

# Health and Wellbeing

These pages contain a range of performance information on the progress that the council is making towards the achievement of the following organisational priority:

**To improve the health and wellbeing of residents so that people live well for longer**

The performance information provided here is taken from the high level indicators in the council's Corporate Plan and the council's key performance indicators. The information on these pages relates to the following areas of performance:

- Life expectancy
- Addictions
- Delayed Discharge
- Adult care
- Self-directed support
- Public Health

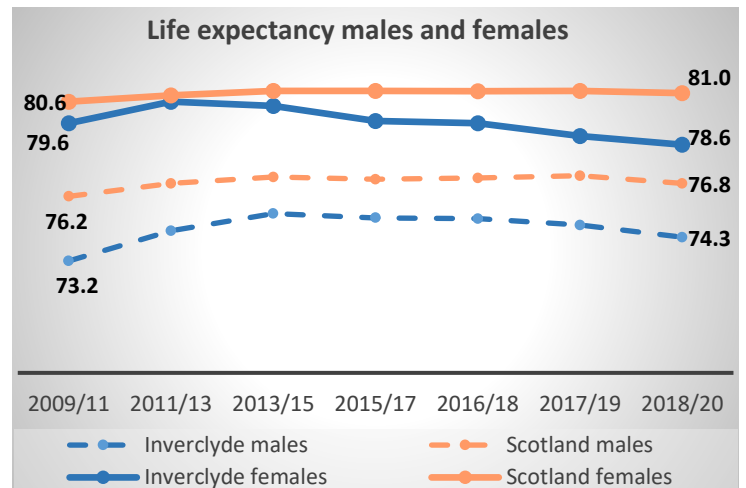
## Life Expectancy

### Life expectancy for males and females in Inverclyde

After a period of improvement, life expectancy has fallen again for both males and females in Inverclyde and remains below the Scottish average. Many areas of Scotland have also experienced decreasing life expectancy.

Life expectancy in Scotland has stalled in recent years and has remained virtually unchanged since 2012/14. Covid-19 is known to have contributed to the drop in life expectancy in both males and females.

The Council aims to reduce the life expectancy gap between Inverclyde and Scotland for both males and females.

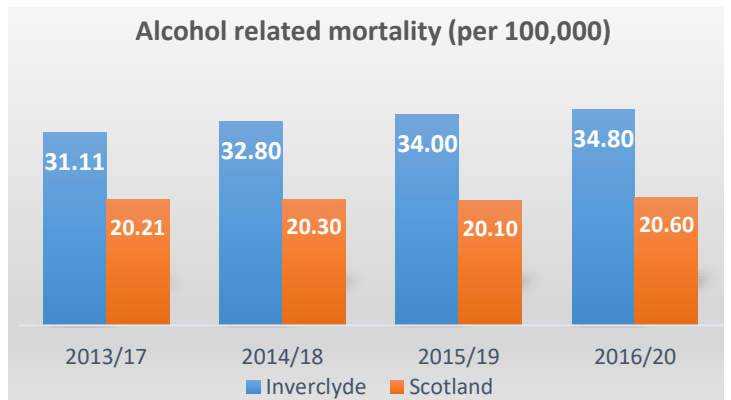


## Addictions

### Alcohol related mortality (European age sex standardised rate per 100,000)

Alcohol related mortality continues to be higher in Inverclyde than the Scottish average. In 2020 there were 32 recorded alcohol specific deaths in Inverclyde, up 1 from 2019 and the highest number recorded for 10 years

The data shown in the graph is collected over a five year aggregate period, with the latest data available being for the period 2016/20.



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NHS GG&C have undertaken an audit of alcohol specific deaths and Inverclyde was included in this cohort. Findings from this report are being presented to the Drug Related Death Monitoring Group with a view to develop an action plan to reduce alcohol specific deaths in Inverclyde.

In addition, Inverclyde HSCP are actively involved in providing responses with regards to applications made to the Inverclyde Licensing Board. The Alcohol and Drugs Partnership (ADP) is also supporting the refresh of our local Alcohol Profile. This will inform the Inverclyde Licensing Forum in considering issues of over-provision across Inverclyde and at a locality level. Inverclyde ADP closely monitor the number of Alcohol Brief Interventions delivered locally and are in the process of exploring opportunities to expand this in wider settings. This will be included as an action to support the prevention of alcohol specific deaths.

## Drug related hospital stays (European age sex standardised rate per 100,000)

Drug related hospital stays and drug mortality in Inverclyde are higher in comparison with Scotland as a whole, although there has been some improvement over the period 2017/20.

The data shown is collected over a three year aggregate period, with the latest data being 2017/20.

Problem drug misuse is higher amongst Inverclyde males than females.

In 2020, after adjusting for age, people in the most deprived areas were 18 times as likely to have a drug-related death as those in the least deprived areas (68.2 per 100,000 population compared with 3.7).

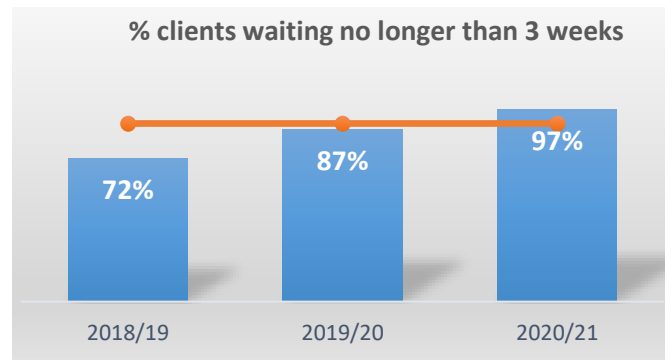
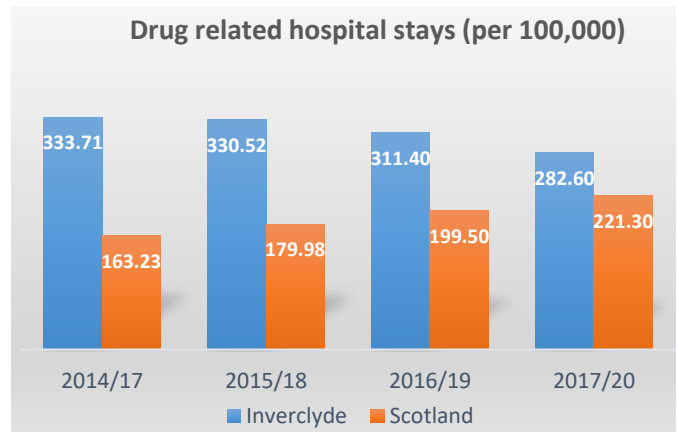
This is an indication of the complex nature of drug-related deaths where factors like poverty and the impact of severe and multiple disadvantages including homelessness, mental health, and involvement in the justice system, as well as the impact of trauma, may increase the risk of a drug-related death.

Inverclyde ADP are in the process of refreshing the Drug Death Prevention Action Plan, taking the opportunity to capture the wide range of actions and additional funding. Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde.

## Percentage of clients waiting no longer than 3 weeks from referral to receive appropriate drug or alcohol treatment that supports their recovery

There was a 10% improvement in the percentage of drug or alcohol treatment users that waited no longer than 3 weeks from referral to receive appropriate drug or alcohol treatment.

Inverclyde's performance of 97%, is above the national JHEAT standard target of 90%. Work was carried out to improve performance from 2019/20 levels and even with the impact of Covid-19 pandemic the national target has been exceeded.



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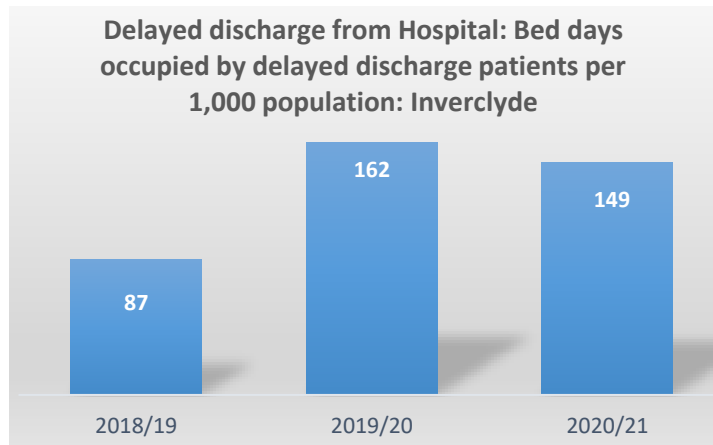
To deliver service improvement, Inverclyde Alcohol and Drug services adopted a new service model in 2019/20 to ensure those affected by alcohol and drugs are fully supported by an appropriate recovery orientated system of care. The HSCP Addictions Services have come together into one integrated service across both alcohol and drugs renamed 'Inverclyde Alcohol and Drug Recovery Service' (ADRS). The service is working with other partners to deliver alcohol and drug services and has commissioned appropriate support services to support service users throughout their pathway in recovery.

## Delayed Discharge

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation is not readily accessible and / or funding is not available. The vast majority of delayed discharge patients are aged 75 and over.

The delayed discharge bed day rate per 1,000 population aged 75 and over in Inverclyde decreased from a rate of 162 days per 1,000 population in 2019/20 to 149 in 2020/21. This improvement was despite ongoing COVID19 situation. The HSCP has seen the number of patients who are classed as AWI (Adult with Incapacity) contribute more to the number of bed days lost in this latest period. These AWI discharges are considered to be very complex cases, and as such present additional challenges to ensure a timely and safe discharge back to their own home or a community setting.

The total number of bed days lost to delayed discharge under AWI in 2019/20 was 207, in this latest period, that number is 800, an increase of 593 (286.4% increase). The HSCP is facing greater challenges (from the increase in AWI cases) but has maintained a good level of performance overall.

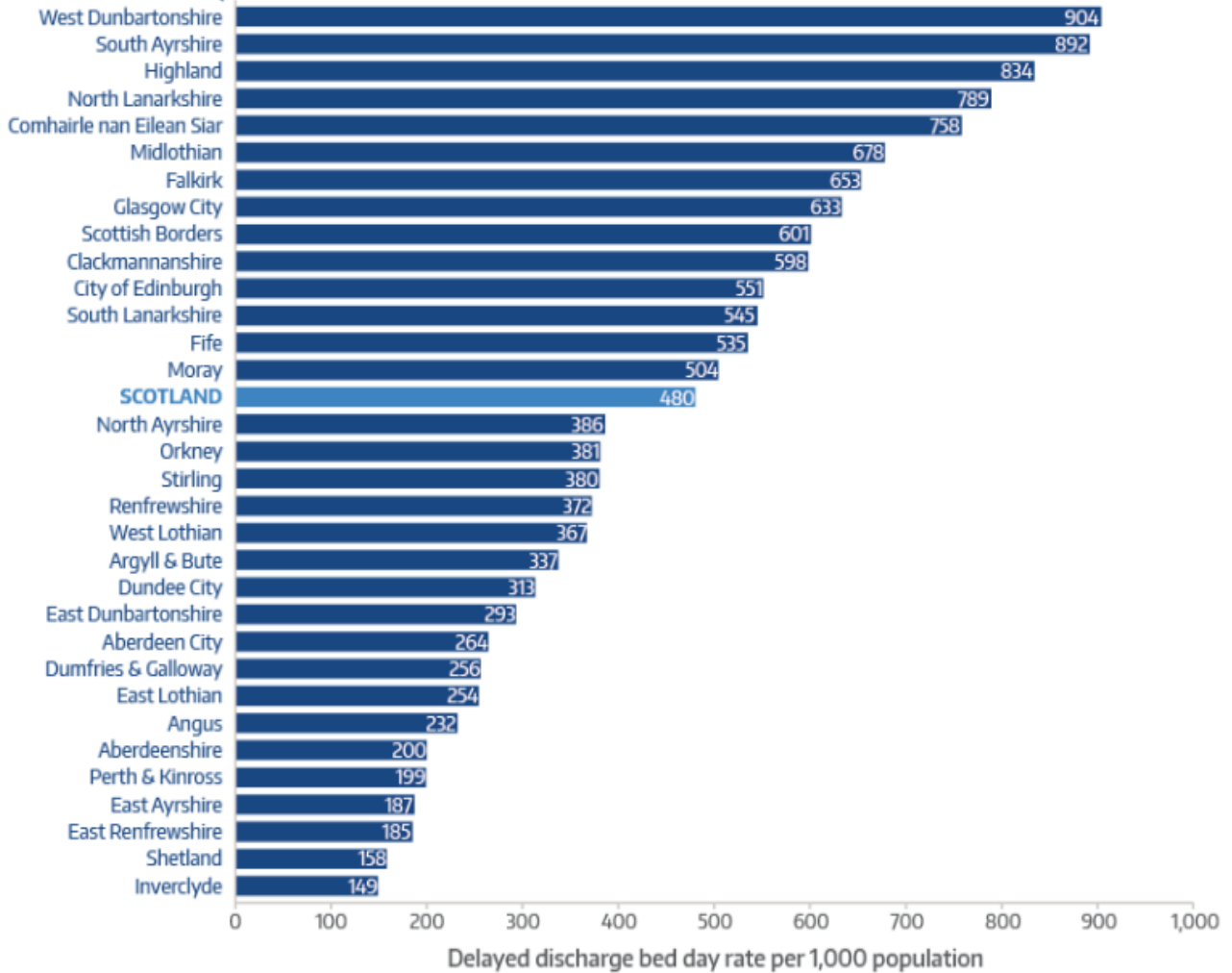


Inverclyde's bed day rate however remains one of the lowest of any authority area in Scotland, as shown in the graph for all Council areas below.

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Delayed Discharge bed day rate per 1,000 population aged 75 and over per 1,000 population

## Local Authority



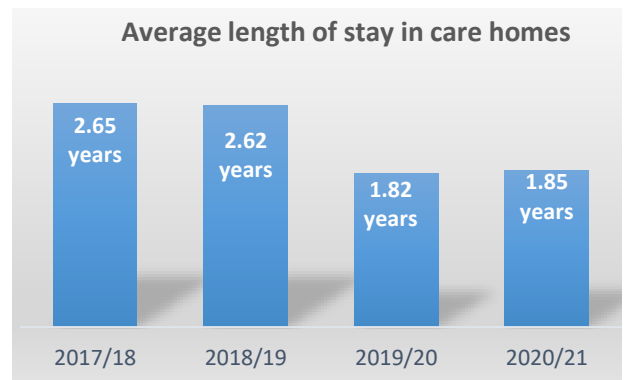
Source: [Delayed Discharges in NHSScotland \(publichealthscotland.scot\)](https://publichealthscotland.scot) Figures to March 2020

## Adult Care

### Average length of stay in care homes

There has been a reduction in the average length of stay in care homes, reducing by 0.8 years in 2019/20. In terms of the average length of stay, which has seen quite a stark reduction from 2018/19 to 2019/20, this is in part due to a change in the process/system, where a requirement for financial reasons affected the way this measure can be calculated.

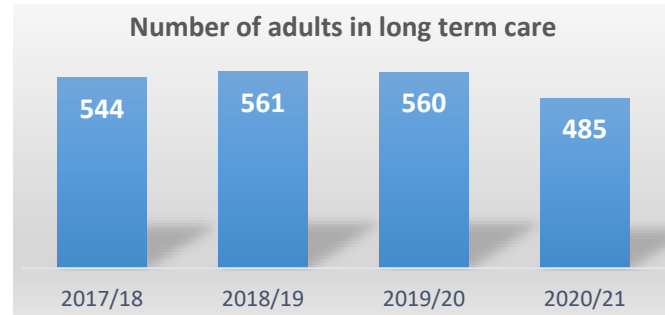
The Inverclyde HSCP works towards a Home 1st Strategy, ensuring service users are able to live as independently as possible in their own homes.



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## Number of adults aged 65+ in long term care as at 31 March

The number of clients aged 65+ in long term care reduced in 2020/21. Sadly, this was in large part due to the Covid-19 pandemic, which affected our older population more severely than it did compared with our other age groups. With the COVID vaccination programme being completed in our local care homes, and the Care Home Safety huddle system developed by NES Scotland, we are more confident moving forward that in future we will be more protected.



It is not appropriate to set a target for either of the adult care indicators due to the nature of the service provided. Instead, the service is working on achieving a downward trend in the number of clients requiring residential support.

## Self-Directed Support

The Social Care (Self-Directed Support) (Scotland) Act 2013 imposes a duty on local authorities to offer greater choice and control over the support package provided for the cared-for person. The data tells us about the choice of how care is provided for the cared-for person during the previous four years.

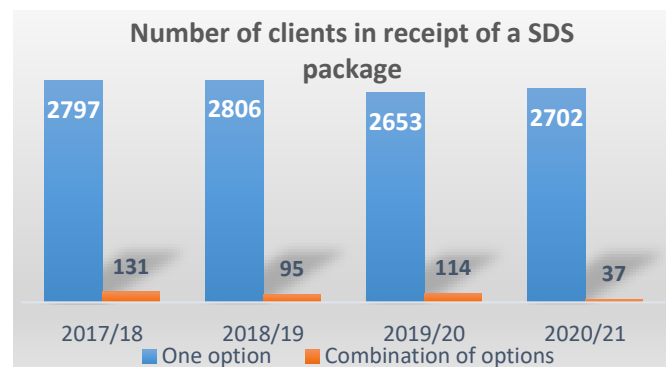
There was a change in providers available to service users and to the Home Care contract which had an impact on the figures in 2019/20. The combined Option figure refers to service users who have chosen a combination of how they are supported and evidences that service users are exercising greater choice and control. Four options are available to clients:

- Option 1 Direct payment
- Option 2 Individual Service Fund
- Option 3 Service arranged and provided by the local authority
- Option 4 Combination of all of the above.

## Self-directed support: Number of clients in receipt of a self-directed support package

There was an increase by 139 in the number of clients in receipt of one SDS option, whilst the number of clients in receipt of a combination of options decreased by 77 in 2020/21.

It would not be appropriate to set a target for this measure due to the nature of the service provided.



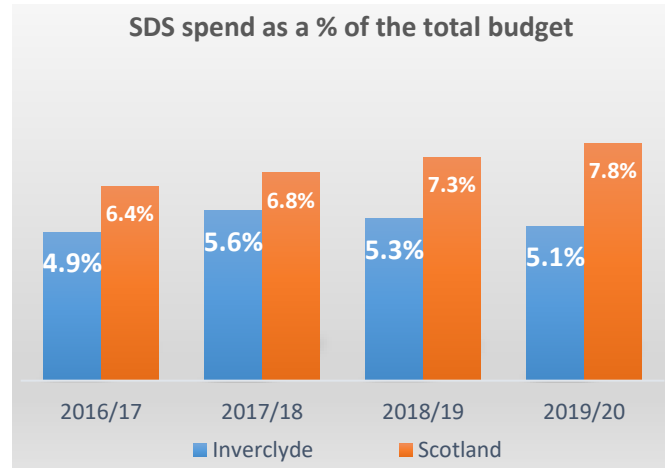
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## Self-Directed Support Spend as a percentage of total SW spend on adults aged 18+

This indicator is taken from the Local Government Benchmarking Framework.

The total SDS spend as a proportion of the total social work budget in Inverclyde again fell slightly between 2018/19 and 2019/20 and remained below the Scottish average. Inverclyde ranked in 17<sup>th</sup> position relative to all 32 Scottish councils in 2019/20.

2020/21 data is not yet published.



## Public Health

### Public Health Complaints (High Priority % attended by next working day)

This indicator measures the number of public health high priority service requests received and the percentage of those attended by next working day.

Covid-19 and the associated restrictions had an impact on performance during the year.

