ANGUS

Health & Social Care

Partnership

Joint Strategic Needs Assessment

September 2018

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Preface

This Joint Strategic Needs Assessment (JSNA) has been produced to inform the development of the 2019-2022 Angus Health and Social Care Partnership Strategic Commissioning Strategy.

This revised JSNA is also supported by an Equalities Evidence Base developed to inform Equality Impact Assessments and other activities associated with Public Sector Equality Duties under the Equality Act 2010.

If you require assistance with understanding information contained in this document or need an alternative version, please contact: hsciangus.tayside@nhs.net or 01307 474891.

The Four Localities

The Angus Area is divided into four localities: 'North West', 'North East', 'South East' and 'South West' for the purpose of developing greater public understanding and involvement in the planning and delivery of services. The JSNA uses these localities as far as possible to explain the variation in need across Angus.
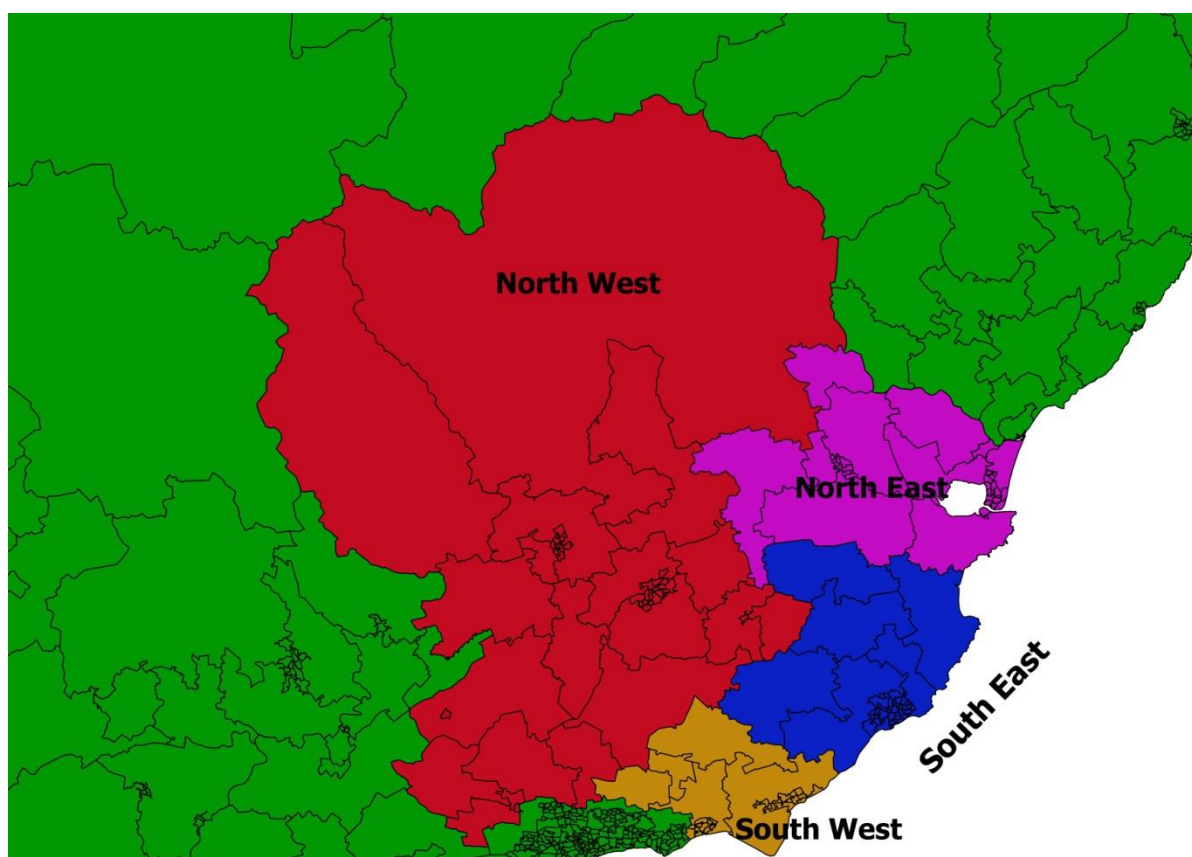
1   Angus: An Overview

Angus occupies an area of 2,182 square kilometres in the east of Scotland with a population of 116,520 (mid-2016), a population density of 53 people per square kilometre.   Angus is an area marked by network of interrelated communities including seven towns, a large number of villages and smaller settlements set in a varied and diverse countryside. More than 26% of the population live in rural areas and 0.7% reside in remote rural areas with access issues. The proportion of the population living in the most remote areas has declined by around 50% (from 1.5%) in the last 4 years. During the same time there has been an increase in the proportion of population living in accessible rural areas (from 25.4% to 26.1%).

Table 1: Percentage of population by urban-rural classification for Angus and Scotland, 2013 and 2016

		Large Urban	Other Urban	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Angus	2013	7.6%	53.6%	11.8%	0.0%	25.4%	1.5%
	2016	7.6%	53.9%)	11.6%	0.0%	26.1%	0.7%
Scotland	2013	34.5%	35.1%	9.3%	3.4%	11.7%	6.1%
	2016	34.6%	36.2%	8.5%	3.5%	11.2%	5.9%

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North West

The North West locality is the largest locality in Angus both geographically and in population terms.

North West covers 1,611 square kilometres which means a 74% of the Angus area. It is a predominantly rural area consisting of Forfar, Kirriemuir, Sidlaws, Birkhill and Muirhead

The North West has a population of 36,034 people; it is the least densely populated locality in Angus at 22 people per square kilometre.

North West population:
- Is affected by the highest rate of access deprivation at 36.8%.
- Has 22.89% of the population over 65 years which increased from 22.2% in 2013
- Experiences 9.04% income deprivation
- Experiences 7.8% employment

North West includes some of the 20% most deprived areas of Scotland; Forfar West (part) S01007260 and Forfar Central (part) S01007244 . North West also includes some of the 20% least deprived areas of Angus; Forfar East (part): S01007253 and S01007248; and Kirriemuir (part): S01007278 and S01007277.

The population of Forfar Central has significantly worse health outcomes than the rest of Angus population in relation to:
- male life expectancy,
- emergency hospitalisations,
- alcohol-related hospitalisations,
- drugs prescribed for anxiety/depression/ psychosis,
- crime
- smoking in pregnancy and bowel screening uptake.

The population of Forfar West has significantly worse health outcomes than the rest of Angus population in relation to:
- mental health prescribing
- psychiatric hospitalisations.

Academy Medical Centre supports the most people living in the most deprived areas of North West Angus (1,158 patients) and Lour Road Medical Group supports 647 living in those most deprived areas.

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North East

The **North East** locality covers an area of 254 square kilometres and consists of the distinct areas of Montrose, Brechin and Edzell.

It has a population of 26,771; the population density is 105 people per square kilometre. The locality has the lowest access deprivation at 16.12%.

The North East has the lowest proportion of older people in Angus; only 21.61% of its population is aged 65+. The 65+ population has increased from 20.4% in 2013.

North East population:
- Has a second highest and above Angus income deprivation at 10.5%.
- Has a second highest and above Angus employment deprivation at 8.9%.

North East includes one of the 20% most deprived areas of Scotland; Brechin East (part) S01007232. North East also includes some of the 20% least deprived areas of Scotland; Brechin West S01007237 and Brechin West S01007239. Brechin Health Centre has the highest number (n=675) of patients living in the 20% most deprived areas.

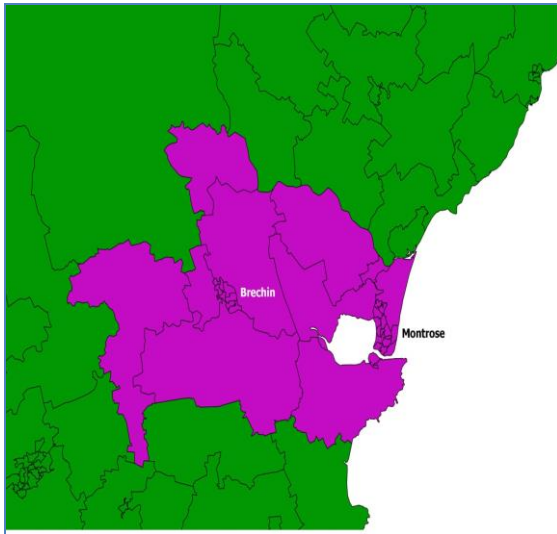The population of Montrose South has the poorest outcomes than the rest of Angus population in relation to:
- male life expectancy
- emergency hospitalisations
- alcohol-related hospitalisations
- drugs prescribed for anxiety/depression/ psychosis
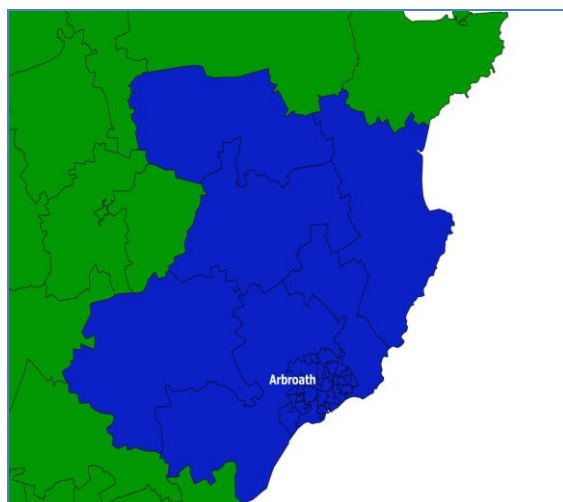- crime
- smoking in pregnancy.

The population of Brechin East has significantly worse outcomes than the rest of Angus population in relation to:
- mental health prescribing
- crime rate
- bowel screening uptake.

The population of Brechin West has significantly poorer outcomes than the rest of Angus population in relation to:
- crime.

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South East

The **South East** locality covers an area of 209 square kilometres; it consists of the distinct areas of Arbroath and Friockheim. The South East has the second lowest access deprivation at 18.16%.

The South East has a population of 29,369 people; it is the second most densely populated locality with density of 140 people per square kilometre.

The South East population:
- Has the 2nd lowest proportion of older people aged 65+ years (21.24%) in Angus
- Has 6,239 of people aged 65+ years; the 65+ population has increased from 20% in 2013

The South East population also:
- Has the highest rate of income deprivation at 13.4%; it is above Angus and Scotland rates; it increased from 12.5% in 2013 to 13.4% in 2016
- Has the highest rate of employment deprivation at 10.6%; it is above Angus and Scotland rates; it increased from 14% in 2013 to 10.6% in 2016
- GP practices located in South East (and North West) localities have the greatest number of patients living in the 20% most deprived areas; Arbroath Medical Centre (n=1,853), West Practice of Springfield Medical Centre (n=1,437) and Abbey Health Centre (n=1,336) have the highest numbers.

All 4 Angus GP practices which have patients living in the 15% most deprived datazone areas are located in the South East.

South East includes some of the 20% most deprived areas of Scotland; Arbroath Kirkton (part) S01007178; Arbroath Harbour: S01007188, S01007186 & S01007185; Arbroath Warddykes S01007199; and Arbroath Cliffburn: S01007198 & S01007195. South East also includes some of the least deprived areas of Scotland; Arbroath Kirkton (part): S01007179 and S01007173.

The population of Arbroath Harbour has significantly poorer outcomes than the rest of theAngus population in relation to:
- male (71.3yrs) and female (76.9yrs) life expectancy
- deaths-all ages
- emergency hospitalisations
- psychiatric hospitalisations
- alcohol and drugs-related hospitalisations
- COPD hospitalisations
- drugs prescribed for anxiety/depression/ psychosis

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- bowel screening uptake.

The population of Arbroath Warddykes has significantly worse outcomes than the rest of the Angus population in relation to:
- mental health prescribing
- crime rate
- smoking in pregnancy
- bowel screening uptake

The population of Arbroath Cliffburn has significantly worse outcomes than the rest of the Angus population in relation to:
- mental health prescribing for depression/anxiety/psychosis
- bowel screening uptake.

The population of Arbroath Keptie has significantly worse outcomes than the rest of the Angus population in relation to:
- mental health prescribing

The population of Arbroath Keptie has significantly worse outcomes than the rest of the Angus population in relation to:
- male life expectancy.

Only Arbroath Landward does not have any significantly worse outcomes than the rest of the Angus population.

South West
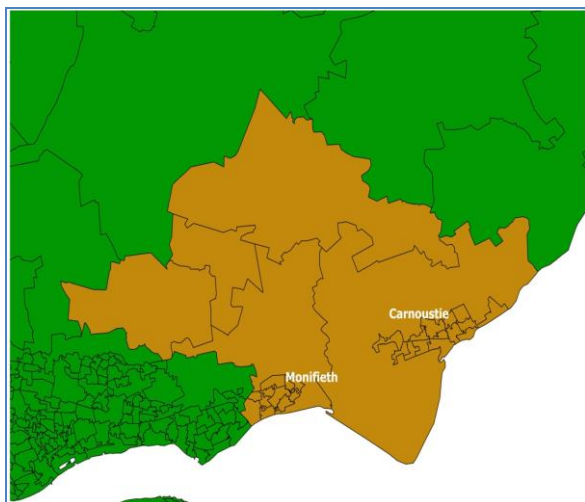
The **South West** is the smallest locality in Angus; it has108 square kilometres and consists of the distinct areas of Monifieth and Carnoustie.
South West has the second highest access deprivation at 20%; it is below the Angus rate of 23.85%.

The South West has a population of 24,346 and is the most densely populated locality in Angus; it has 225 people per square kilometre.

The South West population:
- Has the highest proportion of older people in Angus at 25.53%; it increased from 23.4% in 2013
- Has the lowest income deprivation at 5.9%
- Has the lowest employment deprivation at 5.59%.

South East does not host any of the Scotland's 20% most deprived area. South East includes some of the least deprived areas of Scotland; Carnoustie West S01007158; Carnoustie East (part): S01007168 & S01007169; Monifieth East (part): S01007151 & S01007150; Monifieth West (part) S01007146 & S01007148.

The population of Carnoustie West has significantly worse outcomes than the rest of the Angus population in relation to:
- drugs prescribed for anxiety/depression/psychosis
- bowel screening uptake.

The population of Monifieth East has significantly worse outcomes than the rest of the Angus population in relation to:
- drugs prescribed for anxiety/depression/psychosis.

2   Demography

Key Points

- The overall population of Angus is expected to increase from 116,520 in 2016 to 120,799 in 2039, a change from the projection in 2013.

- The under 65 age group will decrease by 11.09%.

- More than one in five of the Angus population are aged 65+ . The older population is expected to increase so by 2039 one in three people living in Angus will be over 65.

- The over 75 population is expected to increase by 84% between 2016 and 2039.

- Average life expectancy has increased over the last 10 years. For females, the average life expectancy has increased of 2 years and 3 months; whilst for males it increased of 2 years 8 months.

2.1   Sex and Age of Population

The population of Angus is 116,520. Table 1 below shows the age distribution of Angus residents according to 2016 estimates.

Since 2013 the population has changed:
- People aged 0 to 15 years **decreased** by 1.6%
- People aged 16 to 64 years **decreased** by 1.2% within this age group the population is also getting older; population aged 30 to 49 years decreased by 3.7% and population aged 50 to 64 increased by 0.8%)
- People aged over 65 years **increased** by 6.1%

Table 1: Population of Angus Residents by Locality and Age Band in mid-2016

Age Band	Angus	North East	North West	South East	South West
00-17	22,034	5,006	6,734	5,656	4,638
18-24	8,913	2,124	2,659	2,506	1,624
25-34	12,263	2,959	3,617	3,593	2,094
35-44	13,317	3,179	3,998	3,386	2,754
45-54	17,437	4,077	5,582	4,175	3,603
55-64	16,069	3,642	5,196	3,814	3,417
65-74	14,726	3,120	4,645	3429	3,532
75-84	8,399	1,856	2,621	2,007	1,915
85+	3,362	808	982	803	769
Total	116,520	26,771	36,034	29,369	24,346

Source: National Records of Scotland

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As at 2016, it is estimated that there are 56,769 males and 59,751 females living in Angus (NRS Estimates 2016) (Figure 1 below), up from 56,515 and 59,659 in 2013, respectively.

Figure 1: Age and Gender distribution of Angus population (NRS, mid-2016)
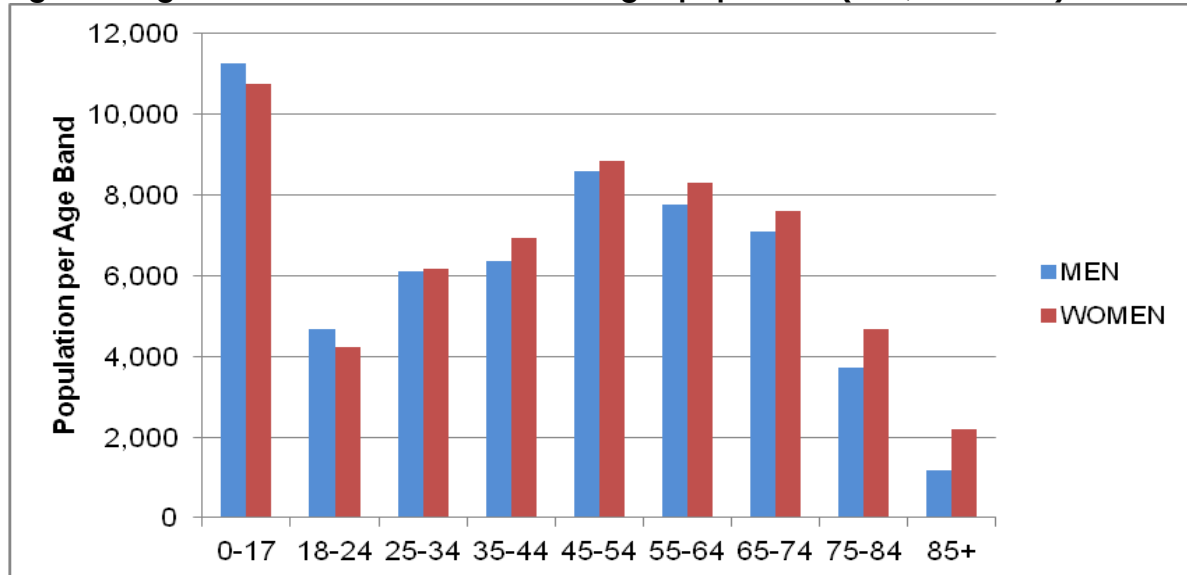
Source: National Records of Scotland

Figure 2: Age and Gender distribution of Angus Localities, mid-2016
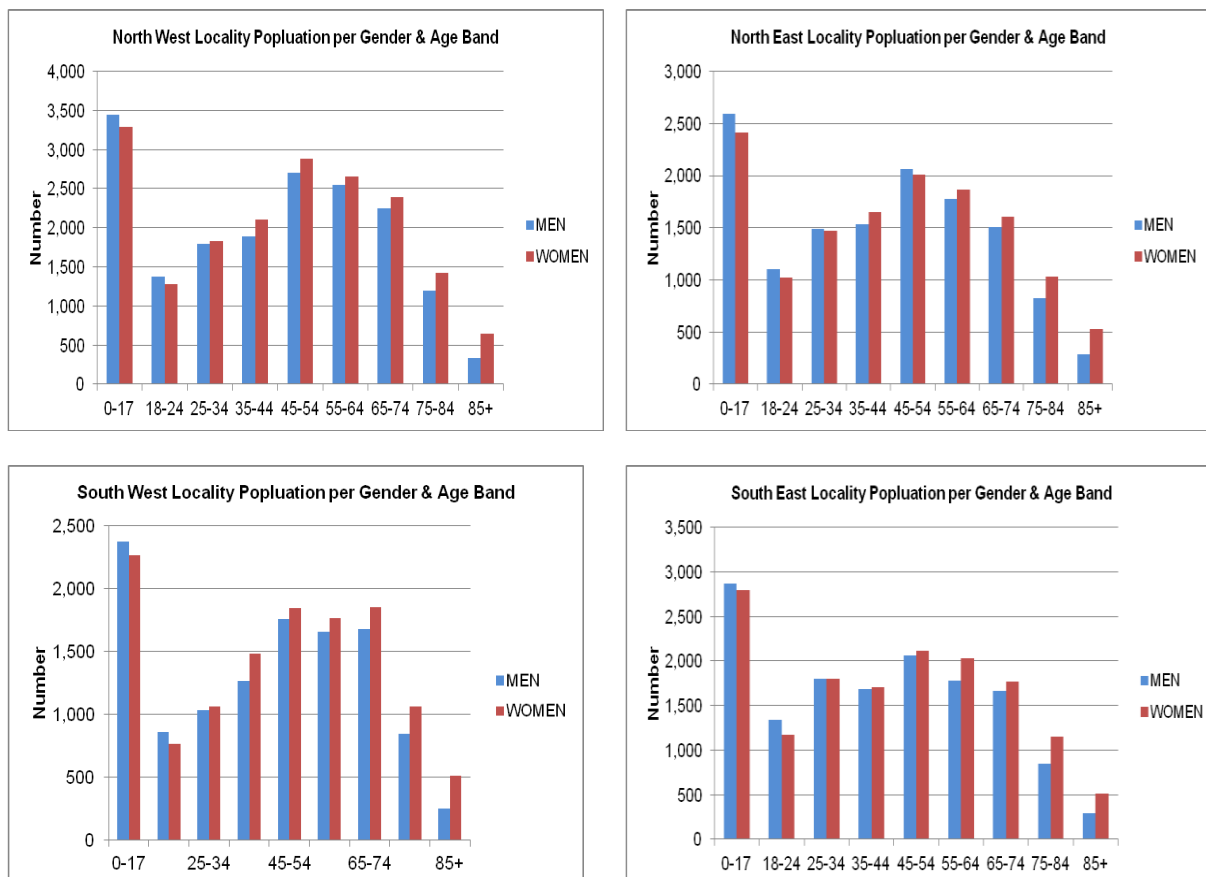

Source: National Records of Scotland

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Table 2: Proportion of Angus Residents aged 65+ by Locality

Age Band	Angus	North East	North West	South East	South West
0-64	77.27%	78.39%	77.11%	78.76%	74.47%
65+	22.73%	21.61%	22.89%	21.24%	25.53%

Source: National Records of Scotland

The South West locality still has the largest proportion of people aged over 65 in its population at 25.53%; an increase from 23.4% in 2013. At 6216 people aged over 65, this is the smallest number of people over 65 in any locality.

The North West has the greatest number of people aged over 65 living in the locality at 8,248 people aged over 65.

2.2   Projected Population

In 2013 population projections suggested that the population of Angus was expected to remain flat. This is no longer the case.

The population of Angus is now expected to increase from 116,520 in 2016 to 120,799 in 2039. This population increase will include a sharp increase in the 65+ population, particularly so in the 75+ population. This is expected to be accompanied by a decline in the child and working age adult population. (Figure 3 below)

The population aged over 65 will increase by 43%, a lower increase than previously expected.

The population aged under 65 age group will decrease by 8%, a lower decrease than previously expected.

The population aged over 75 will almost double in size, increasing by 84% by 2039.

An opposite picture can be expected with respect to the younger age groups as, by 2039:

The population aged 0-15 will decrease by 1.49%.
The population aged 16-64 age will decrease by 9.6%.

This means that based on 2016-projections for 2039, the 0-15 population will have a much smaller decrease whilst the 16-64 group will have a larger decrease than previously projected in 2013.

Figure 3: Age distribution of Angus population in 2016 and 2037 (mid-2016 Pop'n Estimates and 2014-based Pop'n Projections, NRS)
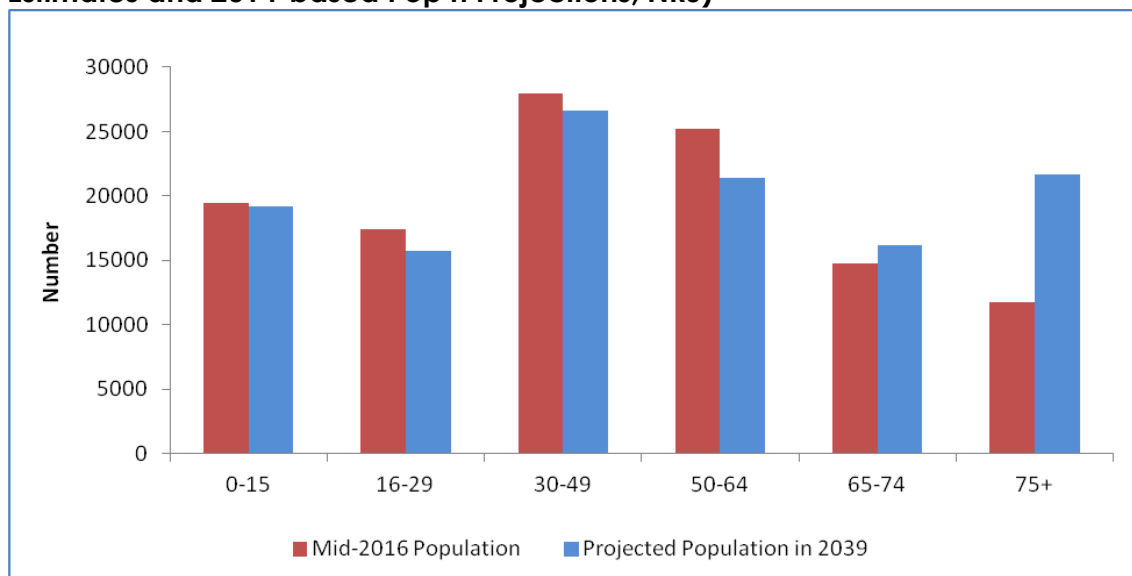
Source: National Records of Scotland

Table 3: Age distribution of Angus population in 2016 and 2037 (mid-2016 Pop'n Estimates and 2014-based Pop'n Projections, NRS)

	0-15	16-29	30-49	50-64	65-74	75+	Total
Mid-2016 Population	19,445	17,429	27,959	25,200	14,726	11,761	116,520
Projected Population in 2039	19,154	15,748	26,650	21,424	16,178	21,645	120,799

Source: National Records Scotland

Figure 4: Projected percentage population change in Angus between mid-2016 and 2039, by age (mid-2016 Pop'n Estimates and 2014-based Pop'n Projections, NRS)
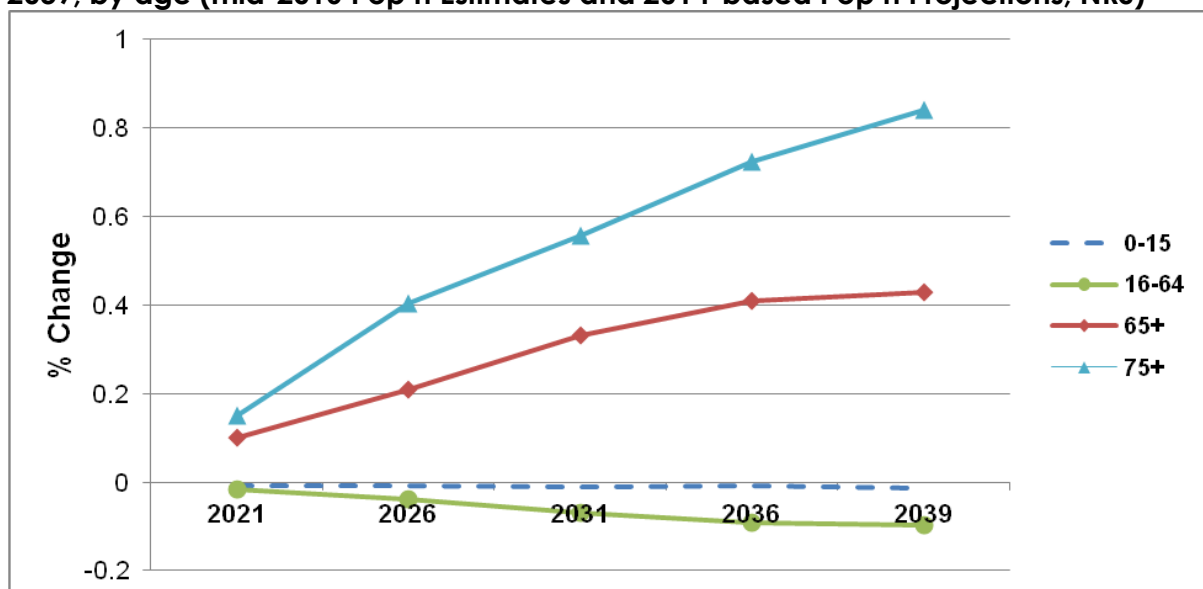
Source: National Records of Scotland

Table 4: Projected percentage population change in Angus between mid-2016 and 2039, by age (mid-2016 Pop'n Estimates and 2014-based Pop'n Projections, NRS)

	0-15	16-64	65+	75+
2021	-0.70%	-1.60%	9.94%	15%
2026	-0.74%	-3.90%	20.80%	40.30%
2031	-0.96%	-6.98%	33.14%	55.60%
2036	-0.89%	-9.10%	41.00%	72.45%
2039	-1.49%	-9.60%	42.80%	84.00%

Source: National Records Scotland, Population Projections

2.3   GP Practice Population

Table 5 below shows the number of people registered to a practice in Angus by their locality. As shown below, some Angus GP practice patients reside outside of Angus, including in Dundee and North Perthshire.

Table 5: Number of people registered in an Angus GP practice by locality of residence as at 30th September 2017

	Angus	North East	North West	South East	South West	Total Practice Pop
ACADEMY MEDICAL CENTRE	**10,236**	117	10,059	46	14	**10,248**
ANNAT BANK PRACTICE	**5,500***	5,491		46	<10	**6,000***
ARBROATH MEDICAL CENTRE	**9,299**	25	60	9,135	79	**9,310**
BRECHIN MEDICAL PRACTICE	**8,995**	8,853	119	23		**9,115**
CARNOUSTIE MEDICAL GROUP	**13,000***		<10	97	12,971	**13,000***
CASTLEGAIT SURGERY	**4,470**	4,430		40		**4,726**
EAST PRACTICE, SPRINGFIELD MEDICAL CENTRE	**4,402**		16	4,371	15	**4,403**
EDZELL HEALTH CENTRE	**1,783**	1,783				**2,331**
FRIOCKHEIM HEALTH CENTRE	**3,500***	142	916	2,481	<10	**3,500***
KIRRIEMUIR MEDICAL PRACTICE	**8,745**	18	8,727			**8,775**
LOUR ROAD GROUP PRACTICE	**6,118**	64	6,022	19	13	**6,122**
MONIFIETH HEALTH CENTRE	**8,000***		10	<10	7,978	**9,000***
MUIRHEAD MEDICAL CENTRE	**4,200***		4,261		<10	**7,000***
RAVENSWOOD SURGERY	**3,000***	32	3,419	10	<10	**3,000***
THE ABBEY PRACTICE	**6,415**		21	6,381	13	**6,416**

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TOWNHEAD PRACTICE	**6,223**	6,135		88		**6,684**
WEST PRACTICE, SPRINGFIELD MEDICAL CENTRE	**7,100***	<10	63	7,047	18	**7,100***
Registered at Practices outwith Angus**	**7,405**		3,090	11	4,304	**N/A**
Total	**115,151**	**27,000***	**33,700***	**29,800***	**21,100***	**118,218**

Source: CHI database (ISD)
*Note: * indicates values that have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality
**GP Practice Census Jan 2018

Table 5 shows that the majority of people registered in a practice in Angus also live in Angus. Only Monifieth Health Centre has a significant proportion, approximately 14% (1,350), respectively, living in another Partnership.

Table 5 shows that there are also 7,405 Angus residents who are registered with GP practices located outwith the Angus area. The majority of them live in the North West and South West localities.

There are, however, a number of people living in Angus that are registered with a GP practice in another Partnership area. Muirhead Medical Centre is a Dundee registered practice based within the boundaries of Angus. There are a total of 7,479 patients registered at this practice, with 57% (4,263) living in Angus and 28% (2,024) living in Perth & Kinross.

2.4   Life Expectancy and Premature Mortality

Angus has statistically significantly better than Scotland life expectancy for both males and females.

The life expectancy for females born in Angus between 2014 and 2016 is 81.8 years; this is above the Scottish average of 80.4 and is an increase of 2 years and 3 months from those born in Angus between 2002 and 2004.

The life expectancy for males born in Angus between 2014 and 2016 is 78.5 years; this is higher than the Scottish average of 76.36 and is an increase of 2 years and 8 months on those born in Angus between 2002 and 2004.

The gender inequality gap for life expectancy has narrowed from 3.7 years in 2002-2004 to 3.3 in 2014-16.

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Figure 5: Life expectancy at birth in Angus between 2002 and 2016, by gender (NRS)
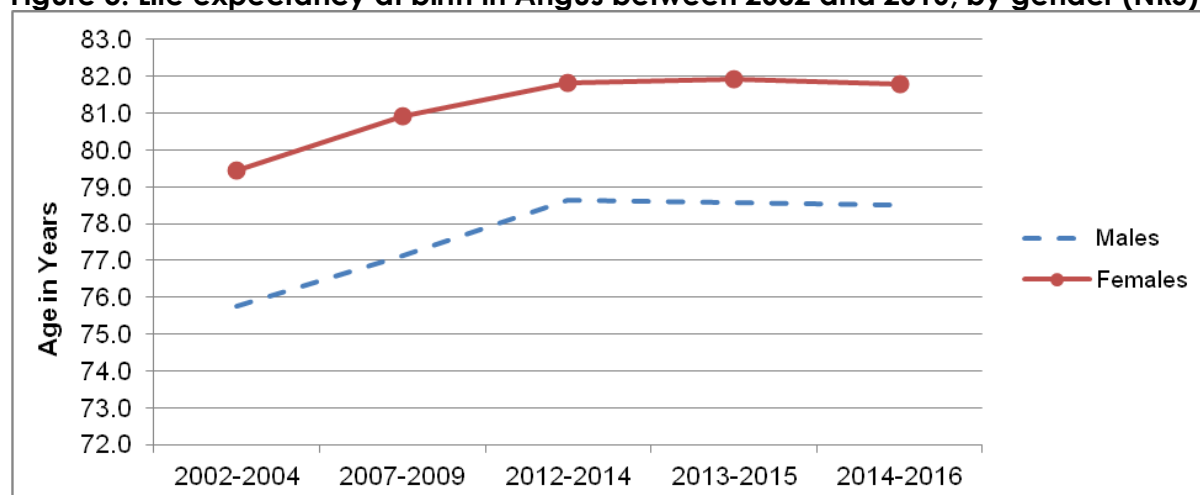
Source: National Records of Scotland

Life expectancy has increased since 2001 for those born in areas affected by the most deprivation as well as those affected by the least deprivation.

For females, the life expectancy gap between the least deprived and the most deprived areas has decreased from 3.5 years in 2001-2005 to 3.3 years in 2011-2015.

For males, the difference in life expectancy between those in the most and those in the least deprived areas has increased from 4.1 years in 2001-2005 to 5.3 years in 2011-2015. The arte of improvement in life expectancy is lower for males from the most deprived areas compared to males in the least deprived areas. Males in the least deprived have increased life expectancy by 3.3 years whereas those in the most deprived areas have increased life expectancy by 2.1 years.

Table 6: Life expectancy for males born in Angus

Years Born In	Angus - Least Deprived	Angus – All	Angus – Most Deprived
2001-2005	76.0	75.4	71.9
2011-2015	79.3	78.6	74

Source: National Records of Scotland

Table 7: Life expectancy for females born in Angus

Years Born In	Angus - Least Deprived	Angus – All	Angus – Most Deprived
2001-2005	80.2	79.7	76.7
2011-2015	82.2	81.9	78.9

Source: National Records of Scotland

The lowest life expectancy is in Arbroath Harbour (South East locality) for both males and females and Montrose South for males with the life expectancy is statistically significantly worse compared to both Scotland and Angus.

Forfar Central also have statistically significantly worse than Angus life expectancy among males.

Angus's sub-geographies have either comparable to Scotland rate or statistically significantly lower than Scotland rate of premature mortality.

Map 1, 2 and 3 shows the life expectancy and premature mortality in Angus. For detailed information at an intermediate geography level, please refer to relevant table in Appendix 1.

Map 1: Life expectancy (men) in Angus intermediate geographies, by gender
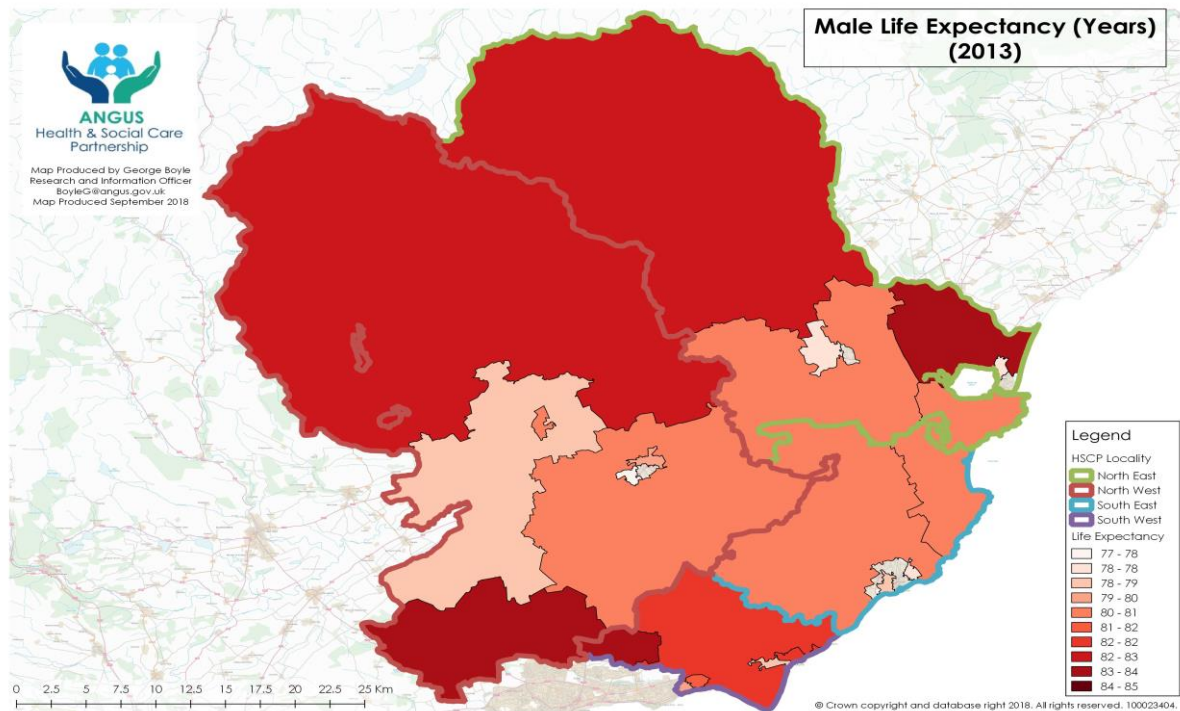
Map 2: Life expectancy (women) in Angus intermediate geographies, by gender

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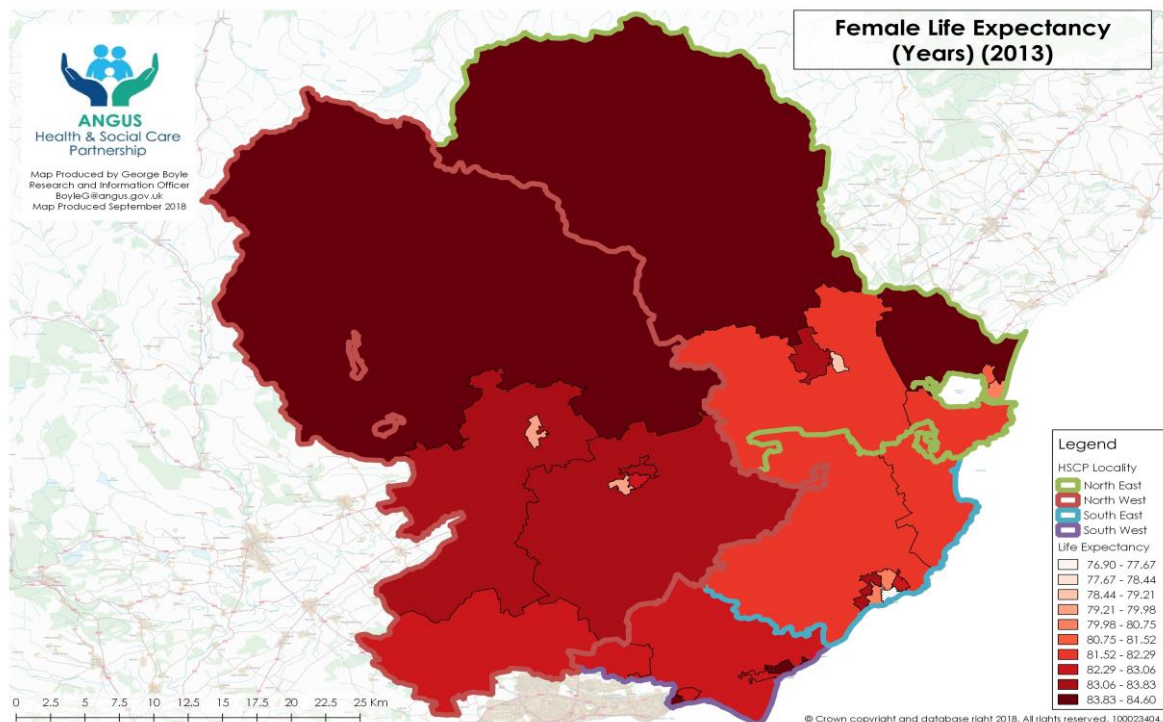
Map 3: Premature mortality (all cause mortality among the 15-44 year olds) in Angus intermediate geographies, per 100,000 population, 2015

2.5   Disability in the Population

The Department of Work and Pension caseload (August 2017) indicates that:
- 6% of Angus residents of working age claim Disability Living Allowance (n=4,330)
- Angus Men (2,170) and women (2,150) are equally likely to claim Disability Living Allowance.
- 80 people in Angus claimed Incapacity Benefit
- 150 of Angus residents claimed Incapacity Benefit/Severe Disablement Allowance
- 4,680 of Angus residents claimed Employment and Support Allowance.
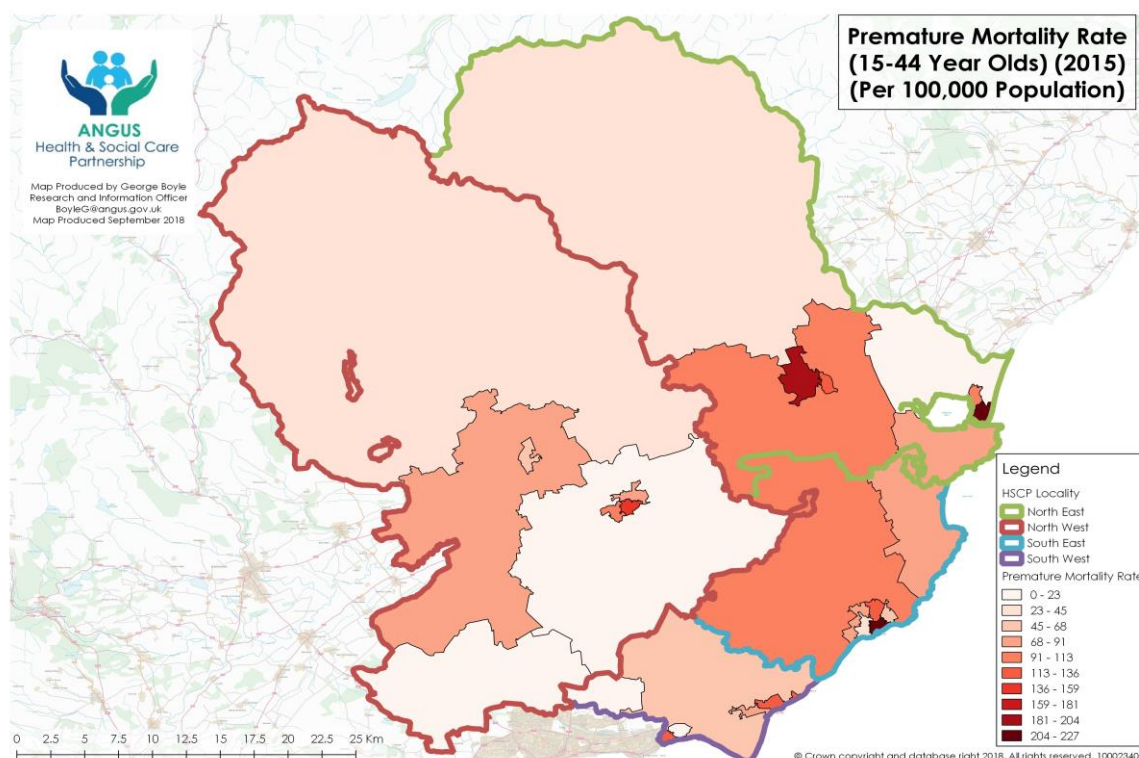
The Department for Work and Pension (August 2017) estimates that there were 3,470 people in Angus claiming Pension Credits. This means that 13% of the population aged over 65 are living in poverty. 40 people are claiming Widow's Allowance.

In 2017/18, 640 people were registered blind in Angus. This is almost a double increase from 329 in 2010. North West (145) and North East (128) localities have the highest number of people registered as blind. The lowest numbers are in South West (78) and South East (106). For 183 people registered as blind their locality of residence is not known. 572 are social care services users, <5 are a carer and 66 are classed as "other". 209 use a community alarm, 83 live permanently in a care home, 64 use a care home respite service, 52 use enablement services and 12 use carer respite service. 431 are female and 209 are male. 443 are 65+ years old (406

are 75+ years old), 39 are between 46 and 64 years old and 24 are between 19 and 45 years old. The age of 133 people registered blind is not known.

Of particular concern is a high prevalence of Huntington's Disease (HD) in the UK which can range from 25 - 100 cases per million population; the accepted prevalence rate is probably around 100 per million. The total number of cases in Scotland is on this basis likely to be around 600. HD affects men and women equally although a number of studies seem to indicate a slight excess of women. The disease affects all age groups and is not one of old age. There is also a concern relating to Multiple Sclerosis (MS) particularly in the northern Scotland. Both MS and HD are classed as neurological conditions. Figure 6 shows that there is a growing trend in hospital episodes of neurological problems in Angus, alike in Dundee and P&K.

Figure 6: Number of discharges (episodes) for all admission types from neurology, by council, 2007/08-June 2017ᴾ
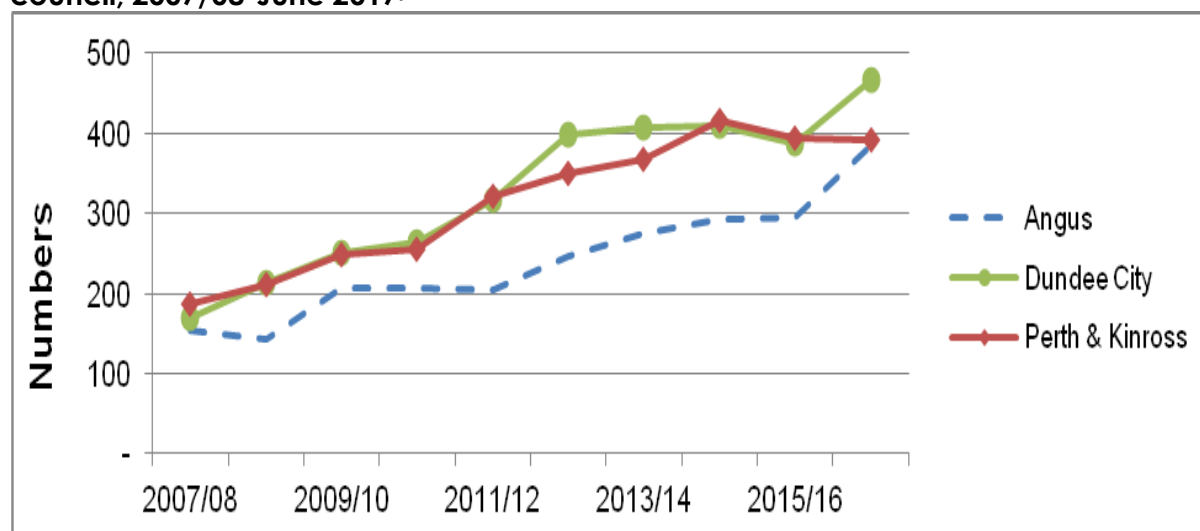
Source: SMR01, extracted August 2017, ISD Scotland

Table 8: Number of discharges (episodes) for all admission types from neurology, by council, 2007/08-June 2017ᴾ

	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17p
Angus	153	144	206	207	205	247	275	292	295	386
Dundee City	169	214	252	265	318	398	407	410	387	467
Perth & Kinross	186	211	249	255	321	349	368	416	393	392
All council areas	7,320	7,686	8,408	9,016	8,706	9,622	10,375	10,507	10,745	11,595

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Source: SMR01, extracted August 2017, ISD Scotland

SMR01 records indicate that in 2017/18, 280 Angus residents has a diagnosis of MS. Of those, 83 live in North West, 77 in South East, 60 in North East and 60 in South West localities. Table 9 provides information on new diagnoses of MS in Angus.

Table 9: Number of discharges (episodes) for all admission types from neurology, by council, 2007/08-June 2017ᴾ

| Year	Number
2010	11
2011	13
2012	15
2013	15
2014	20
2015	21
2016	13
2017	18
2018	8
Patients with MS living in Angus Total	196

2.6   British Sign Language (BSL) Users

According to the 2011 Census, there were 262 BSL users aged 3 and over in Angus which equates to 0.23% of the population aged 3 and over (2 people in every 1,000). This is a similar prevalence to Scotland (0.24%).

Based on Scottish data it is likely that the 262 Angus BSL users:
- could also speak, read and write English. Those aged 65+ are more able to "understand spoken English only" than younger age BSL users.
- are mostly aged 35-49 (around one quarter of all BSL users) (only 6% of people aged 75 and over reported that they used BSL)
- are more likely to be female (53% v. 47%).
- are more likely to live in the towns (only 15 may live in rural areas) Four in ten BSL users lived in 'large urban areas', with a further third in 'other urban areas'. Only six per cent of BSL users lived in areas that were classified as 'remote rural'/'very remote rural', with a further 9 per cent of BSL users living in 'accessible rural' areas.
- are more likely to be single if they are men (46% v. 37%).
- are twice likely to be widowed if are women (10% v. 5%).
- are less likely to report their general health as very good (39%) when compared to the rest of the population (51%).
- have a higher prevalence of long-term health problem or disability than the general population (41% and 20%, respectively).
- are more likely to report that they are 'limited a lot' by a long-term health problem or disability if they are male (25%) than female (21%) and if they are aged 75+ (43%); this was higher than the corresponding proportion in all other age groups.
- have higher than the Scottish population prevalence of the following health problems or a disability: deafness or partial hearing loss (54% v. 22%), learning

difficulty (21% v. 7%), learning disability (10% v. 2%), and blindness or partial sight loss (10% v. 8%).

Figure 7: BSL users by types of Long-term Condition, All People (3 years+) who reported one or more Long-term Conditions, Scotland 2011
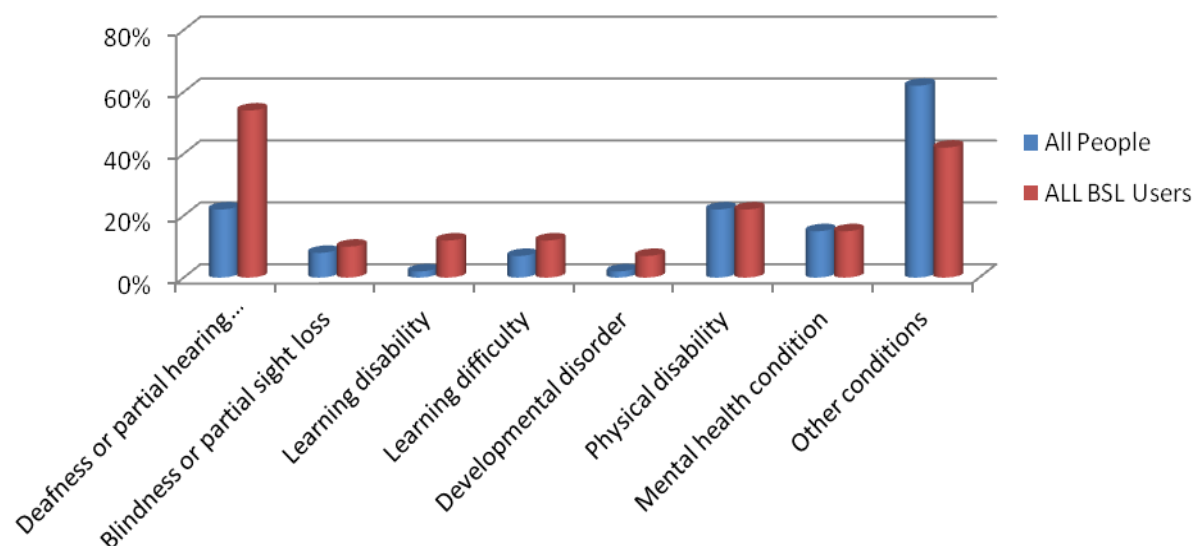
A higher proportion of BSL users provided unpaid weekly care than the population (21% compared to 10%). A higher proportion of BSL users provided 50 hours or more unpaid care per week compared to the population as a whole (8 % and 3 per cent respectively).

In 2017/18, 91 people who have a hearing impairment were accessing social care services in Angus, with many accessing multiple services. The most common being community alarm (n=56), care home (n=42), support and care services (n=36) and meals service (n=17).

2.7 Carers

The Census 2011 identified 10,582 unpaid carers in Angus (around 1 in 10 of the whole population) of whom 60% were female, 21.7% were aged 65+, 2.5% were aged under 16 and 52.5% were employed. Angus's White: Scottish, White: Other British, White: Irish population is more likely (9.2%) to provide unpaid care than Angus's all other ethnic groups (5.6%).

More recent data from Department for Work and Pension for August 2017 indicate that there are 2, 270 people eligible for carers allowance claimants in Angus of whom women are over twice as likely to be eligible for the benefit therefore more likely than men to have caring responsibilities (1,510 women compared with 760 men).

Carers living in Angus are less likely to be employed than those living across Scotland and are more likely to be aged 65+ or under 16. The average age of carers living in Angus is 52.2 years which is older than for Scottish carers.

Of carers in Angus, 57.3% provided 1-19 hrs of care a week, 26.2% provided 50+ hours of care a week, 8.8% provided 20-34 hours/week and 7.5% provided 35-49 hours of care per week.

Carers' Health and Healthcare Access

Carers, particularly older carers, are particularly vulnerable to the adverse health consequences of caring. Often invisible, many older carers provide care and support while their own health and wellbeing deteriorates resulting in poor physical and mental health and a breakdown in their ability to carry on caring.

The Princess Royal Trust for Carers' research of 2011 found that:
- commonly reported conditions among carers are arthritis and joint problems, back problems, heart disease, cancer and depression.
- 50% of carers reported that their physical health had got worse in the last year.
- 70% said that their caring responsibilities had a negative impact on their physical health.
- 40% of older carers said their mental health had deteriorated over the last year, with 75% of the 60–69 age group saying that caring had a negative impact on their mental health.
- carers who are either suffering from depression, showing a lack of resilience, caring for someone with dementia or where there is an element of social isolation from others are more likely to abuse those they care for.

These facts show the importance of providing support for carers. The new Carers (Scotland) Act 2016, it is now a legal duty of local authorities to assess carers' needs, including health needs, and to put in place a needs-based support.

The complex health issues of carers are often complicated by barriers to accessing services, including to a healthcare. Evidence shows that:
- 25% of carers who provide moderate to heavy care found it hard to get to hospital compared to just 10% of non-carers
- 21% of carers had trouble getting to a GP compared with only 2% of non-carers.

This is why in Angus we strive to secure accessibility of our services to everyone. We do it routinely by:
- conducting Equality Impact Assessment and Accessibility Checklists on our services and policies which also consider the impact on carers as it does on older and disabled people.
- assessing the impact of living in a rural area and helping the most vulnerable patients overcome geographic access and transport i.e. via volunteer-supported patient transport initiatives.
- mainstreaming equalities by making reasonable adjustments for disabled service users and carers under our Public Sector Equality Duties (Equality Act 2010)
- setting targets (we call them equality outcomes) on areas we need or want to improve on.

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- Recently redesigning NHS Tayside's translation and interpretation services with the primary aim to improve access to British Sign Language interpreters for deaf and/or hard of hearing BSL users across Tayside.

We understand that assessing and securing carers' good health is an imperative to a sustainable health system since carer wellbeing is a key factor in hospital admissions, readmission and delays in the transfer of care. One study found that:
- 20% of those aged 75+ needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.
- carer-related reasons also blamed for admission to nursing or residential care are common with carer stress the reason for admission in 38% of cases.

Carers Needs versus Carer Assessment

The Angus Carers Health Checks project (2016) demonstrated that of the GP practices who participated in the audit, the carers register accounted for only 2.7% of the total practice population suggesting that despite the profile being raised there is still under reporting and/or under recording of carer status.

2.8   Ethnicity and Migrant Population

At the time of the last National Census (2011), most Angus residents considered themselves as White (98.7%).

Table 10: Ethnic Populations in Angus (Source: National Census, 2011)

Ethnicity	Angus	
	Number	Percentage
White British	111200	95.9%
White Other	3268	2.8%
Mixed or multiple ethnic groups	264	0.2%
Asian, Asian Scottish or Asian British	921	0.8%
Caribbean or Black	75	0.1%
African	125	0.1%
Other ethnic groups	125	0.1%

Source: National Records of Scotland National Census (2011)

As at 2015/16 Angus has an estimated net migration of only 68. The in-migration is slightly greater than the out-migration (3,911 –v- 3,843 respectively). Migration is most common within Scotland and the rest of the UK as opposed to overseas. Based on 2012-14 data, the age group with the biggest net migration is from people in their 30s and the age group with the biggest loss are from people in their late teens to mid-20s. This is related to lack of university in Angus which makes young adults migrate outwith Angus and return following graduation.

Figure 8: All Migrants in Angus as a percentage of population, by single year of age, 2012-2014
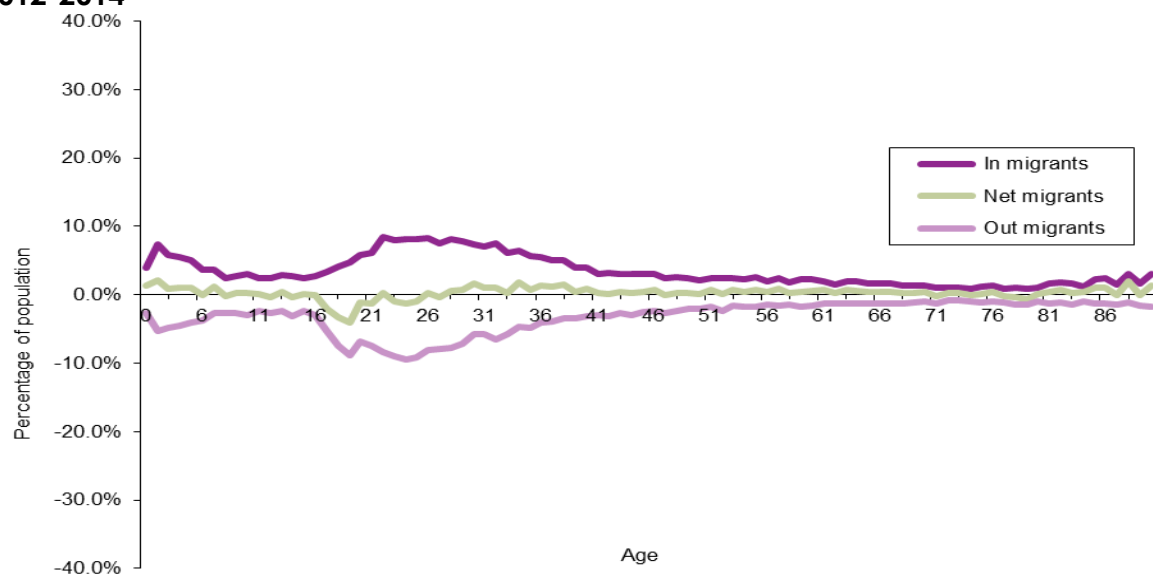
Source: National Records of Scotland

2.9 Deprivation

Key Points

- Angus's residents are less income and employment deprived than Scotland as a whole.

- Income deprivation is higher in Angus than employment deprivation in all cases which indicates increasing in-work poverty.

- The South East includes areas that are within the 10% most deprived populations of Scotland (part of Arbroath Harbour and part of Arbroath Warddykes)

- In Angus, income deprivation is higher than employment deprivation in all localities which indicates that Angus is affected by in-work poverty.

- Angus population is almost twice as access deprived as the Scottish population as a whole. The North West locality has the highest rate of access deprivation at 36.8%.

- There are 10,582 unpaid carers in Angus of whom 60% are female, 21.7% are aged 65+, 2.5% are aged under 16 and 52.5% are employed, 57.3% of carers provide 1-19 hrs of care a week and 26.2%[1] provide more than 50 hours of care a week.

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It incorporates several different aspects of deprivation, combining them into a single index. It divides Scotland into 6,505 small areas, called datazones, each containing around 350 households. The Index provides a relative ranking for each datazone, from 1 (most deprived) to 6,505 (least deprived). These ranks are typically viewed separately, or grouped together as quintiles (five groups of 20%) or deciles (ten groups of 10%). The most recent version of the deprivation index, SIMD 2016, combines 38 indicators across 7 domains:
- income,
- employment,
- health,
- education, skills and training,
- housing,
- geographic access and
- crime

SIMD aims to provide a *relative* measure of deprivation. The overall index is a weighted sum of the seven domain scores. The SIMD is an *ordinal* measure meaning that the numbers attributed to each datazone denote relative order only, and so

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the datazone ranked by the SIMD as the 50th most deprived datazone in Scotland is not twice as deprived as that ranked 100th.

The most deprived Quintile 1 (SIMD 2016) and least deprived Quintile 5 areas are:

Locality	20% Most deprived areas	20% Least deprived areas
North East	Brechin East (part) S01007232	Brechin West: S01007237 and S01007239
North West	Forfar West (part) S01007260	Forfar East (part): S01007253 and S01007248; Kirriemuir (part): S01007278 and S01007277
South East	Arbroath Kirkton (part) S01007178; Arbroath Harbour: S01007188, S01007186 & S01007185; Arbroath Warddykes S01007199; Arbroath Cliffburn: S01007198 & S01007195	Arbroath Kirkton (part): S01007179 and S01007173
South West	none	Carnoustie West S01007158; Carnoustie East (part): S01007168 & S01007169; Monifieth East (part): S01007151 & S01007150; Monifieth West (part) S01007146 & S01007148

The proportion of Angus residents that are classed as income and employment deprived is below than that of Scotland (see tables 7 and 8). In 2016, approximately 9% of the Angus population were classed as either income or employment deprived, this is an improvement on 2013.

The South East locality continues to have the highest rate of income and employment deprivation overall at 13.4% in 2013 and 10.6% in 2016. Particularly affected are Arbroath Harbour (19.5% and 16.5%) and Arbroath Warddykes (18.9% and 14.9%) which are statistically significantly worse than Angus and Scotland rates

Income deprivation in South East increased from 12.5% in 2013 to 13.4% in 2016. At the same time employment deprivation decreased from 14% in 2013 to 10.6% in 2016. This suggests an increase in the in-work poverty.

Income deprivation is higher in Angus than employment deprivation in all cases which indicates increasing in-work poverty.

According to the Department for Work and Pension the total number of households on Universal Credit in Angus as of December 2017 is 1,117 of which 854 are in payment. Of those, 710 households are "single, no child dependant", 88 are "single with child dependant", 44 are "couple, with child dependant" and 17 are "couple, with no child dependant".

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The Angus population is almost twice as access deprived as Scotland's with the North West locality having the highest rate of access deprivation (36.8).

The South West locality has experienced a significant increase in access deprivation between 2004 and 2016 with a percentage rise of 6.5%. This is largely due to the growth in building on the edges of Monifieth. These new homes are further away from the town centre where shops, public services and other opportunities are located. This area is amongst the least deprived parts of Angus and it is expected that this increase in access deprivation is mitigated by factors such as access to own transport (car). Access deprivation is also addressed with increasing opportunity for internet shopping services with deliveries in these areas from most of the major supermarket chains.

Areas with the highest proportion of population access deprived people (statistically significantly worse than Scotland and Angus rates) are Arbroath Landward and Letham and Glamis.

Table11: Percentage of Angus population who are classed as income, employment and access deprived (with Scotland as a comparison), 2016

Locality	Income Deprivation	Employment Deprivation	Access Deprivation*
Angus - NE	10.5	8.9	16.12
Angus - NW	9.04	7.8	36.8
Angus - SE	13.4	10.6	18.16
Angus - SW	5.9	5.59	20.0
Angus	9.8	8.3	23.85
Scotland	12.2	10.5	14.9

Source: Locality Health & Wellbeing Profiles provided by ScotPHO
*15% most deprived Source: Locality Health & Wellbeing Profiles provided by ScotPHO

Maps 4, 5, 6 and 7 show the most and least deprived areas in each of Angus localities. Detailed information at an intermediate geography level can be found in relevant table in Appendix 1.

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Map 4: Most and least deprived intermediate geographies in North East locality
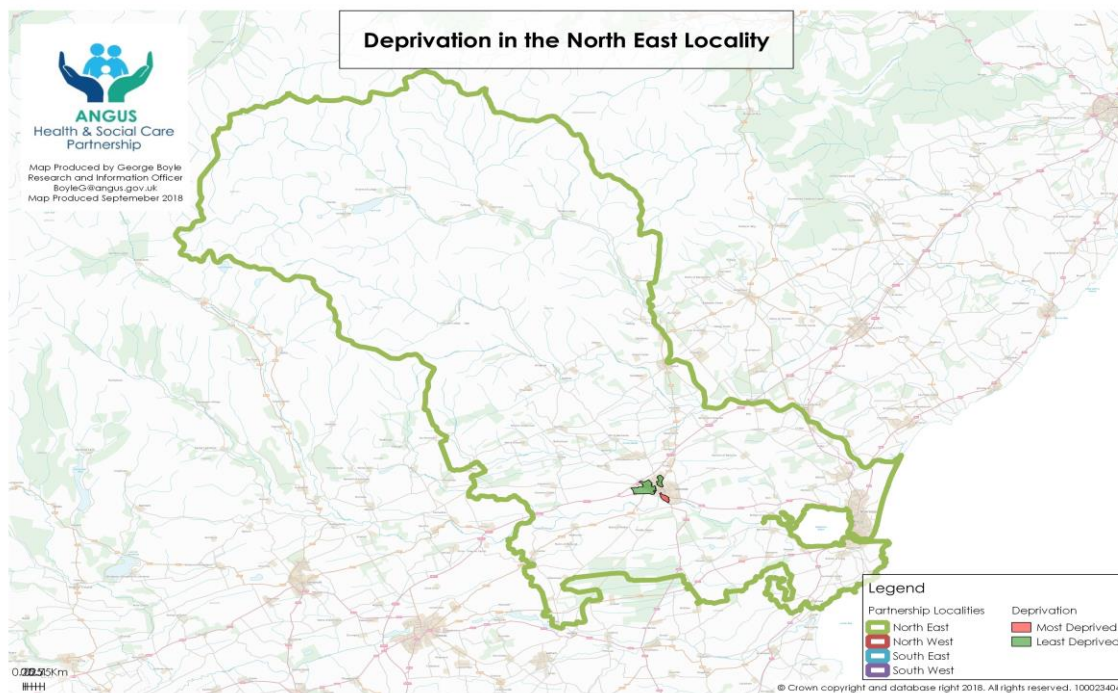
Map 5: Most and least deprived intermediate geographies in North West locality

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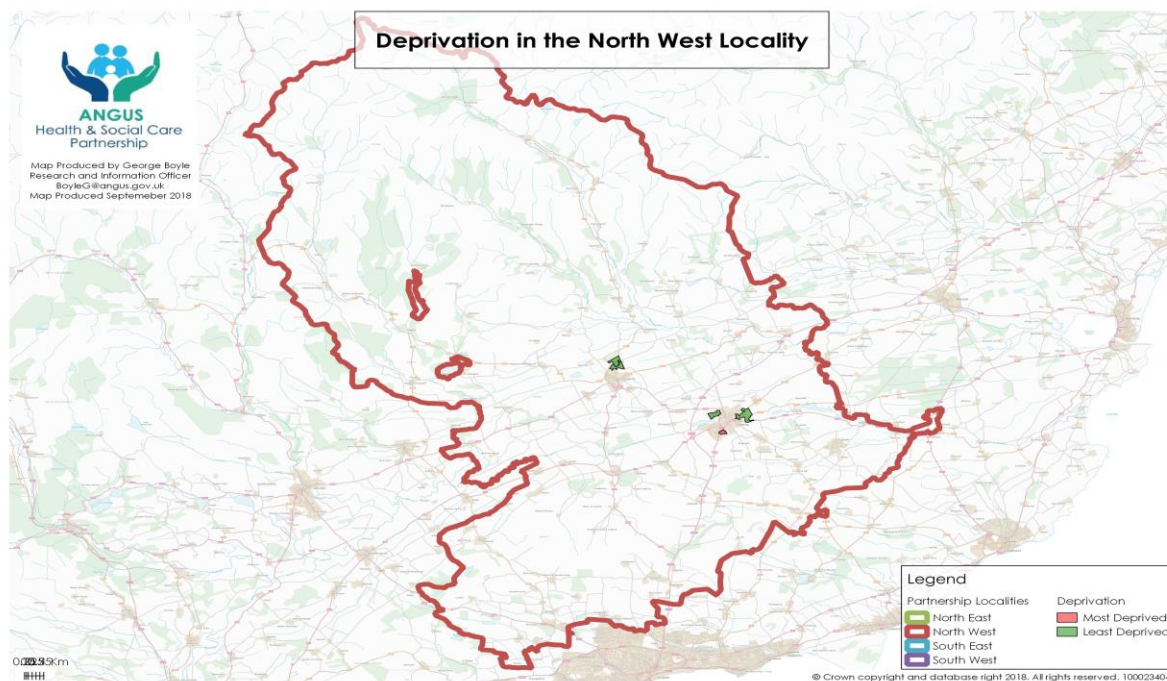
Map 6: Most and least deprived intermediate geographies in South East locality

Map 7: Most and least deprived intermediate geographies in South West locality

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Health and Health Promoting Factors Deprivation

Angus most deprived Quintile 1 areas have the following worse than Scotland:

- male life expectancy (74 years; 2.6 years less)
- female life expectancy (79.5 years; 1.3 years less)
- emergency hospitalisations (7,861 per 1,000)
- income deprivation (19.9%; 7.6% more)
- working age employment deprivation (17.5%; 6.3% more)
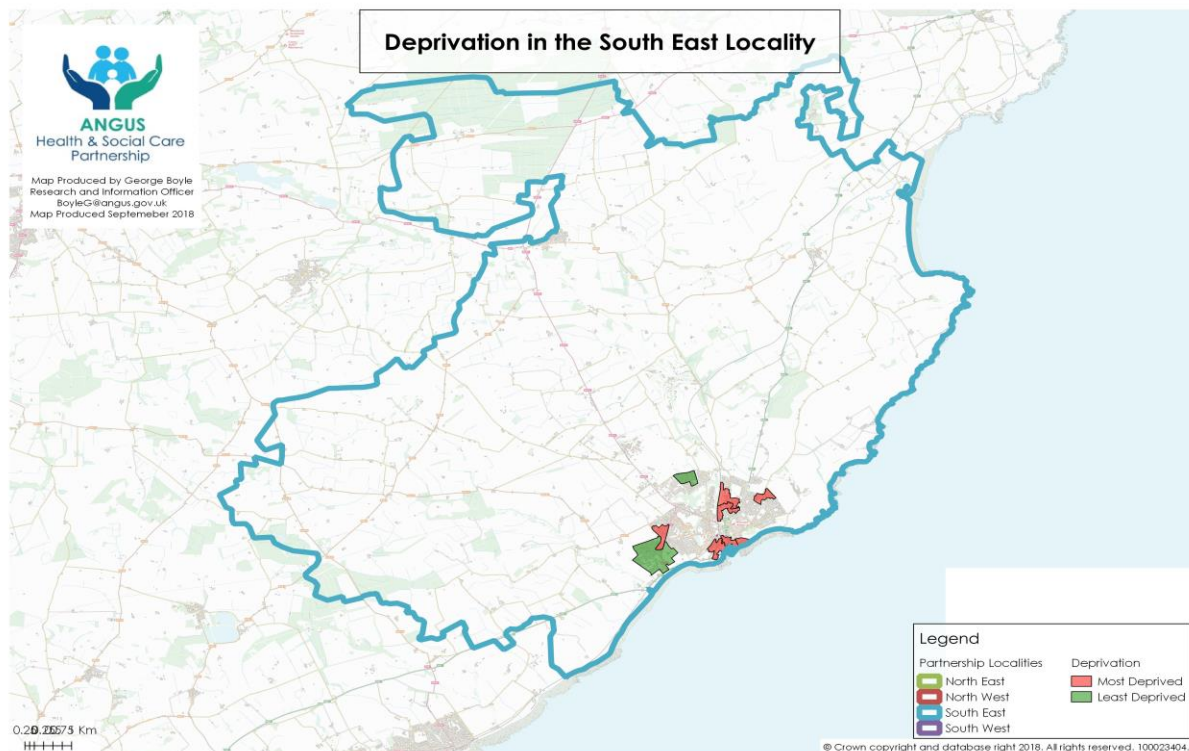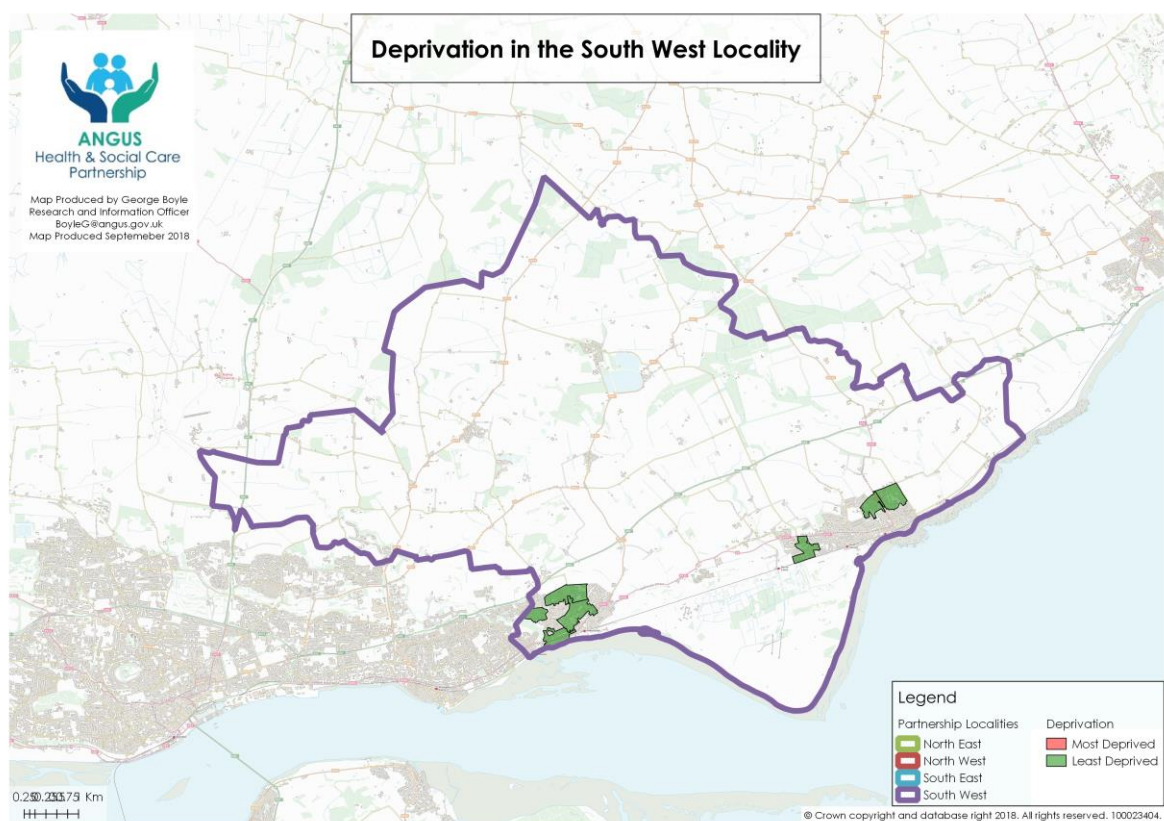- working age population claiming out of work benefits (17.5%; 6.3% more)
- crime rate (48.5 per 1,000)

The Angus Quintile 1 areas, however, have the following statistically significantly better than Scotland:
- relative Index of Inequality for patients (65+) with multiple emergency hospitalisations (0.4RII; 0.8RII IN Scotland)
- relative Index of Inequality for patients with emergency hospitalisations (0.4RII; 0.8RII in Scotland)

According to ScotPHO's 65+ Population Profile 2014, the Angus 65+ population is statistically significantly more likely than Scotland's 65+ population to:

- live in 15% most access deprived areas (21.6% compared with 15%)
- claim Pension Credits (aged 60+) (7.1% compared with 8.8%)
- receive 10+ hours of home care (12.3% compared with 34%)
- receive free personal care at home (3% compared with 5.1%)
- have a New Outpatient activity – Acute Medical (160.9 per 1,000)
- have a New Outpatient activity – Acute Surgical (excl. Trauma & Orthopaedics) (155.1 per 1,000)
- have a New Outpatient activity – Trauma & Orthopaedics (56.5 per 1,000)
- have a New Outpatient activity – Psychiatry (27.7 per 1,000).

GP practices located in the South East locality have the greatest proportion of their patients living in the 15% most deprived datazone areas.

GP practices located in South East and North West localities have the greatest number of patients living in Quintile 1 most deprived areas.

3   Housing

Key Points

- Angus has 53,045 households and 54,839 dwellings.
- The highest number of households (14,292) are in the North West and South East localities.
- Most of Angus households are either owner-occupied (64%) or social rented (20%). Only 13% are privately rented. 3% of Angus houses are vacant.
- It is projected that between 2016 and 2037 there will be a 4% increase in the number of households, with a consistent increases across each of the HMAs.
- Since 2006 the average household size in Angus has decreased 3.5% from 2.23 to 2.16.
- There is a projected increase in smaller households with an increase in 'single adult' and 'single adult with children' households.
- The demand for minor housing adaptations has been growing significantly over the past few years.
- With just over 1,000 people in one of the 32 care homes as at 31st March 2015 there is an 88% care home occupancy rate in Angus
- Over half of the long stay care home residents in Angus have dementia

Map 1: Angus Housing operational regions, 2017/18

3.1   Occupancy, Tenure and Housing Projections

In 2016, Angus had 53,045 households and 54,839 dwellings. The highest number of households (14,292) are in the West HMA region covering the North West locality and in the East HMA region (13,345) covering the South East locality.

It is projected that between 2016 and 2037 there will be a 4% increase in the number of households, with consistent increases across each of the HMAs. There will be an estimated 3900 more people and around 2000 more households by 2037, meaning a demand for more households. The greatest increase will be in the West HMA which cover the area of the North West locality.

Figure 1: Current occupancy status and household projections, 2016 to 20137
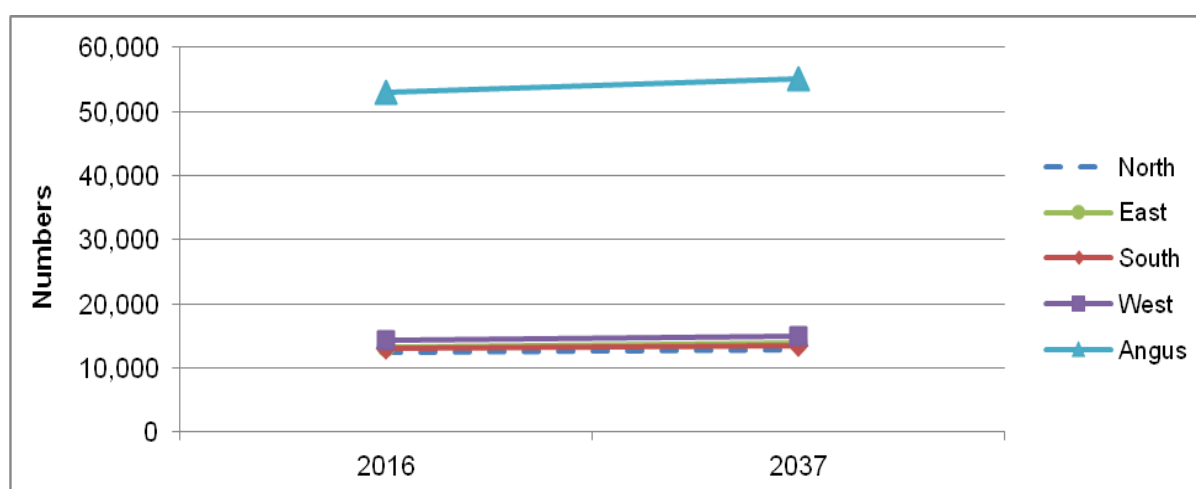
Table 1: Households status and projections for Angus and localities (2016 & 2037)[1]

Number of Households (Projection)	2016	2037	Change
Angus	53,045	55,098	+2053
North	12,417	12,897	+480
East	13,345	13,862	+517
South	12,990	13,493	+503
West	14,292	14,846	+554

Source: Angus Council Housing Profile

Most of Angus households are either owner-occupied (64%) or social rented (20%). Only 13% are privately rented. 3% of Angus houses are vacant.

Table 2: Housing Tenure (numbers and rates) for Angus and each locality (2016)

	Rate
Owner-occupied	34,719 (64%)
Social Rented	11,133 (20%)
Private Rented	7185 (13%)
Vacant	1802 (3%)

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3.2   People Living Alone

Since 2006 the average household size in Angus has decreased 3.5% from 2.23 to 2.16. Over the same period, the national average has decreased of 1.5% to 2.16.

The 'Households Size Projections' anticipate an increase in 1 person (+3439) and 2 person (+1722) households, and a decrease in 3 person (-1024) households by 2039, further suggesting that the average household size will decrease.

There is a projected increase in smaller households with an increase in 'single adult' and 'single adult with children' households.

3.3   Amenity of Dwellings

As stock information from different sources can have variation in terminology, the categories of amenity have been rationalised as follows:

- General Needs;
- Particular Needs;
- Accommodation suitable for a wheelchair;
- Amenity Housing;
- Sheltered Housing; and
- Accommodation with support.

Information on the amenity of private sector stock, whether rented or owned was not readily available. Therefore, it was assumed in this study and the housing needs calculations that all private sector stock is general needs. However, information is available on the amenity of the Council and RSL stock and this has been profiled in table 3 and 4.

As can be seen, the vast majority of social rented from the council dwellings in Angus are general needs housing although it decreased from 7, 241 in 2009 to 7,056 in 2018 when the special needs dwellings increased from 576 in 2009 to 929 in 2018. In total, there are 7, 670 units of council housing, down from 7, 817 in 2009.

Special needs housing is most concentrated in the West and North Angus HMA.

Table 3: Amenity Profile of Council Dwellings in Angus (Source: Council Stock List May 2018)

Amenity	East	North	South	West	Total
General Needs	2,142	2,053	722	2,139	7,056
Special Needs					
Wheelchair	14	7	10	16	47
Amenity	0	0	0	0	0
Sheltered	94	228	49	215	586

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Support	0	0	28	0	28
Ambulent Disabled (inc in mainstream & sheltered)	68	56	70	74	268
Sub-Total SN	**176**	**291**	**157**	**305**	**929**
Total Stock	**2,236**	**2,281**	**799**	**2,354**	**7,670**

The total stock of RSL dwellings decreased from 765 in 2009 to 469 in 2018 in North area, from 1,462 in the East area, from 233 in 2009 to 90 in South and from 589 in 2009 to 436 in the West. The most common RSL dwellings are mainstream need, although these have decreased from 2009 overall and in each of the localities. The number of sheltered housing has significantly decreased from 260 in 2009 to 107 in 2018 whilst the number of supported accommodation increased of only 1.

Table 4: Amenity Profile of RSL Dwellings in Angus (Source: Council Stock List May 2018)

CHR RSL Partners	North	East	South	West	Total
Mainstream	419	921	46	380	1766
Wheelchair	?	?	?	?	0
Amenity	0	0	14	1	15
Sheltered/Retirement	29	0	30	48	107
Supported	21	5	0	7	33
Paticular Needs Total	?	?	?	?	0
Total	469	926	90	436	1921
Other RSL	North	East	South	West	Total
Mainstream	256	665	52	213	1186
Wheelchair	?	?	?	?	0
Amenity	0	10	0	0	10
Sheltered/Retirement	53	41	66	29	189
Supported	0	11	0	64	75
Paticular Needs Total	?	?	?	?	0
Total	309	727	118	306	1460

Notes: Common Housing Register: Angus Council, Hillcrest HA, Caledonia HA & Blackwood Homes & Care; Other RSL providers: Angus HA, Cairn HA, Ark HA, Bield HA, Trust HA & Sanctuary HA

Figure 2 below shows the differing levels of demand for home adaptations over the past 5 years. It shows that the most common demand over the past few years has been for minor adaptations followed by moderate adaptations. The demand for minor adaptations has been grown significantly since 2014/15 and reached its highest level in 2017/18. The trend for moderate adaptations, on the other hand, has been stable whilst for major adaptations it is decreasing.

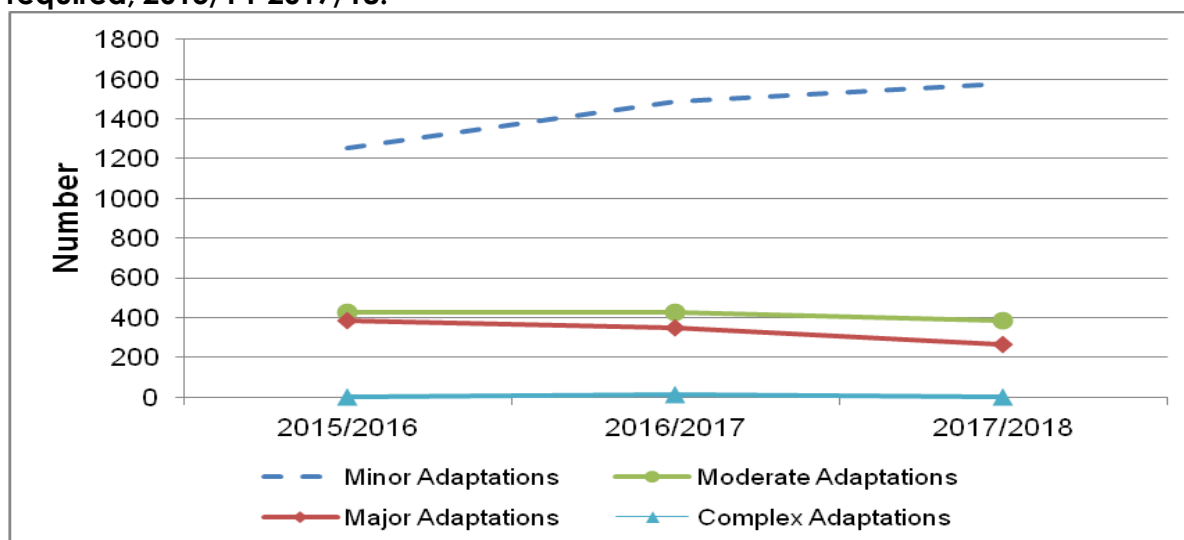**Figure 2: Number of Orders Placed for Adaptations in Angus, by adaptation level required, 2013/14-2017/18.**

Table 5: Orders Placed for Adaptations in Angus, by level required

	2015/2016	2016/2017	2017/2018
Minor Adaptations	1256	1486	1577
Moderate Adaptations	427	429	387
Major Adaptations	386	346	267
Complex Adaptations	<10	10	<10

Source: Angus Council - Housing Department statistics

Figure 3 below shows that the majority of orders placed for adaptations over the past five years have been consistently relating to private housing followed by council housing. There has been a significant rise in the number of orders made for private housing since 2013/14 followed by rise in the orders in council housing.

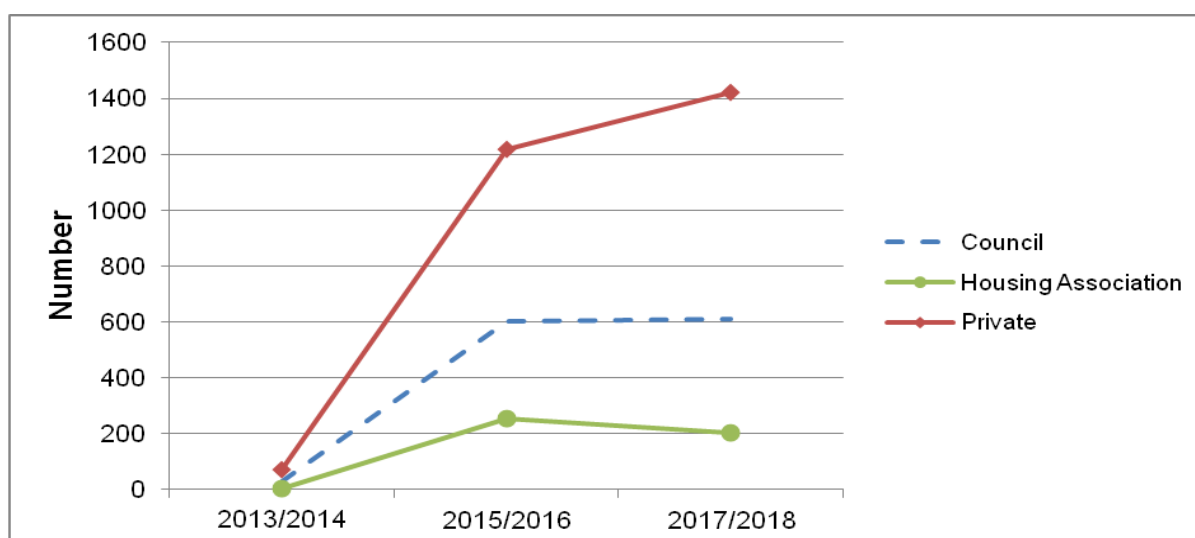**Figure 3: Orders Placed for Adaptations in Angus, by Tenure Type**

Table 6: Orders Placed for Adaptations in Angus, by Tenure Type

	2015/2016	2016/2017	2017/2018
Council	602	622	612
Housing Association	254	231	202
Private	1216	1418	1421

Source: Angus Council - Housing Department statistics
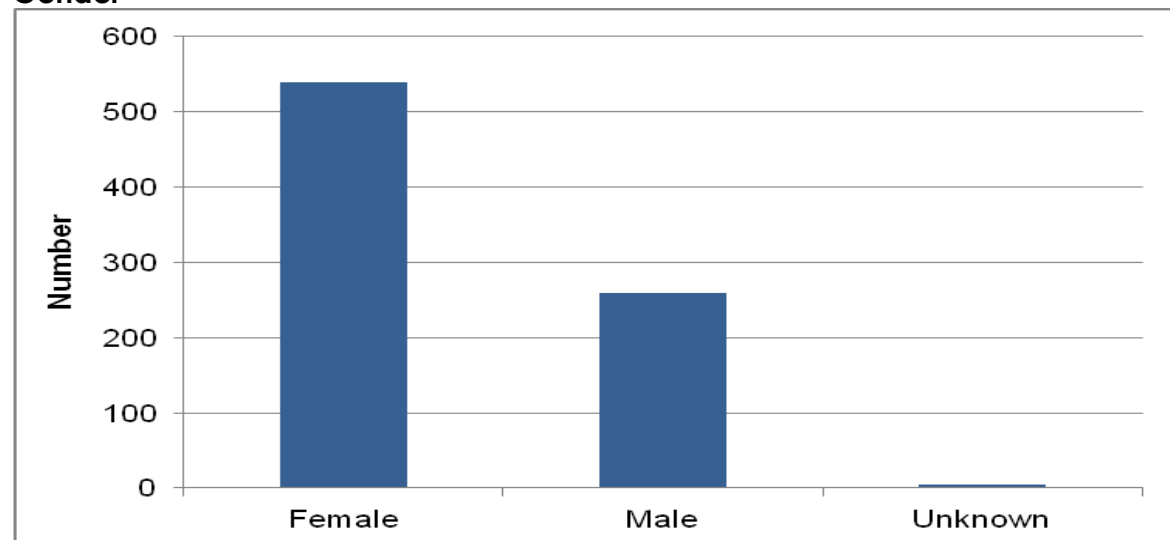
3.4   Care Home Residents

As at 31st March 2018, there were 32 care homes in Angus, up from 31 in 2016.

Out of the 32 care homes 27 are either private or voluntary and 5 are local authority funded.

As at 31 March 2018, there were 804 residents, down from 1,021 in 2016. This reflects the shift in the balance of care into community-based home care provision promoting independence.

The average weekly charge for long stay self funders in a care home in Angus without nursing care is £701 (below the Scottish average of £755; an increase from £657 in 2015) and £813 with nursing care (above the Scottish average of £814; an increase from £775 in 2015).

67% of care home residents are female and 32% are male.

Figure 4: Care Home Long Stay Residents in Angus as at 31st March 2018 split by Gender

Source: ISD Care Home Publications

The majority of Angus care home residents are aged 65+ (717) and only 85 are under 65 years old. The largest age group is 85-94 (46% of all residents) and 75-84 (25% of all residents).

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Figure 7: Care Home Residents in Angus as at 31st March 2018 split by Age Groups
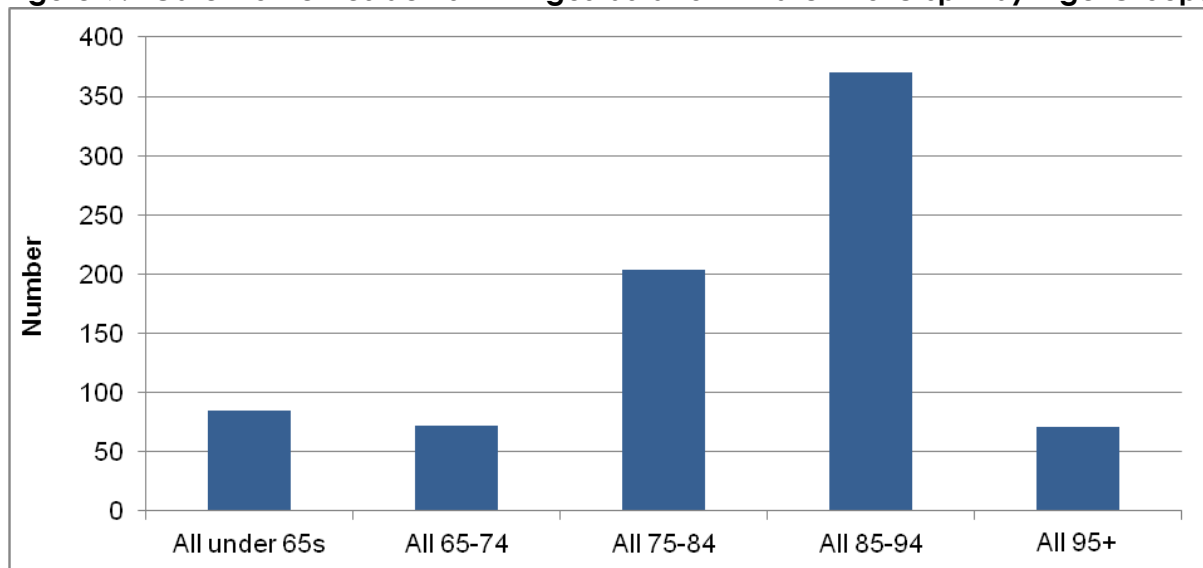
Source: Angus Council Social Care data

Figure 8 below shows some of the health characteristics of the 905 long stay residents in Angus at 31st March 2016. The most common type of condition recorded was dementia (medically diagnosed) with 45% prevalence (up from 43% in 2015), although this increases to 55% (up from 54% in 2015) if non-medically diagnosed dementia is included.

Figure 8: Health characteristics of Angus Long Stay Residents as at 31st March 2017
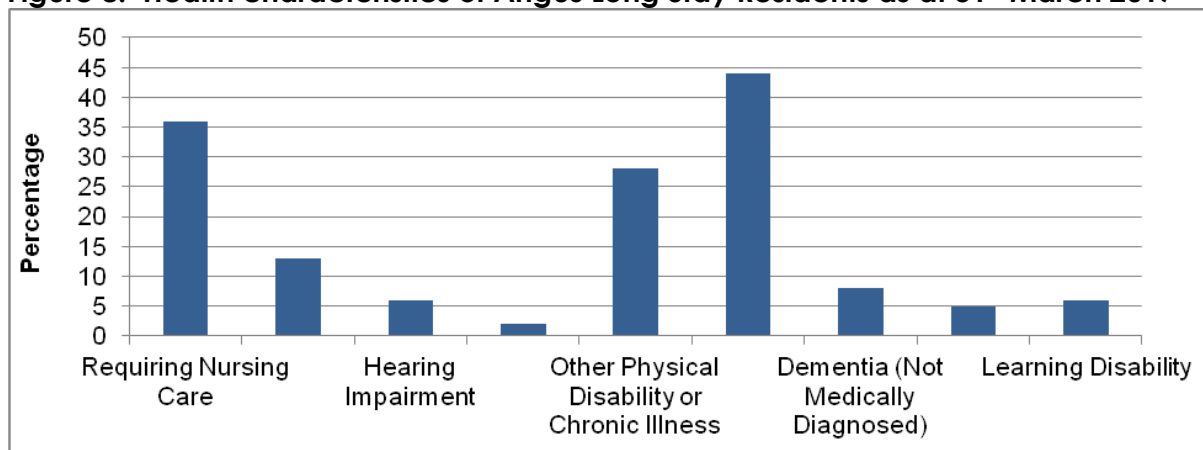
Source: ISD Care Home Publications

3.5   Homelessness

The number of homeless applications in 2017/18 in Angus was 746, a 2% decrease from 762 in 2016/17 which was greater than the 1% decrease in Scotland. Figure 5 below shows the sharp decline in the number of homeless applications since 2011/12.

Figure 5: Number of Homeless Applications between 2002/03 and 2017/18, Angus LA

Source: ad-hoc from Social Security and Housing Access Statistics, Scottish Government

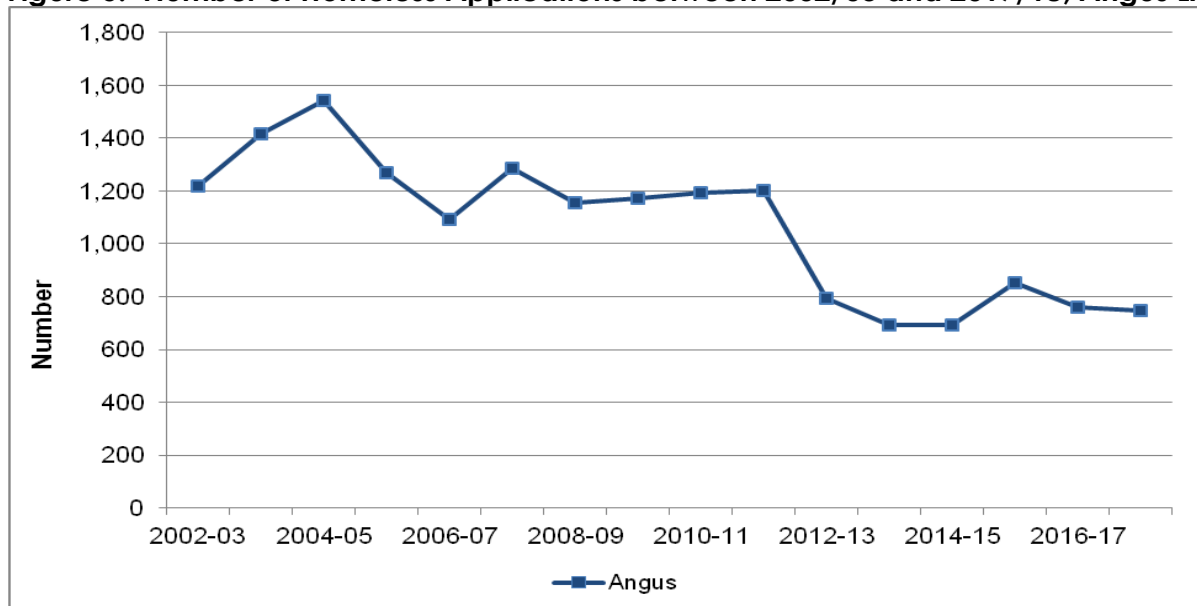Across Scotland most homeless applications are from people that had previously been living with parents / family or relatives, friends/partners and in privately rented accommodation, followed by a LA rented accommodation and a prison. In 2007/08 25% of all applications had been staying with family and this has fallen to 23% in 2014/15 and then rose to 24% in 2016/17. The notable increase between 2007/08 and 2016/17 is the proportion of applicants who were previously staying with friends or partners, an increase from 14% to 18%.

It is concerning that the proportion of homelessness applications where at least one support need has been identified has been progressively increasing since 2009-10 (32%) and has sharply rose from 34% in 2013 to 39% in 2014/15, then to 42% in 2015-16 and 44% in 2016-17 when it reached the highest level since 2007-08.

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4   Health Behaviours

4.1   Alcohol Mortality

In 2018 the National Records of Scotland revised their methodology for attributing deaths to alcohol. They now measure Alcohol Specific Deaths as opposed to Alcohol related deaths in their previous data. They have revised the previous data back to the year 2000. The detail on the revised definition is available on their website.

Figure 1 shows the pattern of Angus alcohol deaths over the last 17 years where alcohol was the underlying cause of death and shows, despite some fluctuations, an increase over time.

Figure 1: Angus alcohol related mortality 1990 – 2017
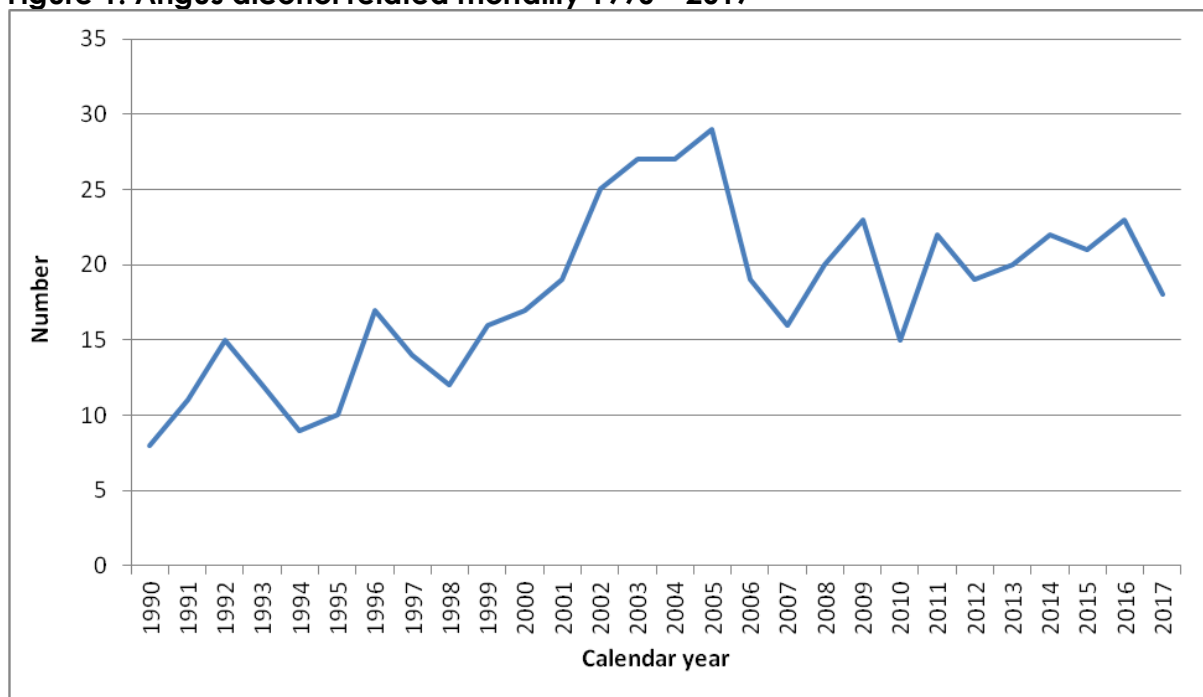
Source: National Records of Scotland

The average number of alcohol specific deaths in Angus for the five year period 2013-2017 was 19 deaths giving an average rate of 16.25 deaths per 100k population.

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Figure 2: Angus alcohol related 5 year mortality rate by HSCI locality 2011-15
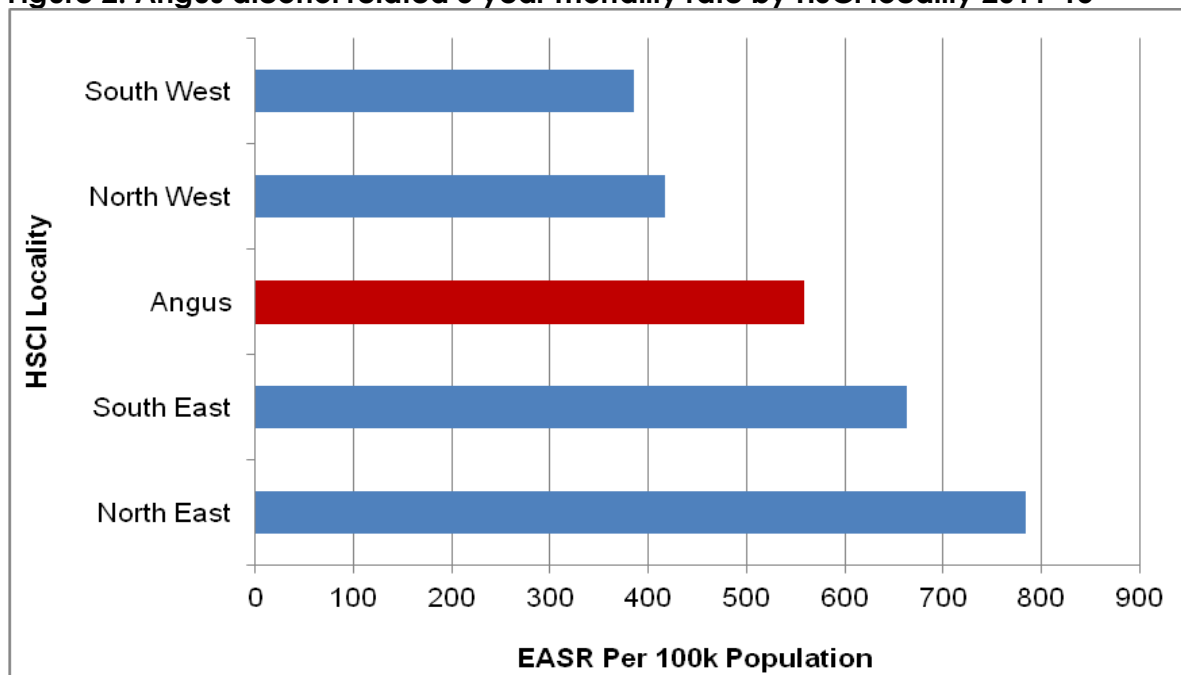
Source: NRS

Examining alcohol related deaths by SIMD quintile shows that the rate of deaths from those in the more deprived areas is 2.4 times higher than those from the most affluent areas, demonstrating that although the least deprived have greatest consumption, the more deprived suffer the greatest health harm.

Figure 3: Angus Alcohol related mortality rate by SIMD quintile 2013-2015 (cumulative)

Source: NRS

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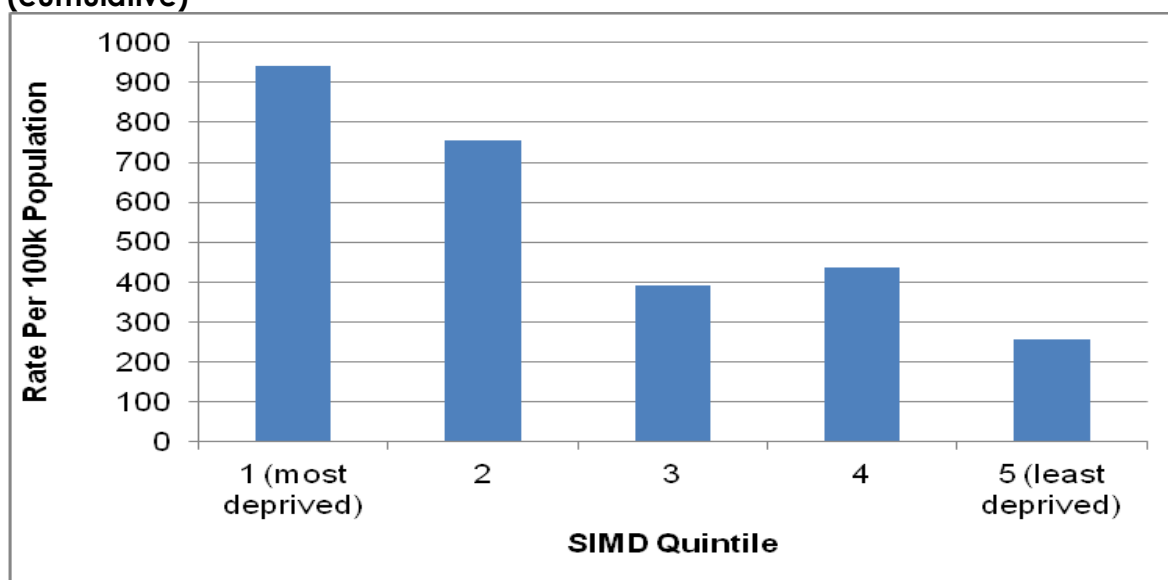
4.2   Alcohol Consumption

The estimated usual weekly consumption of adults in Tayside and Scotland is shown in Figure 4. Hazardous drinking was reported by 23% of adults in Tayside and 24% across Scotland. The mean number of units drunk weekly by Tayside's adults was 10.8 which is below Scotland's 12.6 units. Tayside men consumed 13.5 units per weeks whilst women consumed 8.1 units which is less compared with Scotland males (16.4) and women (8.8).

Figure 4: Adherence to weekly drinking limit advice, Tayside and Scotland 20013-2016 (combined)
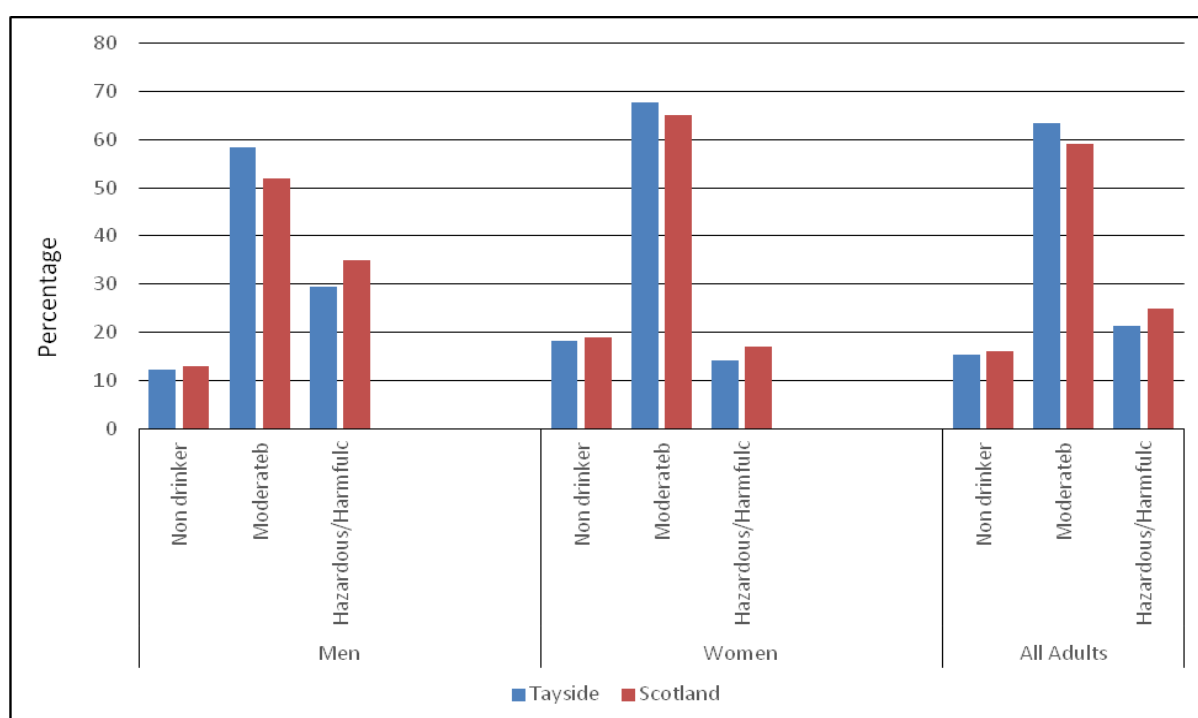
Source: Scottish Health Survey 2013-16

4.3   Alcohol Outlets Availability

In a recent parliamentary briefing, Alcohol Focus Scotland argue that physical environments, as well as individual factors, shape alcohol consumption. They add that to be successful, any alcohol strategy must address the way in which local environments can enable or constrain drinking behaviour. Given a recent CRESH research we know that the local retail environment is important as the outlet density matters for health as the highest alcohol outlet density doubles the death rate and significantly increases alcohol-related hospitalisations rate of those with the lowest densities. In fact, in Scotland one in every twenty hospital episodes is attributable to alcohol (Grant et al. 2009).

According to CRESH study, mean total outlet availability in Angus equals 12.7 which is below Scotland's 16.1. The mean on-sales outlet availability in Angus equals 9.5 which is also lower than Scotland's 11.0. The mean off-sales availability in Angus is 3.2 which is also below Scotland's availability of 5.1.

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In 2016 the highest alcohol outlet density per 800m is found in **Arbroath Harbour** S02001353 ranging from 27.8/800, 26.3/800m to 24.8/800m; **Forfar Central** S02001365 (21.8/800m to 18.8 to 18.4); **Montrose South** S02001357 (19.3/800m to 18.8/800m), **Forfar East** S02001364 (19.3) and **Arbroath Warddykes** S02001355 (18.4/800m).

Map 1: Alcohol outlet density per 800m from population centre in Angus by CRESH study (2016)

The highest alcohol-related mortality rates are found in Arbroath Warrdykes, Montrose South and Carnoustie West of which the highest alcohol outlet density is found in Montrose South (19.3 per 800m): S02001357 & S02001357, Arbroath Warddykes S02001355 (18.4/800m) and Montrose South S02001357 (18.8/800m). (see appendix)

The highest alcohol-related hospitalisation rates are found in Montrose South S02001357 (263/100,000 & 249/100,000), Arbroath Harbour S02001353 (224/100,000) and Monifieth East S02001347 (210/100,000) of which the highest alcohol outlet density is found in Arbroath Harbour S02001353 (27.8/800m & 26.3/800m) followed by Montrose South S02001357 (19/3/800m).(see appendix).

4.4   Alcohol A&E Presentations

A NHS Quality Improvement Scotland audit report published in November 2006 found that alcohol was a contributory factor in 11% of attendances to A&E departments across Scotland. This section shows attendances to the A&E department at Ninewells Hospital or Perth Royal Infirmary (PRI) by Angus residents, where either an 'alcohol intoxication' diagnosis was recorded or where the 'misuse of alcohol' was recorded.

Figure 5 examines the A&E attendances by Health and Social Care (HSC) Locality of residence of the individual attending. South East had the highest alcohol related attendance rate in 2017 with 503.9 per 100,000 population compared to the lowest rate in North East with a rate of 460.0 per 100,000 population.

Figure 5: Angus alcohol related presentation rate to A&E by HSCI Locality 2017
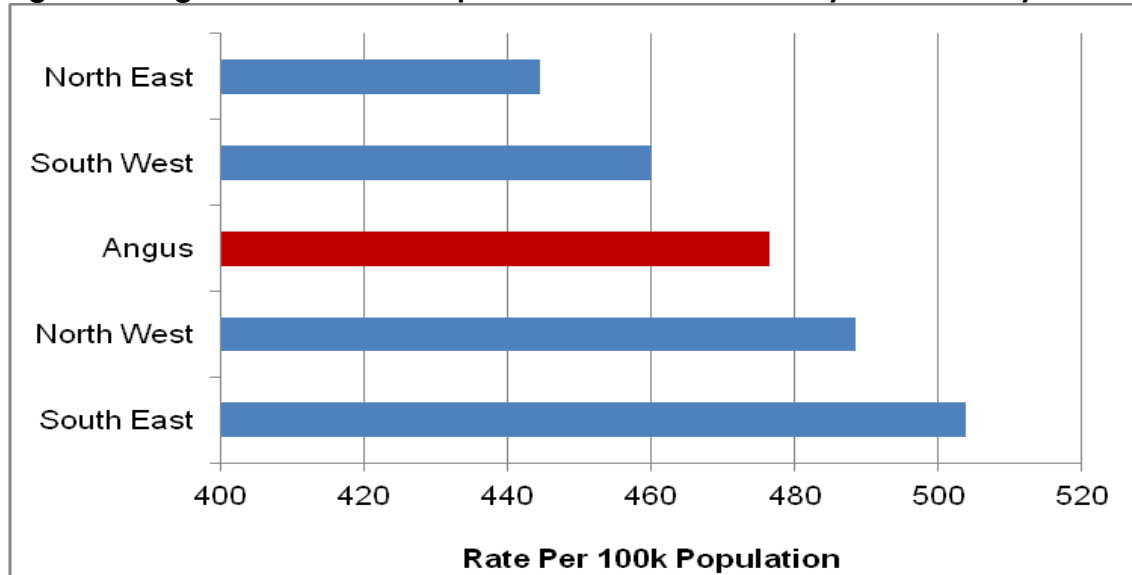
Source: A&E systems accessed by NHS Tayside Business Unit

There is a clear deprivation gradient shown by alcohol related attendances to A&E as shown by Figure 6 with individuals from the most deprived areas of Angus accounting for 3.6 times the rate of presentations by those from the most affluent areas.

Figure 6: Angus alcohol related presentation rate to A&E by deprivation 2017

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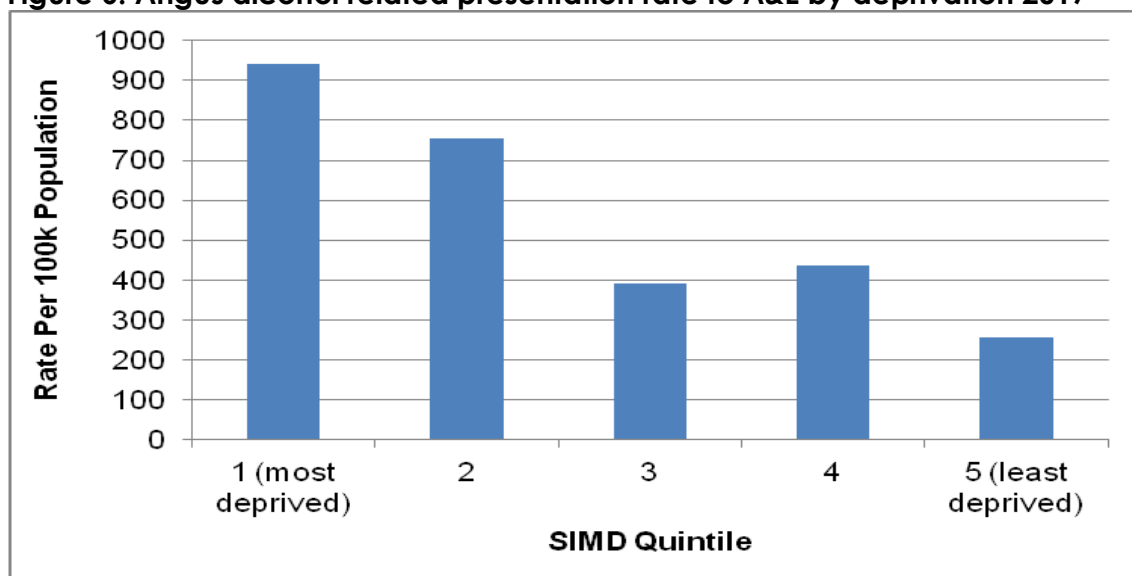
4.5   Alcohol Hospital Discharges

Comparison of alcohol discharge rates across Angus by HSC Locality in 2017/18 is shown by Figure 7. The overall Angus alcohol related discharge rate was 557.0 per 100,000 population. Within Angus, the discharge rate varied from 384.7 per 100,000 population in The South West to 784.8 in North East.

Figure 7: Angus alcohol related acute hospital discharge rates by locality, 2017/18
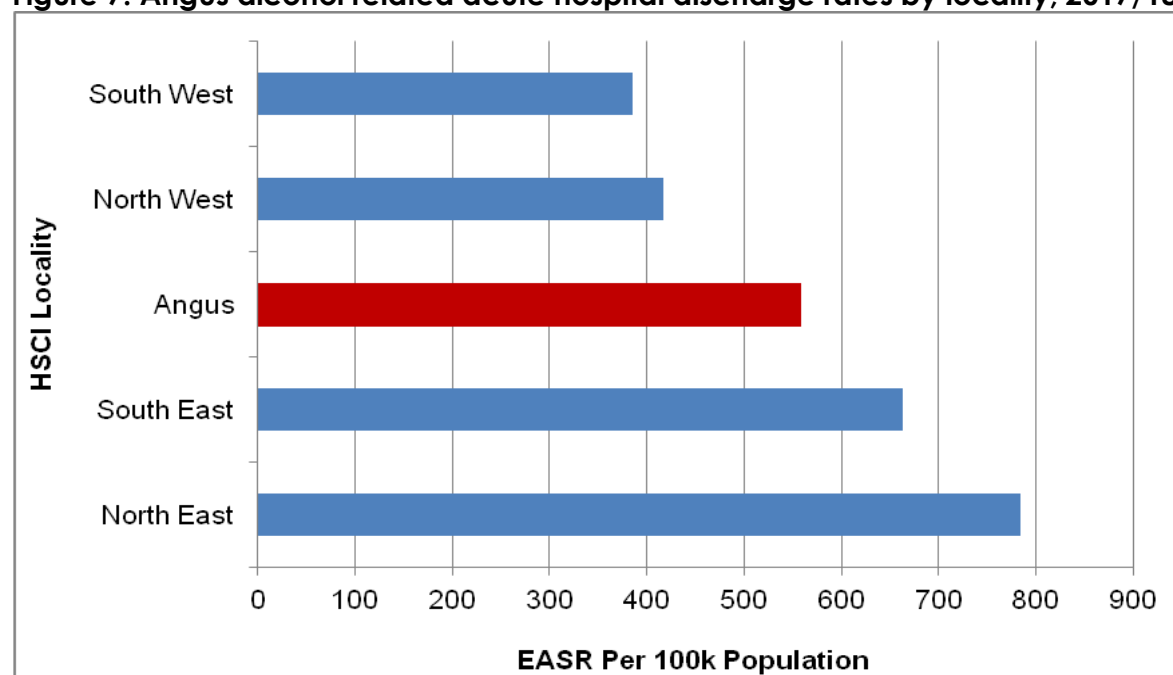
4.6   Alcohol Hospital Stays and Deprivation

Table 4 shows Angus intermediate zones with the greatest alcohol-related hospital stays. It is evident that the highest prevalence is most commonly observed in the most deprived Quintile 1 and Quintile 2 areas, although also in the more affluent areas such as Monifieth East. For detailed information at an intermediate geography level, please refer to a relevant table in Appendix 1.

4.7   Alcohol Brief Interventions

The LDP standard is the minimum number of ABIs to be delivered in all settings (including wider settings). The LDP standard expects at least 80% of the standard to be delivered in priority settings.

Tayside's ABI performance is one of the lowest in Scotland. Tayside Heath Board did not meet the LDP standard of 80% of Alcohol Brief Interventions being delivered in priority settings with its 2017/18 rate of 78.5%.

4.8   Drug Deaths

The Tayside Drug Death Review and Working groups were set up in 2008 with the aim of understanding and preventing drug deaths. The National Drug Deaths Database

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was also launched in January 2009, acting on a recommendation that had come from the National Forum for Drug Related Deaths. Data collected for local analysis is also reported to the national database.

The definition of a drug death is complex, with individual studies adopting specific definitions, which vary depending upon the focus of the study. The results presented here are taken from the figures released by National Records of Scotland. More specific information can be found in the local report "Drug Deaths in Tayside, Scotland 2016".

In 2017, there were 18 drug related deaths in Angus. Figure 8 shows the trends in drug deaths for the last 10 years. Although each death is unfortunate, numbers are small and so caution should be taken when considering fluctuations in the data. An analysis of changes over time can also be done grouping 5 years of data and then calculating the average annual number. Between 2003-2007 and 2013-2017, the average number of annual deaths in Angus had risen from 7 to 13. The annual average rate for 2013-2017 was 11 per 100,000 population. The highest rate of drug deaths in Angus was in the 35-44 age group with a rate of 38 deaths per 100,000 population.

Figure 8: Angus drug related deaths (numbers), 2007-2017
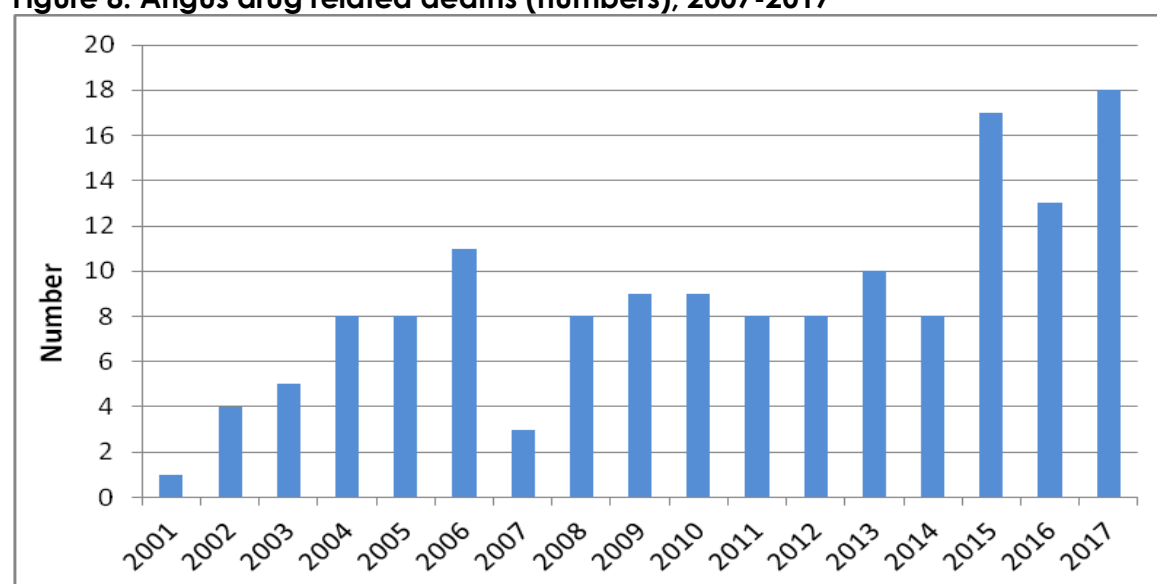
In 2017, All 18 drug related deaths had a diagnosis of 'Accidental Poisoning' recorded. Opioids were listed as contributing to the cause of death in 16 of the 18 deaths.

4.9   Drug Use Prevalence

Figure 9 summarises the estimates of the prevalence of problem drug misuse in Angus compared to Tayside and Scotland. In 2012, Angus had a 1% prevalence of problem drug use which is statistically significantly less than in Tayside and Scotland (1.7%). Angus's men are more likely (1.4%) than Angus females (0.6%) to experience a problem drug use. The prevalence for both genders in Angus is lower compared with Scotland prevalence of 2.5% among men and 1% among women.

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Figure 9: Prevalence of problem drug use in Angus and Scotland, 2012
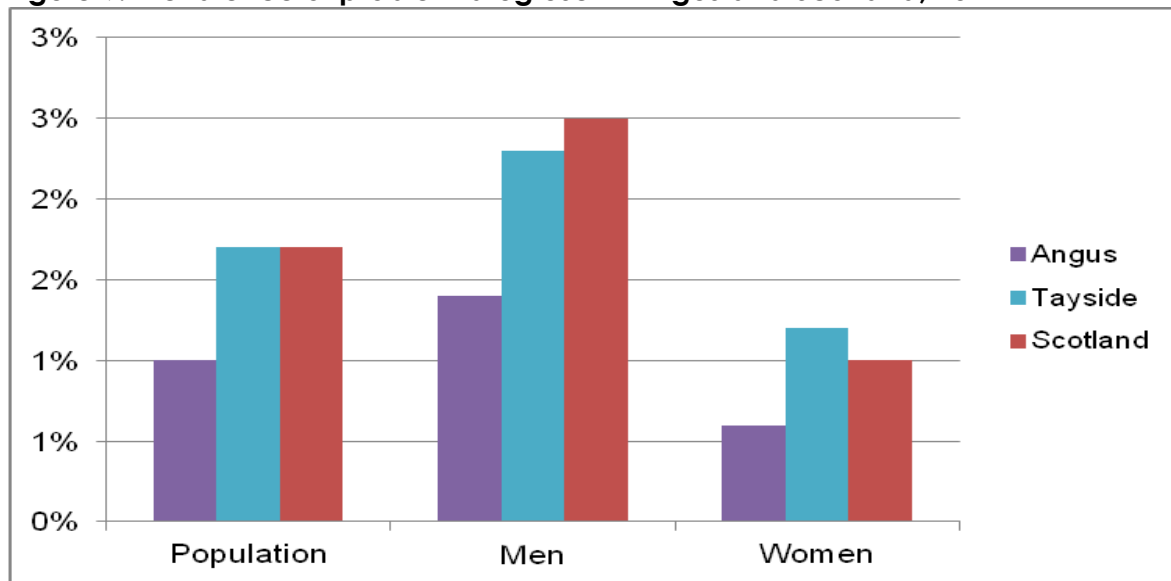
Source: Scot PHO Drug Profiles, 2016

4.10 Drugs Related A&E Presentations

This section shows attendances to the A&E department at Ninewells Hospital or Perth Royal Infirmary (PRI) by Angus residents, where a drug related diagnosis was recorded. Note that these attendances could be due to prescribed or illicit drug use and the numbers are only an estimate as it is not always known if drugs have been involved. No data from MIIUs are available.

Similar to other health indicators that have been considered, an inequality gradient exists in the drug related presentation rate to A&E with rates in the most deprived areas 11 times higher.

Figure 10: Angus drug related presentation rate to A&E by deprivation 2013
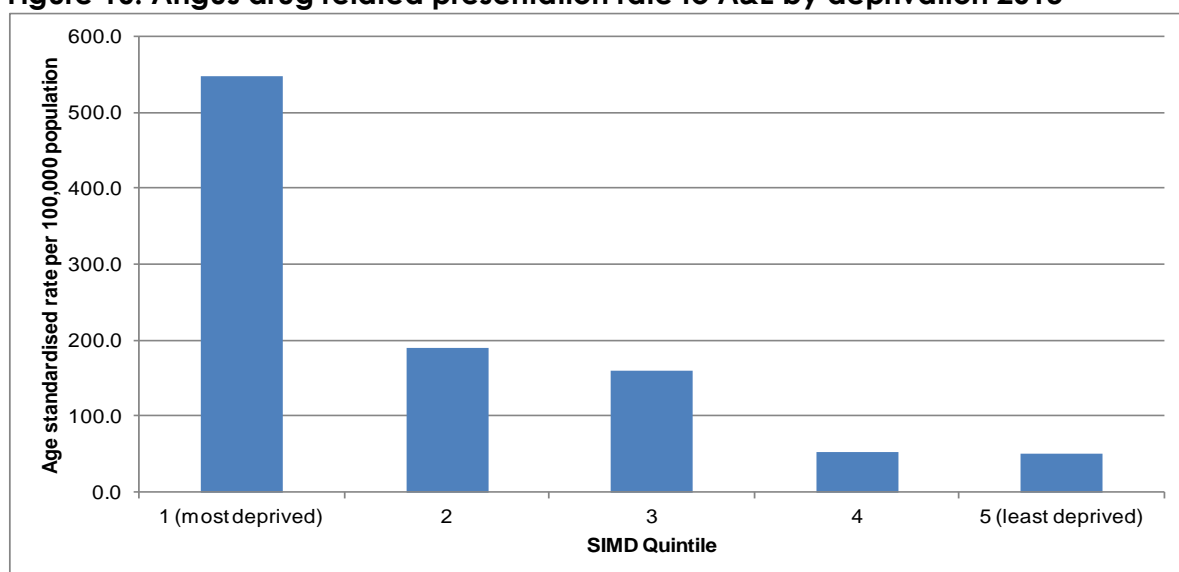
Source: Business Unit, NHS Tayside

4.11   Drugs Related Hospital Stays and Deprivation

In relation to intermediate geographies, the highest prevalence is most commonly observed in the most deprived Quintile 1 and Quintile 2 areas, although also in few of the more affluent areas, especially in Arbroath Keptie, Forfar East and Forfar West. Detailed table with Angus intermediate zones with the greatest drug-related hospital stays can be found in a relevant table in Appendix 1.

4.12   Drugs Related Hospital Discharges

There were 125 drug related episodes in the acute hospital setting in 2017/18 for Angus residents. This equated to a rate of 107.3 per 100,000 population. This was an increase (24%) in the number of episodes from the previous year However, caution should be taken in review this data year on year as the numbers in Angus are still low compared to other areas in Scotland. Figure 11 shows there was a higher proportion of male discharges than female in all years other than 2007/08.

Figure 11: Number of drug related hospital discharges in Angus, by gender, 2007/08-2017/18P
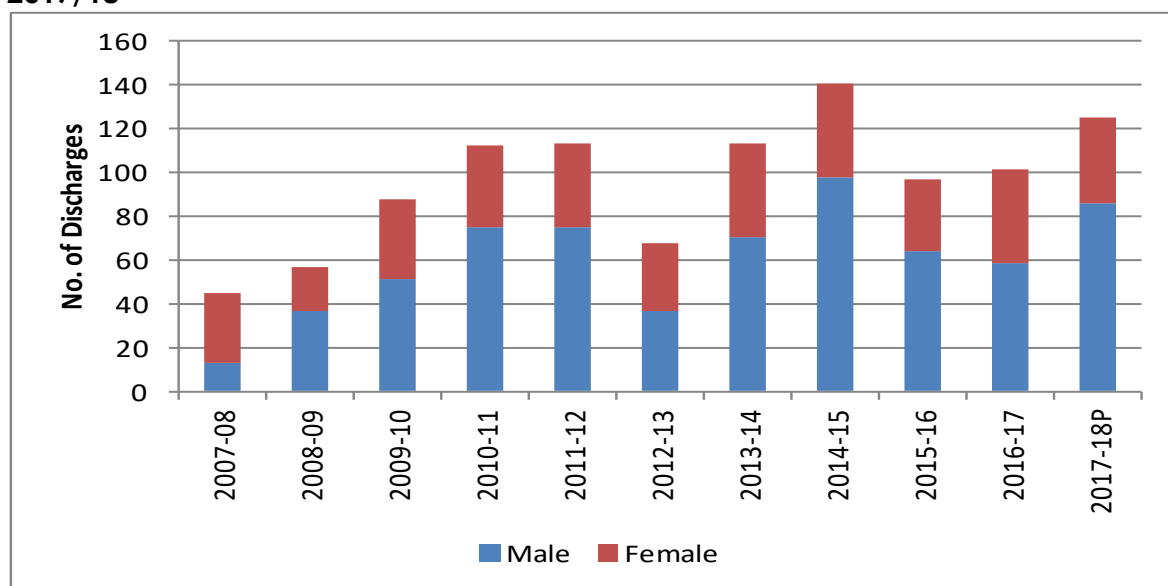
The age of people recorded with a drug related discharge in Angus since 2007/08 shows an increase over time. In 2017/18 people in the 35-44 age group made up the majority of discharges (35%). Over the past 10 years the average age within the discharges was 36 years old in Angus.

Figure 12 shows the 2017/18 discharge rate for drug related hospital episodes by Locality the South East Locality shows the highest rate of discharges with 166 per 100k population compared to 28.8 in the South West.

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Figure 12: Angus drug related acute hospital discharge rates by HSCI Locality 2017/18
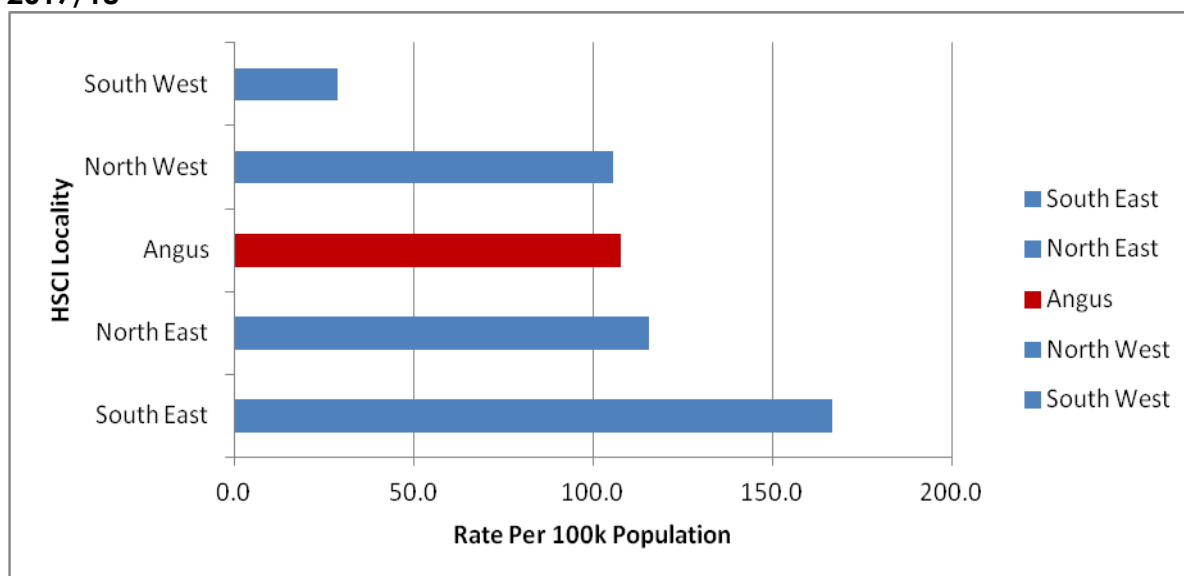
Figure 13 shows that there is a significant deprivation gradient within acute drug related discharges in 2017/18 with people in the most affluent areas of Angus just under 20 times less likely to attend hospital for a drug related episode compared to those living in the most deprived areas.

Figure 13: Angus drug related acute hospital discharge rates by SIMD Quintile 2017/18
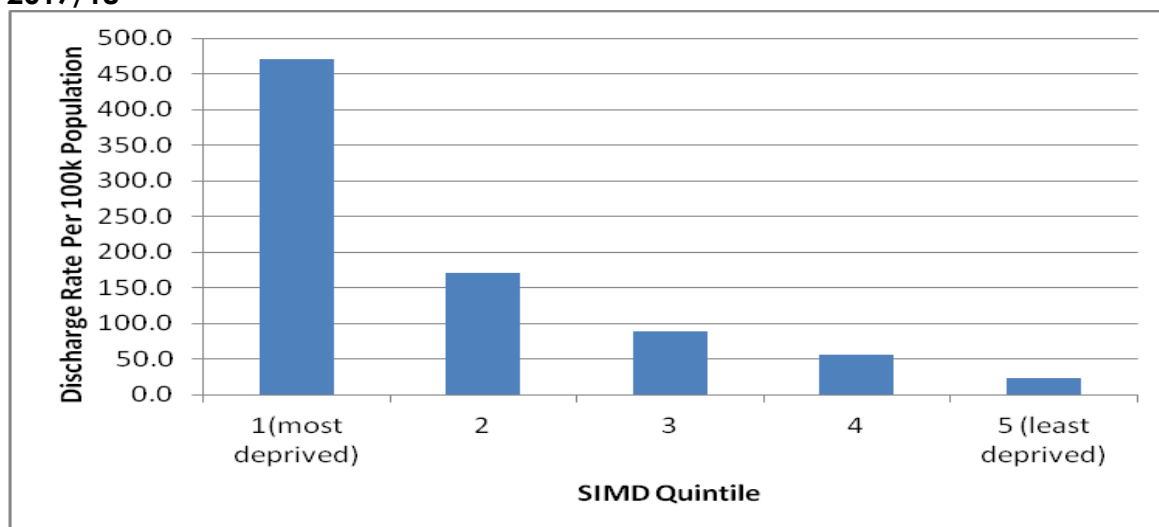
4.13   Harm Reduction

The number of naloxone kits given to people at risk of opioid overdose in Angus was 95 in 2014/15 and 95 in 2015/16.

As at 31st March 2017, there were 398 individuals on a methadone prescription in Angus.

4.14 Obesity and Lifestyle Factors

According to Scottish Household Survey 2015, 80% of Angus's residents participated in any sporting activity in the last four weeks which is the same as in Scotland. This is a 4% increase from 76% in 2013 and 2012. This means that 20% of Angus population does not participate in any kind of sport activity, including walking and is even lower in Angus's 20% most deprived areas (8%) which have a lower rate than their Scottish Decile 1 area (10%). Moreover, of the 80% who exercised in the past 4 weeks only 47% did so within the past 2 weeks.

The most common sports type practiced in Angus is walking (min. 30mins) (70%) followed by swimming (15%), keeping fit/aerobics (12%), multigym/weight training (11%), cycling (9%), dancing (9%), other (8%) and running/jogging (6%), and golf (6%). The proportion of walking has been steadily increased since 2012 whilst all other than walking sports activities decreasing from 54% in 2013 to 49% in 2015.

Angus men are more likely (81%) than women (78%) to have participated in any sport (including walking) in the past 4 weeks. Furthermore, younger adults (16-39yrs) are more likely to have done so (86%) than middle age adults (40-59yrs) (81%) whilst older people aged 60+yrs are the least likely (72%). Whilst Angus adults aged 16-39 and 40-59 yrs are less likely than their Scottish comparators (89% and 82%, respectively) to have exercised in the past 4 weeks, Angus's older people are more likely than their Scottish counterpart (66%) to have done so. The participation in sport and exercise (including walking) in the last 4 weeks has significantly increased among older people aged 60+ from 58% in 2013 to 69% in 2014 where in the same period participation has decreased from 86% to 82% among the 40-64 age group, and from 89% in 2013 to 86% in 2014 in the 16-39 age group.

The most common type of sport practiced by Angus women is walking (72%), keep fit/aerobics (20%) and swimming (19%) whilst for Angus men it's also walking, although at a lower level of 66%, followed by multigym/weight training (18%), swimming (10%) which is lower than for women (19%), cycling for min. 30mins (10%) and golf (10%).

Those aged 16-39yrs tend to walk (67%), swim (24%), multigym/weight training (24%), then keep fit/aerobics (19%) and football (19%). Those aged 40-59yrs also tend to be walking most (77%) with this age group having the highest walking rate, then cycling (14%), swimming (13%) and multigym/weight training (10%). Older people aged 60+ years, on the other hand, tend to be walking most (66%), though the least likely to walk of all age groups, then keep fit/aerobics (10%), play golf (9%) and swim (8%).

The most common activity among the 8% of Angus most deprived Decile 1 population is walking (79%), keeping fit/aerobics (69%) and swimming (50%).
In terms of satisfaction with leisure services, 50% of Angus population is very/fairly satisfied which is less than in Scotland (51%). The proportion of those very/fairly dissatisfied has decreased from 6% in 2014 to 2% in 2015.

In terms of frequency of use of nearest greenspace, 45% of Angus's participants use it every day/several times a week which is above Scotland.

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4.15 Smoking

ScotPHO says that in 2016 16.2% of Angus residents aged 16+ were smokers. This is less than in Scotland (19.6%).

Angus men are more likely (20.5%) than women (12.2%) to smoke.

Smoking is most common among Angus residents aged 35-64 years (19.2%) and 16-34 (17.4%).

5   Mental Health

5.1   Self-reported mental health conditions (2011 Census)

The 2011 Census asked respondents whether they have a mental health condition that is expected to last. Figure 1 compares the rate of self reported mental health conditions across Scotland per 1,000 population and shows that mental disorders are more prevalent among those living in deprived areas. Dundee City had the fourth highest rate and was higher than the Scottish average at 53 per 1,000 while the rates reported in Angus and Perth & Kinross were 37 and 35 per 1,000 respectively.

Of the Tayside respondents, 17,122 (42 per 1,000) reported having a mental condition. Figure 2 shows the breakdown by age and gender. Ten percent were young people aged under 25 years while 20% were aged 65+ years.

Figure 1: Crude rate of individuals reporting a mental health condition by local authority, 2011
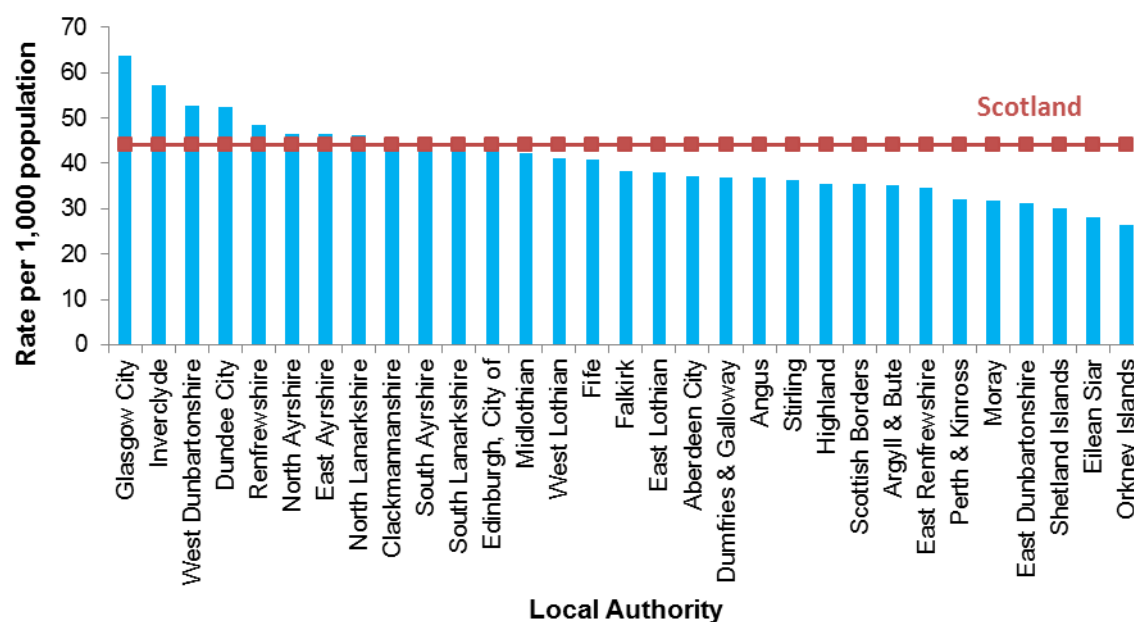
Source: Census 2011

5.2 Quality & Outcomes Framework (QOF)

The Quality & Outcomes Framework (QOF) measures a General Practice's achievement against a set of evidence-based indicators. Payments are made to each General Practice on the basis of their achievements against those indicators. Approximately 95% of all practices in Scotland participate.

In 2015/16, 17 Tayside practices participated in QOF. The QOF gives an estimated prevalence on a range of conditions including mental health. In 2015/16, there were 1,017 patients registered as having a mental health condition, a prevalence rate of 0.86 per 100 patients. Figure 2 shows a progressing and gradual increase in mental health prevalence over time and shows that Angus rate has been consistently lower than Scotland's and that the Tayside rate has been consistently above Scotland's rate over the 2008/09 – 2015/16 period.

Figure 2: Estimated prevalence of mental health conditions for those registered with Tayside practices 2008/09 – 2015/16
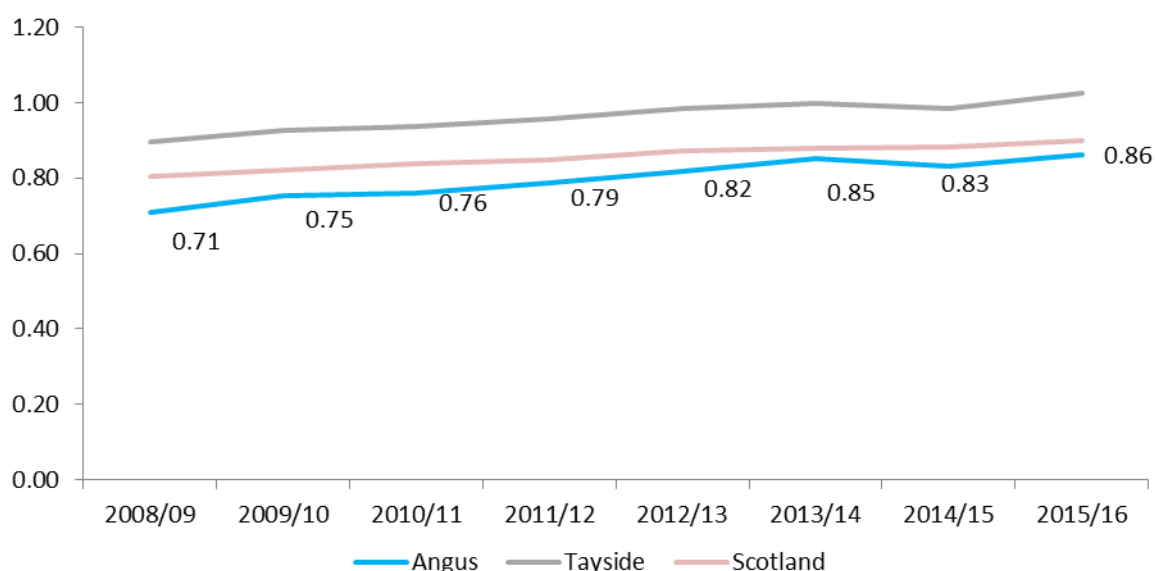
Source: QOF Calculator Database, ISD Scotland

The QOF mental health data is only indicative and does not provide a true picture of mental health problems. It is more common for people with mental health difficulties to be prescribed a medication than to receive an assessment and diagnosis by a GP. A further section will therefore comprehend the QOF data of hospital activity and prescribing data for mental health problems to allow for a more valid assessment of the extent of the matter.

5.3 Demographic Inequalities

Historical national analysis from 1997/98 shows that males have consistently recorded higher discharge episodes of care rates than their female counterparts. This trend is mirrored locally in Tayside.

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Of the 1,909 Tayside resident discharges from psychiatric hospitals in 2017/18, slightly over half (50.6%) were males. By comparison, in 1997/98, the proportion of males was lower than the females at 48.5%. This switch and size of proportions was also evident for Scotland as a whole and matches the gender split in the general population.

The under 25 age group has changed very little over time and has consistently shown the lowest rates by far. For the majority of the time period considered, the 25-44 years age group had the highest rates however in recent years (2013/14 to 2016/17), the oldest age group (65+) showed higher rates. In 2017/18 however, the 65+ rate dropped considerably from 834.8 to 586.7 episodes per 100,000 population, lower than the rate of 634.3 in the 25-44 years category.

Figure 3. Crude Discharge Rates (All Episodes of Care) from Psychiatric Hospitals for Tayside Residents by Age Band, 2000/01 – 2017/18P
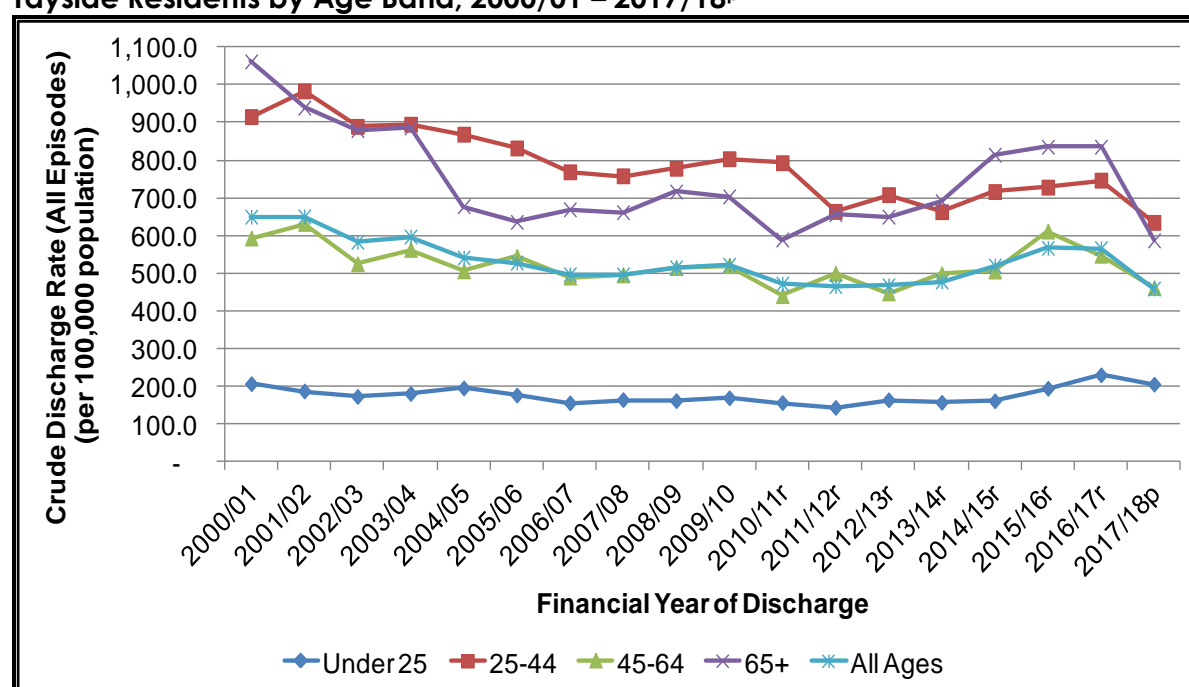
Source: Mental Health Inpatient & Day Case Activity (ISD Validated SMR04 via BOXi), Health Intelligence Team, NHS Tayside

5.4   Deprivation

The relationship between SMR04 activity and deprivation was examined using the Scottish Index of Multiple Deprivation (SIMD) based on the patient's home postcode. The most recent SIMD release (2016) was applied to every year within the time period.

Table 1 shows the Angus SIMD2016 areas with the highest prevalence of depression. It shows that the greatest prevalence is found in datazones lcoated in cities such as Arbroath, Montrose, Forfar, Monifieth and Brechin with the gretest prevalence of all found in Arbroath Harbour and Montrose South (25% each). Deatiled information at intermediate geography level can be found in a relevant table in Appendix 1.

Figure 4 presents the crude discharge rates for Tayside by SIMD quintile and shows that there is a strong and consistent relationship with deprivation. The more deprived an area, the higher the crude rate of psychiatric hospital discharge activity. However, comparison of the absolute inequality gap in the time period considered shows that the gap has widened slightly. In the most deprived areas (Quintile 1) the discharge rate was 2.6 times higher than the crude rate in the least deprived areas (Quintile 5) in 2011/12, compared with 3.1 times higher in 2017/18ᴾ.

Figure 4: Tayside resident crude discharge rates (all episodes of care) from psychiatric hospitals by deprivation, Tayside 2011/12-2017/18ᴾ
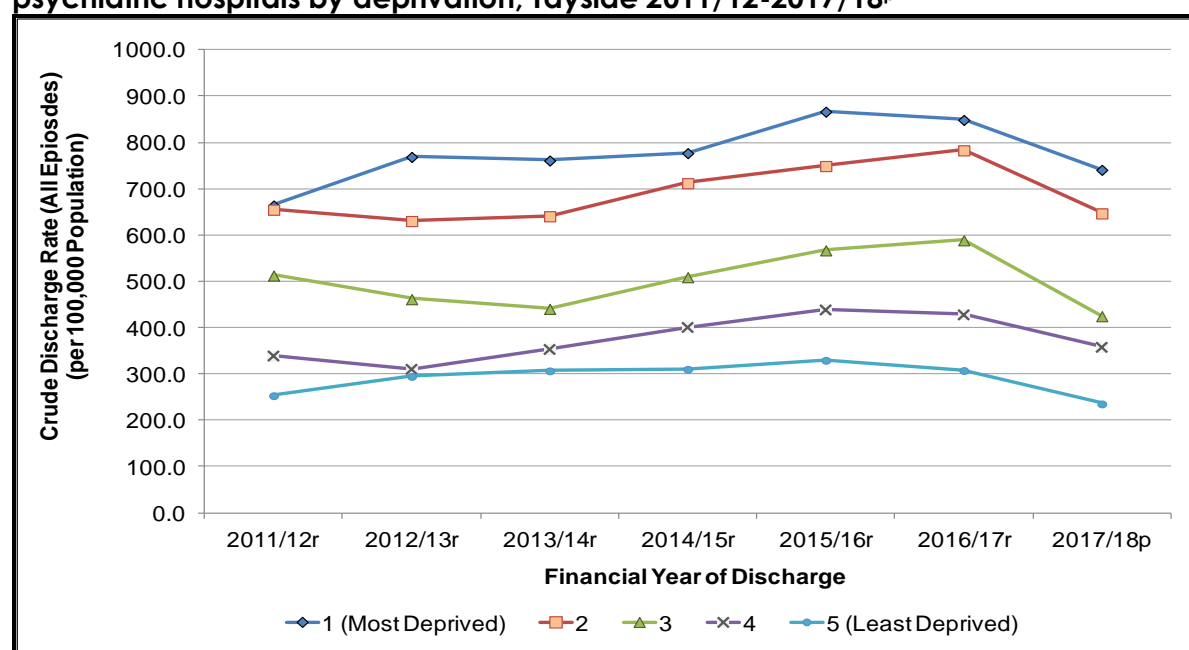
Source: Mental Health Inpatient & Day Case Activity (ISD Validated SMR04 via BOXi), Health Intelligence Team, NHS Tayside

5.5   Diagnosis

Discharges from mental health specialties generally have a principal diagnosis drawn from the World Health Organisation's ICD10 Chapter V (Mental and behavioural disorders: F00-F99).   The main diagnosis recorded on discharge is analysed here as a crude rate, grouped into seven broad categories of these F codes (and the remainder as 'other diagnoses')[1], as displayed in Figure 5 for Tayside residents since 2000/01.

The chart shows that the main diagnoses with the highest crude rates are for Mood (Affective) Disorder, Drug/Alcohol Misuse and the grouping of 'Schizophrenia et al'. There has been a significant reduction in discharges due to Mood (Affective) Disorder between 2015/16 and 2017/18 and due to drug/alcohol misuse between 2016/17 and 2017/18. Since 2000/01, there has been a gradual reduction in discharges due to dementia, schizophrenia, neurotic disorders. There has been an increase over time, however, in those due to other diagnoses and personality disorders.

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[1] *Appendix 2 for all ICD10 codes. SMR04 has the potential for recording up to six diagnosis codes, however for analysis purposes here, only the main diagnosis/condition is presented here.*

Figure 5: Crude discharge rate from psychiatric hospitals by diagnosis grouping, Tayside 2000/01 – 2017/18P

Source: Mental Health Inpatient & Day Case Activity (ISD Validated SMR04 via BOXi), Health Intelligence Team, NHS Tayside

Notes:

1. Includes all episodes (Elective, Emergency & Transfer) for all ages/genders. 2017/18 figures are as provisional at time of release.

2. In a similar manner to national publications, the specialty of "Learning Disability" (G5) is excluded from this analysis.

Figure 6 shows that in 2017/18P (similar to previous years) there were gender differences in the diagnostic breakdown of hospital discharges. Dementia, schizophrenia and conditions related to drug and alcohol misuse accounted for a higher proportion of hospital discharges for male patients compared with female patients, whilst females had higher proportions of hospital discharges for mood (affective) disorders, neurotic disorders, personality disorders and eating disorders/disorders of childhood compared to males.

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Figure 6. Tayside Residents: Percentage of Discharge Episodes of Care from Psychiatric Hospitals by Main Diagnosis Category, 2017/18ᴾ
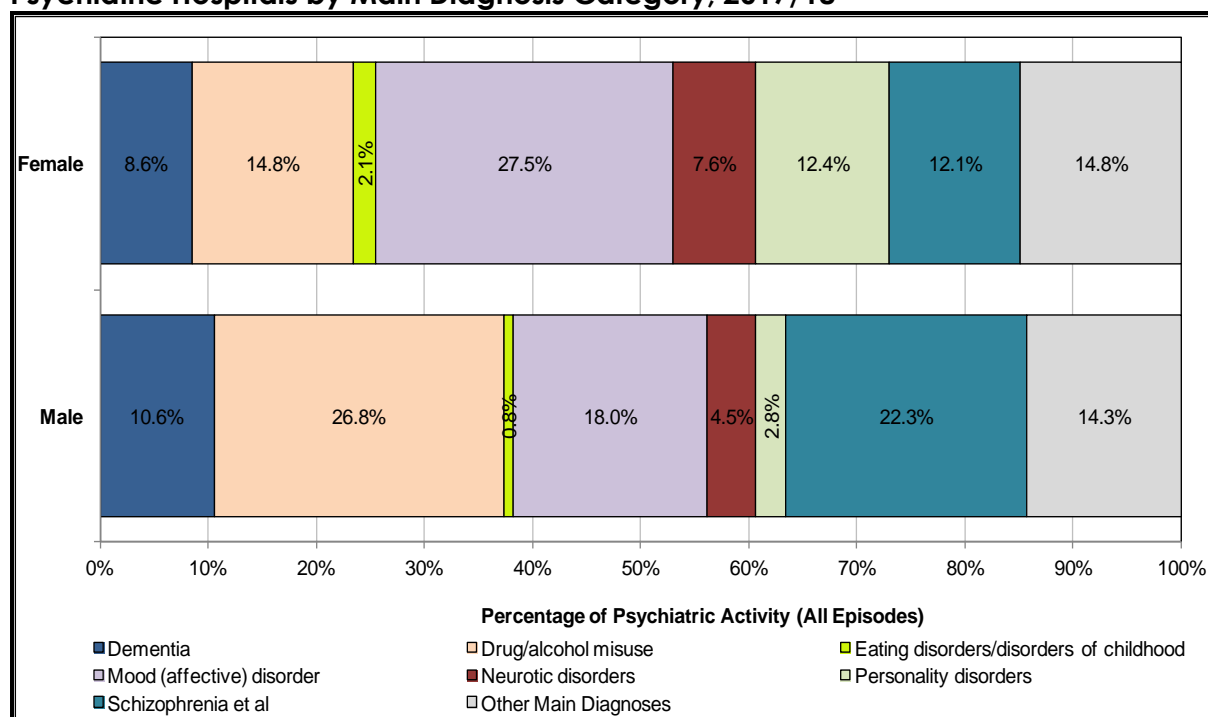
Source: Mental Health Inpatient & Day Case Activity (ISD Validated SMR04 via BOXi), Health Intelligence Team, NHS Tayside
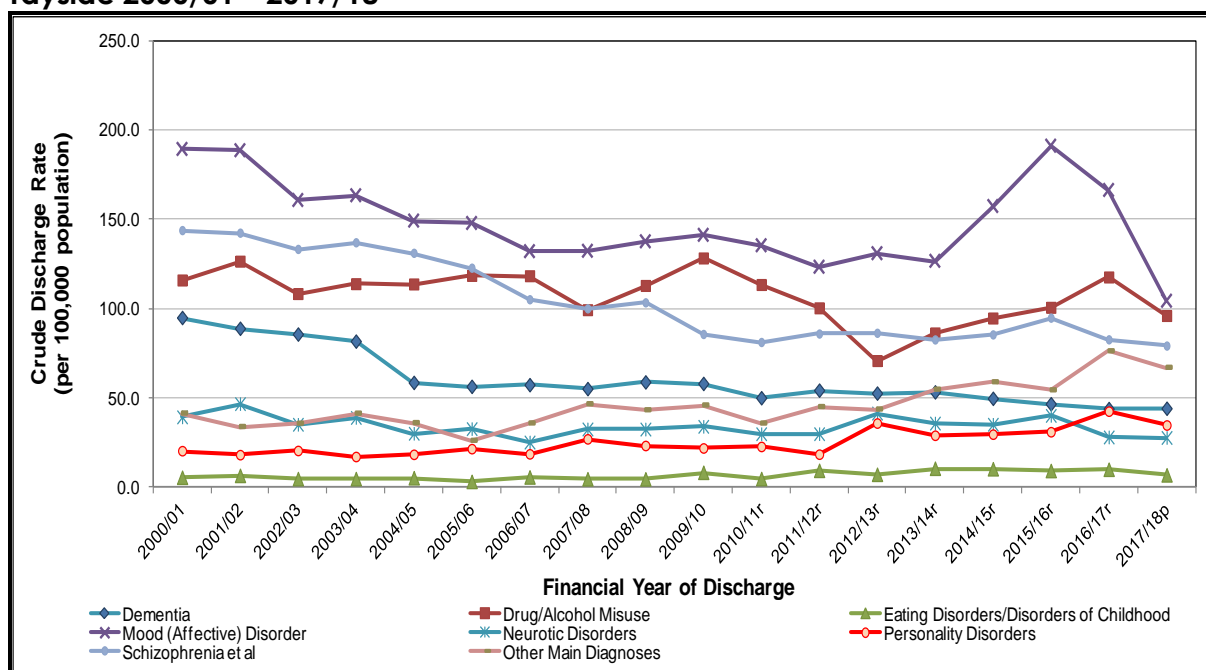*Notes:*
1. Includes all episodes (Elective, Emergency & Transfer) for all ages/genders. 2015/16 figures are as provisional at time of release.
2. In a similar manner to national publications, the specialty of "Learning Disability"(G5) is excluded from this analysis.

5.6   Prescribing

Five main categories of medicines for the treatment of mental health problems are covered within this publication; Hypnotics & anxiolytics, Antipsychotics and related drugs, Antidepressants, drugs used for Attention Deficit Hyperactivity Disorder (ADHD) and drugs for Dementia. Drug therapy is just one way that these conditions are treated. Treatment could also involve social, psychological, behavioural or educational interventions or therapy.

Figure 7 shows the number of dispensed items for each of the five categories listed above. In 2016/17, 62% of the dispensed items were for depression, 20% for hypnotics and anxiolytics, 13% for psychoses & related disorders, 3% for ADHD and 2% for dementia.

Figure 8 shows a progressively increasing trend in prescribing of anti-depressants in Tayside reaching its highest level of 478, 393.

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Figure 7: Medicines for mental health (No of dispensed items), Tayside 2016/17
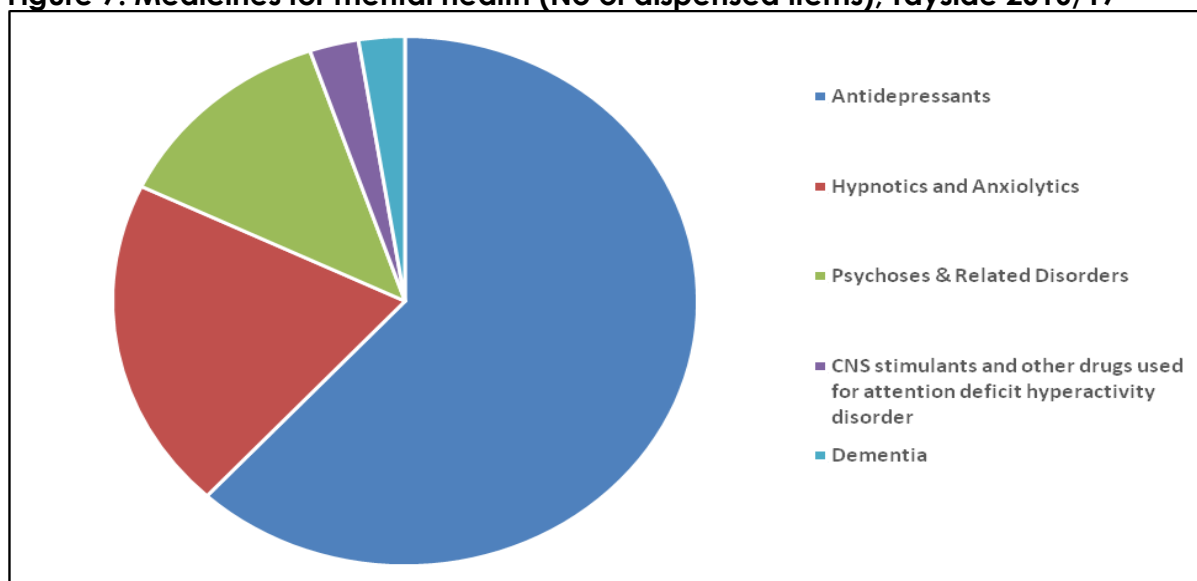
Source: Medicine for Mental Health 2016/17, ISD Scotland

Table 1: Medicines for mental health (No and % of dispensed items), Tayside 2016/17

	Number	%
Antidepressants	478,393	62%
Hypnotics and Anxiolytics	156,982	20%
Psychoses & Related Disorders	97,438	13%
CNS stimulants and other drugs used for attention deficit hyperactivity disorder	21,020	3%
Dementia	19,758	2%

Figure 8: Medicines for mental health (No of dispensed items), Tayside, 2006/07 - 2016/17
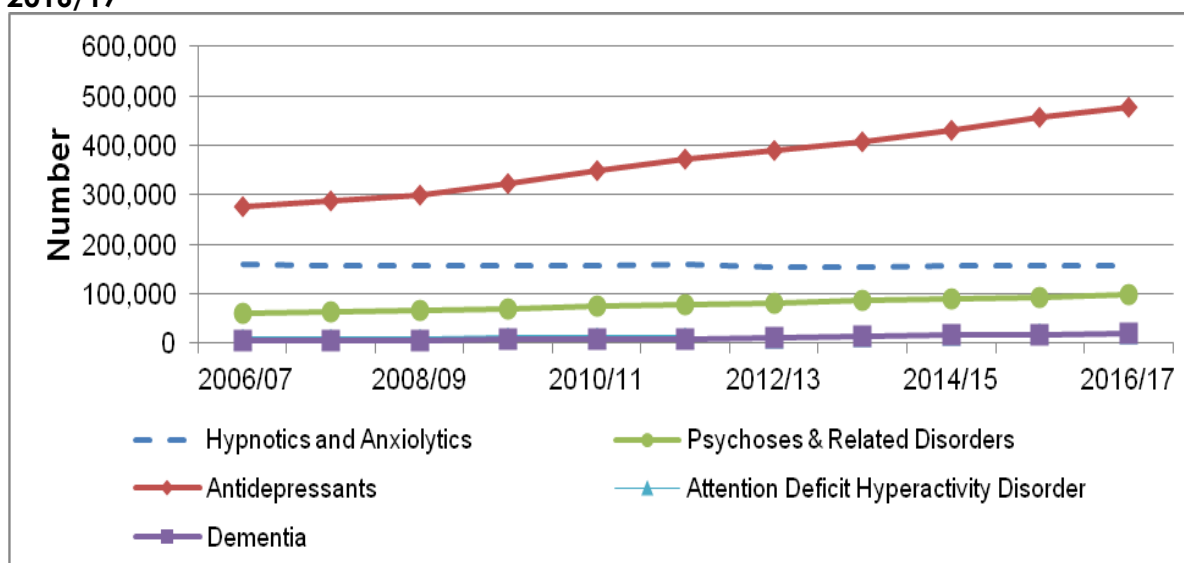
Source: Medicine for Mental Health 2016/17, ISD Scotland

Antidepressants

- In Tayside, there has been a 22% increase in items dispensed for antidepressants since 2011/12 and a 57.5% increase in the past 10 years.

- Scotland has seen a 22% increase in prescriptions for antidepressants in the last five years.

- The cost of producing prescription for antidepressants has increased in the past five years and there has been an 11 % increase in the gross ingredient cost in Tayside.

- Figure 9 shows a progressive increase in Tayside's Defined Daily Doses for Depression (per 1000 Population per Day) which in 2016/17 reached its highest since 2006/07 level of 157.35 per 1,000 population per day.

Figure 9: Medicines for depression (Defined Daily Doses per 1000 Population per Day), Tayside and Scotland 2006/07 - 2016/17
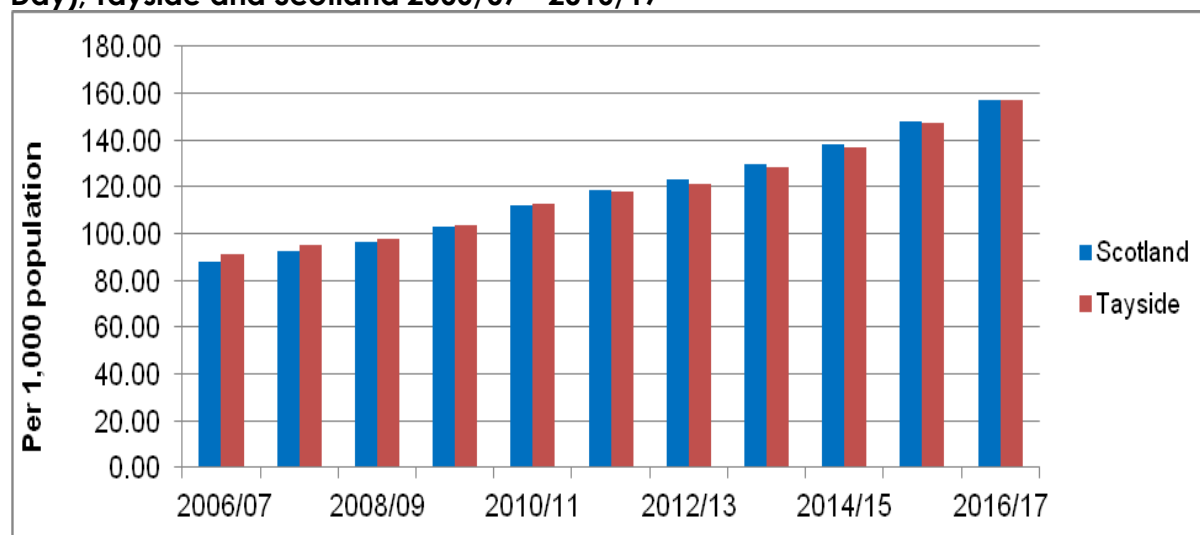
Source: Medicine for Mental Health 2016/17, ISD Scotland

Psychosis and related disorders

- In Tayside, there has been an 18.5% increase in items dispensed for psychosis and related disorders since 2011/12 and a 37% increase in the past 10 years.

- Scotland has seen a 15.7% increase in prescriptions for psychosis and related disorders in the last five years.

- The cost of producing prescription for psychosis and related disorders reduced and in the past five years there was a 90% fall in the gross ingredient cost in Tayside.

- Figure 10 shows a progressive increase in Tayside's Defined Daily Doses for psychoses and related disorders (per 1000 Population per Day) which in 2016/17 reached it's highest since 2006/07 level of 13.14735 per 1,000 population per day. Tayside's daily doses have consistently been above Scotland's since 2006/07.

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Figure 10: Medicines for psychoses and related disorders (Defined Daily Doses per 1000 Population per Day), Tayside and Scotland 2006/07 - 2016/17
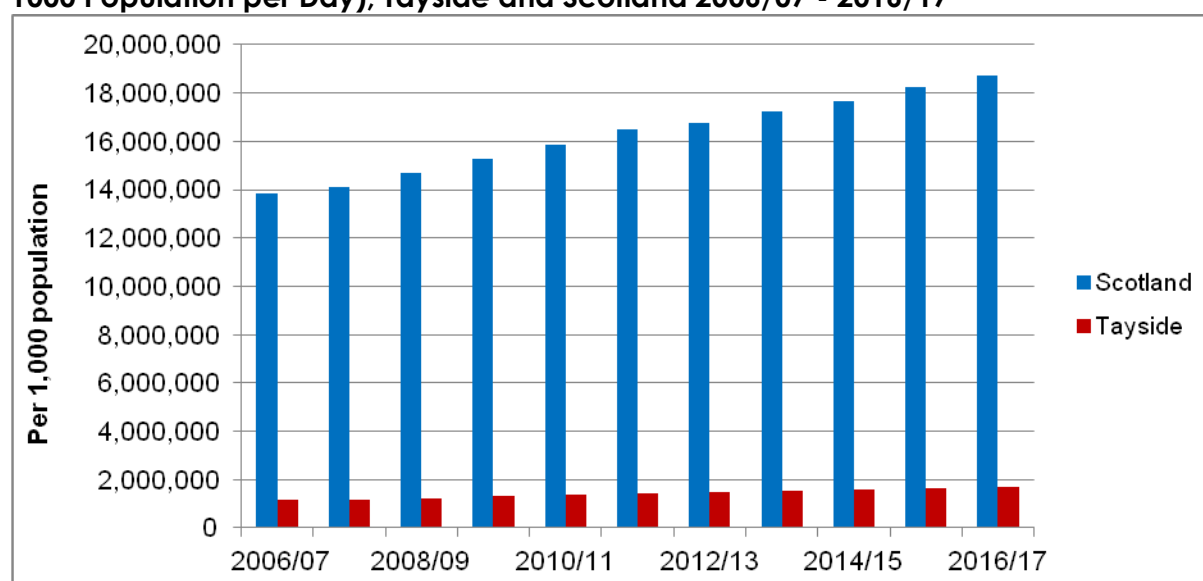
Source: Medicine for Mental Health 2016/17, ISD Scotland

Hypnotics and anxiolytics

- In Tayside, there has been a 1% decrease in items dispensed for hypnotics and anxiolytics in the past five years and a 4% decrease in 10 years.

- Scotland has seen a 2% decrease in prescriptions for hypnotics and anxiolytics in the last five years.

- The cost of producing prescription for hypnotics and anxiolytics has increased in the past five years with a 35% increase in the gross ingredient cost in Tayside.

Attention Deficit Hyperactivity Disorder

- In Tayside, there has been a 45% increase in prescriptions for ADHD in the past five years and a 155% increase in 10 years.

- Scotland has seen a 30% decrease in prescriptions for ADHD in the last five years.

- The cost of producing prescriptions for ADHD has increased in the past five years with a 27% increase in gross ingredient cost in Tayside.

Dementia

- In Tayside, there has been a 101% increase in prescriptions for dementia in the past five years and a 278% increase in 10 years.

- Scotland has seen a 77% decrease in prescriptions for dementia in the last five years.

- The cost of producing prescriptions for dementia has decreased and in the past five years there has been a 5% fall in the gross ingredient cost in Tayside and a 32% fall for Scotland.

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5.7   Dementia

Dementia is a progressive disease, where the individual's life expectancy is very much dependent upon the type of dementia, their age and general health, however, many can successfully live for some years and maintain a good quality of life, while living with this disease.
Dementia is slightly more common in women than in men and in general is more prevalent with increasing age, especially in those aged 65 or over.

Prevalence

Alzheimer Scotland estimate that across Scotland in 2015, there are approximately 90,000 people living with dementia, with around 3,200 of these people under the age of 65. Across Tayside in 2015, it is estimated that 2.0% of the total population will be dementia sufferers with similar proportions are estimated across Tayside's three local authority areas.

Table 2: Estimated number of people with dementia Tayside and Scotland 2015

Area		Age Groups (Years)		
		Under 65	65+	Total
Scotland Angus Dundee City Perth & Kinross	Number	3,213	86,666	89,879
	Rate	0.07	8.9	1.9
	Number	71	2,259	2,329
	Rate	0.08	8.8	2.0
	Number	79	2,662	2,741
	Rate	0.06	10.3	1.8
	Number	96	3,053	3,148
	Rate	0.08	9.4	2.1

Source: http://www.alzscot.org/campaigning/statistics (Statistics: Number of people with dementia in Scotland 2015) and National Records of Scotland (NRS) Mid-Year (June 30th) Population Estimates 2014

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6   Long Term Conditions and Multi-Morbidities

Key Points

- Hypertension is the most common long term condition in Angus according to the Quality Outcomes Framework with a prevalence rate of 16.4%, followed by Asthma (6.1%), Diabetes (5.7%) and Cardiovascular Disease (4.5%) and Depression (3.9%). South West and North West have the highest prevalence of hypertension and asthma whilst South West and South East have the highest prevalence of diabetes.

- Diabetes and Heart Disease are the two most common long term conditions that people in Angus are admitted to hospital for as an emergency admission

- Atrial Fibrillation and Dementia were the two most common long term conditions that, as a rate of the prevalent population, people in Angus were admitted to hospital for as an emergency admission.

- As a rate of the prevalent population, people with Dementia occupy the most number of emergency beds

- As at 1st October 2015, the South East has the highest rate of people at risk of emergency hospital admission in the next year

6.1   Long-term Condition Prevalence in Angus (QOF)

Quality Outcomes Framework (QOF) data is collected by general practitioners and gives some indication of the prevalence of single - but not multiple - conditions.   It was introduced in April 2004 and presents the main sources of potential income for GP surgeries. It is a useful source of prevalence data for long term conditions and other types of health problems in the population.

Although QOF can potentially be used to examine variations in the prevalence of individual diseases and health conditions they should be treated with caution. For instance:

- QOF prevalence rates are crude rates which means they take no account of differences between practice populations in terms of age, gender or deprivation profiles.

- Some QOF registers are restricted to only persons over a specific age i.e. diabetes registers are for those aged 17+, chronic kidney disease and depression registers are for those ages 18+. The denominator for calculating the prevalence rates, however, is the total number of patients on the practice register.

- As well as age, there may be other criteria for inclusion on a QOF register such as date of diagnosis e.g. cancer register.

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- Year on year changes in the sizes of the QOF registers are influenced by various factors including improvements in case finding by practices, changes to the definitions of the registers, demographic changes to the population.

The GP practice population within Angus who are on the QOF registers for a range of conditions are shown in Table 1. The raw prevalence rates (%) for these conditions are presented in Table 2.

Table 1: Numbers of patients on general practice QOF registers by long-term condition (2016/17)

Cluster	Angus	North East	North West	South East	South West
Hypertension Patients	18,046	4,251	4,967	4,814	4,014
Asthma Patients	6,777	1,681	1,895	1,810	1,391
Diabetes Patients	6,332	1,619	1,611	1,835	1,267
CHD Patients	4,922	1,222	1,327	1,321	1,052
Depression Patients	4,256	1,017	1,494	1,084	661
CKD Patients	3,840	859	1,081	977	923
Stroke Patients	2,939	708	799	816	616
COPD Patients	2,900	691	676	991	542
Cancer Patients	2,880	567	703	809	801
Atrial Fib Patients	2,423	583	619	650	571
Dementia Patients	1,145	210	298	371	266
PAD Patients	1,140	285	292	327	236
Mental Health Patients	1,007	304	247	287	169
Heart Failure Patients	874	197	230	267	180
Rheumatoid Arthritis Patients	810	202	230	208	170
Osteoporosis Patients	219	62	61	47	49

Source: Quality Outcomes Framework (ISD)

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Table 2: Prevalence Rates (per 100 patients) of Long Term Conditions in Angus and Localities (2016/17)

Cluster	Angus	North East	North West	South East	South West
Hypertension Rate	16.4	14.8	17.4	15.7	18.0
Asthma Rate	6.1	5.8	6.6	5.9	6.3
Diabetes Rate	5.7	5.6	5.6	6.0	5.7
CHD Rate	4.5	4.2	4.6	4.3	4.7
Depression Rate	3.9	3.5	5.2	3.5	3.0
CKD Rate	3.5	3.0	3.8	3.2	4.1
Stroke Rate	2.7	2.5	2.8	2.7	2.8
COPD Rate	2.6	2.4	2.4	3.2	2.4
Cancer Rate	2.6	2.0	2.5	2.6	3.6
Atrial Fib Rate	2.2	2.0	2.2	2.1	2.6
Dementia Rate	1.0	0.7	1.0	1.2	1.2
PAD Rate	1.0	1.0	1.0	1.1	1.1
Mental Health Rate	0.9	1.1	0.9	0.9	0.8
Heart Failure Rate	0.8	0.7	0.8	0.9	0.8
Rheumatoid Arthritis Rate	0.7	0.7	0.8	0.7	0.8
Osteoporosis Rate	0.2	0.2	0.2	0.2	0.2

Source: Quality Outcomes Framework (ISD)

6.2   Hospital Admissions and Bed Days

Looking at the six diagnosis positions in SMR01 we can identify people admitted with long term conditions as a factor for their admission. Only a select few of the long term conditions that are listed in QOF are readily matched to the groups of ICD10 diagnosis codes in SMR01 that define the following long term conditions: Asthma, Atrial Fibrillation, COPD, Heart Disease, Dementia, Diabetes and Epilepsy.

Atrial fibrillation has the highest prevalence rate of acute emergency admissions in all four localities. Second highest cause of emergency admissions is Dementia in North West, North East and South East localities, and COPD in South West locality.

Diabetes had the highest number (1,401) of hospital emergency admissions in Angus and next was Heart Disease (1,027).

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6.3   Multimorbidity

Based on a recent Scottish cross-sectional study, prevalence estimates indicate that around 25% of the Angus population have two or more long term health conditions. The estimated prevalent cases for specific age groups are shown in Figure 5 for Angus and the localities. The North West has the largest number of prevalent cases due to the relative size of its population compared to the other localities. The 60-64 age-group has the highest number of 2+ cases in the North West and the South West.

Figure 1: Estimated prevalent cases of two or more long term conditions for Angus localities
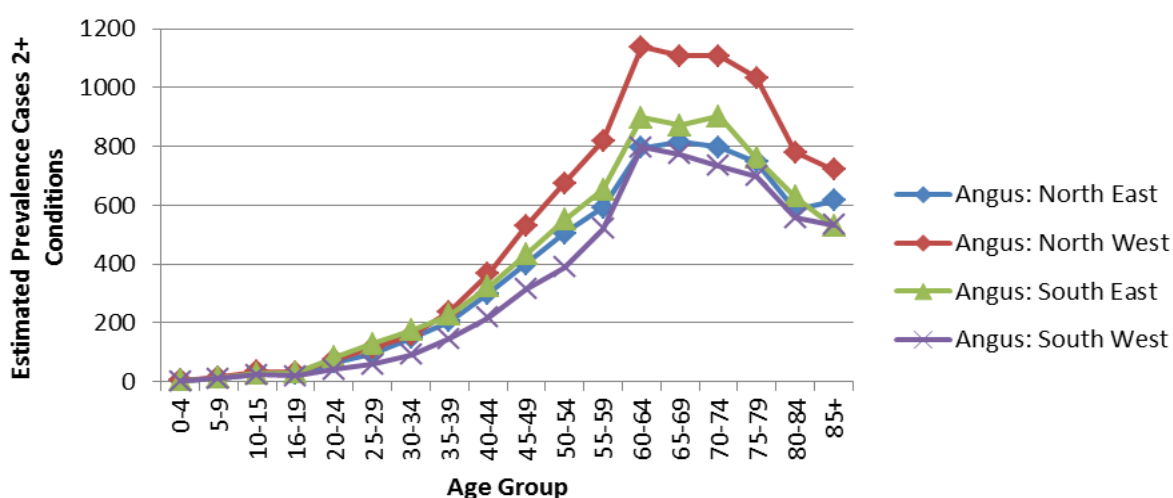
 Source: Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study by Karen Barnett PhD, Prof Stewart W Mercer PhD, Michael Norbury MBChB, Prof Graham Watt MD,Prof Sally Wyke PhD, Prof Bruce Guthrie PhD; The Lancet – 7th July (Vol. 380, Issue 9836, Pages 37-43)

Figure 2 shows the disparities in the prevalence rates amongst the localities. The biggest variance can be seen in the 50-54 age-group between the South West and the two Eastern localities where the difference in prevalence rates is approximately 5%. As the population gets older the variation differences between the localities becomes smaller, and when people reach 85+, the differences in prevalence rates becomes almost negligible i.e. as people get older age becomes the more dominant reason to explain the prevalence rates of co-morbidities and other factors such as deprivation and gender become less important.

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Figure 2: Age-specific comparison of prevalence rate estimates for Angus localities using the Angus prevalence rate estimates as the comparison standard.
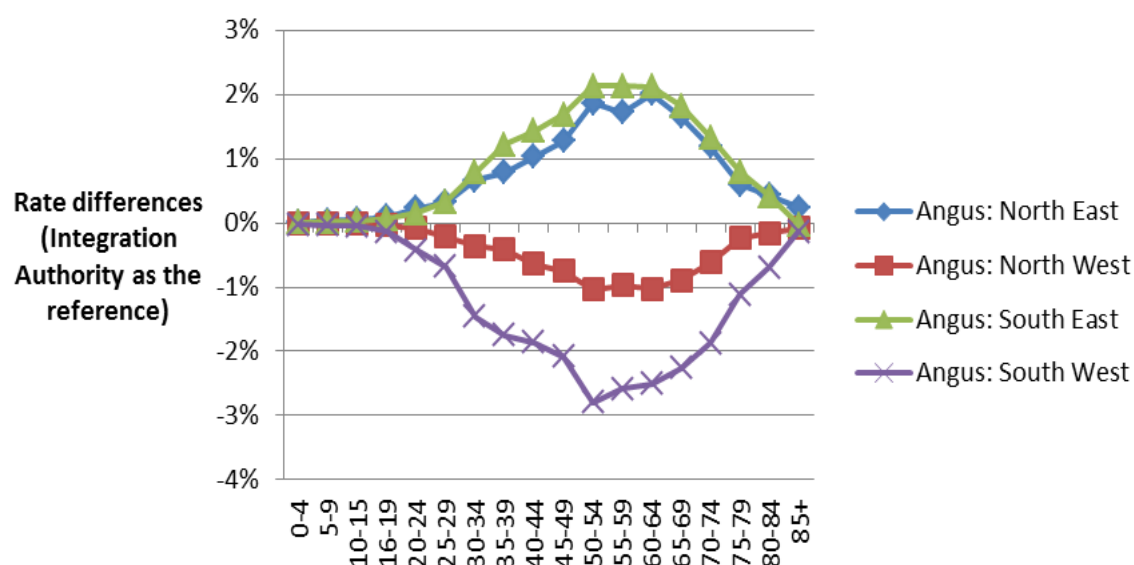
Source: Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study by Karen Barnett PhD,Prof Stewart W Mercer PhD,Michael Norbury MBChB,Prof Graham Watt MD,Prof Sally Wyke PhD,Prof Bruce Guthrie PhD; The Lancet – 7th July (Vol. 380, Issue 9836, Pages 37-43)

6.4   Risk of Hospital Admissions and Readmissions

In 2006 the Information Services Division developed an algorithm to calculate the risk of someone going into hospital as an acute emergency admission in the next 365 days. The risk tool that emerged from this development was called the Scottish Patients at Risk of Readmissions and Admissions (SPARRA) tool.

Using SPARRA it is possible to split those with a risk of an emergency admission above 50% by localities, age-group and deprivation. Those people with a SPARRA risk score of 50%+ are at most risk of hospital admission in the next 365 days from 1st October 2017.

If we compare the number of people who are at risk of an emergency admission in the next 365 days as a rate per 1,000 population, we can see that the South-East has the highest rate in Angus.

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Figure 3: Number of people at high risk (50%+) of a hospital emergency admission in the next 365 days from 1st October 2017 as a rate per 1,000 population split by locality
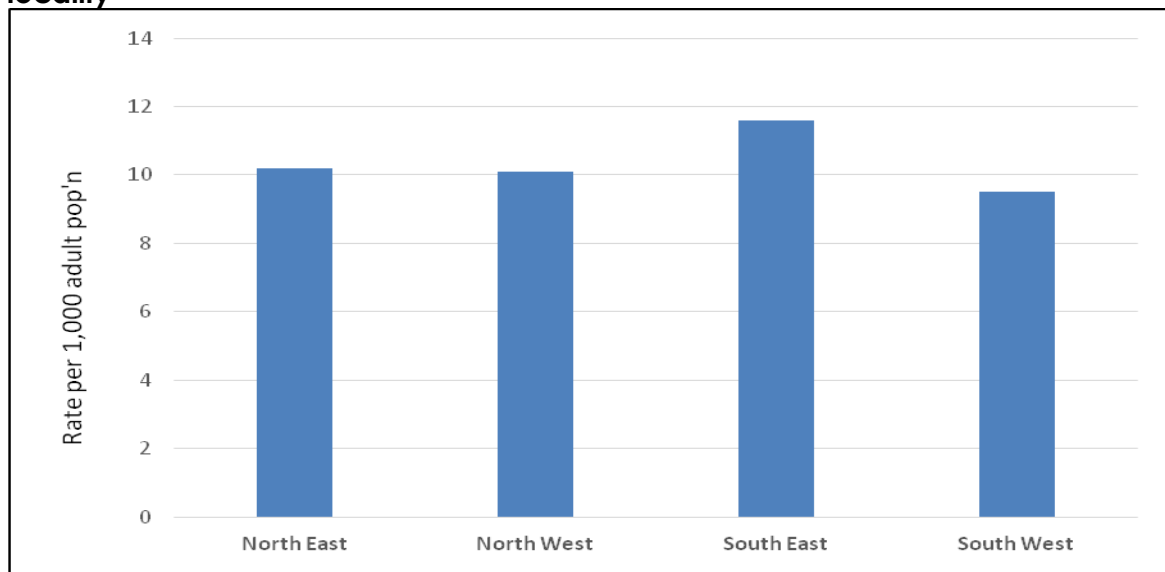
Source: Scottish Patients at Risk of Readmissions and Admissions as at 1st October 2017 (ISD)

Figure 4 looks at the cohort of those with a SPARRA risk score of 50%+ split by age-group and locality. The North-West has the highest rates for people aged 85+ and 75-84. For people aged under 65 and 65-74 age groups, on the other hand, the North East has the highest rates per 1,000 population.

Figure 4: Number of people at high risk (50%+) of a hospital emergency admission in the next 365 days from 1st October 2017 as a rate per 1,000 population split by locality and age-groups
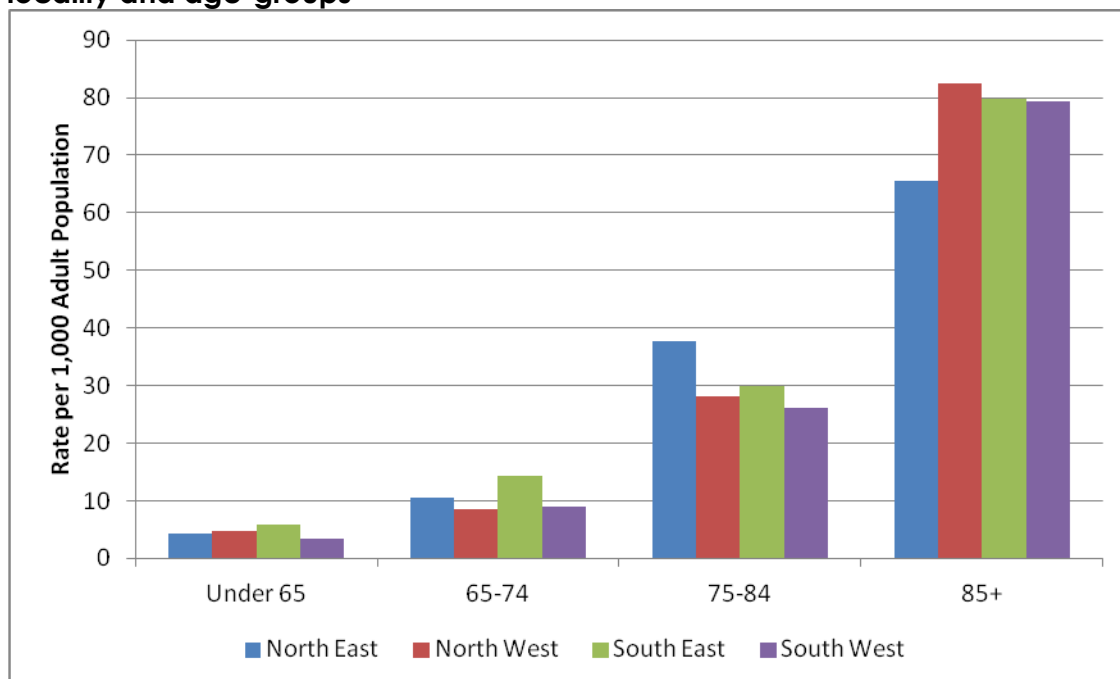
Source: Scottish Patients at Risk of Readmissions and Admissions as at 1st October 2017 (ISD)

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7   Pharmaceutical Care

7.1   North East Angus Locality

A total of 19,299 patients used the pharmacies within the last financial year 2016/17 and presented at least two prescription forms. Between April 2016 and March 2017 over 152,000 items were presented at the pharmacies for dispensing from Townhead Practice (28% of pharmacy total). A total of 5,491 patients attending the pharmacies were over the age of 65 years and 2,634 were below the age of 18 years. A total of 153 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter in North East, 2016/17

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	6,953
3.Respiratory	3.1 Bronchodilators	2,128
4.Central Nervous System	4.1 Hypnotics and anxiolytics	776
	4.2 Drugs used in psychosis and related disorders	564
	4.3 Antidepressants	3,819
	4.7.2 Opioid Analgesics	1,271
	4.8 Anti-epileptics	1,122
	4.9 Drugs used in Parkinson's disease	165
5.Infections	5.1.1 Penicillins	1,338
	5.1.2 Cephalosporins	14
6.Endocrine	6.1.1 Insulins	366
	6.1.2 Anti-diabetic drugs	1,139
	6.6 Drugs affecting bone metabolism	445
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,207
8.Cancer	8.3.4.1 Breast cancer	99
	8.3.4.2 Prostate cancer	52
9.Nutirition and blood	9.5.1 Calcium supplements	42
10.Musculo-Skeletal	10.1.1 NSAIDs	1,297

Polypharmacy:

- 7 patients prescribed 10+ distinct BNF chapters (no high risk) (4 patients over the age of 65 years)

- 393 patients prescribed 10+ distinct BNF chapters (high risk) (243 patients over the age of 65 years)

- 877 patients prescribed 5+ distinct BNF chapters (no high risk) (275 patients over the age of 65 years)

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- 4,743 patients prescribed 5+ distinct BNF chapters (high risk) (2,399 patients over the age of 65 years)

7.2   North West Angus Locality

A total of 25,274 patients used the pharmacies within the last financial year 2016/17 and presented at least two prescription forms. Between April 2016 and March 2017 over 185,000 items were presented at the pharmacies for dispensing from Academy Medical Centre (27% of pharmacy total). A total of 8,094 patients attending the pharmacies were over the age of 65 years and 3,047 were below the age of 18 years. A total of 514 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter in the North West, 2016/17

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	9,951
3.Respiratory	3.1 Bronchodilators	2,519
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,248
	4.2 Drugs used in psychosis and related disorders	606
	4.3 Antidepressants	4,918
	4.7.2 Opioid Analgesics	2,049
	4.8 Anti-epileptics	1,609
	4.9 Drugs used in Parkinson's disease	255
5.Infections	5.1.1 Penicillins	1,474
	5.1.2 Cephalosporins	35
6.Endocrine	6.1.1 Insulins	488
	6.1.2 Anti-diabetic drugs	1,335
	6.6 Drugs affecting bone metabolism	647
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,944
8.Cancer	8.3.4.1 Breast cancer	163
	8.3.4.2 Prostate cancer	87
9.Nutirition and blood	9.5.1 Calcium supplements	65
10.Musculo-Skeletal	10.1.1 NSAIDs	1,803

Polypharmacy:

- 20 patients prescribed 10+ distinct BNF chapters (no high risk) (18 patients over the age of 65 years)

- 674 patients prescribed 10+ distinct BNF chapters (high risk) (386 patients over the age of 65 years)

- 1,169 patients prescribed 5+ distinct BNF chapters (no high risk) (361 patients over the age of 65 years)
- 7,070 patients prescribed 5+ distinct BNF chapters (high risk) (3,431 patients over the age of 65 years)

7.3   South East Angus Locality

A total of 20,229 patients used the pharmacies within the last financial year 2016/17 and presented at least two prescription forms. Between April 2016 and March 2017 over 172,000 items were presented at the pharmacies for dispensing from Arbroath Medical Centre (31% of pharmacy total). A total of 5,600 patients attending the pharmacies were over the age of 65 years and 2,678 were below the age of 18 years. A total of 148 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 3 below.

Table 3: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter in the South East, 2016/17

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	7,214
3.Respiratory	3.1 Bronchodilators	2,490
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,099
	4.2 Drugs used in psychosis and related disorders	648
	4.3 Antidepressants	4,223
	4.7.2 Opioid Analgesics	1,558
	4.8 Anti-epileptics	1,401
	4.9 Drugs used in Parkinson's disease	180
5.Infections	5.1.1 Penicillins	1,223
	5.1.2 Cephalosporins	27
6.Endocrine	6.1.1 Insulins	387
	6.1.2 Anti-diabetic drugs	1,100
	6.6 Drugs affecting bone metabolism	506
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,421
8.Cancer	8.3.4.1 Breast cancer	108
	8.3.4.2 Prostate cancer	64
9.Nutirition and blood	9.5.1 Calcium supplements	46
10.Musculo-Skeletal	10.1.1 NSAIDs	1,377

Polypharmacy:

- 15 patients prescribed 10+ distinct BNF chapters (no high risk) (8 patients over the age of 65 years)

- 534 patients prescribed 10+ distinct BNF chapters (high risk) (277 patients over the age of 65 years)
- 956 patients prescribed 5+ distinct BNF chapters (no high risk) (303 patients over the age of 65 years)
- 5,656 patients prescribed 5+ distinct BNF chapters (high risk) (2,530 patients over the age of 65 years)

7.4   South West Angus Locality

A total of 16,335 patients used the pharmacies within the last financial year 2016/17 and presented at least two prescription forms. Between April 2016 and March 2017 over 225,000 items were presented at the pharmacies for dispensing from Carnoustie Medical Group (61% of pharmacy total). A total of 5,504 patients attending the pharmacies were over the age of 65 years and 2,015 were below the age of 18 years. A total of 191 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 4 below.

Table 4: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter in the South West, 2016/17

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	6,167
3.Respiratory	3.1 Bronchodilators	1,437
4.Central Nervous System	4.1 Hypnotics and anxiolytics	766
	4.2 Drugs used in psychosis and related disorders	308
	4.3 Antidepressants	2,854
	4.7.2 Opioid Analgesics	1,101
	4.8 Anti-epileptics	935
	4.9 Drugs used in Parkinson's disease	120
5.Infections	5.1.1 Penicillins	937
	5.1.2 Cephalosporins	22
6.Endocrine	6.1.1 Insulins	292
	6.1.2 Anti-diabetic drugs	783
	6.6 Drugs affecting bone metabolism	358
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,081
8.Cancer	8.3.4.1 Breast cancer	103
	8.3.4.2 Prostate cancer	42
9.Nutirition and blood	9.5.1 Calcium supplements	35
10.Musculo-Skeletal	10.1.1 NSAIDs	1,056

Polypharmacy:

- 10 patients prescribed 10+ distinct BNF chapters (no high risk) (6 patients over the age of 65 years)

- 330 patients prescribed 10+ distinct BNF chapters (high risk) (146 patients over the age of 65 years)

- 788 patients prescribed 5+ distinct BNF chapters (no high risk) (269 patients over the age of 65 years)

- 4,020 patients prescribed 5+ distinct BNF chapters (high risk) (1,955 patients over the age of 65 years)

QOF Definitions:

1) **Hypertension:** The contractor establishes and maintains a register of patients with established hypertension; introduced in April 2004. Patients on the Hypertension register have had a recording of high blood pressure (over 140/90mmHg) in the preceding 12 months. Hypertension, if left untreated, increases the risk of heart attack, heart failure, kidney disease, stroke and dementia.

2) **Obesity:** Patients on the obesity register are aged 16+ with a BMI greater than or equal to 30 in the preceding 12 months. Obesity can lead to life threatening conditions such as type 2 diabetes, coronary heart disease, cancer and stroke.

3) **Hypothyroidism:** (the thyroid gland does not produce enough hormones). Patients on the Hypothyroidism register are treated with thyroxine; introduced in April 2004. If an underactive thyroid is not treated it can lead to complications including heart disease, goitre (abnormal swelling of the neck), pregnancy problems and possibly a life threatening condition called myxoedema coma (although very rare).

4) **Asthma:** The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months; introduced in April 2004. Asthma can be controlled in most people most of the time and severe asthma attacks are rare.

5) **Diabetes:** The contractor establishes and maintains a register of all patients aged 17+ with diabetes mellitus; introduced in April 2004. Type 2 diabetes is the most common type of diabetes and it occurs when the body cannot produce enough insulin and the blood sugar in the body is too high. It is often correlated with obesity and if left untreated it can lead to blindness, kidney failure, lower limb amputation and stroke. Type 1 diabetes is less common (estimated at only 10% of diabetic sufferers), although more common in children, and it is where the body does not produce any insulin. QOF does not distinguish between the types of diabetes.

6) **Coronary Heart Disease:** The contractor establishes and maintains a register of patients with coronary heart disease; introduced in April 2004. CHD is the leading cause of death in the world as approximately 1 in 6 men and 1 in 10 women die from it. Treatment can help manage symptoms, such as angina, and help prevent heart attacks.

7) **Chronic Kidney Disease**: The contractor establishes and maintains a register of patients aged 18 and over with CKD; introduced in April 2006. People with high blood pressure, diabetes or a family history of CKD are at risk of developing CKD. People with CKD are at risk of a heart attack, and in a minority of people, CKD may cause established renal failure. South Asian and black people are at most risk of CKD relative to the general population.

8) **Depression:** The contractor establishes and maintains a register of patients who have had a bio-psychosocial assessment on the same day as diagnosis.

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9) **Primary Prevention of Cardiovascular Disease:** Patients diagnosed with a first episode of hypertension on or after 1st April 2009. It excludes people with the following pre-existing conditions: CHD or angina, stroke or TIA, peripheral vascular disease, familial hypercholesterolemia, diabetes or chronic kidney disease.

10) **Stroke and Transient Ischaemic Attack:** The contractor establishes and maintains a register of patients with stroke or TIA since April 2004. A stroke is when blood supply to part of the brain is cut off and TIA is when blood supply is temporarily interrupted between 30 minutes and several hours ("mini stroke"). Strokes lead to brain damage, disability and even death.

11) **Chronic Obstructive Pulmonary Disease:** The contractor establishes and maintains a register of patients with COPD where diagnosis has been confirmed by post bronchodilator spirometry; introduced in April 2004. Prior to 2006/07 people could not be on both the COPD and Asthma registers. The main cause of COPD is smoking. It is estimated that there are 3 million people living in the UK with COPD but only 900,000 are diagnosed.

12) **Cancer:** The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003. The most common types of cancer are breast, lung, prostate and bowel cancers which make up over 50% of all new cases in the UK.

13) **Atrial Fibrillation:** The contractor establishes and maintains a register of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS risk stratification scoring system; introduced in April 2006. Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. It is not normally life-threatening by itself but it does increase the risk of having a stroke.

14) **Peripheral Arterial Disease:** The contractor establishes and maintains a register of patients with peripheral arterial disease with blood pressure reading of 150/90 mmHg or less or with a measured cholesterol of 5mmol/l or less, introduced in April 2012. Peripheral arterial disease is a condition that restricts blood supply to the leg muscles. If left untreated it can cause cardiovascular disease and possibly gangrene where the lower leg might require amputation.

15) **Dementia:** This applies to people either diagnosed by their GP or through referral to secondary care; introduced in April 2006. An early diagnosis of dementia can help people with dementia get the right treatment and support and help those close to them to prepare and plan for the future. With treatment and support, many people are able to lead active, fulfilled lives.

16) **Heart Failure:** The contractor establishes and maintains a register of patients with heart failure; introduced in April 2006. Heart Failure is caused by the heart failing to pump enough blood around the body at the right pressure. It can affect people of all ages but most are over the age of 75.

17) **Mental Health:** The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses; introduced in April 2004.

18) **Rheumatoid Arthritis:** The contractor establishes and maintains a register of patients aged 16 and over with rheumatoid arthritis; introduced in April 2014. Rheumatoid Arthritis commonly affects the hands, feet and wrists. It can affect

adults at any age but commonly starts between the ages of 40 and 50. About 3 times as many women as men are affected. It can lead to other complications such as carpal tunnel syndrome, inflammation of the lungs, increased risk of heart attack and strokes.

19) **Epilepsy:** The contractor establishes and maintains a register of patients aged 18 and over receiving drug treatment for epilepsy; introduced in April 2004.

20) **Learning Disabilities:** The contractor establishes and maintains a register of patients aged 18 and over with learning disabilities; introduced in April 2006. Learning disability includes many people with Down's Syndrome, autism and around 30% of people with epilepsy have some kind of learning disability.

21) **Osteoporosis:** The contractor establishes and maintains a register of patients aged 50 and over and under the age of 75 with a record of a fragility fracture and a diagnosis of osteoporosis confirmed on DXA scan or on patients aged 75 and over with a record of a fragility fracture; introduced in April 2012.

22) **Left Ventricular Dysfunction:** recording began in April 2006.

Table 1: Life expectancy and premature mortality in Angus intermediate geographies, by gender

Intermediate Geography	Life Expectancy – Females (years) (2013)	Life Expectancy- Males (years) (2013)	Premature Mortality (All cause mortality among the 15-44 year olds) (2015) (per 100,000 pop'n)
Angus Glens	84.0	82.6	30.2
Arbroath Cliffburn	82.7	78.4	49.4
Arbroath Harbour	76.9	71.3	226.6
Arbroath Keptie	80.0	78.6	29.3
Arbroath Kirkton	83.2	75.5	69.2
Arbroath Landward	85.5	82.5	54.2
Arbroath Warddykes	80.6	75.5	134.6
Brechin East	78.9	75.5	123.8
Brechin West	83.2	78.0	186.4
Carnoustie East	84.0	81.9	115.7
Carnoustie West	82.3	78.9	79.4
Forfar Central	82.7	75.0	150.2
Forfar East	83.5	79.3	83.4
Forfar West	79.3	77.6	103.1
Friockheim	82.1	80.2	103.5
Hillside	84.6	83.6	0.0
Kirriemuir	79.8	80.3	53.5
Kirriemuir Landward	83.5	78.7	78.1
Letham and Glamis	83.4	80.4	0.0
Lunan	82.1	80.4	72.5
Monifieth East	82.3	81.5	0.0
Monifieth West	84.4	79.8	120.1
Monikie	82.8	81.6	64.2
Montrose North	81.3	78.0	101.2
Montrose South	80.4	73.7	215.3

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Intermediate Geography	Life Expectancy – Females (years) (2013)	Life Expectancy- Males (years) (2013)	Premature Mortality (All cause mortality among the 15-44 year olds) (2015) (per 100,000 pop'n)
South Angus	82.5	**83.3**	21.9
Angus	**83.2**	**78.0**	89.5
Scotland	**81.1**	**77.1**	**102.2**

BOLD GREEN denotes statistically significantly better than Scotland outcome
GREEN SHADOW denotes statistically significantly better than Angus outcome

BOLD RED denotes statistically significantly worse than Scotland outcome
PINK SHADOW denotes statistically significantly worse than Angus outcome

Table 2: Alcohol outlet density* in Angus intermediate geographies with the highest alcohol-related mortality rate (Group 5 (180-587), by CRESH study (2016)

Alcohol-related mortality rate	Intermediate Geography Code	Zone Area name	Total Outlet density per 800m	Alcohol Hospitalisation Rate 2011-2016
Group 5	S02001355	Arbroath Warddykes - 01	**18.4**	**189**
Group 5	S02001355	Arbroath Warddykes - 02	11.9	65
Group 5	S02001355	Arbroath Warddykes - 03	5.4	99
Group 5	S02001355	Arbroath Warddykes - 04	3.4	**120**
Group 5	S02001355	Arbroath Warddykes - 05	2.4	39
Group 5	S02001355	Arbroath Warddykes - 06	2.4	**113**
Group 5	S02001355	Arbroath Warddykes - 07	0.49	86
Group 5	S01007209	Montrose South-02	**19.3**	79
Group 5	S02001357	Montrose South-04	**19.3**	**117**
Group 5	S02001357	Montrose South-05	**18.8**	34
Group 5	S02001357	Montrose South-07	**18.8**	**263**
Group 5	S02001357	Montrose South-06	17.4	27
Group 5	S02001357	Montrose South-01	16.9	**249**
Group 5	S02001357	Montrose South-03	16.4	**162**

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Group 5	S02001348	Carnoustie West-07	11.9	**124**
Group 5	S02001348	Carnoustie West-06	8.9	55
Group 5	S02001348	Carnoustie West-05	5.9	46
Group 5	S02001348	Carnoustie West-04	5.4	**145**
Group 5	S02001348	Carnoustie West-03	2.4	20
Group 5	S02001348	Carnoustie West-01	1.9	25
Group 5	S02001348	Carnoustie West-02	1.9	**175**

Table 3: Alcohol outlet density* in Angus intermediate geographies with the highest alcohol-related hospitalisation rate, by CRESH study (2016)

Alcohol-hospitalisation rate	IG Code	Intermediate geography name	Total Outlet density per 800m	Alcohol Mortality Rate 2011-2016
263	S02001357	Montrose South 07	18.8	**Group 5 (180-587)**
249	S02001357	Montrose South	16.9	**Group 5 (180-587)**
224	S02001353	Arbroath Harbour	26.3	**Group 4 (131-180)**
210	S02001347	Monifieth East	5.4	Group 2 (22.9-68.1)
189	S02001355	Arbroath Warddykes	18.4	**Group 5 (180-587)**
175	S02001348	Carnoustie West	1.9	**Group 5 (180-587)**
162	S02001357	Montrose South	16.4	**Group 5 (180-587)**
145	S02001348	Carnoustie West	5.4	**Group 5 (180-587)**
137	S02001353	Arbroath Harbour	27.8	**Group 4 (131-180)**
136	S01007230	Brechin East-01	2.4	Group 1 (0-59.6)
124	S01007252	Forfar East - 05	4.4	Group 1 (0-59.6)
124	S02001348	Carnoustie West	11.9	**Group 5 (180-587)**
120	S02001355	Arbroath Warddykes	3.4	**Group 5 (180-587)**
117	S02001357	Montrose South	19.3	**Group 5 (180-587)**
114	S02001361	Brechin East	4.4	Group 1 (0-59.6)

| 113 | S02001355 | Arbroath Warddykes | 2.4 | Group 5 (180-587) |
| 112 | S02001353 | Arbroath Harbour | 27.8 | Group 4 (131-180) |

*number of outlets within 800 m of the population centre

Table 4: Age-sex standardised rate of alcohol-related hospital stays; Angus highest rate intermediate zones; SIMD2016

Data_Zone	Intermediate_Zone	SIMD_2016_Quintile*	Alcohol Hospitalisation rate
S01007214	Montrose_South	2	263
S01007208	Montrose_South	2	249
S01007186	Arbroath_Harbour	1	224
S01007153	Monifieth_East	4	210
S01007197	Arbroath_Warddykes	1	189
S01007157	Carnoustie_West	3	175
S01007210	Montrose_South	2	162
S01007159	Carnoustie_West	2	145
S01007185	Arbroath_Harbour	1	137
S01007230	Brechin_East	2	136
S01007162	Carnoustie_West	3	124
S01007252	Forfar_East	4	124
S01007200	Arbroath_Warddykes	3	120
S01007211	Montrose_South	2	117
S01007231	Brechin_East	2	114
S01007202	Arbroath_Warddykes	2	113
S01007184	Arbroath_Harbour	2	112
S01007260	Forfar_West	1	111
S01007152	Monifieth_East	4	109
S01007195	Arbroath_Cliffburn	1	108
S01007149	Monifieth_East	5	106
S01007232	Brechin_East	1	105
S01007216	Montrose_North	4	102
S01007257	Forfar_Central	2	102

Source: SIMD2016
Quintile 1-most deprived; Quitile 5-the least deprived

Table 5: Age-sex standardised rate of drug-related hospital stays; Angus highest rate intermediate zones; SIMD2016

Data_Zone	Intermediate_Zone	SIMD_2016_Quintile*	DRUG
S01007257	Forfar_Central	2	608
S01007260	Forfar_West	1	442
S01007255	Forfar_Central	1	341
S01007178	Arbroath_Kirkton	1	337
S01007197	Arbroath_Warddykes	1	331
S01007254	Forfar_Central	2	328

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S01007198	Arbroath_Warddykes	1	319
S01007186	Arbroath_Harbour	1	301
S01007214	Montrose_South	2	292
S01007208	Montrose_South	2	283
S01007272	Kirriemuir	2	254
S01007181	Arbroath_Keptie	4	243
S01007184	Arbroath_Harbour	2	218
S01007189	Arbroath_Harbour	2	216
S01007231	Brechin_East	2	205
S01007193	Arbroath_Cliffburn	3	198
S01007194	Arbroath_Cliffburn	1	188
S01007249	Forfar_East	4	174
S01007187	Arbroath_Harbour	2	167
S01007188	Arbroath_Harbour	2	166
S01007203	Arbroath_Warddykes	3	156
S01007157	Carnoustie_West	3	155
S01007210	Montrose_South	2	150
S01007274	Kirriemuir	3	147
S01007211	Montrose_South	2	142
S01007264	Forfar_West	4	140
S01007201	Arbroath_Warddykes	2	133
S01007202	Arbroath_Warddykes	2	127
S01007217	Montrose_North	2	120
S01007259	Forfar_Central	2	106

Source: SIMD2016
*Quintile 1-most deprived; Quintile 5- the least deprived areas

Table 6: Area with the greatest depression prevalence, SIMD2016.

Data_Zone	Intermediate_Zone	SIMD_2016_Quintile*	Depression Prevalence
S01007214	Montrose_South	2	25%
S01007186	Arbroath_Harbour	1	25%
S01007185	Arbroath_Harbour	1	24%
S01007249	Forfar_East	4	24%
S01007260	Forfar_West	1	23%
S01007195	Arbroath_Cliffburn	1	23%
S01007178	Arbroath_Kirkton	1	23%
S01007209	Montrose_South	2	23%
S01007150	Monifieth_East	5	23%
S01007232	Brechin_East	1	22%
S01007192	Arbroath_Cliffburn	2	22%
S01007188	Arbroath_Harbour	2	22%
S01007255	Forfar_Central	1	22%
S01007156	Carnoustie_West	4	22%
S01007184	Arbroath_Harbour	2	21%
S01007189	Arbroath_Harbour	2	21%
S01007194	Arbroath_Cliffburn	1	21%
S01007154	Monifieth_East	3	21%

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S01007187	Arbroath_Harbour	2	21%
S01007265	Forfar_West	3	21%
S01007266	Kirriemuir_Landward	3	21%
S01007177	Arbroath_Kirkton	2	21%
S01007198	Arbroath_Warddykes	1	21%
S01007274	Kirriemuir	3	21%
S01007161	Carnoustie_West	3	21%
S01007256	Forfar_Central	2	21%
S01007165	Carnoustie_East	4	21%
S01007157	Carnoustie_West	3	20%
S01007159	Carnoustie_West	2	20%
S01007202	Arbroath_Warddykes	2	20%
S01007183	Arbroath_Keptie	3	20%
S01007259	Forfar_Central	2	20%
S01007283	Angus_Glens	4	20%
S01007155	Monifieth_East	4	20%
S01007254	Forfar_Central	2	20%

Source: SIMD2016

*Quintile 1- most deprived; Quintile 5-the least deprived