



Aberdeen City Health & Social Care Partnership
A caring partnership



South Locality Profile

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Aberdeen City

In many ways, health in Aberdeen City and in the South Locality has improved in recent times. Both men and women are living longer.

As people live longer, it is important that these years are lived well and in good health. It is estimated that men in the City can expect to live 65 years of their lives in good health and about 12 years with poorer health; for women the period of their lives spent with poorer health is estimated to be around 14 yearsⁱ. For most people, the time of poorer health tends to be towards the end of their lives.

Health is not just the presence or absence of disease. A positive aspect of health includes our social and personal resources *as well as* our physical capacities as 'a resource for everyday life, not the objective of living'. A sense of physical, mental and emotional wellbeing is a key attribute that reflects this positive aspect of health.ⁱⁱ Having control of our life and circumstances is central to this meaning of health. An asset or a strength based approach to promoting health and wellbeing focuses on the positive capacity of individuals and communities rather than solely on their needs, deficits and problems.

Our genes, behaviour or our access to healthcare account for less than half of our potential for health. The conditions in which people are born into, play in, grow up in, live, work and grow old in are important in developing and maintaining good health and wellbeing.

Health and wellbeing can be compromised if there is a lack of adequate social, economic and environmental conditions. There are small areas in Aberdeen City called data zones where a high proportion of people experience a lack of essential conditions for health and wellbeing. Based on the overall index of deprivation, 53 out of 283 data zones in Aberdeen City are ranked as among the 30% most deprived data zones of Scotland.ⁱⁱⁱ The effect this inequality has on peoples' health is a 6-year gap in life expectancy for men and a 4-year gap in life expectancy for women when comparing the most and least deprived areas in Aberdeen City.ⁱ Inequality and socioeconomic deprivation create similar variations in the amount of time people can expect to live in good health.

Mental wellbeing is important. Poor mental wellbeing is linked to a number of physical diseases, unhealthy lifestyle choices and social inequalities in health.

Aberdeen City's population is projected to rise 17% to almost 268,000 between 2014 and 2039. It is expected there will be a greater increase in males than females. There is a projected rise of 19% in the 0 to 15 year age group. The working age population is projected to increase by 11% and the pensionable age population by 20% over the same period.^{iv} It is difficult to predict our future locality populations as different localities have different factors affecting population growth, such as birth rates and the number of people moving into and out of the locality.

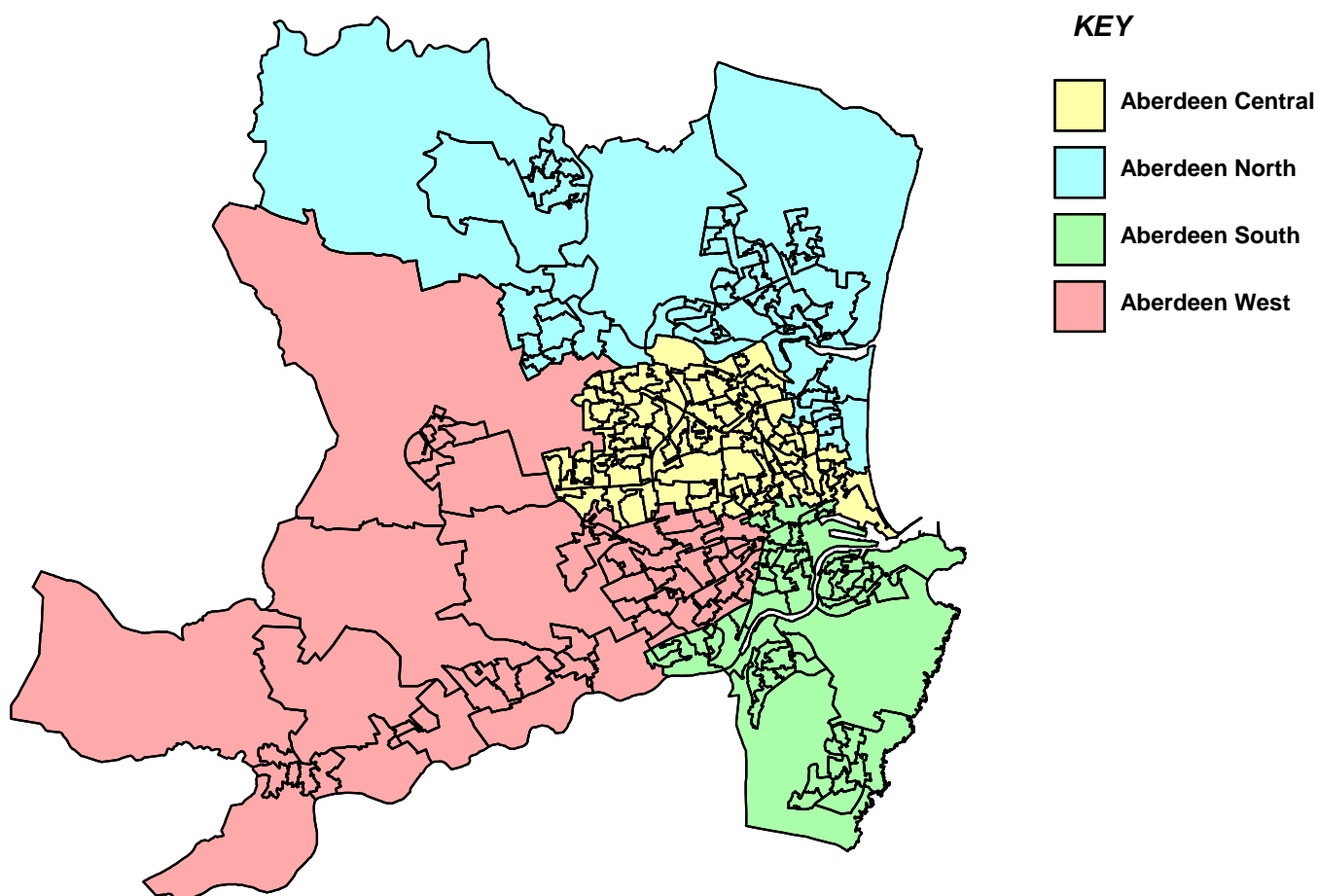
The recent economic climate, ushering in welfare reform and increasing public sector austerity, as well as the down turn in the oil and gas sector has been challenging for individuals, public services, the third sector and a whole host of businesses across the North East and is likely to exert an effect on residents' health and wellbeing.

Our localities

A locality is described as a small area within the borders of the Integration Joint Board. Our four localities are organised so that health and social care teams and the people in the area they serve can have a clear influence on the resources that are available and the development of new resources and supports. Localities are defined by geography, the people that live, work, learn and play in the area, the characteristics of the population and, to some extent, by existing resources such as the location of health centres, schools, libraries and green space. We recognise that within our localities there is considerable variation in the make-up of the population.

This profile goes some way to describe the population and area of South locality. It is hoped that it will help inform and form conversations with people living and working in the area to describe the resources and capacities that need to be in the locality plan that have a positive impact on health and wellbeing and the protective factors that help people and communities maintain and enhance their health even when faced with adversity.

Aberdeen Localities by 2011 Datazone (April 2016)



The information in the profile has been organised under the main headings of:

- **South locality and who lives here**

- **Living conditions that support and contribute to health**

Families and individuals have the resources for wellbeing:

Education, skills and training;

Employment and income.

Natural and built environment that supports health and wellbeing:

Housing tenure;

Local assets for health and Wellbeing;

Access to local amenities.

- **Resilient people and communities**

- **Ways of living that improve health**

Healthy actions

Actions that improve the health of the next generation

- **How are we? Indicators of health and wellbeing throughout the life course**

- Actions that improve the health of the next generation

Childhood

Adults

- **References**

South Locality

The South locality covers the areas of Kincorth and Cove, Altens, Nigg, Leggart, Ferryhill, Rutheriston, Torry, and Garthdee as well as the south of Aberdeen city centre. The locality is largely urban and shares a boundary with Central and West localities of the Health and Social Care Partnership, as well as Aberdeenshire. Whilst the local economy has traditionally been based on fishing and agriculture, companies relating to the oil and gas and fishing industries as well as retail services dominate across the locality. The Robert Gordon University has a modern and dynamic campus with several faculties and a sports centre based in Garthdee. The Aberdeen snow sports centre is also based in Garthdee. The new Lochside Academy is due to open in 2018. All of this encourages a transient and active mobility for education, employment and leisure across the locality.

Tulloch Hill, along with the adjacent Kincorth Hill, forms part of the coastal fringe of the Grampian Mountains – hence the cherished local name ‘the Gramps’ which shares a great deal in terms of archaeology and early history. There is a generous access to open, green space by the Dee riverside and local nature reserves in Kincorth, as well as Duthie Park. Rubislaw, an area in the locality, boasts homes worth over £1million. Torry area is one of the three locality partnerships formed by Community Planning Aberdeen (CPA) in 2016. The eight neighbourhoods that are part of these locality partnerships each have higher concentrations of multiple deprivation according to the Scottish Index of Multiple Deprivation (SIMD). The locality is well serviced with retail outlets, community centres, places of worship, schools, GP practices and other local amenities.

Who lives here?

The picture of the population below shows the percentage of people in 5-year age bands by gender for South locality and compares the age and sex distribution with Aberdeen City.

- 50,000 people live in the South locality (22% of the total city population)
- The whole population is split evenly between men and women
- There are more men than women aged between 16-44
- After the age of 45, there are more women than men
- 16% of the population are children under the age of 16
- 19% of the population are aged over 60
- The majority of the population are adults of working age; there are 4.9 adults of working age for every person aged 65 and over.
- There is a steep difference in the sizes of the pre-baby boom and baby boom generation (born between 1946 and 1965) indicating that an imminent increase in the number of older adults over the age of 70 years living in South locality should be anticipated in the next few years
- The inequality in premature death rates and life expectancy that affects the South locality can be seen as a relative narrowing of the top of the pyramid. This is particularly evident for males.

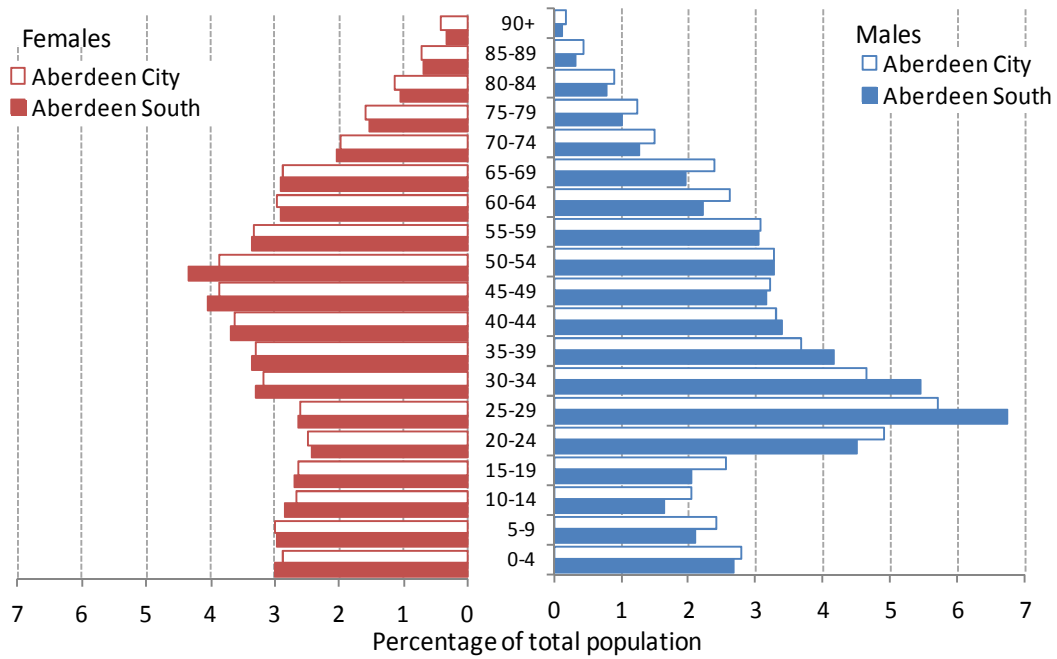
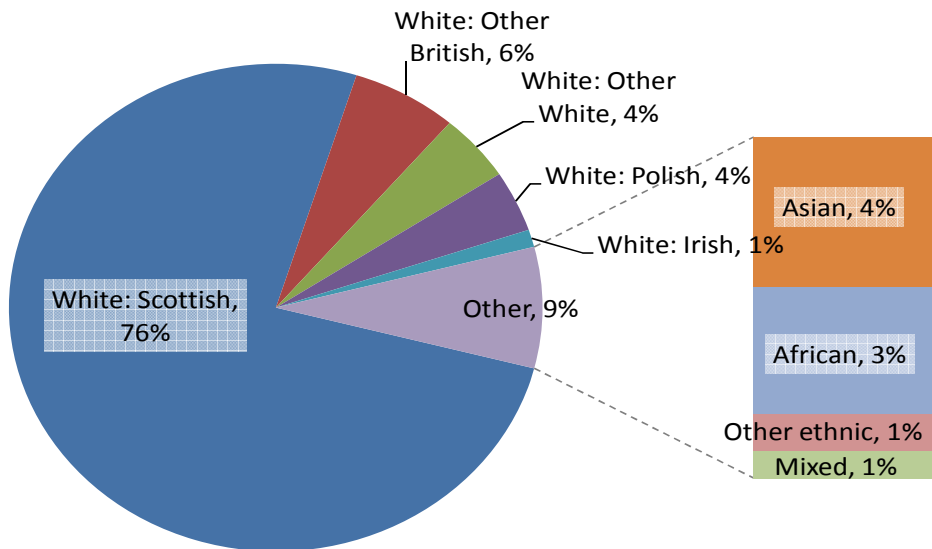


Figure 1 – Aberdeen South and Aberdeen – Percentage of persons by 5-year age band and gender (National Records for Scotland, 2015)

In 2011, the majority (82%) of the people living in South locality were of white: Scottish or other British ethnic group however the South has a diverse population as shown below with the highest proportion of people of African ethnicity (3%) compared to the other three localities.

Aberdeen South - Ethnic Composition, 2011



At the same time, 15% of people spoke a language other than English at home.¹ 2% of people did not speak English well/at all and less than 1% spoke no English at all.

Household size

The South locality had 23,449 households at the time of the 2011 Census, just over a fifth of all households in Aberdeen (22.7%). 9700 people lived on their own, the majority (7301) being under the age of 65 years. 2408 (10.5%) of people over the age of 65 lived alone which was the lowest for all four localities.

A fifth of households (4587) were occupied by families or other households² with a dependent child which is the same percentage as Central locality and lower than North and West localities. 21% of households in Aberdeen with full-time students lived in South locality at the time of the Census, which was the second highest after Central locality.

¹ Languages include Gaelic, Scots, British Sign Language, Polish and other languages.

² Other households could be, for example, intergenerational families or blended families.

Living conditions that support and contribute to health

Families and individuals have the resources for wellbeing

Education, skills and training

School attendance in the South locality is about 94% for Primary pupils and 90% for Secondary pupils.

To make an assessment of education, skills and training we look at:^v

- pupils with high attendance at school
- the highest qualification that a pupil leaves school with (attainment)
- the number of working age people with no qualifications
- the number of 17-21 year olds moving into higher education and
- the number of people aged 16-19 not in full time education, employment or training

In 2016, an estimated 52,000 people across Aberdeen city were classified as living in areas of deprivation of education, training, and skills. The areas where people are most deprived are unevenly spread out across the city. A range of small areas in the South locality are in the 20% most education deprived areas of Scotland and they are in Garthdee (3), City Centre East (1), Ferryhill North (1), Kincorth, Leggart and Nigg - North (2) and South (2), Torry West (4) and Torry East (6). This includes three out of the 10 small areas that are in the 5% most education deprived of Aberdeen Cityⁱⁱⁱ which are in Torry East (2) and Torry West (1). This does not mean everyone living in these areas is education deprived. There are also areas within South locality where educational, skills and training is high.

Employment and Income

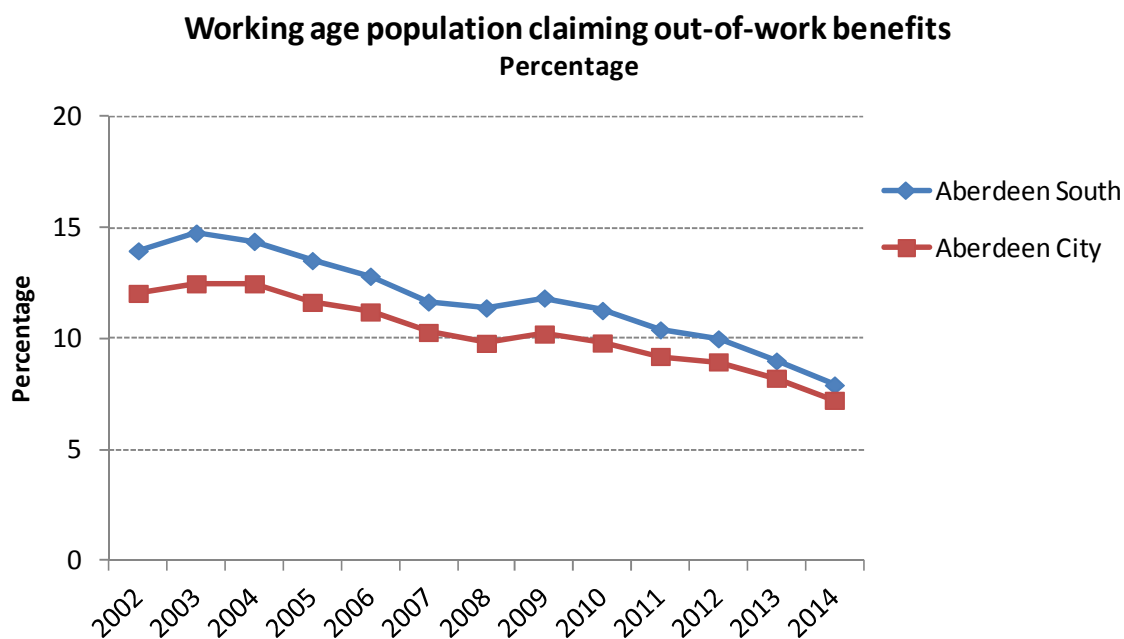
Employment and income deprivation is now measured by the percentage of people who receive certain benefits or tax credits. Income deprivation is measured by:^v

- Income Support (IS) and Income-based Employment Support Allowance (ESA) (16-59)
- Job Seekers Allowance (JSA) and Guaranteed Pension Credit Claimants (All ages)
- Universal Credit
- Number of children in JSA, IS or ESA households
- Number of Adults and children dependent on adults in receipt of tax credits.

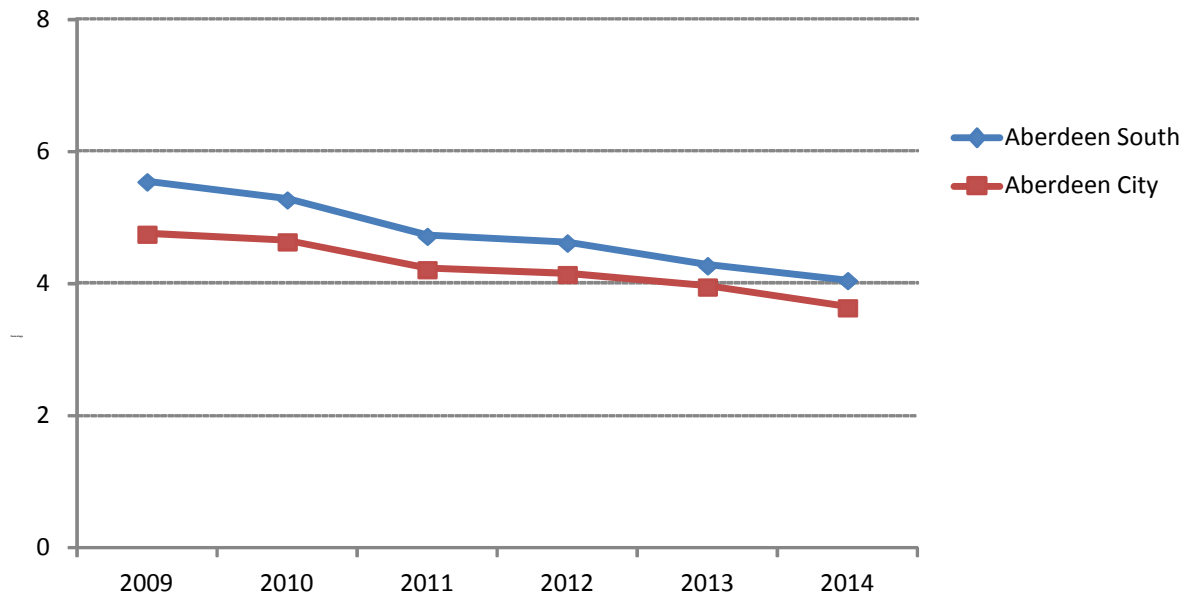
Five small areas in South locality are in the 20% most income deprived areas for Scotland and are in Torry West (2) and Torry East (3).ⁱⁱⁱ This does not mean everyone living in these areas are income or employment deprived.

Employment is measured by an average 12-month number of unemployed claimants, number of people receiving working age incapacity benefit (IB) or ESA and number of people receiving working age severe disablement allowance. Torry East is one of the 10 most employment deprived data zones in Aberdeen and it is in the 5-10% most employment deprived for Scotland.ⁱⁱⁱ

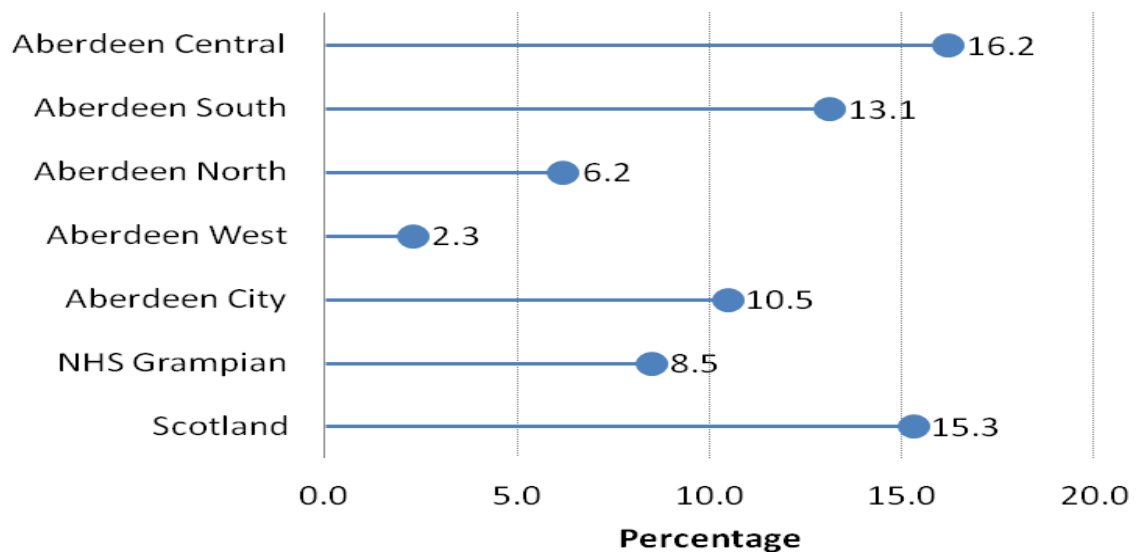
South locality had the second highest percentage of adults claiming benefits for unemployment and incapacity/severe disability in 2014, and child poverty in 2012 across the four localities. A reduction in out-of-work payments has been seen in the locality as well as across the city and nationally. It is difficult to determine to what extent this reduction represents improvements in peoples' abilities to afford every day goods and services. The reductions could also be accounted for by welfare reform policies restricting eligibility and level of support. Figures are not available to work out the impact of the most recent events in the oil and gas sector on people living in the South locality.



Adults claiming incapacity benefit/severe disability allowance
Percentage



Children living in poverty (2012)

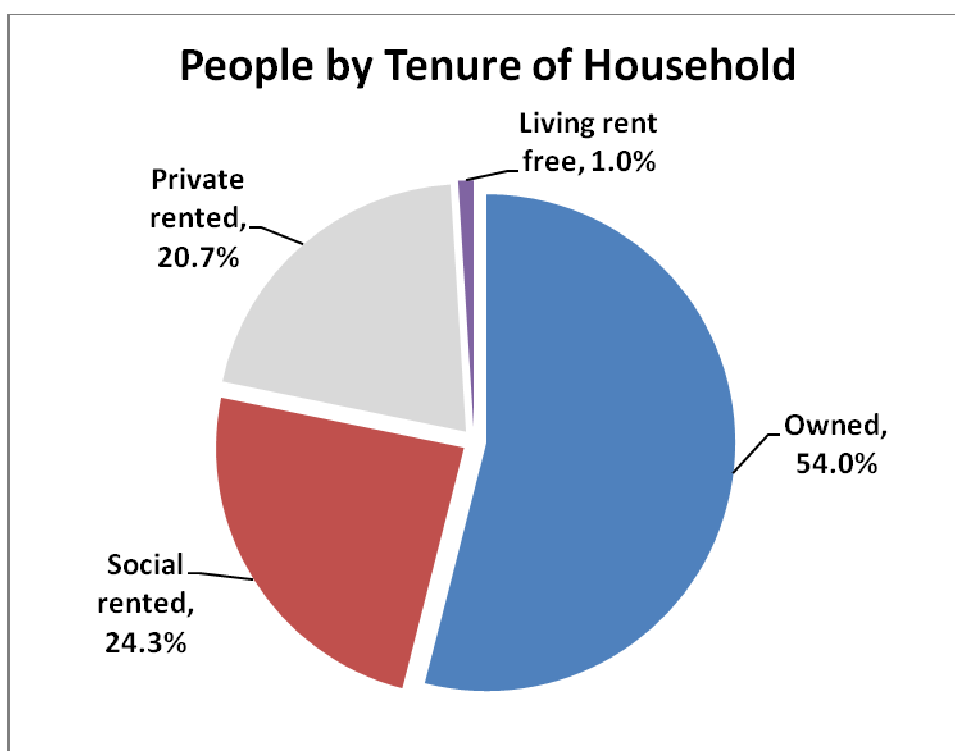


Natural and built environment that supports health and wellbeing

Housing tenure

The 2011 census identified that

- 54% of people in South locality lived in households where the property was owned either outright or in part by a member of the household
- 24% of people lived in socially rented accommodation (local authority housing association or registered social landlord)
- 21% were living in privately rented accommodation
- 13% (3017) of all households were overcrowded (of 23449)
- 15% of families/couples living with dependent children households live in overcrowded accommodation (496 out of 3120)
- 20% of lone parents with dependent children households live in overcrowded accommodation (233 out of 1140)



The housing domain of SIMD^v is a percentage of the total household population from the 2011 Census that is overcrowded or has no central heating. A number of small areas in South locality are within the 5% most 'housing' deprived areas of Scotland. These areas are in Torry West (3) and City Centre East (1).ⁱⁱⁱ Again, this does not mean that everyone living in these small areas is deprived in this domain.

Local assets for health and wellbeing

Assets can be described as the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health and wellbeing. Although health assets are a part of every person, they are not necessarily used purposefully or mindfully. These assets can be social, financial, physical, environmental, or human resources; for example, employment, education, and supportive social networks.^{vi}

The table below starts to describe some of the resources in the locality but through a process of mapping wider assets for health and wellbeing can be identified. Things to consider when doing this include:

- the practical skills, capacity and knowledge of local residents
- the passion and interests of local people that give the energy to change
- the networks and connections in a community
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community
- the physical and economic resources of a place that enhance wellbeing

Table of local assets – South locality

Category	Asset	Total Number
Health services	GP Surgeries	8
	Health centres	1
	Community Pharmacies	12
	Opticians	10
	Dental Practices: ³ Public Dental Service (PDS) or NHSG Specialist; Independent dentist (GDP) providing NHS Care	2 11
Social care/Housing	Residential Care Homes – Older people	1
	Residential properties – people with learning disabilities	10
	Sheltered Housing	8
	Amenity Housing	1

³ The PDS delivers services to identified vulnerable groups and GDP deliver NHS Services to the population as a whole as part of their national service delivery contract.

Community	Community Centres and Village Halls	8
	Sport and Leisure Facilities	9
	Libraries	5
	Places of Worship	8
Education	Primary Schools	10
	Secondary Schools	3
	Tertiary	1

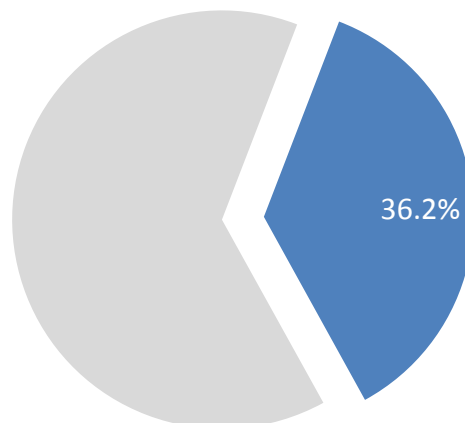
Access to local amenities

Despite its location to a large city, there are two data zones in the South Locality that are in the 20% most 'access deprived' to essential amenities which are in Cove South and Kincorth, Leggart and Nigg South. 'Access deprived' is described by average drive times to schools, GP practices, petrol stations, and retail opportunities along with public transport time to GP practices, post office and retail centres.ⁱⁱⁱ This does not mean that everyone living in these two areas is 'deprived' of access to essential amenities.

According to the 2011 Census 36.2% of households in the locality had no access to car/van, which is the second highest proportion of households across the four localities.

Over 50% (1616 out of 3035) of people who have a health condition that limits their daily activities report not having access to a car compared to 26% of people who felt that their health did not limit their daily activities.

South: Households with no access to a car/van



Resilient people and communities

Being resilient is our ability to bounce back from setbacks such as ill-health, change or misfortune that are all too often not predicted, and to adapt to new circumstances. It is a process that involves individuals being supported by the resources in their environment to produce positive outcomes in the face of challenge.^{vii}

Just now we have a picture of people's health and circumstances across the lifespan, as this profile shows, as well as some of the resources and conditions people have to help themselves to grow up well, live well, keep well and age well as independently as possible. For us to flourish in the face of change, support is needed from those around us, in our communities and those who make decisions about our communities. Our individual resilience is underpinned by strong social networks that offer support to us both immediately after challenge and longer term. Moving forward, we will need to develop a better picture of the factors and local resources that support people and communities to be more resilient at a local level.

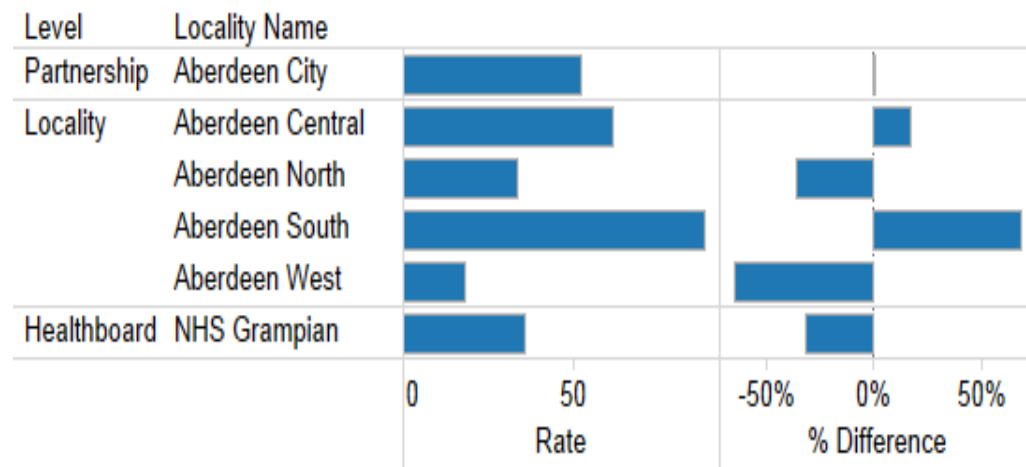
Crime

Several factors at a community level help to promote and maintain a person's physical and mental wellbeing^{viii} and include participation, social networks, social support, trust and safety. Both crime rates and fear of crime can impact negatively on a person's physical and mental health, including their sense of physical and emotional vulnerability. The crime domain in SIMD^v considers recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault. It does not consider all offences or patterns of offending. It is important to consider the type of area and resident population when looking at the crime rates. Some areas such as town centres or areas around a football stadium will see large numbers of people in an area at a particular time of day or day of the week or year and a linked increase in crime.^v

The number of crimes per 1000 of the population in South locality was higher than that for the City in 2014 but reflects the downward trend seen for the City. The actual number of crimes was higher in Central locality (5221) compared to South locality (4357) in 2014 but as the population of South is smaller the crude crime rate per 1000 people is higher. Three data zones in City Centre East and three in City Centre West, which are part of South locality, are within the 5 to 10% most deprived in the crime domain of 2016 SIMD.ⁱⁱⁱ

Crime rate, Crude rate per 1,000 popln.

Rate and % Difference from Aberdeen City Rate, Single Calendar year: 2014



Ways of living that improve health

Healthy actions

Estimates of physical activity, smoking, alcohol consumption, healthy diets etc are conducted by surveys⁴ for which results are only available at a City-wide level. 1 in 3 men and 1 in 5 women in Aberdeen are drinking alcohol in a way that puts their health at risk. The amount people drink increases with their income. Whilst heavy drinking is most commonly associated with students, there is a further peak in alcohol consumption in middle age, particularly in women. Across the city, participation in sport and physical activity are more common in men (50%) than women (40%) but participation declines with age. Once over the age of 35, the majority of men and women do not take part in any form of regular⁵ physical exercise. Around a quarter of people in the City are obese and 60% overweight. 26% of men and 20% of women are current regular smokers.

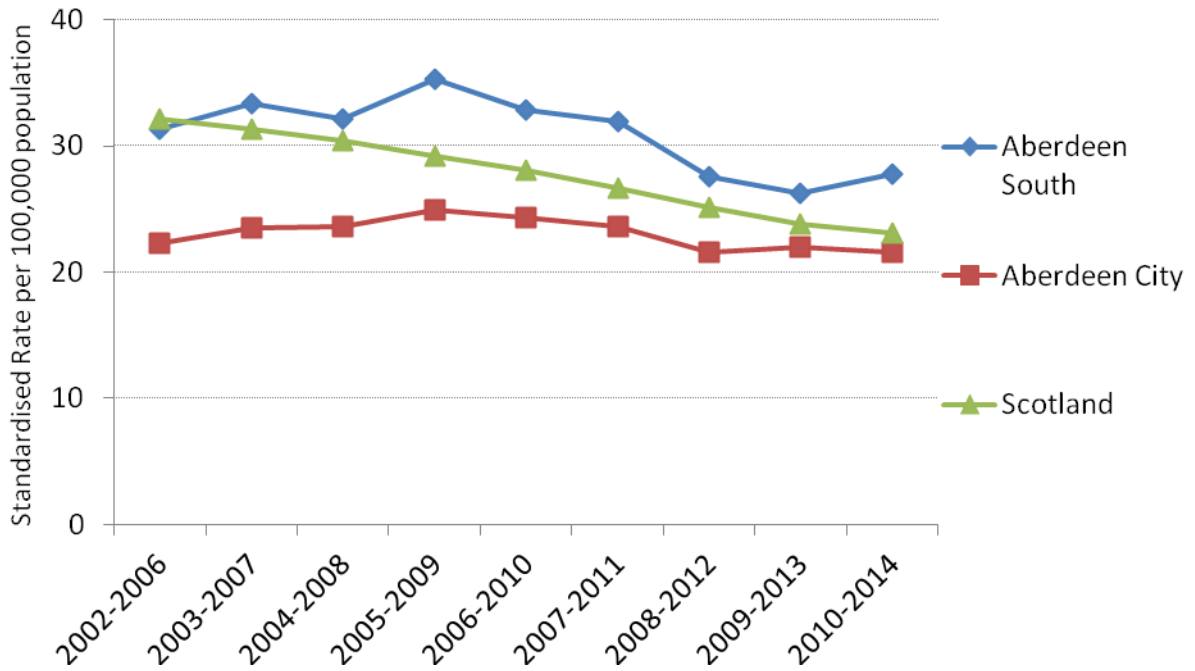
Death rates from alcohol related conditions in South locality have been consistently higher than the Aberdeen City average since 2002, but have shown an overall decrease since then. Equivalent figures for Scotland show a year on year decrease in the number of deaths from alcohol-related conditions. Between 2001 and 2016, the median age of death from an alcohol related condition in Aberdeen City was 56. A quarter of deaths were under the age of 50^{ix}.

⁴ Scottish Health Surveys

⁵ Regular weekly physical activity is defined as 75 minutes of vigorous intensity or 150 minutes of moderate intensity activity in a week (or a combination of both)

Deaths from alcohol conditions

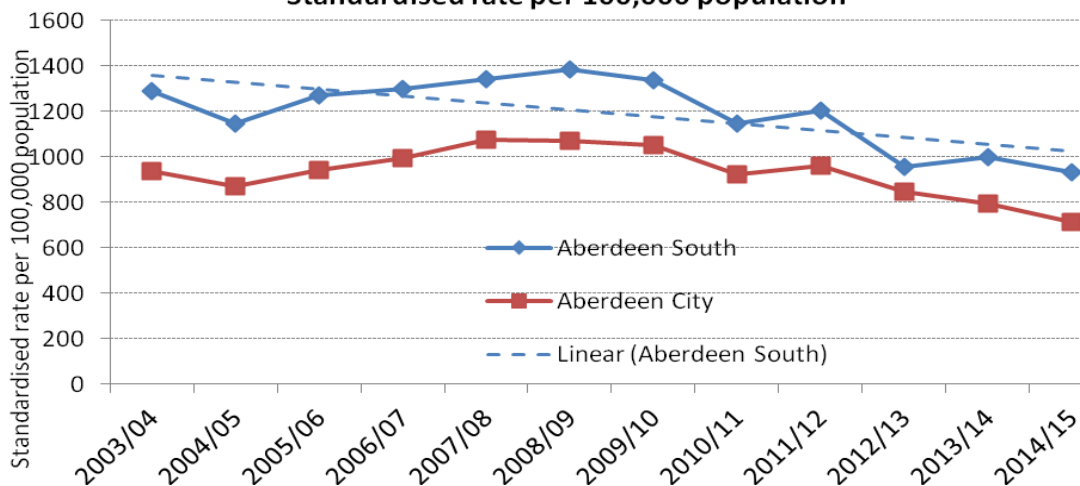
5-year average number as a Standardised Rate per 100,000 population



Hospital stays that are wholly related to drinking alcohol for South locality have been consistently higher than the average for Aberdeen and are marginally higher than the three other localities. The rates do show an overall drop since 2003/04.

Alcohol related hospital stays

Standardised rate per 100,000 population

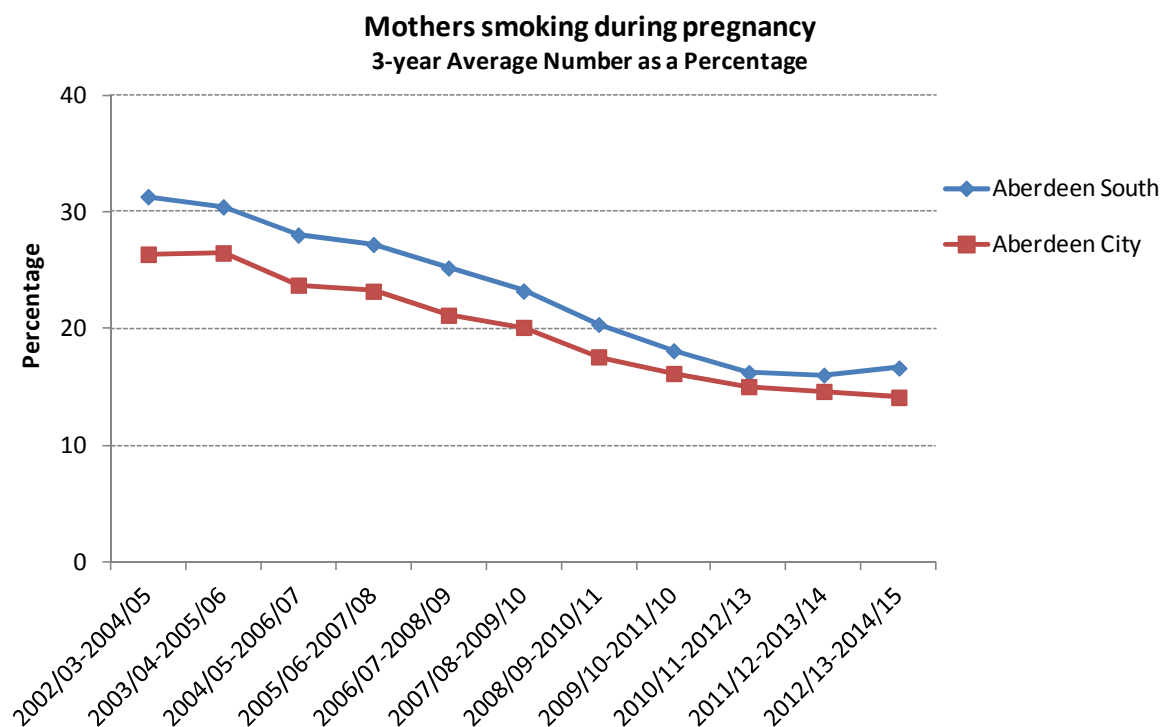


Actions that improve the health of the next generation

Positive development during pregnancy and in the first few years is essential for ensuring the best possible start for a child

Smoking in pregnancy

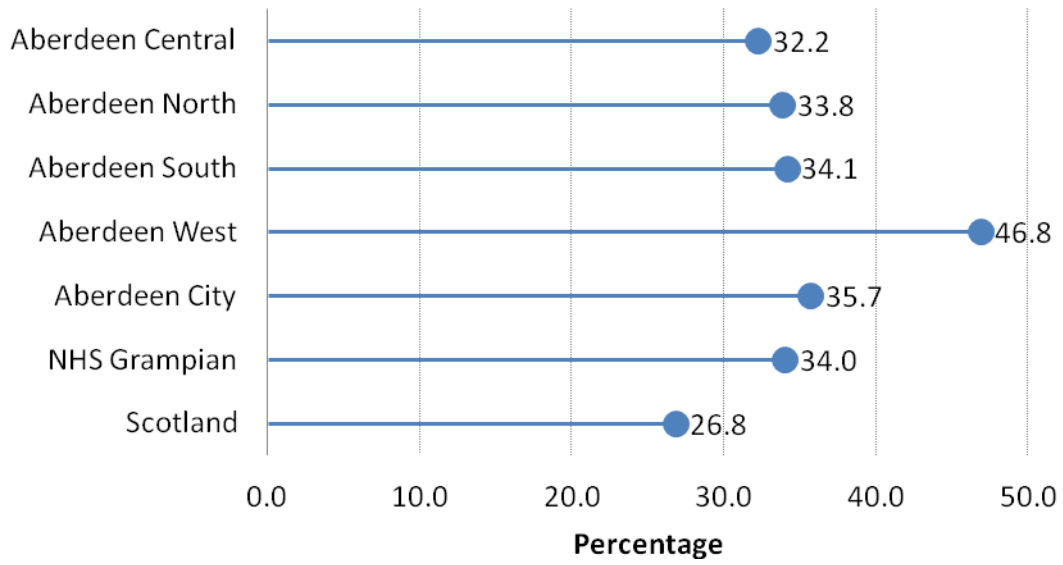
16% of mothers in the South locality smoked during pregnancy, nearly half the figure of a decade earlier.



Breastfeeding

A third of mothers exclusively breastfed their babies at 6-8 weeks, consistent with all other areas of the city except West where the rate was 47%

Babies exclusively breastfed at 6-8 weeks (2012/13-2014/15)

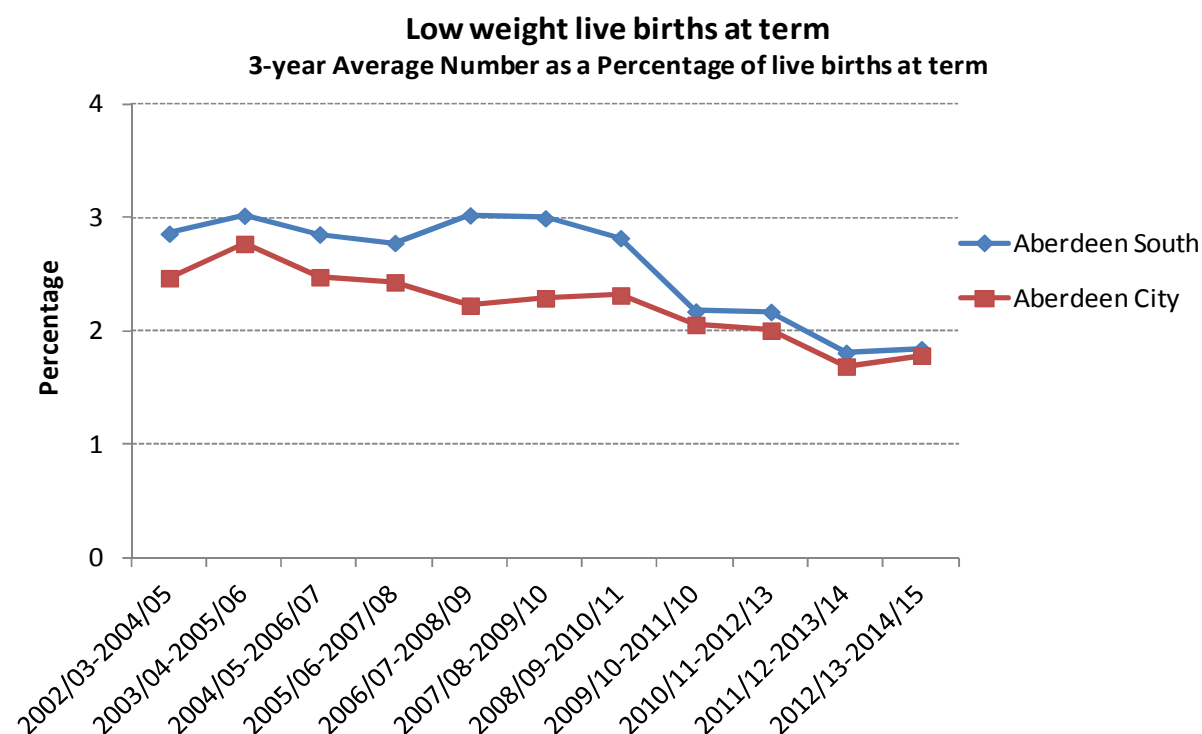


How are we? Indicators of health and wellbeing throughout the life course

Childhood

Children born with a healthy weight

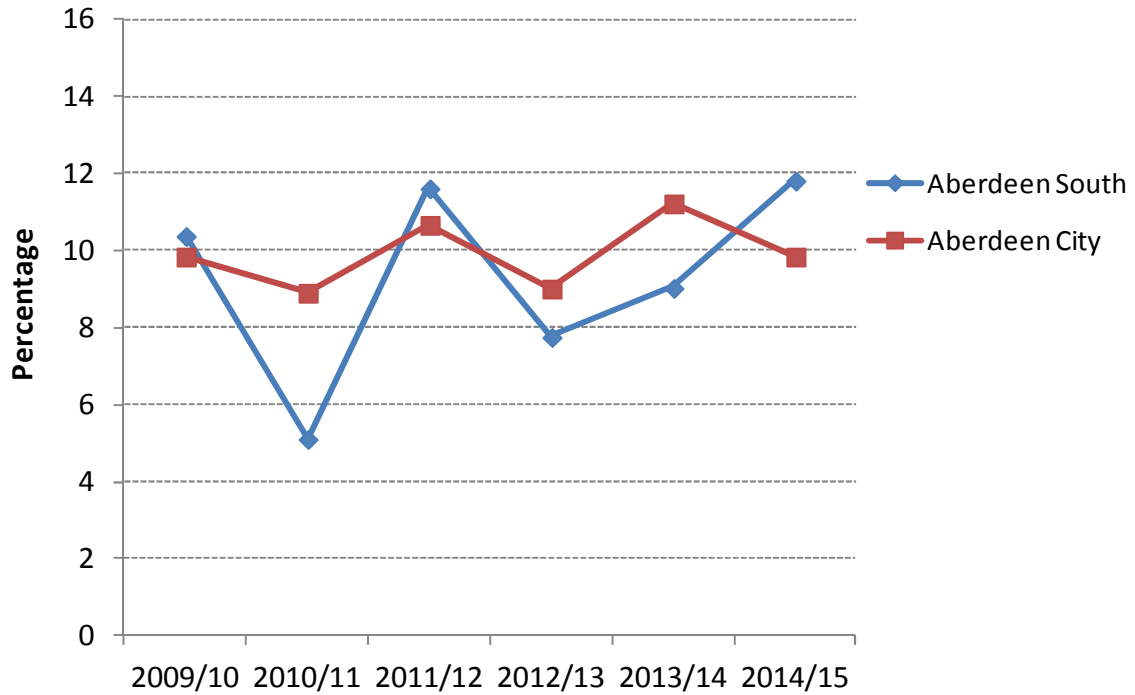
There has been a reduction in the number of children born with a low birth weight. Although there are genetic and other unavoidable factors which affect the growth of babies in the womb, key modifiable risk factors include tobacco smoke exposure, sexual health (infections and access to contraception), nutrition, substance misuse and access to dental care.



Children age five with a healthy weight

In 2011/12 11.6% of Primary 1 pupils in the South were in the top 5% range for obesity, second highest in the city, however, in this locality this rate has varied by 6.7% over the 5 years between 2010/11 (5.1%) and 2014/15 (11.8%). The increase in the prevalence of obesity amongst five year old children in the South is higher than the increase observed in the city as a whole.

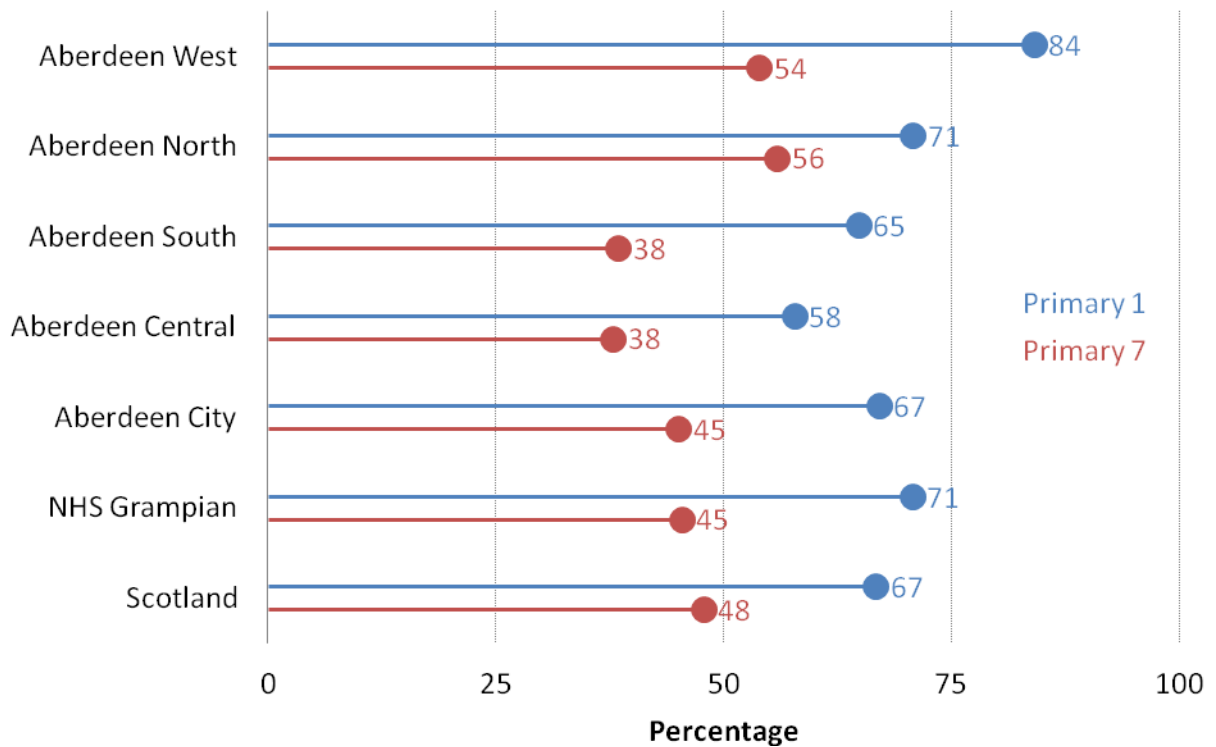
Percentage of children in top 5% range for Obesity



Children's dental health

In the 2013/14 academic year 65% of Primary 1 pupils were recorded with low risk dental health, just lower than the city average. For the same year 38% of Primary 7 children were recorded with low risk dental health; joint lowest with Central and 7% lower than the city and health board averages.

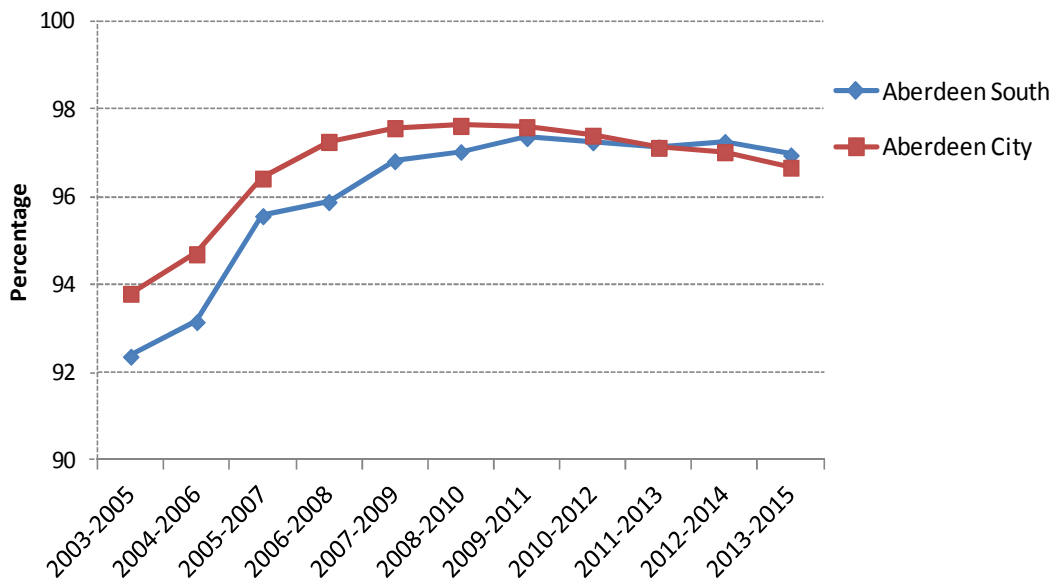
Percentage of Primary Children with Healthy Teeth (2013/14)



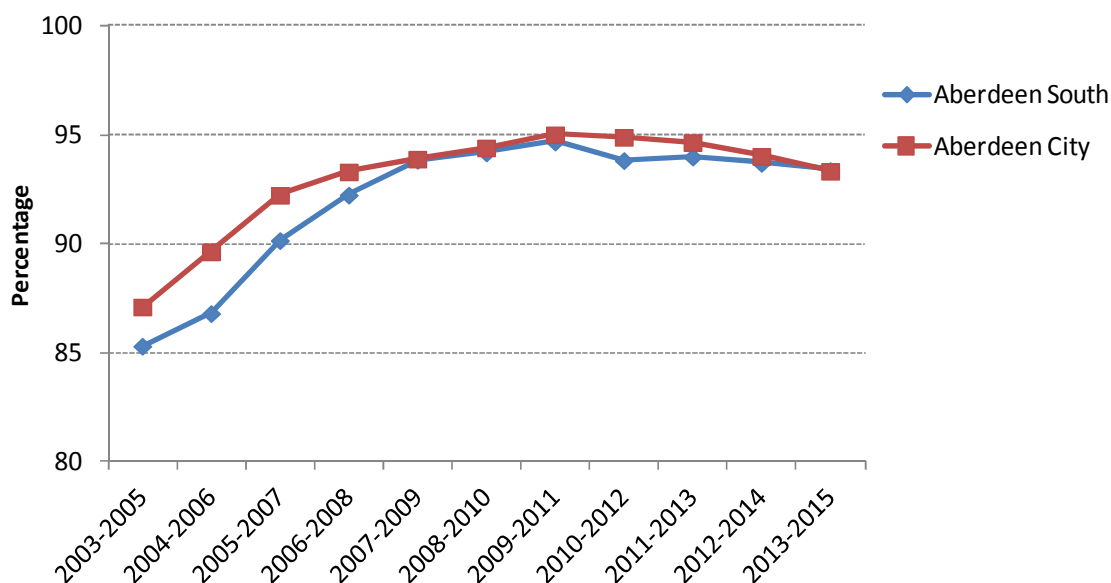
Immunisation uptake

The children living in South locality have high rates of immunisation uptake that compare well with the rest of the City.

Children in Immunisation uptake at 24 months - 5 in 1 3-year Average Number as a Percentage



Children in Immunisation uptake at 24 months - MMR
Percentage



Children's mental wellbeing

Although no information is available at a locality level, Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) produced a report on mental wellbeing in young people across Scotland.^x There were two main areas that emerged as key to pupils' mental health and wellbeing:

- The number and nature of pupils' friendships
- The pupils' that dislike school, felt pressured by school work, truanted on multiple occasions or had been excluded had poorer mental health and wellbeing than those that who did not.

A number of activities appeared to have a protective effect against poor mental health and wellbeing although it is likely to be complex to prove direct links. Belonging to a group or club and seeing friends, doing a hobby, reading books or playing a sport at least weekly were associated with better mental health and wellbeing. For girls in particular, playing sport on a weekly basis was strongly related to lower levels of emotional and behavioural problems.

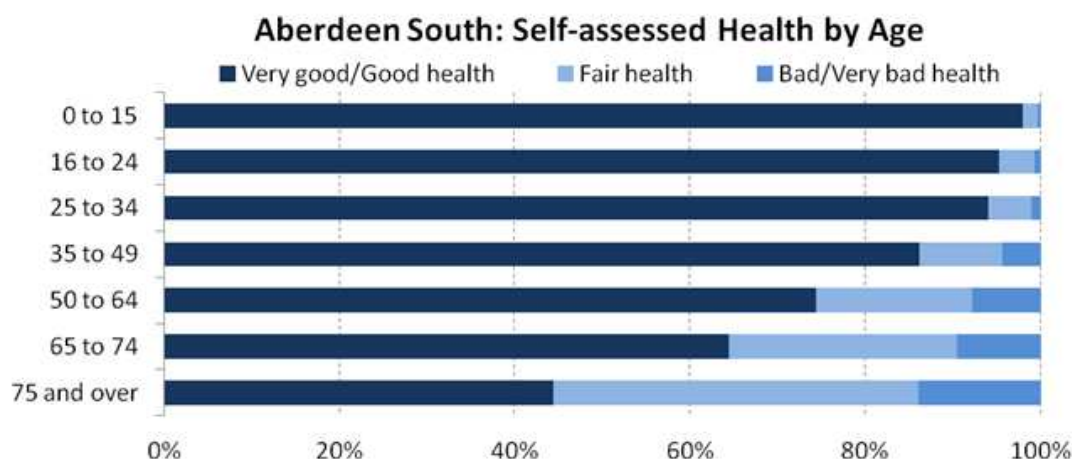
Poorer physical health is associated with lower mental health and wellbeing. Pupils who reported that they had a limiting illness or disability tended to suffer from poorer mental health and wellbeing. Pupils who had a mixed or multiple ethnicities were more likely to suffer from poor mental health and wellbeing than those from other ethnicities.^x

Higher levels of deprivation were correlated with poorer mental health and wellbeing. The Scottish Index of Multiple Deprivation (SIMD), perceived family affluence, and

receipt of Free School Meals all showed a relationship with mental health and wellbeing. Perceived family affluence had a stronger association than the geography based measure of deprivation (SIMD) and receipt of Free School Meals.

Adults

Just over half (52.9%) of people in the South locality described themselves as being in very good health during the 2011 Census. The percentage of people reporting good or very good health decreases more sharply from the 35 to 49 age bracket compared to the younger age bands, although 44% of people over the age of 75 described their health as good or very good and a further 42% of this age group described their health as fair.



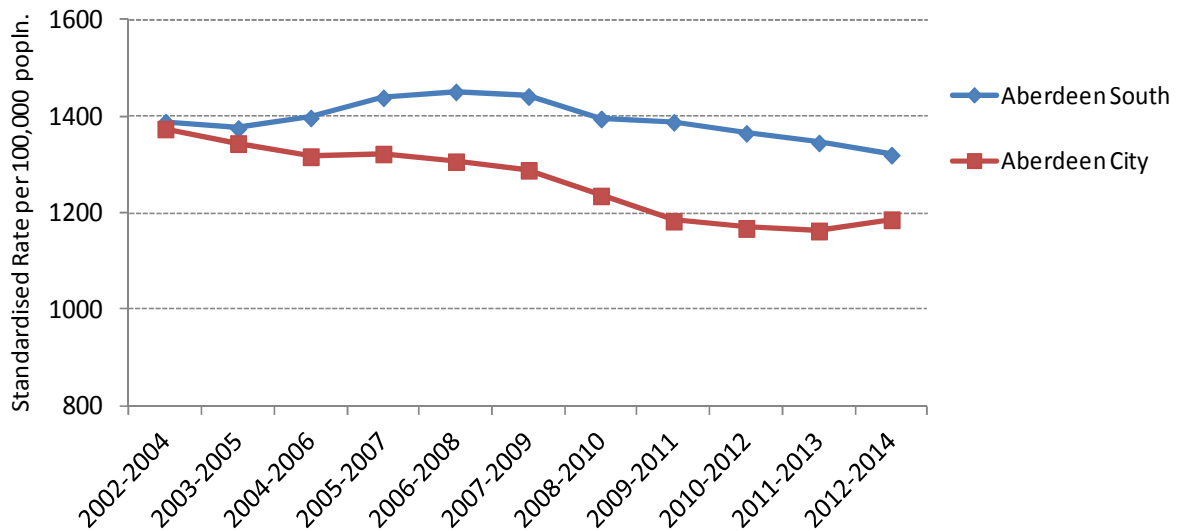
Self reported health by age group, 2011 Census- South Locality

The majority (84.1%) of people felt their day-to-day activities were not limited by disability; 7.1% of people felt their day-to-day activities were limited a lot by disability and 8.8% of people felt their day-to-day activities were limited a little by disability

Minimising avoidable ill-health and death

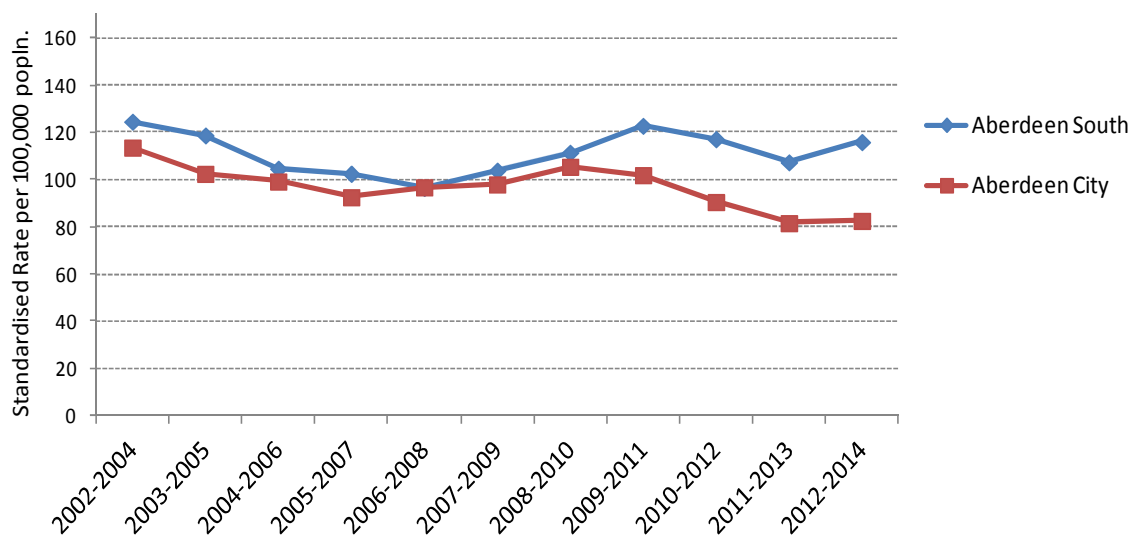
The overall death (mortality) rate in South locality had been reducing towards the Aberdeen average. The mortality rate in South remains above the Aberdeen City average although appears to continue on a downward trajectory, in contrast to the trend observed in the City as a whole.

**Death all ages: 3-year Average Number
as a Standardised Rate per 100,000 population**

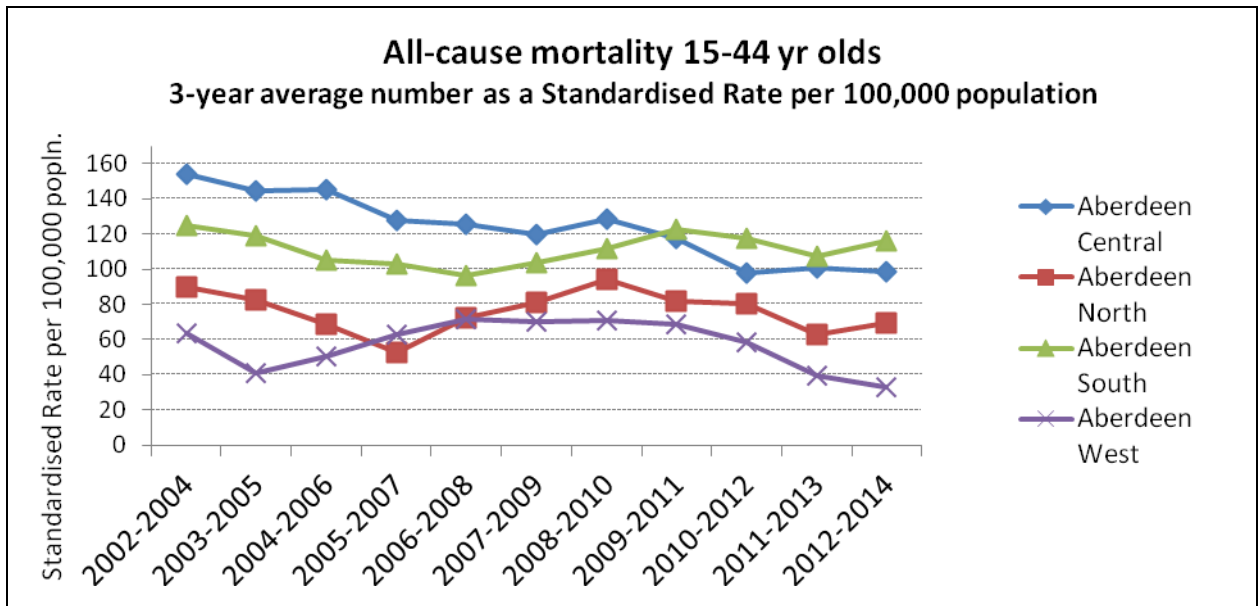


Rates of death among those aged 15-44 years from all causes in South locality have fluctuated slightly but remained largely unchanged to those seen in 2002. From 2009-2011 onwards it has also been the highest of all four localities.

**All-cause mortality 15-44 yr olds
3-year average number as a Standardised Rate per 100,000 population**

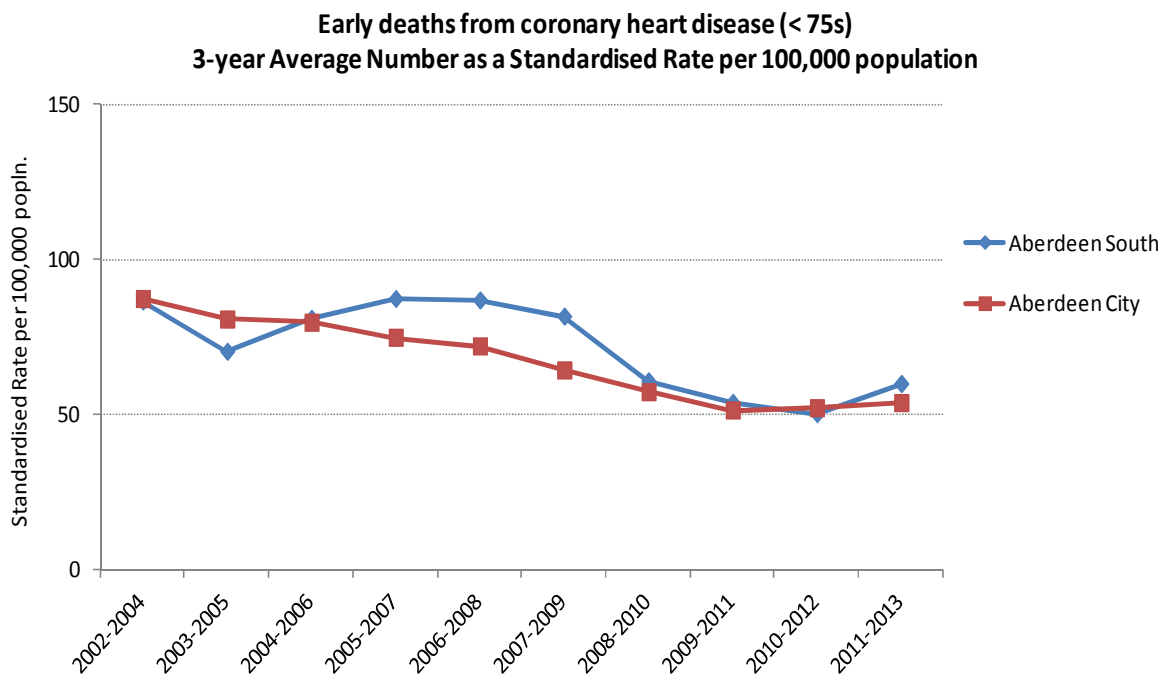


Comparing South to Central locality (similar profiles of multiple deprivation) indicates that whilst a reduction in early death has been achieved in Central, this has not been the position in South.



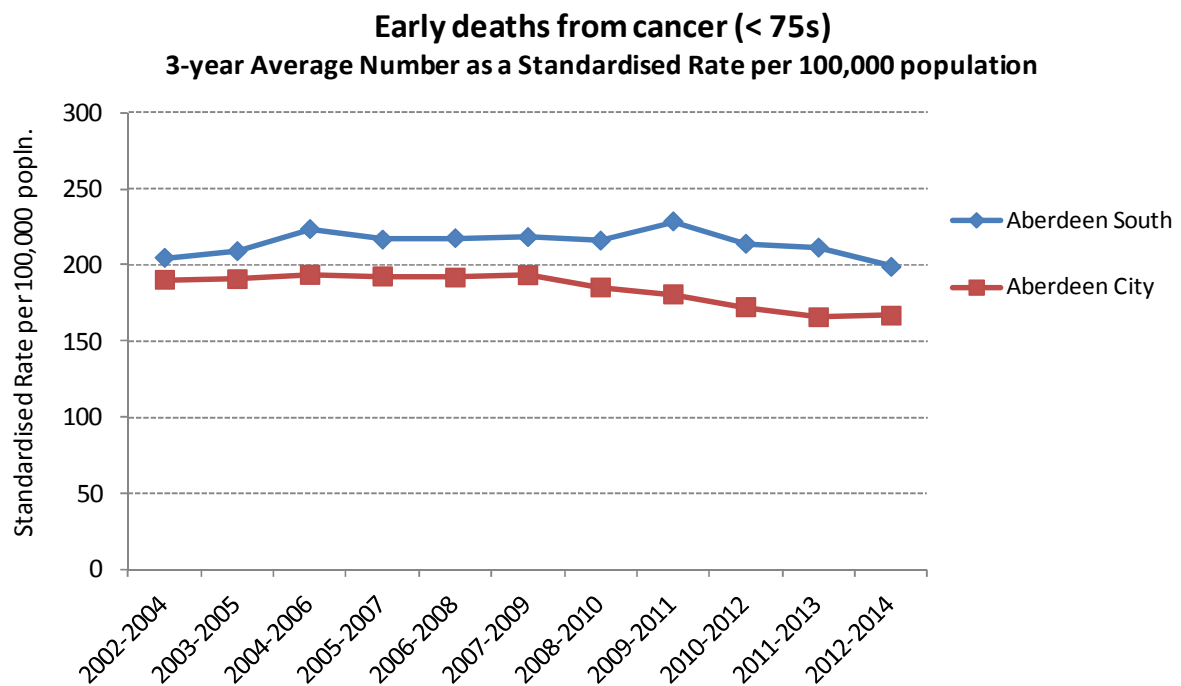
The high death rates in this age group are reflective of the significant health inequalities that are evident in the area and will be accounted for by a range of causes including heart disease, cancer, suicide, accidents, substance misuse etc.

Rates of death among people under the age of 75 years due to heart disease have declined substantially in South locality and compare favourably with the city as a whole.

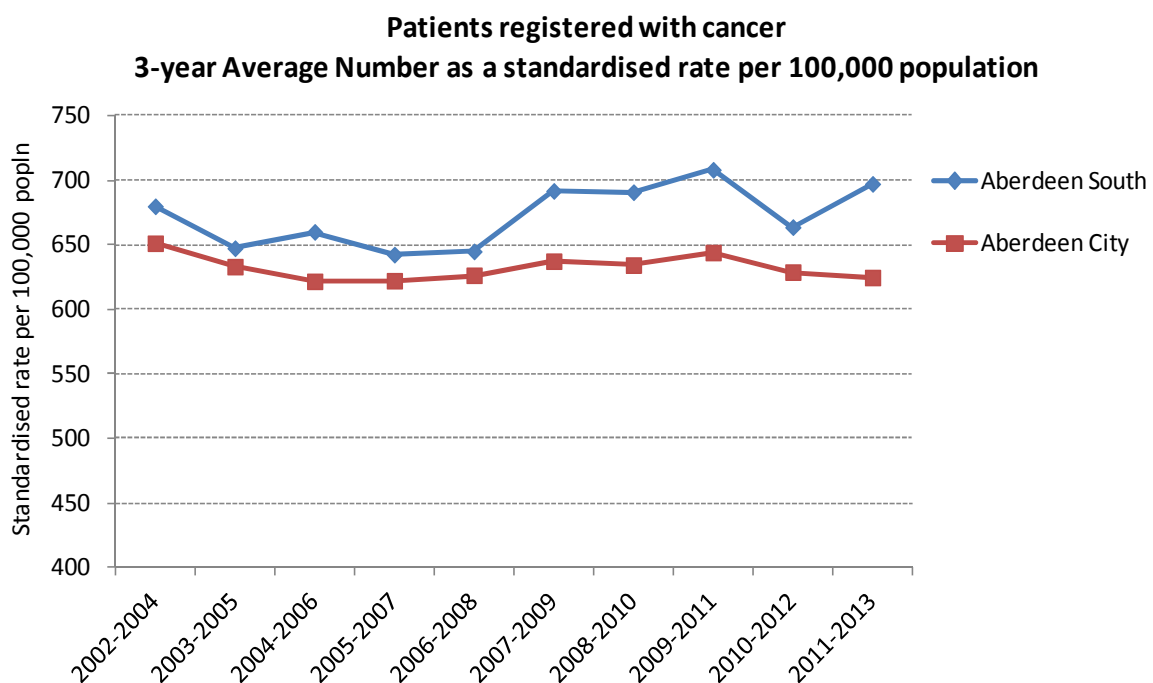


Rates of death among people under the age of 75 years from cancer have remained static since 2002, although there has been a slight reduction in the city as a whole, a feature of widening inequality. Lung cancer is among the top three types of cancer diagnosed in men and women in Grampian and shows a strong association with

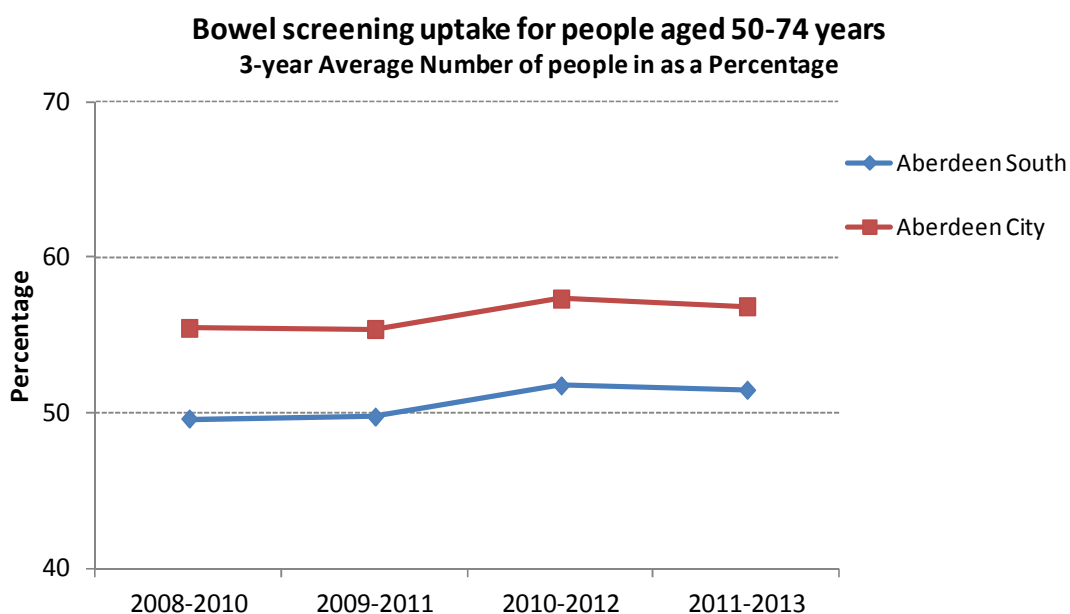
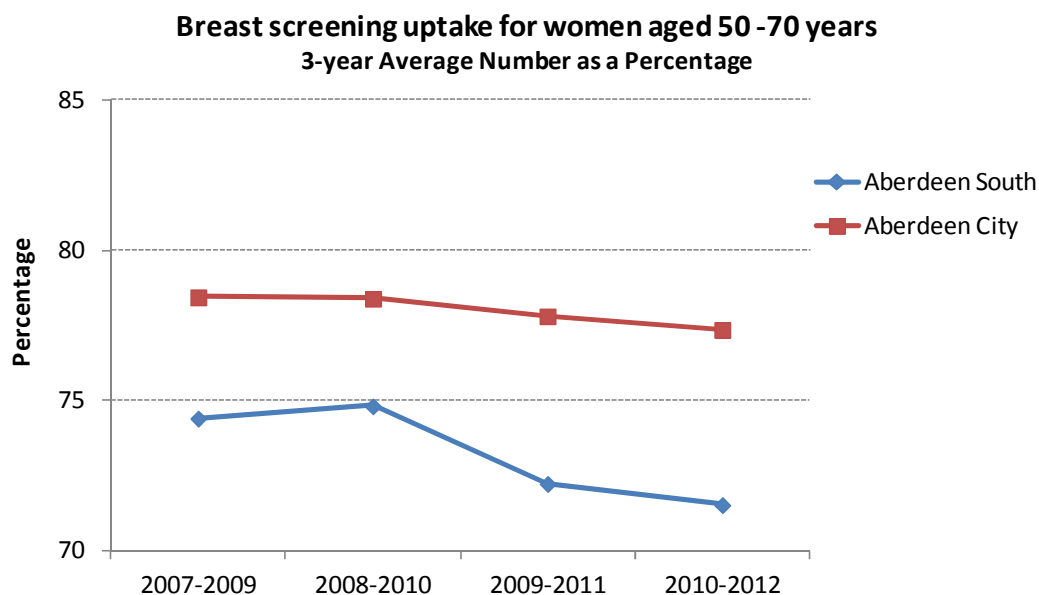
deprivation. Smoking is thought to account for 86% of lung cancer cases and is implicated in 20% of all cancers^{xi}.



The number of patients registered with cancer (on to national cancer registries) from South locality has risen. It is unlikely that the population of South locality is ageing more rapidly than the city as a whole.



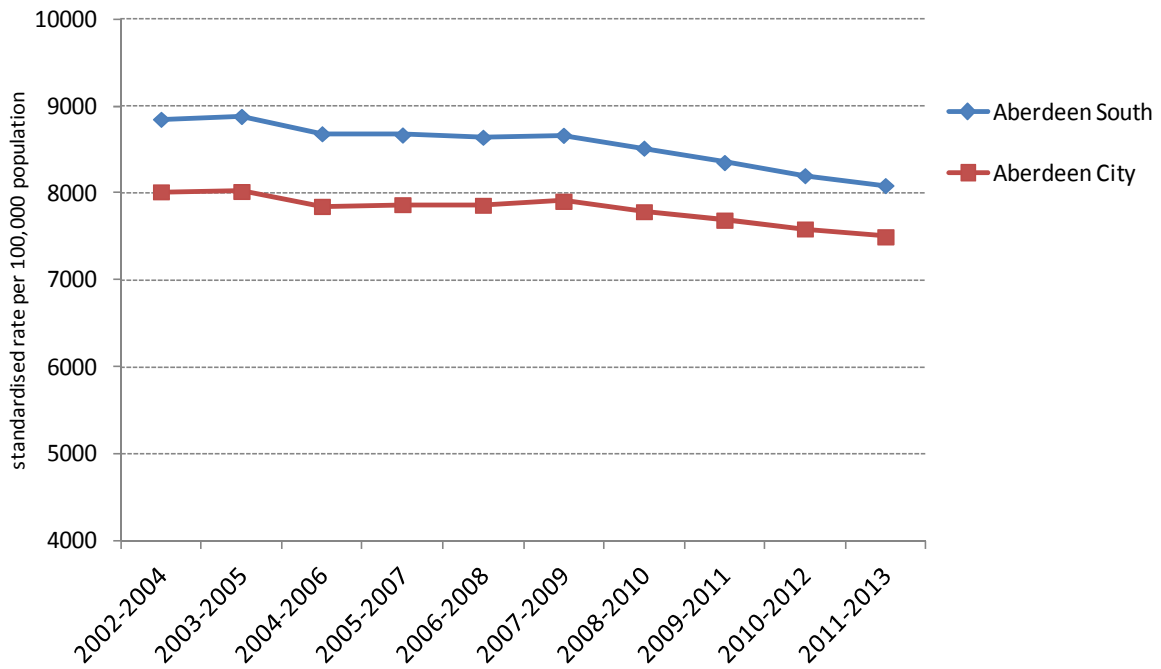
Early detection due to high uptake of screening is also not a valid explanation due to the very low levels of uptake of cancer screening programmes.



The most plausible explanation for the high rate and high premature mortality could be a high amount of risk factors (over the course of a lifetime), later stage at diagnosis and ineligibility for certain treatment options due to the co-occurrence of different conditions or diseases.

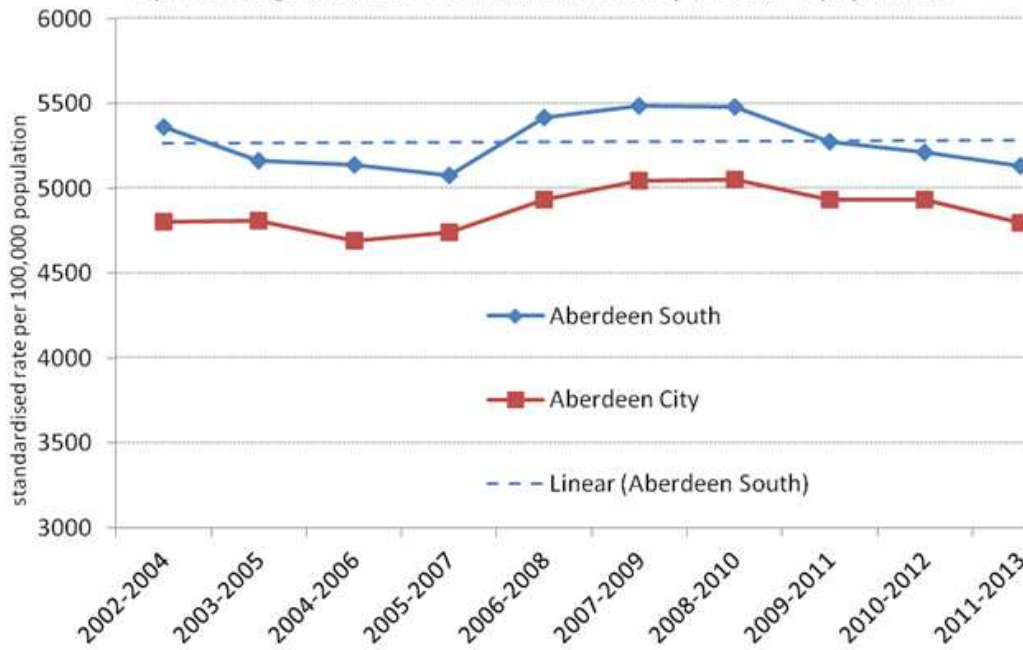
Towards the end of their lives people tend to have higher health and social care needs which may result in hospital admission.

Patients with emergency hospitalisations
3-year average number of as a standardised rate per 100,000 population



The overall rate of multiple emergency hospital admission from South locality is above the Aberdeen City average in patients aged 65 and over. The trend follows much more closely what is seen across the rest of the city and rates are approximating the average despite a general upward trend being seen in South locality as well as the city as a whole.

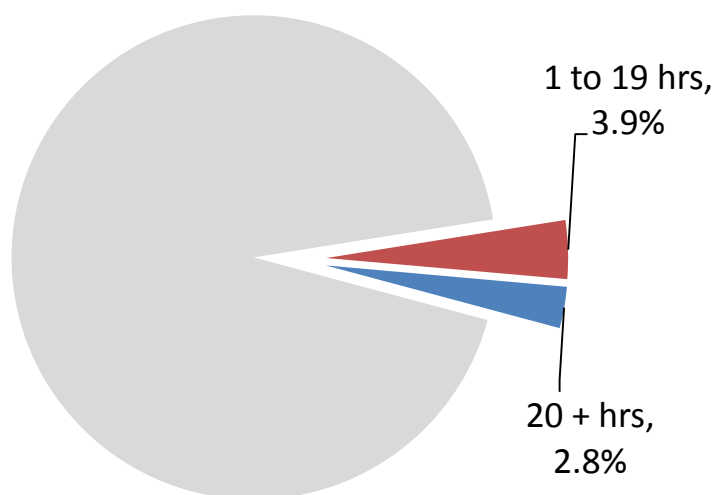
Patients (65+) with multiple emergency hospitalisations
3-year average number as a standardised rate per 100,000 population



Chronic obstructive pulmonary disease (COPD) and cancers are amongst the conditions that account for the excess in hospital admissions in the South locality. Rates of admission for heart disease and asthma have declined to match the average for Aberdeen City. Stopping smoking has a very positive impact on people's health so further consideration of local figures around quit rates, prevalence and uptake of smoking cessation cessations in the locality would be worth considering.

Most (93.3%) of the population in South locality provided no unpaid care at the time of the 2011 Census, which is similar to the three other localities, based on all age groups. Provision of unpaid care in South locality was lowest across the four localities with 3.9% providing between 1 and 19 hours per week and 2.8% providing 20 or more hours unpaid care a week.⁶

Unpaid care per week

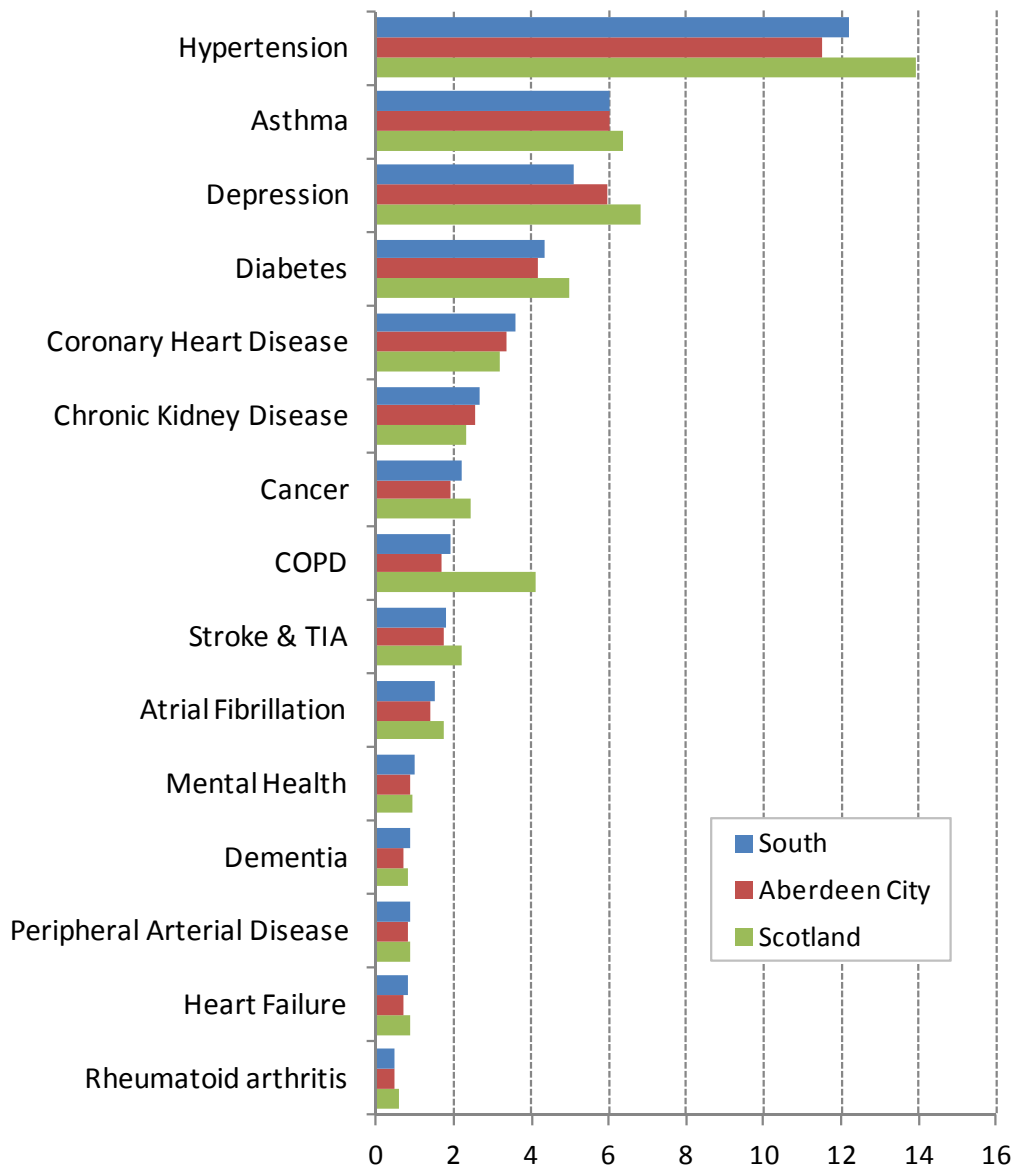


Long term conditions are now more common in the population and more people are living with more than one condition. Information on the number of people with different conditions mainly comes from our GP practice and therefore describes a picture at a point in time that is based on the number of people registered with the GP and the age makeup of the GP practice. This has also been heavily dependent on each practice's participation in the national quality and outcomes framework (QOF) where remunerations were made to record certain types of information. Not all conditions were incentivised and not all practices participated to the same degree.

⁶ Ranging from 20 or more hours to 50 or more hours unpaid care per week

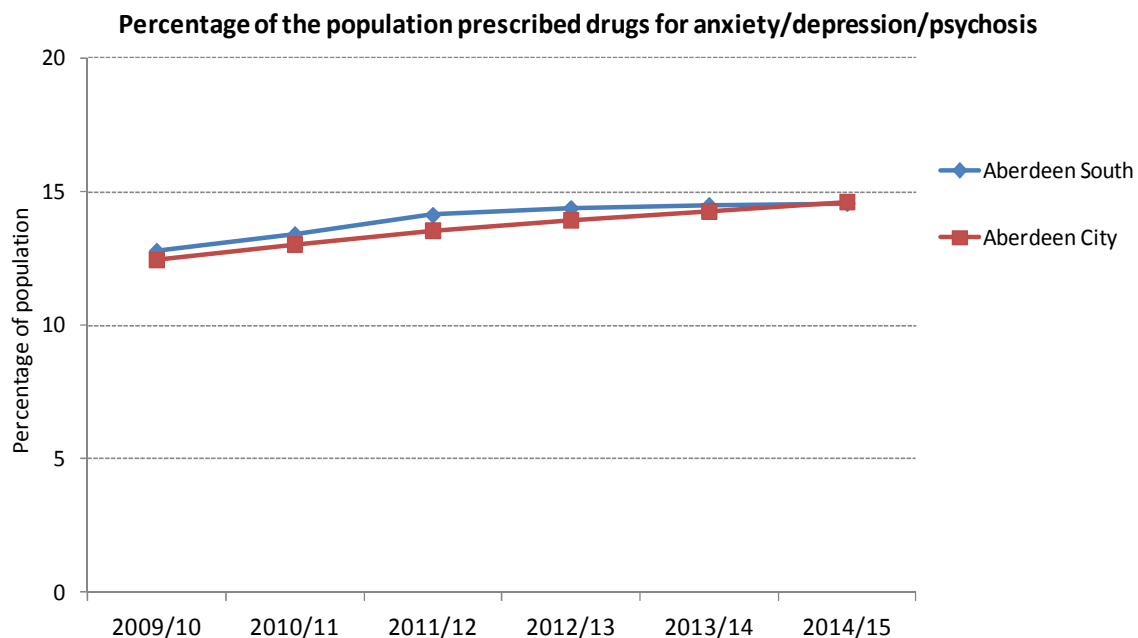
The table below shows the frequency of different conditions per 100 people in South locality as recorded in 2015/16. The most common conditions are asthma, depression and diabetes. There are nearly 8000 (n=7846) people on the GP register with high blood pressure which, if poorly managed could lead to heart disease and stroke.

Aberdeen South - Prevalence Rate per 100 people



The term 'mental health' is used to describe a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health.^{xii} Good mental health is more than just the absence of ill-health and is a resource for everyday life. Wellbeing is important to our ability to contribute to society and realise our abilities as well as functioning well and being happy. Positive mental wellbeing is measured in the population using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). In Aberdeen, men and women across all ages from 16 to 75 years and over in the Scottish Health Survey have consistently scored in the average range of 40 to 59. A higher score means more positive wellbeing and scores have ranged from 14 to 70. It is not possible to provide scores of mental wellbeing from this survey at locality level.

The percentage of the population prescribed drugs for anxiety, depression and psychosis is the same as that for Aberdeen City and has seen a gradual increase since 2009/10 for both the locality and City population.



There appears to be a downward trend for suicide but due to small numbers there is a need to combine several years' worth of data.

References

- ⁱ Aberdeen City Council (2017) Life Expectancy and Healthy Life expectancy, Briefing Paper. Available from: <http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?IID=74814&sID=332>
- ⁱⁱ World Health Organisation definition of health in Aberdeen City Health and Social Care Partnership (2016) Strategic Plan, 2016-19. Available from: <http://www.aberdeencityhscp.scot/contentassets/7f34d22a48bc4d3f92471472760c5bdc/aberdeen-city-hscp-strategic-plan-2016-19.pdf>
- ⁱⁱⁱ SIMD 2016, Aberdeen City Council Report. Available from: <http://www.gov.scot/Resource/0051/00510709.pdf>
- ^{iv} Aberdeen City Council (2106) Briefing Paper 2016/07, 2014-Based Population Projections Aberdeen City. Available from: <http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?IID=73692&sID=332>
- ^v Scottish Index of Multiple Deprivation, 2016. Available from: <http://www.gov.scot/Resource/0050/00504822.pdf>
- ^{vi} Glasgow Centre for Population Health (2011) *Asset based approaches for health improvement: redressing the balance*. Available from: http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf
- ^{vii} Glasgow Centre for Population Health (2014) *Resilience for Public Health*. Available from: http://www.gcph.co.uk/publications/479_concepts_series_12-resilience_for_public_health
- ^{viii} Parkinson, J (2007) *Establishing a core set of national, sustainable mental health indicators for adults in Scotland: Final report*. Edinburgh: NHS health Scotland. Available from: <http://www.healthscotland.com/uploads/documents/5798-Adult%20mental%20health%20indicators%20-%20final%20report.pdf>
- ^{ix} NHS Grampian Health Intelligence Department. Alcohol Related deaths in Grampian 2001 – 2016.
- ^x Scottish Government (2015) *Mental health and wellbeing among adolescents in Scotland: profile and trends*. Available from: <http://www.gov.scot/Publications/2015/11/9339/downloads#res488358>.
- ^{xi} Parkin DM. Tobacco attributable cancer burden in the UK 2010. *British Journal of Cancer* (2011) 105 S6-13.
- ^{xii} Faculty of Public Health/Mental Health Foundation (2016) *Better Mental Health for All. A public mental health approach to health improvement*. Available from: http://www.fph.org.uk/better_mental_health_for_all