



Aberdeen City Health & Social Care Partnership
A caring partnership



Central Locality Profile

December 2017

Contact:

Katie Cunningham

Public Health Coordinator

Central Locality

Aberdeen City Health & Social Care Partnership

Old Aberdeen Medical Practice

12 Sunnybank Road

ABERDEEN

AB24 3NG

Email: katie.cunningham@nhs.net

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.



Aberdeen City

In many ways, health in Aberdeen City and in the Central locality is improving. Over the last 15 years, the numbers of adults dying prematurely in Central locality has fallen.

As people live longer, it is important that these years are lived well and in good health.

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 the positive aspect of health.ⁱ Having control of our life and circumstances is central to this meaning of health. An asset, or 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 the main factors that promote or affect our health and well-being at an individual, community, locality and city wide level. These are factors that are within our control and can be changed.

We know that poor mental wellbeing is linked to a number of physical diseases, unhealthy lifestyle choices and social inequalities in health.

Tackling inequalities remains a priority. Aberdeen City has 53 of its 283 data zones, each averaging a population of 760 among the 30% most deprived data zones of Scotland.ⁱⁱ There is a 6 year gap in life expectancy for men and a 3 year gap in life expectancy for women when comparing the most and least deprived areas in Aberdeen City. There have been improvements in the health indicators of the most deprived parts of the city. However, the fact that these parts of the city started off from a worse position, and the improvement in health occurring at the same time in the most well off, mean that we have not managed to narrow the gap. This unequal distribution between the most and least deprived parts of the city is repeated across many areas of physical and mental 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 0-15 year age group. The working age population is projected to increase by 11% and the pensionable age population by 20% over the same period.ⁱⁱⁱ Looking forward on a locality basis is, however, difficult 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.

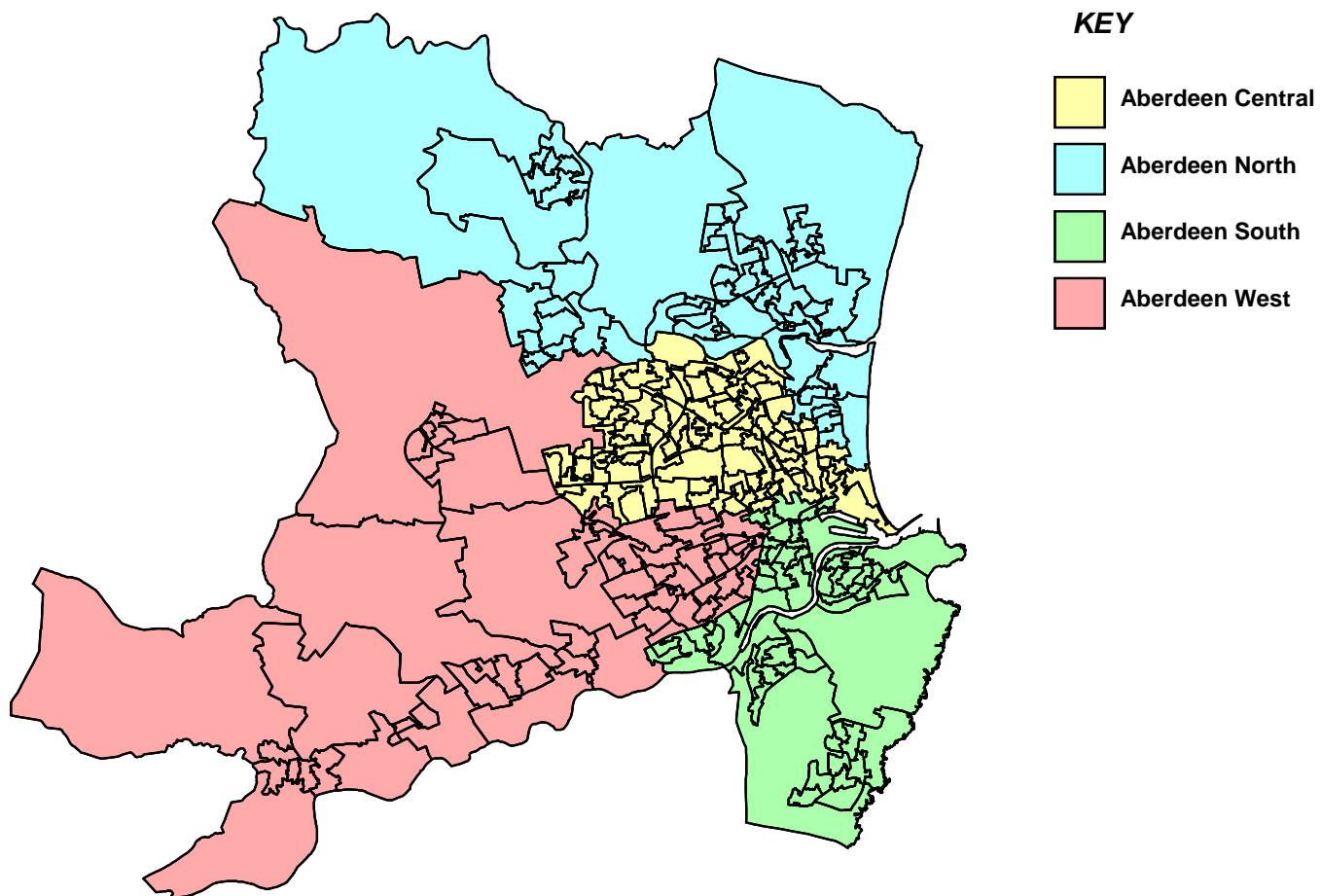
The recent economic climate, ushering in welfare reform and increasing public sector austerity, as well as the down turn in the oil and gas sector, has been challenging for individuals, public services, the third sector and a whole host of businesses across the North East and is likely to exert an effect 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 support. 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 Central 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 (produced 2016)



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

- **Central locality and who lives here**

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

Families and individuals have the resources for wellbeing:

Education;

Employment and Income.

Natural and built environment that supports health and wellbeing:

Housing tenure;

Local assets;

Access to 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**

Central Locality

Central locality has the largest population of the four localities in the Health and Social Care Partnership. It is mainly urban yet retains multiple areas of green space including local allotments, Northfield and Hilton outdoor sports centres, Victoria and Westburn Park and tennis courts. Transition Extreme and the harbour area are all within boundary of Central locality.

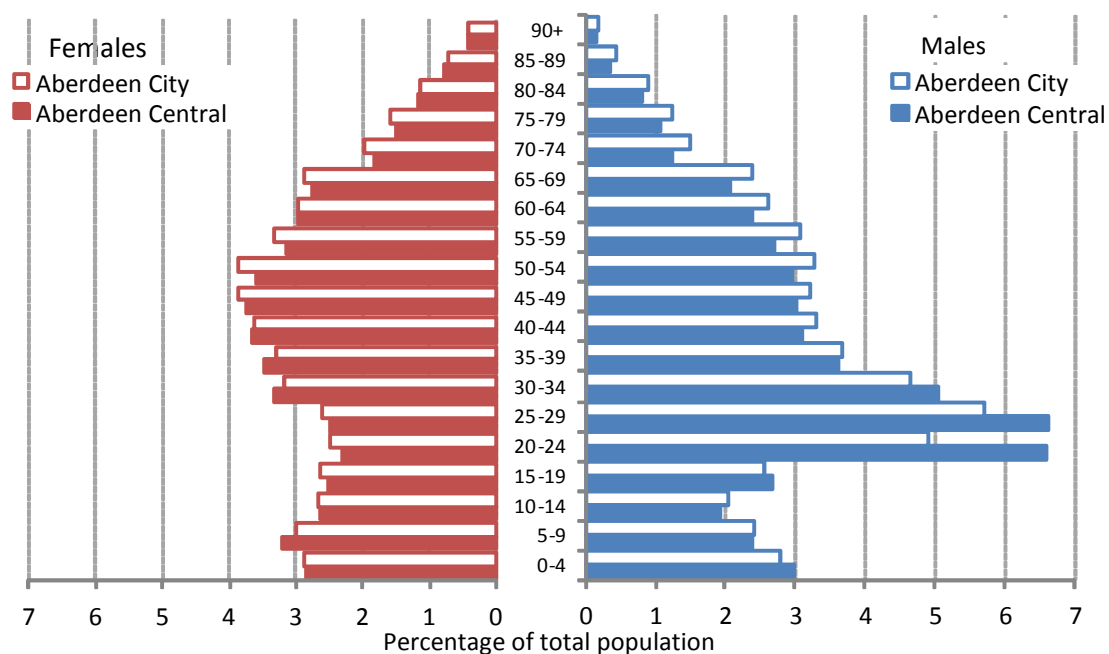
The locality encompasses multiple distinct neighbourhood areas including Hanover, Rosemount, Tillydrone, Midsocket, Hilton, Northfield and Mastrick, each with their own sense of identity. Two of the three locality partnerships formed by Community Planning Aberdeen (CPA) in 2016 are within Central locality. These two partnerships include the neighbourhoods of Woodside and Tillydrone, along with Seaton which is in the North locality; and Heathryfold, Cummings Park, Mastrick, Middlefield and Northfield. The eight neighbourhoods that are part of the CPA locality partnerships each have higher concentrations of multiple deprivation according to the Scottish Index of Multiple Deprivation (SIMD).

Many families have lived in local areas over a number of generations and can offer extensive local knowledge. As well as its people, Central locality contains a number of physical assets including His Majesty's Theatre, Marischal College and other places to learn, work and play. Use of these resources by people experiencing financial difficulty is often reported to be low. Many residents in Central locality also report poor transport links, particularly for journeys within and across the locality.

Who lives here?

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

- 82,000 people live in the Central locality (36% of the total city population)
- Men and boys make up 52% of the population;
- Women and girls make up 48% of the population
- Amongst people aged 16 to 29, there are 2.3 men for every woman



Percentage of people by five year age band and gender for Aberdeen Central and Aberdeen City (National Records for Scotland, 2015).

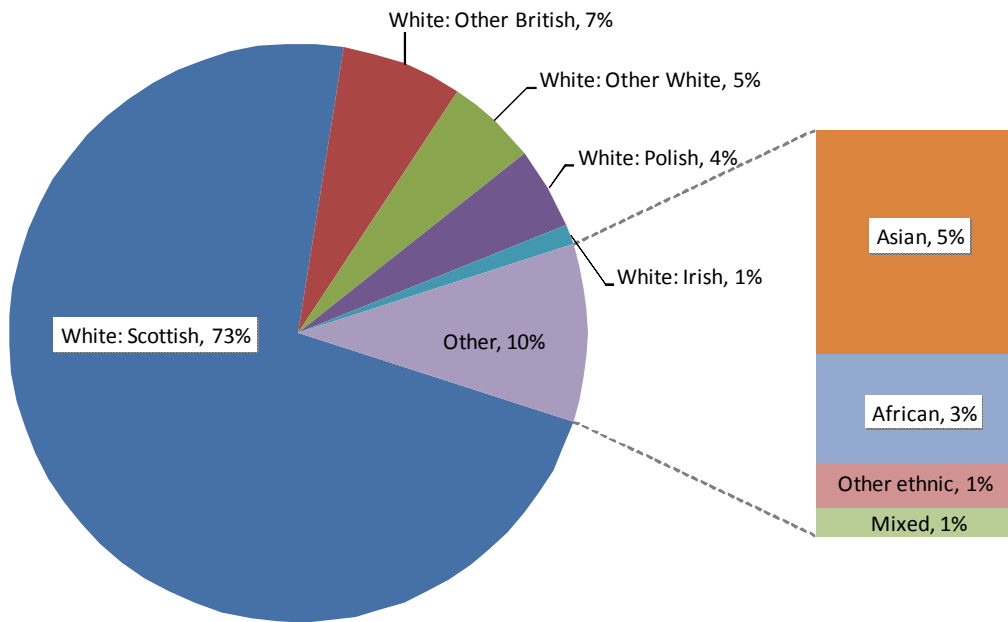
- The gender split evens out in later adulthood and middle age.
- The number of women overtakes the number of men from the age of 45 onwards.
- There is a step difference between members of the pre war generation and the baby boomers (1946-65) indicating why we are likely to see an imminent rise in the numbers of people aged over 70 in coming years.
- As age increases after 45, the proportion of women compared to men in each age group increases.

Compared to Aberdeen City, fewer men live into old age (sharp narrowing of the population pyramid as it gets to the top). Whilst the population of women over the age 70 also narrows, this is to a much lesser extent.

A slightly higher proportion of the population in Central locality are of reproductive age (44%) and the population is continuing to grow because of births (slight widening at bottom of the pyramid).

The majority (79%) of the people living in Central locality were of white: Scottish or other British ethnic group at the time of the 2011 census. Central has a diverse population as shown below, with the highest proportion of people of Polish (4.5%) and Asian (5.4%) ethnic groups compared to the other three localities. One fifth of people living in Woodside and Tillydrone, were born in another European country, mainly Poland. Bengali and Urdu are also widely spoken in the Old Aberdeen and Powis areas.^{iv}

Aberdeen Central - Ethnic Composition, 2011



In 2011, 17% of people resident in Central locality spoke a language other than English at home. 3% of people said that they did not speak English well. 0.5% of the population spoke no English at all.

Households

Central locality had over 39,000 households at the time of the 2011 Census, 38% of all households in Aberdeen City which is reflective of the proportion of Aberdeen's population living in the locality. 16,000 people (41%) lived on their own, the majority (11,725) being under the age of 65 years. 4300 (11%) of people over the age of 65 lived alone.

A fifth of households were occupied by people with dependent children. Over half of households in Aberdeen with full-time students (65%) lived in Central locality at the time of the Census (household number was 1850).

Living conditions that support and contribute to health

Families and individuals have the resources for wellbeing

Education, skills and training

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 wide range of small areas in Central locality are in the 20% most education deprived areas of Scotland and they include Tillydrone (5), Woodside (5), Stockethill (1), Froghall, Powis and Sunnybank (3), Ashgrove (1), George Street (2), Hanover South (1), Summerhill (1), Mastrick (5), Sheddocksley (2), Cummings Park (4), Northfield (7) and Heathryfold and Middlefield (6). Six out of 10 of the most education deprived small areas of Aberdeen City compared to Scotland are in Central locality and each rank within the top 5% most deprived.ⁱⁱ These small areas are in Cummings Park, Heathryfold and Middlefield, and Northfield. This does not mean everyone living in these areas is education deprived. There are also areas within Central 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

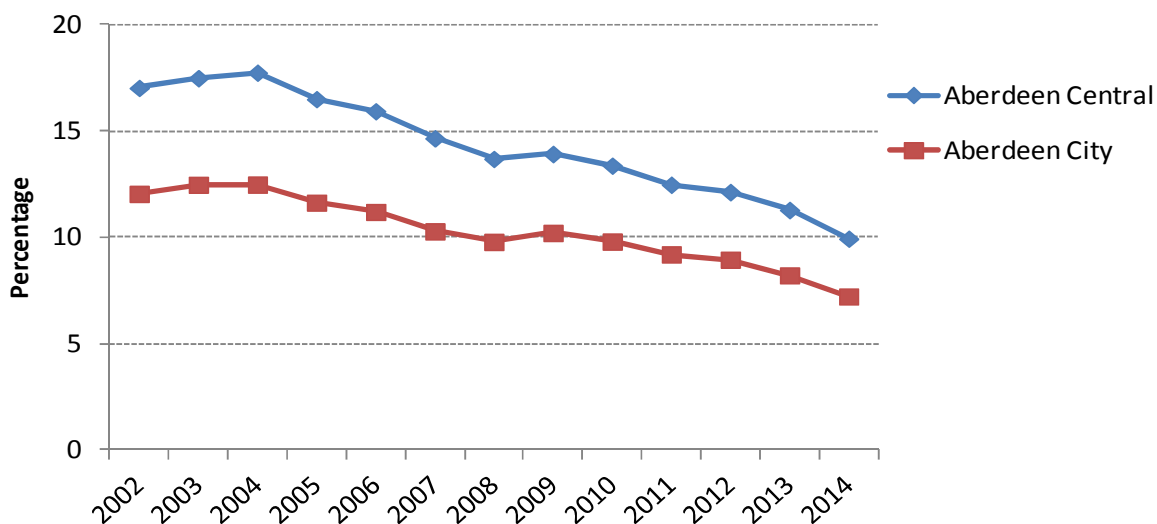
- Income Support (IS) and Income-based Employment Support Allowance (ESA) (16-59)
- Job Seekers Allowance (JSA) and Guaranteed Pension Credit Claimants (All ages)
- Universal Credit
- Number of children in JSA, IS or ESA households
- Number of Adults and children dependent on adults in receipt of tax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

Twelve small areas in Central locality are in the 20% most income deprived areas for Scotland and are in Tillydrone (3), George Street (1), Woodside (2), Mastrick (3), Heathryfold and Middlefield (2) and Northfield (1). Six out of the ten most income deprived areas of Aberdeen are in Central locality.ⁱⁱ 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. Six out of the 10 most employment deprived data zones are in Central locality and four of them are the same as the most income deprived areas. They are in George Street, Tillydrone, Woodside, Mastrick and Sheddocksley.ⁱⁱ

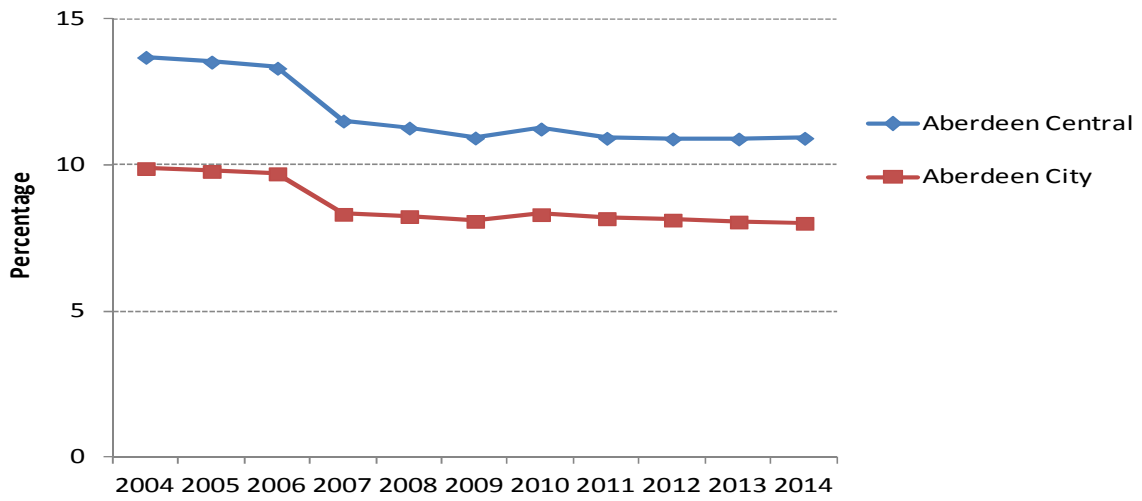
Of the four localities Central had the highest percentage of adults claiming benefits for employment and incapacity/severe disability in 2014 as well as child poverty in 2012. A reduction in out-of-work payments has been seen in the locality as well as across the city and nationally. It is difficult 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.

Working age population claiming out-of-work benefits
Percentage

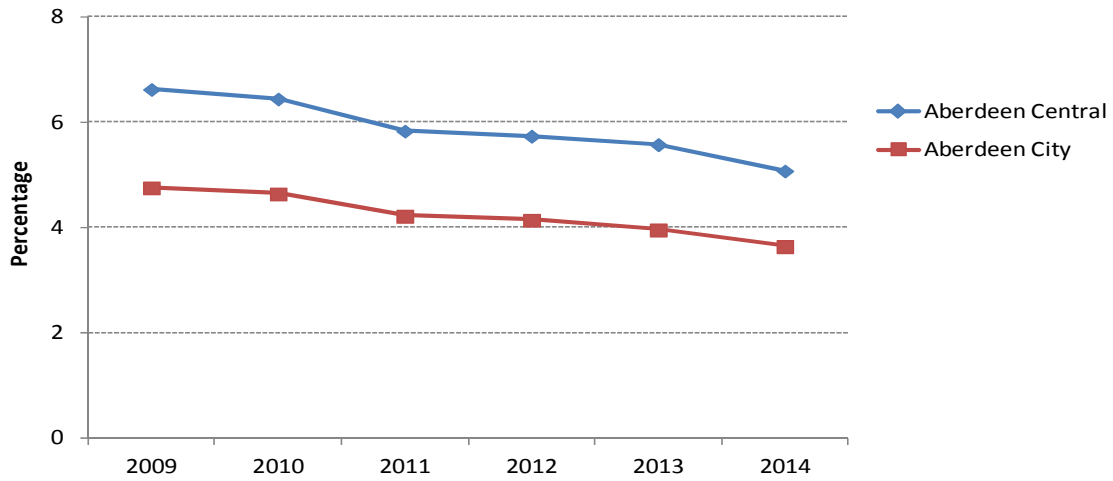


A similar overall reduction in the percentage of people who are out of work and looking for a job has not been seen in Central locality although there has still been a downward trend over a ten year period (see next page).

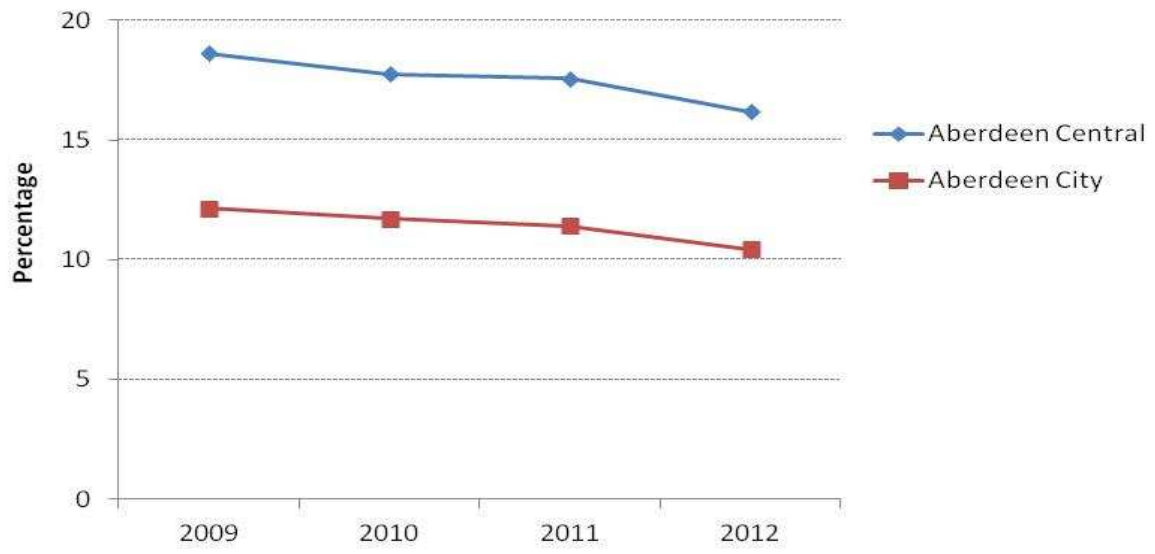
Percentage of Working age population employment deprived



Adults claiming incapacity benefit/severe disability allowance
Percentage



Percentage of children living in poverty



Natural and built environment that supports health and wellbeing

Housing tenure

The 2011 census identified that

- 43.5% of people in Central locality lived in households where the property was owned either outright or in part by a member of the household;
- 35.8% of people lived in socially rented accommodation (local authority, housing association or registered social landlord)
- 19% were living in privately rented accommodation.
- 15% of the 39,459 households were overcrowded. This is higher than any other locality in Aberdeen City.
- 19% of couples with dependent children and 22% of lone parents with dependent children live in overcrowded accommodation.

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 Central locality are within the 5% most 'housing' deprived areas of Scotland. These small areas are in Rosemount (3), Hanover North and South (6), George Street (4), and Froghall, Powis and Sunnybank (4).ⁱⁱ 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. 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 the number of physical resources in the locality. Although these resources are located within the locality boundaries many provide services for people living across Aberdeen. The secondary care hospitals listed below provide services for people across the Grampian region as well as Orkney and Shetland. Through a process of mapping, wider assets in local areas for health and wellbeing can be identified. Things to consider when doing this include:

- the practical skills, capacity and knowledge of local residents
- the passions 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.

Physical Assets in Central Locality

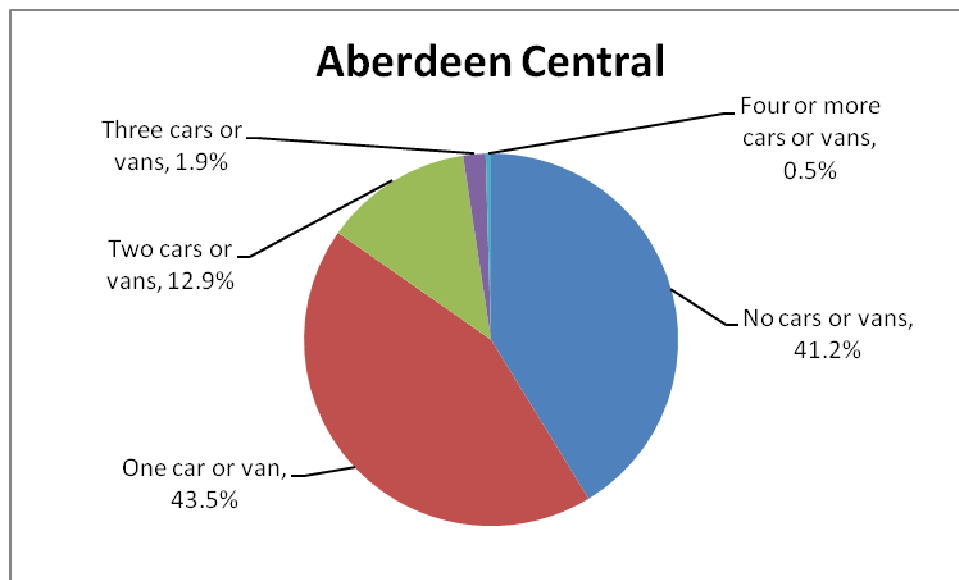
Category	Asset	Total Number
Health Services	GP Practices	8
	Community Pharmacies	18
	Health Centres (includes the Health and Care village, Timmermarket, and City Hospital-Links Unit.	10
	Opticians	51
	Dental Practices: ¹ Public Dental Service (PDS) or NHSG Specialist; Independent dentist (GDP) providing NHS Care	7 10
	Secondary care hospitals (ARI, Cornhill, children's and maternity hospitals)	4
Social Care/ Housing	Care Homes – Older People	10
	Homes for People with Learning Disabilities	26
	Amenity Housing	6
	Sheltered Housing	22
	Very Sheltered Housing	1
Community	Community Centres	12
	Sport and Leisure Facilities (includes 3 outdoor)	14
	Libraries	6
	Places of Worship	24
Education	Primary Schools	14
	Secondary Schools	2
	Additional Support Needs (Hazelwood and Aberdeen School for the Deaf)	2

¹ 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.

Access to local amenities

Most of the population live within a short distance of essential local amenities (doctor's surgeries, schools, shops and post offices) in Central locality. One small area of the locality, Sheddocksley, is one of the ten most access deprived areas of Aberdeen. '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.ⁱⁱ A further 13 small areas are in the second most deprived quintile (i.e. 20%) of access deprived and are in Summerhill, Sheddocksley (3), Stockethill (5), and Heathryfold and Middlefield (3).^v This doesn't mean that everyone living in these small areas is 'deprived' of access to essential amenities.

According to the 2011 Census 41% of households had no access to a car or van on a regular basis.



Number of households by availability of car/van, 2011 Census

Over 50% (3400) of people who have a health condition that places limits on their daily activities reported not having access to a car compared to 30% of people who felt that their health did not limit their daily activities.

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 peoples' health and circumstances across the lifespan, as this profile shows, as well as some of the resources and conditions people have to help them 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 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 doesn't 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 crime rate per 1000 of the population in Central locality is higher than that for the City but reflects the downward trend seen in the City. Several small areas of Central locality are in the 5-10% most deprived in the crime domain of 2016 SIMD. These areas are in George Street (2), Summerhill (1), Midstocket (1) Ashgrove (1), Mastrick (2), Tillydrone (2), Woodside (3), Northfield (3), Heatheryfold and Middlefield (1).ⁱⁱ

Ways of living that improve health

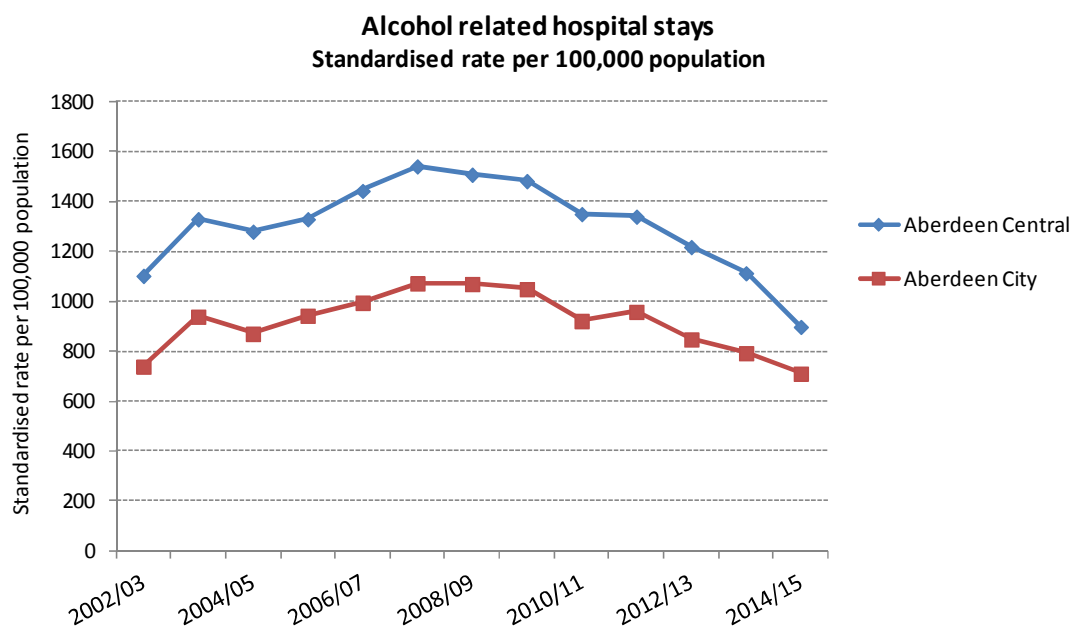
Healthy actions

Estimates of physical activity, smoking, alcohol consumption, healthy diets etc are conducted by surveys² 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 regular³ 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.

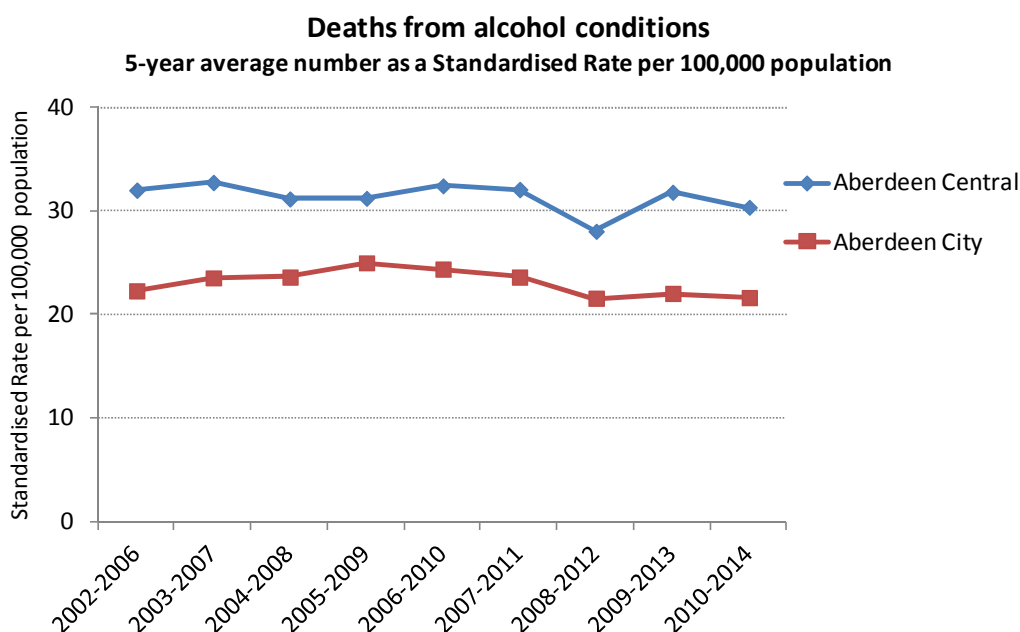
There has been a reduction in the rate of alcohol related hospital stays for people from the Central locality in recent years. This reduction has been greater than seen in the city as a whole. The Central locality continues with a higher rate of alcohol related admissions than Aberdeen City despite this higher rate of reduction, due to having started off from a much worse position. Some of this reduction could be accounted for by the provision of alcohol services in the community, reducing the need for patients to stay in hospital to receive detox treatment. There is still a need to get people into treatment earlier and sustain them in recovery.

² Scottish Health Surveys

³ 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)



The reduction cannot be interpreted as a reduction in the numbers of people with alcohol dependence as when we look at the death rates from alcohol, they remain static. No obvious trend is seen in Central locality or in Aberdeen City.

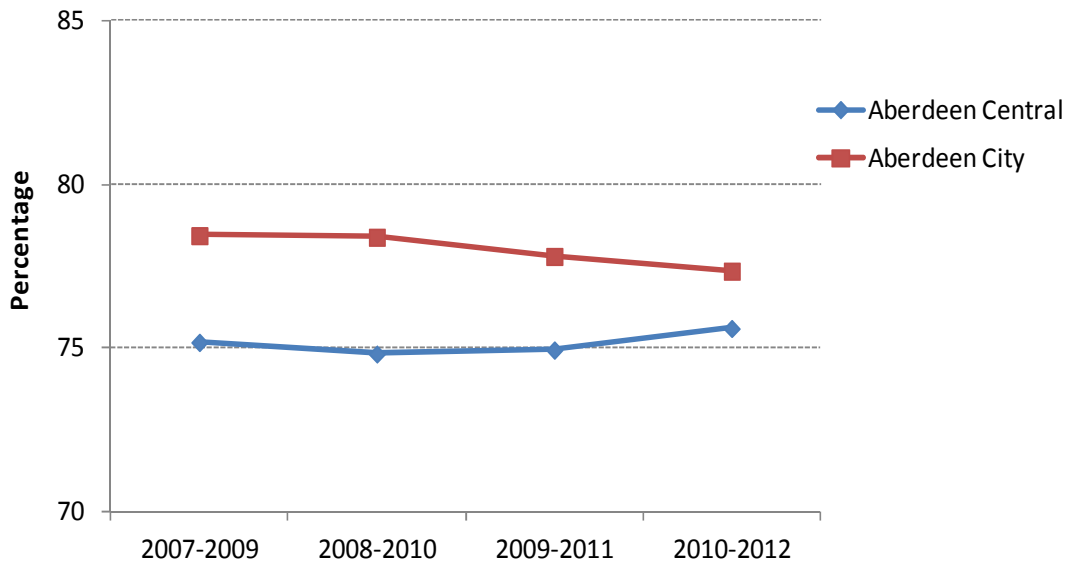


The uptake of cancer screening programs are poorer in Central locality compared to Aberdeen City, with the uptake of bowel screening being the lowest rate of all four localities. This is of particular concern given the higher rates of premature mortality from cancer seen in residents of the area. Hospitalisation rates as a result of cancer are also slightly higher than the rest of the City and could indicate that opportunities

for prevention and early diagnosis have not been realised so people are presenting at a later stage with potentially more advanced disease.

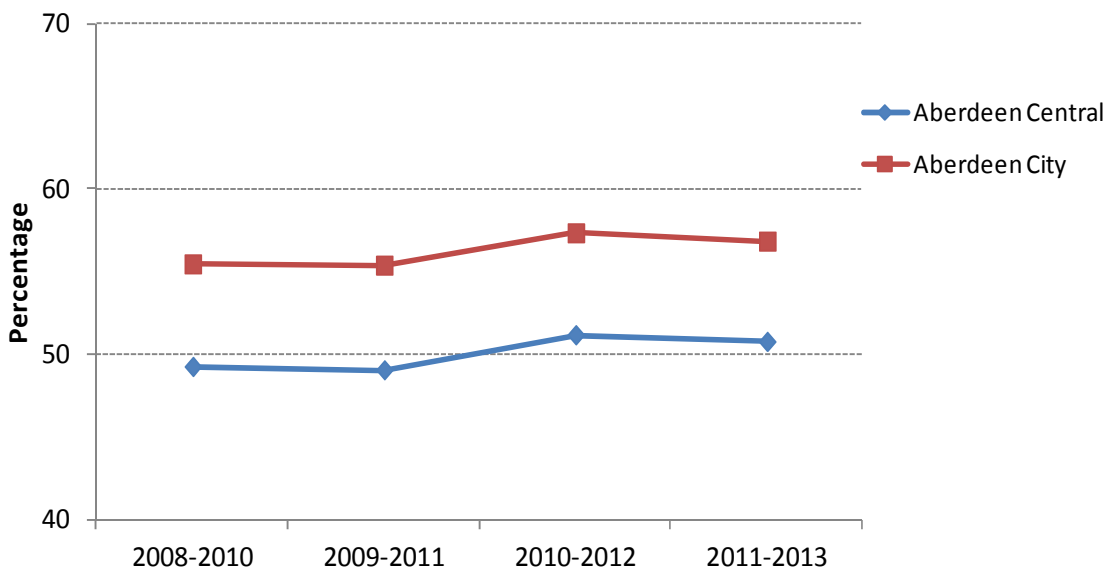
Despite the low uptake, the downward trend in breast screening uptake for post menopausal women seen in the City has not been seen in the locality.

Breast screening uptake for women aged 50 -70 years
3-year Average Number as a Percentage



Trends in bowel screening uptake show that there is an increase in people participating in the programme although there remains considerable improvement work to be done if uptake is to catch up with the rest of the City.

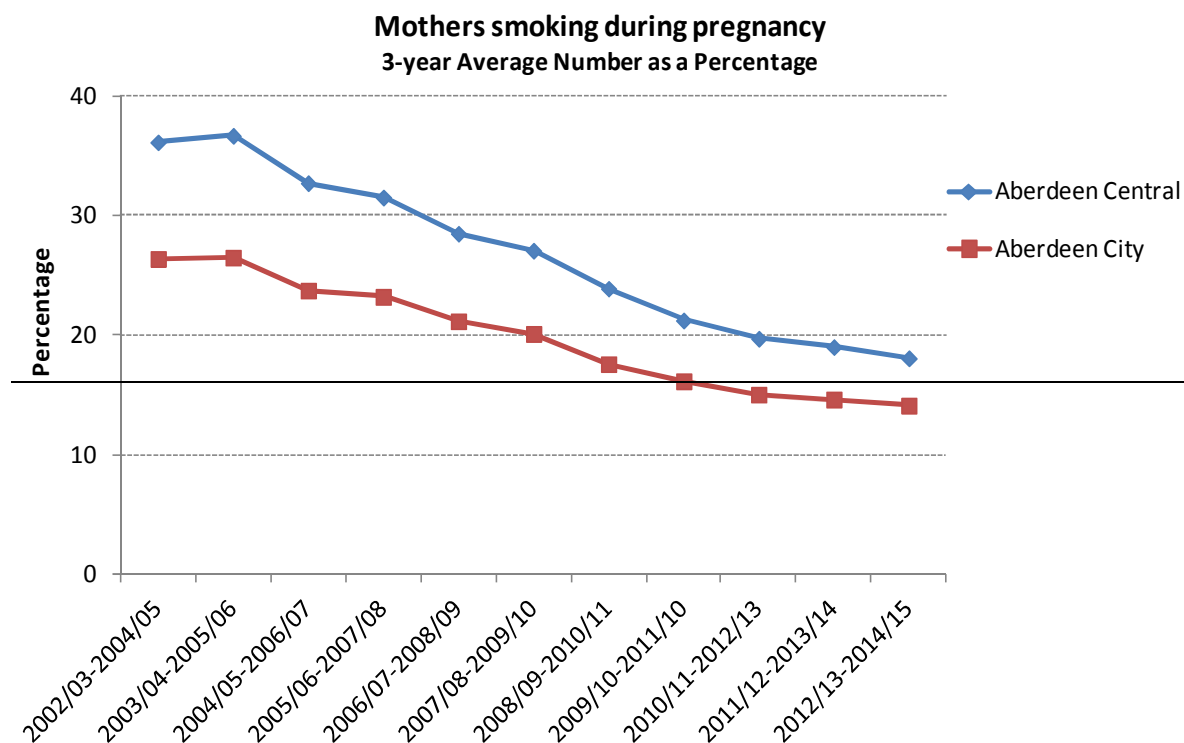
Bowel screening uptake for people aged 50-74 years
3-year Average Number of people in as a Percentage



Actions that improve the health of the next generation

Smoking in pregnancy

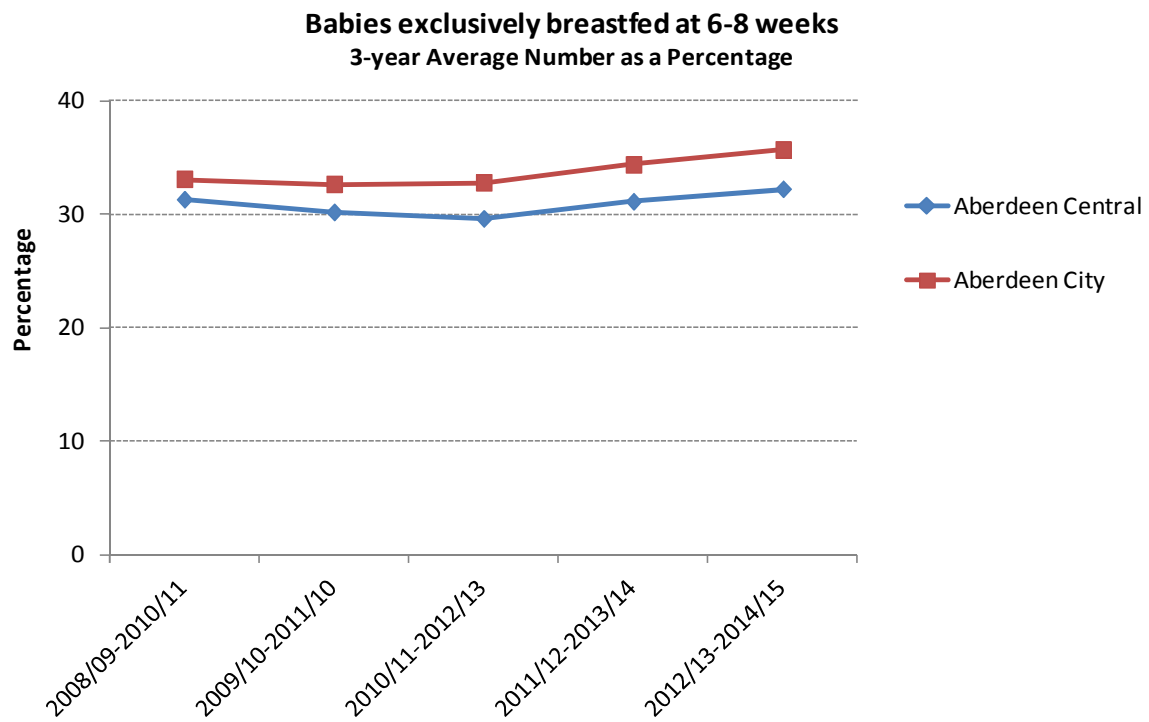
There has been a dramatic reduction in the number of women who smoke whilst pregnant in the Central locality. There has been a greater decline in this locality compared to the City, but due to the fact that smoking in pregnancy was much more common in Central locality 15 years ago, the rate remains higher than that of the City and the other three locality areas.



Reducing the prevalence of smoking in pregnancy is likely to be one of the factors that accounts for the improvements in infant health and child birthweight and indicate the potential of continued improvement in health gain.

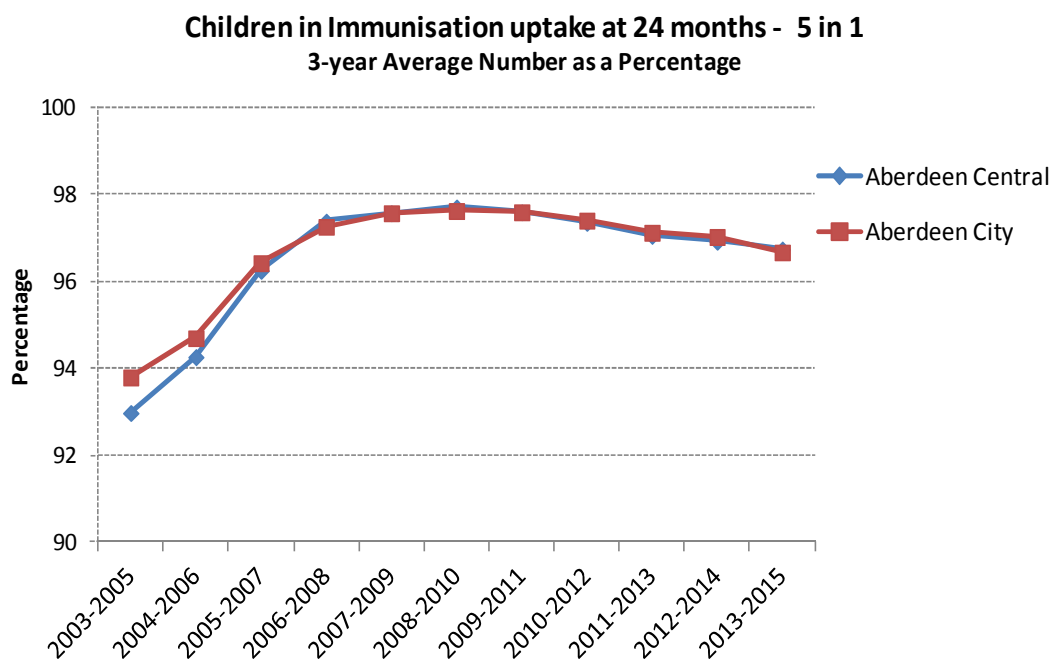
Breastfeeding

The percentage of babies exclusively breast fed in the Central locality has increased since 2010.

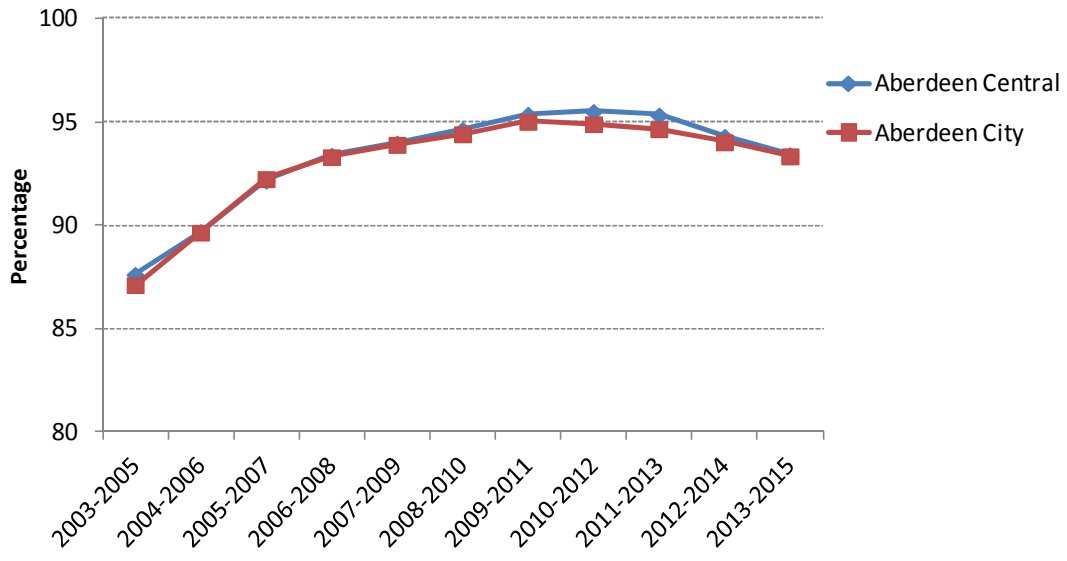


Immunisation uptake

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



Children in Immunisation uptake at 24 months - MMR Percentage

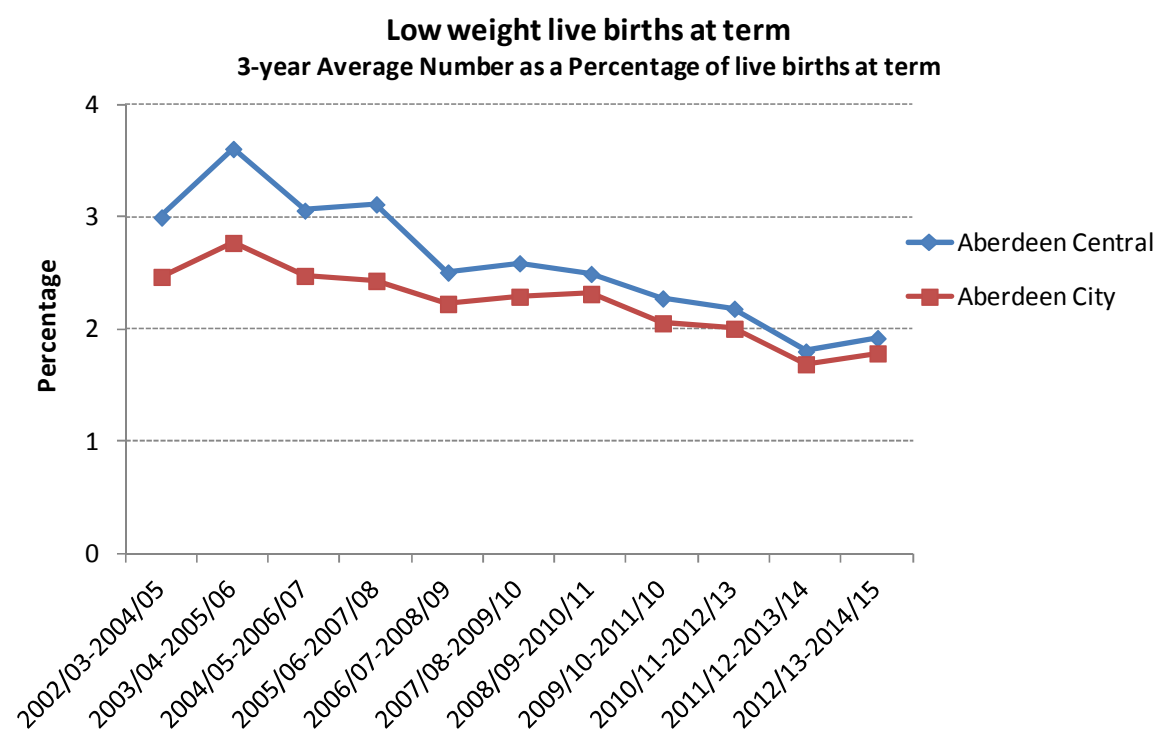


How are we? Indicators of health and wellbeing throughout the life course

Childhood

Children born with a healthy weight

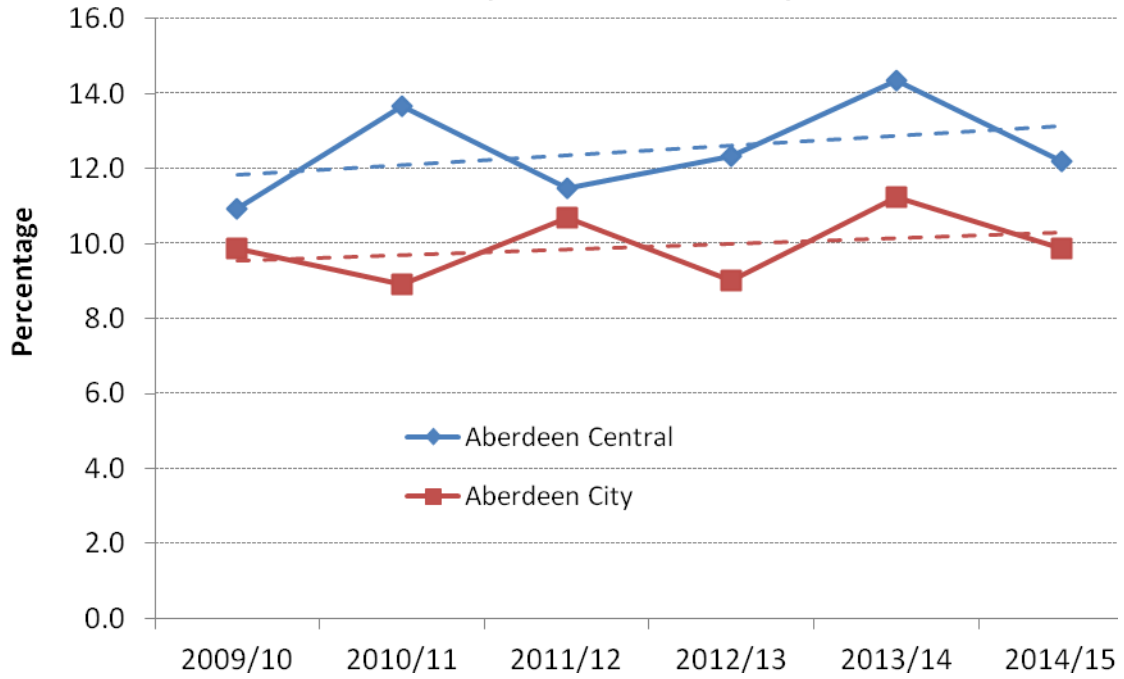
There has been a reduction in the number of children born with a low birth weight. Although there are genetic and other unavoidable factors which affect the growth of babies in the womb, key modifiable risk factors include tobacco smoke exposure, sexual health (infections and access to contraception),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



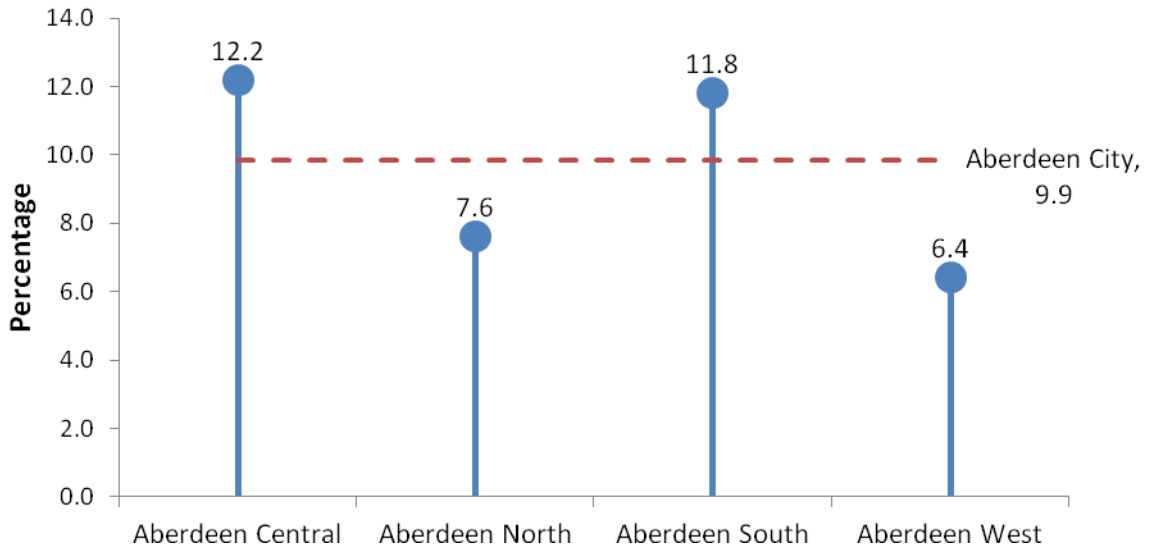
Children age five with a healthy weight

In the Central locality, the percentage of five year old children who are obese is increasing and this is happening faster in this locality compared to the city as a whole.

**Percentage of children in top 5% range for Obesity
(with linear trend lines)**



**Percentage of children in top 5% range for Obesity
(2014/15)**

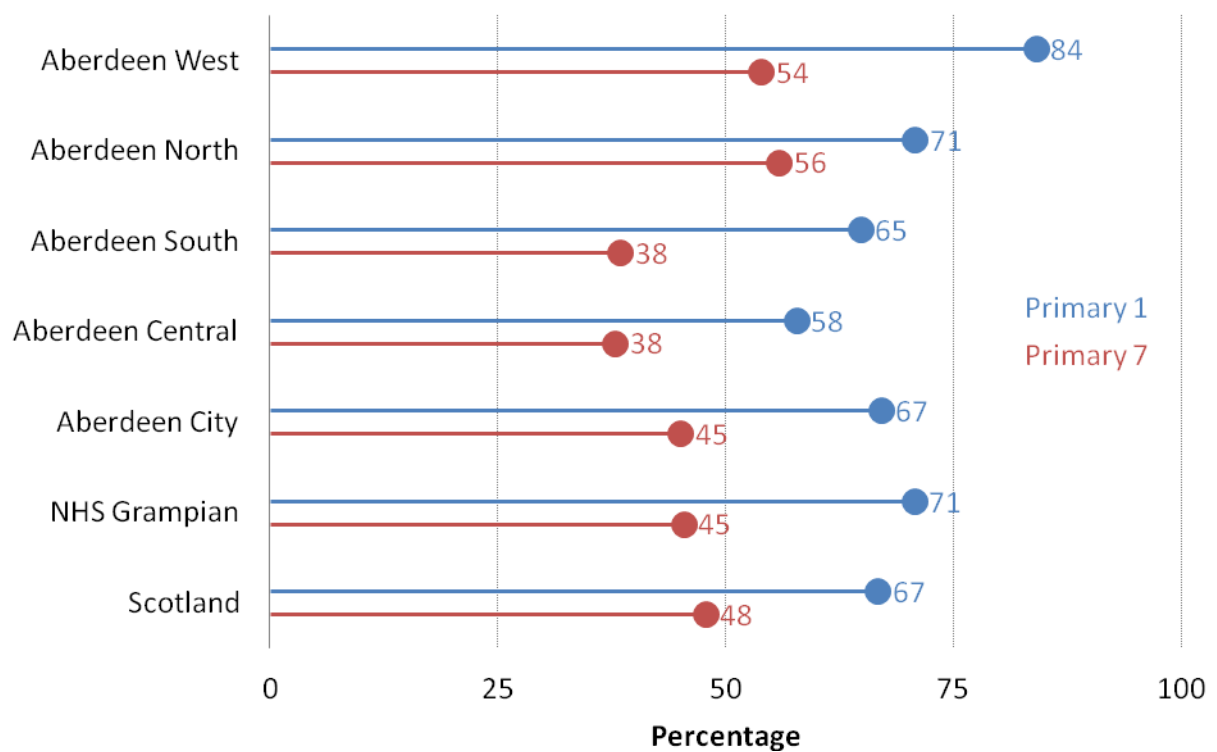


Children's dental health

Less than 60% of children had healthy teeth at the age of five (no caries, decay, missing or filled teeth) in 2013/14 which was slightly lower than the Aberdeen city average.

A snapshot of primary 7 school children in 2013/14 shows that fewer than 40% had healthy teeth (no obvious signs of decay).

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



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.^{ix} 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 disliked school, felt pressured by school work, truanted on multiple occasions or had been excluded had poorer mental health and wellbeing than those that did not.

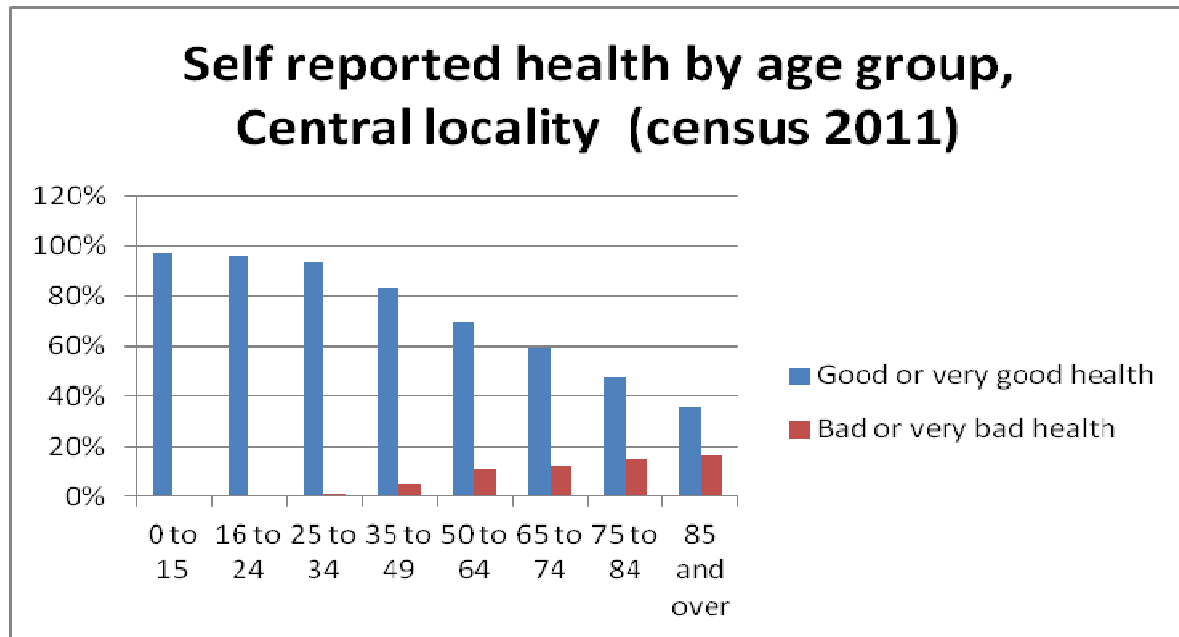
A number of activities appeared to have a protective effect against poor mental health and wellbeing although it is likely to be complex to prove direct links. Belonging to a group or club and seeing friends, doing a hobby, reading books or playing a sport at least weekly were associated with better 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 ethnicity were more likely to suffer from poor mental health and wellbeing than those from other ethnicities.

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

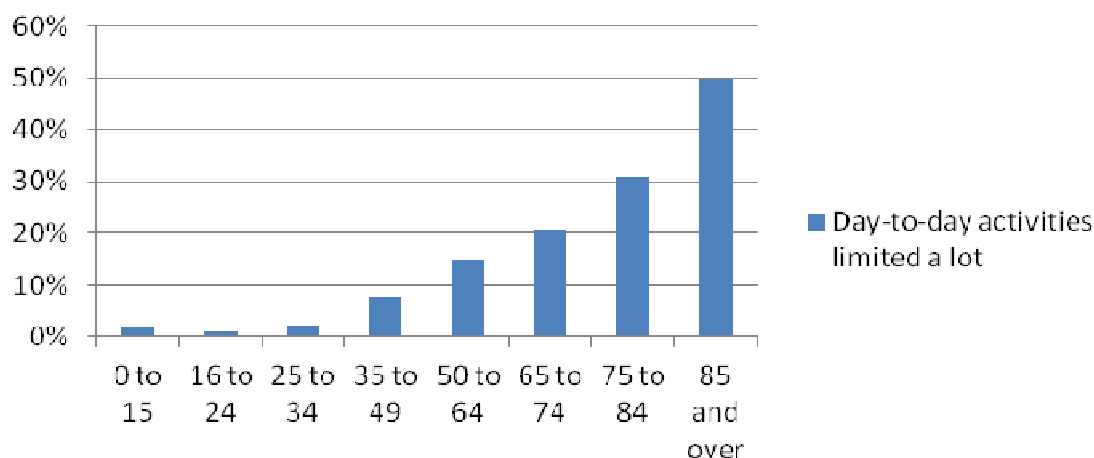
83% of people in the Central locality described themselves as being in good or very good health during the 2011 Census. The percentage of people reporting good or very good health decreases with increasing age although 42% of people over the age of 75 described their health as good or very good and a further 42% of this age group described their health as fair.



The majority (82%) of people felt their day-to-day activities were not limited by disability; 8% of people felt their day-to-day activities were limited a lot by disability which was the highest percentage of all four localities. 10% of people felt their day-to-day activities were limited a little by disability, which is marginally higher than the other three localities

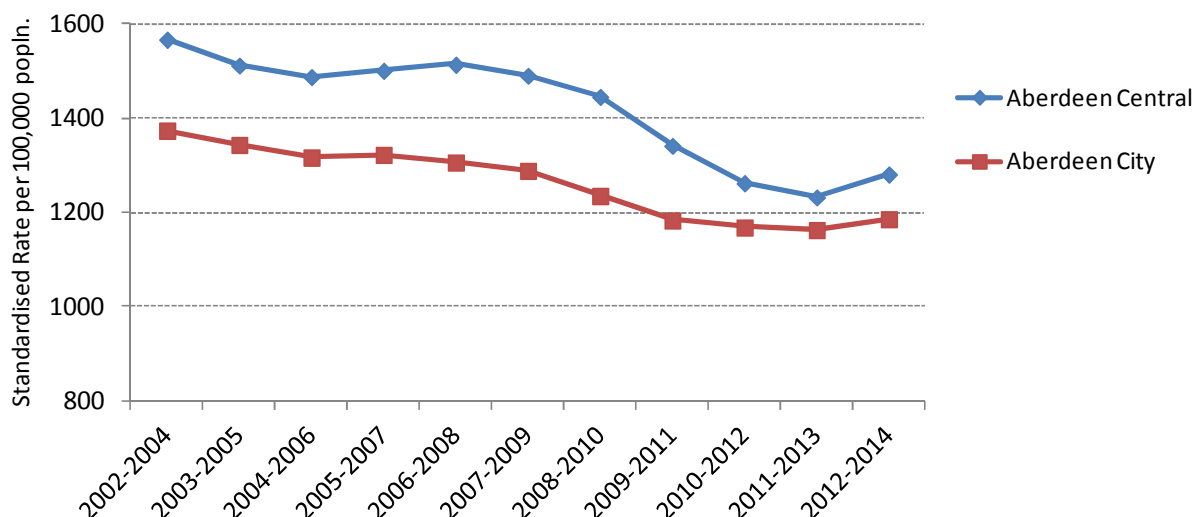
Amongst people aged 85 and over, 50% said that their lives were very limited by health conditions or disability.

Day-to-day activities limited a lot (census 2011)



Minimising avoidable ill-health and premature death

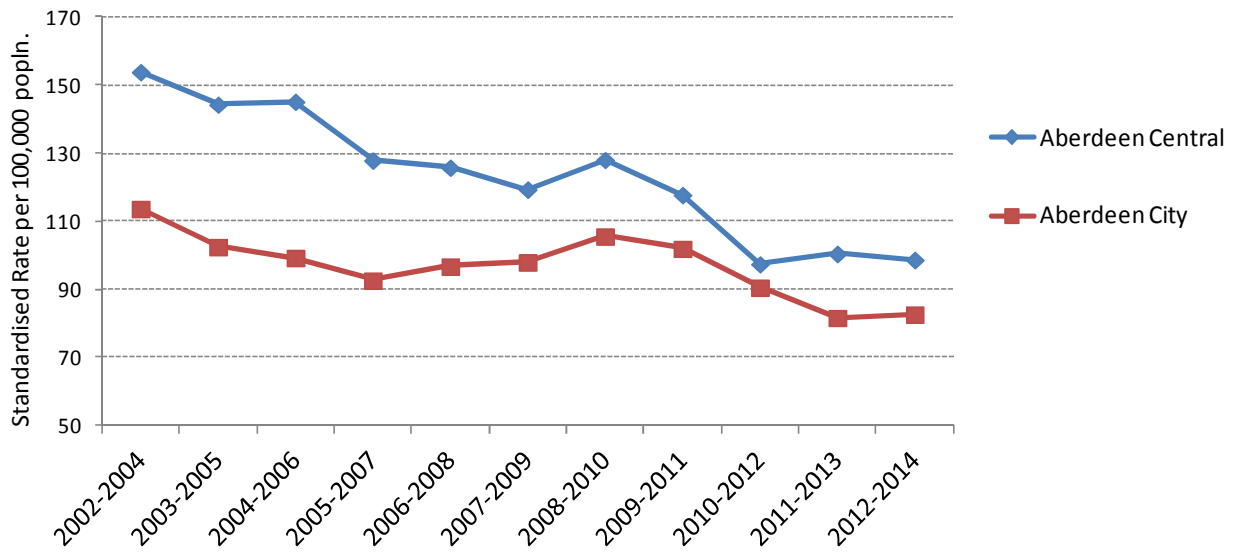
Death all ages: 3-year Average Number as a Standardised Rate per 100,000 population



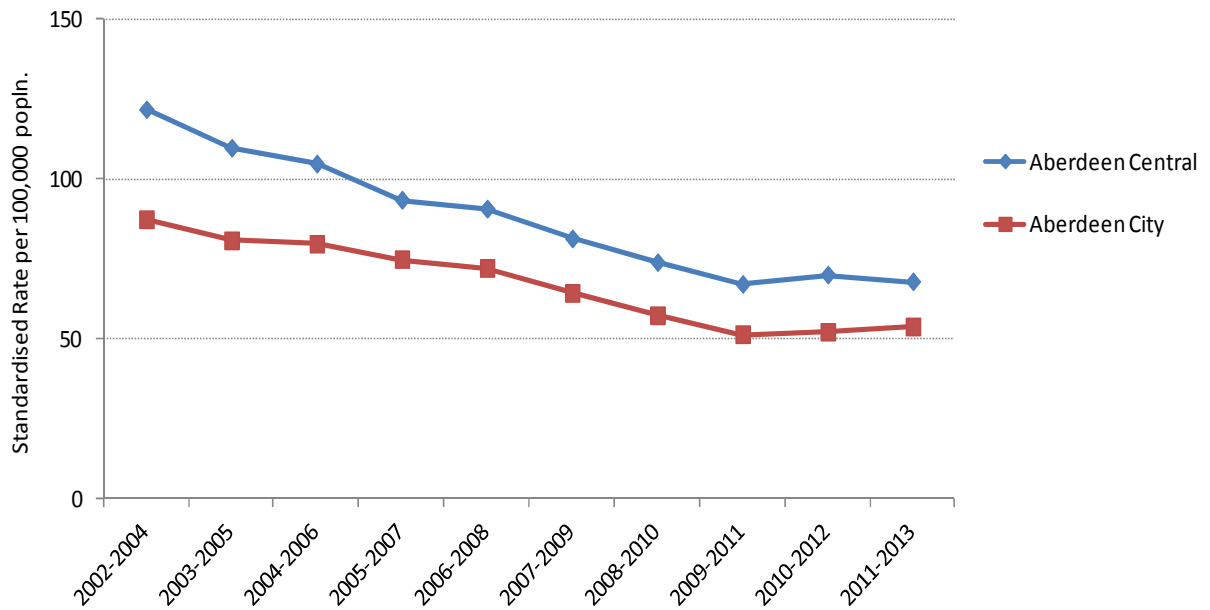
The overall mortality rate in Central locality had been reducing towards the Aberdeen average although it will be sometime before we are able to say if the upward flick for 2012-2014 continues.

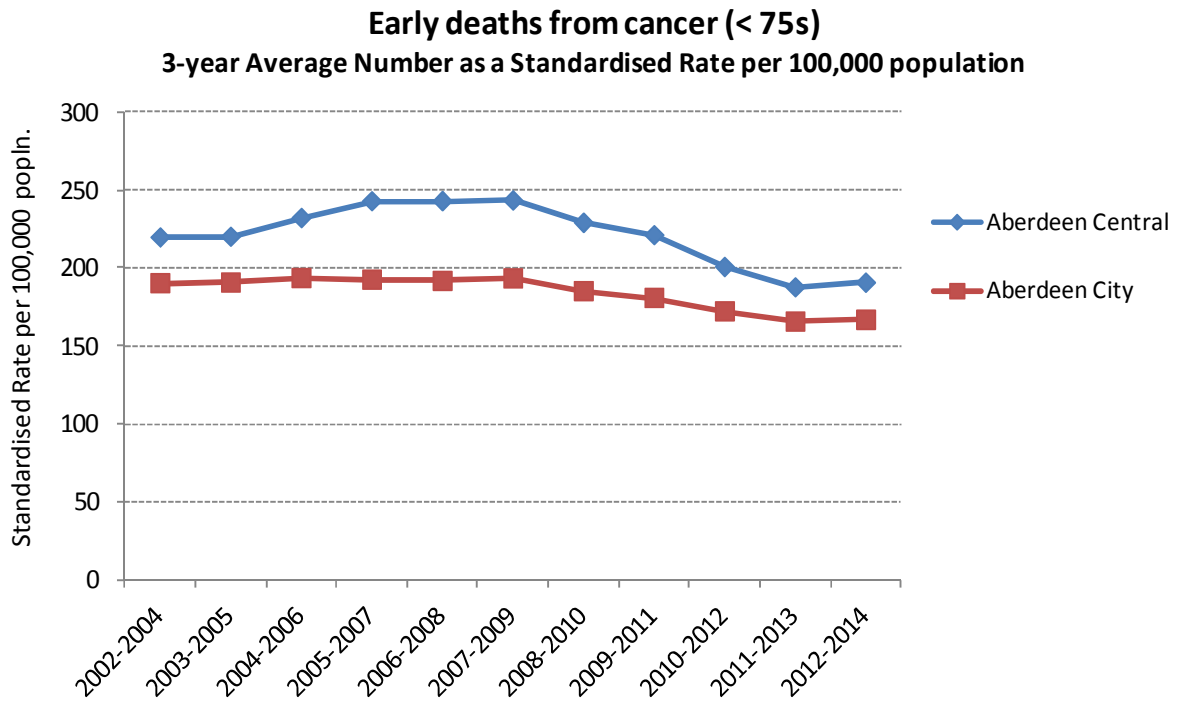
The improvements seen in the Central locality to reduce premature mortality have approached the average for the city, but not quite reached it before levelling off.

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



Early deaths from coronary heart disease (< 75s)
3-year Average Number as a Standardised Rate per 100,000 population

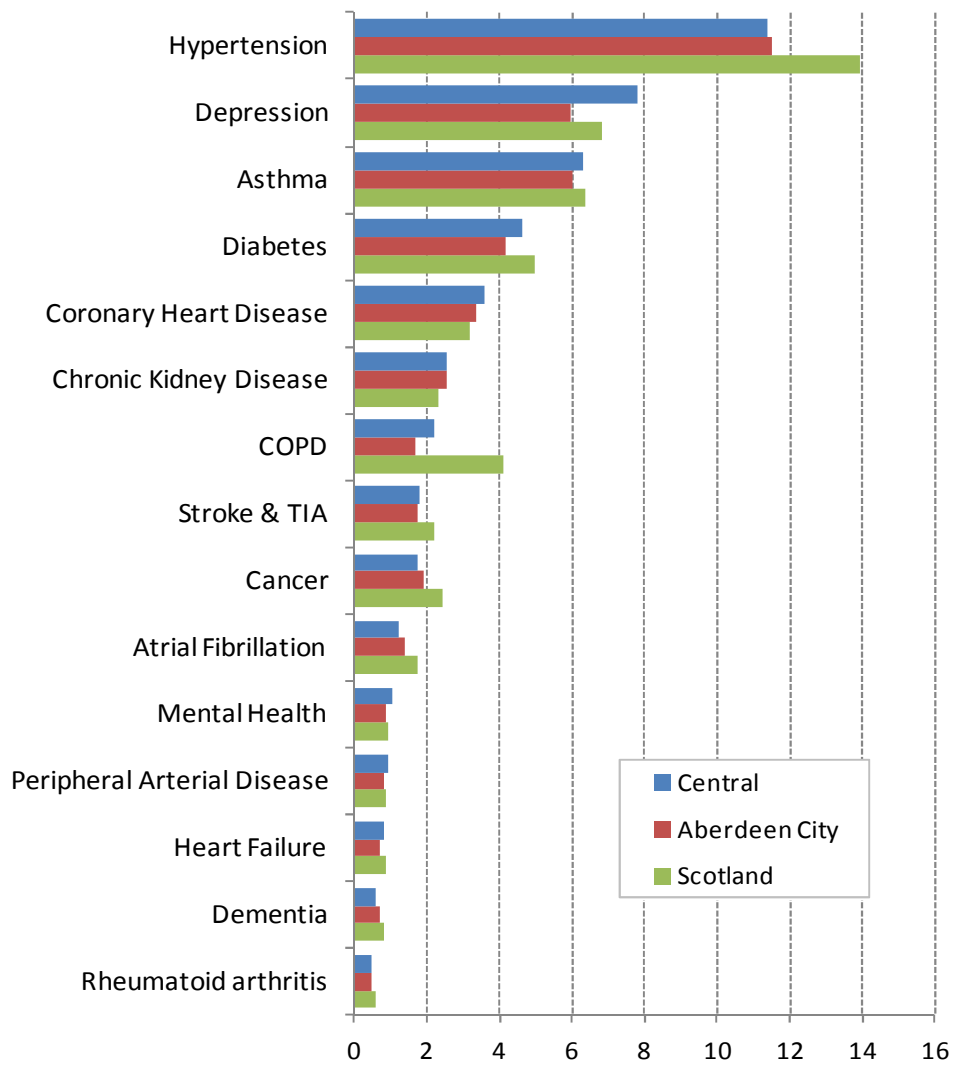




Long term conditions are now more common in the population and more people are living with more than one condition. Information on the number of people with different conditions mainly comes from our GP practice⁴ and therefore describes a picture at a point in time that is based on the number of people registered with the GP, the age makeup of the GP practice and how well each GP practice records information on specific factors. Information in the table below therefore needs to be looked at with some care. Other known conditions in the population, such as obesity and substance misuse are not presented as information may not have been recorded. The table below shows the frequency of different conditions per 100 people in Central locality as recorded in 2015/16. The most common conditions are depression, asthma and diabetes. There are nearly 8000 people on the GP register with high blood pressure which, if poorly managed could lead to heart disease and stroke.

⁴ Recorded as part of the Quality and Outcomes Framework (QoF)

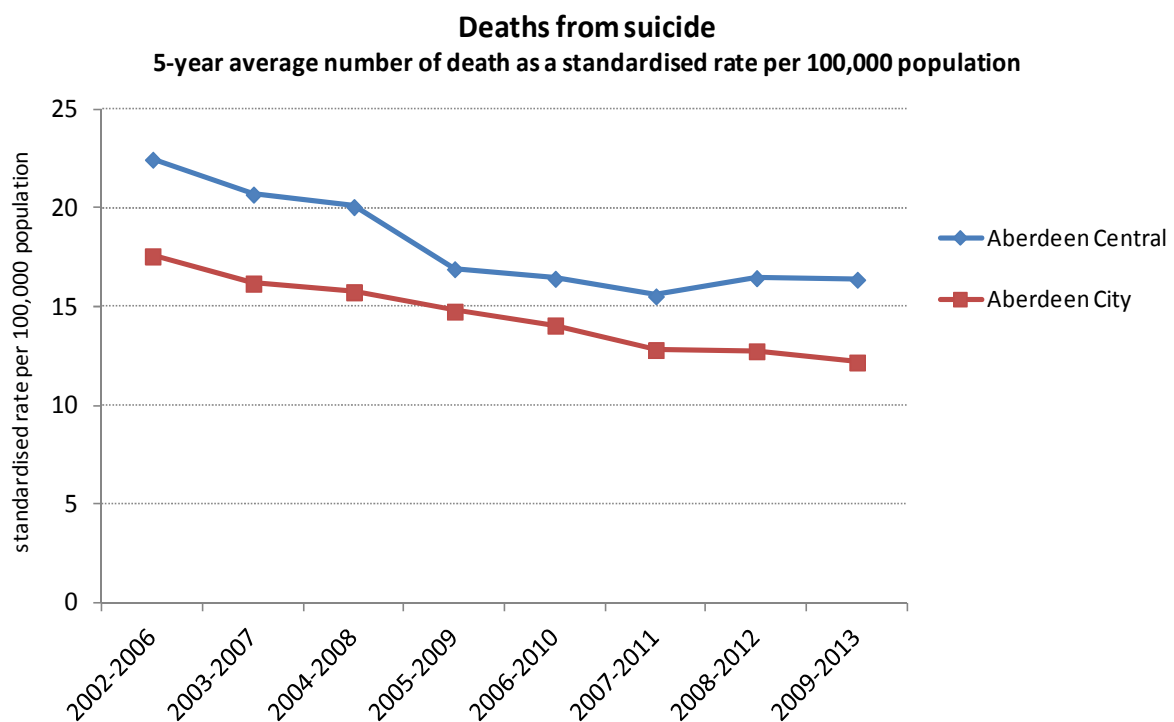
Aberdeen Central - Prevalence Rate per 100 people



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.^x 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 – 59. A higher score means more positive wellbeing and scores range from 14 to 70. This score compares favourably against the rest of Scotland.

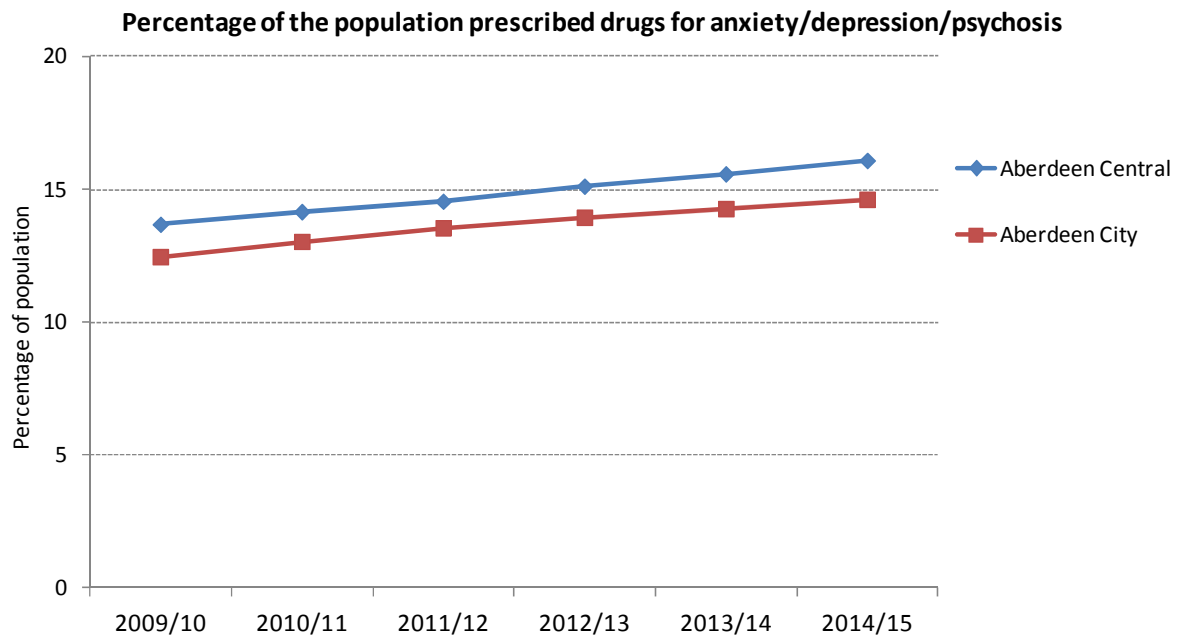
The factors found to be most strongly associated with poor mental health and wellbeing were economic inactivity, in particular the group of adults who are permanently unable to work, and a range of health-related behaviours such as physical inactivity and excessive alcohol consumption.⁵ Adults who provide unpaid care for 35 hours or more per week were also shown to have low mental wellbeing compared to those who are not in a caring role, or those who provide fewer hours of care each week. For other demographic characteristics, such as area deprivation, a weaker relationship with mental wellbeing was observed after controlling for additional factors. It is not possible to provide scores of mental wellbeing from this survey at locality level.^{xi}

Trends in suicide rates had been on a downward trajectory in Central locality although there is some indication of levelling off in recent years that has not been seen in the rest of the city.

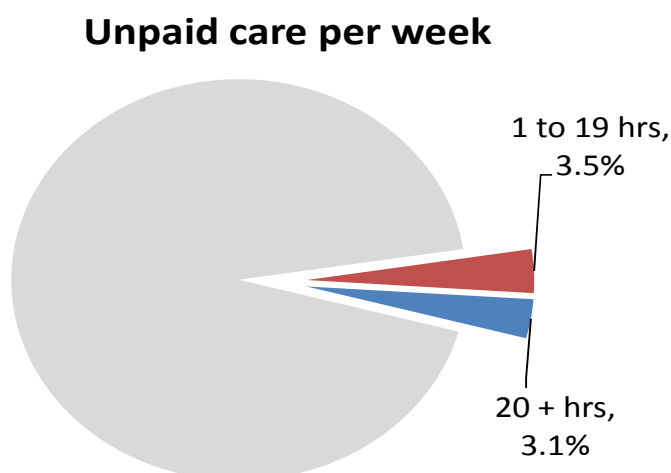


⁵ Refers to analysis conducted at Scotland wide level

The percentage of the population prescribed drugs for anxiety, depression and psychosis is the highest of all four localities in the City and shows a gradual increase since 2009/10 for both the locality and City population.



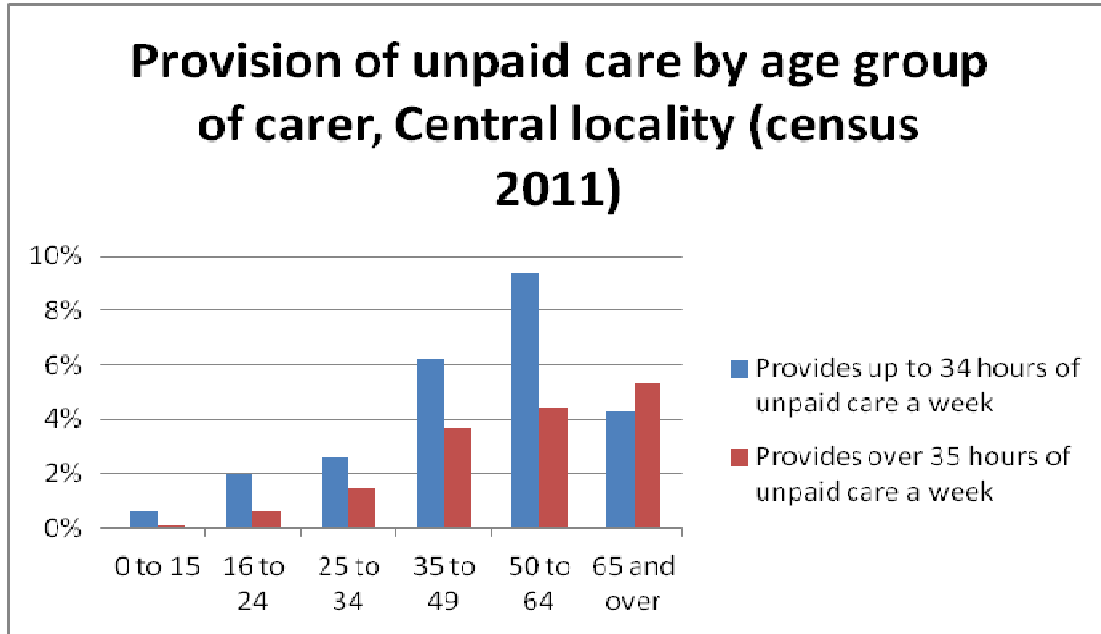
Most (93.4%) of the population in Central locality provided no unpaid care per week at the time of the 2011 Census, which is similar to the other three localities. 3.5% of people provided between 1 and 19 hours per week, which is lowest of all four localities, and 3.1% provided 20 or more hours⁶ unpaid care a week.



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

Number of people providing unpaid care, 2011 Census

Provision of care increased as people got older, the majority of people providing unpaid care were of working age.



References

- ⁱ World Health Organisation definition of health (1986) in Aberdeen City Health and Social Care Partnership (2016) Strategic Plan, 2016-19 (p 51). Available from: <http://www.aberdeencityhscp.scot/contentassets/7f34d22a48bc4d3f92471472760c5bdc/aberdeen-city-hscp-strategic-plan-2016-19.pdf>
- ⁱⁱ SIMD 2016, Aberdeen City Council Report. Available from: <http://www.gov.scot/Resource/0051/00510709.pdf>
- ⁱⁱⁱ 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> [accessed 15.05.17].
- ^{iv} From: Community Planning Aberdeen strategic assessment/locality plan for Seaton, Tillydrone and Woodside.
- ^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} 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>
- ^x 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.
- ^{xi} Scottish Government (2015) *Scottish Health Survey Topic Report: Mental Health and Wellbeing*. Available from: <http://www.gov.scot/Publications/2015/01/4163/downloads>