



# A CASE FOR CHANGE

## 2025 Update



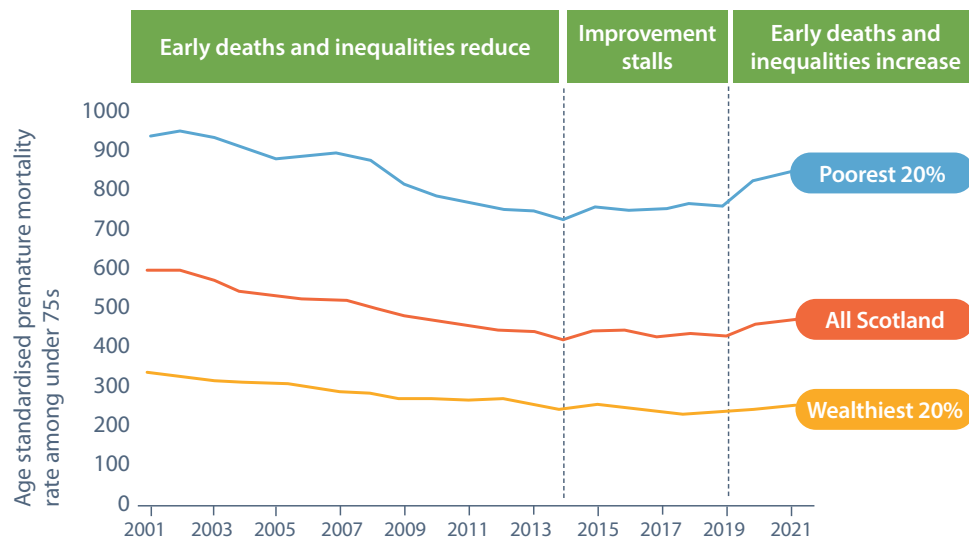
# 1

## Health in Grampian

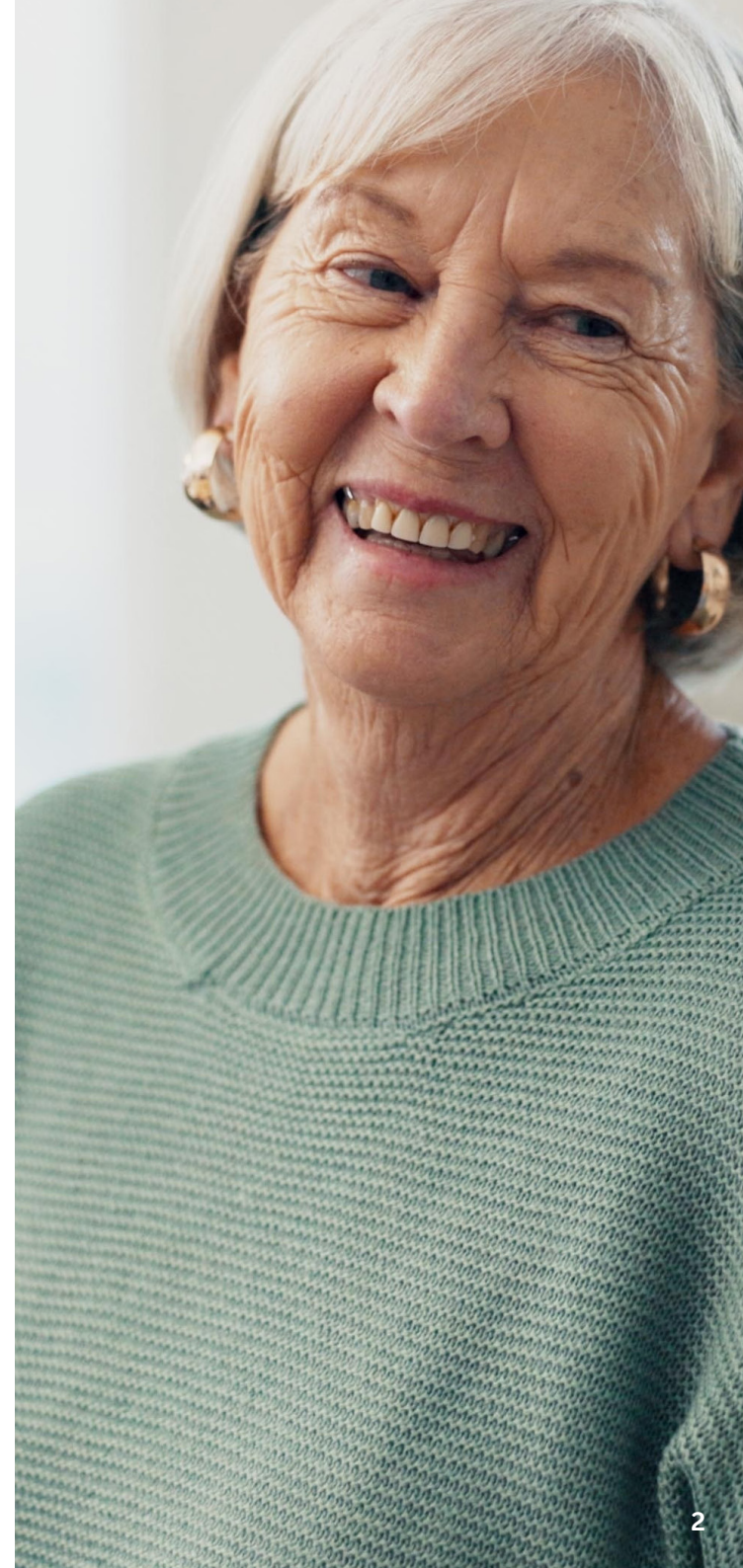
Life expectancy had stalled across Grampian since before the pandemic. For men this is now 78 years. Although life expectancy for women is higher at 82 years, they spend nearly twenty years of their lives in poor health. This deteriorating picture of health is similar to the trend observed in Scotland, and is worse for our most vulnerable communities. Women living in the most deprived areas in Grampian have an average life expectancy that is 6.2 years lower than women in the least deprived areas. For men, this difference is 8.3 years. Across Scotland, people in the poorest areas spend more of their life in poorer health than their peers in the wealthiest areas.



Figure 2: Trend in premature mortality rate for Scotland <sup>2</sup>



Source: National Records Scotland







Heart disease and cancer are the leading causes of death in Grampian. The death rates for these causes are about 1.5 times higher in the most deprived than in the least deprived areas. Deaths due to breathing problems such as Chronic Obstructive Pulmonary Disease, alcohol-related diseases, accidents, suicide and liver disease are 2 – 3 times higher in our most deprived communities.

The biggest inequality is seen for drug-related deaths, where rates are seven times higher in the most deprived areas. The top six causes of ill-health in Scotland are cancer, cardiovascular disease, neurological disorders, mental health disorders, musculoskeletal diseases and substance use disorders. The annual disease burden is forecast to increase by 21% between 2019 and 2043, with the same top five leading causes.

Since the pandemic, the cost-of-living crisis has brought further financial strain for families, affecting their ability to access healthy food and heat their homes. In Grampian, 1 in 8 children are living in poverty and recent trends in child health are also getting worse.

Our healthcare system continues to be under acute pressure and our ability to continue to deliver safe, effective, person centred, and sustainable care is under threat. Scotland's and Grampian's health is also facing other emerging threats from new infectious diseases, climate change and the rising cost of living. All of this will also contribute to worsening health and demand for health and care.



## 2 What We Can Do

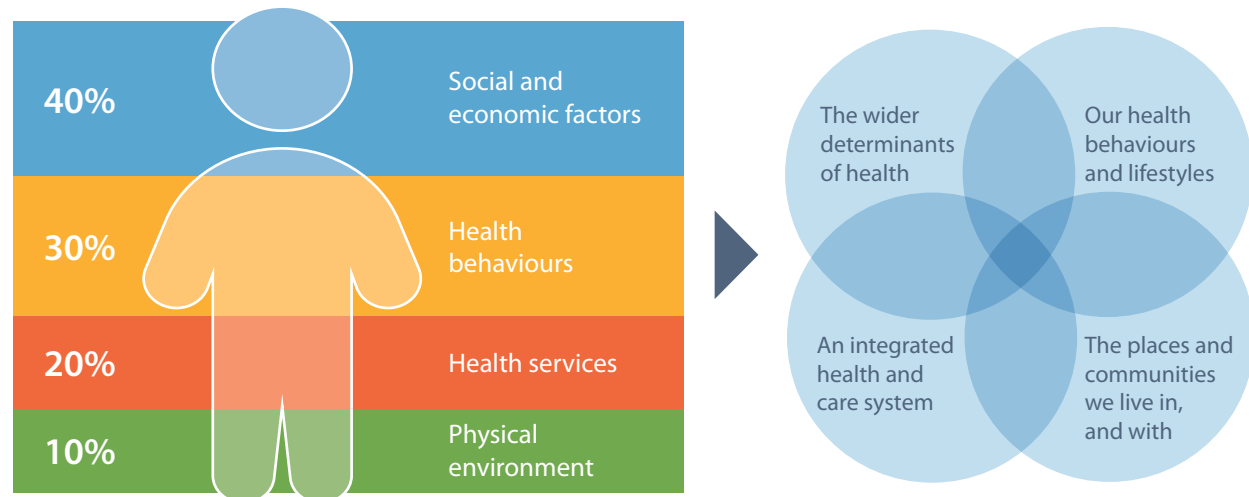
The current delivery model of health and care is not sustainable. Advances in medical technology and the successes of our health and care system mean that we can treat more conditions and prolong life.

However, changes in how we live mean that more people are experiencing ill-health, they are getting sick with conditions like diabetes and hypertension at an earlier age, and many are living with more than one health condition (multi-morbidity).

Figure 11: King's Fund; A population Health System

### What shapes our health

Adapted from The King's Fund; A population Health System

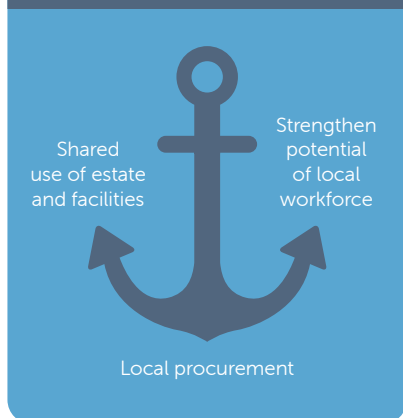


Our longer term ambition is to increase healthy life expectancy for all in Grampian. This means we need to reduce the gap in healthy life expectancy between the most and least vulnerable groups in society. We know that social and economic factors, where and how we live, what we do, our health behaviours and the environment we live in play a big role in shaping our health.



NHS Grampian has committed to their role as an anchor institution by identifying this as a priority in the Plan for the Future. This commitment means that as a large employer, we want to help more local people to access employment, spend more of our money locally, boosting the local economy and use our buildings and land to maximise benefits for communities.

**Big organisations and social movements in health are compatible**



Social and economic factors have the biggest influence on our health because they play a big part in shaping our health behaviours. In Grampian, rates of cigarette smoking, overweight and obesity continue to be much higher in areas with the highest levels of social deprivation.

Unhealthy behaviours such as smoking, alcohol consumption, poor diet and low physical activity can increase the risk of preventable illnesses, including some cancers and lung, liver and heart disease. These can only be addressed through active, healthy and empowered communities with access to joined up support, whether public, private or third sector.







# 3

## Building and Supporting Our Communities



Community life, the places where people live have social connections and a voice in local decisions, are all factors that make a vital contribution to health and wellbeing. Evidence supports the case for a shift to more person and community centred approaches to health and wellbeing. Actively involving citizens in prevention programmes and strengthening community assets is a key strategy in helping to improve population health. Building healthy, resilient, connected and empowered communities is an essential step in improving the health of the population at a greater pace than we are currently able to achieve. Effective place-based working across sectors and in partnership with communities has been demonstrated to improve health outcomes.







# 4

## So what is our way forward/ Plan for the Future



Our health needs are changing and we need to transform the way in which we think about health and care delivery. It is essential for us to work with the people we care for, to provide high quality care based on what matters most to them. We need to take account of people's circumstances as well as their lived experience in the design and delivery of sustainable, safe, and effective health and care that meets the needs of our population. We can work with communities who are experiencing disadvantage and poor health to identify what they find important, and work together to develop solutions. In doing so we can transform how we provide health and care, ensuring that we focus on enabling wellness as well as responding to and treating illness.



