

## Health & Wellbeing Area Profile Keith ASG

### Low Birth Weight (<2500g)

#### Rationale

Low birth weight (LBW) is a major determinant of infant mortality and morbidity. In addition, as it is associated with a variety of social and environmental factors, it is often used as a health status indicator. Low birth weight may result from being born too soon (i.e. a preterm birth), from poor intrauterine growth or from a combination of the two<sup>1</sup>.

#### Summary<sup>2</sup>

Performance for this indicator in Moray is currently below Scotland as shown in the table below, with Rural Keith & Strathisla below both Moray and Scotland but with Keith & Fife Keith the highest in Moray.

#### Data

Intermediate Zone	Percentage	Moray	Scotland
Keith & Fife Keith	5.7%	1.6%	1.9%
Rural Keith & Strathisla	0%	1.6%	1.9%

### Breastfeeding rates 6-8weeks

#### Rationale

Encouraging and supporting breastfeeding is recognised as an important public health activity. There is good evidence that breastfeeding in infancy has a protective effect against many childhood illnesses. Breastfed infants are likely to have a reduced risk of infection, particularly those affecting the ear, respiratory tract and gastro-intestinal tract. This protective effect is particularly marked in low birth weight infants. Other probable benefits include improved cognitive and psychological development, and a reduced risk of childhood obesity. There is evidence that women who breastfed have lower risks of breast cancer, epithelial ovarian cancer and hip fracture later in life<sup>3</sup>.

#### Summary<sup>2</sup>

Grampian currently has a local target of 46% for exclusive breastfeeding at 6-8 weeks; the latest data shown below at intermediate zone shows a variation across the area with Keith & Fife Keith below both Moray and Scotland. Rural Keith & Strathisla is the highest in Moray meeting the local target.

Caution should be used when interpreting the data at small geographical areas as the number of births will generally be lower and therefore impact the percentages shown.

#### Data

Intermediate Zone	Percentage	Moray	Scotland
Keith & Fife Keith	17%	30%	27%
Rural Keith & Strathisla	46%	30%	27%

### Maternal Body Mass Index (BMI)

#### Rationale

Body Mass Index (BMI) is one of the most widely used methods for assessing body composition in adults. It is calculated by dividing an individual's weight (in kilograms) by their height squared (in metres<sup>2</sup>) and gives an indication of whether weight is in proportion to height. Whilst BMI generally gives a good indication of body composition, it can occasionally misclassify individuals with heavy musculature as being overweight or obese.

In adults there are static cut off values for BMI indicating underweight, healthy weight, overweight and obese:

Below 18.5 = Underweight

Between 18.5 and 24.9 = Healthy

Between 25 and 29.9 = Overweight

BMI of 30 or more = Obese

#### Summary<sup>4</sup>

For births in Scottish hospitals in 2015, NHS Grampian has a lower percentage in all weight categories when compared to Scotland, however Grampian has the highest percentage of unknown BMI across all boards in Scotland and this could impact the figures shown.

#### Data

BMI Group	NHS Grampian	Scotland
Underweight	2.4%	2.9%
Healthy	45.4%	46.4%
Overweight	26.9%	27.4%
Obese	18.2%	21.2%
Unknown BMI	7.1%	2%

## Adult Obesity

### Rationale

Obesity is a continuing major public health challenge in Grampian and is linked to many diseases and conditions, for example type 2 diabetes, and decreases life expectancy. Estimates of the cost of obesity to Scotland put the total economic cost at between £0.9 billion and £4.6 billion per year<sup>5</sup>.

### Summary<sup>6</sup>

In the table below adult obesity affects 9.5% of young adults and increases sharply with age, tripling to over 30% by the age of 35-44years. Scottish statistics show a continuous increase with age until we reach the older groups of 65+ when levels start to decline.

### Data

NHS Grampian – Age Band	Grampian Percentage obese	Scotland Percentage obese
16-24	9.5	9.9
25-34	18.3	20.4
35-44	31.7	28.1
45-54	36.9	31.2
55-64	45.7	36.0
65-74	41.5	34.1
75+	28.7	26.6
All Ages	29.9	26.7

Using above table as a guide and the GP practice population of Keith of close to 6000 in the relevant age groups, there would be approximately 1800 people in the area who are obese.

## Percentage of P1 children at risk of obesity

### Rationale

There is continued concern over the levels of overweight and 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, such as heart disease, diabetes, osteoarthritis, back pain, increased risk of certain cancers, low self-esteem and depression. Being underweight in childhood can also be a cause for concern, indicating poor nutritional intake and/or underlying medical problems. Both over- and underweight develop as a result of an imbalance between energy consumption and energy expenditure.

### Summary<sup>7</sup>

In order to get sufficient numbers to analyse results for school cluster areas data has been combined for years 2009/10 to 2014/15, shown in the table below, Keith ASG

has the highest percentage of children at risk of obesity in Moray and is also higher than the Scottish rate.

Data

Keith ASG	Moray	Scotland
13.6%	10%	9.8%

## Physical Activity

Rationale

Regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages. In particular, there is strong evidence that the greatest health benefits happen when the least active people become moderately active<sup>8</sup>.

Summary<sup>9</sup>

96% of Moray primary schools are meeting the PE target of at least 120 minutes per week and 100% of pupils in S1-4 are meeting the PE target of at least 100 minutes per week according to the Scottish Household Survey 2014.

In the school environment, 35% of all pupils took part in Active Schools-led activity alone, with a higher percentage of younger children taking part (45% in the primary sector) than older children (23% in the secondary sector).

All schools in Moray included at least one school-to-community sports club link, which ranged from allowing clubs access to schools to deliver promotional taster sessions, to working with clubs to host festivals and competitions.

The number of participant sessions facilitated by Active Schools rose from 50,543 to 73,063 over the period from 2012/13 to 2014/15.

The percentage of those taking part who were girls, a problem that was identified as needing a concerted effort to address, also increased from 49% (as a percentage of the total in 2012/13) to 54% (2014/15) as detailed in SportScotland Active Schools Monitoring reports.

The number of participants attending Moray Council Sports Development Junior Coaching sessions annually were, 2013/14 - 2,035, 2014/15 - 1,954 and 2015/16 - 2,359.

Active Schools annual reports which are broken down into locality areas can be found on the Moray Council website<sup>10</sup>.

## No Obvious Decay P1 Pupils

### Rationale

Dental decay is almost totally preventable, but is the single most common reason to admit children to hospital in Scotland. Dental health is also widely used as an 'indicative measure' of children's general health. This is because it reflects a key 'outcome' of good parental care during the pre-school period. Children in Scotland have substantially higher levels of recorded decay than other European countries<sup>11</sup>.

### Summary<sup>12</sup>

In 2012 Keith ASG had a lower percentage of P1 children with no obvious decay than Moray and Scotland. There is more recent data available for Grampian and Scotland but not at ASG level.

### Data

Area	% No obvious decay
Keith ASG	63.6%
Moray	72.2%
Scotland	67%

## Tobacco Use

### Rationale

Smoking is the most important preventable cause of ill-health and premature death in Scotland. There are over 10,000 smoking-related deaths and 128,000 smoking-related admissions every year in Scotland. The risk of developing smoking-related diseases increases with how long and how much someone has smoked. These risks fall substantially if smoking is stopped, even for long-term smokers<sup>13</sup>.

## Smoking Prevalence Adults

### Summary<sup>2</sup>

In 2013, the Scottish Government's 5 year tobacco control strategy, *Creating a Tobacco-Free Generation*, set a target to reduce smoking prevalence in Scotland to 5% or less by 2034. The table below shows performance towards this target, the latest data available for 2014 shows Moray to be lower than Scotland.

### Data

Moray	Scotland
17.6%	20.2%

## Smoking in Pregnancy

### Summary<sup>2</sup>

Moray overall has a higher rate of smoking in pregnancy than Scotland, however in the Keith intermediate zones shown below the rate is lower in Rural Keith & Strathisla than both Moray and Scotland. However Keith & Fife Keith is higher than both.

### Data

Intermediate Zone	Percentage	Moray	Scotland
Keith & Fife Keith	21%	19%	18%
Rural Keith & Strathisla	10%	19%	18%

## Smoking Prevalence Young People

### Summary<sup>14</sup>

The latest published Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) was undertaken in 2013. Moray has a higher rate of 13 year olds who are regular smokers than Grampian but equal to Scotland. The rate of 15 year olds in Moray is higher than both Grampian and Scotland with more girls than boys who are regular smokers.

### Data

Regular Smokers (SALSUS 2013)	Moray	Grampian	Scotland
Aged 13	2%	1%	2%
Aged 15	10%	7%	9%
Boys	4%	4%	5%
Girls	9%	4%	5%

## Substance Misuse

### Alcohol Use Young People

#### Rationale

In recognition of the harm caused by alcohol in Scotland, the Scottish Government has in place a national alcohol strategy – Changing Scotland’s Relationship with Alcohol: A Framework for Action<sup>15</sup>. This Framework adopts a whole population approach and identifies the need for sustained action in four areas: reduced alcohol consumption; supporting families and communities; positive public attitudes, positive choices; improved treatment and support. The Framework aims to help tackle the damaging impact alcohol misuse has on families and communities, including young people<sup>16</sup>.

## Summary<sup>14</sup>

Results from the 2013 SALSUS on pupils reporting drinking in the last week showed that Moray is higher than Grampian and Scotland for both age groups and for boys and girls. Whilst this presents a negative picture, when comparing three previous surveys at local authority level the percentages have continued to reduce from 2002 where they were recorded as 25%, 53%, 39% and 36% for aged 13, 15, boys and girls respectively.

### Data

Drank last week (SALSUS 2013)	Moray	Grampian	Scotland
Aged 13	5%	4%	4%
Aged 15	25%	19%	19%
Boys	15%	11%	11%
Girls	16%	12%	12%

## Drug Use Young People

### Rationale

On 29th May 2008, the Scottish Government published its national strategy for drug misuse *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*<sup>17</sup>. The strategy focuses on recovery, but also looks at treatment and rehabilitation, education, enforcement and protection of children. Chapter 2: Preventing Drug Use, highlights the belief that preventing drug use, for example through substance misuse education in schools, is more effective than treating established drug problems. The strategy also recognises the importance of addressing the underlying causes associated with drug use<sup>18</sup>.

## Summary<sup>14</sup>

Results from the 2013 SALSUS on pupils reporting ever having used drugs show that Moray is the same as Scotland for aged 13 and lower for 15 year olds, however for both age groups Moray has a higher percentage than Grampian. More girls than boys have ever used drugs in Moray, which is the opposite of Scotland and in Grampian there is an equal split for boys and girls.

### Data

Ever used drugs (SALSUS 2013)	Moray	Grampian	Scotland
Aged 13	4%	3%	4%
Aged 15	17%	15%	18%
Boys	9%	9%	12%
Girls	13%	9%	10%

## Babies affected by maternal use of drugs

### Rationale

Most drug-using women are of child-bearing age. Substance misuse is often associated with poverty and other social problems, therefore pregnant drug using women may be in poor general health as well as having health problems related to drug use. Use of alcohol and tobacco is also potentially harmful to the baby.

Substance misuse during pregnancy increases the risk of:

- having a premature or low weight baby
- the baby suffering symptoms of withdrawal from drugs used by mother during pregnancy
- the death of the baby before or shortly after birth
- Sudden Infant Death Syndrome
- physical and neurological damage to the baby before birth, particularly if violence accompanies parental use of drugs

### Summary<sup>4</sup>

The number of babies affected by maternal use of drugs in Moray is generally low so they have been combined for 3 years and then measured against the rate per 1000 of the population to compare against the national rate. The results given below show Moray to be lower than Scotland in all reporting years, however the gap has narrowed over time.

### Data

<b>Rate per 1000 live births</b>	2009/10 to 2011/12	2010/11 to 2012/13	2011/12 to 2013/14	2012/13 to 2014/15
Moray	2.9	5.2	6.3	5.7
Scotland	6.0	6.2	6.4	6.0

## Unintentional Injury (under 15s)

### Rationale

Unintentional injury is one of the main causes of death and is one of the common causes of emergency hospital admissions in children. Unintentional injuries are also a common cause for emergency hospital admissions among adults. The term "unintentional injury" is preferred to "accidents" as the latter implies events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable. Unintentional injuries can occur in any age group, but children and the elderly are more vulnerable<sup>19</sup>.

### Summary<sup>20</sup>

The table below shows the breakdown by age group and cause of injury. The highest percentage of admissions in Moray is due to falls, with over 40% in each age group, however age 10-14 has the highest percentage with 61% being admitted with



a fall. Moray has a higher percentage of falls admissions than Grampian and Scotland.

Data

Emergency Hospital Admissions due to Unintentional Injuries in under 15s for year ending March 2015												
Cause of Injury	Moray				Grampian				Scotland			
	0-4	5-9	10-14	Under 15	0-4	5-9	10-14	Under 15	0-4	5-9	10-14	Under 15
Road traffic accidents	3%	5%	4%	4%	2%	3%	4%	3%	2%	5%	6%	4%
Poisoning	16%	3%	0%	8%	14%	1%	0%	7%	21%	2%	2%	10%
Falls	48%	43%	61%	49%	40%	50%	50%	45%	39%	56%	50%	47%
Struck by, against	11%	18%	18%	14%	17%	14%	21%	17%	7%	8%	14%	9%
Crushing	3%	3%	4%	3%	8%	10%	6%	8%	6%	6%	2%	5%
Scalds	3%	0%	0%	2%	6%	0%	0%	3%	6%	1%	1%	3%
Accidental exposure to other and unspecified causes	6%	13%	0%	7%	1%	2%	1%	1%	7%	6%	7%	7%
Other	9%	18%	14%	13%	12%	20%	18%	16%	12%	16%	18%	15%

## Sexual Health & Relationships

### Teenage Pregnancy

Rationale

A number of teenage girls experience unintended or unwanted pregnancies, although for some young people this is a positive life decision. With a higher rate of teenage pregnancy than most other western European countries, reducing unintended teenage pregnancy is a national target for the Scottish Government. Teenage pregnancy is also linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas<sup>21</sup>.

Summary<sup>22</sup>

The rates shown below for Moray for all teenage pregnancies (under age 20) are below Scotland though the difference has narrowed over the years shown. The gap between those at the under 18 and 16 age groups and Scotland is wider. The rates are calculated using the female population aged 15-19 for under 20, 15-17 for under 18 and 13-15 for under 16. Years are combined where there are low numbers.

Additional tables are shown with actual numbers for information.

Data

#### Rate per 1000 population

Under 20	2010	2011	2012	2013
Moray	36.2	40.0	40.5	37.4
Scotland	48.5	43.8	41.6	37.7

Under 18	2008/10	2009/11	2010/12	2011/13
Moray	29.3	26.0	23.9	23.5
Scotland	37.2	33.9	31.1	27.5

<b>Under 16</b>	2008/10	2009/11	2010/12	2011/13
Moray	5.1	5.3	5.2	4.1
Scotland	7.2	6.5	6.0	5.3

### Actual Numbers

<b>Under 20</b>	2010	2011	2012	2013
Moray	102	115	117	106
Scotland	7934	7035	6500	5807

<b>Under 18</b>	2008/10	2009/11	2010/12	2011/13
Moray	161	145	131	127
Scotland	10601	9482	8498	7421

<b>Under 16</b>	2008/10	2009/11	2010/12	2011/13
Moray	27	28	27	21
Scotland	1957	1741	1602	1382

### Immunisation Rates

#### Rationale

Immunisation provides effective protection against life-threatening infectious diseases. It is one of the most cost-effective health promoting interventions in existence. It provides individual protection and, if uptakes are high enough, herd immunity, which helps to protect those who are themselves unable to be vaccinated. Herd immunity to a disease is usually considered to be present when 95% of the population have been vaccinated against the condition.

#### Summary<sup>2</sup>

Uptake for 5 in 1 and MMR in the Keith ASG intermediate zones are both higher than Moray and Scotland.

#### Data

##### Uptake at 24 months 5 in 1

Intermediate Zone	Percentage	Moray	Scotland
Keith & Fife Keith	99%	98%	98%
Rural Keith & Strathisla	100%	98%	98%

##### Uptake at 24 months MMR

Intermediate Zone	Percentage	Moray	Scotland
Keith & Fife Keith	97%	95%	95%
Rural Keith & Strathisla	98%	95%	95%

## Mental Wellbeing

### CAMH

#### Rationale

Child and adolescent mental health services (CAMH) are used to embrace the range of services across agencies that contribute to the mental health and care of children and young people (and their families and carers). Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and, in the case of children and young people, will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes<sup>23</sup>.

#### Summary<sup>24</sup>

Data for this indicator is only available at a Grampian level. Performance against the current target of 90% of referrals to start treatment within 18 weeks can be seen in the table below. The rate in Grampian has reduced throughout the reporting period and remains far below Scotland.

#### Data

Financial Year 2015-16	Grampian	Scotland
Quarter 1	71%	77%
Quarter 2	54%	73%
Quarter 3	50%	76%

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