A GUIDE TO IMPROVING HEALTH AND REDUCING INEQUALITIES IN ABERDEENSHIRE

wellbeing energy
food & health
housing mental wellbeing
employability choice
prevention natural
housing wellbeing
healthy energy food &
health employability
environment mental
wellbeing choices
prevention sexual health

Aberdeenshire Community Planning Partnership
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FOREWORD
from Chair of Community Planning Partnership


While in Aberdeenshire many enjoy a positive picture of health, there remain areas of inequality and deprivation. Locally the public and third sectors face unique challenges in delivering services to an increasing and ageing rural population. This guidance will support community planning partners to tackle health inequalities and target their resources to where the need is greatest.

Since the development of the Joint Health Improvement Plan in 2007, there have been many achievements by the partnership. Initiatives such as the Buchan Alcohol Project, the development of the Huntly Community Kitchen and the early years work in Fraserburgh are all delivering improved outcomes for local communities.

This guidance builds on the Joint Health Improvement Plan and identifies seven priorities which have been developed in partnership and in consultation with local communities. By addressing these priorities together, we will help achieve the outcomes contained in the Community Plan and improve the quality of life for everyone in Aberdeenshire.

Cllr Anne Robertson

Chair of Aberdeenshire Community Planning Partnership
EXECUTIVE SUMMARY

Reducing health inequalities and improving health for those most in need are key targets set for NHS Boards by the Scottish Government. This guidance highlights Aberdeenshire’s approach to how we can work in partnership between agencies and with communities and aims to provide a rationale for where and with whom we should focus our efforts to improve health and reduce health inequalities in the current restricted financial climate.

“Delivery for improving health and reducing health inequalities must be tackled across all community planning partners to improve the health and wellbeing of individuals, communities and the population as a whole”.

Aberdeenshire Single Outcome Agreement (SOA) identifies high level joint outcomes for the Community Planning Partnership (CPP). These high level outcomes need to be supported by more detailed multi agency planning at operational level.

This document is not an action plan but is planning guidance – relevant for strategic and operational levels in a range of settings. This document intends to provide an overview of why we need to focus our efforts on tackling health inequalities; evidence and priorities for each partner organisation to improve health and reduce inequalities within the local population.

Local joint planning, collaborative action and reporting to communities on progress helps to increase further the effectiveness of public health and health improvement actions and to promote understanding of and support for this agenda among communities across Aberdeenshire.

Much progress has been achieved on improving health in Aberdeenshire since the 2007-2010 Joint Health Improvement Plan. In terms of strategic development; working in partnership and targeting work towards key vulnerable groups and disadvantaged communities.

This document emphasises the increasing need to narrow our focus and utilise available evidence to support working with priority groups.

Reducing inequalities in health is the overarching priority for Aberdeenshire.

Early years have been identified as a key priority area of work. Other key areas of work include: mental health and well being; tobacco; alcohol and other drugs; healthy eating active living and building capacity.

Overall the health profile for Aberdeenshire is good. However there is no room for complacency. There is a wide gap in terms of health status in Aberdeenshire between different areas and communities.

The remote and rural nature of Aberdeenshire is highlighted in this document. Communities in rural Aberdeenshire face a wide range of issues e.g. lack of access to employment and services, declining facilities, low household income, fuel poverty. These issues need to be taken into account when planning where and whom our priority groups are.

This Health Improvement and Reducing Inequalities Guidance for Aberdeenshire, is well linked with the National and local strategic context of increasing the emphasis on maintaining good health and protecting against ill health; providing easy access to information; involving local communities in the planning and delivery of services. It identifies where, with whom and what we need to prioritise to improve health and tackle inequalities in Aberdeenshire.

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1 Equally Well (2008) is the Scottish Government’s and COSLA’s shared approach to tackling the major and intractable social problems that have affected Scotland for generations.
SECTION 1: INTRODUCTION

1.1 Development of Health Improvement & Reducing Inequalities Guidance for Aberdeenshire

This Health Improvement and Reducing Inequalities Guidance for Aberdeenshire covers the period 2011-2015. It builds on the two previous Joint Health Improvement Plans (JHIPs).

This guidance aims to provide information for planning prevention activity and a rationale for where and what we should focus our efforts on to improve health and reduce health inequalities in the current financial climate.

1.2 Why Guidance and not a JHIP?

Community Planning Partnerships (CPPs) in Local Authority areas are required to develop a process for planning effectively to deliver on the health improvement agenda. Previously this was delivered by the JHIP. Current Scottish Government guidance advocates that the emphasis must be on integrated outcome focussed plans with a focus on local needs and priorities. This drive to improve health and reduce inequalities by integrating health improvement activity into all services should remain a focus in the coming years. This Guidance aims to facilitate this to happen more effectively.

1.3 What is the purpose of the Guidance?

The economic situation remains challenging. In the coming years the public sector will face increasing financial pressures and it will be more important than ever before that partners work together to target remaining resources at priorities which address both the causes and the consequences of health inequalities.

This document is not an action plan but is planning guidance – relevant for strategic and operational levels in a range of settings. It provides an overview of how to take forward the health improvement agenda in Aberdeenshire; where and why we need to focus our efforts on tackling health inequalities.

1.4 The strategic context of the Guidance

NATIONAL LEVEL

At a national level, the Scottish Government has five strategic objectives; these are outlined in the table below.

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Outline</th>
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<tbody>
<tr>
<td>Wealthier and Fairer</td>
<td>Enable businesses and people to increase their wealth and more people to share fairly in that wealth.</td>
</tr>
<tr>
<td>Safer and Stronger</td>
<td>Help local communities to flourish, becoming stronger, safer place to live, offering improved opportunities and a better quality of life</td>
</tr>
<tr>
<td>Smarter</td>
<td>Expand opportunities for Scots to succeed from nurture through to life long learning ensuring higher and more widely shared achievements.</td>
</tr>
<tr>
<td>Greener</td>
<td>Improve Scotland’s natural and built environment and the sustainable use and enjoyment of it.</td>
</tr>
<tr>
<td>Healthier</td>
<td>Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.</td>
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Direction from the Scottish Government on the importance of tackling poor health and inequalities is available at: www.scotland.gov.uk/About/scotPerforms

**Equally Well**
Equally Well (2008) the report of the Ministerial Task Force on Health Inequalities, sets a programme for change across the key priority areas of children’s very early years; the big killer diseases of cardiovascular disease and cancer; drug and alcohol problems and links to violence; mental health and wellbeing. The purpose of the Equally Well implementation plan is to support further progress and change, and describe how the Government and community planning partnerships can turn the Task Force on Health Inequalities recommendations into action in the short to medium term. More information can be found at: [www.scotland.gov.uk/Publications/2008/12/10094101/2](http://www.scotland.gov.uk/Publications/2008/12/10094101/2)

**GRAMPIAN LEVEL**

**Grampian Health Plan 2010-2013**
Grampian Health Plan for 2010 to 2013 which can be found at: [www.nhsgrampian.org/nhsgrampian/files/GHP2010-13.pdf](http://www.nhsgrampian.org/nhsgrampian/files/GHP2010-13.pdf) sets out NHS Grampian’s five key priorities, of which, ‘Improving health and reducing health inequalities’ is the first priority.

NHS Grampian has a commitment to strengthening joint working with Community Planning Partners which is noted in the Grampian Health Plan in the section ‘Health is Everyone’s Responsibility’.

NHS Grampian is developing a Health & Care Framework which will be the organisation’s detailed strategic plan for health and health care to guide delivery plans across Grampian and to support the Health Plan. The Framework aims to build on current activity and ensure that improving health and reducing inequalities in health are key components of all NHS planning and operation and that population health needs are clarified and prioritised.

**ABERDEENSHIRE LEVEL**

At a local level, NHS Grampian and Aberdeenshire Community Planning Partnership have a long and fruitful history of working together to improve health and tackle inequalities.

**Single Outcome Agreement**
The Single Outcome Agreement (SOA) is an agreement between the CPP and the Government which identifies priority high level local outcomes to be achieved. The Single Outcome Agreement (SOA) for Aberdeenshire can be found at: [www.ouraberdeenshire.org.uk/soa](http://www.ouraberdeenshire.org.uk/soa).

**Aberdeenshire Community Plan 2011-2015**
The Aberdeenshire Community Planning Partnership (CPP) has a community plan for Aberdeenshire which can be found at: [www.ouraberdeenshire.org.uk](http://www.ouraberdeenshire.org.uk).

Community Wellbeing is one of five key themes of the CPP. Priorities and examples of action to achieve a Healthier Aberdeenshire are detailed in the plan. See appendix 4, of this document, for further details.

**Local Community Planning Groups**
In Aberdeenshire there are six Local Community Planning Groups each with their own plan evidencing how national outcomes in the Single Outcome Agreement are cross-referenced and translated into local outputs. Local Community wellbeing activity is detailed in each Area Plan which can be viewed at: [www.ouraberdeenshire.org.uk/localcommunityplans](http://www.ouraberdeenshire.org.uk/localcommunityplans)

**Tackling Poverty and Inequalities Group**
Reducing inequalities in health has been identified as one key priority of the Tackling Poverty and Inequalities Group of the CPP and for use of the Government Fairer Scotland Fund. Further information about this group can be found at: [www.ouraberdeenshire.org.uk](http://www.ouraberdeenshire.org.uk)
Aberdeen Community Health Partnership and the Public Health Team

Aberdeen Community Health Partnership (CHP) is the main vehicle for the management and delivery of health care services across Aberdeenshire.

Public health (improving health and reducing inequalities in health) is a key priority for the CHP and is one of six key work streams within the CHP plan. Priorities and performance are identified within the plan which may be accessed at: www.hi-netgrampian.org/hinet

The Public Health team works to progress identified priorities across Aberdeenshire. (See appendix 1 for further detail). The team workplan including contact details are available at: www.hi-netgrampian.org/aberdeenshirewellbeing. The team leads on multi-agency partnership work towards intermediate and short term outcomes in the Single Outcome Agreement (SOA) and facilitates the Aberdeen Health Improvement Group.

For further information about the integrated and outcome focused approach the Public Health Team in Aberdeenshire are involved see section 1.8 and 1.9 of this guidance.

Aberdeen Health and Community Care Strategic Partnership Strategy 2009-2014

The Aberdeen Health and Community Care Strategic Partnership consists of senior managers from Aberdeen Council and NHS Grampian. The aim of the group is to work together to improve health and community care services for the people of Aberdeenshire. The strategy can be viewed at: www.aberdeenshire.gov.uk/about/departments/HCCSPStrategyV94July2010.pdf

Aberdeen Alcohol and Drug Partnership (ADP)

The ADP role is to lead efforts to achieve a healthier, happier and safer Aberdeenshire, free from harm due to alcohol and other drugs. The ADP works towards this goal by following the plans laid out in their strategy 'Routes to Recovery', Aberdeen’s Strategy for Alcohol and Other Drugs 2009-2012. A key feature of ADPs approach is the recognition of the impact inequalities have on both the likelihood of developing a substance misuse problem and recovering from such difficulties. More information about the ADP can be accessed at www.aberdeenshireadp.co.uk/

Joint Management Group (JMG) for integrated children’s services

The Joint Management Group (JMG) comprises of senior managers from Aberdeen Education Learning and Leisure, and Social Work and NHS Grampian, and includes the Children’s Reporter and police representation. The JMG is committed to improving outcomes for all children and young people in Aberdeenshire. The JMG leads the implementation of getting it right for every child in Aberdeenshire, the National programme underpinning all services to children in Scotland. Aberdeen’s Integrated Children’s Services Plan can be viewed at: www.aberdeenshire.gov.uk/children/ICSP_Plan_2009-2010.pdf

The Aberdeen Health Improvement Group

The Aberdeen Health Improvement Group is a multi-agency strategic group which oversees and agrees action in Aberdeenshire to improve health and wellbeing and reduce inequalities in health. The Health Improvement Group reports to the CHP Performance Group, to the CHP Committee as well as to NHS Grampian and links to community planning (see page 30). One aim of the group is to “work collaboratively to improve health and reduce health inequalities of the population of Aberdeen in the context of the Grampian Health Plan, the Health & Care Framework and the Aberdeen Community Plan”.

The full remit is available at: www.hi-netgrampian.org/hinet/5406.177.439.html
1.5 The Importance of taking an integrated approach

Health is defined as “a state of complete physical, mental and social wellbeing” by the World Health organisation (1948). The factors that influence health are shown in Figure 2.

People living in poor quality housing, constrained access to employment and services, experiencing debt, poverty and social isolation have an increased risk of poor health. All of the outcomes in the Community WellBeing theme of the Aberdeenshire Community Plan will contribute to improving health. www.ouraberdeenshire.org.uk

Health is everyone’s responsibility. Improving health and tackling inequalities is a big part of the business of the NHS, but it is not the only organisation which has an impact or an interest in improving health.

The Scottish Government, Local Authorities, Scottish Enterprise, Fire and Rescue Services, other public agencies, employers, third sector and community groups all have a part to play in health improvement and tackling inequalities.

Co-ordinated action locally is essential if we are to make progress. The community planning partnership arrangement offers a ready-made vehicle for change and improvement. Together, pooling our efforts and resources in a planned, systematic way, we can make a difference in the vital task of improving health and reducing health inequalities.

Figure 2: Model of health

At the centre is the individual, and in part our health is determined by our genetic inheritance and family history. However, this interacts with the behavioural lifestyle choices we make. What we eat, how much we eat, whether we smoke, drink alcohol, use drugs, and/or take exercise can have a definite effect on our health, we do not make those choices in isolation (Singh-Manoux & Marmot, 2005; Abel, 2008). Amongst other things they are influenced by the way we were brought up, our values and beliefs, social norms, our ability to access support and assistance in the face of demands and distress. (For further detail about influences on health see Fraserburgh Equally Well Early Years Project 2010 www.hinet.grampian.org.uk

In the outer ring of the model a wider range of influences on our health are highlighted. For example, under ‘water and sanitation’, Environmental Health and Trading Standards of Aberdeenshire Council and the Health Protection Team of NHS Grampian regulate 8,500 private water supplies across Aberdeenshire which has a direct impact on health of Aberdeenshire residents.

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1.6 Three Strand Approach to Action

The 2007-2010 JHIP Working Group identified a three-strand approach to action. In the current challenging financial climate this approach highlights that the focus of our effort must be targeted towards addressing health inequalities.

1. Targeted effort to address specific communities and themes of disadvantage e.g. addressing health inequalities.

2. Improving access to services, for those most in need, to overcome rural disadvantage and exclusion.

3. The must do priorities for Aberdeenshire generally, e.g. universal services and initiatives such as roll out of sexual health and relationships education (SHARE) across all schools.

1.7 The Principles for Health Improvement Activity in Aberdeenshire

The guiding principles for health improvement activity in Aberdeenshire are as follows:

1. Where applicable to Aberdeenshire, Scottish Government targets should be used as the basis for determining health improvement priorities while allowing local evidence to determine how activity is prioritised.

2. Take account of issues that concern people in Aberdeenshire and ensure they are addressed within plans and actions.

3. Influence allocation of resources to make the biggest improvement in health for those most disadvantaged while ensuring that there are adequate services in place for the whole population.

4. Work together for a co-ordinated approach to health-related issues by ensuring a common understanding of organisations’ roles, services and priorities.

5. Embed health improvement actions in the mainstream work of Community Planning Partners.

6. Ensure that actions around health improvement are based, as far as it is possible, on clear evidence and information.

7. Work to ensure that actions are sustainable and meet the needs of the current generation of Aberdeenshire’s people without compromising the ability of future generations to meet their own needs.

8. Support people to take control of their own life.
1.8 Ways of Working – Towards Integrated and Outcome Focused Planning for Health Improvement

The Government advocates an outcome focused approach to planning.


The emphasis is on addressing local needs and priorities below the high level outcomes in the SOA.

Further details on this approach are available at: Health Improvement Performance Review www.improvementservice.org.uk/health-improvement/health/tools-for-soa  

In Aberdeenshire, this type of approach has been piloted and progressed over the last four years (Aberdeenshire wide and at local area level) and with different areas of work to improve health and reduce inequalities in health.

For example:

• Reducing smoking and the effects of tobacco (Local Tobacco Alliance)
• Reducing the effects of alcohol on young people in the Buchan area (Buchan Alcohol project)
• Reducing teenage pregnancy (Aberdeenshire Sexual Health Group)
• Reducing health inequalities in Fraserburgh (Fraserburgh Equally Well Early Years Project)

Further details about this work is available at: www.hi-netgrampian.org/hinet/5439.4.438.html

The key steps of this type of approach are:

• Mapping of services and consultation
• Community engagement
• Assessment of evidence base and literature search
• Identifying national strategy / recommendations
• Joint agreement of outcomes / actions and priorities.

1.9 Aberdeenshire Multi Agency Partnerships

The Aberdeenshire Public Health Team leads and drives forward work of agreed priorities for the team (see appendix 1). It facilitates and supports the improving health and reducing inequalities agenda in a wide range of arenas including Aberdeenshire multi-agency partnerships, Local Community Planning Groups, Children’s Services networks, Health and Community Care Partnership, services and communities.

A range of multi agency partnerships exist in Aberdeenshire to progress priority local outcomes identified in the SOA. A map of multi agency partnerships involved in delivering health and wellbeing outcomes in the SOA is detailed in Appendix 7.
SECTION 2: PROFILE OF ABERDEENSHIRE

2.1 Demography of Aberdeenshire

In the north east of Scotland, Aberdeenshire, extends to 6,313 sq km (2,437 square miles), representing 8% of Scotland’s overall territory. The predominantly rural landscape, with a mixture of rural villages and small towns, varies from mountainous Cairngorms, through rich agricultural lowlands to rugged coastline.

Table 1 Significant towns in Aberdeenshire

<table>
<thead>
<tr>
<th>Major Towns (2009)</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peterhead</td>
<td>17,450</td>
</tr>
<tr>
<td>Fraserburgh</td>
<td>12,370</td>
</tr>
<tr>
<td>Inverurie</td>
<td>11,030</td>
</tr>
<tr>
<td>Stonehaven</td>
<td>10,760</td>
</tr>
<tr>
<td>Westhill</td>
<td>11,100</td>
</tr>
<tr>
<td>Ellon</td>
<td>9,910</td>
</tr>
</tbody>
</table>

According to the National Records of mid-year population estimates (2010) between 2009 and 2010 Aberdeenshire’s population increased by 2,270 or 0.9% to 245,780.

The population of Aberdeenshire represents 4.6% of Scotland’s total, a 1.2% rise since 2005, a 4.1% rise since 2001 and a rise of over 50% since 1971.

A sustained increase in the population over more than three decades has put pressure on school rolls across Aberdeenshire.

The general trends in population structure for the different age groups is expected to remain fairly consistent with that predicted in the past, namely the continuation of an increasingly ageing population and a significant decrease in the number of 30-44 year olds. (Strategic forecasts for Aberdeen City and Aberdeenshire 2006-2031).

Aberdeenshire and Aberdeen City will have the highest proportion of older people in Scotland; by 2020 the number of people aged over 85 years is expected to rise by 75%. (Aberdeenshire Community Plan 2010).

An increasing ageing population and pressure on school rolls provides unique challenges in delivering services compounded by remote and rural nature of Aberdeenshire.
2.2 Health Profile of Aberdeenshire

Overall the health profile for Aberdeenshire is good compared to the rest of Grampian and Scotland but there are small areas and particular groups where health outcomes are significantly worse than the rest of Aberdeenshire.

Considering Aberdeenshire as a whole, male life expectancy is the second highest of all the CHPs and female life expectancy is also significantly better (higher) than average. All-cause mortality (all ages), and mortality rates from coronary heart disease, cancer and cerebrovascular disease (under-75s), are all significantly better (lower) than the Scotland average. However, this must be read in the context of Scotland’s unenviable position at or near the top of the international “league tables” of the major diseases of the developed world – coronary heart disease, cancer and stroke.

In terms of health behaviour data, in 2010, Aberdeenshire has better than Scottish average levels for many indicators.

- An estimated 20.0% of adults smoke, compared to 25.0% in Scotland as a whole.

- There have been 415 deaths from alcohol conditions in the last five years, giving a death rate significantly better than (below) the Scotland average, and the second lowest of any CHP in Scotland.

- The proportions of the population hospitalised with alcohol conditions and with drug related conditions are both significantly better (lower) than average.

- Sporting participation is significantly better than average (78.0%, compared to 73.0%).

However, there are some health related behaviours were Aberdeenshire does not perform well against Scottish averages. Reported road traffic accidents statistics for Aberdeenshire are high and show that young drivers aged 16-25 are at the greatest risk. Young drivers are considerably more likely to be involved in a serious or fatal road traffic collision than any other group of driver. For more information on what is being taken forward to address road safety in Aberdeenshire see the multi agency Aberdeenshire Community Safety website.

A full Aberdeenshire profile is available at: www.aberdeenshirecommunitysafety.org.uk/road_safety/index.html

Differences in health status in terms of geographical areas in Aberdeenshire are highlighted by statistics collated using a range of tools including:

1. The Scottish Index of Multiple Deprivation 2009 (SIMD) Further information is available at: www.scotland.gov.uk/Topics/Statistics/SIMD

2. The ScotPHO ‘Health and Wellbeing Profiles 2010’ which present information on indicators of health, wellbeing and wider determinants, at NHS Board, community health partnership and local area (intermediate zone geography) level. e.g.: low weight live births, estimated smoking prevalence; patients hospitalised with alcohol conditions; emergency admissions to hospital. They are designed
to support local action to tackle inequalities and improve health and wellbeing through informing decision making, service planning and priority setting. The detailed reports are available at: scotpho.org.uk/web/FILES/Profiles/2010/Rep_CHP_S03000013.pdf

3. NHS Grampian Traffic Lights 2009 provide a colour-coded picture of health status in communities, making it easier to see ‘at a glance’ the issues that may need to be addressed. Further information is available at: www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp?pContentID=3281&p_applinc=CCC&p_service=Content.show

The health picture is very different when viewed at a smaller area level. There are small areas of deprivation in Aberdeenshire where health outcomes are significantly poorer than the rest of Aberdeenshire and which are within the worst 5-20% in Scotland. For example, one datazone in Fraserburgh was in the worst 5% in the health domain of the SIMD (2009). For further details see Fraserburgh Equally Well Year’s project (2010).

www.hi-netgrampian.org/hinet/secure_files/FraserburghEarlyYearsProjectReport.pdf

In summary, health outcomes vary for different indicators geographically across Aberdeenshire but notably are worse across north Aberdeenshire (Buchan and Banff & Buchan areas), in Huntly area and in parts of South Aberdeenshire, particularly the coastal strip south of Stonehaven. Further details about inequalities in Aberdeenshire from discussion at a Aberdeenshire Community Health Partnership Inequalities Workshop can be viewed at: www.hi-netgrampian.org/hinet/2008.621.440.html

Aberdeenshire Council, in its ‘Framework for Regeneration in Aberdeenshire’ has identified two coastal zones as Regeneration Priority Areas these include:

1. the whole area, including outskirts, of Buchan and Banff and Buchan from Peterhead to the border with Moray including Fraserburgh, Banff and Macduff;

2. the area in Kincardine and Mearns from St Cyrus to Inverbervie.

These Regeneration Priority Areas will be the focus for targeted effort to remove barriers to employment; provide safer and healthier communities; sustainable; economic and physical development.

2.3 Rural deprivation and isolation

Work commissioned in 2009 through the Aberdeenshire CPP has provided detail on rural deprivation and isolation within Aberdeenshire. For further detail see Rural Deprivation and Isolation in Aberdeenshire report 2010 (www.hinet.grampian.org.uk)⁵.

In the study, 169 of the 301 datazones in Aberdeenshire are classified as rural areas (accessible or remote) incorporating between

⁵ Rural Deprivation and Isolation in Aberdeenshire report 2010 written by www.ekos-consultants.co.uk
500 and 1000 household residents in each. This scattered population means a lack of concentration of any issue compared to urban areas. People affected by disadvantage and social exclusion in remote and rural areas often live among an otherwise relatively affluent population. The recommendations from the report are included within Appendix 6.

2.4 Remote and rural issues which impact on health and well being across Aberdeenshire

The following issues have been highlighted as relevant for rural Aberdeenshire by the EKOS consultants research report. (For further detail see footnote 6). Aberdeenshire Council rural facilities monitor, Aberdeenshire fuel poverty strategy group and Aberdeenshire housing strategy.

ACCESS AND TRANSPORT

More than a quarter of Aberdeenshire’s rural data zones are among the worst 5% access deprived in Scotland. (EKOS report 2010). There is high dependency on private car ownership in Aberdeenshire. Over 90% of survey respondents accessed hospital appointments and workplace by own car. This dependency on cars can place an extra burden on low income households.

High fuel prices affects not only access to services but also increases the price of goods and services delivered to rural areas. Costs for public transport are high (although Aberdeenshire Public Transport Unit highlight that while single bus fares in particular can be high, regular travellers can make savings by buying multi-journey and commuter tickets, and disabled people and those aged over 60 travel free). Services to rural areas, and in particular remote rural areas, are limited, but there are good levels of bus services from Aberdeen to the main towns and many villages).

Community groups highlighted that transport and access issues particularly affect the young and the elderly e.g. there is demand for later trains and buses for young people.

SERVICE PROVISION

While many services are important in rural areas, some are seen as more critical in terms of their impact on quality of life and in maintaining the viability of rural communities. These are shops, post offices, petrol stations, primary schools and doctors’ surgeries.

During 2009, the number of rural facilities in Aberdeenshire fell across all areas. Since monitoring began in 1981, significant decline has occurred across the network of facilities in rural Aberdeenshire, particularly with banks (-69%), petrol stations (-68%) and post offices (-57%).

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6 Scottish Urban Rural Classification: Accessible rural areas (with population of less than 3,000 and within a 30 minute drive time of a settlement with a population of 10,000). Remote rural area (with population of less than 3,000 and over a 30 minute drive time of a settlement with a population of 10,000).

7 Telephone survey was conducted as part of EKOS report. In total 510 interviews were completed.
All areas have seen significant losses in key facilities, of between 27% and 47% since 1981. The largest declines have been in Banff & Buchan (-47%) and Kincardine & Mearns (-35%).

The large decline in some facilities can be attributed to widespread changes in access and communications e.g. the growth of internet shopping; increase in car ownership and transport initiatives across Aberdeenshire, have made it easier to travel to larger service centres and to supermarkets for goods.

However, some sectors of the population in particular the elderly, are typically less likely to have use of a car, or access to the internet. Therefore, as the population of Aberdeenshire ages, local service provision could become an increasingly important issue.

Between 1981 and 2009 only 2 GP surgeries closed. This illustrates how important GP surgeries have been in rural Aberdeenshire as the population has grown and aged, a trend also evident in the rest of Scotland. For further information see Aberdeenshire Rural Facilities Monitor 2010.


AFFORDABLE HOUSING

The Aberdeenshire Local Housing Strategy (2004-2009) highlights the lack of affordable housing and quality of housing in Aberdeenshire in particular.

The low levels of social housing in rural areas means that provision is generally limited to those regarded as in “priority” need. Research suggests that demand considerably exceeds supply. Pressures on the owner-occupied sector are associated with demands arising from those moving to live in rural areas, the improvement in the road network leading to the potential for more commuting, and, to a lesser extent, from the demand for second and holiday homes.

In general the housing stock in Aberdeenshire is considered good. There is a considerably higher rate of owner occupation than in Scotland as a whole. However there are some areas of concern, particularly in the private rented sector, where approx 24% failed standards or were in serious disrepair more likely affecting older people, those on low income and benefits dependent households.

The Aberdeenshire Local Housing Strategy also states that a key issue affecting Aberdeenshire is the growing number of older people with many not just requiring suitable housing but access to support as well. Further details are available in the Aberdeenshire Local Housing Strategy 2004-2009.

The settlements which have accommodated the greatest number of new houses over the last 5 years are Inverurie (563), Kintore (551), Blackburn (442), Ellon (378), and Westhill (363). Further details are available in Aberdeenshire Councils Housing and Social Work Service Plan 2011-2014.
FUEL POVERTY

The connection between cold, damp housing and rates of morbidity and mortality are well documented. Medical conditions caused or exacerbated by fuel poverty include a range of respiratory illnesses and cardiovascular disease.

"A particularly striking aspect of the impact of cold conditions and inadequate housing is the scale of excess winter mortality in the United Kingdom where winter death rates, overwhelmingly amongst the elderly population, are much higher than rates elsewhere such as the Scandinavian countries, where fuel poverty is virtually unknown." www.nea.org.uk

The Scottish House Condition Survey (SHCS) reported on Fuel Poverty at local authority level in November 2009 based on figures collated from 2004 – 2008. According to this information, 28% of households in Aberdeenshire are living in fuel poverty, compared with 26% across Scotland as a whole. This is a decrease from 30% of households across Aberdeenshire. It was anticipated that Fuel Poverty would have increased across Aberdeenshire. It was thought that the impact of installing energy efficiency measures would have been overshadowed by the fact that fuel prices have increased by an average of 13% each year over the last two years. However SHCS findings do not reflect this. The figures suggest that whilst fuel prices have continued to rise, the installation of energy efficiency measures has had a positive impact on fuel poverty. (Aberdeenshire Fuel Poverty Strategy Progress Report 2010).

EMPLOYABILITY

Employability is defined as the combination of factors and processes which enable people to progress towards or get into employment, to stay in employment and move on in the workplace.

Recent research (EKOS report 2010) characterised Aberdeenshire as a ‘low wage/‘working poor economy’ due to limited/low quality employment opportunities, dependence on seasonal and part time employment. This is often compounded by higher outgoings e.g. child care costs and transport.

The lack of employment and training opportunities was also highlighted and the difficulty of accessing job centres. Aberdeenshire allocated £3,175,08 of Fairer Scotland Funding to help (not all of this funding has gone to rural communities). See section 3.1 for more detail.

OPPORTUNITY FOR YOUNG PEOPLE

There are limited opportunities available to teenagers and young people in rural areas, notably in relation to housing and employment options.

8 This figure was correct in 2010.
In the EKOS report, stakeholders highlighted that access to services stop when young people leave school. Families cannot provide similar services (IT, access etc) and their transport options can be dramatically cut back too unless they have access to a car of their own.

Rural Scotland Key Facts (2008) confirms that younger people aged (15-34 years old) are leaving rural areas to seek career development, and establish households, outwith rural communities. This has resulted in an increasing ageing population in rural communities with a direct impact on health service provision and accessibility issues.
SECTION 3: ABERDEENSHIRE PRIORITIES

3.1 Agreed Priorities

As part of the development of the previous JHIP a large piece of work was gathering evidence to identify health improvement priorities for Aberdeenshire. These were subsequently ratified by a wide range of agencies, service providers and communities. In light of the current financial climate there is an increasing need to ensure we are focused on identified priorities in particular geographical areas, remote and rural communities and with key vulnerable groups.

In August 2010, a monitoring update of the actions in the 2007-2010 Joint Health Improvement Plan was conducted to inform partners of health improvement work ongoing and capture future priorities. This monitoring update is available on www.hi-netgrampian.org/hinet/file/6367/JHIPUpdateSep10.doc.

The priorities identified for Aberdeenshire match closely the health improvement priorities identified for Scotland. There has been a shift towards a focus on early years in Aberdeenshire, Grampian and at a national level. Reducing inequalities in health is the overarching agenda.

- Reducing inequalities
- Early years
- Mental wellbeing
- Tobacco
- Alcohol and other drugs
- Healthy eating and active living
- Building Capacity

The following sections provide details about the priorities, relevant strategy, situation or prevalence in Aberdeenshire and examples of work.

3.2 Overarching Theme of Reducing Inequalities in Health

Inequalities in health may be defined as “non-random, unacceptable variations in health (outcomes)” Genetic inheritance may predispose individuals to particular diseases. Exposure to certain environments undoubtedly influences health outcome, as do individual choices and the play of chance. Where variations are distributed unequally – across gender, ethnic or socio-economic groups or associated with levels of education, income, occupation or access to services – these variations are unethical and unacceptable. (Public Health Institute for Scotland, 2002).

“Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.”
Marmot review 2010 www.marmotreview.org

“Reducing health inequalities is a matter of fairness and social justice. There is a social gradient in health – the lower a person's social position, the worse his or her health. Health inequalities result from social inequalities. Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities.”
Marmot review 2010 www.marmotreview.org

Recent and emerging evidence points to the importance of early childhood development. “To have an impact on health inequalities we need to address the social gradient in children’s’ access to positive early experiences. Later interventions, although important, are considerably less effective where early foundations are lacking”
Marmot review 2010 www.marmotreview.org

The Scottish Government recognises that addressing inequalities in health is fundamental to bringing about health gain for the population. It is a key national priority and at a local level,
Improving Health and Reducing Inequalities is a key strategic theme for NHS Grampian. 'Equally Well', the report of the Ministerial Taskforce on health inequalities, and subsequent implementation plan\(^\text{10}\), were published by the Scottish Government in 2008\(^\text{11}\) and included 78 recommendations to reduce inequalities in healthy life expectancy and wellbeing. An Equally Well Review document was published in 2010\(^\text{12}\). Of these, 33 recommendations are applicable to the NHS and other Community Planning Partners. A list of the Equally Well outcomes, where Equally Well recommends action, has been produced by the Government. These documents are complemented by the "Early years Framework" and "Achieving Our Potential" published by the Scottish Government during 2008 and 2009.

A range of multi-agency partnerships are progressing relevant work to address health inequalities in Aberdeenshire. (See Appendix 5 for further detail). http://www.scotland.gov.uk/Publications/2008/06/25104032/0

**Keep Well**

Evidence has demonstrated the effectiveness of a population approach to improving health and tackling health inequalities. This evidence has informed the current national flagship Keep Well Programme, and Well North, being implemented in parts of NHS Grampian. The vision of Keep Well is to contribute to the reduction in health inequalities through building primary prevention into normal practice in NHS Boards, specifically through offering health checks and related follow-up services and support to those communities at higher risk of premature Cardio Vascular Disease (CVD). Keep Well health checks take place in primary care setting e.g. GP Practices and Community Pharmacy settings. They cover CVD risk, but also a range of other clinical and non-clinical factors, including wider life circumstances.

A pilot programme of targeted health checks is being delivered in Aberdeenshire via a Community Pharmacy in Fraserburgh and via a GP practice in Peterhead (GRANITE).

Reducing inequalities in health is an overarching priority which should be considered when progressing any work towards improving health. Recent evidence suggests that 'proportionate universalism' should be adopted to effectively reduce health inequality e.g. to improve equity of access (Marmot Review, 2010).

In Aberdeenshire action to reduce inequalities in health may be loosely categorised into the following:

1. Priority focus on identified geographic areas / communities of deprivation (as described within Aberdeenshire Profile, section 2.2)

2. Priority focus on identified rural areas to address access and other identified needs

3. Priority focus on key vulnerable groups to address health needs and ensure equitable access to services

Specific projects have been developed in some communities to work towards reducing inequalities in health. For example, Fraserburgh Equally Well Early Years Project www.hi-netgrampian.org/hinet/secure_files/ FraserburghEarlyYearsProjectReport.pdf and Keep Well Community Pharmacy Project in Fraserburgh (targeted health checks for 45–64 yr olds). Further examples are detailed within sections on each priority.

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Focus on identified rural areas to increase access

Dedicated work is progressing to ensure equitable access to services for those in rural communities across Aberdeenshire, for example development of sexual health drop-ins for young people to improve access to sexual health information, contraception and services with the aim of increasing sexual health and reducing unintended teenage pregnancy.

Focus on key vulnerable groups

Health outcomes for key vulnerable groups are worse than those of the rest of the population and provide a focus for targeted effort to tackle health inequalities across all communities in Aberdeenshire. Vulnerable groups in Aberdeenshire which are prioritised in this respect are identified below:

- Homeless
- Looked After Children
- People with substance misuse problems
- People suffering Gender Based Violence
- Gypsy travellers
- People with mental health problems
- People with learning disabilities

Example of work ongoing to target prioritised vulnerable groups:

People suffering gender based violence

National guidance (CEL 41 2008) placed demands on every Health Board in Scotland to develop a three year action plan to address Gender Based Violence. The introduction of routine enquiry of abuse (REA) in Primary Care is one of these actions. In May 2010 – 64 Aberdeen City/Shire midwives received Routine Enquiry of Domestic Abuse Training to strengthen practice.

Tackling Poverty and Inequality

Reducing inequalities in health is closely aligned to the wide range of work already ongoing in Aberdeenshire to tackle poverty and inequalities. A Tackling Poverty and Inequality multi agency partnership group has been established which manages Aberdeenshire’s allocation from the Fairer Scotland Fund on behalf of the Community Planning Board. Key strands of work are employability; tackling poverty and reducing inequalities in health.
Examples of work ongoing across Aberdeenshire to Tackle Poverty and Inequalities:

<table>
<thead>
<tr>
<th>Name of the Project / Initiative</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out Reach Project</strong></td>
<td>The Hotspot supports 10 regular volunteers. NHS Health points are operating in through the Hot Spot in Peterhead and in Fraserburgh. Credit union membership, and thus access to affordable credit has increased by 150 new members recruited through the Hotspot. Community Voices grant funding has helped a range of groups to develop and deliver services and projects. The development of the Migrant Workers association, which has 400 members.</td>
</tr>
<tr>
<td><strong>Working With Families Project</strong></td>
<td>Working With Families is an employability project, which aims to tackle poverty and supports parents across Aberdeenshire to overcome barriers in order to enter and sustain education, training or employment. It makes use of the “key worker” model since this fits Aberdeenshire’s geography.</td>
</tr>
<tr>
<td><strong>Buchan Dial a Bus</strong></td>
<td>The service has supported the most vulnerable people to access Health Services thus reducing missed appointments for the NHS. Increased volunteering opportunities for local people by 10 new places.</td>
</tr>
<tr>
<td><strong>CFINE – Community Food Initiative</strong></td>
<td>Access to low cost good quality fruit and veg has been increased in the south of Aberdeenshire.</td>
</tr>
<tr>
<td><strong>Healthpoints – Fraserburgh &amp; Peterhead</strong></td>
<td>There has been an increase of access to information, services and development of health information points which provide advice on a range of health topics. Health services are more accessible to the local community.</td>
</tr>
</tbody>
</table>
3.3 Early Years

In recent years there has been increasing emphasis being placed on Early Years at the national and international level. The evidence now available strongly supports a focus on early years interventions to achieve greatest impact.

There are a number of health outcomes that contribute to ensuring that children have the best start in life. Health improvement priorities include increased breastfeeding, reduced dental caries, reduced substance misuse in pregnancy and reduced levels of childhood obesity. Action to address these health improvement priorities are needed alongside addressing the wider social, economic and environmental factors that limit some children’s potential.

Scotland’s breastfeeding rates are amongst the lowest in Europe. In Aberdeenshire breastfeeding rates are slightly better than for Scotland as a whole. However there are marked differences across the area. The most recent data from the Pre School Surveillance System indicates that current exclusive breastfeeding rates at 6-8 weeks are 18.1% in North Aberdeenshire, 31.6% in Central Aberdeenshire and 41.9% in South Aberdeenshire (21/6/2010 to 6/12/2010). NHS Grampians target is to increase exclusive breastfeeding rates to 46% in all areas of Grampian by 2015.

The results of the National Dental Inspection Programme fluctuate over the years, however the 2009/10 results are the best ever recorded. Grampian recorded 69.2% of P1 children with no obvious dental decay and Aberdeenshire was well ahead of the other areas with 73% of Primary 1’s free from decay.

There is continued concern over the levels of obesity among children in Scotland. Obesity during childhood is a health concern in itself, but can also lead to physical and mental health problems in later life. In 2009 /10 19% of Aberdeenshire P1 children were found to be overweight (including obese) this was comparable to the Scottish overweight levels (20.4%).

The Scottish Government is strongly committed to giving every child the best possible start. The Early Years Framework (2008) sets out the vision for long-term transformational change in the Early Years.

The Early Years Framework seeks to:

- Build resilience in children
- Develop supportive communities
- Improve capacity of parents
- Develop the Early Years workforce

In Aberdeenshire, an Early Years Strategy group has been established. The group’s role is to advise the Joint Management Group (JMG) on strategy and policy in relation to multi agency services in the pre – birth to 8 years. Aberdeenshire Council Education Learning and Leisure Service has carried out an Early Years Review and developed an Education Learning and Leisure Service Plan which provides a clear strategy for the Early Years across Aberdeenshire. Locally a wide range of work is ongoing in relation to Early Years; for example:


Going Baby Friendly – Implementing the UNICEF Baby Friendly Initiative: The Scottish Government has advocated that NHS Scotland adopt the UNICEF Baby Friendly Initiative to facilitate improved breastfeeding rates. In 2010 concerted effort was undertaken across Aberdeenshire to provide ‘gold standard’ breastfeeding management training to 60 Community Health Partnership staff working with women and babies across Aberdeenshire.

Childsmile: Childsmile is a national programme that aims to promote and improve the oral health of children. In 2010 across Aberdeenshire there are 164 nurseries (Local Authority, Private, and Partner Provider), and 25 primary schools participating in supervised tooth brushing. 1,650 nursery children and 1,000 primary school children are being offered fluoride varnish in the nursery/school setting. In 2011, all dental practices will be offered the opportunity to participate in the programme. So far there are three independent practices signed up. More information on the Childsmile Programme is available at: [www.child-smile.org](http://www.child-smile.org)
3.4 Mental wellbeing


• Mentally healthy infants, children and young people
• Mentally healthy later life
• Mentally healthy communities
• Mentally healthy employment and working life
• Reducing the prevalence of suicide, self-harm and common mental health problems
• Improving the quality of life of those experiencing mental health problems and mental illness.

The plan identifies a key role for local Government to develop, with Community Planning Partners and Community Health partnerships, local plans for delivery. www.scotland.gov.uk/Resource/Doc/271822/0081031.pdf

Delivery of the Government actions and targets are set within the context of a range of strategic groups in Aberdeenshire which include:

NHS Grampian – Towards A Mentally Flourishing Grampian Group: This group’s role is to support the development of Towards A Mentally Flourishing Scotland (TAMFS) in Grampian.

The Mental Health Strategic Outcome Group: The group reviews progress made on action plans on an annual basis and this is reported to the Health and Community Care Strategic Partnership and in turn to the Community Health Partnership Committee and the Housing and Social Work Committee.

Aberdeen chooses Life Steering Group: The Steering Group takes forward the national strategy and action plan to prevent suicide in Scotland.

Child and Adolescent Mental Health Promotion Group: This group consists of members of Child and Adolescent Mental Health Services, Aberdeenshire Public Health Team, Aberdeen Education, Social Work and Psychological Services.

Aberdeen Local Community Planning Groups: Local Community Planning groups have played a key role in supporting ‘With Inclusion In Mind’

In Aberdeenshire a wide range of work is ongoing to improve mental wellbeing e.g.

• With Inclusion In Mind Consultation led by Community Planning Partners. The objective was to ensure communities have access to information about mental well being and strengthen community action around mental health issues and recovery from mental illness.

• Kincardine & Deeside Befriending Project. The objective of this quality assured scheme is to reduce isolation through one-to-one befriending among older people in South Aberdeenshire especially the frail who can’t get to lunch clubs and/or for whom day care or group activity is not suitable; the very old and people with dementia.

• Huntly Mental Health Ltd. on behalf of Huntly Health Project, are managing a community gardening and growing project, working with vulnerable groups and other community organisations to promote inclusion, reduce stigma and promote mental and physical well being.

• Opening Up is an arts project, based in Inverurie, supporting marginalised groups to identify the barriers to inclusion and raise awareness in the community of it’s responsibility to include people with mental health issues.
3.5 Tobacco

Reducing the impact of tobacco in terms of reducing smoking, reducing the effects of smoking on communities and preventing the uptake of smoking is a key national and local priority. It remains an identified priority for Aberdeenshire and is included as a local outcome within the Aberdeenshire Single Outcome Agreement (SOA) by the Community Planning Partnership (CPP).

Smoking continues to be the most important preventable cause of disease and premature death in Scotland, especially in disadvantaged communities. In 2008 there were over 13,000 deaths (Scotland) attributed to smoking related diseases. There is clear evidence to link smoking with lung cancer, coronary heart disease and stroke. Smoking also increases the risk of reproductive disorders, miscarriage and sudden infant death syndrome. There is now increasing awareness of the dangers of passive smoking in relation to lung cancer, asthma and respiratory infection.

In Aberdeenshire smoking prevalence rates have declined in recent years, but still approximately 20% of adults reported to smoke in 2007/08, with higher rates of 30-35% in deprived areas. About 6% of secondary school aged children smoke, and rates increase to 18% amongst young adults (18 to 25 years).

In 2008 the Government published “Towards Scotland is Smoke Free, A Smoking prevention Action Plan for Scotland” (TSiSF). This document sets out key actions and targets to prevent the uptake of smoking.

The Government has set national targets to reduce smoking (HEAT) and to prevent uptake of smoking (outlined within TSiSF).

At a Grampian level, the effort towards the target to reduce smoking is co-ordinated through the Smoking Cessation Steering Group with representation from the different sectors within NHS Grampian.

In Aberdeenshire, delivery of the Government actions and targets are set within the context of action plans developed by the Aberdeenshire Local Tobacco Alliance (ALTA) and NHS Grampian. The ALTA is a cross sector group that provide a forum for partnership working on tobacco issues.

In Aberdeenshire a wide range of work is ongoing to tackle tobacco issues action to date has included:

- Effective and accessible provision of stop smoking services, especially to communities experiencing deprivation, to pregnant women and those experiencing mental illness.
- Increased number of staff from multi agencies trained to provide smoking cessation brief advice.
- Availability of web-based smoking cessation support.
- Aberdeenshire Life Education Centre (ALEC) which delivers smoking prevention education to school children.

Further information about reducing and preventing the uptake of smoking in Aberdeenshire is available on [www.hi-netgrampian.org/hinet/6166.html](http://www.scotland.gov.uk/Publications/2008/05/19144342/0).
3.6 Alcohol and other drugs

In March 2009, the Government published ‘Changing Scotland’s Relationship with Alcohol - A Framework for Action’. The aim is to re-balance Scotland’s relationship with alcohol to maximise our potential as individuals, families, communities, and as a country. In May 2008, The Scottish Government published ‘The Roads to Recovery Strategy’ central to the strategy is a new approach to tackling problem drug use based firmly on the concept of recovery. Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society. The strategy sets in train a number of actions to turn recovery into a reality. The Aberdeenshire Alcohol and Drug Partnership (ADP) launched its own Routes to Recovery Strategy in December 2008 which sets out its vision for a healthier, happier and safer Aberdeenshire:

- Strategic goals for how harm caused by alcohol or other drug use could be minimised or even prevented in Aberdeenshire.

- Emphasise the importance of engaging with the people whose lives are affected by alcohol or other drugs in Aberdeenshire to identify the nature of the challenges they face and the priority interventions we need to offer.

- Communicate each agency’s pledge to make implementation of this strategy evident in their daily work and plans.

- Report publicly the resources available to implement the strategy.

- Strengthen the functions of the ADP to maximise benefit from the finite resources available.

The extent of the alcohol problem in Aberdeenshire is assessed using Scottish estimates of alcohol consumption which reveal that the proportion of the adult population (16+ years of age) drinking above sensible limits on a weekly basis is 34% for men and 23% for women. These levels are considered hazardous, potentially leading to harm for the individuals themselves or others in the short or longer term. For Aberdeenshire this could mean that more than 50,000 adults are already drinking at such hazardous levels. Roll out of the alcohol screening and brief interventions programme through primary care is reaching significant numbers of individuals drinking at such hazardous levels and offering effective advice in helping them to reduce alcohol consumption which otherwise might affect their health in years to come. The proportion for whom this consumption may have already led to harmful effects is uncertain, but for most, this damage is still likely to be reversible, if tackled appropriately. The Scottish Health Survey suggests that 1 in 16 (6.3%) of the population of Grampian are already alcohol dependent, approximately 14,000 Aberdeenshire residents. For these individuals alcohol specialist services are available across Aberdeenshire to support patients and families.

Estimates of the number of problem drug users are derived from 2006 data. For Aberdeenshire, this amounts to approximately 1,200 people with a drug problem of whom just over half are injectors, mainly relating to opiate addiction. In addition psychostimulant use is also prevalent resulting in Aberdeenshire having the second highest rate of cocaine related deaths in Scotland in 2007.

Problematic use of alcohol or other drugs can result in permanent and irreversible damage to the liver, brain and other systems. For example Hepatitis C infection is known to affect more than 3,100 individuals across Grampian (a further 2,000 are not

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20 Revised Alcohol Consumption Estimates from the 2003 Scottish Health Survey, Scottish Government, May 2008
21 Scottish Health Survey http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey
aware that they have been infected. At least 90% of cases are likely to have been infected through current or past injecting drug use. In a significant proportion of these cases, this leads to permanent liver scarring and malfunction (cirrhosis). Access to treatment of this chronic infection has now improved with specialist clinics in Fraserburgh and Peterhead, both areas of serious concern for drugs misuse. Alcohol consumption can contribute to quicker progression to cirrhosis and should be avoided. Although Aberdeenshire may suffer less from drugs problems than more urban areas its rural context can provide challenges for individuals who want to access support services. To this end, new needle exchange points have been provided through community pharmacies in Kemnay, Inverurie, Banchory and Aberchirder in recent years.

In Aberdeenshire a wide range of work is ongoing around alcohol and substance misuse. For example:

- Service redesign currently being undertaken by NHS Grampian and Aberdeenshire Council Substance Misuse services.

- The ADP inject funding into the community to promote recovery through the three alcohol Drug and Blood Borne Virus BBV Fora.

- There is a Service User involvement project for substance misuse in Aberdeenshire.

- SMART Recovery groups are 5 locations across Aberdeenshire with plans for more.

- The Alcohol and Drugs Partnership (ADP) has taken forward work around community safety and alcohol and drug misuse, campaigns to promote safer drinking and a wide range of public engagement events.

- A service has been developed in conjunction with Aberdeenshire Education Leisure and Learning to include education around substance misuse in the Aberdeenshire Life Education Centres (ALEC) mobile classrooms which travel round schools in Aberdeenshire.

For further information see: [www.aberdeenshireadp.co.uk](http://www.aberdeenshireadp.co.uk)
3.7 Healthy eating and active living

An action plan ‘Healthy Eating, Active Living; An Action Plan To Improve Diet, Increase Physical Activity and Tackle Obesity (2008) has been published [www.scotland.gov.uk/Publications/2008/06/20155902/0](http://www.scotland.gov.uk/Publications/2008/06/20155902/0) and Preventing Overweight and Obesity in Scotland. A Route Map Towards Healthy Weight (2010) [www.scotland.gov.uk/Publications/2010/02/17140721/0](http://www.scotland.gov.uk/Publications/2010/02/17140721/0). Tackling the rising obesity epidemic does not have a simple solution and requires a new way of thinking. A wide range of stakeholders have a crucial role to play in helping to create environments which support us all to maintain a healthy weight and be more active in our daily lives and therefore enjoy life to full.

In Aberdeenshire a wide range of work is ongoing to promote healthy eating and active living e.g.

- Implementation of the requirements of Schools Health Promotion & Nutrition, Scotland Act 2007.

- Braemar fruit & vegetable scheme in conjunction with – Community Food Initiatives North East CFINE.

- Huntly Community Training Kitchen and community allotment developed. The Community Kitchen and the Gardening and Growing Project offers opportunities for a wide range of groups in the community e.g. a whole class approach in Gordon Primary School, providing practical food / cooking skills and gardening / outdoor activities as a form of physical activity.

- All Community hospitals have received a healthy living award which requires healthy options to be offered in hospital dining areas.

- Active Aberdeenshire campaign has been established to encourage people to take part in regular exercise and sport and enjoy it. It links to the national Active Scotland campaign. [www.ouractivenation.co.uk](http://www.ouractivenation.co.uk).

- Shire Street Sports mobile sports arena brings a range of sporting activities to towns and villages throughout Aberdeenshire, aimed at tackling the underlying issues which impact on the quality of life in our communities. Delivered on the streets where young people meet during evenings, weekends and holiday times; filling a gap and countering claims by young people that there is ‘nothing to do’. For more information see [www.aberdeenshire.gov.uk](http://www.aberdeenshire.gov.uk).

- The Eat Play and Grow Well intervention targeted at children who are outwith the healthy weight range. This initiative is a four week programme provided by a community dietician either in the family home or local clinic. All families on the programme have also been offered 4 family passes to use Aberdeenshire Council leisure facilities free of charge.

- The health and wellbeing young leaders programme has developed in partnership between Aberdeenshire Council and Aberdeenshire Community Health Partnership (CHP). The aim of the programme is to support improvement in health and wellbeing by establishing cohorts of trained health and wellbeing leaders at both pupil and staff levels who will lead health improvement in schools. The focus this year is healthy eating and active living and maintaining a healthy weight.
3.8 Building capacity

Building capacity within agencies

Capacity building within agencies means ensuring staff and decision makers in partner agencies are clear that they all have a role to play in delivering on health improvement and reducing health inequalities. It is often stated that the main resource any organisation has is its staff. Policy makers, key influencers, elected members and service providers all need to understand the issues relating to health improvement in order to deliver the changes required for positive health and well being in communities.

In Aberdeenshire a wide range of initiatives have been undertaken to build capacity and develop a strategic, co-ordinated and consistent approach to health improvement activity across Aberdeenshire, for example:

• Integrated Impact Assessment (IIA) piloting the assessment of impact of council services, policies, plans and strategies on equalities, health, the environment and socio economic issues.

• Health Improvement workshops held with Local Community Planning Groups (LCPGS) and Area Committees.

• Mandatory CHP objective regarding reducing health inequalities agreed 2009.

• Reducing health inequalities identified for use of Fairer Scotland Fund (FSF).

Building capacity within communities

A community led approach to health improvement is now a significant feature of health improvement policy and practice, both in the UK and internationally. It is an approach that is concerned with supporting disadvantaged communities experiencing poor health outcomes to identify and define what is important to them about their health and wellbeing and take the lead in identifying and implementing solutions. It is an approach that clearly sets out community capacity building as a core approach to health improvement and reducing inequalities. [www.scdc.org.uk](http://www.scdc.org.uk)

In Aberdeenshire a wide range of initiatives have been undertaken to develop a community led approach to health improvement, for example:

• Aberdeen worked with the Scottish Community Development Centre (SCDC) to implement ‘Healthy Communities: Meeting the Shared Challenge’. This was a Scottish Government funded programme that aimed to encourage and support community-led approaches to health improvement throughout Scotland. A full report on the work undertaken in Aberdeenshire and across Scotland with representatives from SCDC is available at: [www.scdc.org.uk](http://www.scdc.org.uk/)

• Community Led Health (CLH) workshops held with management staff from partner organisations with 3 workshops held at a local community level.

SECTION 4: TARGETS AND PERFORMANCE MONITORING

There are different levels of performance management and monitoring of impact of actions in relation to improving health and reducing inequalities.

Reporting of progress of health improvement projects and towards targets

Aberdeenshire Health Improvement Group (HIG) is the main multi-agency health improvement group where performance monitoring takes place. Meetings take place every two months and a performance report is submitted to each meeting and is discussed as part of the meeting. [www.hi-netgrampian.org/hinet/2016.4.582.html](http://www.hi-netgrampian.org/hinet/2016.4.582.html)

Reports are also submitted to the Aberdeenshire CHP Committee, to NHS Grampian and to Grampian wide working groups.

Reports may be submitted from members of the Public Health team or from a range of multi-agency partnerships which progress priority health improvement work. (See appendix 7 for further details of multi-agency partnerships involved in delivering health and wellbeing outcomes in the SOA).

Reporting on Equally Well recommendations and outcomes to reduce inequalities in health

Action across the CHP towards reducing inequalities in health, to fulfil the recommendations of Equally Well, is monitored through the Aberdeenshire HIG and also reported to NHS Grampian. More details about Equally Well, the Scottish Government Ministerial Task Force on Health Inequalities Implementation Plan can be accessed at: [www.scotland.gov.uk/Publications/2008/12/10094101/2](http://www.scotland.gov.uk/Publications/2008/12/10094101/2) (See appendix 4 for more detail about Equally Well outcomes and linkage with the SOA in Aberdeenshire).

Reporting by the NHS to the Scottish Government

The NHS has to deliver and report to the Scottish Government on a range of national health improvement priorities and targets. These may be divided into:

- NHS/ Health Improvement (HEAT) targets (see appendices 2 and 3 for the current NHS/ HEAT targets and Aberdeenshire’s progress towards meeting these targets).
- Specific areas of work such as Improving Sexual Health and developing routine enquiry for Gender Based Abuse.
- The NHS is also required to report on Single Outcome Agreement (SOA) indicators and outcomes as a partner of the Community Planning partnership.
## APPENDIX 1: Agreed Priorities for Aberdeenshire Public Health Team

<table>
<thead>
<tr>
<th>Aberdeenshire Priority</th>
<th>Relevant National Target</th>
<th>Identified National Priorities HIPM priority HI outcomes</th>
<th>Priority Themes PH team</th>
</tr>
</thead>
</table>
| Reducing health inequalities | CHD Health Checks (H8) | Inequalities and health | Reducing Inequalities (applied throughout all themes)  
• Keep Well cardiovascular health checks (H8)  
• Health and homelessness  
• Looked After Children  
• Gender based violence (CEL 41)  
• Sexual Health  
• Older people  
• Rural deprivation  
• Gypsy travellers |
| Early Years | Dental registrations (H9)  
Breastfeeding rate (H7)  
Infant and maternal nutrition (CEL 36) | Early Years | Early Years –  
Children in Aberdeenshire have access to dentistry and improved oral health  
Improved outcomes for children (uptake of antenatal care and immunisations, oral health, breast feeding, healthy weight, support of vulnerable parents) |
| Improving mental health & wellbeing | Reduce suicide rate (H5) | Mental health | Mental Wellbeing – Improved mental health and wellbeing of the population especially those in disadvantage  
(Towards a Mentally Flourishing Scotland) |
| Tobacco | Smoking cessation (H6) | Tobacco | Tobacco – Reduced smoking and effect of tobacco on people and communities in Aberdeenshire |
| Reducing substance misuse especially alcohol | Alcohol brief intervention (H4) | Alcohol | Alcohol – Reduced harm experienced from alcohol or as a result of alcohol consumption in the community (co-ordinated through ADP) |
| Healthy eating Active Living | Child healthy weight interventions (H3)  
(Infant and maternal nutrition) (CEL 36) | Obesity | HEAL (Healthy Eating Active Living) – More people in Aberdeenshire have healthy weight and are active |
| Building Capacity | Health Promoting Health Service (CEL 14) | | Building capacity – Increased capacity for improving health, addressing inequalities in health in communities and across partnerships (CHP / HPHS / CPP / CSNs). |
### APPENDIX 2: Current NHS HEAT targets (2011/12)

Health Boards have been set 4 key Ministerial objectives: Health Improvement, Efficiency, Access and Treatment (HEAT) which are reviewed annually. NHS Grampian Board has to report on its progress with delivery of the HEAT targets through the Local Delivery Plans of Community Health Partnerships (CHP).

For 2011/12 there are six targets related to Health Improvement

<table>
<thead>
<tr>
<th>Target</th>
<th>Policy Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.</td>
<td>To identify and address harmful and hazardous alcohol use before more serious problems develop. Alcohol Brief Interventions (ABIs) have been shown to reduce alcohol consumption among harmful and hazardous drinkers, therefore reducing their risk of alcohol related harm. As such we have introduced an NHS target to be delivered in priority settings. Building on the last three years, it is expected that during 2011/12 the at risk population coming into contact with services will have had an ABI, and this service will be embedded to allow on-going ABI delivery to continue as a routine part of the NHS ‘offer.’</td>
</tr>
<tr>
<td>Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2011/12.</td>
<td>Reducing inequalities in health is critical for achieving our aim of making Scotland a better, healthier place for everyone. The aim of the Keep Well programme of inequalities targeted health checks, delivered through enhanced primary care services is to increase the healthy life expectancy of our most deprived populations and thereby have a significant impact on unequal health outcomes.</td>
</tr>
<tr>
<td>Reduce suicide rate between 2002 and 2013 by 20%</td>
<td>Evidence indicates that open discussion about suicide reduces its risk. Therefore, the more people who feel confident and willing to explore possible signs of suicide risk and provide support and help, the more lives could be saved. NHS Boards will ensure that 50% of frontline staff are trained in suicide prevention by 2010.</td>
</tr>
<tr>
<td>Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014.</td>
<td>Maintaining a healthy weight during childhood is important for both physical health and mental wellbeing. The best start in maintaining a healthy weight is through breastfeeding. Being overweight or obese during childhood is a health concern in itself, but when it continues into adulthood it can lead to physical and mental health problems, such as heart disease, diabetes, osteoarthritis, increased risk of certain cancers, low self-esteem and depression.</td>
</tr>
<tr>
<td>NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.</td>
<td>The Scottish Government remains committed to driving down smoking levels further. NHS Boards will continue to deliver a universal smoking cessation service, and there is an emphasis on helping people in deprived areas and pregnant mothers to stop smoking. All pregnant women will have smoking status recorded on attendance at antenatal clinic and will be offered smoking cessation support.</td>
</tr>
<tr>
<td>At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.</td>
<td>To increase the number of children who are decay free at age 5 years, particularly addressing inequalities. Dental decay is almost totally preventable but is the single most common reason to admit children to hospital in Scotland and accounts for significant pain and discomfort to the child and to absence from school.</td>
</tr>
</tbody>
</table>
### APPENDIX 3: HEAT Targets for 2010/11 and progress in Aberdeenshire (December 2010)

<table>
<thead>
<tr>
<th>Target description</th>
<th>Aberdeenshire target</th>
<th>Current value</th>
<th>General Comment</th>
<th>Comment on local situation (where possible)</th>
</tr>
</thead>
</table>
| Oral health H2     | 80% dental registrations (3-5 yrs) by March 2011 | 77.6% (patient postcode) | In Aberdeenshire, 73% of P1 children had no obvious decay when inspected in 2009/10 NDIP (Grampian Average 69.2%). This is the highest levels to date. **The 2010 target is that 60% of P1 children would have no signs of tooth decay.**
In academic year 2010/11, children in over 60 nurseries and schools are being offered fluoride varnish application. 82% of all nurseries and 5341 children are toothbrushing (NHSG, Jan 2011). | In the 2009/10 NDIP there was 1 CSN with less than 60% of P1 children with no dental disease (ie poorer oral health). Fraserburgh had 56.3% with no decay. 3 other CSNS have less than 70%
- Peterhead -62.5%
- Banff - 69.3%
- Huntly – 67.3% |
<p>| H9                 | 2417 children receiving fluoride varnish twice yearly by March 2014 | In academic year 2009 1225 children received fluoride applications | | |
| H3 / HEAL          | 277 (by March 2011) | 387 March 2011 | The HEAT target has been achieved: This was achieved through the delivery of 52 targeted interventions providing 1:1 family support and 326 non targeted interventions (engaging over 1400 children in schools based programmes). | |
| H4                 | 6107 (by Mar 11) | 4743 Mar 11 | Achievement against the H4 target has increased significantly through delivery in GP practices but also via Sexual Health Services. | |
| H5                 | 20% reduction in suicide rate between 2002 and 2013 | 13% reduction (2009) | As it is estimated that the number of suicides in 2010 will be higher than 2009, the year on year reduction will not be achieved for 2010. | Expectation that level will be maintained at 50% |</p>
<table>
<thead>
<tr>
<th>Target description</th>
<th>Aberdeenshire target</th>
<th>Current value</th>
<th>General Comment</th>
<th>Comment on local situation (where possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H6 Smoking cessation / Achieve number of quits / reduce smoking</td>
<td>3201 (by March 11)</td>
<td>3798 21.03.11</td>
<td>The target has been achieved and exceeded. This has been through a range of initiatives including an increase in staff accessing training &amp; increased capacity of smoking cessation services. It is important for all staff to raise the issue of smoking and refer to services where appropriate.</td>
<td>Low referrals particularly from Fraserburgh</td>
</tr>
<tr>
<td>H7 Increase % exclusive breastfeeding at 6-8 wks</td>
<td>42.9% (by March 11) for all areas</td>
<td>North 18.1% Central 31.6% South 41.9%</td>
<td>The Grampian Breastfeeding Audit (GBA) has provided the breastfeeding rate to date. In Summer 2010 the Child Health Surveillance System – pre-school was introduced - which will now provide breastfeeding statistics. AS anticipated the breastfeeding rates have dropped with the CHSP system. This data is more robust than the previous GBA.</td>
<td>Breastfeeding rates vary considerably across Aberdeenshire with the poorest rate in North. This is linked to cultural and deprivation factors.</td>
</tr>
<tr>
<td>H8 Deliver CV health checks (Fraserburgh)</td>
<td>105 (by Mar ’11)</td>
<td>150 (Mar 11)</td>
<td>All four pharmacies are participating. Very low DNA rate. The Peterhead practice is now contributing to the Grampian target through the GRANITE study. Note: the Grampian Keep Well target has now been achieved.</td>
<td>Currently KW checks only only in Fraserburgh (106 completed March 2011) but will be rolled out further in Aberdeenshire from 2012.</td>
</tr>
</tbody>
</table>
## APPENDIX 4: LINKAGE BETWEEN ABERDEENSHIRE HEALTH IMPROVEMENT PRIORITIES AND ABERDEENSHIRE COMMUNITY PLAN 2011-2015

All of the outcomes contributing to the Community Wellbeing theme and many of the outcomes contributing to other themes e.g. jobs and the economy, lifelong learning and sustainable environment can contribute to health and wellbeing e.g. the outcome: “vulnerable and disadvantaged people are well supported to move into and sustain work” can improve mental health and well being.

For more information on how the outcomes in the Community Plan are linked with actions which improve health see [http://www.ouraberdeenshire.org.uk](http://www.ouraberdeenshire.org.uk).

<table>
<thead>
<tr>
<th>Aberdeenshire Health Improvement Priorities</th>
<th>Aberdeenshire Community Plan Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing inequalities in health</td>
<td>Improved quality of life for the most deprived communities in Aberdeenshire</td>
</tr>
<tr>
<td></td>
<td>Fewer people in Aberdeenshire experience deprivation</td>
</tr>
<tr>
<td>Early Years</td>
<td>Children and young people make better health and lifestyle choices and their mental wellbeing is supported</td>
</tr>
<tr>
<td></td>
<td>Children in Aberdeenshire have the best start in life and their wellbeing is supported at the earliest stages</td>
</tr>
<tr>
<td></td>
<td>Children get help when they need it</td>
</tr>
<tr>
<td></td>
<td>Vulnerable children and young people are protected from abuse and neglect</td>
</tr>
<tr>
<td></td>
<td>Better life chance for looked after children</td>
</tr>
<tr>
<td>Mental health and wellbeing</td>
<td>People in Aberdeenshire have improved mental wellbeing</td>
</tr>
<tr>
<td></td>
<td>People in Aberdeenshire have access to recreational opportunities in well-maintained public spaces</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Harm caused by the misuse of alcohol and other drugs is reduced</td>
</tr>
<tr>
<td></td>
<td>People in Aberdeenshire are healthier and empowered to sustain their health</td>
</tr>
<tr>
<td>Alcohol and other drugs</td>
<td>Harm caused by the misuse of alcohol and other drugs is reduced</td>
</tr>
<tr>
<td>Healthy Eating Active Living</td>
<td>People in Aberdeenshire have access to recreational opportunities in well-maintained public spaces</td>
</tr>
<tr>
<td>Building capacity</td>
<td>Successful achieving communities with the confidence and capability to tackle the things that matter to them, in particular strong, resilient communities in Aberdeenshire's regeneration areas</td>
</tr>
</tbody>
</table>
## APPENDIX 5: Equally Well Outcomes and Relevant Strategic Partnership in Aberdeenshire

### Early Years Outcomes

<table>
<thead>
<tr>
<th>Outcome Description</th>
<th>Base line information available in Aberdeenshire SOA</th>
<th>Strategic Partnership in Aberdeenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>EY1: Reduction in child poverty</td>
<td>Yes</td>
<td>Tackling Poverty and Inequalities Strategy Group</td>
</tr>
<tr>
<td>EY2: Healthier lifestyles among younger women (diet, smoking, alcohol)</td>
<td>Yes</td>
<td>Aberdeen Health Improvement Group</td>
</tr>
<tr>
<td>EY3: Reduction in vulnerable pregnancies</td>
<td>Yes</td>
<td>Aberdeen Sexual Health Steering Group</td>
</tr>
<tr>
<td>EY4: Improved breastfeeding rates</td>
<td>Yes</td>
<td>Grampian breastfeeding strategy group</td>
</tr>
<tr>
<td>EY5: Improved parent-child relationships through positive parenting approaches and skills</td>
<td>?</td>
<td>Early Years Strategy group</td>
</tr>
<tr>
<td>EY6: Children’s mental wellbeing/resilience</td>
<td>?</td>
<td>Aberdeen mental health &amp; Wellbeing group (JMG)</td>
</tr>
<tr>
<td>EY7: Reduced percentage of children overweight or obese</td>
<td>Yes</td>
<td>Aberdeen HEAL/Heat 3 action (JMG/HIG)</td>
</tr>
<tr>
<td>EY8: Improved health and wellbeing of looked after children</td>
<td>Yes</td>
<td>LAC Strategy group (JMG)</td>
</tr>
<tr>
<td>EY9: Children’s and young people’s skills for life, including literacy and numeracy</td>
<td>Yes</td>
<td>ELL</td>
</tr>
<tr>
<td>EY10: School leavers in positive and sustained destinations</td>
<td>Yes</td>
<td>More Choices More Chances Group</td>
</tr>
<tr>
<td>EY11: Children have more active lifestyles, access to greenspace and opportunities for play</td>
<td>Yes</td>
<td>HEAL/Heat 3 action Active Aberdeenshire Board</td>
</tr>
</tbody>
</table>

### Mental Wellbeing Outcomes

<table>
<thead>
<tr>
<th>Outcome Description</th>
<th>Base line information available in Aberdeenshire SOA</th>
<th>Strategic Group in Aberdeenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>MW1: Reduced proportion of people living in poverty</td>
<td>Yes</td>
<td>Tackling Poverty and Inequalities Group</td>
</tr>
<tr>
<td>MW2: Greater financial inclusion and better financial management by individuals</td>
<td>Yes</td>
<td>Tackling Poverty and Inequalities Group</td>
</tr>
<tr>
<td>MW3: Reduction in fuel poverty levels</td>
<td>Available but not via SOA</td>
<td>Fuel Poverty Strategy Group</td>
</tr>
<tr>
<td>MW4: Healthier workplaces</td>
<td>Available but not via SOA</td>
<td>Healthy Working Lives Team</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>MW5: Reduced sickness absence rates</td>
<td>Available but not via SOA</td>
<td>Healthy Working Lives Team</td>
</tr>
<tr>
<td>MW6: Better prospects of moving into good and sustained employment</td>
<td>Yes</td>
<td>More Choices More Chances Group</td>
</tr>
<tr>
<td>MW7: Less reported discrimination, harassment or abuse</td>
<td>Yes</td>
<td>Community Safety partnership</td>
</tr>
<tr>
<td>MW8: More volunteering</td>
<td>Yes</td>
<td>CVS</td>
</tr>
<tr>
<td>MW9: Greater mental health literacy across the public and professions</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MW10: Improved recovery from mental illness</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MW11: Fewer suicides</td>
<td>Yes</td>
<td>Choose Life Group</td>
</tr>
<tr>
<td>MW12: Sustained or improved physical and mental wellbeing of offenders (also BK8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MW13: Increased use of green space and more physical activity</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MW14: Greater satisfaction with public services and local neighbourhoods</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Alcohol, Drugs and Violence Outcomes**

<table>
<thead>
<tr>
<th>Alcohol, Drugs and Violence Outcomes</th>
<th>Base line information available in Aberdeenshire SOA</th>
<th>Strategic Group in Aberdeenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADV1: Reduction in average alcohol consumption</td>
<td>Yes</td>
<td>ADP</td>
</tr>
<tr>
<td>ADV2: Reduction in alcohol-related harms</td>
<td>Yes</td>
<td>ADP</td>
</tr>
<tr>
<td>ADV3: Reduction in drug use</td>
<td>Yes</td>
<td>ADP</td>
</tr>
<tr>
<td>ADV4: Reduction in drug-related harms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADV5: Less drug-related crime</td>
<td>Yes</td>
<td>ADP/Community Safety Partnership</td>
</tr>
<tr>
<td>ADV6: Reduction in domestic abuse</td>
<td>Yes</td>
<td>Community Safety Partnership</td>
</tr>
<tr>
<td>ADV7: Fewer offences involving violence</td>
<td>Yes</td>
<td>Community Safety Partnership</td>
</tr>
<tr>
<td>ADV8: Fewer adults experiencing non-domestic violence</td>
<td>Yes</td>
<td>Domestic Violence Group</td>
</tr>
<tr>
<td>ADV9: Violence becomes less socially acceptable</td>
<td>Yes</td>
<td>Domestic Violence Group</td>
</tr>
<tr>
<td>ADV10: Greater uptake of positive activities for young people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big Killer Disease Outcomes</td>
<td>Base line information available in Aberdeenshire SOA</td>
<td>Strategic Group in Aberdeenshire</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>BK1: Reduced number of people smoking</td>
<td>Yes</td>
<td>Local Tobacco Alliance</td>
</tr>
<tr>
<td>BK2: Reduced exposure to second hand smoke</td>
<td></td>
<td>Local Tobacco Alliance</td>
</tr>
<tr>
<td>BK3: Reduction in average alcohol consumption (also ADV1)</td>
<td>Yes</td>
<td>ADP</td>
</tr>
<tr>
<td>BK4: Reduced incidence of depression and anxiety</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>BK5: Reduction in risk factors, e.g. diet and other lifestyle</td>
<td>Available but not via SOA</td>
<td>Health Improvement Group</td>
</tr>
<tr>
<td>BK6: Improved dental health of vulnerable groups</td>
<td>Yes</td>
<td>Dental MCN / health improvement sub group / Childsmile</td>
</tr>
<tr>
<td>BK7: Improved health of people with learning disabilities</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>BK8: Sustained or improved physical and mental wellbeing of offenders (also MW12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 6: Summary review of EKOS Economic and Social Development (February 2010) Rural Deprivation and Isolation in Aberdeenshire: Final Report for Aberdeenshire Community Planning Partnership EKOS Ltd: Glasgow

SITUATION
Socio-economic deprivation is highly associated with poorer health. The current primary measure of socio-economic deprivation may over-identify this as existing in urban areas. Deprivation in rural areas may be under-recognised. This is relevant as Aberdeenshire has a large rural population.

BACKGROUND
The Scottish Index of Multiple Deprivation (SIMD) divides Scotland into 6,505 datazones, each containing between 500 and 1,000 individuals. These are ranked by their composite score on a broad range of health, social and economic measures. The most multiply-deprived datazone in Scotland is ranked number one, with the others ranked in order through to 6,505. A report by EKOS Consultants was commissioned to report on rural deprivation in Aberdeenshire, and was published in February 2010. The report methodology involved:

- A literature and policy review
- Statistical analysis of Scottish Neighbourhood Statistics data
- A telephone survey of 510 households from rural datazones
- Stakeholder interviews with the Tackling Poverty & Inequalities Group, and 14 telephone interviews
- Community focus groups with six groups of residents from across the county

ASSESSMENT
- The review identified that Aberdeenshire contains 301 datazones, of which 169 (56%) are classified as ‘accessible rural’ or ‘remote rural’ by SIMD.
- Many of these datazones experience reduced access to services, relative to urban areas, although this does not appear to be associated with other forms of socio-economic deprivation.
- Some datazones have experienced large population increases, particularly of older adults. These datazones do not appear to be those with greater relative deprivation.
- Six rural datazones in the north of Aberdeenshire were identified as experiencing multiple deprivation, namely Aberchirder, New Pitsligo, Portsoy (two datazones), Sandhaven, and Whitehills.
- Aboyne was identified as experiencing health-related deprivation.
- The household interviews revealed a generally affluent population (45% had a weekly income of £500 or more), the majority (87%) of whom were in employment or education or were retired, mainly satisfied with their own homes (>90%), with a high access to transport by private car (87% most or all of the time).
- 14% of single adults and 20% of couples were living in poverty. The proportion of single parents living in poverty was not quantified due to non-reporting, but such parents were identified.
- 6% had no access to a car, and 8% used public transport most or all of the time (1% all of the time). Those who use public transport are more likely to report satisfaction with cost and convenience, although one third felt the cost was unsatisfactory and one quarter felt convenience was unsatisfactory.
• 9% reported having some or great difficulty accessing healthcare services.
• 3% reported not enjoying living in a rural location
• The stakeholder interviews revealed professional concerns about access to public transport and public services, affordable housing, employment (especially young people and single parents), and an ageing population.
• The focus groups revealed that poverty is perceived to exist within the community, and that car ownership (traditionally a sign of relative affluence) is not a good indicator in rural areas where it can be a necessity. Lack of transport contributed to reports of difficulties in accessing services and amenities, particularly for young people. Lack of affordable social housing was highlighted as a concern. Communities identified their priorities as transport and access, and activities and facilities for young people.

RECOMMENDATIONS

The EKOS report made nineteen recommendations. However, it is not stated whether these apply only to the six multiply-deprived datazones, or to all rural datazones in Aberdeen. The CPP was identified as an important organisation to promote multi-agency working and to support social and community enterprise.

Recommendations to reduce rural deprivation and isolation include:
• Development of community-based action plans, with increased support for youth groups and community transport initiatives.
• Programmes of youth activities, and facilities such youth clubs, internet cafes, etc
• Improved public transport links
• Increased affordable housing, including shared ownership schemes

Recommendations to counteract contributing factors include:
• stimulation and support of social enterprises and transfer of ‘under-performing’ services and facilities to community control
• Business support measures (e.g. mobile shops, post offices)
• Development of public sector outreach services

Recommendations to increase public service engagement include:
• Joined up service provision and cooperation
• Provide services in multi-functional community centres
APPENDIX 7: Map of multi agency partnerships involved in delivering health and wellbeing outcomes in the SOA
## APPENDIX 8: Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
</tr>
<tr>
<td>CHP</td>
<td>Community Health Partnership</td>
</tr>
<tr>
<td>COSLA</td>
<td>Convention of Scottish Local Authorities</td>
</tr>
<tr>
<td>CPP</td>
<td>Community Planning Partnership</td>
</tr>
<tr>
<td>HEAT</td>
<td>Health, Accessibility, Efficiency, Treatment</td>
</tr>
<tr>
<td>HIG</td>
<td>Health Improvement Group</td>
</tr>
<tr>
<td>HIPM</td>
<td>Health Improvement Performance Management</td>
</tr>
<tr>
<td>JHIP</td>
<td>Joint Health Improvement Plan</td>
</tr>
<tr>
<td>JMG</td>
<td>Joint Management Group</td>
</tr>
<tr>
<td>LCHP</td>
<td>Local Community Health Partnership</td>
</tr>
<tr>
<td>LCPG</td>
<td>Local Community Planning Group</td>
</tr>
<tr>
<td>NHSG</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>SIMD</td>
<td>Scottish Index of Multiple Deprivation</td>
</tr>
<tr>
<td>SCOTPHO</td>
<td>Scottish Public Health Observatory</td>
</tr>
<tr>
<td>SOA</td>
<td>Single Outcome Agreement</td>
</tr>
</tbody>
</table>
Do you have difficulty understanding the English language?

If you have a problem reading or understanding the English language, this document is available in a language of your choice. Please ask an English speaking friend or relative to phone, write or email Nigel Firth, Equality and Diversity Manager, NHS Grampian. His contact details are:

Nigel Firth,
Equality and Diversity Manager,
Room 7 Ashgrove House,
Aberdeen Royal Infirmary,
Aberdeen
AB25 2ZA
Telephone Aberdeen (01224) 552245
Email : Nigel.firth@arh.grampian.scot.nhs.uk

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Nigel Firth,
Equality and Diversity Manager,
Room 7 Ashgrove House,
Aberdeen Royal Infirmary,
Aberdeen
AB25 2ZA
Telephone Aberdeen (01224) 552245
Email : Nigel.firth@arh.grampian.scot.nhs.uk

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