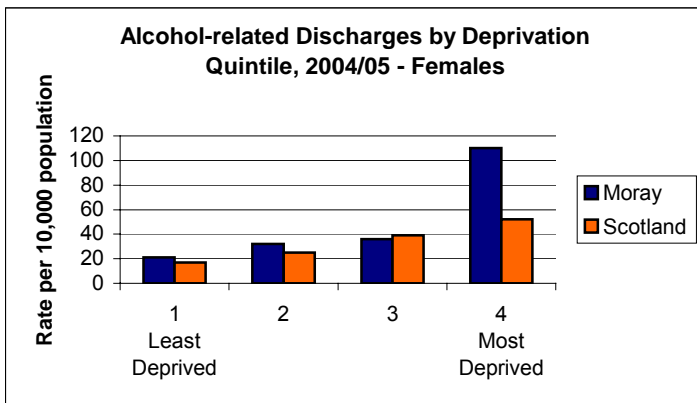
There is a distinct difference between the rates for males

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.

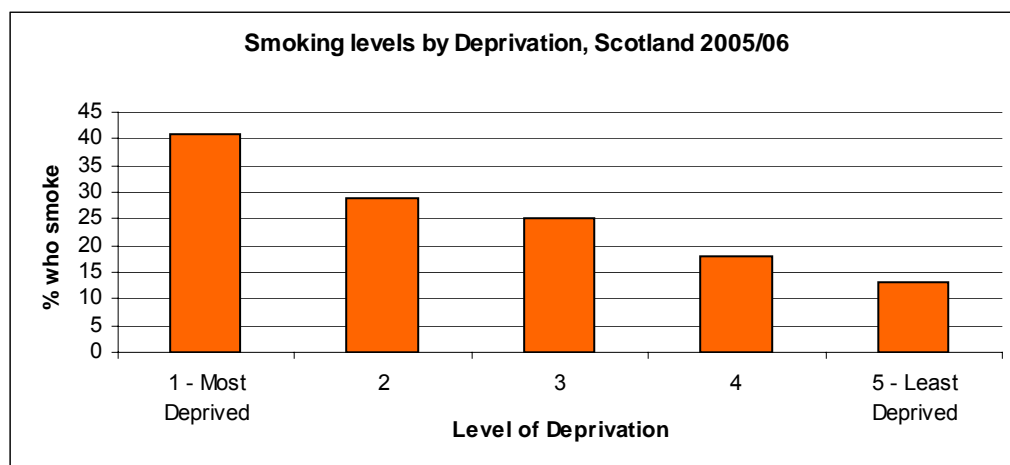
For both genders, the differences between Moray and Scotland rates are marginal in the middle 2 quintiles.

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.



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].



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

6.Shifting the Balance of Care / Care in the Community

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 has 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.

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.

Moray has a high rate of delayed discharges from hospital (figures vary between 62% and 92% of discharges delayed for the periods 2004-05 to 2006-07).

Summary & Emerging Trends

- Number of people aged 65 & over receiving homecare is relatively static
- Increase in homecare provision at weekends and evenings/overnight

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