

## Fairer Scotland Fund National Outcome 6

### We live longer, healthier lives

#### Local Context

The population of Moray has a life expectancy which is longer than the national average. However there are a number of specific issues which give cause for concern such as the impact of alcohol use on health and the higher than average number of suicides in the area. Other issues such as obesity and health inequalities require to be addressed though in these areas Moray is more in line with national averages.

In Moray there are a number of particular areas which would improve the overall health of the residents ensuring that they maintained the longer than average life expectancy as well as ensuring that they maintained good health and well being for longer. Besides addressing some of the more serious health issues such as drug and alcohol abuse, obesity and mental health, the Partnership also invests in health promotion through strategies that improve health and fitness of the population. Where individuals are in need of support to live independently as possible, the Council must ensure there is a range of services to meet the need of physically and learning disabled adults and older people.

#### Drugs & Alcohol

Moray has a number of alcohol related issues. Out of over 400 local authority areas in the UK, Moray was ranked 14<sup>th</sup> for alcohol-related deaths in males between 1998 and 2004. The number of alcohol-related hospital discharges increased by 82% between 1999-00 and 2004-05, compared with a 21% increase in Scotland as a whole. There are some encouraging signs as over the past three years such as there was a 10% reduction in acute in-patient discharges with an alcohol related diagnosis which takes the position 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. However the suicide rate in Moray is increasing while decreasing in Scotland with alcohol being a factor in the majority of suicides.

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. For the same period, those with a diagnosis of drug abuse showed a rise from 7 in 2002/3 to 28 in 2004/5 then falling to 18 in 2006/7.

#### Healthy & Active Young People

All Moray primary schools provide school meals in accordance with the Hungry for Success standards and uptake of meals currently stands at 39% following a slight dip at the start of the implementation of the new menus in 2005/06. 10% of pupils are entitled to free school meals which is below the national average and comparator group for primary schools and above the national average for secondary schools.

A survey in February 2007 of schools in Moray showed that on average 56% of pupils walk or cycle to school with the balance being transported by bus and car.

#### 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.

Data for the Grampian region shows that approximately 35% of boys, 30% of girls, 65% of adult males and 60% of adult females are obese, which are similar to national averages.

#### Mental Health

In Grampian there are a variety of types of mental illness present, figures show a steady increase in the number of people being diagnosed with mental health illnesses. There is year on year growth both nationally and locally. 1,400 of the people of Moray receive the higher level of the Disability Living Allowance due to a mental illness. 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 illness on the workforce locally.

Moray has a higher rate of suicide and self-harm than the national average.

**Care in the Community**  
 As of March 2007 260 clients aged 18-64 and 1,129 clients aged 65 or over were receiving home care. Of these 249 were receiving 10-20 hrs weekly and 78 were receiving more than 20 hours. There was a 67% increase to 260 clients receiving high levels of care at home aged 18-64, between 2005/06 and 2006/07. In the same period there was an increase of 15% to 1129, of clients aged 65 years and over. Individuals receiving care for 10-20 hours and 20 or more hours saw increases of 30% (249 clients) and 18% (78 clients) respectively.

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

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.

Dental health is linked to deprivation with the 10% poorest families having 50% of total tooth decay. In Moray 5% more children are admitted as dental hospital patients than the Scottish average.

	<b>Local Outcomes</b>	<b>Relevant Indicators</b>	<b>Frequency / Type / Source</b>	<b>Baseline (2006/07)</b>	<b>Local Targets &amp; Timescales</b>
	<b>Reduce the burden of disease, harm, distress and premature death due to excessive alcohol consumption and drug misuse</b>	N15. Reduce the rate of alcohol related hospital admissions	<a href="http://www.alcoholinformation.isdsotland.org/alcohol_misuse/files/Alcohol_hospital_statistics_2007.pdf">www.alcoholinformation.isdsotland.org/alcohol_misuse/files/Alcohol_hospital_statistics_2007.pdf</a>  Grampian Police – Moray Division	Moray: Discharges = 559 Patients = 395 Ratio of discharge to patients = 1.4  Scotland: Discharges = 41651 Patients = 28915 Ratio of discharge to patients = 1.4	There will be a reduction in alcohol related hospital admissions
		<b>No. of new individual patients/ clients seeking drug treatment</b>	<b>Drug Misuse Statistics Scotland</b>	<b>115 - 2007</b>	<b>There will be a reduction in the number of people seeking care/treatment</b>  <b>People seeking care/treatment will be seen within agreed timescales</b>

	<b>Continue to Improve the health of people and sustain long term change by preventing or reducing health inequalities</b>	L9. Deaths per 10,000 population from coronary heart disease and all cancers	Moray draft Joint health Improvement plan  <a href="http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=CHD_incidence_Board_IC1.xls&amp;ContentDispositionType=inline">http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=CHD_incidence_Board_IC1.xls&amp;ContentDispositionType=inline</a>	In 2005, 292 adults died of cancer and 153 of heart disease. The most socially deprived are twice as likely to develop heart disease.  Coronary heart disease: Grampian 2006= 2,102 Scotland 2006 = 20,784	Reduction in number of deaths per 10,000 population from coronary heart disease and all cancers
		Life expectancy at birth	General Register Officer for Scotland	Scotland 2004-06, at age 0 All people 77.17; Males 74.64; Females 79.57 Moray 2004-06, at age 0 All people 77.85; Males 75.84; Females 79.92	tbc
		Life expectancy at age 65	General Register Officer for Scotland	Scotland 2004-06, at age 65 All people 17.39; Males 15.87; Females 18.62 Moray 2004-06, at age 65 All people 17.75; Males 16.66; Females 18.70	tbc

	<b>REQUIRED ACTIONS BY LOCAL PARTNERS FOR THESE OUTCOMES</b>	<b>Action</b>
	<b>Reduce the burden of disease, harm, distress and premature death due to excessive alcohol consumption and drug misuse</b>	<ul style="list-style-type: none"> <li>• Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines</li> <li>• Operation Avon and Alcohol Test Purchase operations are due to commence shortly. Ongoing programme by CPP</li> <li>• Develop a strategy to tackle alcohol-related issues(CPP)</li> </ul>
	<b>Continue to Improve the health of people and sustain long term change by preventing or reducing health inequalities</b>	<ul style="list-style-type: none"> <li>• Council and NHS to work together to develop new health centres To be developed by Council and NHS</li> <li>• Development of School Travel Plans and Active Travel Plans and Schemes(TMC)</li> <li>• Implement the Joint Health Improvement Plan(CPP)</li> <li>• Develop Physical Activity Sport and Health Action Plan(CPP)</li> <li>• Implement Moray Sexual Health Action Plan(CPP)</li> <li>• Implement Moray Food &amp; Health Policy(CPP)</li> <li>• Evaluate and consider role an funding of Mobile Information Bus (CPP FSF)</li> <li>• Develop Health Inequalities Strategy(CPP)</li> </ul>
	<b>Scottish Government required Action /commitment to support delivery of local outcome</b>	