



Aberdeen City Health & Social Care Partnership
A caring partnership



West Locality Profile

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Contact:

Gwen Robertson
Public Health Coordinator
West Locality
Aberdeen City Health & Social Care Partnership
Great Western Medical Practice
Seafield Road
Aberdeen
AB15 7YT

Email: gwen.robertson@nhs.net

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Aberdeen City

In many ways, health in Aberdeen City and in the West locality is improving. People are living for longer. Fewer babies are lost during pregnancy and in the first few weeks of life, children are less likely to die as a result of infectious disease or accidents. The death rates of some types of heart disease and cancers are coming down.

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.

Mental wellbeing is important. 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. 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. This unequal distribution between the most and least deprived parts of the city is repeated across many areas of physical and mental health.

Aberdeen's population has been predicted to grow by 28% by 2037ⁱ. The expected growth in the under 64s (21%) is mainly in the 0-15 age group, but the biggest growth is predicted in the over 65s (49%). The age group that is expected to increase most is the 75+ age group. 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.

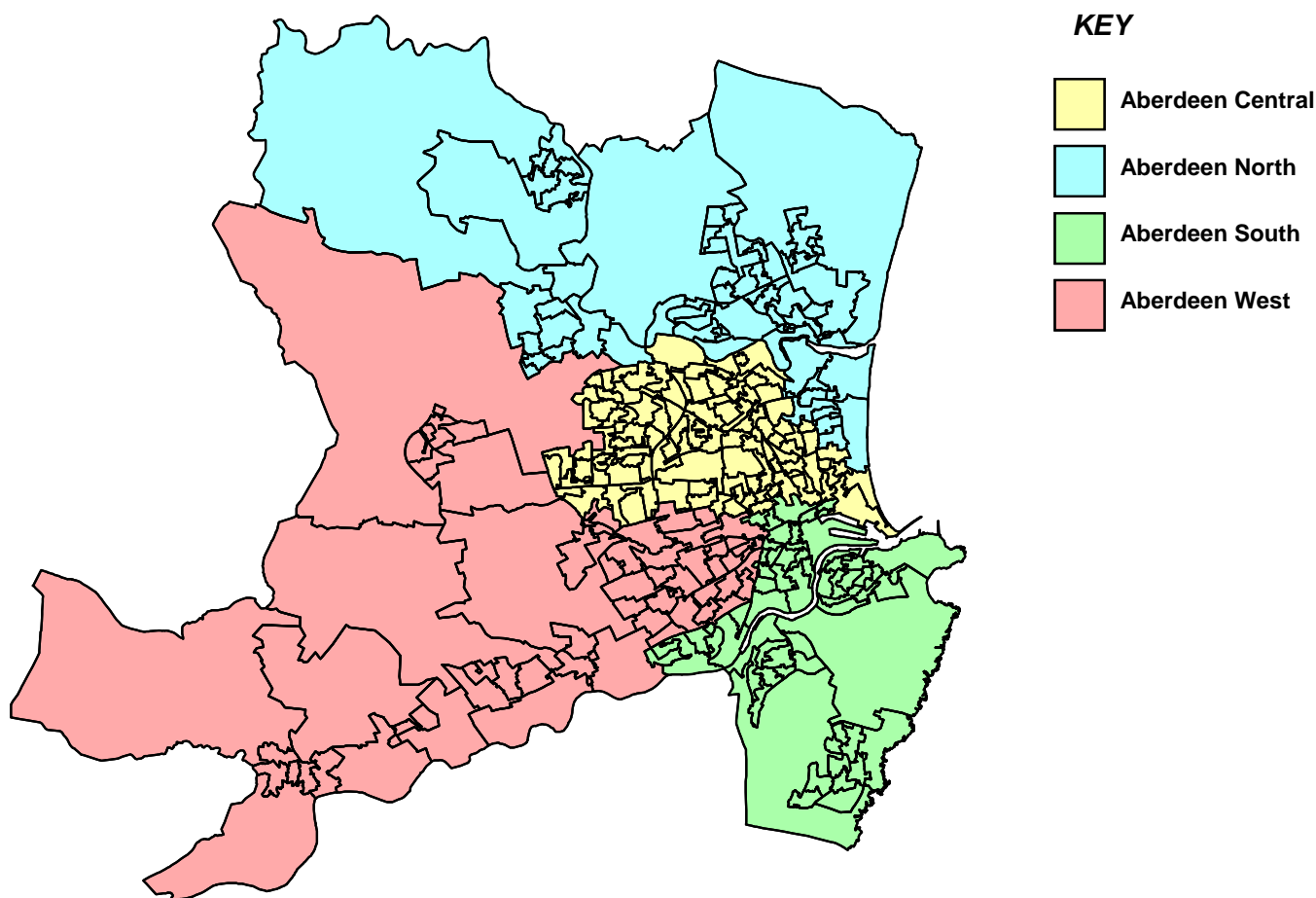
The recent economic climate, including the down turn in the oil and gas sector, has been challenging for individuals, public services, the third sector and businesses in the North East.

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 West 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:

- **West 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.

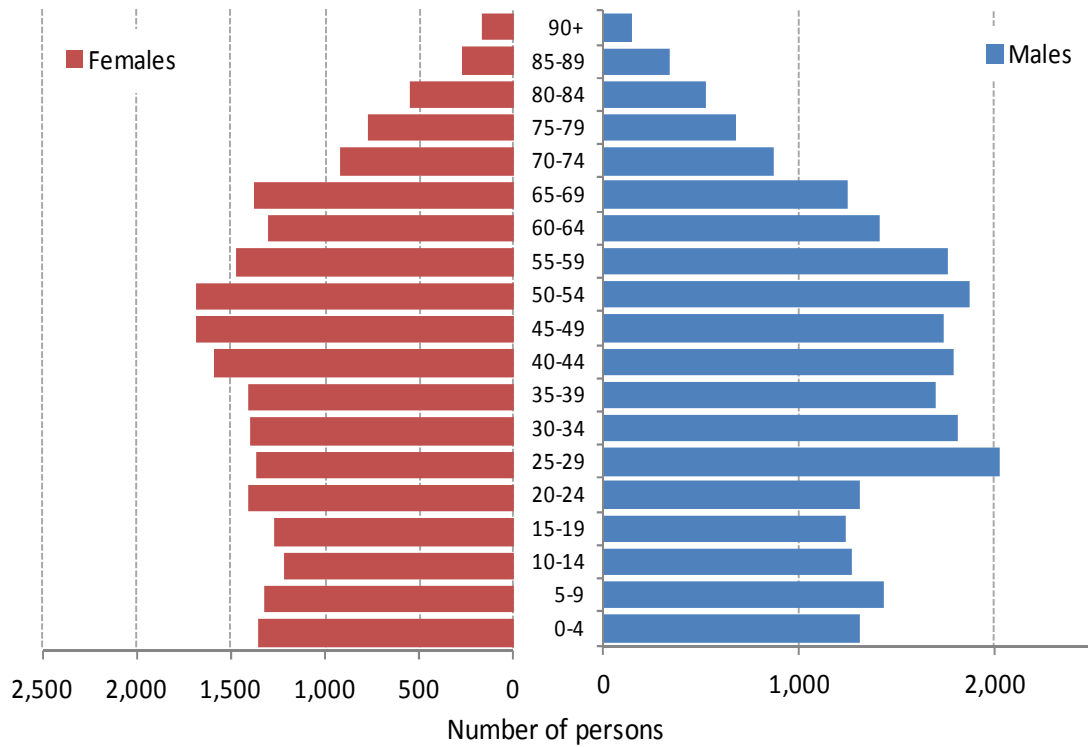
Natural and built environment that supports health and wellbeing:
Housing tenure;
Local assets;
Access to amenities.
- **Resilient people and communities**
- **Ways of Living that Improve Health**
Healthy actions;
Actions that improve the health of the next generation
- **How are we? Indicators of health and wellbeing throughout the life course**
- **Actions that improve the health of the next generation**
Childhood
Adults

West Locality

West locality covers the suburbs of Kingswells, Hazlehead, Lower Deeside (Peterculter, Cults, Milltimber, Bielside and Mannofield) as well as the West End (Queens Road and Great Western Road) of Aberdeen city centre. Many of the areas retain a village feel about them and strong sense of identity whilst situated a few miles West of the City Centre. A number of the communities within the locality border Aberdeenshire, many en route to Royal Deeside. In addition, there are many scenic attributes including distinctive granite buildings and popular green spaces such as Hazlehead Park, Deeside Golf Club and the Deeside Line (alongside the River Dee). The locality has a vast range of housing from multi-million pound properties to residential tower blocks. Many of the areas such as Kingswells have expanded since the 1980s due to the boom in oil and gas and continue to show growth and provide a hub in the energy sector with commercial and housing developments. West locality is serviced by a number of amenities including retail outlets, community and sports centres, places of worship, GP practices and schools including the International School of Aberdeen and Camphill (Rudolf Steiner School for children and young people with special needs). The infrastructure across the area is changing with the development of the Aberdeen Western Peripheral Route which aims to provide commuters with improved access within and out with Aberdeen.

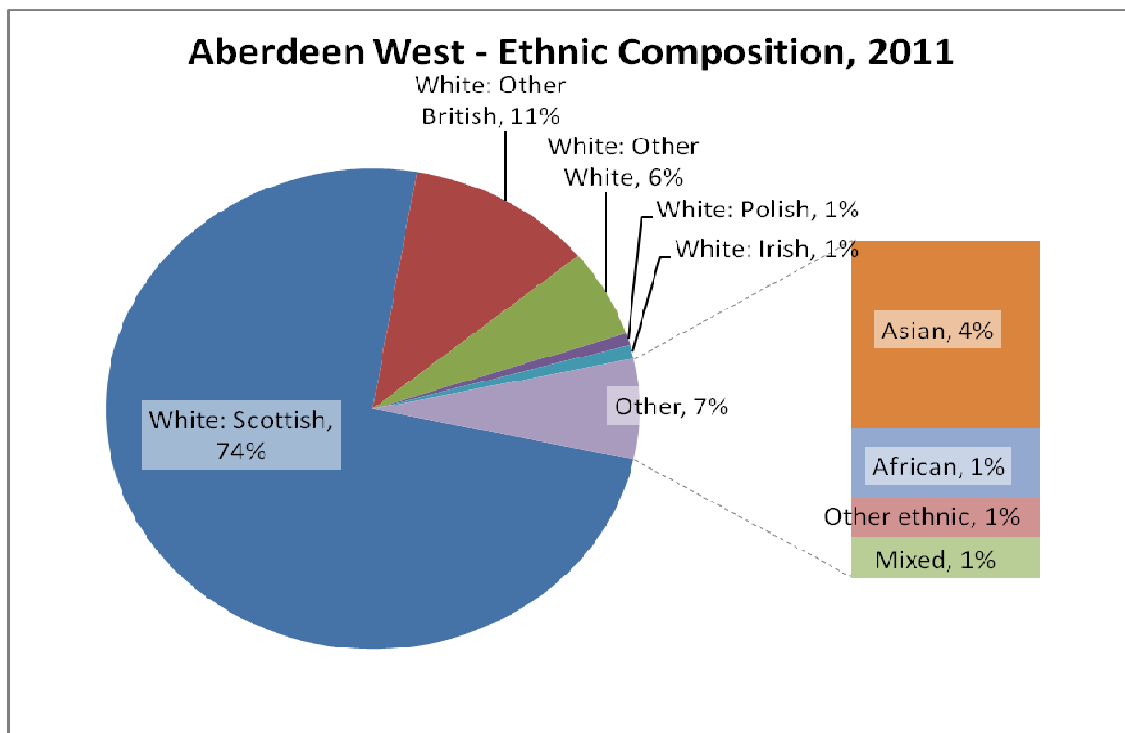
Who lives here?

The picture of the population below shows the number and percentage of persons in 5 year age bands by gender for West locality compared to Aberdeen City. The population of West locality is 48,000 with a gender split of 52.1% males and 47.9% females. The highest percentage of the population in West locality is the 45-59 year old age group (21.7%). There are 4 adults of working age (16-64 years) for every person aged 65 and over living in the West locality. Almost a fifth (18%) of the locality population is aged between 0 to 15 years and three quarters (77%) are under the age of 60 years.



Number of people by five year age band and gender for Aberdeen West (National Records for Scotland, 2015)

The majority (85%) of the people living in West locality are of white: Scottish or other British ethnic group but West has a diverse population as shown below.

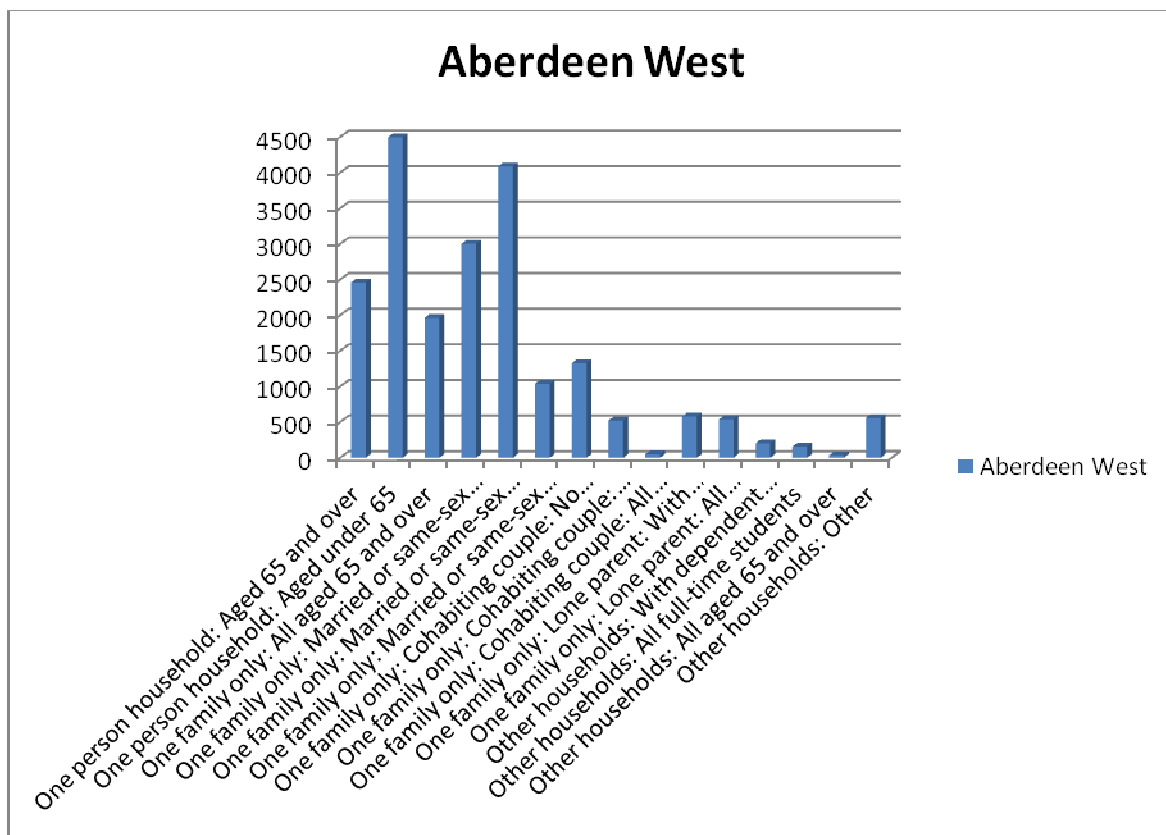


Number of people by ethnic group living in West locality (total of 47,648), 2011 Census.

At the same time 1.3% of people aged 3 and over did not speak English well/at all and 11.4% of people spoke a language other than English at home.¹ A very small (0.1%) proportion of the population spoke no English at all, at the time of the 2011 Census.

Household size

West locality had 21,029 households at the time of the 2011 Census which was a fifth of all households in Aberdeen (20.3%). Households were mainly one family with or without dependent children (62.4%); 21.3% of households were one person, aged 65 years and under and 11.6% were one person households aged 65 years and over.



Household type and numbers in West Locality; 2011 Census

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

Living conditions that support and contribute to health

Families and individuals have the resources for wellbeing

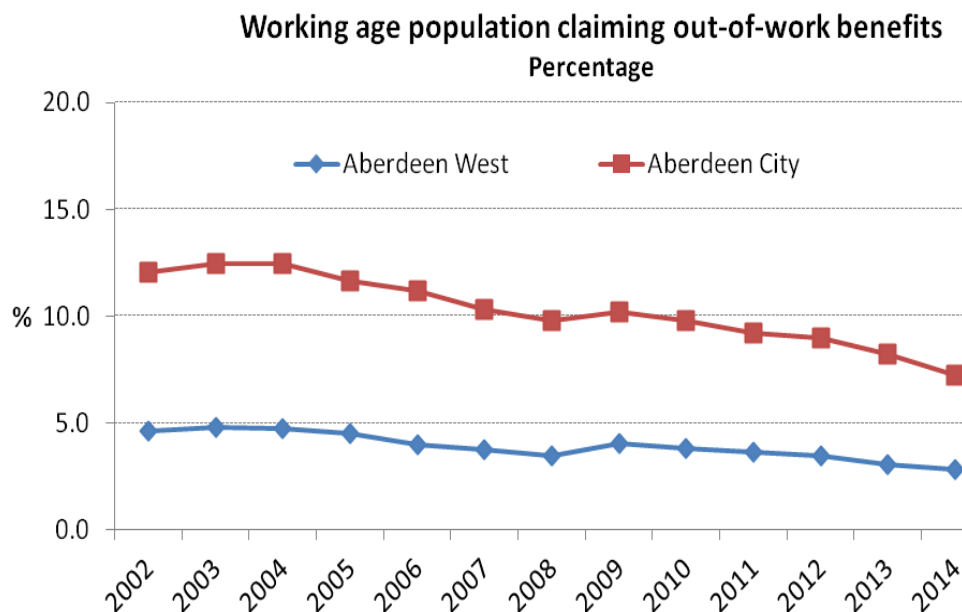
Education

The West locality scores highly in terms of attendance at school and educational attainment in comparison with the rest of Scotland, according to the Scottish Index of Multiple Deprivation (SIMD), 2016.

Employment and Income

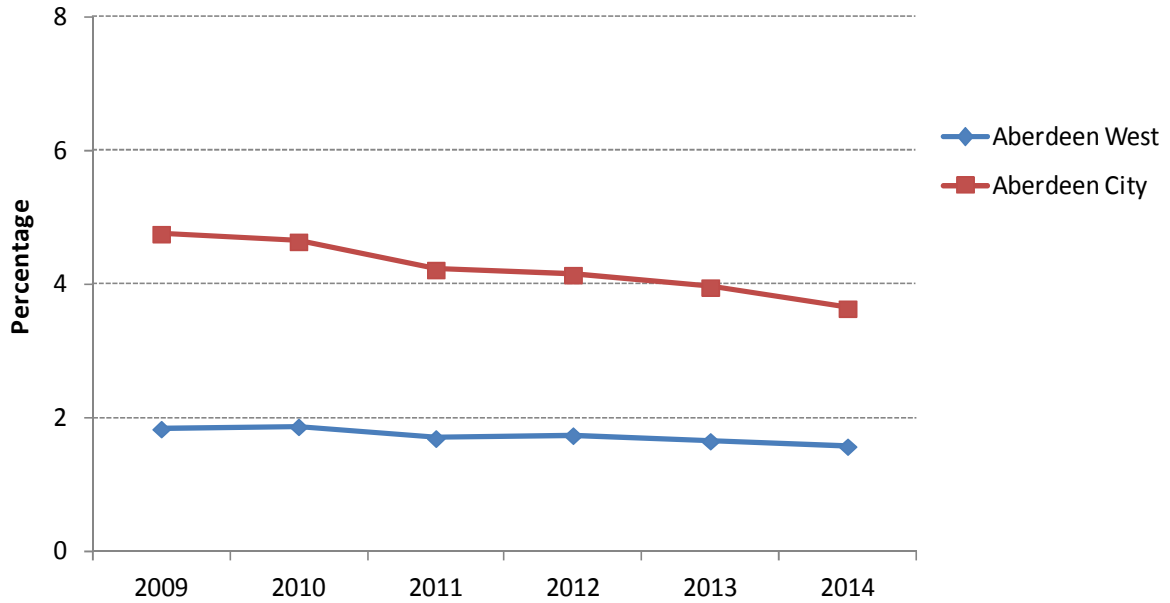
The number of people claiming out of work benefits has decreased in the West locality between 2002 to 2014. Figures are not available to ascertain the impact of the most recent events in the oil and gas sector on people living in the West locality.

Eligibility criteria for out of work benefits, savings thresholds etc may mask the impact and do not give an indication of whether people are able to afford everyday goods and activities.



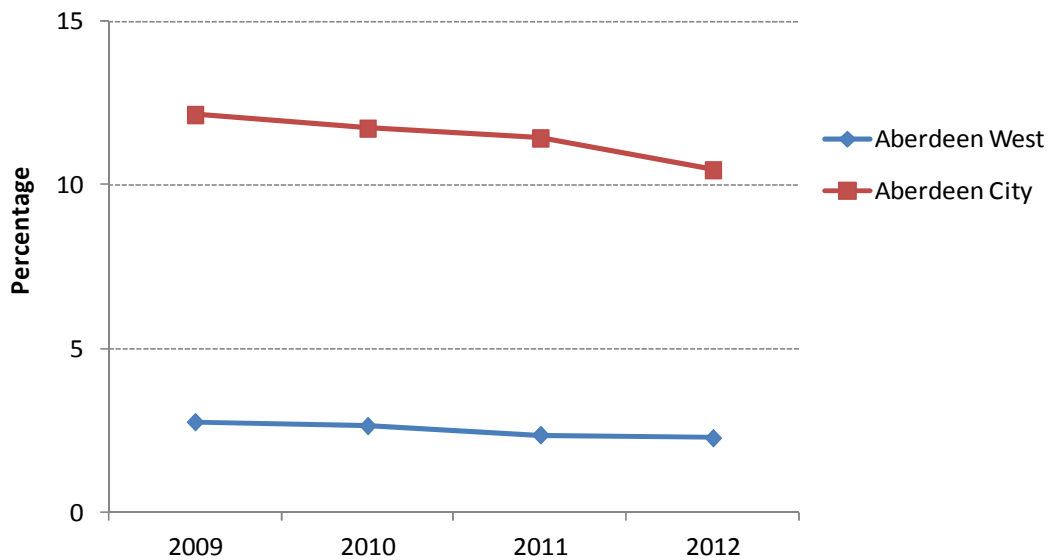
The percentage of adults claiming incapacity benefit/severe disability living allowance in Aberdeen West has decreased very slightly between 2009 and 2014 but remained lower than the rate for Aberdeen City over the period.

Adults claiming incapacity benefit/severe disability allowance
Percentage



The percentage of children living in poverty (below) in Aberdeen West has remained consistently and considerably lower than the rate for Aberdeen City between 2009 and 2012.

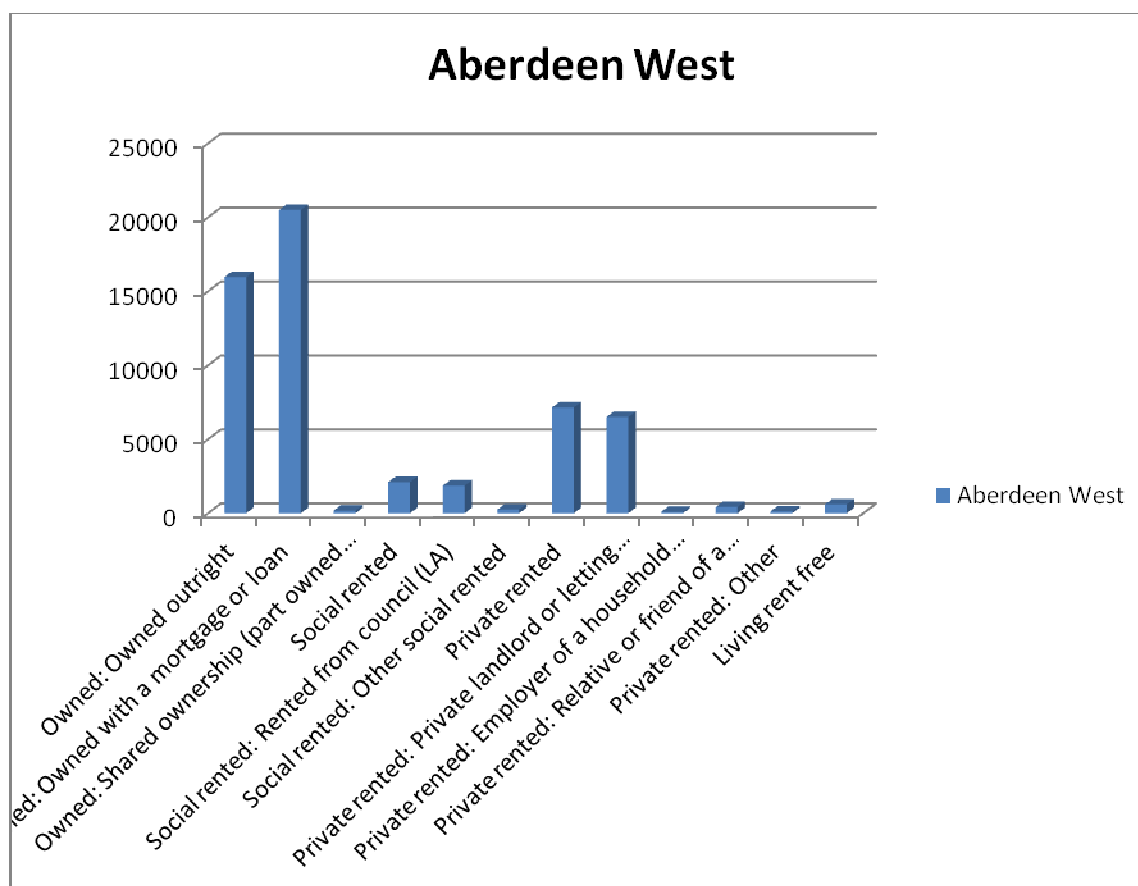
Percentage of children living in poverty



Natural and built environment that supports health and wellbeing

Housing tenure

Over two-thirds (77%) of people lived in households where the property was owned by one or more members of the household at the time of the 2011 Census, either outright or with a mortgage or loan.



Number of people tenure of household, 2011 Census

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.ⁱⁱ

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. 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.

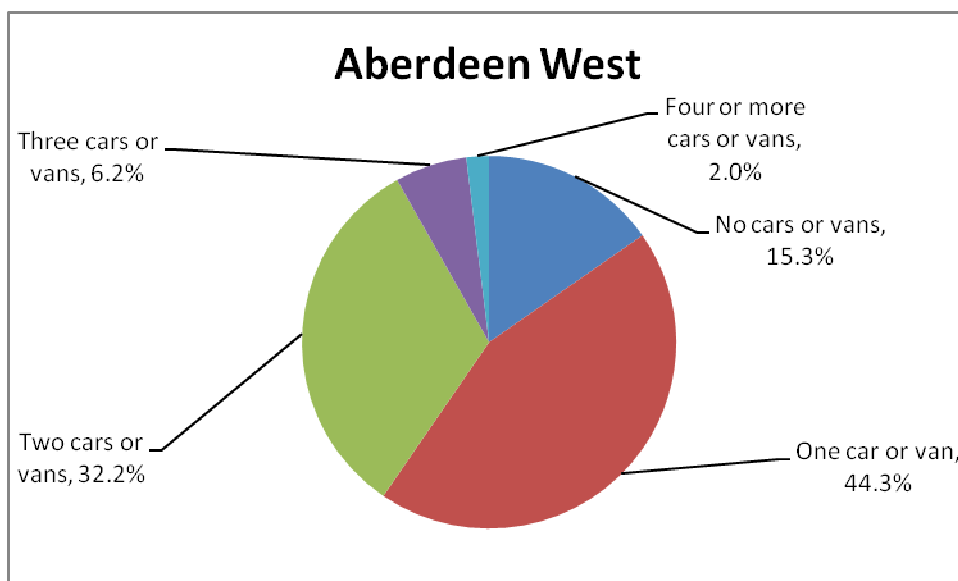
Physical Assets in West Locality

Category	Asset	Total Number
Health Services	GP Practices	7
	Community Pharmacies	10
	Health Centres	1
	Opticians	3
	Dental Practices	11
Social Care/ Housing	Care Homes – Older People	13
	Accommodation – People with Learning Disabilities	3
	Amenity Housing	1
	Sheltered Housing	1
	Very Sheltered Housing	1
Community	Community Centres and Village Halls	7
	Sport and Leisure Facilities	7
	Libraries	3
	Places of Worship	14
Education	Primary Schools	7
	Secondary Schools	3
	Additional Support Needs	1

Access to local amenities

Despite its location close to a large city, there are small areas ranging from 520-920 people in the West Locality that are in the 20% most 'access deprived' to essential amenities.ⁱⁱⁱ '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 These small areas form part of Peterculter, Kingswells, Cults, Milltimber, Bielside and Hazlehead. This doesn't mean that everyone living in these areas is 'deprived' of access to essential amenities.

According to the 2011 Census 15.3% of households in the locality had no access to car/van, which is lowest among the four localities.



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

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.^{iv}

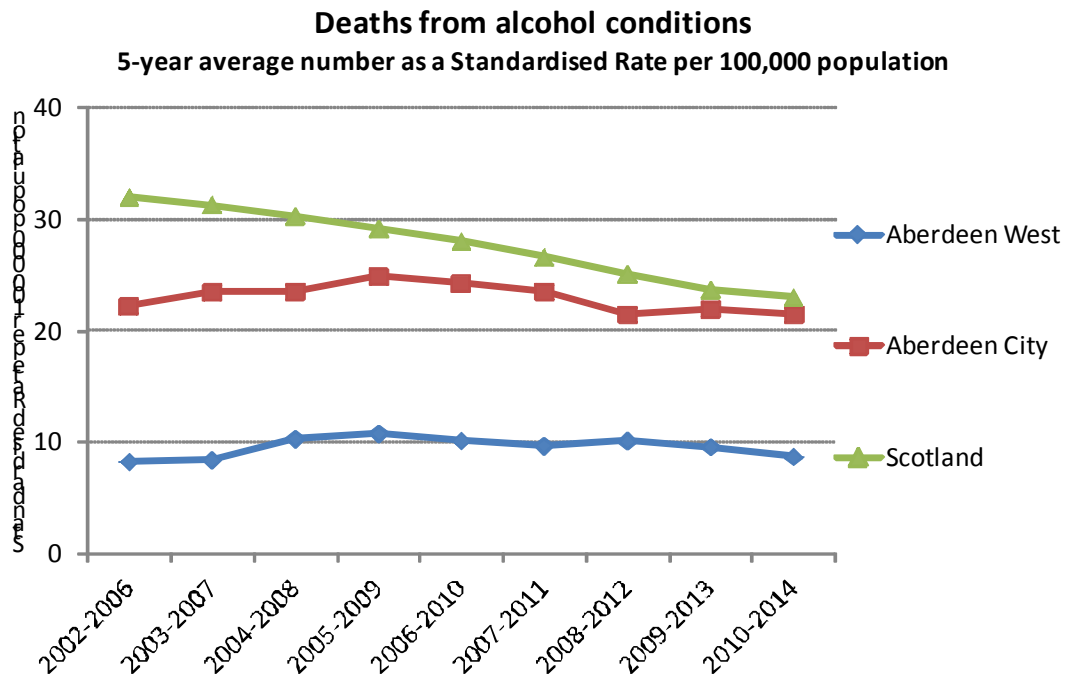
Just now we have a picture of peoples health and circumstances across the lifespan, as this profile shows, as well as some of the resources and conditions people have to help them grow up well, live well, keep well and age well as independently as possible. For us to flourish in the face of change, support 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.

Ways of living that improve health

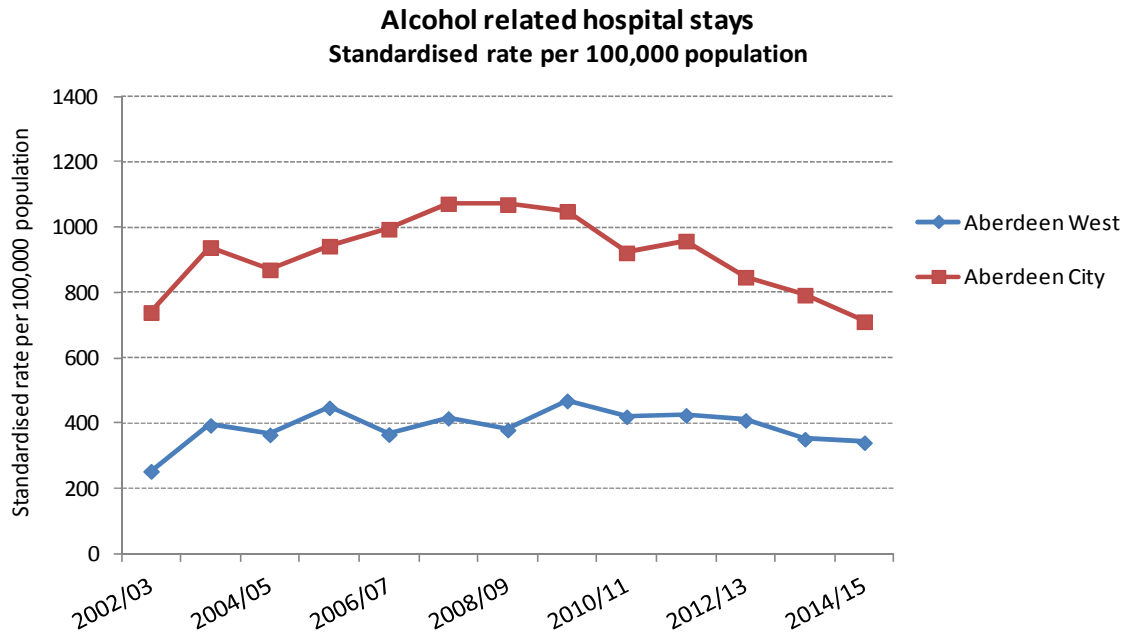
Healthy actions

Estimates of physical activity, smoking, alcohol consumption, healthy diets etc are conducted by surveys for which results are only available at a city wide level. 1 in 3 men and 1 in 5 women 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.

Death rates from alcohol related conditions, although lower than the Aberdeen City average has remained unchanged since 2002. This is in contrast to the rest of Scotland which has seen a steady decrease over the same period.



Hospital stays that are wholly related to alcohol consumption have risen slightly between 2002/03 and 2014/15 in contrast to an overall slight drop for Aberdeen during the same period.



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 regular² physical exercise.

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

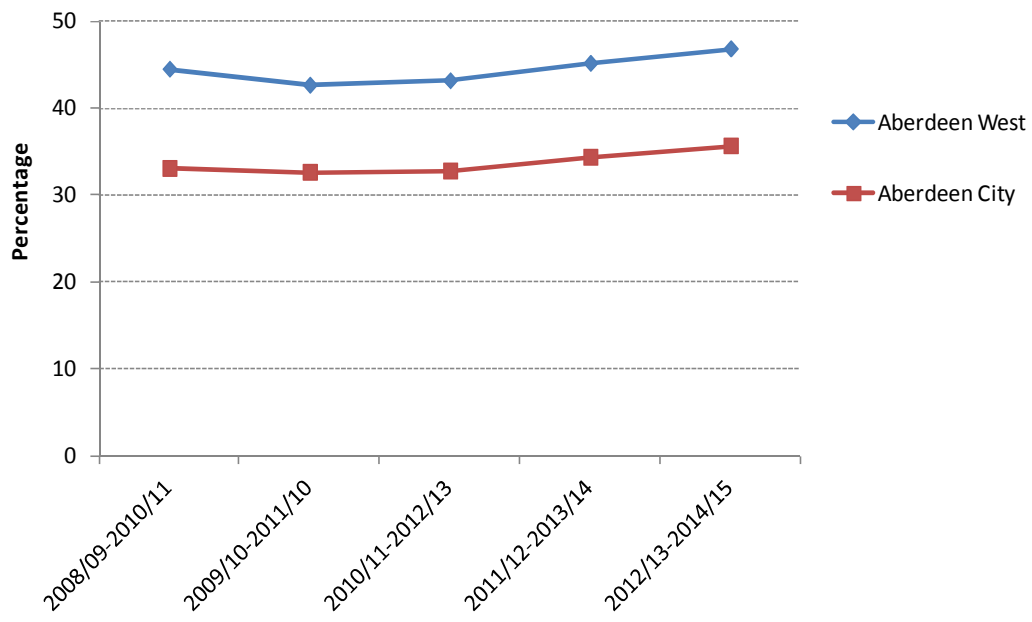
The number of mothers smoking when pregnant in West Locality decreased since 2002; however, levels have remained relatively unchanged since 2008.

Breastfeeding

The number of babies exclusively breastfed at 6-8 weeks has increased slowly but steadily in West locality since 2009 to reach just under half.

² 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)

Babies exclusively breastfed at 6-8 weeks
3-year Average Number as a Percentage

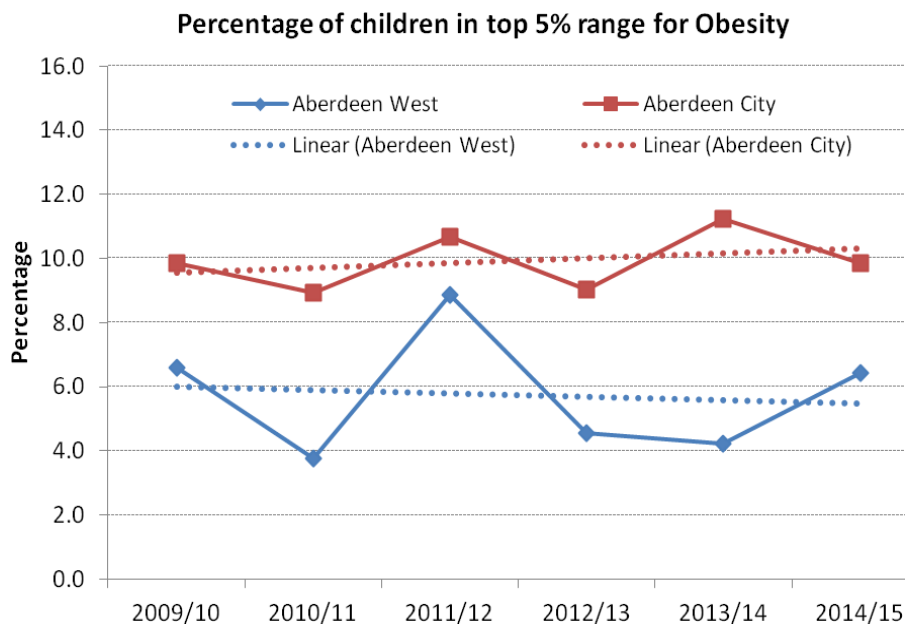


How are we? Indicators of health and wellbeing throughout the life course.

Childhood

Children age five with a healthy weight

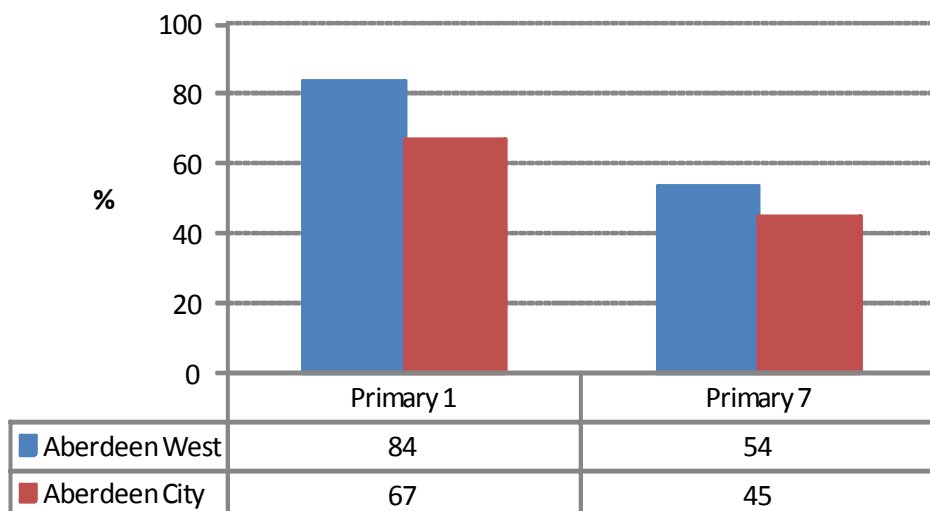
The West locality has the lowest percentage of children classed as obese on entry to primary school out of all the areas in Aberdeen. Since 2009 the linear trend in childhood obesity in the West Locality has been doing downwards, a trend that we would wish to see continuing.



Children's dental health

Children in West locality tend to have good oral health at the age of five. A snapshot of primary 7 school children in 2013/14 shows that only half had healthy teeth (no obvious signs of decay).

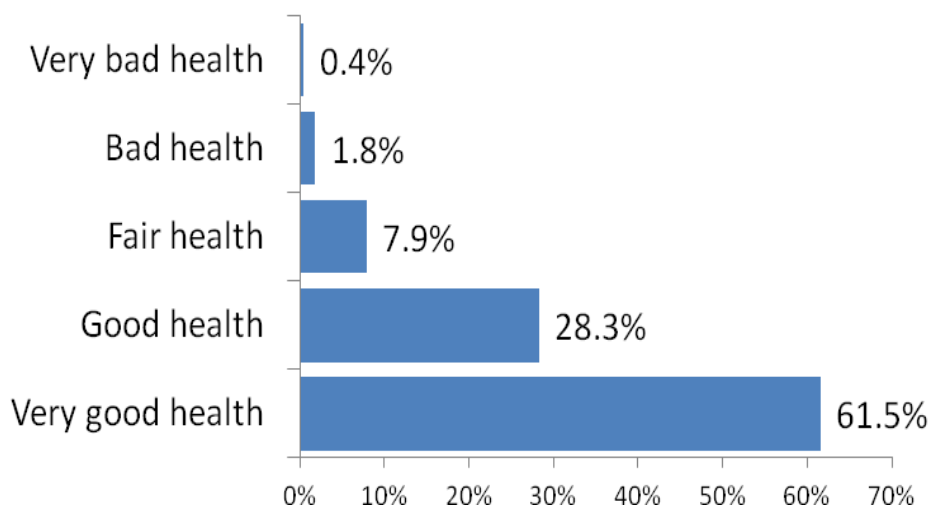
Children Low Risk Dental Health Academic Year 2013/14



Adults

Over half (61.5%) of people in the West locality described themselves as being in very good health during the 2011 Census. The majority (86.5%) of people felt their day-to-day activities were not limited by disability; 5.3% of people felt their day-to-day activities were limited a lot by disability which was the lowest percentage of all four localities. 8.2% of people felt their day-to-day activities were limited a little by disability

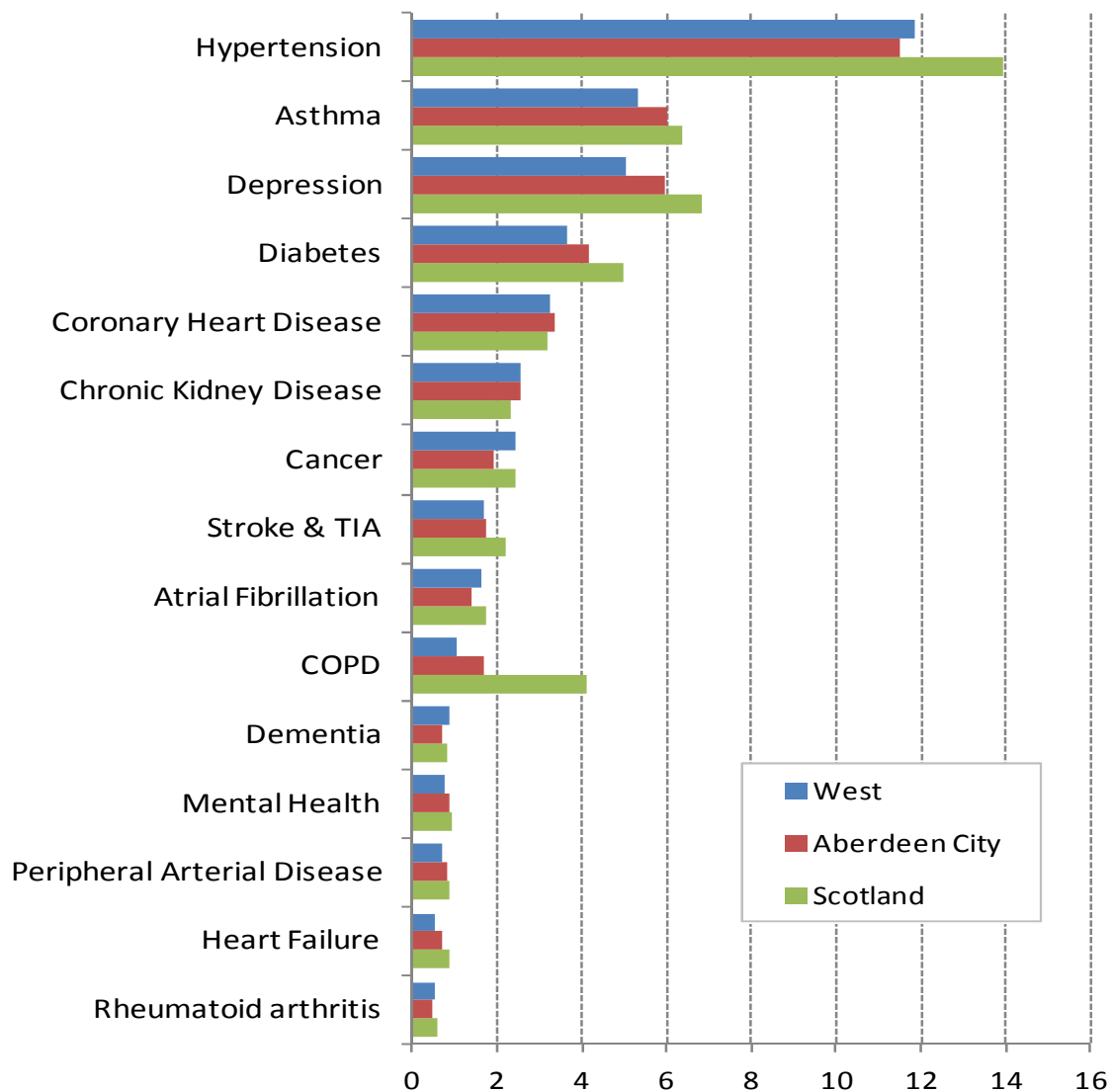
Self-assessed health



Minimising avoidable ill-health

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 practice³ 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. The table below shows the frequency of different conditions per 100 people in West locality as recorded in 2015/16. The most common conditions are asthma, depression and diabetes. There are over 6000 people on the GP register with high blood pressure which, if poorly managed could lead to heart disease and stroke.

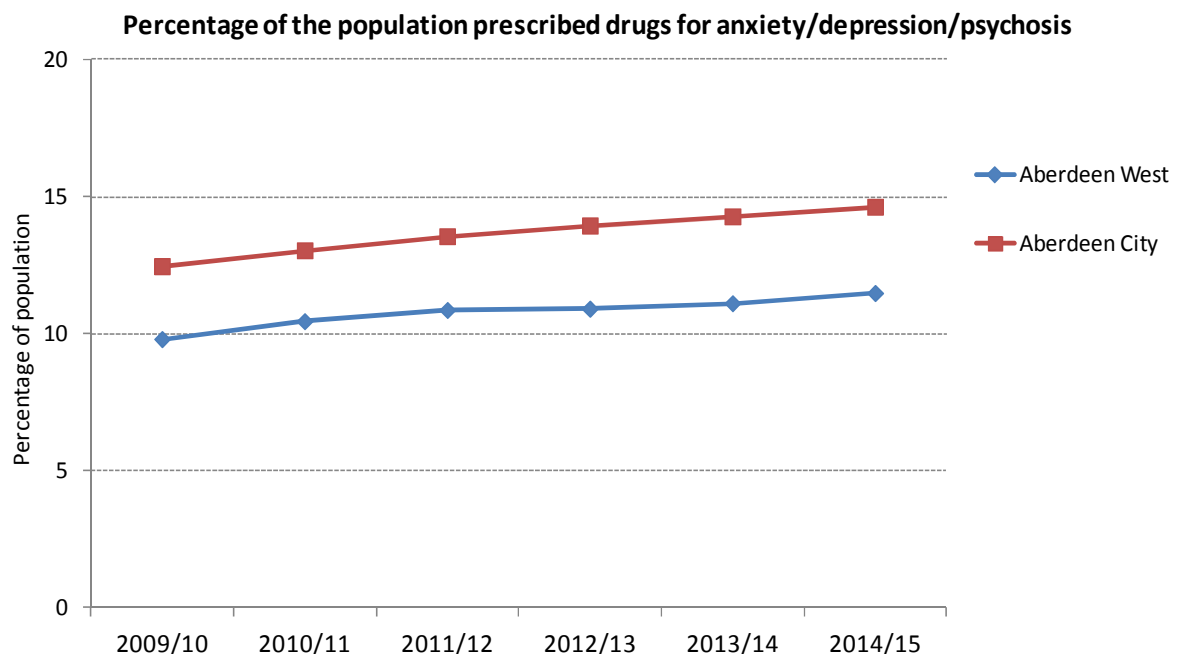
Aberdeen West - Prevalence Rate per 100 people



³ Recorded as part of the Quality and Outcomes Framework (QoF)

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.^v 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. 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 lower than that for Aberdeen City but does show a gradual increase since 2009/10 for both the locality and City population.

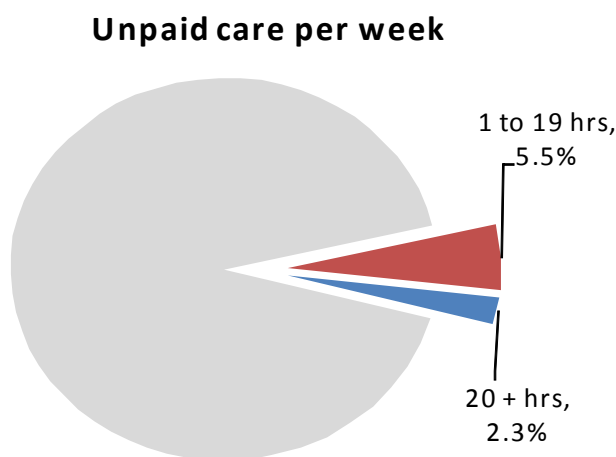


There appears to be a downward trend in suicide but due to small numbers there is a need to combine several years' worth of data.

Rates of hospital admissions for respiratory (COPD⁴) and heart disease and patient registrations of cancer are all lower than the individual rates for Aberdeen City and Grampian Health Board, as are rates of road traffic accidents. Rates of early deaths (below the age of 75) from cancer and heart disease are also lower than that for Aberdeen City and Grampian Health Board

Older age

Most (92.2%) of the population in West locality provided no unpaid care per week at the time of the 2011 Census, which is marginally lowest across four localities. 5.5% of people were provided between 1 and 19 hours per week and 2.3% provided 20 or more hours⁵ unpaid care a week.



Number of people providing unpaid care, 2011 Census

Patients aged over 65 with multiple hospital admissions has risen slightly since 2002 although remains well below the city average.

⁴ COPD means chronic obstructive pulmonary disease.

⁵ Ranging from 20 or more hours to 50 or more hours unpaid care per week

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 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
- ⁱⁱⁱ Scottish Index of Multiple Deprivation (SIMD), 2016. SIMD 16 Indicators. Available from: <http://www.gov.scot/Resource/0051/00510862.pdf>
- ^{iv} 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
- ^v 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.