



Inverclyde Health and Social Care Partnership Strategic Needs Assessment 2021/22

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1 Introduction

1.1 Background

The integration of health and social care is a key Scottish Government programme of reform designed to improve care and support for those who use health and social care services. The legislation relating to the integration of health and social care is set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

The intended purpose of health and social care integration is captured through the nine National Wellbeing Outcomes, and Inverclyde Health and Social Care Partnership (HSCP) is committed to working with individuals and local communities, to support people to achieve those outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live-in good health for longer.

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5. Health and social care services contribute to reducing health inequalities.

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7. People using health and social care services are safe from harm.

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.

To help us deliver these high-level integration outcomes, Inverclyde Health and Social Care Partnership's 5-year strategic plan (2019 to 2024) focuses our services around 6 key themes or "Big Actions".

These are:

- Big Action 1: Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health

We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control.

We know that some unequal health outcomes can be mitigated or even avoided, but a general statement of reducing health inequalities can easily be lost in the rhetoric of good intentions. We want to be more specific in where we would like to make a difference. This document therefore lays out some important information about some of the health inequalities that have already been identified (for example, life expectancy and healthy life expectancy; causes of death, long-term conditions and the burden of disease). We aim to improve these statistics through the implementation of our Big Actions.

- Big Action 2: A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For our looked after children, we take care of we will also ensure high standards of care, housing and accommodation.

We already have a Joint Children's Services Plan [Children's Services Plan 2020-23 - Inverclyde Council](#). However, it is important to link our planning for children and for adults, so that there is a clear line of improvement that becomes generational. We also want to link the needs of our looked after children to our housing commitments, to ensure they have high standard housing and accommodation, as well as improved outcomes as described in the Joint Children's Services Plan.

- Big Action 3: Together we will Protect Our Population

We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities.

The data we have included helps us to gauge current levels of public protection, so that we can compare future data to measure our impact.

- Big Action 4: We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

We will enable people to live as independently as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone.

We know that most people want to remain in their own homes, and that if they have to go into hospital, they want their stay to be as short as possible. We have included information about unplanned or unexpected hospital care, so that we will be able to make comparisons in the future as to how well we are delivering this Big Action.

- Big Action 5: Together we will reduce the use of, and harm from Alcohol, Tobacco and Drugs

We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those affected to become more involved in their local community.

We know that harm from these substances has a big impact on the quality of life of many Inverclyde families. By including the data around these topics, we can measure change and improvement going forward.

- Big Action 6: We will build on the strengths of our People and our Community

We will build on our strengths – this will include our staff, our carers, our volunteers and people within our community, as well as our technology and digital capabilities.

This Big Action is aimed at improving the quality of the lives of all of our people.

That of course is very difficult to measure, however we have included some data that can provide an indication of lifestyle factors such as physical activity, and environmental factors such as housing, employment and financial inclusion.

Where appropriate the data and statistics that are relevant to these big actions will be referenced to throughout the document, with the acknowledgement that some topics may be relevant to more than one action.

1.2 Strategic Needs Assessment

Each health and social care partnership is required by the legislation to produce a detailed strategic plan. Inverclyde's strategic plan explains how the partnership will make changes and improvements to develop health and social services for the people of Inverclyde over a five-year period.

For the partnership to monitor the strategic plan and ensure it continues to meet the needs of our local population we must maintain a clear understanding of the health and care needs of the population.

Need is the discrepancy between “what is” and “what should be”. This document aims to bring together the available data to describe the current pattern and level of supply of these services and where possible identify the extent of the gap between need and supply.

Understanding the differing levels of need and service provision across the partnership will be key to the future success of the partnership. Therefore, the ability to assess need at locality level is extremely important. Initial versions and updates of this document will focus on information and analysis at partnership level, and future versions will begin to drill down to locality level.

The HSCP has worked closely with the Council and the Community Planning Partnership to develop six smaller locality areas across Inverclyde. Within each locality a Communication and Engagement group has been developed and a local Locality Plan developed for each. In time it is proposed to review locality planning and consider amalgamating the 6 localities into two larger localities (East and West Inverclyde) for planning and service delivery purposes, with the Communication and Engagement groups remaining in each of the 6 localities to support the wider engagement with communities. There may be a change in future to move to two all-encompassing localities but for now the information in this report will be split into the six mentioned localities.

Figure 1.2A below shows an outline view of Inverclyde which is now split into six localities. Greenock West & Gourock is **dark blue**, Greenock Central & East is **dark purple**, Greenock South & South West is **magenta**, Inverkip & Wemyss Bay is **green**, Port Glasgow is **pink** and Kilmacolm & Quarrier's Village is **sky blue**. The borders within the localities show the intermediate zones; these are geographic areas comprised of multiple data zones. Data zones themselves are small clusters of households of between 500 and 1,000 people. The map is based on the data zone definitions from 2011 which comprised 114 individual data zones in Inverclyde.

These localities have been built up from the data zone level to the intermediate zone level and finally to the locality level to provide a standardised method of measuring populations and activity across a range of subjects and programmes. The diagram on the next page gives a brief outline of the areas within these localities.

Figure 1.2A Inverclyde Health and Localities

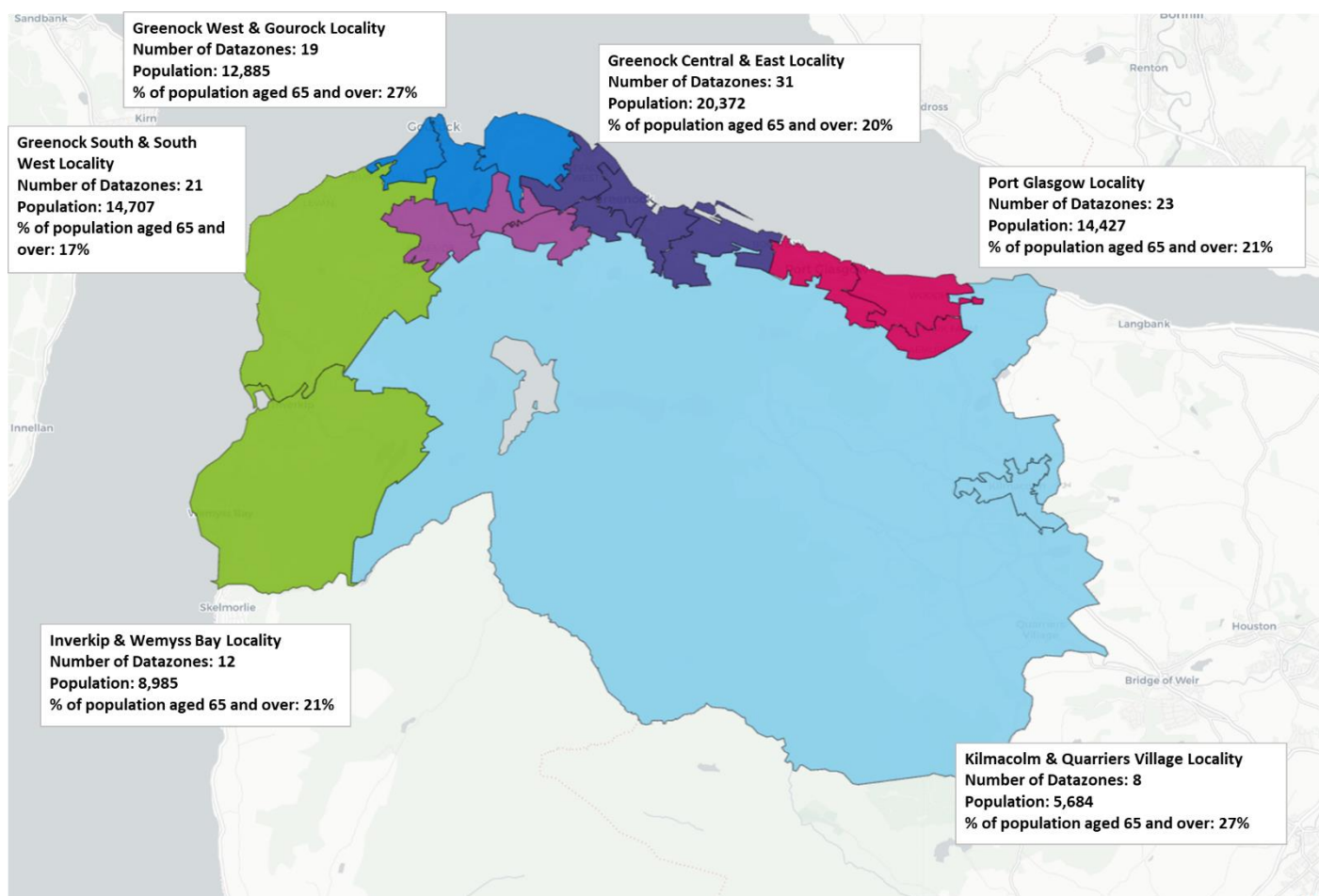


Figure 1.2B Inverclyde localities, neighbourhoods and communities

Locality	Intermediate Zone	Number of Data zones
Kilmacoll & Quarrier's Village	Kilmacoll Central	3
	Kilmacoll, Quarrier's, Greenock Upper East/Central	5
Inverkip & Wemyss Bay	Inverkip and Wemyss Bay	8
	West Braeside, East Braeside and West Gourock	4
Greenock West and Gourock	Gourock Upper and West Central and Upper Larkfield	6
	Gourock Central, Upper East and IRH	6
Greenock South and South West	Braeside, Branchton, Lower Larkfield and Ravenscraig	8
	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	7
Greenock West and Gourock	Gourock East, Greenock West and Lyle Road	7
Greenock Central and East	Greenock West and Central	8
Greenock South and South West	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	6
	Greenock Upper Central	6
Greenock Central and East	Greenock Town Centre and East Central	8
	Greenock East	9
	Port Glasgow Upper, West and Central	9
Port Glasgow	Port Glasgow Mid, East and Central	7
	Port Glasgow Upper East	7

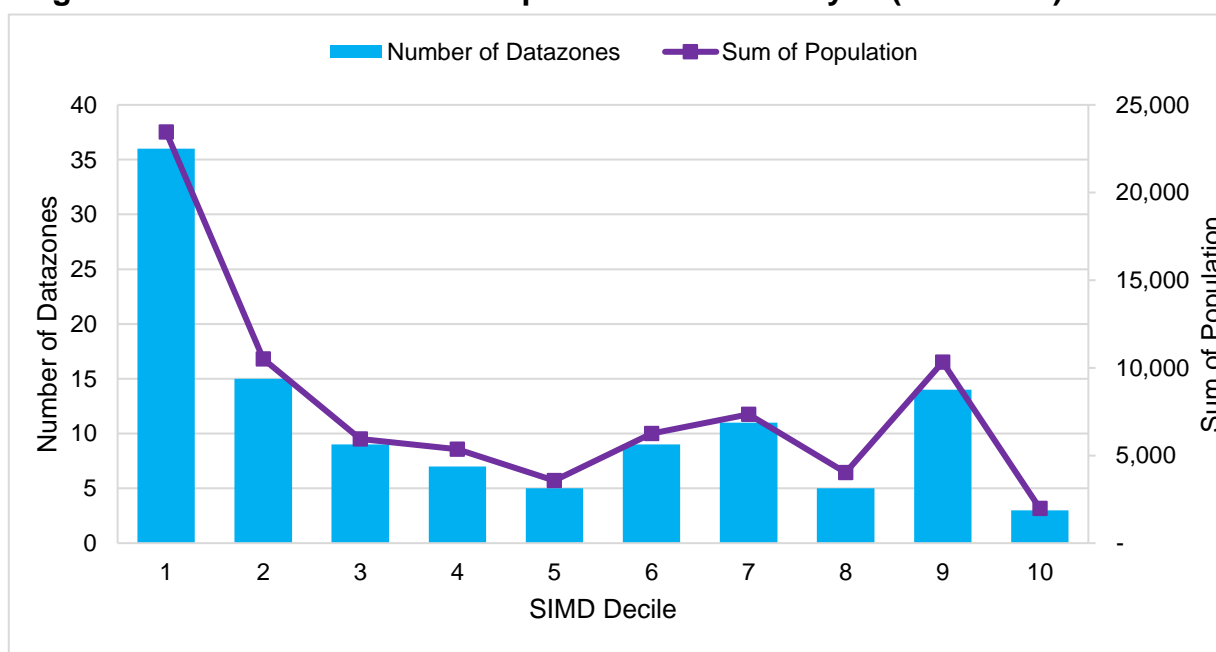
1.3 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) measures factors across seven domains including employment, income, health, and education to give an overall score of deprivation for small geographic areas of roughly equal population sizes called data zones.

These data zones across Scotland are ranked from 1 (most deprived) to 6,976 (leastdeprived)¹. The data zones can then be grouped into equal percentage groups called deciles based on this ranking, so the most deprived 697 data zones across the country would be in the first decile; the least deprived 697 would be in the tenth decile. The number of data zones in Inverclyde included in each decile group can then be calculated. Figure 1.3A below shows the distribution of SIMD decile scores for data zones in Inverclyde along with the population within those deciles.

Deprivation is a major factor in inequalities in health and has a significant effect on many of the issues that are to be addressed as part of the “Big Actions” for the Strategic Plan.

Figure 1.3A SIMD Deciles and Population size Inverclyde (SIMD2020)



Source: SIMD 2020

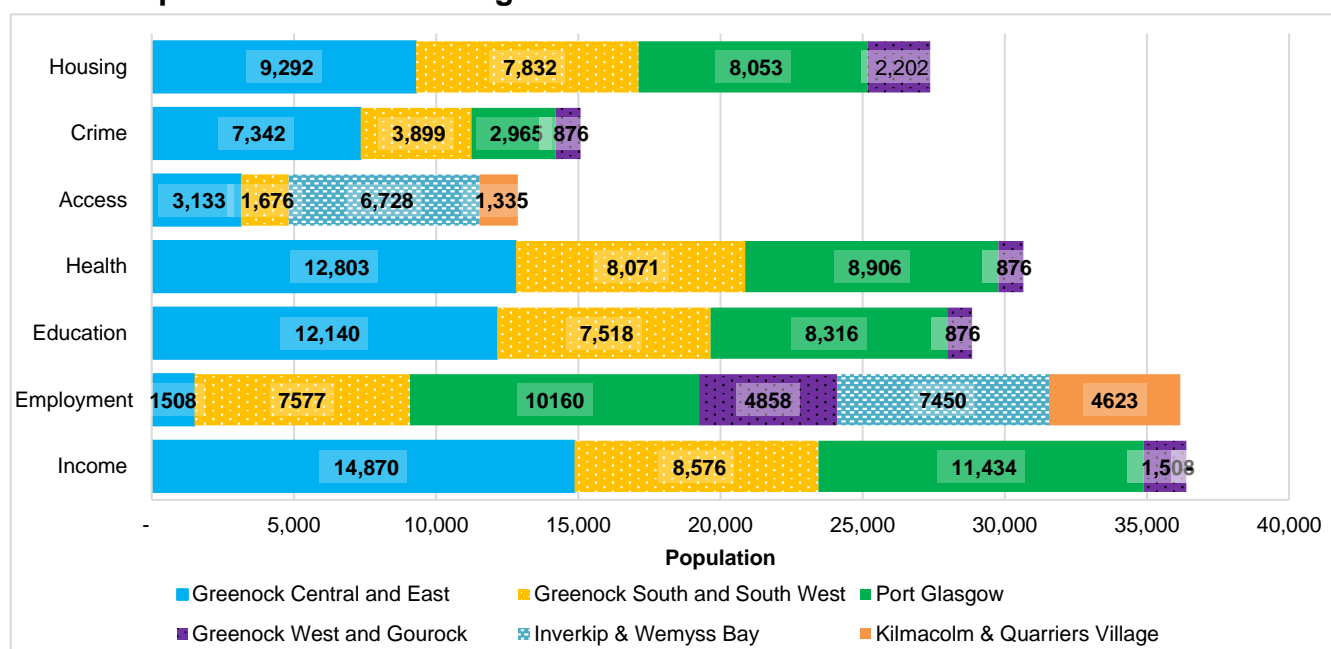
Figure 1.3A shows that 43% of the population of Inverclyde (33,948 people) are in the top 20% most deprived data zones in Scotland. This influences demand on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. The rest of the population is relatively evenly spread across the other deciles, except in the least deprived decile. There are two data zones in Inverclyde in the top 10% least deprived in Scotland.

¹ SIMD 2020

Figure 1.3B (below) shows the population in each locality who are in the most deprived 20% in Scotland by the type of deprivation domain. Greenock Central and East locality has the largest population share in the most deprived quintile grouping. Quintiles are five equal groups into which a population can be divided. The most deprived quintile is comprised of the data zones in the lowest twenty percent ranking in Scotland. A full description of the deprivation categories and rankings can be found at SIMD.scot.

Figure 1.3B shows that 12,803 people in the Greenock Central and East locality live in an area considered one of the worst for health deprivation in Scotland. This is not to say that every one of those individuals is health deprived but that the overall area that they live in is. SIMD measures areas, not people.

Figure 1.3B Population who live in areas of high deprivation (top 20%) by type of deprivation and wellbeing



Source: NRS population estimates

Most of the population who live in high deprivation areas in Inverclyde live in the Greenock Central & East, Greenock South & South West and Port Glasgow localities, except for the access domain which is concerned with public transport times to various services. As the Inverkip & Wemyss Bay locality is comprised of a larger rural area the people that live there are affected by the lack availability of public transport.

1.4 Next Steps

This Strategic Needs Assessment will be continually developed over the lifetime of the Strategic Plan, in order that the data we have is used to its maximum as intelligence for planning and commissioning. This includes redrafting outputs based on updated definitions and data.

2 Population and demographic information

According to the latest official statistics from the National Records of Scotland the population of Inverclyde is 77,060 people (2020 NRS mid-year estimates). The breakdown of this figure into age groups and sex is shown in Figure 2.1A below.

There are more young males than young females in Inverclyde (less than 30 years old). For all age groups aged 30 and above there are more females. Inverclyde's population is becoming increasingly elderly. The proportion of people aged 45 and above in Inverclyde is higher compared to Scotland.

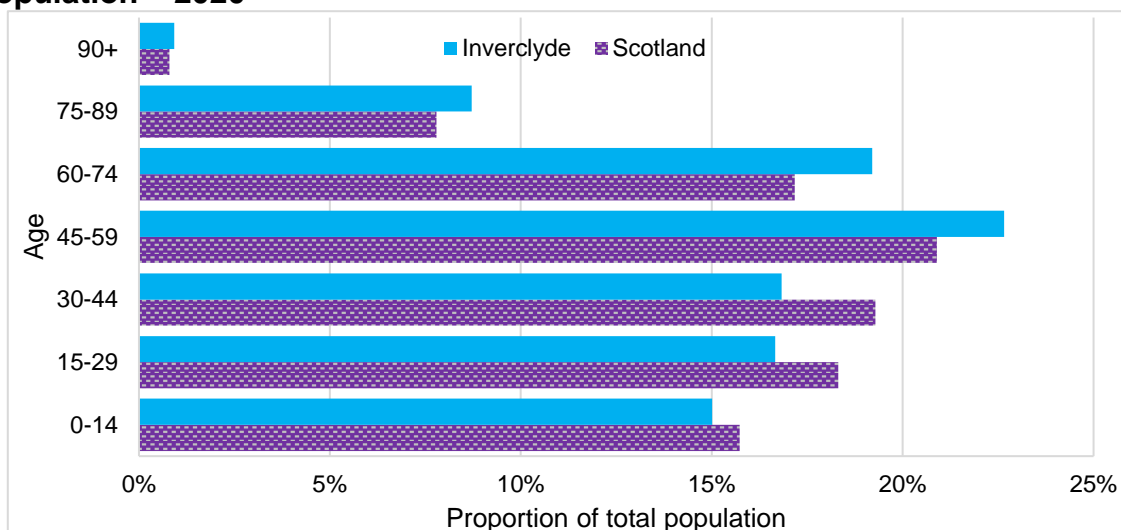
2.1 Current Population

Figure 2.1A Inverclyde Population Profile – Mid 2020 Estimate

Inverclyde	Total	Males	Females
0-14	11,565	5,996	5,569
15-29	12,843	6,593	6,250
30-44	12,972	6,288	6,684
45-59	17,458	8,192	9,266
60-74	14,795	6,956	7,839
75-89	6,713	2,708	4,005
90+	714	205	509
Total	77,060	36,938	40,122

NRS 2020 Mid-year Population Estimate

Figure 2.1B Inverclyde & Scotland Age group as percentage of total population – 2020

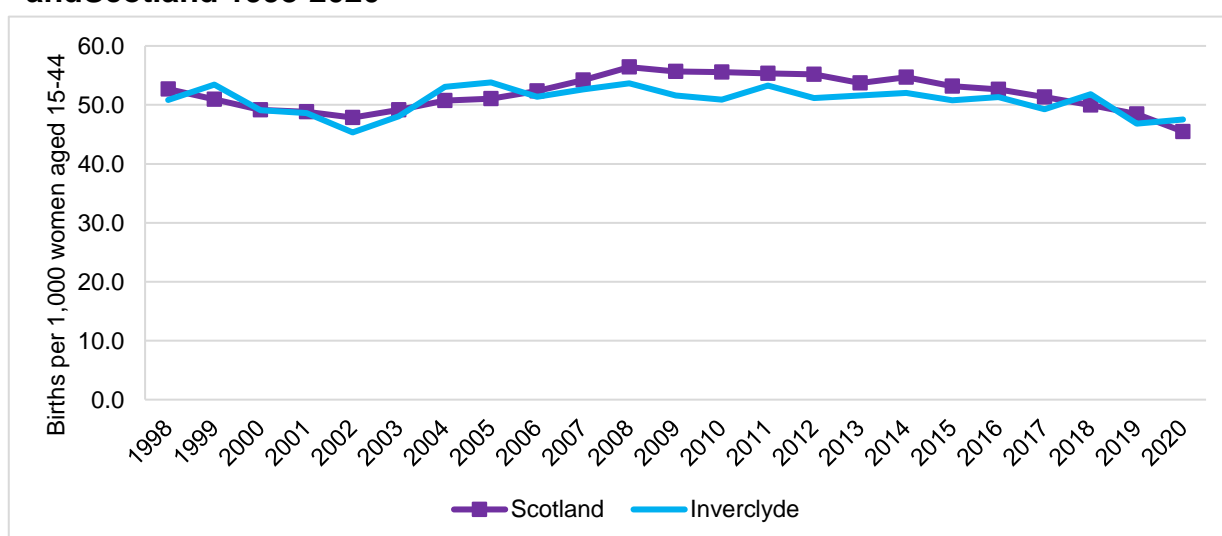


Source: NRS mid-year population estimates 2020

2.2 Births

There were 615 births in Inverclyde in 2020, a decrease of 11% in annual births since 2018. Although this was the joint fewest births shown, the actual rate of births per 1,000 women aged 15-44 has not changed significantly over that 20-year period as the number of women aged between 15 and 44 has also fallen. The 2020 rate, 47.5, was slightly above the Scottish figure of 45.5. A trend comparison between the Inverclyde and overall Scottish birth rates is demonstrated in Figure 2.2A. It shows that the birth rate in Inverclyde is now relatively similar to the Scottish rate.

Figure 2.2A Rate of all births per 1,000 women aged 15-44, Inverclyde and Scotland 1998-2020



Source: NRS – Births Time Series Data

2.3 Deaths

In 2020 there were 1,224 deaths registered in Inverclyde. Cancer was the largest impacting cause of death, closely followed by deaths caused by diseases of the circulatory system (including cardiovascular disease and strokes). In comparison with national figures, the percentage of all deaths in Inverclyde caused by diseases of the respiratory system is higher than the Scottish figure; further information on chronic obstructive pulmonary disease (COPD) deaths can be found in a later section of this document.

In 2020, 126 deaths were caused by COVID19, 10.3% of the total number of deaths in Inverclyde. This was the third highest cause of death in Inverclyde. In comparison, the Scottish percentage of deaths caused by COVID19 was 0.7% lower than Inverclyde.

Figure 2.3A Number and percentage of deaths (all ages) by cause 2020

Cause of death	Inverclyde (n)	%	Scotland %
Cancer	286	23.4%	25.4%
Mental and behavioural disorders	90	7.4%	6.6%
Diseases of the nervous system	107	8.7%	6.4%
Diseases of the circulatory system	261	21.3%	23.9%
Diseases of the respiratory system	110	9.0%	8.5%
Diseases of the digestive system	76	6.2%	5.3%
External causes	74	6.0%	5.8%
COVID19	126	10.3%	9.6%
Other	94	7.7%	8.6%
Total	1,224	100.0%	100.0%

Source: GRO Deaths

A higher percentage of people under 75 died from cancer than the percentage for the Scottish population but a lower percentage died from circulatory disease.

Figure 2.3B Cause of death for people aged under 75 Inverclyde 2020

Cause of death for people aged under 75	Percentage of deaths under 75
Cancer	29.7%
Diseases of the circulatory system	17.6%
Diseases of the digestive system	9.4%
Diseases of the nervous system	3.0%
Diseases of the respiratory system	7.8%
External causes	3.7%
Mental and behavioural disorders	2.3%
COVID19	8.2%
Other	18.3%

Source: GRO deaths

Figure 2.3C below breaks down some of the available data on causes by age standardised rate. Inverclyde has a higher rate of alcohol specific deaths, early cancer deaths and early coronary heart disease deaths compared to NHS Greater Glasgow and Clyde and Scotland.

Figure 2.3C Age standardised rate per 100,000 population by cause of death

Cause	Aggregate period	Inverclyde	GG&C	Scotland
Deaths from alcohol conditions	2015-19	32.41	26.66	20.4
Early deaths from cancer	2018-20	161.29	175.31	152.8
Early deaths from coronary heart disease	2017-19	69.94	60.93	50.42

Source: ScotPHO

2.4 Ethnicity

When last recorded, much of the population of Inverclyde are of a White Scottish ethnicity. Figure 2.4A below shows the statistics compiled from the 2011 Census.

Chart 2.4A Ethnicity of Inverclyde Population

Inverclyde	Percentage of Population
% White - Scottish	93.8
% White - Other British	3.0
% White - Irish	0.9
% White - Polish	0.1
% White - Other	0.8
% Asian, Asian Scottish or Asian British	0.9
% Other ethnic groups	0.4

Source: 2011 Census

The ethnic make-up of Inverclyde has changed very little between the census years of 2001 and 2011. There were only slight changes in the percentage of the population who were anything other than White Scottish between 2001 and 2011, but these ethnic groups still only comprised 6.2% of the total population.

Unfortunately, due to the delay of the 2021 Census, more up to date ethnicity information will not be available for at least another year (planned for 2022).

2.5 Projections of future population

The size and make-up of Inverclyde's population going forward will be a key consideration when planning and delivering health and social care services. The NRS (National Register of Scotland) population projections (Figure 2.5A) show the estimated changes in the population to 2043. It's predicted that the population of Inverclyde will decrease from 78,150 (in 2018) to 65,517 (in 2043), a 16% decrease. Figure 2.5A shows how this decrease is not consistent across the different age groups.

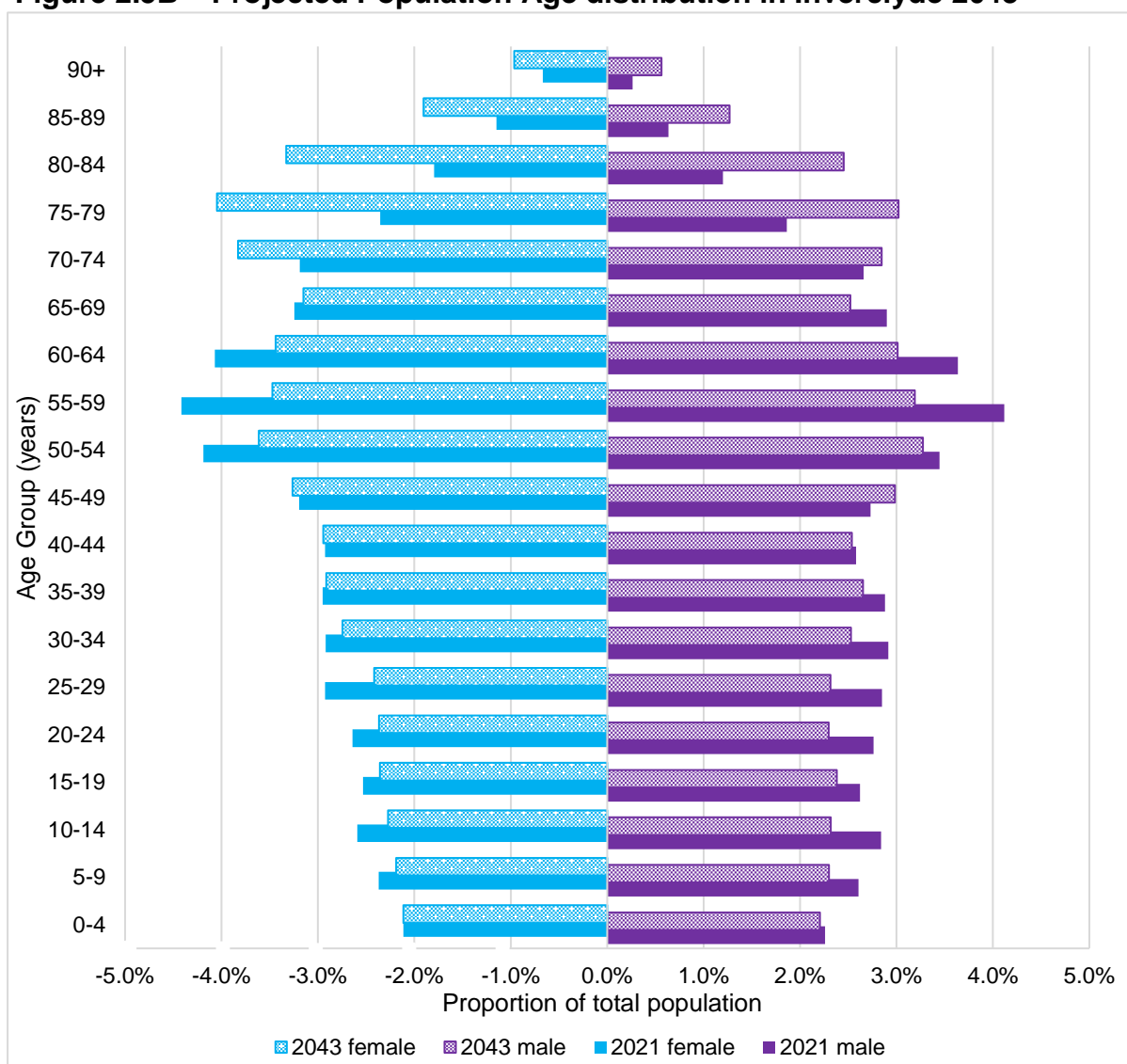
Figure 2.5A Projected percentage change in population by age structure

Age Group	2018-23	2018-28	2018-33	2018-38	2018-43
	%	%	%	%	%
Children (0-15)	-6.4	-14.2	-19.5	-22.6	-25.6
Working Age	-2.4	-6.0	-13.0	-19.0	-22.5
Pensionable age and over	-2.0	-0.1	9.4	13.7	9.9
Age 75 and over	8.4	16.0	24.7	42.8	55.5
All ages	-3.0	-6.1	-9.3	-12.6	-16.2

Source: NRS population projections (2018 based)

The projections show that the proportion of the population in older age groups is due to rise, with those aged 75 and above increasing by more than half of the current population of that age group. Despite the overall decrease in population, the ageing population in Inverclyde poses a variety of obstacles ranging from medical service provision to potential economic instability.

Figure 2.5B breaks this down further to show the split by gender and into more age group categories in the shape of a population pyramid. The lighter shaded areas are the projected population figures superimposed on top of the current population figures for each age group. The chart shows that the pyramid is projected to become top heavy, creating an inverted pyramid. There will be more people in older age groups than in younger age groups for both men and women.

Figure 2.5B – Projected Population Age distribution in Inverclyde 2043

Source: NRS population projections (2018 based)

2.6 Dependency Ratio

The dependency ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population. The definition generally used in Scotland is: 'those aged under 16 or of state pensionable age, per 100 working age population'. Figure 2.6A illustrates the projected change in dependency ratio for Inverclyde and Scotland from 2018 to 2037.

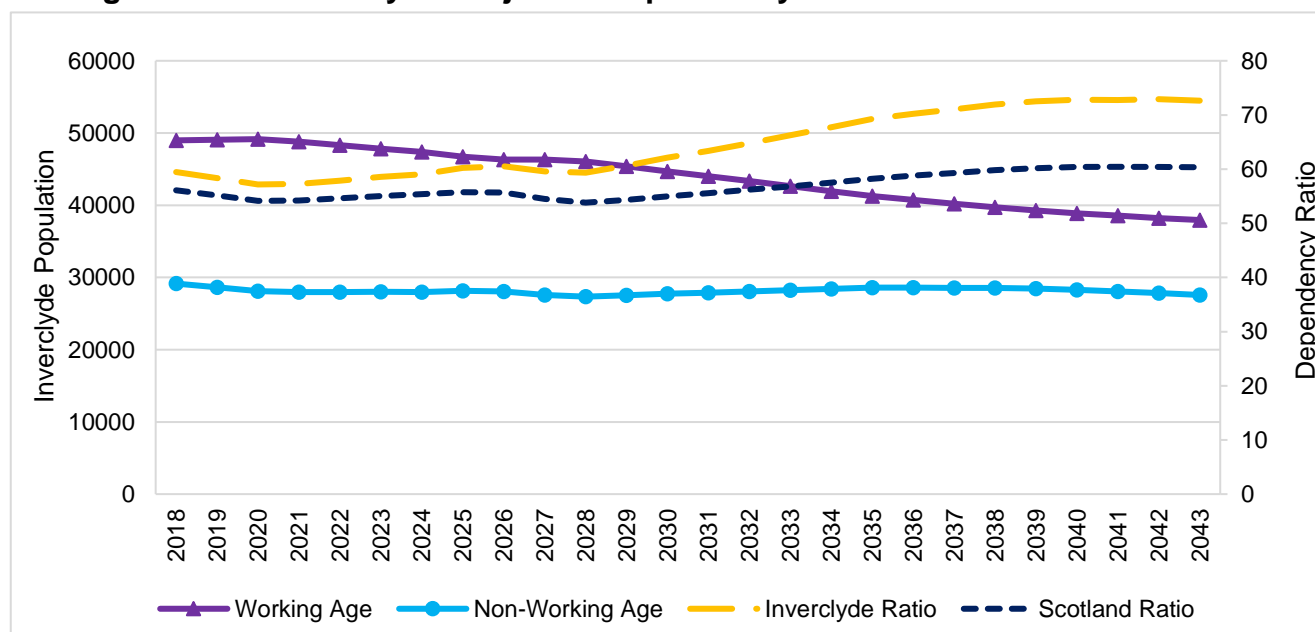
Figure 2.6A – Projected Dependency Ratios to 2043

Year	2018	2023	2028	2033	2038	2043
Inverclyde	59.5	58.6	59.3	66.2	71.9	72.6
Scotland	56.1	55.0	53.8	56.8	59.8	60.4

Source: NRS population projections

Whilst Inverclyde is projected to follow a similar upward pattern to Scotland as a whole, it is expected to experience a more accelerated upward trend. Figure 2.3B examines this trend more closely. The yellow dashed line represents the increasing dependency ratio and the navy dashed line represents the dependency ratio for Scotland. The chart helps explain why there is an accelerated projected increase in the ratio. There is a decreasing population of working age individuals, but the non-working age population remains level. This demonstrates that the overall projected fall in Inverclyde's population is because of falling numbers of working age-people. As the population ages, the working age population is not being replaced by the generation following. According to the NRS projections the population in Inverclyde is set to fall by 12,633 between 2018 and 2043. This accounts for a decrease in working age people of 11,047 (-23%), a decrease in children of 3,227 (-26%) and an increase in pensioners of 1,641 (+10%). There are some dips in the projected trend, but these can largely be explained by changes to the state pension age.

Figure 2.6B – Inverclyde Projected Dependency Ratio



Source: NRS population projections

The projected increases in the dependency ratio could potentially have a significant impact. There are projected to be more individuals of a non-working age as a proportion of those of a working age and this will impact upon the services required locally, the numbers of unpaid and family carers and on the local economy.

2.7 Population Considerations/Implications

The population in Inverclyde is falling. From the census in 2001 until data in 2018 the population is estimated to have decreased by 353 people a year. Population projections estimate that the average annual decrease in the population will be approximately 505 people a year between 2018 and 2043, meaning that there will be around 65,500 people in Inverclyde in 2043

The age structure of the population is predicted to change with proportionally fewer children (age 0 – 15); young working age (age 16 – 49); older working age (50 -64) and proportionally larger young retired (age 65 – 75's) and older retired (age 75+). This will have an impact of dependency ratios which are predicted to increase from 59.5 in 2018 to 72.6 in 2043.

2.8 What we will do to improve lives

The information in sections 1 and 2 shows the composition and high-level characteristics of the Inverclyde population. Clearly one of the biggest challenges we face is the unequal outcomes experienced, not only in comparison to the rest of Scotland, but also between our different localities. Our 6 Big Actions aim to start addressing these inequalities, focusing within the lifetime of the Strategic Plan, on the most important issues as perceived by our communities as well as services.

3 Big Action 1 – Reduce Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health

We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control.

Big Action 1 is concerned with promoting health and wellbeing by reducing inequalities through supporting people and carers to have more choice and control, preventing ill health, improving wellbeing and building stronger communities. The data and statistics in this section provide information on these topics.

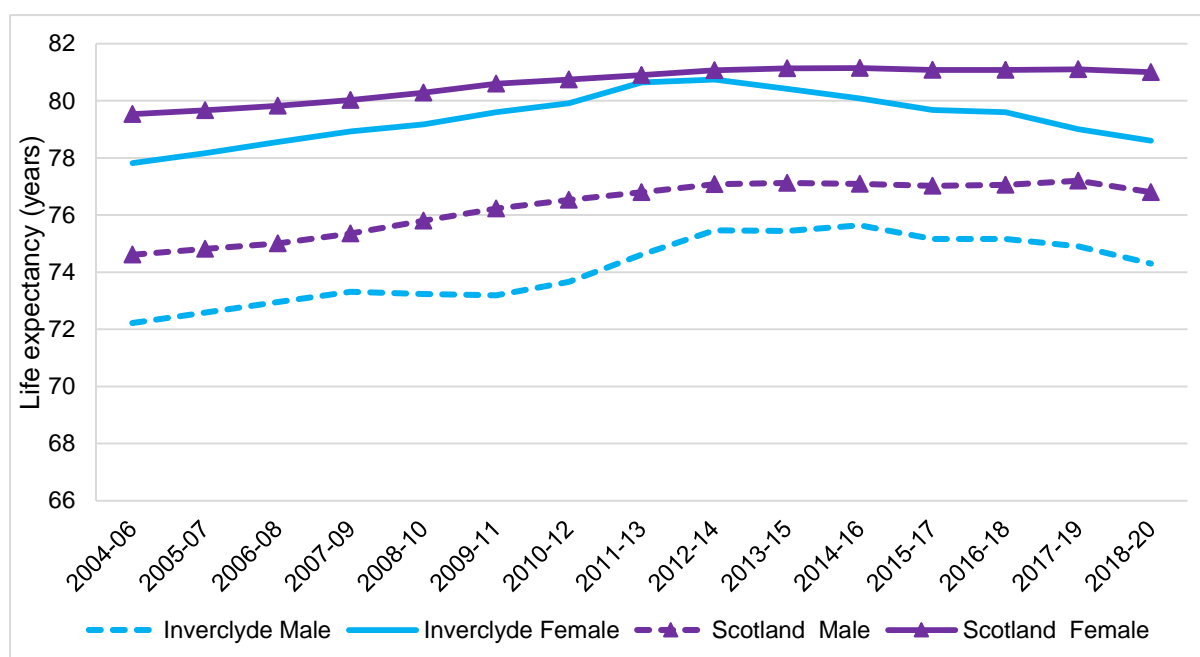
3.1 Life Expectancy and Healthy Life Expectancy

Life expectancy is an estimate of how healthy a population is at a particular point in time which is measured using the age that a person is most likely to die at when they're born. As Figure 3.1A illustrates, female life expectancy at birth is greater than male life expectancy in Inverclyde and in Scotland. Both male and female life expectancy at birth is lower in Inverclyde compared to the Scottish average.

There has been a notable decrease in life expectancy since the previous SNA update in 2018. One of the reasons for this is that an abnormally high number of people died at a younger age which was caused by COVID-19 or a wider impact of the pandemic. Some of these deaths can be classed as preventable or avoidable as discussed in Figure 3.2B.

Despite the deaths caused by the recent pandemic, life expectancy in Inverclyde has been on the decline since 2012 with the Scottish life expectancy staying relatively level during this period. The gap in life expectancy between the most and least deprived areas in Scotland has increased. This is clearly indicated by Inverclyde's declining life expectancy seeing as the local population consists of a higher proportion of deprived citizens (as shown in Figure 1.3A). For Scotland, the difference in life expectancy between the least deprived 10% & most deprived 10% was 13.5 years for males and 10.2 years for females. This gap has become wider over the past few years growing by 1.3 years for males and 1.6 years for females since 2013-2015.

Figure 3.1A: Life Expectancy in Inverclyde and Scotland, 2004-2006 to 2018-2020



Source: National Records of Scotland

There is variation in the life expectancy of people living in the different areas and localities within Inverclyde. Those in Kilmacolm Central and in West Braeside, East Inverkip & West Gourock have the longest male and female life expectancy respectively. Greenock Town Centre and East Central had the shortest life expectancy for males and Braeside, Branchton, Lower Larkfield & Ravenscraig for females (see Figure 3.1B below).

The difference is nearly 17 years for men, and 15 years for women, a larger gap than reported in the 2019 SNA

Figure 3.1B below shows the variation in life expectancy between the intermediate geographies (these are based on groups of data zones to form defined areas) by sex. These figures are based on the most recent available data at the intermediate zone level, which was an aggregate between 2016 and 2020. There is a greater difference between the life expectancy for women compared to men. Female life expectancy increased in the area with the highest life expectancy and decreased in the area with the lowest female life expectancy.

Again, there is variation between the localities as men and women in the Greenock Central & East and Greenock South & South West localities are more likely to have a poorer life expectancy than those in the other localities. Inverkip & Wemyss Bay locality had a much higher life expectancy compared to the other areas.




Figure 3.1B Life Expectancy by Intermediate Geography (5-year aggregate 2016 to 2020)



Source: ScotPHO Health and Wellbeing Profile

























*Scotland and Inverclyde estimates were based on 3-year average 2018-2020

Figure 3.1C below indicates whether the life expectancy for men and women within the intermediate zone areas is statistically different compared to life expectancy in the NHS Greater Glasgow and Clyde board area and Scotland. The results of the comparison are colour coded, red signifies significantly worse, amber no significant difference and green significantly better.

Significantly worse	
No significant difference	
Significantly better	

In Greenock Central & East and Greenock South and South West localities, life expectancy for men is statistically worse than NHS Greater Glasgow & Clyde and Scotland. Most areas in this locality also show that female life expectancy is statistically significantly worse. Inverkip & Wemyss Bay locality has a higher life expectancy age compared to NHS GG&C and Scotland. Most of the areas in Port Glasgow have a lower life expectancy than NHS GG&C and Scotland.

Figure 3.1C Comparison of Life Expectancy by Intermediate Zone in Inverclyde

Locality	Intermediate Zone	Male life expectancy		Female life expectancy	
		Comparison with NHS GG&C	Comparison with Scotland	Comparison with NHS GG&C	Comparison with Scotland
Greenock Central and East	Greenock West and Central				
Greenock Central and East	Greenock Upper Central				
Greenock Central and East	Greenock Town Centre and East Central				
Greenock Central and East	Greenock East				
Greenock South and South West	Braeside, Branchton, Lower Larkfield and Ravenscraig				
Greenock South and South West	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl				
Greenock South and South West	Bow Farm, Barrs Cottage, Cowdenknowes and Overton				
Greenock West and Gourock	Gourock Upper and West Central and Upper Larkfield				
Greenock West and Gourock	Gourock Central, Upper East and IRH				
Greenock West and Gourock	Gourock East, Greenock West and Lyle Road				
Inverkip & Wemyss Bay	Inverkip and Wemyss Bay				
Inverkip & Wemyss Bay	West Braeside, East Inverkip and West Gourock				
Kilmacolm & Quarriers Village	Kilmacolm Central				
Kilmacolm & Quarriers Village	Kilmacolm, Quarriers, Greenock Upper East/Central				
Port Glasgow	Port Glasgow Upper, West and Central				
Port Glasgow	Port Glasgow Mid, East and Central				
Port Glasgow	Port Glasgow Upper East				

Source: ScotPHO Profiles Tool

Healthy Life Expectancy

Healthy life expectancy is an estimate of how many years a person might live in a 'healthy' state. The chart below (Figure 3.1D) compares healthy life expectancy in Inverclyde and Scotland based on data for the 3-year period 2017-2019. It shows that healthy life expectancy is lower in Inverclyde than in Scotland. With the population in Inverclyde becoming older, there will be more reliance on health and social care services in future.

Figure 3.1D Healthy Life Expectancy in Inverclyde and Scotland 2017-2019

Healthy Life Expectancy	Inverclyde		Scotland	
	Male	Female	Male	Female
3-year period 2017-2019	58.4	59.7	61.7	61.9

Source: National Records Scotland – Health Life Expectancy 2017-2019

3.2 Premature and Avoidable Mortality

Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be. In 2020 the death rate per 100,000 population for under 75's was higher in Inverclyde than the Scottish rate, for both males and females.

Figure 3.2A Rate of deaths under the age of 75, 2020

Area	Male	Female	Total
Inverclyde	680.3	474.2	571.1
Scotland	566.6	355.2	457.4

Source: National Records of Scotland

Linked to these premature deaths are the deaths that have been categorised as potentially avoidable. This 'avoidable' mortality is the number of deaths for which the underlying cause is one for which all or most such deaths (subject to age limits if appropriate) are considered potentially avoidable through public health interventions or timely and effective healthcare. Of the total deaths in the period 2017-19 (before the COVID19 pandemic), nearly 3 in 10 in Inverclyde were considered avoidable, just above the Scottish average. A higher percentage of male deaths in Inverclyde were avoidable, at 34% compared to female deaths at 23%.

Figure 3.2B Percentage of deaths considered avoidable 2017-19

	Inverclyde	Scotland
Total	28%	27%
Male	34%	32%
Female	23%	21%

Source: National Records of Scotland

3.3 Smoking in pregnancy

The most recent figures for women smoking in pregnancy show that the overall rate in Inverclyde is equal to the national average.

Figure 3.3A shows that a higher proportion of women smoke during pregnancy in quintiles 2 and 3 compared to the Scottish average. The gap between most deprived and least deprived is bigger in Inverclyde compared to Scotland, highlighting the extent of inequality in Inverclyde.

Figure 3.3A - Smoking during pregnancy 2017/18 – 2019/20

Smoking during pregnancy (% of women)	Inverclyde	Scotland
Quintile 1 (Most Deprived)	22.7	21.2
Quintile 2	20.7	11.5
Quintile 3	12.8	8.3
Quintile 4	6.4	3.9
Quintile 5 (Least Deprived)	2.1	2.5

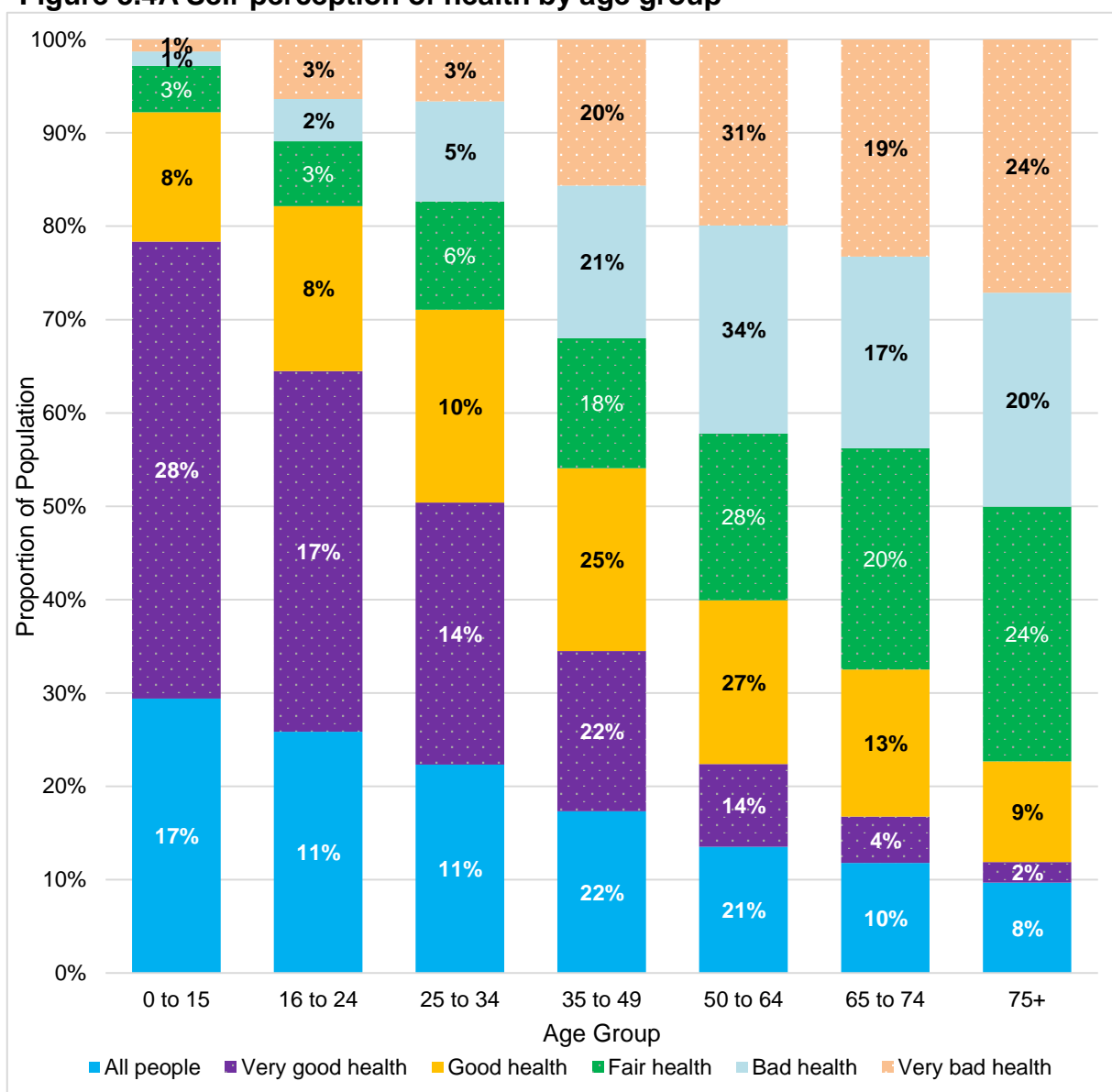
Source: ScotPHO

3.4 General Health

According to the 2011 Scotland Census: -

- 79% of the population in Inverclyde considered their general health to be very good or good.
- 14% considered themselves in fair health.
- 7% assessed their health as bad or very bad.

The Census question on self-assessed health is a subjective, but nevertheless useful measure. The chart below shows the breakdown of health by age group. As age increases, the percentage assessing their health as fair or bad/very bad also increases. For example, nearly 2 in 10 people aged 75+ reported their health as being bad/very bad, compared with less than 2 in 100 people aged 16-24.

Figure 3.4A Self-perception of health by age group

Source: 2011 census

As mentioned earlier, unfortunately more up to date equivalent information has been delayed as part of the 2021 Census.

The Health and Wellbeing Survey carried out in NHS Greater Glasgow and Clyde also asks respondents about their perceptions of their own health. Between 2008 and 2014 there was a rise in the proportion that had a positive perception of their general health in Inverclyde before a minor dip in 2017. This is shown in Figure 3.4B.

Figure 3.4B Positive Perceptions of General Health in Inverclyde

Year	Positive perception of health
2008	65.1%
2011	74.5%
2014	74.6%
2017	73.8%

Source: NHS Greater Glasgow and Clyde 2017/18 Health and Wellbeing Survey

There was also a slight increase in the percentage of survey respondents who had a positive perception of their overall quality of life in Inverclyde between 2008 and 2014. Similarly, to the health perception, there was a small dip between 2014 and 2017.

Figure 3.4C Positive Perceptions of Overall Quality of Life in Inverclyde

Year	Positive Perception of Overall Quality of Life
2008	84.90%
2011	85.40%
2014	88.30%
2017	87.10%

Source: NHS Greater Glasgow and Clyde 2017/18 Health and Wellbeing Survey

3.5 Burden of disease

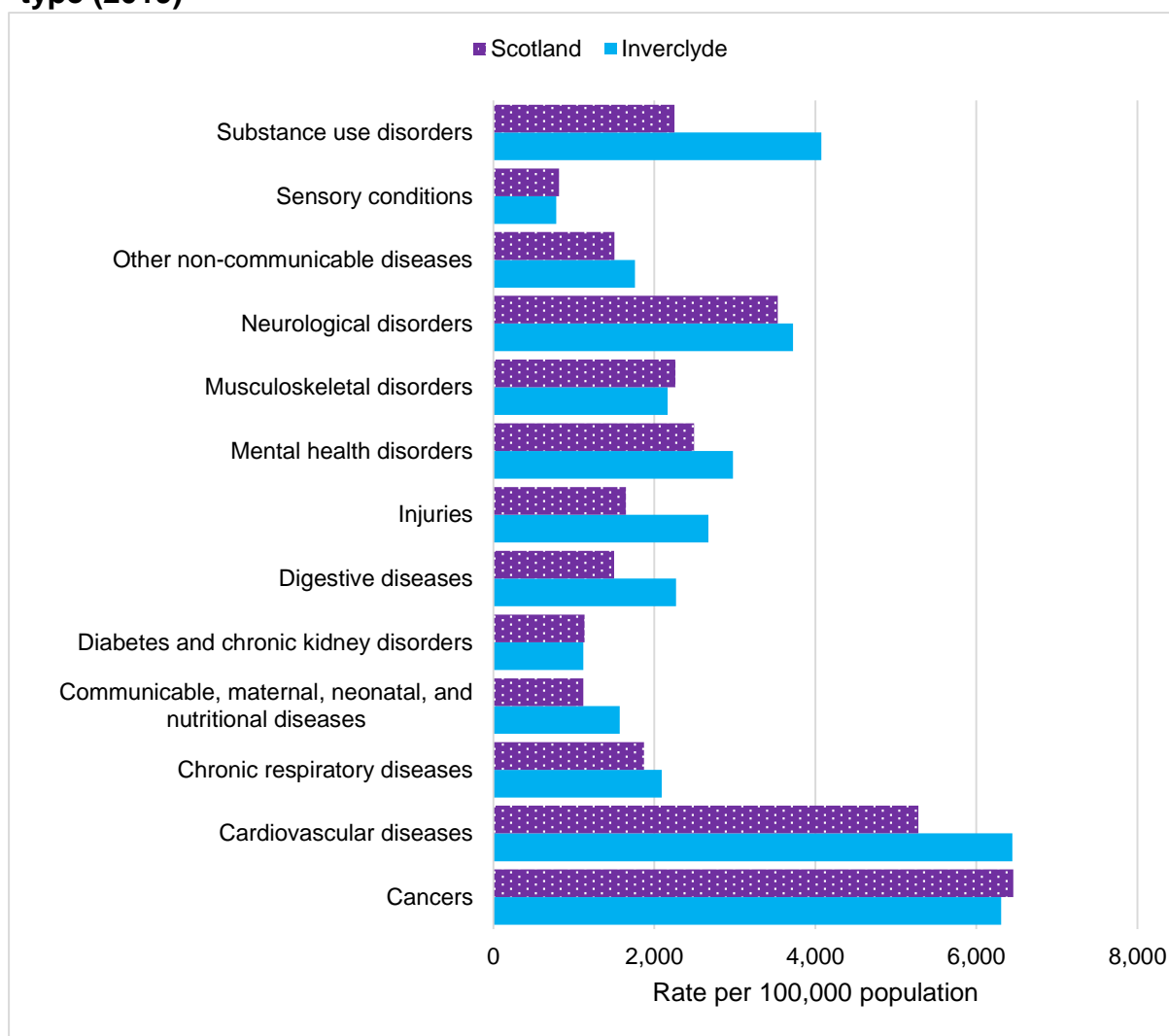
Burden of disease is a measurement designed to consider how death and ill health are affected by several disease and injury risk factors.

It aims to quantify the difference between the ideal of living to old age in good health and the situation where healthy life is shortened by illness, injury, disability and early death. Burden of disease studies use a single composite measure which combines the years lost because of early death (years of life lost - YLL) and years lost because people are living in less-than-ideal health (years lived with disability - YLD). The measure used to describe the overall burden of disease is called the disability-adjusted life year (DALY). One DALY represents the loss of one year of life lived in full health.

The Scottish Burden of Disease study has published local area analysis of disease burden in 2019 and this section highlights some notable points about Inverclyde.² The chart below shows the DALY rate per 100,000 age standardised population in Inverclyde for selected conditions in comparison to Scotland. The burden of disease in Inverclyde is greater than for Scotland for many of the conditions listed, including for substance use disorders where Inverclyde has the highest DALY rate in the country. Other analysis from the Scottish Burden of Disease study has highlighted that the burden of substance use diseases is greater in higher deprivation areas.

² <https://scotland.shinyapps.io/phs-local-trends-scottish-burden-diseases/>

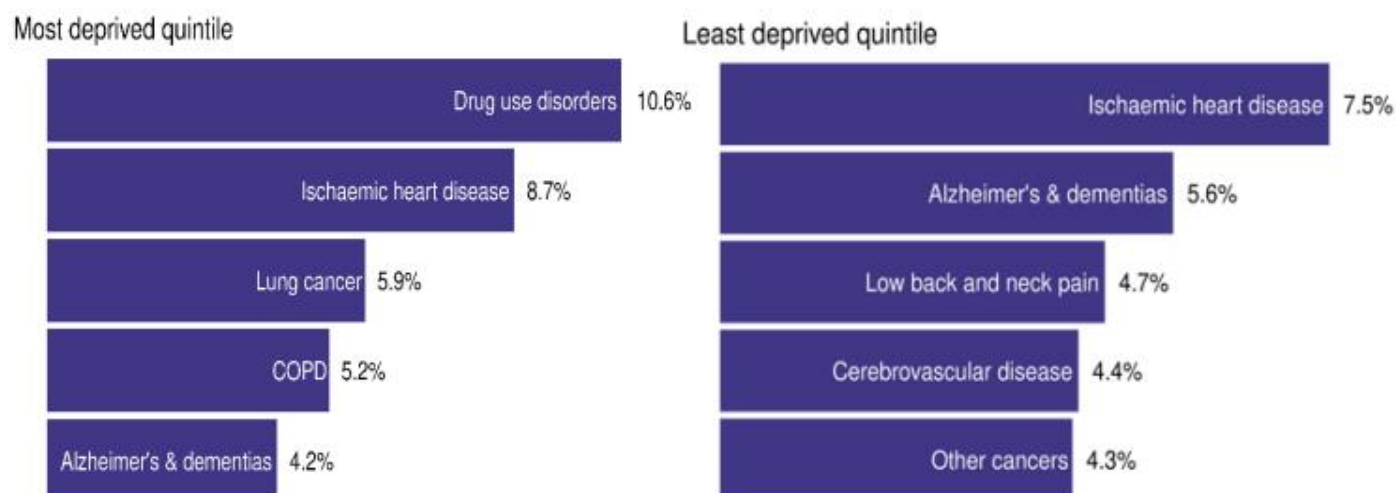
Figure 3.5A Age standardised DALY rate per 100,000 population by disease type (2019)



Source: PHS – Scottish Burden of Disease

Figure 3.5B demonstrates the DALY rate split by deprivation level. In the most deprived areas, drug use related disorders and ischaemic heart disease are the leading causes of ill health and early death. In the least deprived areas ischaemic heart disease and Alzheimer's & Dementia are the leading causes.

Figure 3.5B Leading individual causes of ill health and early death by proportion in the most and least deprived quintiles¹



1. Scottish Index of Multiple Deprivation (SIMD) 2020v2

The Scottish Burden of Disease study group are currently working on projections of disease burden to predict how disease burden could affect people in Inverclyde.

3.6 Disability and Supporting Independent Living

Learning Disabilities

In June 2013 the Scottish Government released a learning disability strategy for Scotland named The Keys to Life – Improving Quality of Life for People with Learning Disabilities. A key aspect of the strategy is to improve the health of a group of people who have some of the poorest health of any group in Scotland.

Figure 3.6A Number of adults with learning disabilities known to local authorities per 1,000 population 2010 – 2019

Area	2010	2011	2012	2013	2014	2015	2016/17	2019
Inverclyde	8.7	8.8	8.7	9.1	9.4	10.2	7	7.6
Scotland	6.4	6	6	5.9	6	6.1	5.2	5.2

Source: Learning Disabilities Statistics Scotland, National Records of Scotland

According to the Learning Disabilities Statistics Scotland, there were 499 adults with a learning disability in Inverclyde in 2019. The largest single group was those aged 21-34 who made up just under a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect quality of life. For example, it is estimated that one in three people with Down's syndrome will develop dementia, and this is likely to happen at a younger age meaning that those with Down's syndrome and dementia would require services traditionally associated with older people's services.

Additionally, there are learning disability support and care at home services, as well as supported living services provided by the Partnership. These aim to enable adults to live as independently as possible by providing help and support in the community.

To ensure improvements in health for those with learning disabilities, a range of different initiatives and services are required. This includes accommodation, day centre activities and opportunities, employment and further education, transport, and supported living arrangements. Inverclyde Health and Social Care Partnership are currently in the process of drawing up an Adult Learning Disability Joint Commissioning Strategic Plan to tackle these issues.

3.7 Physical Disabilities

In healthcare some of the key aspects of the plan are:

- More support for independent living for all disabled people who will have more say about how their support will be managed and provided
- Health, social care and other support services working together to remove the barriers faced by all disabled people
- Increased opportunities for disabled people to be involved in community development and service delivery

In May 2021 there were 3,941 claiming incapacity benefit/severe disability allowance in Inverclyde. This was a higher proportion compared to the Scottish average. According to the Scottish Social Care Census of 2017, there were 1,280 clients in Inverclyde receiving a social care service due to a physical disability.³

Figure 3.7A Adults claiming incapacity benefit/severe disability allowance or ESA (Employment Support Allowance) –2021

	Age Group	Male	Female	Total	Inverclyde % of population claiming (male and female)	Scotland % of population claiming (male and female)
Inverclyde	18-24	41	33	69	1.2%	1.2%
	25-34	200	167	361	4.0%	3.0%
	35-44	295	317	608	7.1%	4.8%
	45-49	190	214	394	8.2%	6.7%
	50-54	314	314	618	10.2%	8.2%
	55-59	385	435	810	12.3%	9.8%
	60-64	382	490	866	15.1%	12.0%
	65 and over	103	122	215	1.3%	0.9%
	Total adults	1910	2092	3941	6.3%	4.7%

Source: Stat-Xplore – Employment Support & Allowance Caseload

³ Scottish Social Care Census 2017

Most people claiming an allowance for a physical disability in Inverclyde are over the age of 54. Figure 3.7A also shows that the proportion of those claiming is increasing with age up until state pension age. Only 1.2% of the population aged 18-24 claimed allowance for having a physical disability in 2021, compared to 15.1% for those aged 60-64.

3.8 Unscheduled Care

Unscheduled care is the unplanned treatment and care of a patient usually because of an emergency or urgent event. Most of the attention on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital.

The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, with reducing waiting times in A&E and reducing the number of emergency admissions key targets.

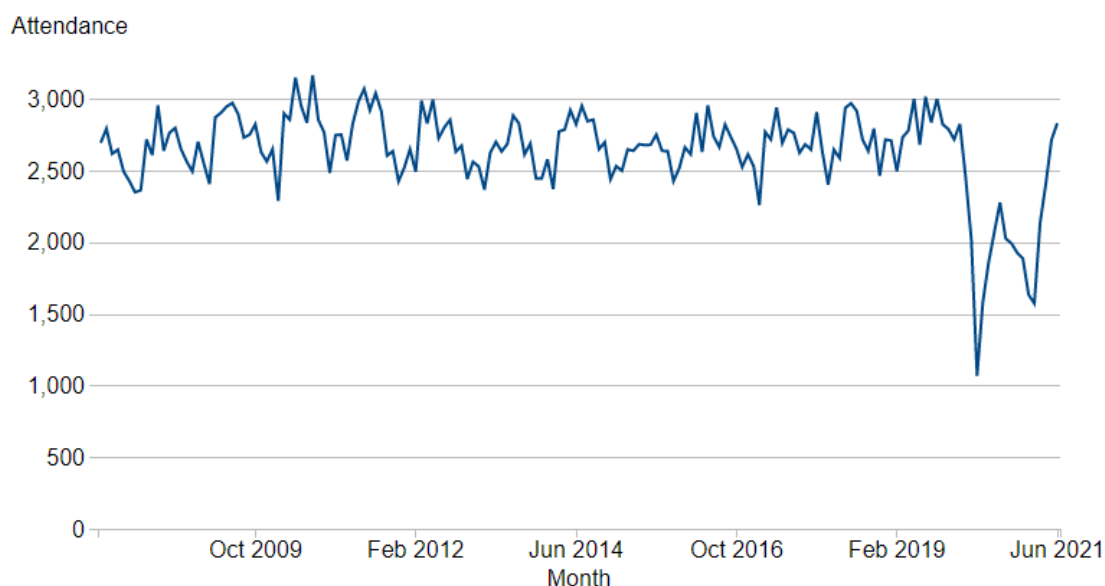
3.9 Emergency Department Attendances

Inverclyde is served by a single Accident and Emergency department at Inverclyde Royal Hospital (although Inverclyde people can access the emergency departments in other hospitals if required).

The average monthly attendances at the emergency department in Inverclyde Royal Hospital was roughly 2,700 until the start of the first COVID-19 pandemic. Between July 2007 and January 2020, the highest monthly attendance was 3,164 people, and the lowest monthly attendance 2,258. During this time the percentage of patients who met the 4-hour waiting times target each month ranged from a high of 99.4% in March 2008 to a low of 84.3% in December 2017.

Between March 2019 and May 2021, the number of attendances decreased drastically (low of 1,068 attendees in April 2020). Since then, as public activity returned to a normal rate the monthly ED attendance rate has also returned to the rate occurring before the pandemic.

Figure 3.9A Monthly attendance at emergency department – Inverclyde Royal Hospital



Source: PHS Scotland – A&E Activity & Waiting Times

3.9B Emergency Admission to Hospital

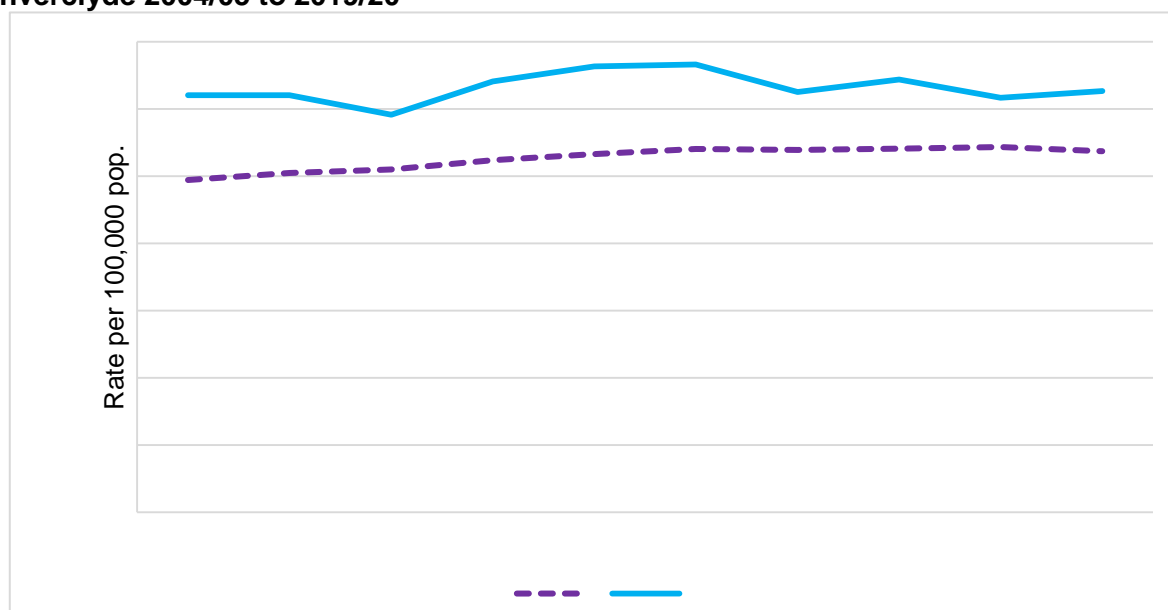
The rate of emergency admissions (per 100,000 people) to hospital in Inverclyde has been higher than the Scotland rate for the last fourteen years.

Emergency admissions place undue pressure on NHS services. Some of the people who come to hospitals as emergencies could have been offered better support or services earlier on, which would have prevented the need for them to come to hospital or may have involved a planned visit to hospital.

Emergency admission to hospital is inevitably unplanned and can be a time of stress and anxiety to both the patient and to relatives and friends. For hospital staff, decisions must be made very quickly, sometimes with limited information about the circumstances leading to the emergency, to ensure that the patient's problem is correctly diagnosed and the right treatment given.

Figure 3.9B demonstrates the trend in emergency admissions for Inverclyde residents from 2010/11 to 2019/20. There has been a steady increase in emergency admissions rates in Inverclyde and in Scotland. More recently the rate in Inverclyde has levelled off and hence is now closer to the Scottish level.

Figure 3.9B Rate of Emergency admissions to hospital per 100,000 population - Inverclyde 2004/05 to 2019/20



Source: PHS – Acute Hospitals & bed information ('p' denotes provisional)

The emergency admission rate is highest in the Greenock Central and East locality as shown in Figure 3.9C below.

Figure 3.9C Emergency admission rate per 100,000 population by locality

Locality	Greenock Central and East	Greenock South and South West	Greenock West and Gourrock	Inverkip and Wemyss Bay	Kilmacolm and Quarrier's Village	Port Glasgow
Emergency patient hospitalisation rate 2018-20	9,893	8,885	8,351	5,520	6,756	8,297

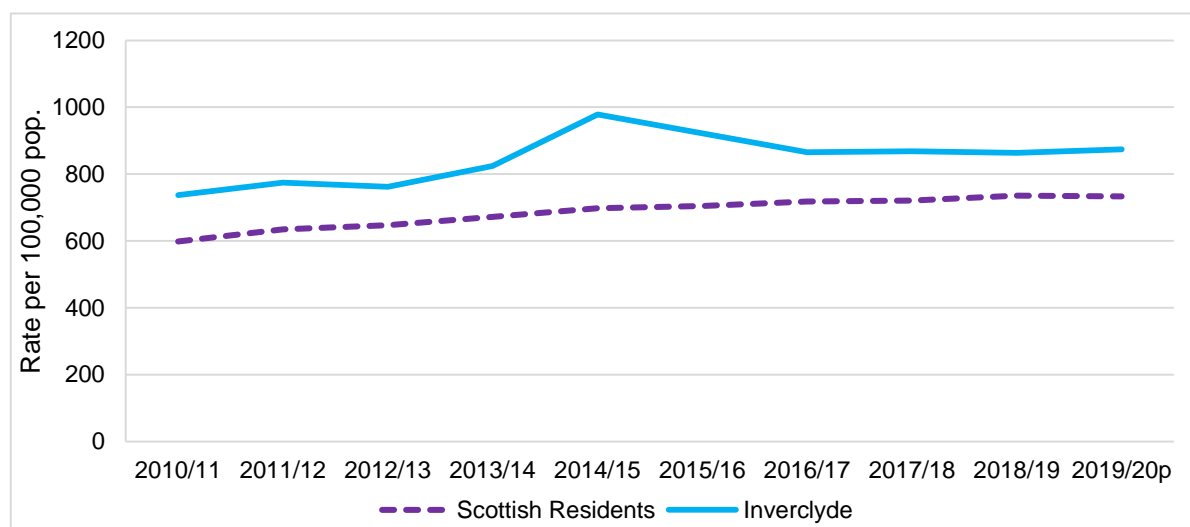
Source: ScotPHO Profiles Tool

A primary focus of the work on concerning emergency admissions is to reduce the number of patients who make multiple unplanned visits to hospital and who are then admitted.

In Scotland the rate of patients who have multiple emergency admissions (3 or more) has been increasing since 2004. The same is true of Inverclyde and our rate of multiple admissions has been greater than in Scotland in each year since 2004.

Figure 3.9D below shows the number and rate of patients who have had 3 or more emergency admissions in Inverclyde since 2010/11.

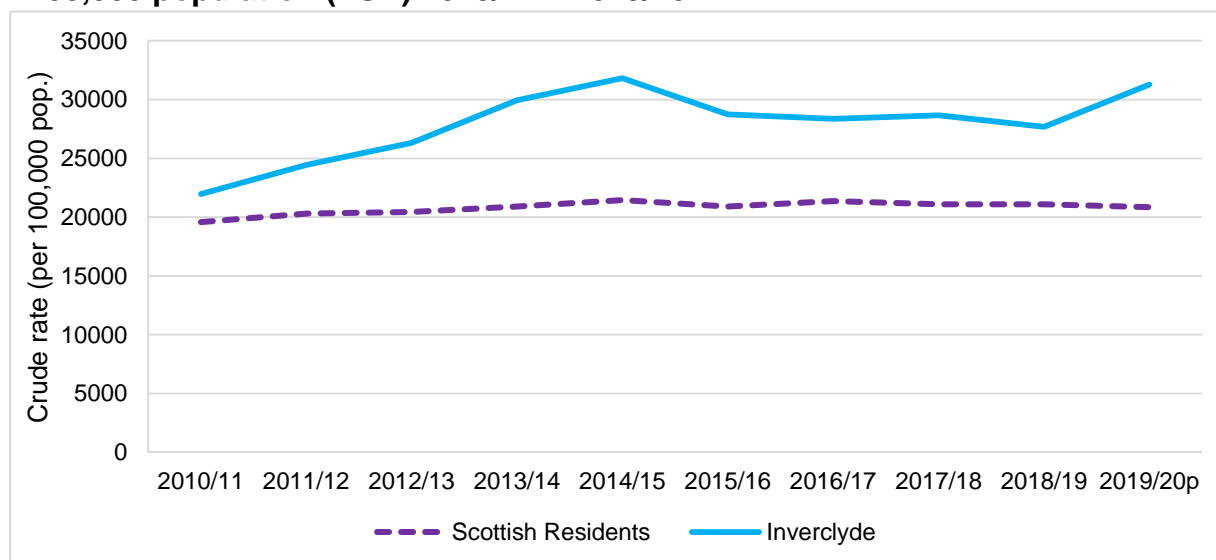
Figure 3.9D Rate per 100,000 population (ESR) of total patients with 3 or more emergency admissions Inverclyde 2010/11 – 2019/20



Source: PHS - Acute hospital activity & beds ('p' denotes provisional)

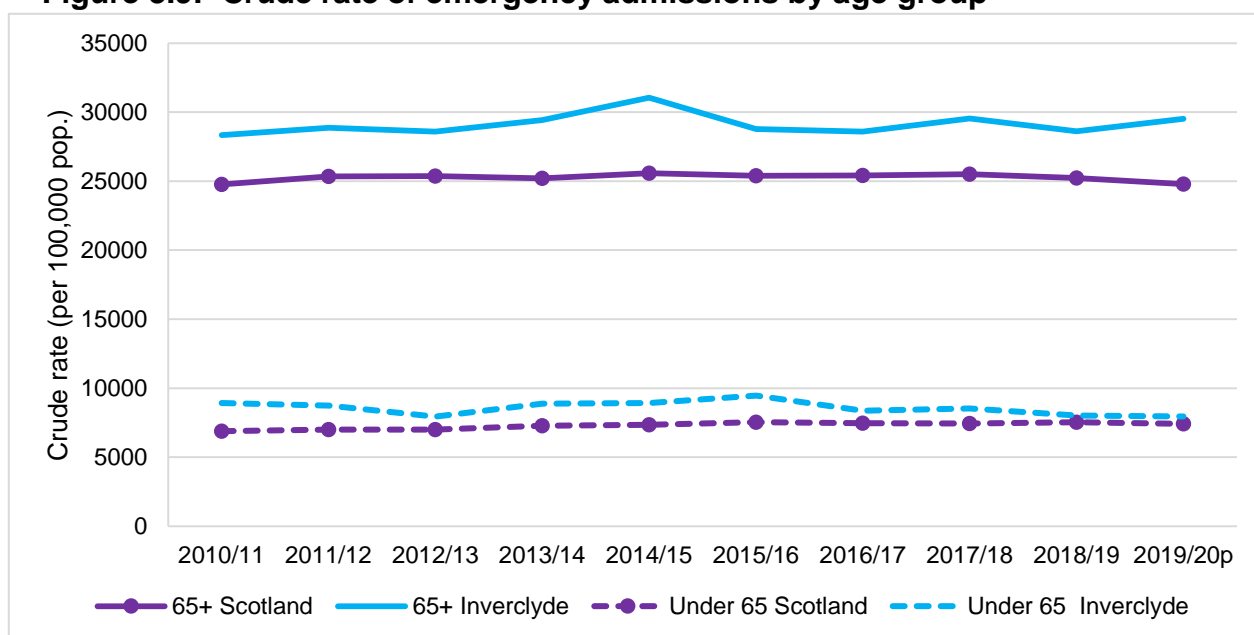
Another aspect of the increase in multiple admissions is the number of bed days these patients use. The rate of bed days for this group of patients has not changed significantly over the last 3 financial years, and Inverclyde has had a consistently higher rate than the Scottish average for the last 5 financial years.

Figure 3.9E Rate of emergency bed days for patients with 3+ admissions per 100,000 population (ESR) 2013/14 – 2019/20



Source: PHS – Acute hospital activity and NHS beds information - annual ('p' denotes provisional)

Within the cohort of emergency admissions are those aged 65 and above. This group accounts for most emergency admissions. The trend statistics comparing those under 65 and those over 65 are displayed in the chart below. The rate of emergency admissions for both groups per 100,000 population is higher in Inverclyde than the Scottish average although the gap is narrower for those aged under 65.

Figure 3.9F Crude rate of emergency admissions by age group

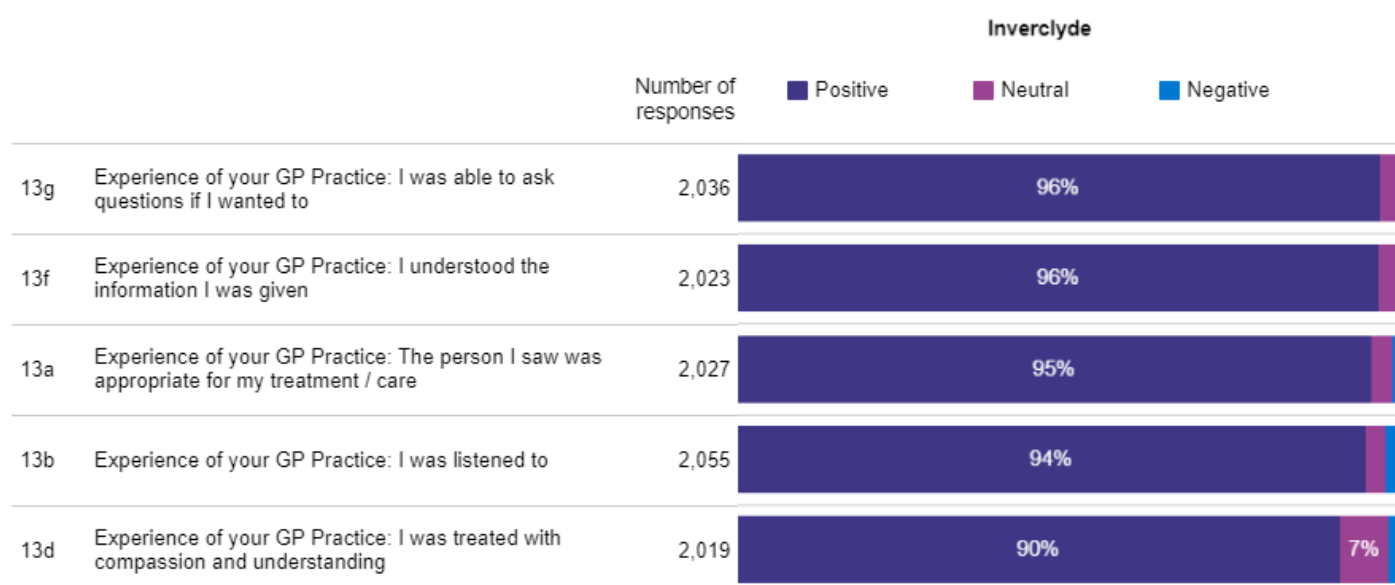
Source: PHS - Acute hospital activity and NHS beds information – annual ('p' denotes provisional)

3.10 Experience of Care

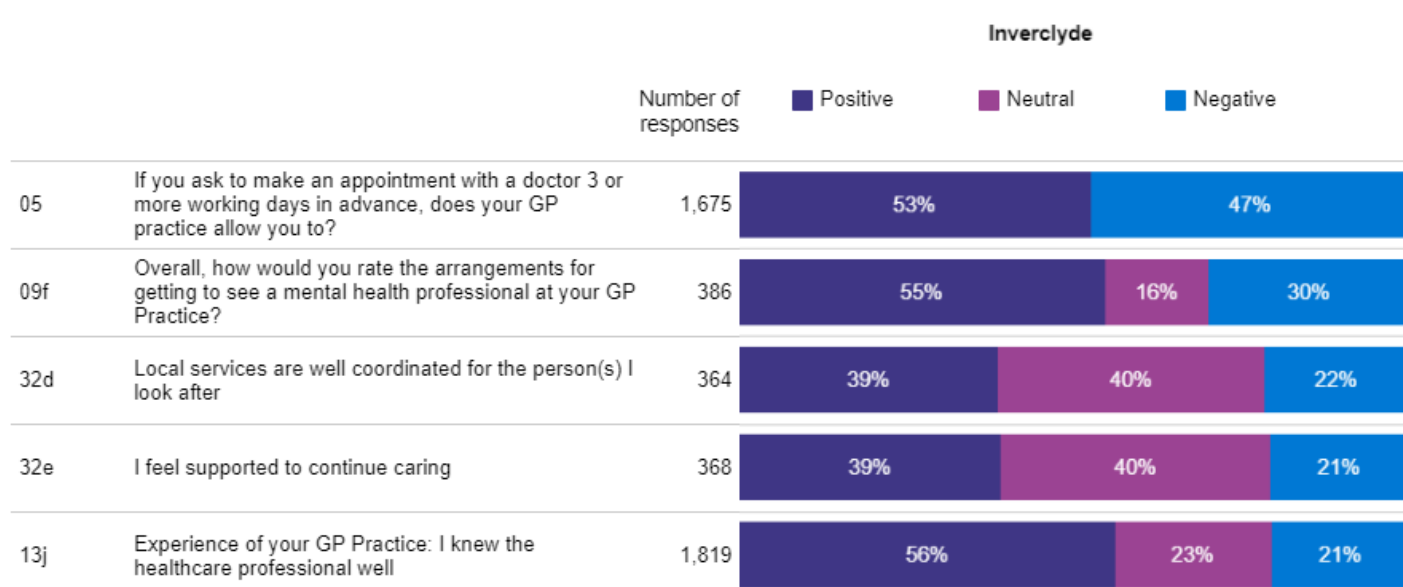
The Scottish Health and Care Experience (HACE) survey aims to provide local and national information on the quality of health and care services from the perspective of those using them. It is a postal survey sent to a random sample of patients registered with a GP in Scotland asking about their experiences of access and using GP practice and out-of-hours services and their outcomes from NHS treatments. The survey was sent to 10,355 people registered with GP practices in the area, and there were 2,485 responses.

The top and bottom five responses for Inverclyde are shown in Figure 3.10A. The top 5 questions are those with the highest % positive for the HSCP and are sorted by the length of the blue bars. The bottom 5 are those questions with the highest % negative for the HSCP and are sorted by the length of the red bar.

During the COVID-19 pandemic, GP services were forced to move to a far more remote level of service to suppress the spread of the virus. Undoubtedly this will influence patient experiences, especially for those less able to make use of remote/electronically accessed services. The information below shows the experience ratings in Inverclyde pre-pandemic.

Figure 3.10A Top Five and Bottom Five Results for Inverclyde HSCP (2020)**Most positive results**

These results show that respondents were most positive about being able to ask questions to their GP as well as understanding the information being given. Respondents also felt that they were treated with compassion and understanding.

Most negative results

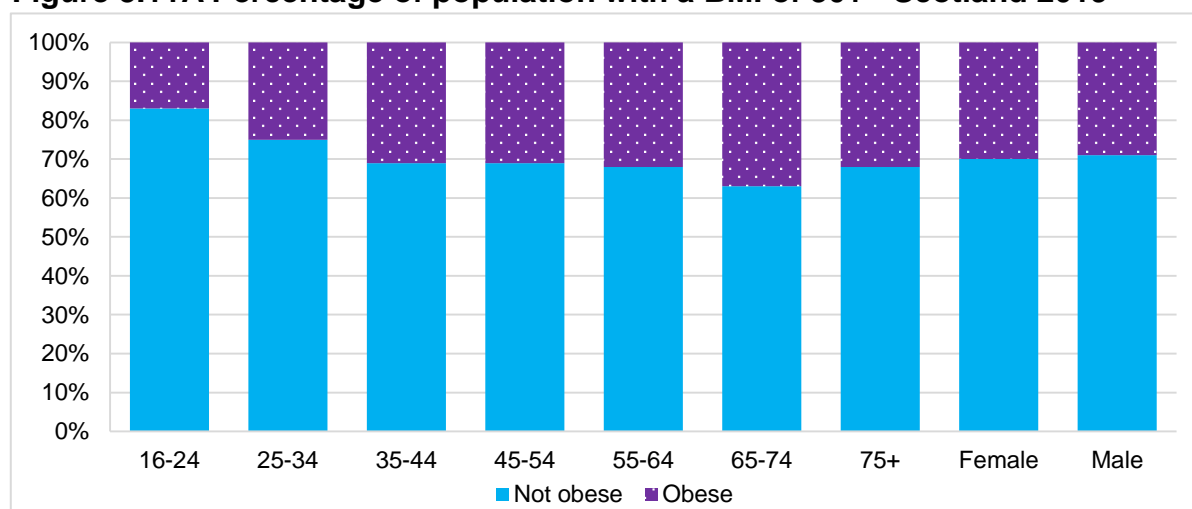
The results show that Inverclyde respondents were less positive about the availability of GP appointments, the coordination of services for service users and carers, and caring support. Respondents also felt less positive about the arrangements for getting to see a mental health professional at their GP practice.

3.11 Diet and Obesity

Obesity is when a person's weight increases to an extent that it could potentially cause health problems. Obesity is linked to several health problems and diseases; common complaints include cardiovascular disease and diabetes. One of the major factors that causes an individual to become obese is poor diet.

For Scotland in 2019 it was estimated that 29% of the adult population aged 16+ were classified as being obese (a Body Mass Index of 30 or more). When this is broken down into different age groups and by sex, it shows that obesity is highest for those aged between 65-74 and is slightly higher for men compared to women. Information at the level of local authority is not available due to low sample sizes.

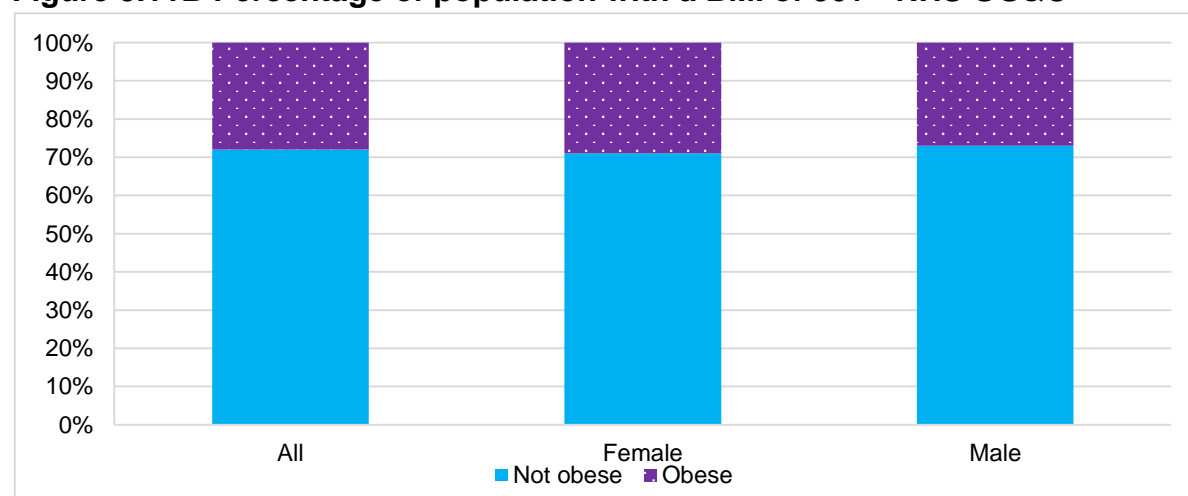
Figure 3.11A Percentage of population with a BMI of 30+ - Scotland 2019



Source: The Scottish Health Survey 2019

The Scottish Health Survey (2019) has a health board gender breakdown of the percentage of people classed as obese shown in Figure 3.11B. In NHS GG&C a higher proportion of males are classed as obese compared to females.

Figure 3.11B Percentage of population with a BMI of 30+ - NHS GG&C



Source: The Scottish Health Survey 2019

3.12 Physical Activity

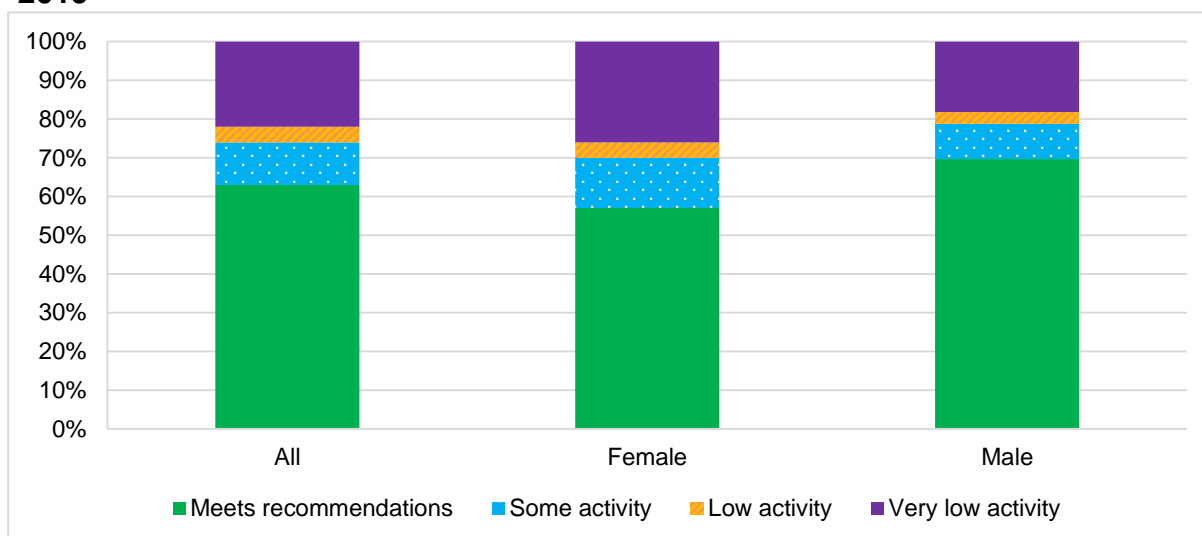
Regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages.⁴

- Physical activity reduces the risk of all-cause mortality.
- Physical activity reduces the risk of coronary heart disease, cardiovascular disease and stroke.
- Physical activity is an effective treatment for peripheral vascular disease and high blood pressure.
- Active people have a 30% to 40% lower risk of developing type 2 diabetes compared to inactive people⁵. Also, for those who have already developed type 2 diabetes, the risk of premature death is much lower for active and fit patients than for inactive and unfit patients.
- Physical activity promotes strength, coordination and balance. This is particularly important for older people, in reducing their risk of falls and helping them to maintain their capacity to carry out common activities of daily living. As a result, physical activity can help older people sustain an independent lifestyle for longer.

The recommendation for physical activity is that adults should engage in at least moderate activity for a minimum of 150 minutes a week or 75 minutes of vigorous activity (accumulated in bouts of at least 10 minutes) - for example by being active for 30 minutes on five days a week. The results from the Scottish Health Survey 2019 found that 63% of respondents in NHS Greater Glasgow & Clyde met this target. Figure 3.12A also shows that a higher proportion of males met the exercise target compared to females. Results from the Greater Glasgow & Clyde Health & Wellbeing Survey 2017/18 showed that Inverclyde had a lower proportion of residents meeting the exercise target compared to NHS GG&C (48% Inverclyde; 58% NHS GGC in 2017/18).

⁴ Department of Health Start active, stay active: report on physical activity in the UK 2011

3.12A Proportion who had been active for 150 minutes or more - NHS GG&C 2019



Source: Scottish Health Survey 2019

There are patterns in terms of age and sex in the proportion of people who are physically active. As age increases the percentage of those who meet the physical activity target falls, fewer people in the older age groups meet the target.

Big Action 1 – Reducing health inequalities by building stronger communities and improving physical and mental health.

- Deprivation is a major cause of the inequalities in health, and these inequalities are reinforced by some behaviours that adversely affect health such as smoking in pregnancy, poor diet and low levels of physical activity. There's variation between the intermediate geographies in Inverclyde with a life expectancy age gap of 17 years for men and 15 years for women.
- The burden of disease is greater in Inverclyde meaning that people are losing quality years of life or dying early due to disease. This greater burden may also mean that people turn to health services more frequently and could be a factor in admission rates.
- Inverclyde continues to have a higher rate of emergency admissions than the Scottish average, particularly amongst the older age groups. With an increasingly older population profile this could potentially increase.

The information shows some of the experience and outcomes of inequalities, and highlights areas that our communities have said continue to be important to them. Our Strategic Plan Update outlines a road map for how the HSCP will move forward. With specific commitments we can deliver better outcomes and mitigate some of the impacts of inequalities. We recognise that inequalities are complex and often generational, so we need to think in the longer term. However, it is important to set out milestones of progress so that we can begin to evidence change.

4 Big Action 2– A Nurturing Inverclyde Will Give Our Children and Young People the Best Start in Life

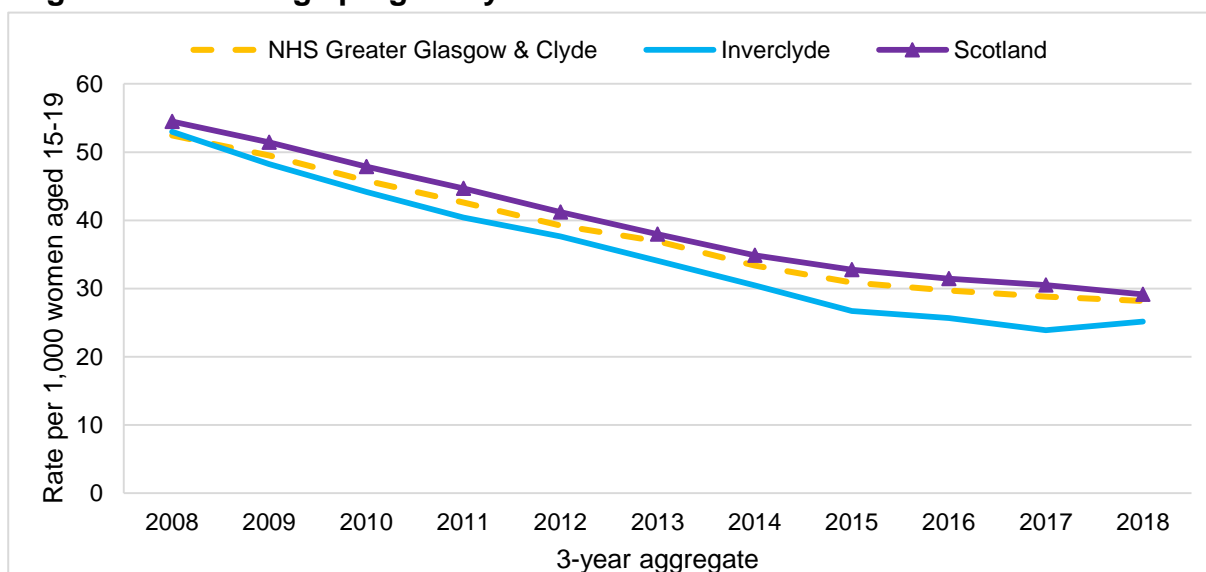
We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For our looked after children, we take care of we will also ensure high standards of care, housing and accommodation.

4.1 Children and Young People

Protecting and promoting the health of children is an important goal, but it is also critical to improving the health of the whole population and reducing inequalities in health over the longer term. NHS Scotland provides a universal health promotion programme to all children and the families known as the child health programme.

This includes childhood immunisations, needs assessment, health promotion and parenting support. The following section includes some basic information on some of those programmes and activities.

Figure 4.1A shows teenage pregnancy rates. This is an important marker because evidence shows that becoming a parent at a young age can limit the young person's opportunities and choices as they move into adulthood. The babies of younger mothers can also be of lower-than-average birth weight. The rate of teenage pregnancies in Inverclyde is lower than board and Scottish averages and has decreased between 2007-09 and 2016-18. Since then, the rate in Inverclyde has increased slightly from 23.9 to 25.2 pregnancies per 1,000 women aged 15-19. Despite still being the lowest of the three comparators, the gap between Inverclyde and the national average has closed slightly.

Figure 4.1A Teenage pregnancy rates 2007-09 to 2017-19

Source: ScotPHO Profiles Tool

4.2 Birth weight

Low birth weight babies are defined as those which weigh less than 2,500 grams at birth. This can be further subdivided into very low birth weight babies (<1,500g) and extremely low birth weight babies (<1000g).

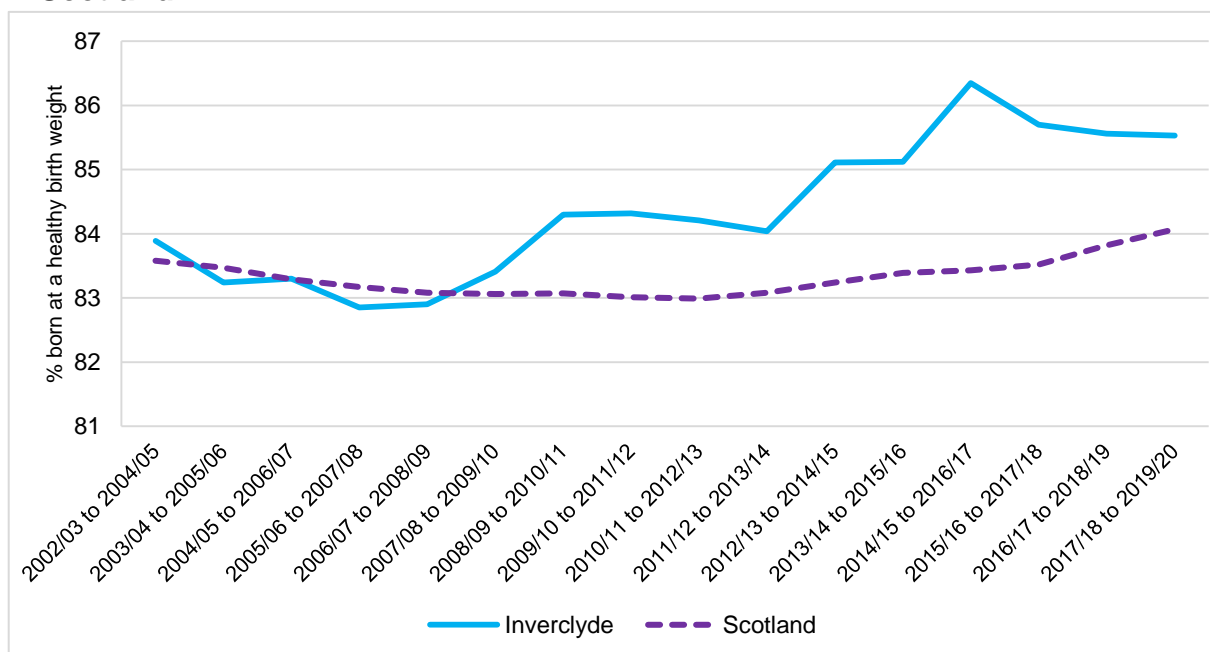
Low birth weight babies are at risk from increased mortality and morbidity. They are more likely to suffer from respiratory distress and require ventilation in intensive care units immediately after birth and in the longer term, low birth weight babies are more likely to have some form of disability than those with a normal birth weight.

There are several factors associated with low-birth-weight babies. This includes smoking, the age of the mother (younger and older mothers are more likely to have low birth weight babies), deprivation and whether the birth is a multiple birth. Since the period 2005/06-2007/08 the % of healthy weight births in Inverclyde has increased, overtaking the national average in that time. Since the period 2014/15-2017/18 this rate has decreased slightly although has still stayed above the national average.

The most recent lower-level data and statistics from 2013 demonstrate that there was only one neighbourhood intermediate zone with a statistically significant difference in low birth weight compared to Scotland. This was the Greenock Upper Central zone in the Greenock Central and East locality which had a higher percentage of low-birth-weight babies.⁵ Figure 4.2A below shows a comparison of birth weights between Inverclyde and Scotland between 2002/03 and 2019/20.

⁵ ScotPHO Health and Wellbeing Profile

Figure 4.2A Percentage of births with healthy birth weight Inverclyde and Scotland



Source: ScotPHO Profiles Tool

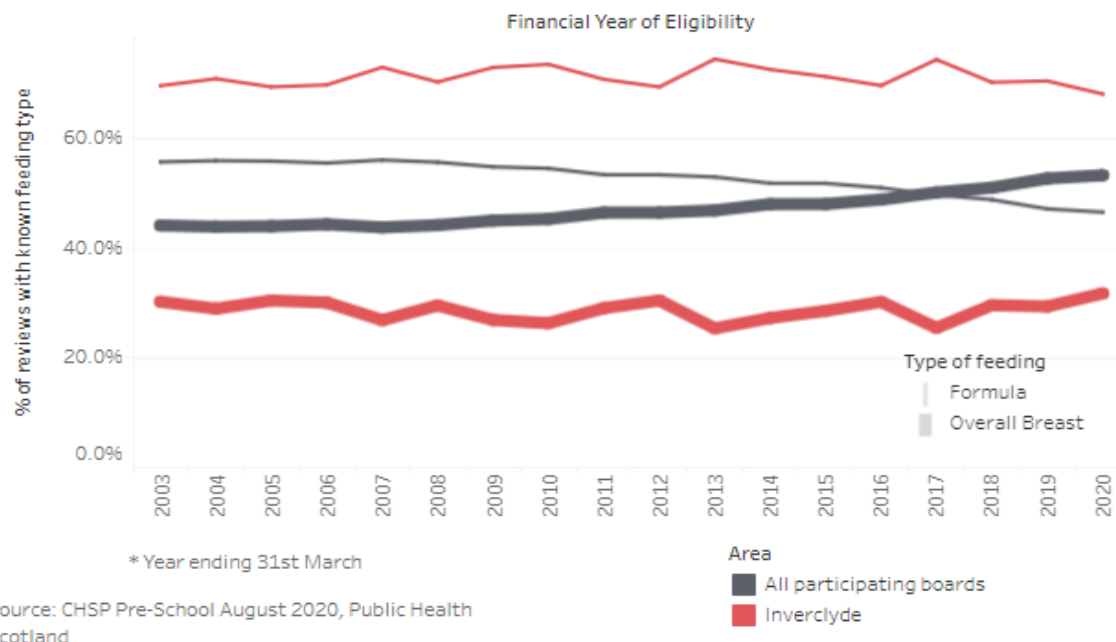
Information on smoking in pregnancy can be found in Section 3.3 above and highlights a strong correlation between smoking in pregnancy and socio-economic deprivation.

4.3 Infant feeding

There is good evidence demonstrating the short and long term health benefits of breastfeeding for both mothers and infants, including a reduced risk of infection and childhood obesity. Breastfeeding statistics are published annually by PHS, and Figure 4.3A below shows the trend of breastfeeding at the first routine child health review. The percentage of breast-fed babies (both mixed and exclusively breastfed) is lower in Inverclyde than the Scotland average. The proportion of infants who are exclusively breastfed has fallen from approximately 27% in 2003 to 20% in 2020. Over the same time-period mixed formula and breast feeding increased by 8%. In comparison, for Scotland the proportion of exclusively breast-fed children decreased by 2% and mixed feeding increased by 11%. This means that the position is getting worse for exclusive breast feeding and improving for mixed feeding. The improvement in mixed feeding is not progressing at the same rate as the rest of Scotland, which means that the gap between Inverclyde and the rest of Scotland is getting wider.

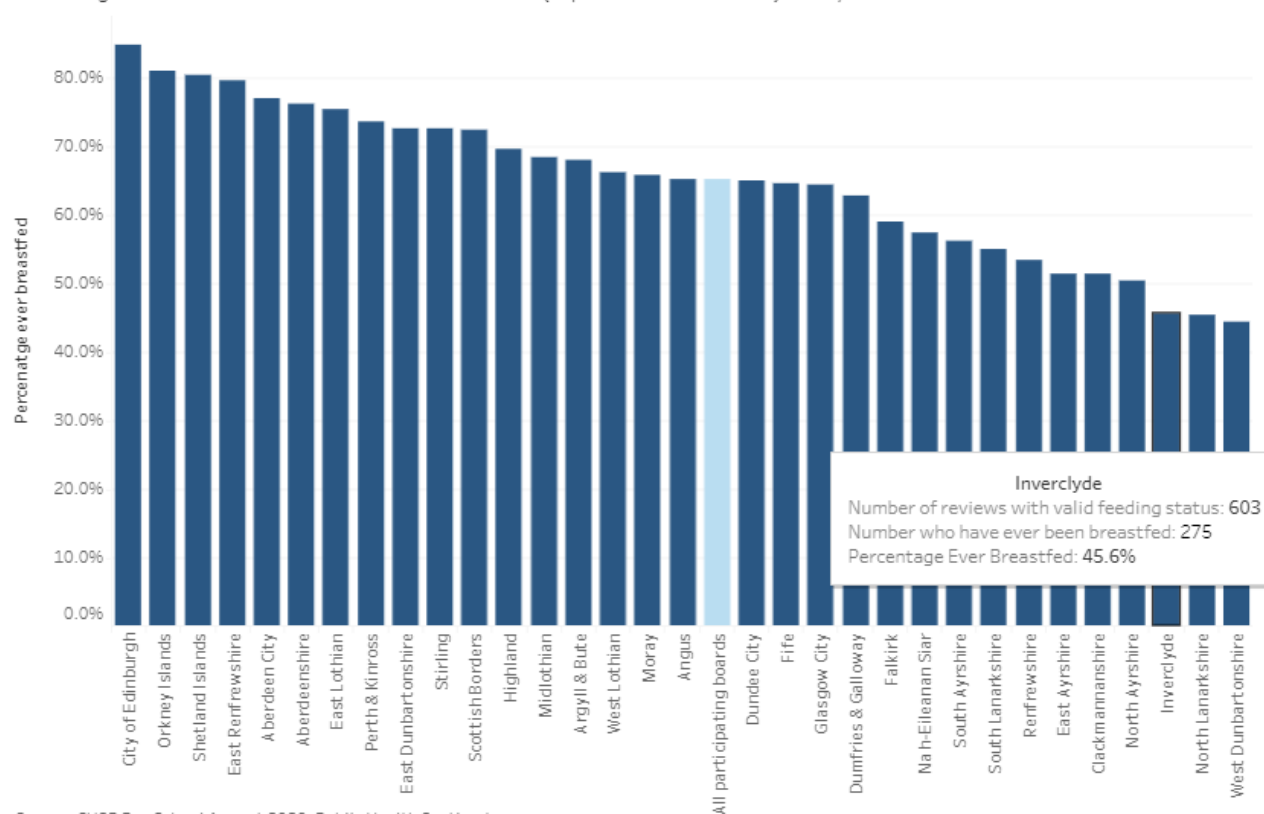
Chart 4.3A Feeding at first visit Inverclyde - 2020

Overall Breast vs Formula feeding at **First Visit** in **All participating boards & Inverclyde**

**Figure 4.3B Percentage of babies that had ever been breastfed - 2019/20**

Breastfeeding Initiation

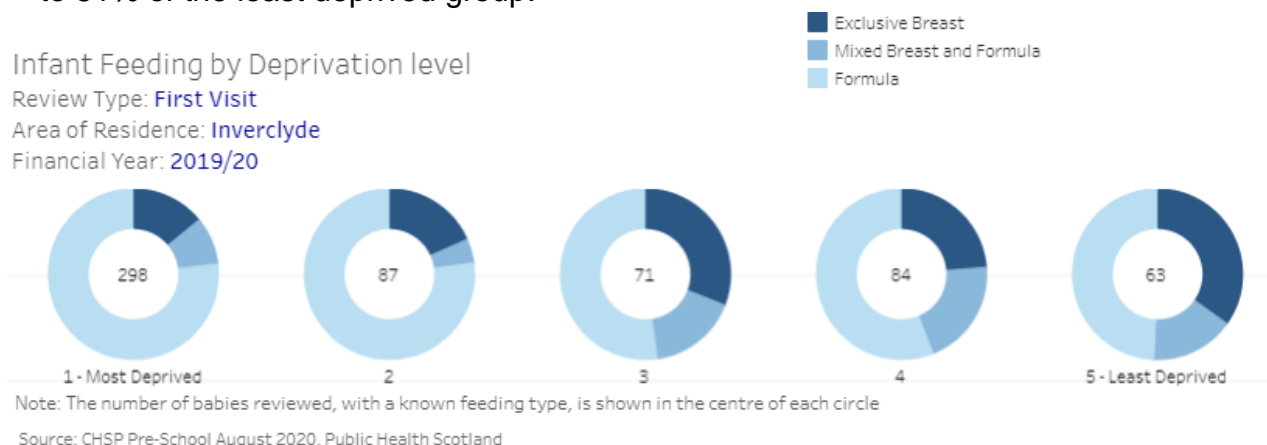
Percentage of babies who have ever been breastfed (reported at First Visit) 2019/20



Source: CHSP Pre-School August 2020, Public Health Scotland

In 2019/20 the national average for the percentage of babies who had ever been breastfed was 65.1%. In Inverclyde, the figure was 45.6%, the 3rd lowest of all the local authorities.

Deprivation also affects the types and levels of feeding. 23% of those in the most deprived group had recorded exclusive or mixed breastfeeding at first visit compared to 51% of the least deprived group.

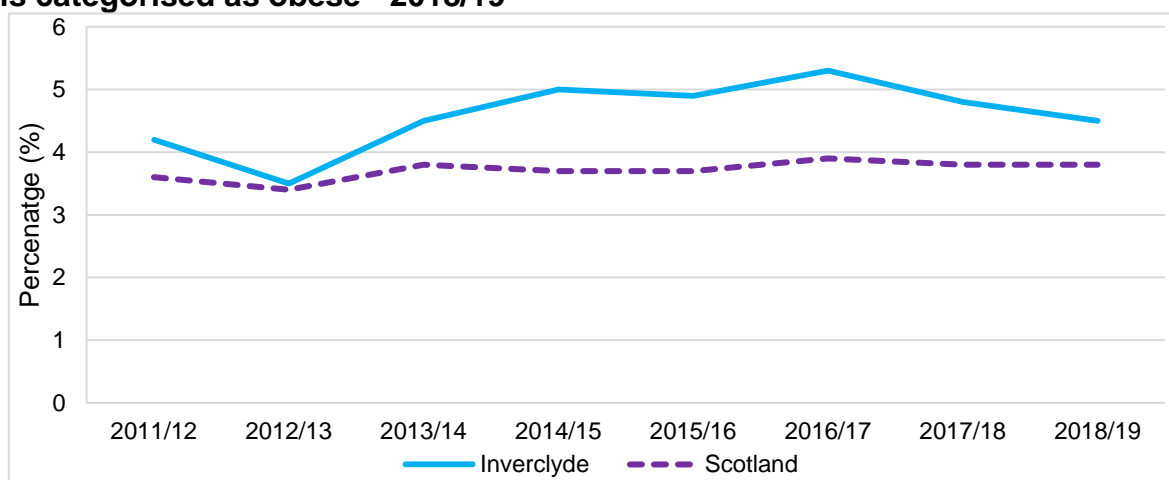


4.4 Child Weight and Growth

Child weight and growth can be used as a marker of their general nutritional and physical health. If a child is short, under or overweight for their age then this may be an indicator of an underlying health or social problem. The child health programme operated by NHS boards in Scotland offers routine reviews at various stages of a child's life. Height and weight are collected as part of the review when children are in Primary 1 at school, and the measurements can be used to derive estimates of the prevalence of overweight and underweight children.

Figure 4.4A below shows the percentage of children in Primary 1 in Inverclyde and Scotland who were categorised as obese at review between 2011/12 and 2018/19. It shows that a higher percentage of children in Inverclyde were obese compared to the national average, although this is not a statistically significant difference. There has also been a slight decreasing trend for higher percentages of children in Inverclyde being obese.

Figure 4.4A Percentage of children in primary 1 receiving a review whose BMI is categorised as obese - 2018/19



Source: PHS – Primary 1 BMI statistics Scotland

4.5 Immunisations

Children in Scotland are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population.

In Scotland the target of the national immunisation programme is for 95% of children to complete courses of the following routine childhood immunisations by 24 months of age: Diphtheria, Tetanus, Pertussis, Polio, Hib, Men C and Pneumococcal Conjugate Vaccine (labelled 6-in-1 in Figures 4.5A & 4.5B). An additional target of 95% uptake of one dose of Measles, Mumps and Rubella (MMR) vaccine by 5 years old (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts to reduce the number of susceptible children entering primary school. The most recent figures on immunisation from January-March 2021 are shown in Figures 4.5A and 4.5B below.

Figure 4.5A Immunisations complete by 24 months (Children born 1 January to 31 March 2019)

% Completed primary and booster course by 24 months	6-in-1	MMR1	Hib/MenC	PCVB	MenB (Booster)
Inverclyde	98.7	96.1	96.7	96.7	96.7
Scotland	97.5	94.6	95.0	95.1	94.5

Source: PHS Scotland – Childhood Immunisation Statistics Scotland

Figure 4.5B Immunisations complete by 5 years (Born 01/03 to 31/03 2016)

% Completed primary and booster course by 5 years	6-in-1	MMR1	Hib/MenC	DTP/Pol	MMR2
Inverclyde	98.4	95.7	96.2	93.0	92.5
Scotland	97.9	96.6	96.1	92.7	92.2

Source: PHS Scotland – Childhood Immunisation Statistics Scotland

The immunisation uptake in Inverclyde is comparable to the national average, performing slightly better at the 24 months than the five-year immunisation courses where the 95% target for two vaccinations was narrowly missed.

It has been confirmed that children from the ages 5 to 11 will be offered the COVID-19 vaccine on the recommendation of the Joint Committee on Vaccination and Immunisation (JCVI). Uptake will be reported in the near future.

4.6 Child and Infant mortality

There have been low numbers of still born babies and deaths for children aged 0-9 between 2008 and 2020. More recently, Inverclyde has seen its rate of stillbirth's dip below the Scottish average.

For infant mortality (children aged up to 1 year), the chief contributors to mortality are incorrect safe sleeping position, smoking in parents and carers (and wider second-hand smoking), and poverty.

For 1–4-year-olds mortality is more likely to be caused by congenital anomalies, sleeping position, smoking exposure, and some preventable injuries, mainly in the home.

For children aged 5-9 the mortality rate is low. A reason for this is that the main cause of mortality for this group is road traffic accidents, and the numbers of these which cause the death of a child are not frequent occurrences.

Figure 4.6A Death's age 0-4 and 5-9, rates per 1,000 population

Age group	2010	2015	2020
Ages 0-4	1.2	0.8	0.6
Ages 5-9	0	0.2	0

Sources: PHS and National Records of Scotland

Figure 4.6B Rate of Still Births Inverclyde and Scotland 2008-2020

Year	Still Births Rate per 1000 births Inverclyde	Still Births Rate per 1000 births Scotland
2020	3.3	4.2
2019	-	3.5
2018	4.4	3.7
2017	6.0	4.3
2010	6.3	4.9
2008	7.0	5.4

Source: National Records Scotland Births – '-' denotes no occurrences observed

4.7 Child Protection Registrations

In July 2020 there were 223 Looked After Children in Inverclyde. Figure 4.7A below shows a breakdown by age and sex. Some figures have been suppressed due to small numbers.

Figure 4.7A Looked After Children by Age and Sex 2020

Age and Sex	0	1 to 4	5 to 11	12 to 15	16 to 17	18+	Grand Total
Female	5	14	32	38	18	0	107
Male	3	18	36	45	14	0	116
Grand Total	8	32	68	83	32	0	223

Source: Inverclyde HSCP

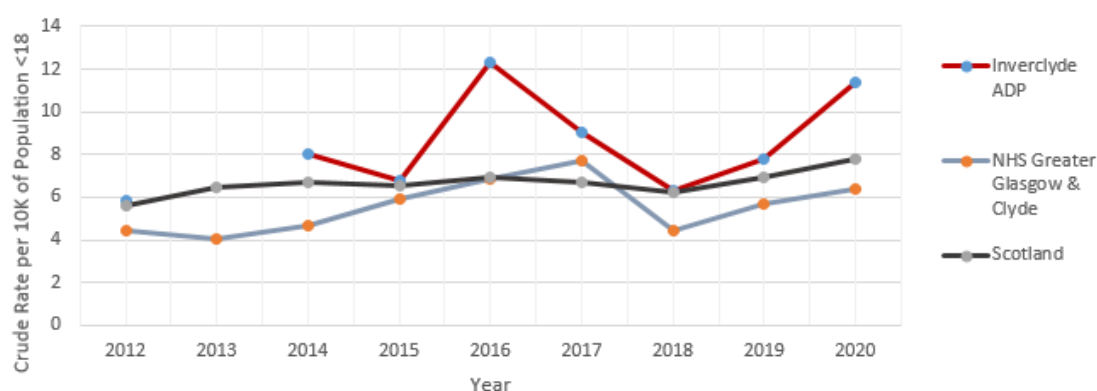
12% (27) of the Looked After Children had been registered under a statute for over 5 years. This includes statutes such as supervision requirements and permanence orders.

Figure 4.7B Looked After Children by length of time under statute 2020

Period	< 6 months	> 6 months < 1 year	> 1 year < 2 years	> 2 years < 5 years	5 years +	Grand Total
Total	39	37	61	59	27	199

Source: Inverclyde HSCP

There are several factors that contribute to the reason why a child requires a protection registration. This includes drug and alcohol misuse in families, as well as domestic abuse. The following charts show the trend in the rate of child protection cases in Inverclyde, Greater Glasgow and Clyde Health Board and Scotland.

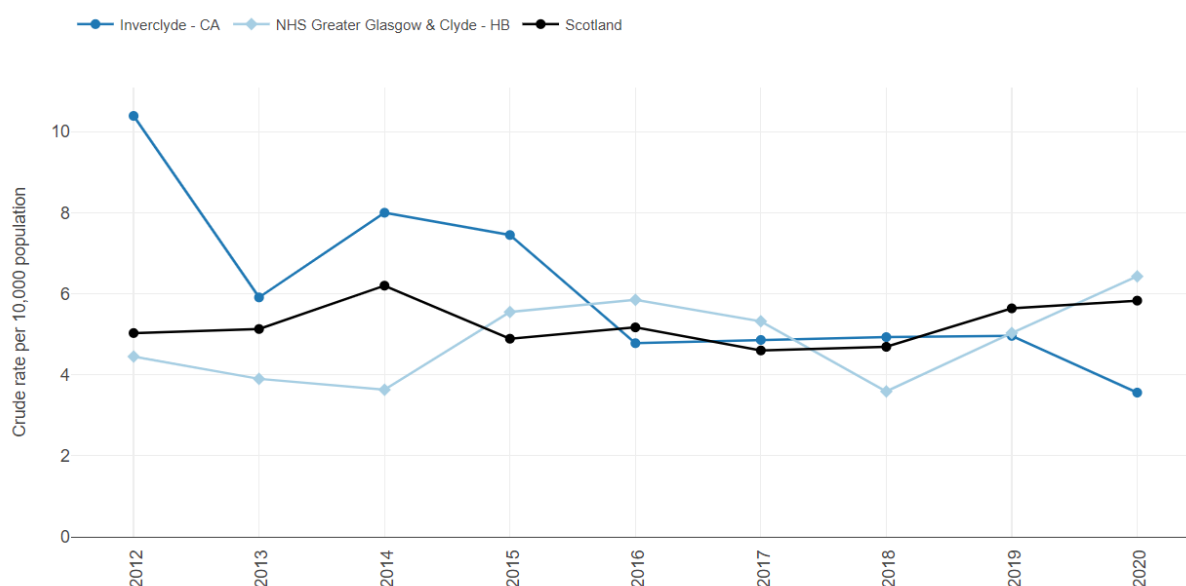
Figure 4.7C Child protection with parental drug misuse

Source: ScotPHO

The rate of child protection registrations with parental drug misuse is higher in Inverclyde than both GG&C and Scotland and this has been the trend since 2014. Rates for cases with parental alcohol misuse are lower than drugs in Inverclyde, and have more than halved since 2015, from 7.45 per 10k of the population to 3.56 per 10K of population in 2020. Child protection rates with alcohol misuse are similar between all three Inverclyde localities.

Figure 4.7D Number of children registered with child protection with parental alcohol misuse

Crude rate per 10,000 population



Source: ScotPHO

4.8 Children and Young People and Physical Activity

The physical activity target for children aged between 5 and 16 is different from the target for adults. It is recommended that children over five should engage in at least 60 minutes of moderate to vigorous intensity physical activity every day.

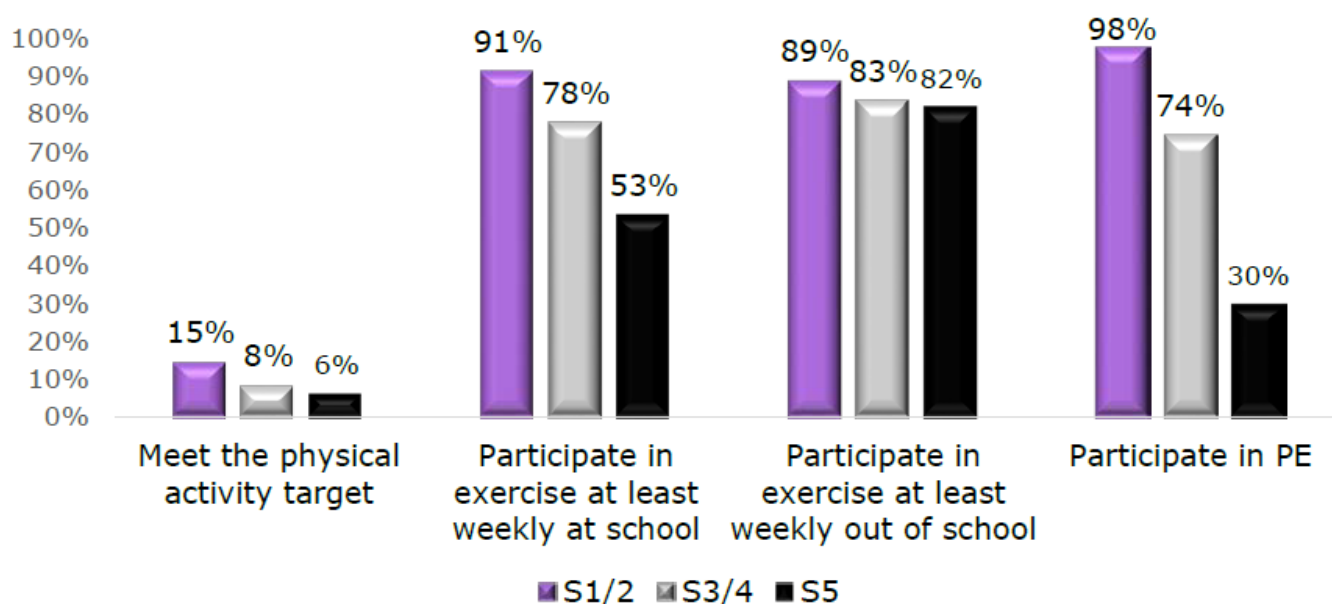
The 2013 Inverclyde Child and Youth Health and Wellbeing Survey asked secondary school pupils about their physical activity over the week prior to the survey. In 2019, a second Health and Wellbeing survey was developed to gather current demographic information on the secondary school pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing.

Responses showed that just one in ten (10%) met the target of taking 60 minutes or more of moderate physical activity on seven days per week. Just over four in five (82%) were active, but not enough to meet the target. A further 7% were not active at all. There has been no significant change since 2013. The proportion meeting the target is lower than the national findings for 13–15-year-olds from the Scottish Health Survey 2017 (18%).

Pupils were asked how often they usually exercised so much that they got out of breath or sweated. Four in five pupils participated in exercise like this at school at least once a week and 85% participated in such exercise at least once a week out of school. One in three (33%) used active travel methods (walking/cycling) to and from school.

Overall, boys were more likely than girls to meet the target for physical activity, participate in weekly exercise at school (enough to make them breathe harder or sweat) or participate in PE. 31% of pupils never ate breakfast on school days, with 9% skipping lunch. 88% ate a meal with their family at least once a week and 39% had 5+ portions of fruit/vegetables per day. 23% got 9+ hours sleep per night and 27% felt tired every day.

Figure 4.8A Physical activity levels by school year groups



Source: Inverclyde Council Schools Health and Wellbeing Survey 2019

Figure 4.8A shows the extent of the drop off in physical activity throughout a pupil's time at school. When asked the reasons for not completing the target time for physical activity, 24% of S5 respondents said they don't have enough time, 12% said they have too much homework and 9% said it's too expensive/can't afford it.

Big Action 2 – A nurturing Inverclyde will give our children and young people the best start in life.

- The data shows the importance of promoting healthy behaviours before, during, and after birth through universal approaches. This includes appropriate weight gain, healthy eating, avoiding alcohol and tobacco and other harmful substances.
- It is clear from the analysis of the data that there are two major factors continuing to affect children's wellbeing in Inverclyde.
 1. A high number of children in Inverclyde are living in poverty.
 2. Amongst the most vulnerable children the combination of parental drug and alcohol abuse, domestic abuse and poverty means that neglect is a significant area of concern.
- Some positive signs of progress in Inverclyde include the high rate of children born at a healthy birth weight, low rate of stillbirths, low rate of infant deaths and high rate of immunisation uptake.

Our Joint Children's Services Plan provides more detail about what the HSCP and its partners are committed to doing, to improve the health and wellbeing of our children and young people. Our Strategic Plan outlines a road map for how the HSCP will move forward in the next couple of years, taking account of the Joint Children's Services Plan and the adult services that can have an impact on the outcomes of children and young people.

5 Big Action 3 - Together we will protect our population.




We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities.

5.1 Housing

Standard of housing affects quality of life. The Scottish Government has established a minimum standard of housing for Scotland, measured by the Scottish Housing Quality Standard. This includes a set of criteria for housing that must be met and the results of these are published in the Scottish House Condition Survey. The percentage of housing in Inverclyde that met the overall standard between 2017 and 2019 was 54%. This is slightly lower than the rate of 59% for Scotland during the same period. Part of the overall standard is that properties should have modern facilities and services. Between 2017 and 2019 Inverclyde had a lower rate of houses that failed to meet the modern facilities and services standards (6%) compared to Scotland (7%) which is an improvement since 2014-2016. This improvement was mainly seen in social housing tenures where there has been a decrease in the proportion of households failing the standard.

In terms of the profile of housing stock, 46% of dwellings in Inverclyde are houses, lower than the Scottish average of 64%. This means that 54% of the housing stock in Inverclyde is comprised of flats, compared to 36% for the rest of Scotland. Figure 5.1A below shows some basic information about housing in Inverclyde.

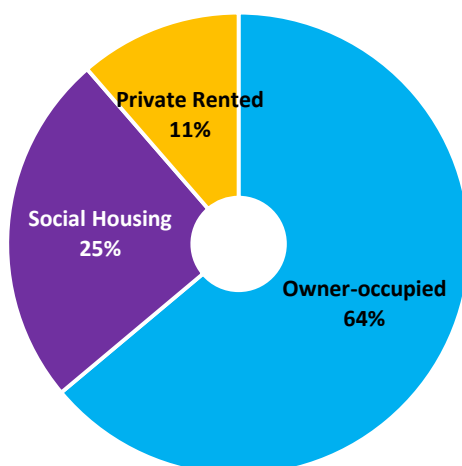
Figure 5.1A Housing in Inverclyde

	Mean household income £25,500; Scottish average £29,100 (14.1% higher)		Average house price (2020) in Inverclyde £135,302 Scottish average £188,902 (40% higher)	
	Of all Inverclyde households 28% (11,000) are fuel poor	Of all pensioner households in Inverclyde 31% (4,000) are fuel poor		66% (25,000) of dwellings have disrepair
				36% (13,700) of dwellings have urgent disrepair
	13% (5,000) are extremely fuel poor	14% (2,000) are extremely fuel poor		1% (380) dwellings are below tolerable standards

Sources: Scottish House Condition Survey Local Authority Tables 2017-2019, Registers of Scotland

In terms of housing tenure, most households in Inverclyde (64%) are owned. This is slightly higher compared to the Scottish average (62%). There are also slight differences in housing tenure between Inverclyde and Scotland in terms of the renting sector, with the percentage of people renting with a social landlord being lower in Inverclyde, and the percentage of people renting privately also being slightly lower. Figure 5.1B shows the breakdown of housing tenure in Inverclyde from the 2017/19 Scottish House Condition Survey.

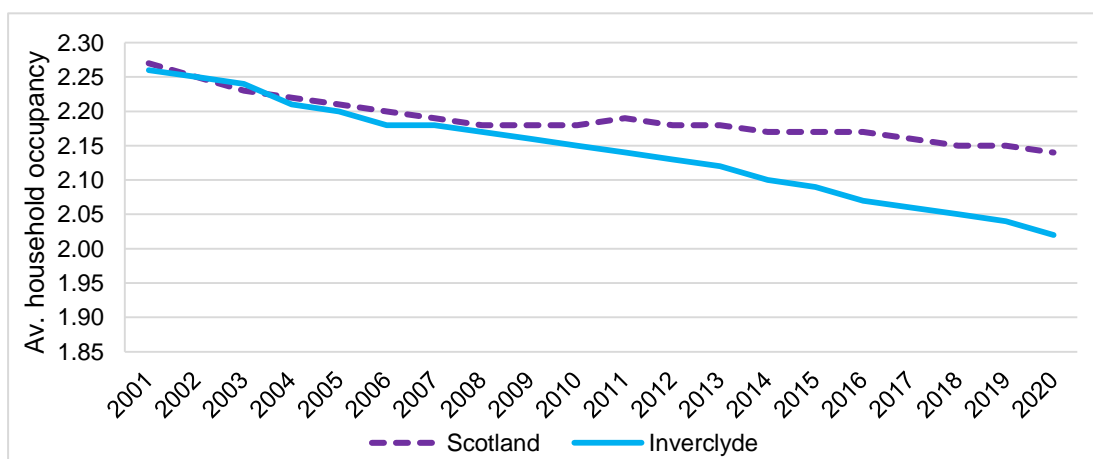
Figure 5.1B Housing tenure Inverclyde 2017-19



Source: Scottish House Condition Survey 2017-19

Figure 5.1C shows the change in household size in terms of occupancy in the last 19 years. The average occupancy in Inverclyde has decreased in the last 18 years, at a steeper rate than the national average. Several factors have contributed to this change such as lifestyle choices as well as available housing stock in the area. In addition, the increased proportion of older people due to populate Inverclyde as shown in the projections in section 2.5 would suggest that the number of solely occupied homes will continue this upward trajectory. This can cause a knock-on effect with housing developers when deciding where and what type of housing to develop in future in Inverclyde.

Figure 5.1C Average household size - Scotland and Inverclyde



Source: NRS Estimates of Households and Dwellings in Scotland 2020

The picture of social housing in Inverclyde has changed over the last 10-15 years. Since taking over the housing stock in 2007, housing associations have demolished over 1800 homes and built approximately 500 new homes.⁶ This includes developments in Port Glasgow, East Greenock, and South West Greenock.

5.2 Suitability, Adapted and Specialist Provision

The design of the mainstream housing stock in Inverclyde is not well suited to the housing requirements of older households or those with mobility difficulties. The high percentage of tenements and other flats that make up the total housing stock means that there is a significant stock mismatch in some areas. This increases demand for amenity housing and supported housing for older people. The council is working with registered social landlords and private developers to redress the balance between houses and flats, specifically in areas previously dominated by social rented housing stock, and future Strategic Housing Investment Plans will be directly informed through the HSCP Housing Contribution Statement, which is part of our Strategic Plan 2019/24. However, the main difficulty for older households looking for social housing is that they tend to be restricted to one-bedroom dwellings whereas national studies have repeatedly shown that most older households prepared to downsize do not want a one-bedroom dwelling.⁷

Approximately 12% of social housing stock in Inverclyde is classed as specialised, more than half of which is sheltered and medium dependency. The profile of older persons housing has changed in recent years, with a shift away from care homes and sheltered housing towards more supported forms of accommodation.

The Scottish House Condition Survey estimates around 4,200 homes in the Inverclyde area have an adaptation. Furthermore, the survey estimates that around 2% of households in Inverclyde have a requirement for adaptation. As older households are more likely to live in either owner occupied sector or social renting there is likely to be a continuing demand for adaptations services to enable older people to remain independent at home. Information and statistics on adaptations carried out in Inverclyde can be found in section 6.6 of this document.

⁶ River Clyde Homes

⁷ Review of sheltered housing for older households in Inverclyde, Newhaven Research Scotland 2015

5.3 Fuel Poverty

Fuel poverty is a measure based on a calculated spend on energy and fuel compared to the annual household income. If the energy spend is greater than 10% of the household income, then the household is considered to be fuel poor. This includes spending for heating, lighting and appliances, and cooking. The implication for being fuel poor is that the household would be unable to use appliances or heat and light their property to a suitable standard.

This affects households greatly, especially during the winter months, as the colder outside temperature and lack of suitable heating inside increases the risk of developing health problems such as cardiovascular and respiratory conditions. Fuel poverty also means that the dwelling is more susceptible to issues such as damp and mould, which in turn affects the quality of life and health of the people living in it. Extreme fuel poverty is where the cost to fuel the household to the required standard would be greater than 20% of the annual household income.

Figure 5.3A below shows the percentage of households in Inverclyde that can be considered fuel poor and extremely fuel poor compared to the Scottish average. Whilst a slightly higher percentage of Inverclyde households are fuel poor compared to the Scottish average, the percentage of those who are extremely fuel poor is almost equal to the national average. Since the last needs assessment in 2019 the percentage of households considered fuel poor has reduced but the percentage considered extremely fuel poor has increased.

Figure 5.3A Households in Inverclyde experiencing fuel poverty

All households	Fuel Poverty	Extreme Fuel Poverty
Inverclyde	28%	13%
Scotland	24%	12%

Source: Scottish House Condition Survey Local Authority Tables 2017-2019

Figure 5.3B shows the percentage of pensioner households in Inverclyde that are fuel poor and extremely fuel poor. Whilst the percentage of pensioners who are fuel poor has reduced since 2019, the percentage of those extremely fuel poor has risen.

Figure 5.3B Pensioner households in Inverclyde experiencing fuel poverty

Pensioner households	Fuel Poverty	Extreme Fuel Poverty
Inverclyde	31%	14%
Scotland	27%	14%

Source: Scottish House Condition Survey Local Authority Tables 2017-2019

There are several factors that contribute to fuel poverty. In Inverclyde, 30% of the dwellings were built before 1945, and older properties are more likely to have no insulation or be poorly insulated. This increases heating and fuel costs as well as affecting the quality of life for inhabitants. In 2017/19 an average of only 53% of all dwellings in Inverclyde were wall insulated (cavity and solid/other).

Information from the NHS Greater Glasgow and Clyde Health and Wellbeing Survey show that 8% of respondents said that they were unable to meet fuel costs, and 10% were occasionally unable to meet fuel costs. In total, 18% of the survey respondents had issues with fuel costs. This is a slightly different measure from the house condition survey but further demonstrates that affordability of fuel is an issue for nearly one in five of the population.

It is expected in future updates that fuel poverty rates will rise due to a national shortage in gas (used to heat homes) in 2021. With energy suppliers operating at a loss with the current fuel price cap in place, it's expected that the population will be feel the burden of substantially higher energy bills when the price cap is lifted to a higher rate, which is required to keep the energy sector from collapsing. From past evidence, the most deprived will struggle the most with Inverclyde being classed being one of the more deprived areas in Scotland (SIMD2020).

5.4 Employment, Benefits and Financial Issues

The ONS Annual Population Survey returns details of the economic activity of respondents. This is categorised into those who are economically active (in or seeking employment) and those who are economically inactive (not in or seeking employment).

Figure 7.3A below shows the percentage of the population aged 16-74 by their economic activity in Inverclyde and Scotland as a whole. The percentage of people who are economically active is 74.9% of the population in Inverclyde. The percentage of the population who are economically inactive in Inverclyde is higher than the Scottish average. 37.7% of those economically inactive in Inverclyde are due to long-term sickness which is nearly 9% higher than the Scotland figure.

Figure 5.4A Percentage of total population by economic activity (Apr 2020-Mar 2021)

Area	Economically active	Unemployed (actively seeking work)	Economically inactive (includes retirees & students)	Long-term sick or disabled
Inverclyde	74.9%	4.9%	25.1%	37.7%
Scotland	75.9%	4.7%	24.1%	29.7%

Source: ONS Annual Population Survey

Universal Credit

Universal Credit (UC) replaces six ‘legacy’ benefits and tax credits for working-age households. The British Government first launched UC in 2013 and completed the delivery rollout of the UC Full Service to all job centres in Great Britain by the end of 2018.

It currently expects all households claiming legacy benefits and tax credits to have moved across to UC by September 2024. This expansion of UC across the target population of working-age households receiving means-tested support is what we call caseload rollout.

In Inverclyde in August 2021, there were 8,199 households claiming universal credit as well as an estimated 4,415 households still claiming one of the six legacy benefits/tax credits. Figure 5.4B shows a breakdown of households on either universal credit or legacy benefits split by type of support received. For all types of support Inverclyde has a higher rate of households who’d converted to UC compared to Scotland.

Figure 5.4B: Households claiming Universal Credit or a legacy benefit/tax credit, August 2021

Total: all households	Universal Credit	Legacy benefits	% on UC
Inverclyde	8199	4415	65.0%
Scotland	407038	274658	59.7%
Housing costs (no. of households)			
Inverclyde	5199	2448	68.0%
Scotland	256513	157697	61.9%
Children (no. of households)			
Inverclyde	2780	1350	67.3%
Scotland	147424	108720	57.6%
Incapacity (no. of households)			
Inverclyde	2149	2454	46.7%
Scotland	73144	137874	34.7%
Jobseekers (no. of individuals)			
Inverclyde	2513	59	97.7%
Scotland	154588	8521	94.8%

Source: House of Commons Library – Universal Credit Rollout

In October 2021 there were 9,253 people claiming Universal Credit (4,841 females and 4,413 males). This equates to roughly 19% of Inverclyde’s total population.

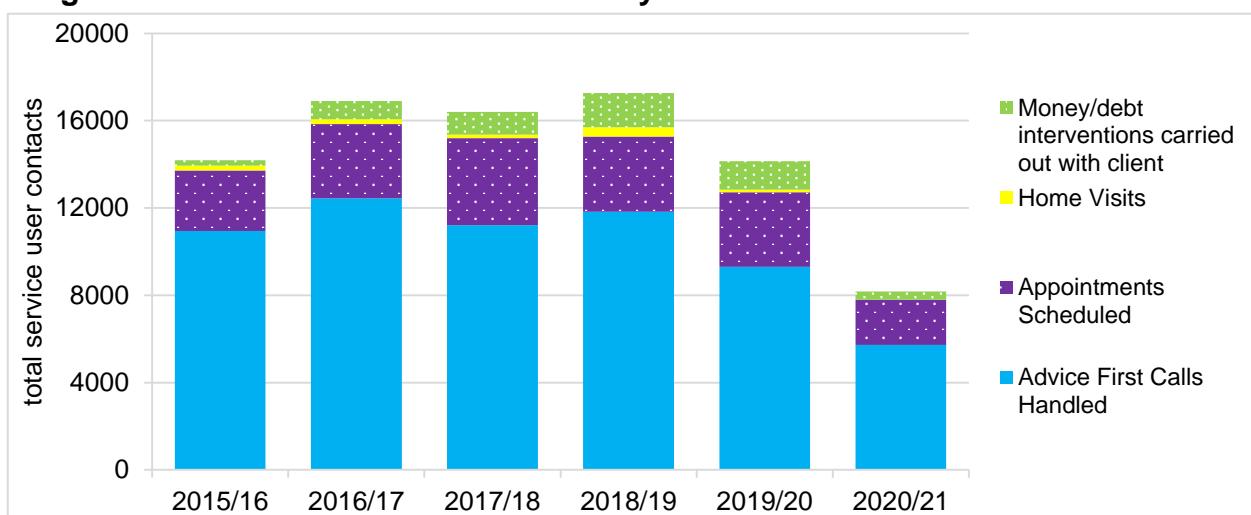
Advice Services

Inverclyde Health and Social Care Partnership operates an advice service to provide advice and assistance on welfare benefits to clients who have money worries.

Advice First is a telephone triage service providing advice and appointment scheduling with Advice Workers. It can deal with advice on sanctions or benefit changes; a benefit entitlement check and better off calculation; as well as scheduling face-to-face appointments.

Between April 2019 and March 2021 Advice First handled over 15,000 calls to the service and scheduled nearly 5,500 consultations with clients. During this time Inverclyde Advice services made just over 1,700 money/debt interventions.

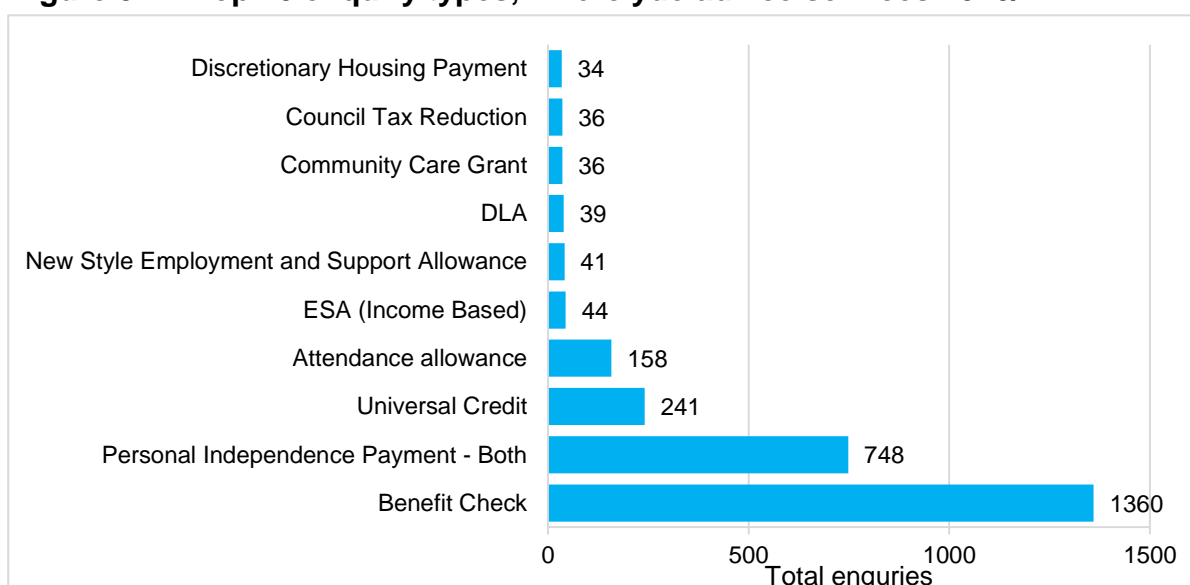
Figure 5.4D Service user contact Inverclyde Advice Service 2015/16-2020/21



Source: Inverclyde Health and Social Care Partnership Advice Service Biennial Report Update

The nature of the support provided by Inverclyde HSCP Advice/Information workers to claimants has changed over the past couple of years, becoming more intensive with claimants requiring enhanced levels of ongoing support over many months. The one-off advice intervention is being replaced with the need to remind claimants of the continuing obligations to furnish the Department for Work and Pensions with information and certificates such as sick lines; of the two-stage process of challenging decisions, and the strict statutory time limits involved and assistance with the long-term management of claims in general.⁸ The top ten enquiry types for advice services are displayed in Figure 5.4E.

⁸ Inverclyde Advice Services Biennial Report Update 2020/21

Figure 5.4E Top 10 enquiry types, Inverclyde advice services 2020/21

Source: Inverclyde Health and Social Care Partnership Advice Service Biennial Report Update

Specialist services

As part of Inverclyde's strategy to tackle child poverty and improve lives, advice services deliver the Healthier Wealthier Children project. The focus is to maximise the income of pregnant women and families with children under the age of five years. Referrals are received from community and hospital midwives, health visitors and GP's.

There are other specialist services within advice services in Inverclyde, including: Vulnerable Groups Outreach: Homelessness, Addictions, Mental Health; Kinship and MacMillan Welfare Rights Officers.

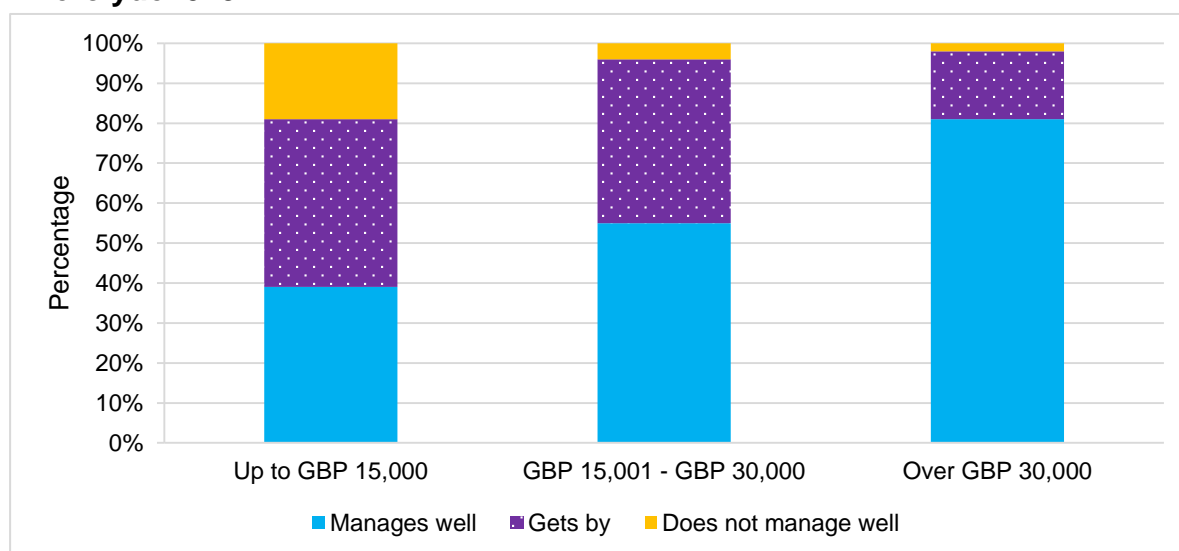
5.5 Income from State Benefits

In Inverclyde, 40% of all respondents in the GG&C Health and Wellbeing survey received at least some of their income from state benefits. Those in Inverclyde were more likely to receive all household income from state benefits than the board area (17% Inverclyde; 14% NHSGGC). Those in older age groups were more likely to receive all household income from benefits. Only 11% of those aged under 25 received all income from benefits compared to 36% of those aged 75 and over.⁹ A third of those residing in the most deprived areas received all income from state benefits.

⁹ NHS Greater Glasgow and Clyde 2017/18 Health and Wellbeing Survey

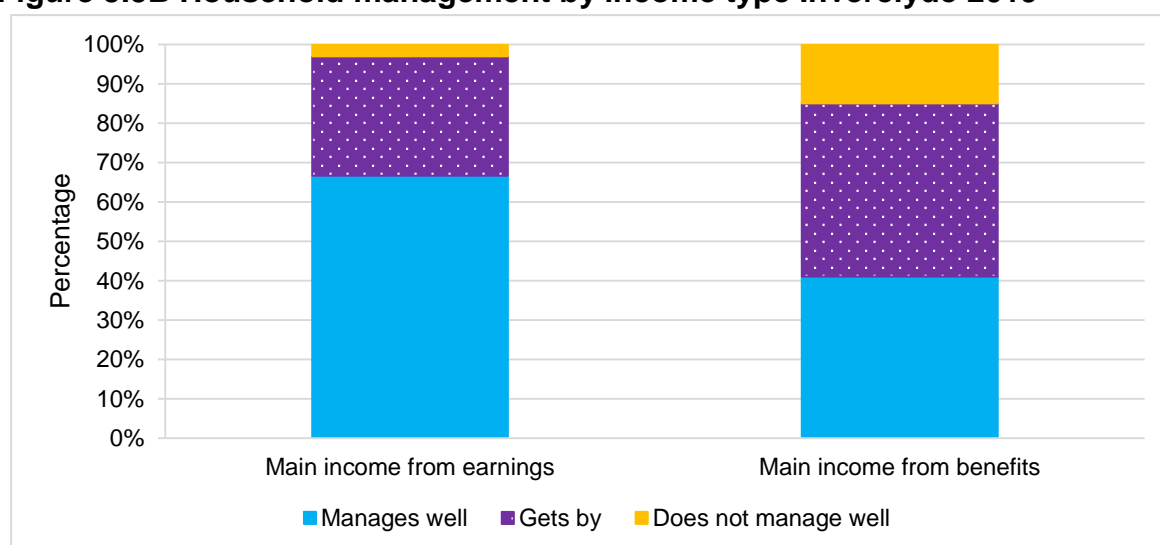
Financial issues and concerns can cause health and social problems. Job insecurity, redundancy, debt and financial problems can all cause emotional distress, affect a person's mental health and contribute to other health issues. Information from the 2019 Scottish Household Survey shows statistics for how well households manage finances. The charts below show how well households managed their finances by the amount of income and by the main source of income. As would be expected, households find it harder to manage finances well if they are low earning or their main income is from benefits. In Inverclyde the percentage of households who do not manage well is largest for those who earn less than £15,000. The percentage of households that 'get by' is roughly equal for households earning up to £15,000 and households earning between £15,001 and £30,000.

Figure 5.5A Household management by annual household income Inverclyde 2019



Source: Scottish Household Survey 2019

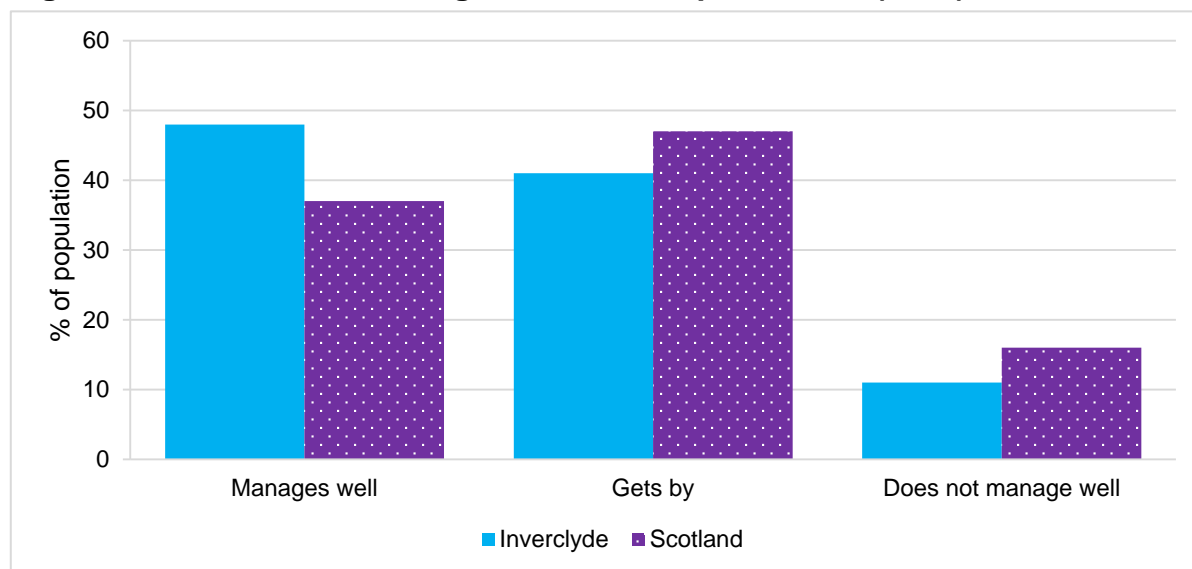
Figure 5.5B Household management by income type Inverclyde 2019



Source: Scottish Household Survey 2019 - 'Income from other sources' unavailable due to small sample size

Additionally, deprivation adversely affects household management. A higher percentage of the most deprived areas do not manage well compared to those in other areas. However, the most deprived areas in Inverclyde are more likely to manage their household well in comparison to the most deprived areas in the rest of the country. In 2019, 11% of the most deprived in Inverclyde did not manage well, compared to 16% of the most deprived in the rest of the country.

Figure 5.5C Household management most deprived 20% (2018)

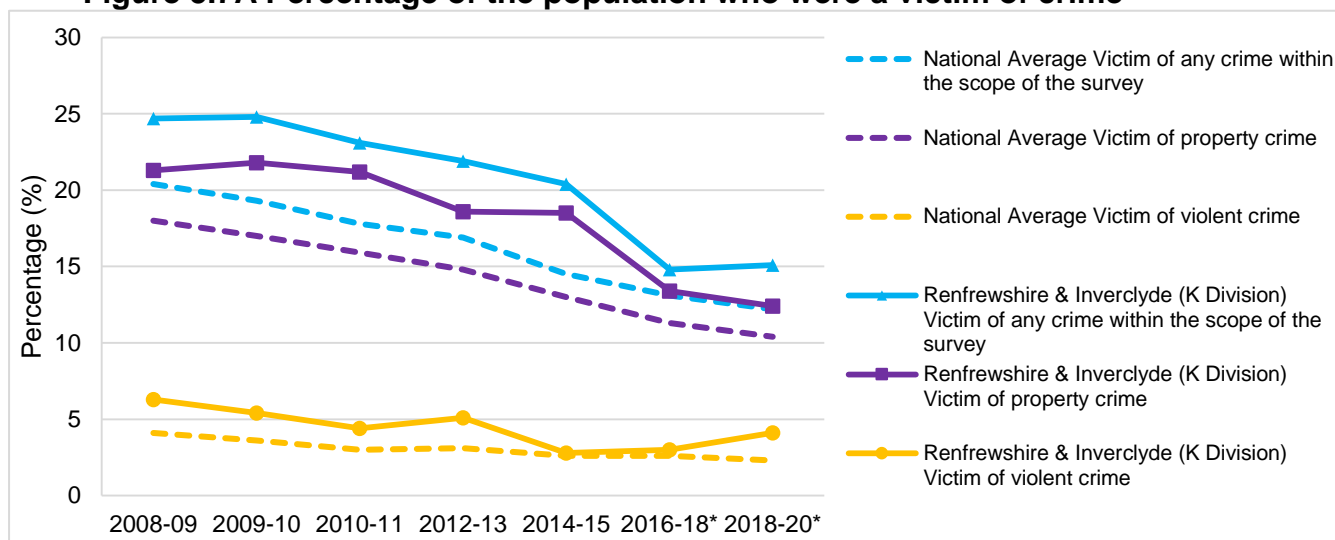


Source: Scottish Household Survey 2019

5.6 Crime and criminal justice

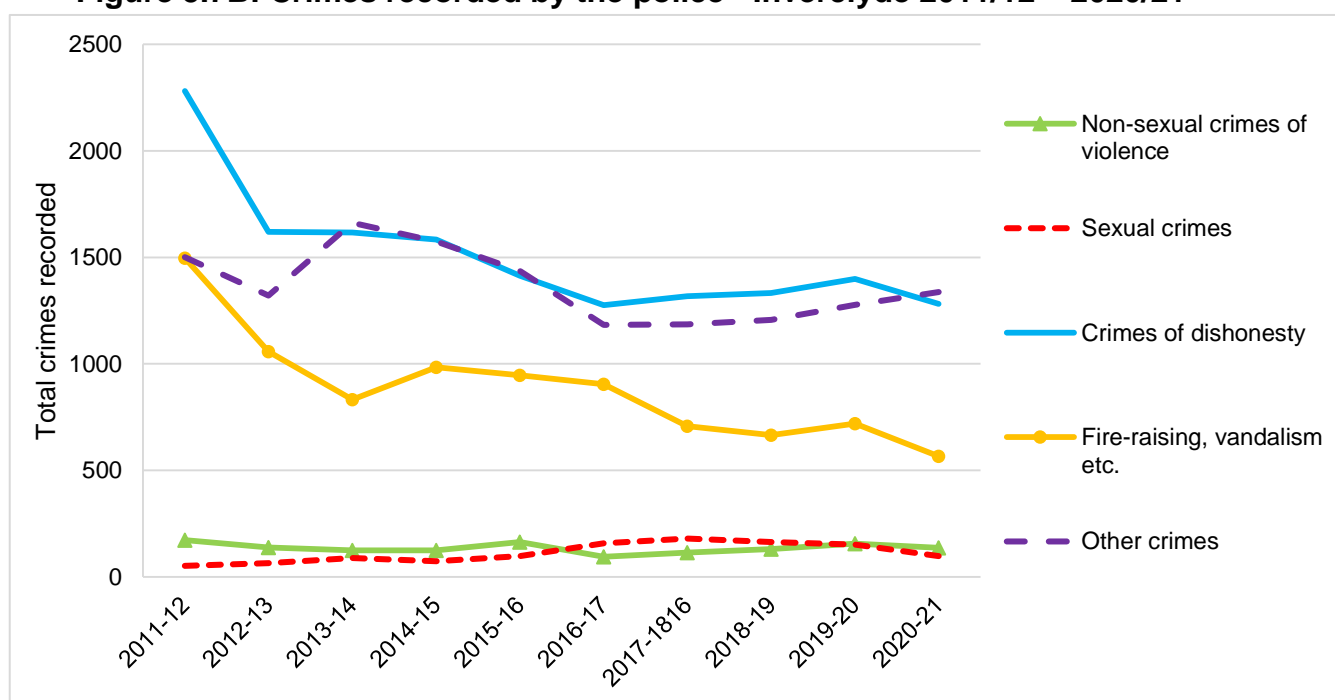
Ensuring that the people of Inverclyde are protected from crime and live in a safe environment is an important aspect of Big Action 3. Data and information on crime is collected from several different sources, including national surveys and police statistics. Figure 5.7A shows the trend information from the Scottish Crime and Justice Survey. This survey asks respondents to record perceptions and experiences of crime and it highlights that although the victim of crime rate is decreasing, the police division that incorporates Inverclyde (K Division) has higher rates than the national average for all crimes, property crimes, and violent crimes.¹⁰

¹⁰<http://register.scotstat.org/s/209e8e>

Figure 5.7A Percentage of the population who were a victim of crime

Source: Scottish Crime and Justice Survey 2018-20 (* denotes provisional)

In terms of the types of crime that are being committed in Inverclyde, police statistics from the Recorded Crime in Scotland report of 2021/21 are shown in Figure 5.7B.

Figure 5.7B: Crimes recorded by the police - Inverclyde 2011/12 – 2020/21

Sources: Recorded Crime in Scotland 2020-2021

There has been a slight increase in the number of recorded crimes for all types of crime between 2018/19 and 2020/21 except for the sexual crimes category which fell 40%.

Inverclyde has higher rates of recorded crime for crimes of violence and other crimes, which includes drug crimes and handling offensive weapons. Overall, the

rate of recorded crime in the police statistics is slightly higher than the Scottish rate. Differences between the police statistics and the survey are due to each source having different populations, crimes and offences and time periods.

Figure 5.7C: Rate of crimes recorded by the Police per 10,000 population

Crime Offence group	Non-sexual crimes of violence	Sexual crimes	Crimes of dishonesty	Fire-raising, vandalism etc.	Other crimes	Total crimes
Inverclyde	18	13	166	74	174	511
Scotland	16	24	164	79	129	451

Source: Recorded Crime in Scotland, 2020-21

Crime continues to be experienced disproportionately among some groups in the population. The likelihood of being a victim of any crime in 2019/20 was higher for those living in the 15% most deprived areas of Scotland, and urban locations, whilst those aged 60 and over were least likely to be victims.

Domestic Abuse

The definition of domestic abuse used by Police Scotland is: “Any form of physical, sexual or mental and emotional abuse that might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere”.¹¹

Data on recorded domestic abuse crimes are displayed in Figure 5.7C. There has been an increase in the rate of domestic abuse incidents reported in Inverclyde in 2018/19. Before that, the rate in Inverclyde had equalled the Scottish rate of cases reported per 10,000 people.

Figure 5.7C Rate of domestic abuse per 10,000 population

Rate per 10,000 population	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Inverclyde	78	95	117	111	101	111	102	110	114	112	120
Scotland	99	106	113	113	110	112	108	109	110	112	115

Source: Domestic abuse – Statistics recorded by the police – 2019/20

¹¹ Statistical Bulletin – Criminal Justice Series. Domestic Abuse Recorded by the Police in Scotland 2015 / 2016

5.7 Protecting our population

The Inverclyde Child Protection Committee has been effectively progressing the strategic partnership and planning to improve services for Inverclyde's most vulnerable children.

Data from the Inverclyde Chief Social Work Officer's Report tells us that the most common child protection concerns in Inverclyde are domestic abuse, parental mental health, parental substance misuse and neglect. In most families involved with Children and Families Social Work in Inverclyde a combination of these concerns are present when concerns are raised about children. Parental substance misuse continues to contribute to significant harm causing neglect.

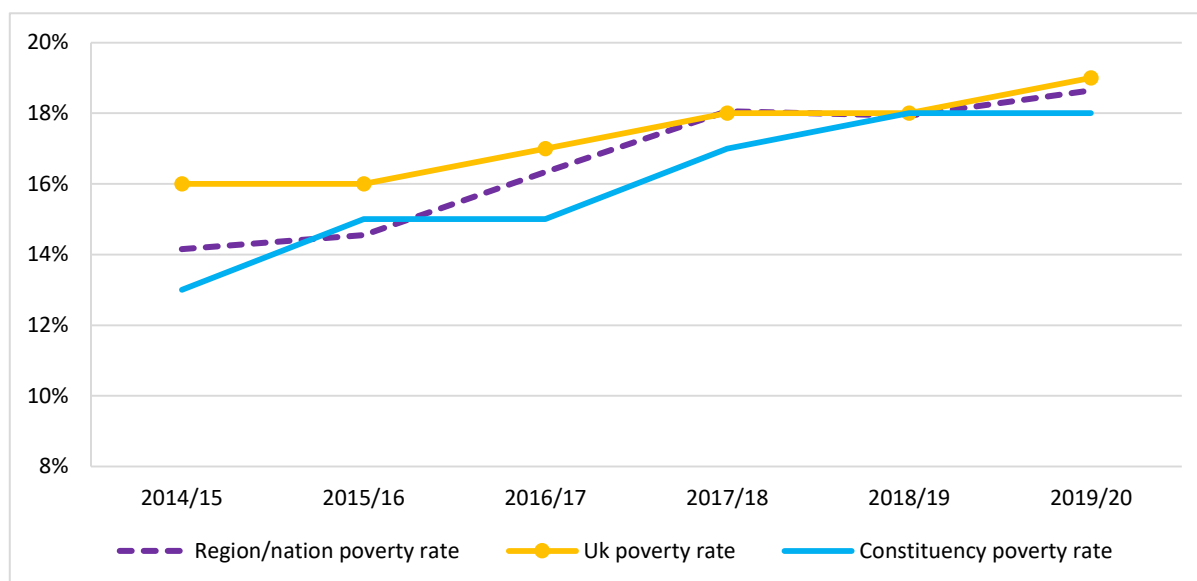
Addiction services have an increasing trend of women accessing services. Inverclyde has high and increasing levels of children living in poverty impacting on family stress and child development opportunities.

In 2019/20:

- 18.3% of children living in Inverclyde live in relative poverty (household income below 60% of median income) which has increased 4.9% in the last 5 years.
- 14.4% of children living in Inverclyde live in absolute poverty (household income below 60% of median income in 2010/11) which has increased by 2.3% in the last 5 years.
- Bow Farm, Barr Cottage, Cowdenknowes and Overton – 03 Data zone had the highest percentage of children living in relative poverty (40%). In comparison, Inverkip and Wemyss Bay – 02 Data zone had the lowest percentage (3.7%).

Despite the rise in the percentage of children living in poverty, the rate in Inverclyde has not risen as much as the Scotland and UK rates. Figure 5.8A below shows the change over time of children living in relative poverty.

Figure 5.8A Relative child poverty rates: The percentage of children (aged 0-15) living in households with income below 60% of the median income



Source: UK Parliament Constituency data - Child poverty

Community safety and public protection

The North Strathclyde MAPPA (Multi-Agency Public Protection Arrangements) Unit serves six Local Authorities, 3 Police Divisions and 2 Health Boards. The Unit itself is hosted by Inverclyde Council. Its purpose is to organise MAPPA meetings for individuals who, by the nature and seriousness of their offending, require an active multi-agency response to managing the risk of serious harm posed.

Within Inverclyde 23 separate MAPPA meetings were carried out during the reporting period with full engagement from partners. Indeed, the move to virtual meetings has supported an increase in partner engagement.



40 Individuals Managed



23 MAPPA meetings



42 Environmental Risk Assessments



92 Trained in Structured Assessment of Protective Factors

To support criminal justice social workers in their risk assessment and risk management activities, 92 individuals successfully completed the SAPROF (Structured Assessment of Protective Factors) training course in February 2021.

A key process is the Environmental Risk Assessment (ERA) process. The purpose of the ERA is to identify any housing related risks associated with individuals living within the community or about to be released into the community. It is a

collaborative process involving primarily police and criminal justice social work staff, is co-ordinated by community safety colleagues and carried out when individuals enter the MAPPA process, if they move address and thereafter on an annual basis.

The ERA process is extensive and on average takes two weeks to complete per property. During 2020/21, 42 ERA assessments were completed within the Inverclyde area. An individual can have more than one assessment completed, particularly where the focus is on identifying a manageable property following release from custody.

Big Action 3 – Together we will protect our population.

- A higher percentage of people in Inverclyde rely on state benefits only compared to the total for the NHS Greater Glasgow & Clyde area. These people are more at risk of experiencing financial difficulties due to changes in benefits payments. This in turn has altered the nature and frequency of support provided by the HSCP to protect citizens from poverty.
- Overall crime rates in Inverclyde are similar to the national average. Lower for some categories including crimes of dishonesty but higher for other crimes – this includes drug-related offences.
- People living in higher deprivation areas are more likely to be affected by crime.
- Parental substance misuse continues to contribute to significant harm causing neglect. In most families involved with Children and Families Social Work in Inverclyde a combination of these concerns are present when concerns are raised about children.

Central to this action is the need to have safe and secure accommodation and sufficient income to maintain an acceptable standard of living. The HSCP is committed to working with partners to secure this.

We also have statutory duties around public protection, which we will take forward in a context of continuous improvement, and better outcomes.

6 Big Action 4 - We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

We will enable people to live as independent as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone.

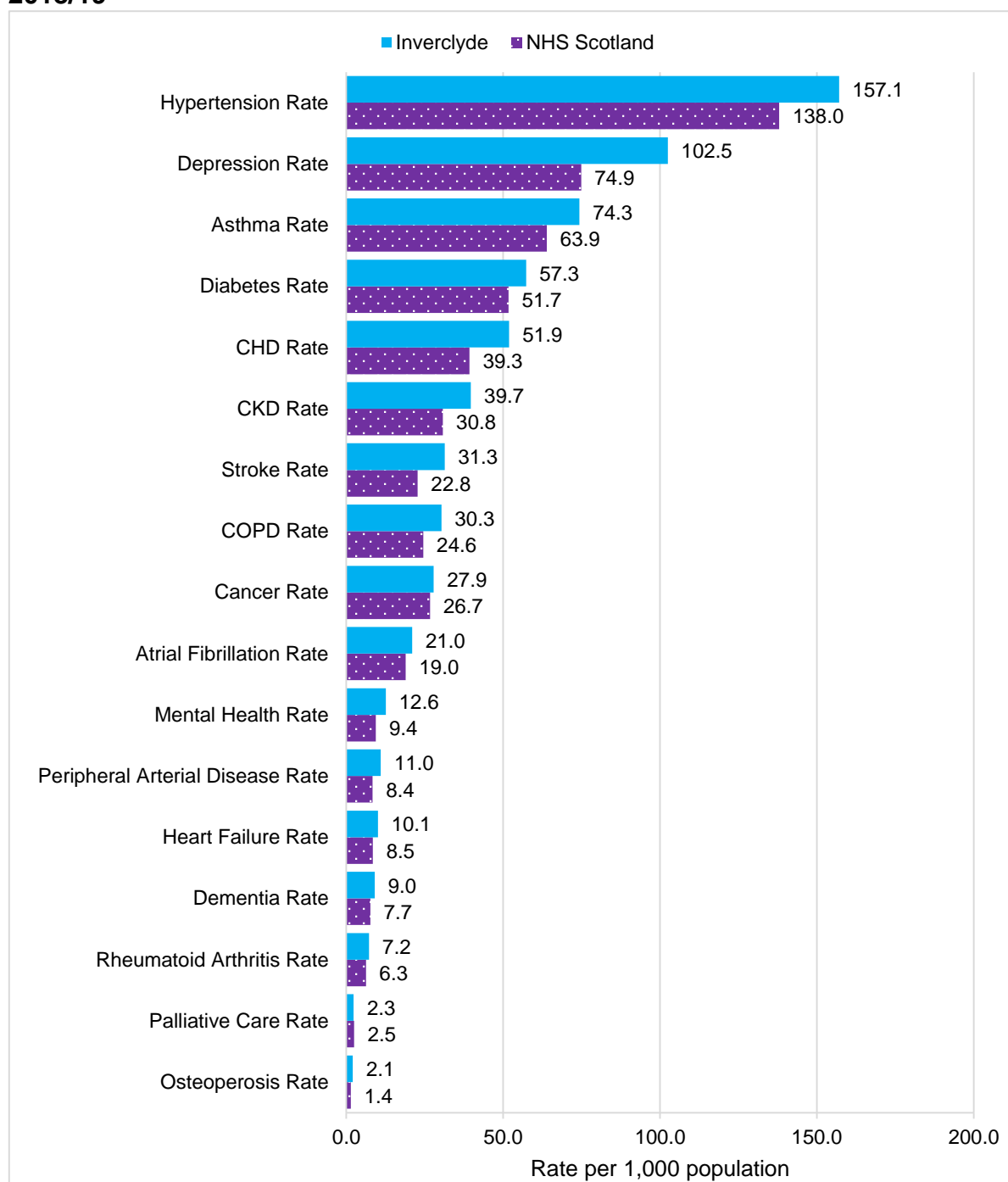
This big action will aim to create an Inverclyde where people are encouraged and supported to take an active role in managing their own health. When support or care is needed, we aim to provide it as much as possible in the person's community or own home, rather than in hospital.

6.1 Long Term Health Conditions

Long term conditions (LTCs) are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. LTCs can have a serious impact upon a person's personal life but can also have a serious economic impact on the individual and on health and social care services. 60 per cent of all deaths are attributable to long term conditions and they account for 80 per cent of all GP consultations.

Figure 6.1A shows the number of patients in Inverclyde known to GP practices having selected conditions for the financial year 2018/19 compared to NHS Scotland.

Figure 6.1A Rate of Long-Term Condition Prevalence (per 1,000 population) – 2018/19



Source: PHS General Practice Disease Prevalence Data Visualisation

The picture of LTCs is similar across each of the localities, with the prevalence rates, order and rank of the most common conditions almost the same. The following subsections will look at long-term conditions in more detail.

6.2 Dementia

Dementia presents a significant challenge to individuals, their carers and health and social care services across Scotland.

Our data demonstrates that the rate of individuals in Inverclyde with dementia has stayed relatively the same between 2010/11 and 2018/19. This estimated prevalence is marginally higher than the Scottish figure of 0.77 people per 100.

The indicators for dementia include: the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months; the percentage of patients with a new diagnosis of dementia recorded in the preceding 15 months from 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12.

The dementia data has been measured against Geriatric Consultant registers in Inverclyde as a quality check of the data, and the prevalence data from both sources matched.

Figure 6.2A Rate of dementia prevalence in Inverclyde (per 100 people)

Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Rate (per 100 people)	0.9	0.9	0.8	0.8	0.7	0.9	0.9	0.9	0.9

Source: PHS General Practice Disease Prevalence Data Visualisation

Inverclyde Dementia Care Co-ordination Programme

This Programme has been significantly affected by the Covid-19 pandemic and was paused for 6 months as staff were redeployed to the Covid-19 pandemic response. As a result, the programme has been extended until March 2022.

Summary of progress:

Post Diagnostic Support (PDS)	<ul style="list-style-type: none"> • Identified a need to increase PDS Link Worker resource to address increasing waiting list • Re-establishing weekly PDS waiting list review and allocation • Tested a short survey that will provide local feedback on how helpful was the PDS service
Care Co-ordination & application of Critical Success Factors	<ul style="list-style-type: none"> • Currently understanding the dementia care co-ordinator role within Inverclyde and how it aligns to the care manager role • Reviewing support and service provision aligns to identify any gaps and areas for improvement
Advanced Dementia Practice Model (ADPM) for Palliative & End of Life Care	<ul style="list-style-type: none"> • Testing the ADPM is a requirement of the Programme, a working group has been established to support test implementation • Exploring the role of a advanced dementia specialist team in supporting management of complex cases.

Source: Inverclyde Annual Performance Report

Focussed action planning has been agreed for the final year of the Dementia Care Co-ordination Programme that will set out to improve care co-ordination for people living with dementia and the family/carers. Opportunities to share Programme learning will be implemented. The Scottish Government will be commissioning an evaluation of the Programme.

6.3 Cancer

Cancer registrations

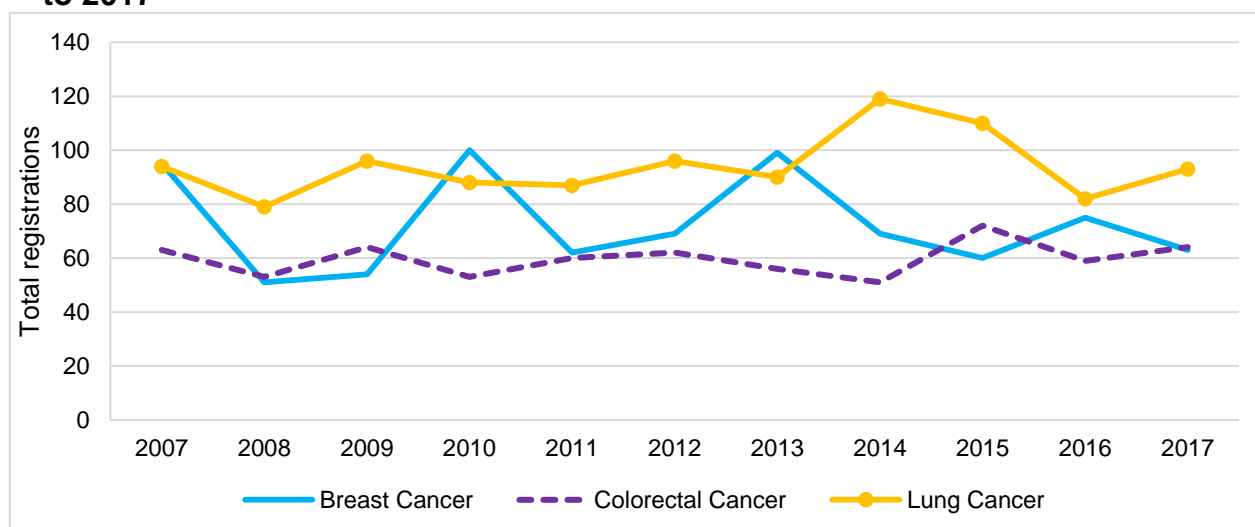
In 2018 there were 541 diagnoses of cancer in Inverclyde (annual average between 2017 and 2019). This was an increase of 3% from the previous year. Figure 6.3A below shows the trend in cancer registrations in Inverclyde from 2006 to 2018. The risk of developing cancer increases as a person gets older, and this, coupled with an increasing elderly population means that the number of cancer registrations is set to rise.

Figure 6.3A Cancer registrations (3-year average) in Inverclyde from 2006-2018

Cancer registrations	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
All cancers	483	474	482	496	508	513	515	506	538	551	559	548	524	541

Source: ScotPHO - Scottish Cancer Registry (SMR06), Public Health Scotland

Figure 6.3B Cancer registrations for breast, colorectal and lung cancer - 2006 to 2017



Source: PHS - Scottish Cancer Registry (Scottish Government Website)

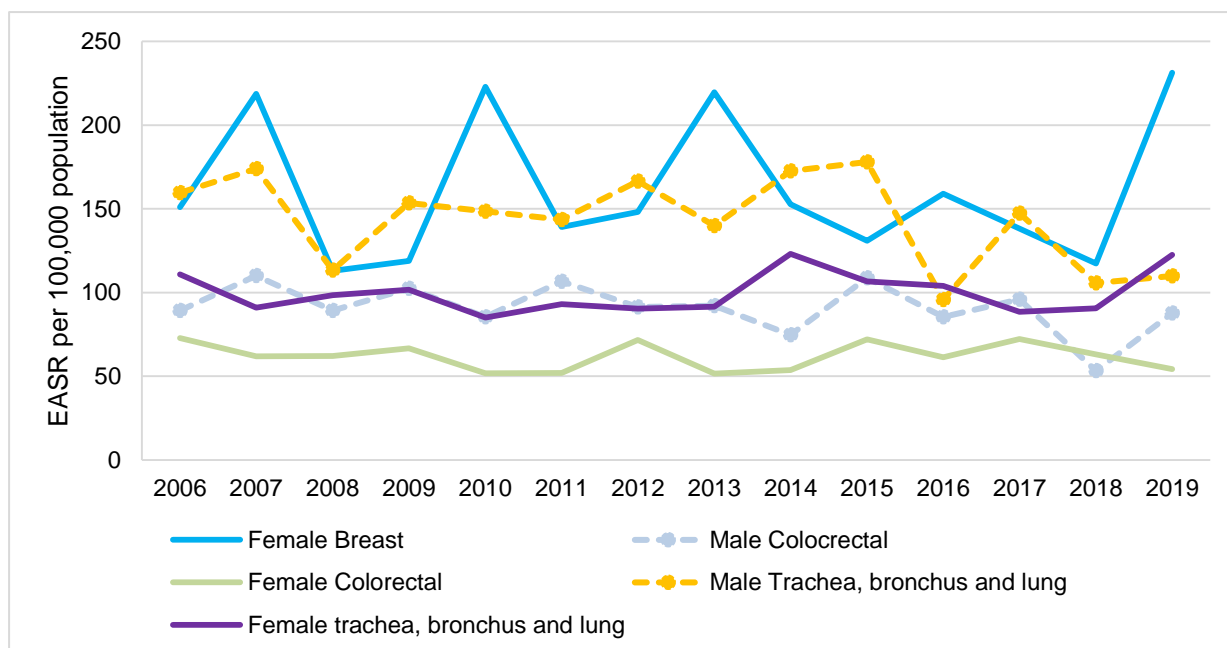
The three cancers in Figure 6.3B account for approximately half of all cancer diagnoses in Inverclyde.

Figure 6.3C shows the cancer incidence rate in Inverclyde for breast, colorectal and lung cancer between 2006 and 2019 for men and women. This is an age standardised rate per 100,000 population.¹² For women, the highest rate of incidence was in breast cancer and for men the highest rate was in trachea, bronchus and lung cancer. Previously the rate of breast cancer detection peaked every three years. This is a result of the cycle of the breast screening programme in Scotland where all women between the age of 50 and 70 are invited to a breast screening appointment approximately every 3 years. In 2020 Q1 the Scottish Government announced the pausing of the breast screening programme due to the rapidly changing needs of the COVID-19 pandemic. As Figure 6.3C shows, there was a sharp increase in the incidence of breast cancer in 2019. Despite this to likely drop in future it most likely will not mean there are less women with breast cancer in Inverclyde.

There has been a decrease in the incidence rate for trachea, bronchus and lung cancer in males between 2015 and 2019 as the rate had lowered by 68 (per 1,000 population). This incidence rate fell for the board area as whole as well, although less than what it did in Inverclyde. This sustained decrease begins to support that the drop is not a one off. Reduced rates of smoking are likely to have a positive impact on lung cancer in the longer term. The equivalent female rate has increased in the last 2 years.

¹² The rate that would have been found if the population in Scotland had the same age-composition as the hypothetical standard European population.

Figure 6.3C European age standardised cancer incidence rate in Inverclyde 2006-2019

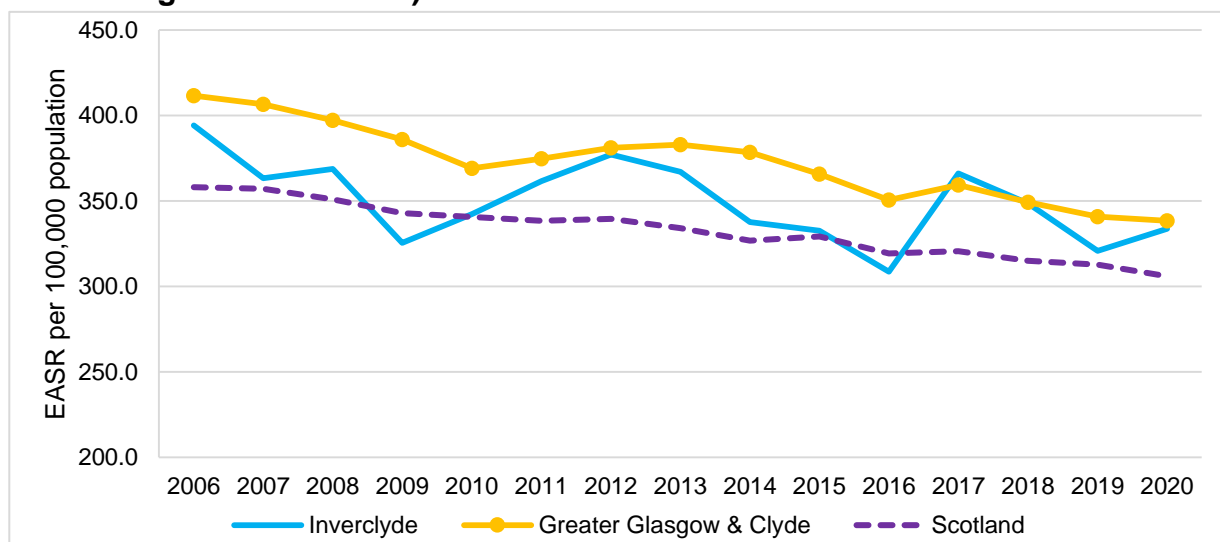


Source: PHS – Scottish Cancer Registry

Cancer Mortality

In Inverclyde, the age-standardised cancer mortality rate has fallen in the years from 2006 to 2020. In 2006, the rate per 100,000 people was 394.2 and this had fallen to 333.7 by 2020. However, as Figure 6.3D below shows, the rate was lowest in 2016. The mortality rate in Inverclyde is above the Scottish figure, but slightly below that of NHS Greater Glasgow and Clyde as a whole.

Figure 6.3D Cancer Mortality in Inverclyde 2006-2020 (all cancers excluding non-malignant melanoma)



Source: National Records for Scotland * note the x axis does not start at zero to show differences between the three areas

The total number of cancer deaths in Inverclyde has maintained a similar annual level between 2006 and 2020 as shown in Figure 6.3E.

Figure 6.3E – Number of cancer deaths in Inverclyde

Inverclyde	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Number of cancer deaths	266	259	270	246	252	272	277	282	267	262	249	305	290	265	284

Source: National Records of Scotland

The figures above represent a lack of change in terms of cancer mortality in Inverclyde. NRS publications suggest that across Scotland, cancer caused deaths are barely affected by deprivation level compared to other causes of death. Having said this, the lack of change in mortality rates in Inverclyde, a predominantly deprived area, shows a lack of improvement when comparing to the national mortality rates.

Cancer incidence in Scotland is projected to rise by a third over the next 10 years. In the five years between 2023 and 2027, it is estimated that there will be over 204,000 new cases of cancer across the whole country.

6.4 Diabetes

The number and rate of Inverclyde patients with diabetes has increased by 24% from 2010/11 to 2018/19. This means that the number of people in Inverclyde who have presented to their GP and had a diagnosis of diabetes recorded during their consultation has increased.

In 2018/19 there were 4,628 patients with diabetes, up from 3,692 in 2010/11. The rate in 2018/19 in Inverclyde was 5.73 per 100 people. In comparison, the Scottish rate was lower at 5.17 per 100 people.

The risk factors for developing diabetes including high blood pressure and obesity are themselves health issues. Diabetes as a long-term condition affects quality of life with the potential onset of chronic or acute conditions and this increases the likelihood of the need for health care. As a result, diabetes has been identified as a specific factor in patients at risk of admission to hospital.¹³

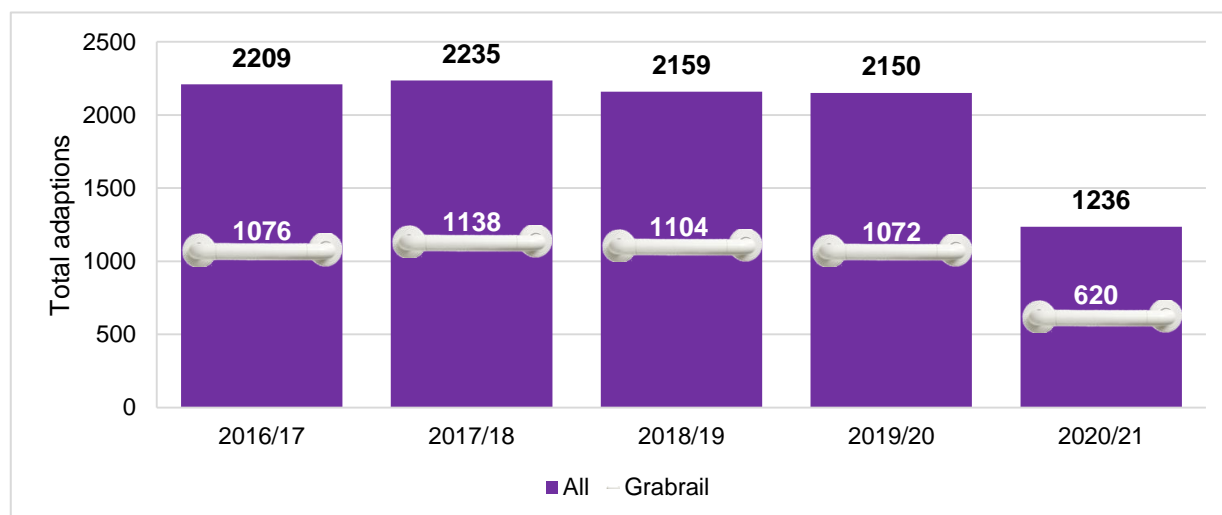
¹³ <https://beta.isdscotland.org/products-and-services/scottish-patients-at-risk-of-readmission-and-admission/>

6.5 Supporting Independent Living

Adaptations and Equipment

In the financial year 2020/21 Inverclyde Health and Social Care Partnership estimated that they carried out over 1,200 adaptations and provided 5,569 pieces of equipment for people with a disability. A change in the number of annual adaptations made is in Figure 5.6A and a list of equipment in Figure 6.5B.

Figure 6.5A Adaptations made Inverclyde HSCP 01/04/2016-31/03/21 (estimate)



Source: Inverclyde Health and Social Care Partnership

It was estimated that two out of three adaptations carried out by the partnership involve installing a handrail or grab rail.

Figure 6.5B Equipment Provided Inverclyde HSCP 01/04/2019-31/03/2020

Equipment Category	Number
Bariatric	17
Bathing	793
Beds & associated Equipment	1,804
Moving and Handling Equipment	913
Paediatric	4
Physio	23
Pressure Care	466
Seating	469
Small Aids	200
Toileting	887
Total	5,576

Source: Inverclyde Health and Social Care Partnership

There are several different reasons for equipment to be provided. Bathing, beds and toileting make up over sixty percent of all the pieces of equipment provided and the majority are for care in community and hospital discharge reasons.

6.6 Self-Directed Support

According to the 2020 Source Return there were 2,542 clients in Inverclyde of self-directed support, with 50 clients choosing the option of direct payments. The number of clients choosing direct payments (Option 1) and the value of those payments since 2005/06 are shown in Figure 6.6A below.

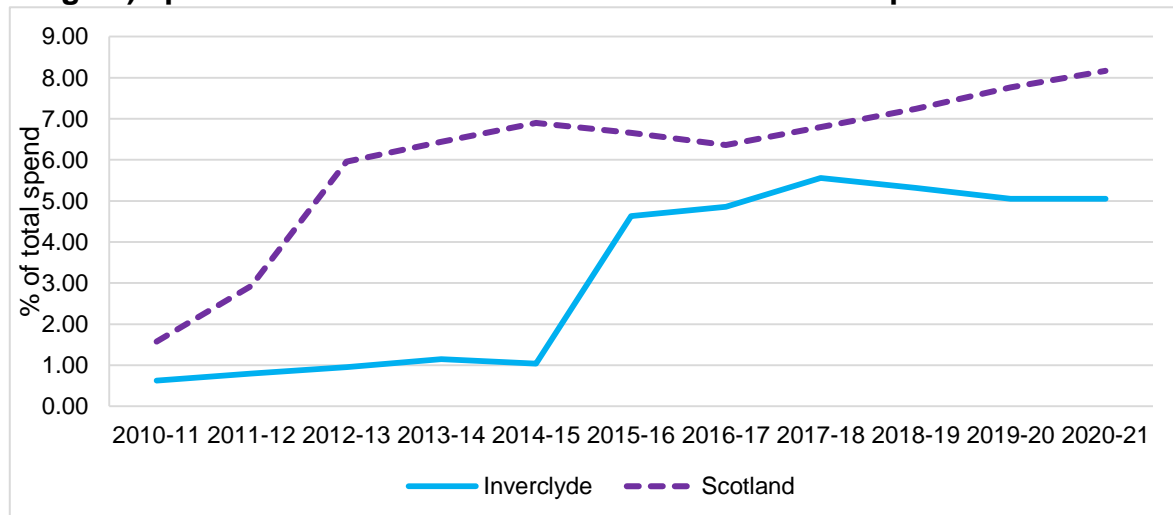
Figure 6.6A Number of people receiving Direct Payments (and value of payments) 2006-07 to 2019-20

Direct Payments	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Number of clients	10	20	20	20	70	80	90	90	70	80	80	74	71	50
Value of payments (£ millions)	£0.0	£0.1	£0.2	£0.2	£0.7	£1.0	£0.9	£1.0	£0.6	£0.7	£1.0	£1.0	£1.1	£1.1

Source: Scottish Social Care Survey 2017 and Source return 17/18, 18/19, 19/20

Figure 6.6B shows that Inverclyde's spend on self-directed support (direct payments & managed personalised budgets) in terms of percentage of total social work spend on adults has consistently been lower than the national average for the past decade. As the plot shows, the gap has reduced between the two showing the progress being achieved in the personalisation of care agenda in Inverclyde.

Figure 6.6B Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+



Source: Local Government Benchmarking Framework

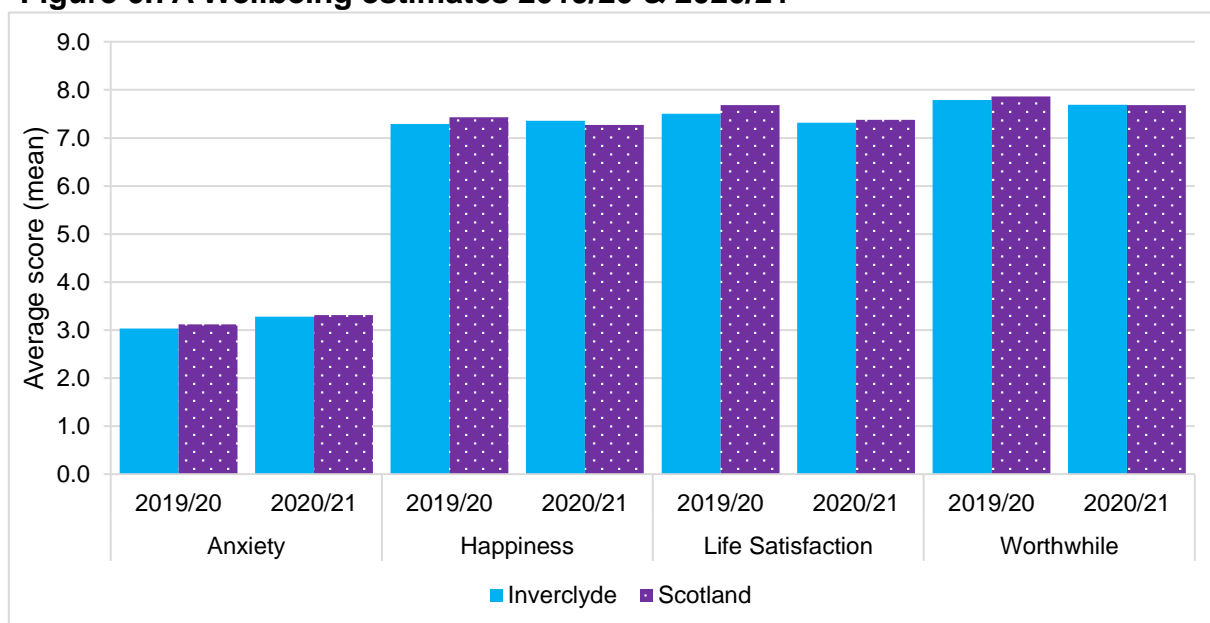
6.7 Mental Health and Wellbeing

A well-functioning mental health system has a range of community, inpatient and crisis mental health services that support people with severe and enduring mental illness. Across Scotland there were variations in the pace of change, the delivery and the models of service for mental health as boards attempted to move from predominantly inpatient services to services where care and treatment can be delivered mostly in the community. Key aspects of a successful mental health programme include:

- Community, inpatient and crisis mental health services
- Work with other services and populations with specific needs

Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. This data has been collected by the Office for National Statistics as part of their UK Annual Population Survey since 2011. The average scores for Inverclyde and Scotland for 2019/20 and 2020/21 are shown in Figure 6.7A below. The chart shows that the gap between Inverclyde's wellbeing rates and the national average has closed, with Inverclyde's average happiness score exceeding the Scotland level in 2020/21. In comparison to these scores in 2017/18 there has been a very slight improvement.

Figure 6.7A Wellbeing estimates 2019/20 & 2020/21



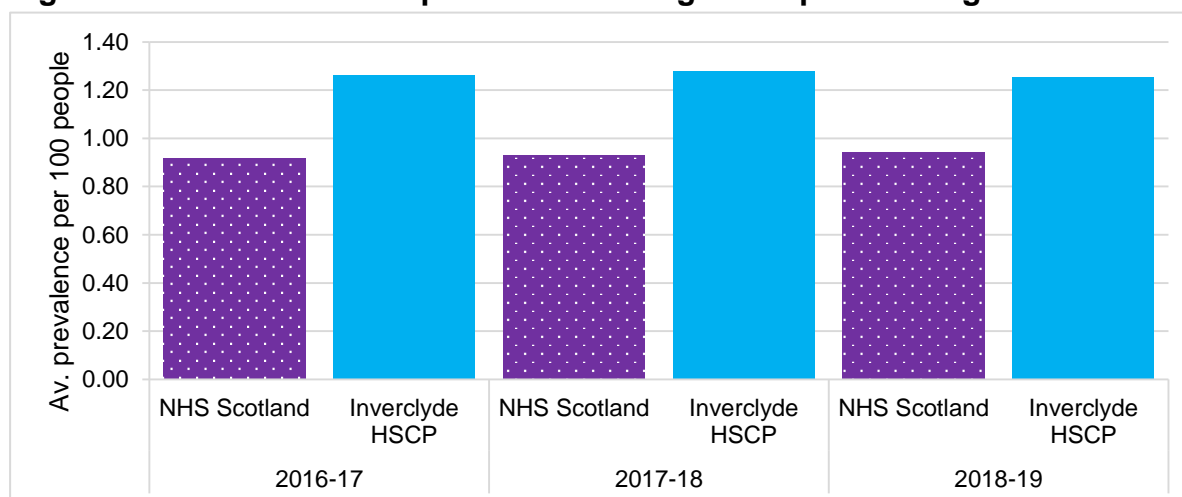
Source: Office for National Statistics

Mental Health

Health issues that are included within the area of mental health range from common problems such as dementia, stress and depression, to more severe issues like schizophrenia, bipolar affective disorder and other psychoses.

The Quality & Outcomes Indicator (QoI) calculator provides information on the prevalence of diseases which have been presented at General Practice. Figure 6.7B shows the rate of patients per 100 population that have been referred for mental health reasons. This includes patients who have a diagnosis of schizophrenia, bipolar affective disorder or other psychoses. The prevalence rates in Inverclyde for mental health are higher than the national rates. In 2018/19, Inverclyde had the highest prevalence rate of all 31 health and social care partnerships. There has not been a significant change in the prevalence rates between 2016/17 and 2018/19 in Inverclyde.

Figure 6.7B: Mental Health prevalence from general practice registers



Source: PHS – General practice disease prevalence data visualisation

A crude prevalence rate of the number of people in Inverclyde and Scotland with depression per 100 patients is shown in Figure 6.7C. It shows that the rate of people with a new diagnosis of depression is higher than the Scottish rate. Both the Inverclyde and Scottish rates for depression have increased since the needs assessment review in 2016 (no data further than 2018/19 is currently available).

Figure 6.7C Rate of people with depression in Inverclyde and Scotland FY 2018/19

Area	Depression
Inverclyde	10.2
Scotland	7.5

Source: PHS General Disease Prevalence Data Visualisation

Comparison data for mental health issues highlights that there are some significant differences between Inverclyde and Scotland. For young people, comparisons have been made utilising data from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018 where pupils were asked questions from the 'Strength and Difficulties Questionnaire'. The questionnaire lists 25 statements that are grouped into 5 scales - emotion, contact, hyperactivity/inattention, peer relationships and pro-social behaviour. Each scale comprises of 5 questions. Overall scores were calculated for each of the five scales by summing the scores for all items within each scale. Scores are grouped into bands 'normal', 'borderline' and 'abnormal'¹⁴ for each scale:

- 33% of 13-year-olds had an overall borderline/abnormal score. This is a 4% increase since 2013 and is 3% less than the Scotland 2018 average.
- 45% of 15-year-olds had a borderline/abnormal score. This is a 5% increase since 2013 and is 6% more than the Scotland 2018 average.
- 21% of 13-year-olds had a borderline/abnormal score for emotional symptoms. This is an 8% decrease since 2013 and is 13% less than the Scotland average (both statistically significant differences).
- 50% of 15-year-olds had borderline/abnormal score for emotional symptoms. This is a 19% increase since 2013 and is 13% more than the Scotland average (both statistically significant differences).

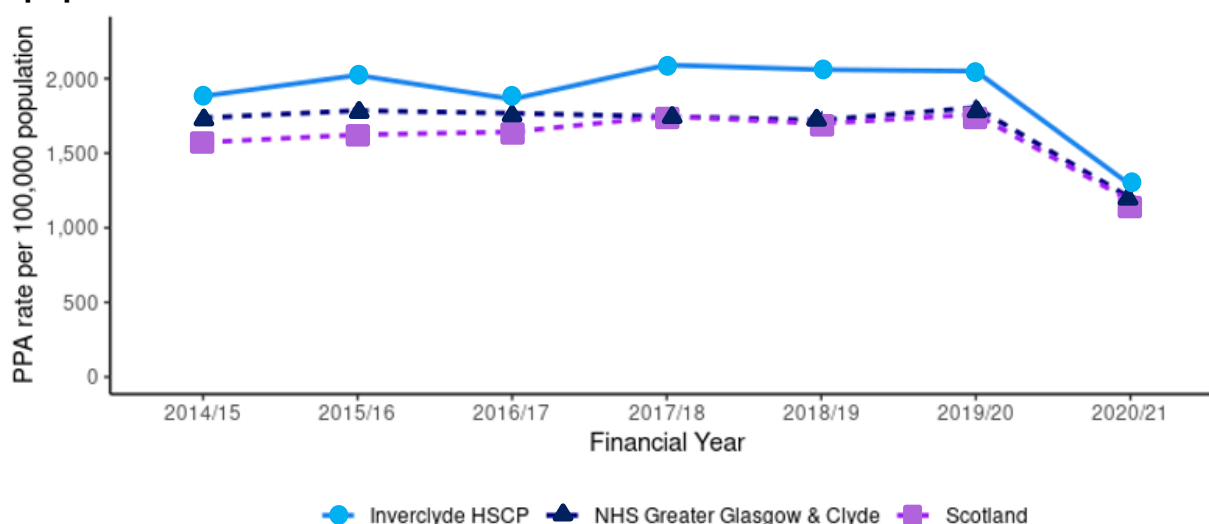
¹⁴ The terminology used to describe SDQ scores is borrowed from the original questionnaire designed by Goodman. While the terms 'normal', 'borderline' and 'abnormal' may seem out-dated in the context of the language used to describe mental wellbeing today, they have been retained in this report to draw comparisons to previous years.

6.8 Potentially preventable admissions

Potentially preventable admissions (PPA) analysis is produced by Public Health Scotland based on 19 conditions identified in various academic studies used in reporting UK wide. These conditions result from medical problems that may be avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. This includes conditions such as dehydration and gastroenteritis, cellulitis, influenza and pneumonia, iron deficiency, anaemia and asthma.

Figure 6.8A shows that Inverclyde has consistently had a higher rate of PPA's compared to NHS Greater Glasgow & Clyde and Scotland since 2014/15. Higher rates of deprivation and an ageing population are likely the main reasons for the difference.

Figure 6.8A Potentially Preventable Emergency admissions per 100,000 population - 2014/15 to 2020/21



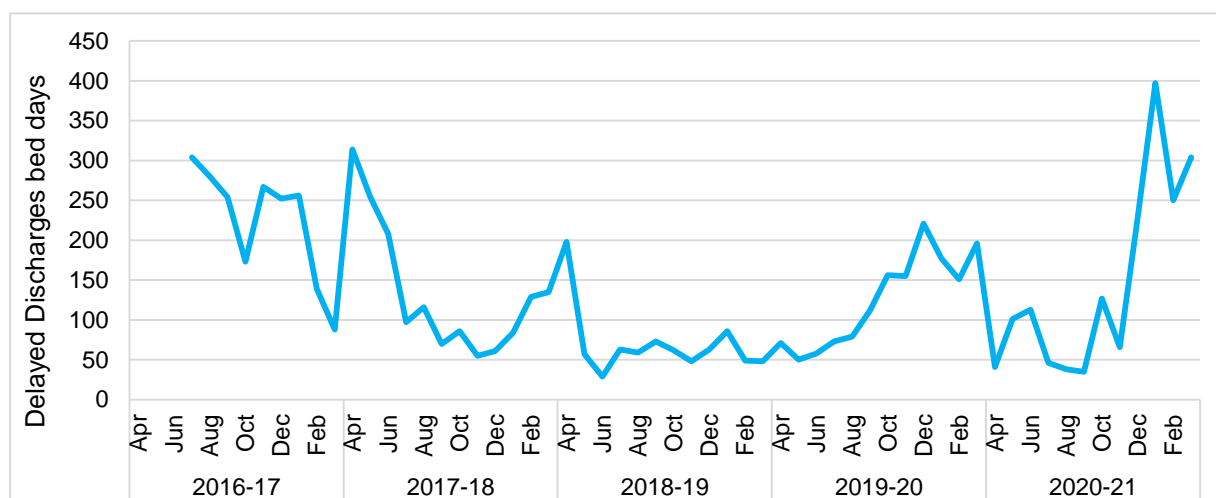
Source: PHS Locality Profiles (SMR01)

6.9 Delayed Discharges from hospital

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available.

For the last few years Inverclyde has had a history of low numbers of delayed discharges due to the successful integration and partnership working between the HSCP and staff at the IRH, particularly through the award-winning Home 1st team. More recently there has been a steep increase in the number of delayed discharge bed days showing the strain on hospitals and care services in Inverclyde (and Scotland as a whole). The following provides an overview of delayed discharges for Inverclyde.

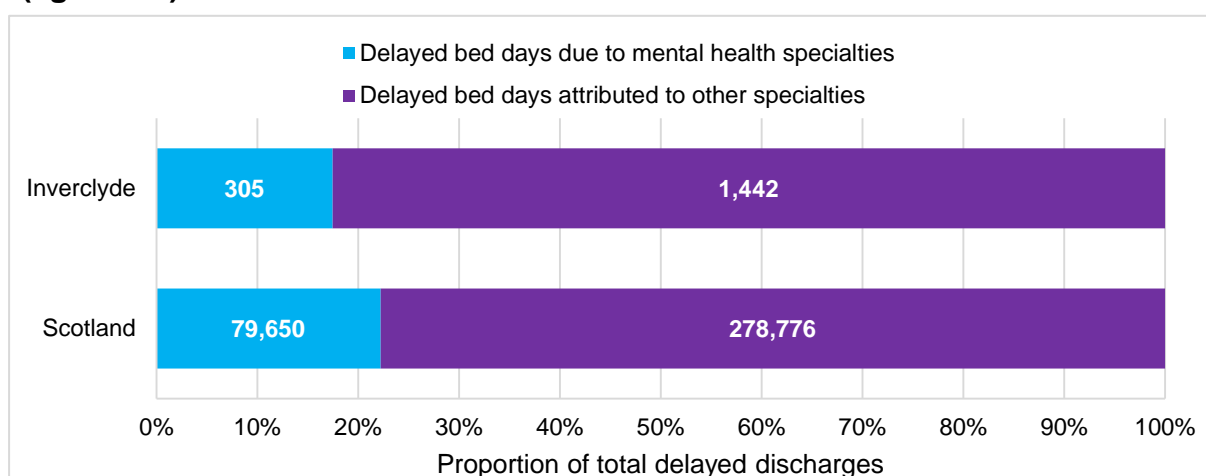
Figure 6.9A – Delayed discharges bed days at monthly census 2016/17 – 2020/21



Source: PHS Delayed Discharges

In 2020/21, 17% of delayed discharge bed days were attributed to mental health specialties. This is a lower proportion compared to Scotland.

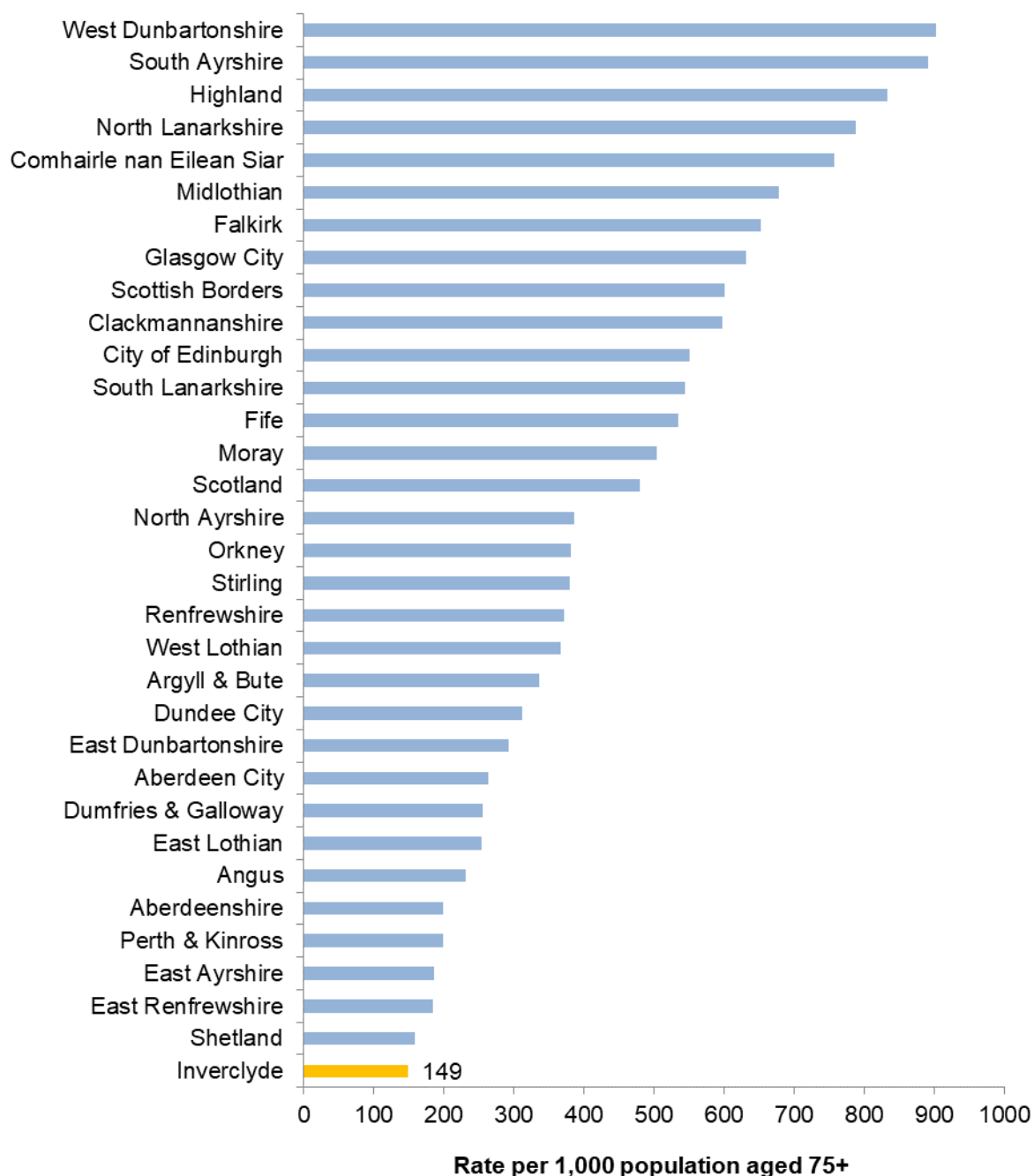
Figure 6.9B – Mental health speciality attributed delayed discharges 2020/21 (aged 18+)



Source: PHS Delayed Discharges

Nearly 4 in 5 of delayed discharge patients are aged 75 and over. In 2020/21 Inverclyde had the lowest rate for bed days occupied by these patients of all local authorities across Scotland. This is shown in Figure 6.9C.

Figure 6.9C: Delayed discharge bed days' rate per 1,000 population aged 75+ by local authority of residence: April 2020 to March 2021



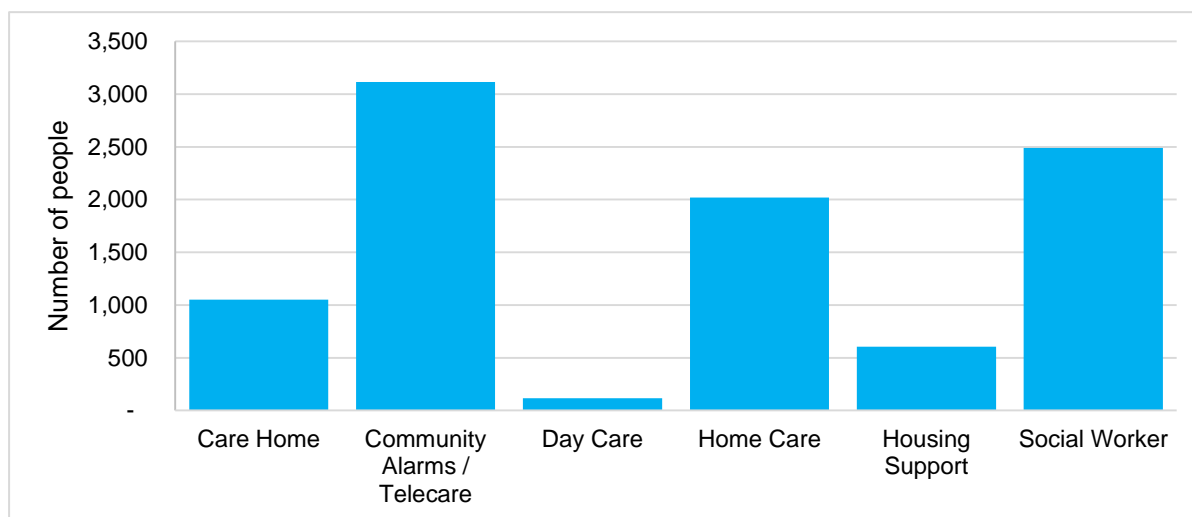
Source: PHS Delayed Discharges

Despite the 2020/21 rate being lower than in 2016/17, there has been an increase from 87 to 149 delayed discharge bed days per 1,000 population since 2018/19.

6.10 Social Care Services

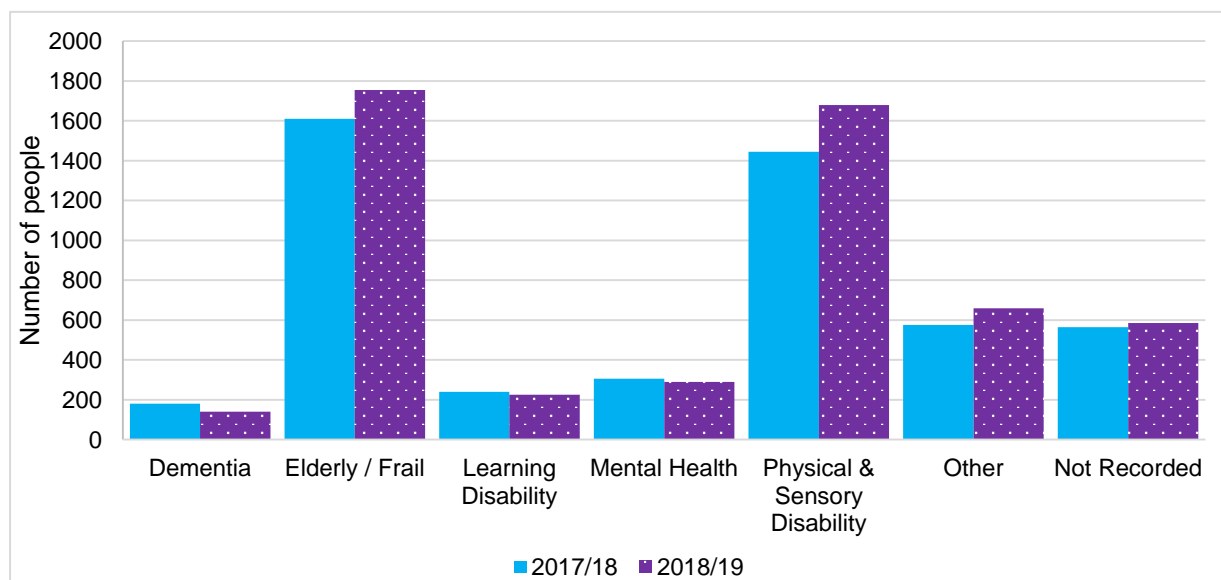
Social care services provided by the health and social care partnership include homecare and community alarm services. The type of service that people received in 2018/19 is shown in Figure 6.10A and the number of clients by client group in Figure 6.10B below.

Figure 6.10A Number of people receiving social care services or support by Support Service Type: 2018/19



Source: Source Social Care Data

Figure 6.10B Number of people receiving social care services or support by Client Group: 2017/18 and 2018/19



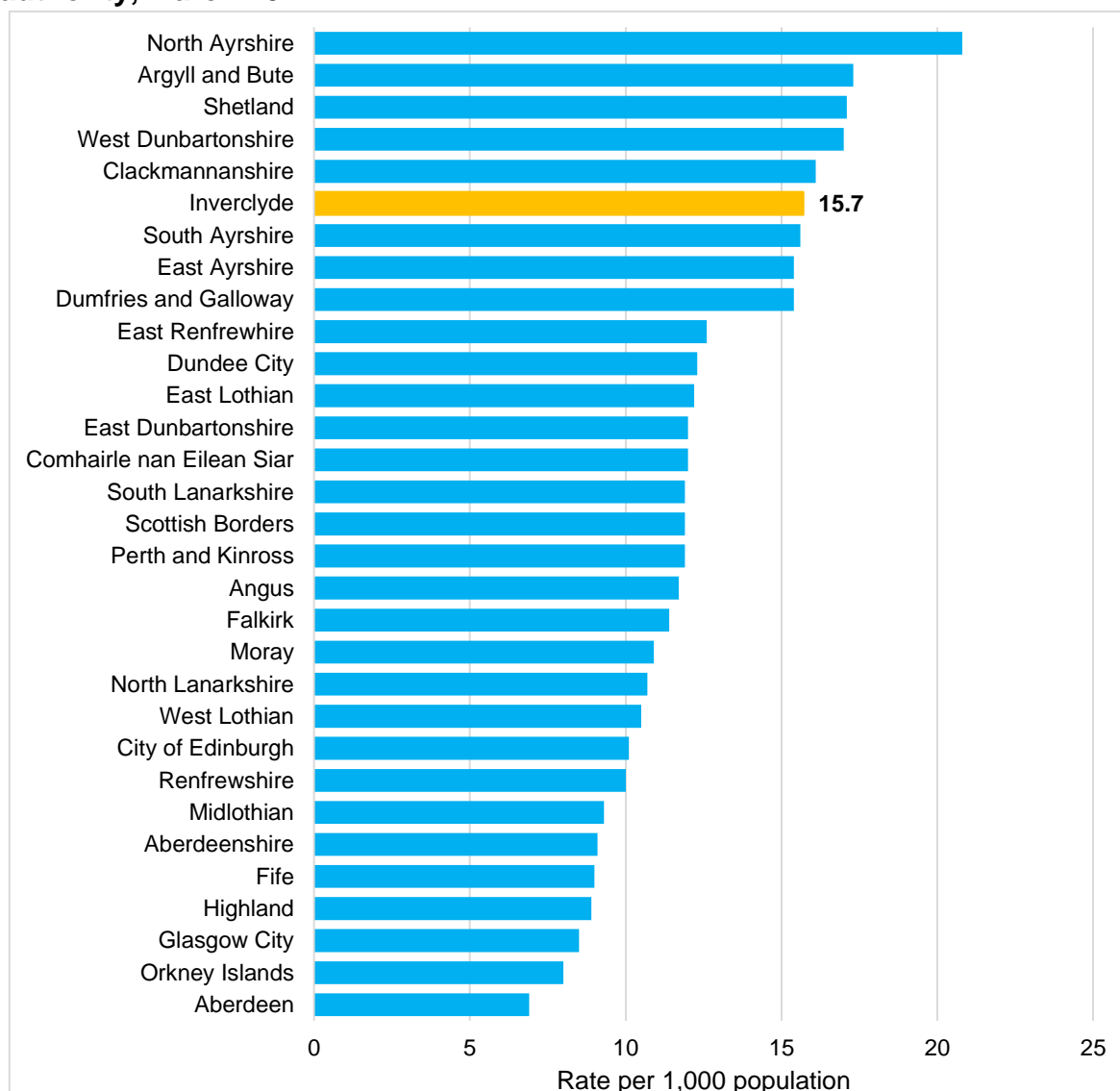
Source: Source Social Care Data

The charts demonstrate that there has been a slight increase in the number of clients receiving a social care service but a much greater increase in the number self-directed support services. This would indicate that clients are choosing to receive a wider range of services and packages of support than previously.

6.11 Care and Support at Home

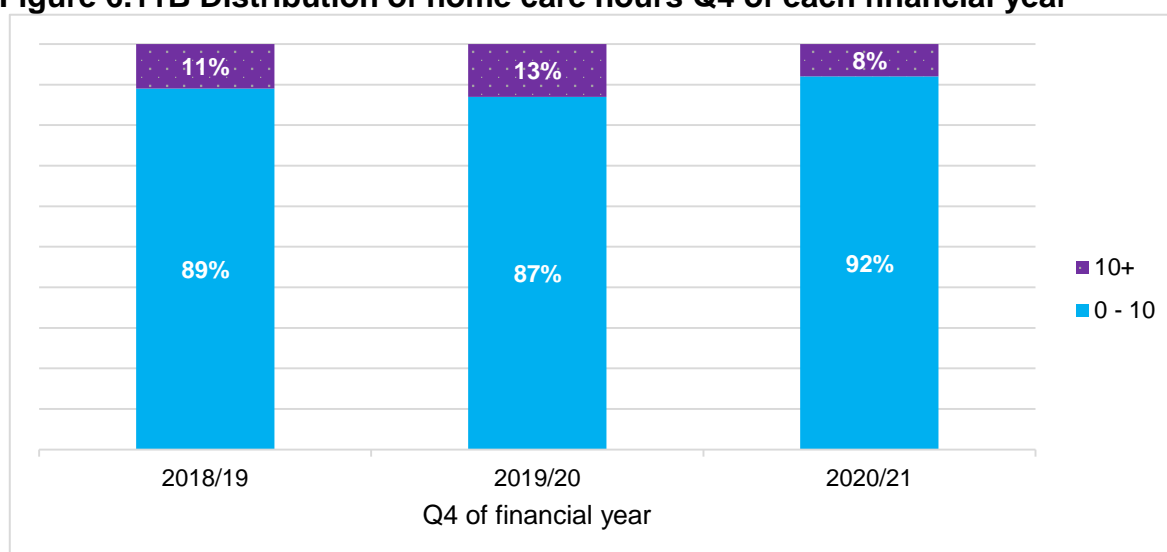
According to PHS Source return, in the month of March 2021, there were 1,207 people in Inverclyde who were receiving care and support at home. As a rate per a population of 1,000, this works out as 15.7 in Inverclyde, higher than the Scottish rate of 11.3. Figure 6.11A shows the national comparison of the rate of care and support at home between local authorities in Scotland.

Figure 6.11A Clients receiving home care: rate per 1,000 population, by local authority, March 2021



Source: Social Care Insights Dashboard - PHS

In March 2021 (financial year 2020/21) 8% of clients in Inverclyde received over 10 hours of home care, with 92% receiving less than 10 hours. These figures show that those receiving less than 10 hours' service has increased from 2018/19, with a slight decrease in 2019/20. The figures below show the three financial years' breakdown of hours.

Figure 6.11B Distribution of home care hours Q4 of each financial year

Source: Social Care SOURCE Return - PHS

The tables below show the number of clients split by locality and age (under 65, over 65) with over 86% of service users being over the age of 65.

Figure 6.11C Number of home care service users split by locality and age group – Q4 2020/21

Locality	Under 65	65+	Grand Total
Greenock East and Central	33	207	240
Greenock South & South West	38	297	335
Greenock West & Gourock	50	529	579
Inverkip & Wemyss Bay	6	49	55
Kilmacolm & Quarrier's Village	3	93	96
Port Glasgow	24	237	261
Unknown	3	29	32
Grand Total	157	1441	1598

Source: PHS Source Return 2020/21

Figure 6.11D Total hours of home care provided split by Inverclyde locality and age – Q4 2020/21

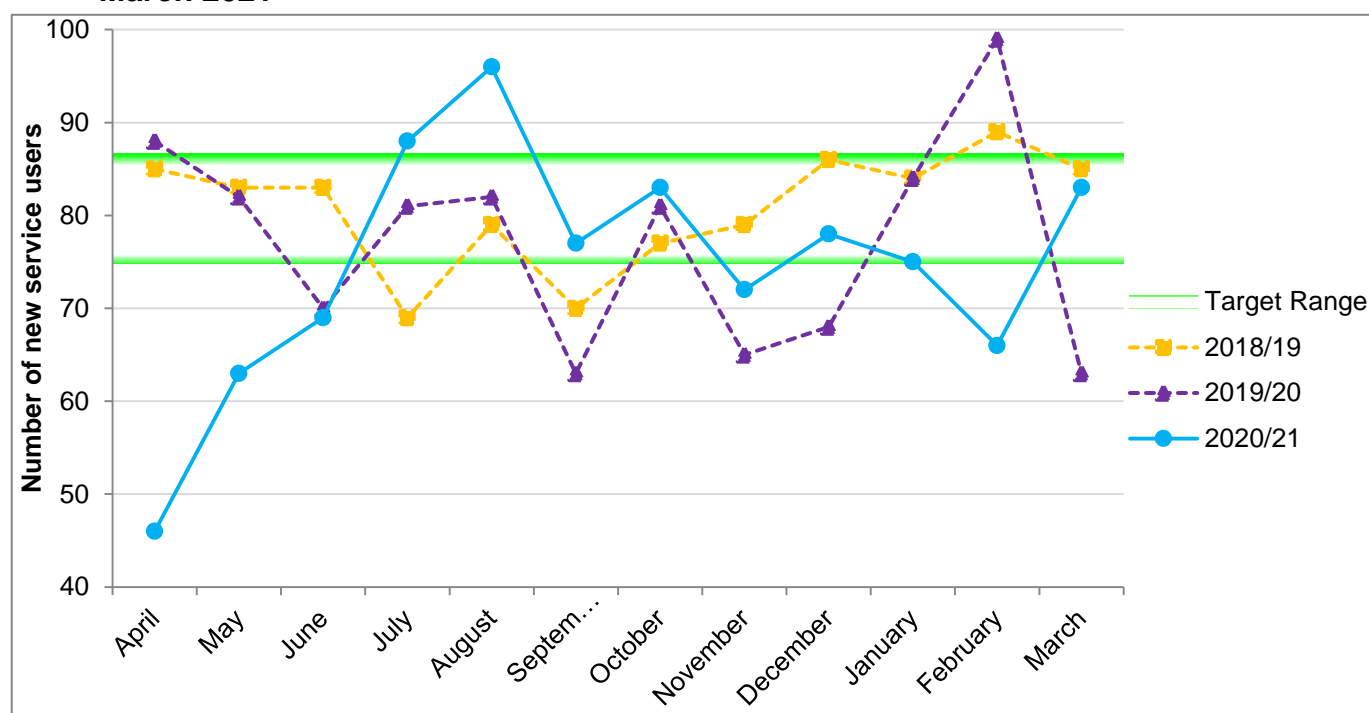
Locality	Under 65	65+	Grand Total
Greenock East and Central	1576	8870.5	10446.5
Greenock South & South West	2848.9	16778.7	19627.6
Greenock West & Gourock	3044	27040.2	30084.2
Inverkip & Wemyss Bay	426.3	2499.2	2925.5
Kilmacolm & Quarrier's Village	152	4731.5	4883.5
Port Glasgow	1289.2	10189.2	11478.4
Unknown	290	1421.7	1711.7
Grand Total	9626.4	71531	81157.4

Source: PHS Source Return 2020/21

6.12 Intermediate Care

Inverclyde HSCP currently operates a reablement and rehabilitation service in the community. A step-up beds service has also been in operation since January 2016. Figure 6.12A shows the number of new reablement users in Inverclyde monthly between September 2018 and March 2021.

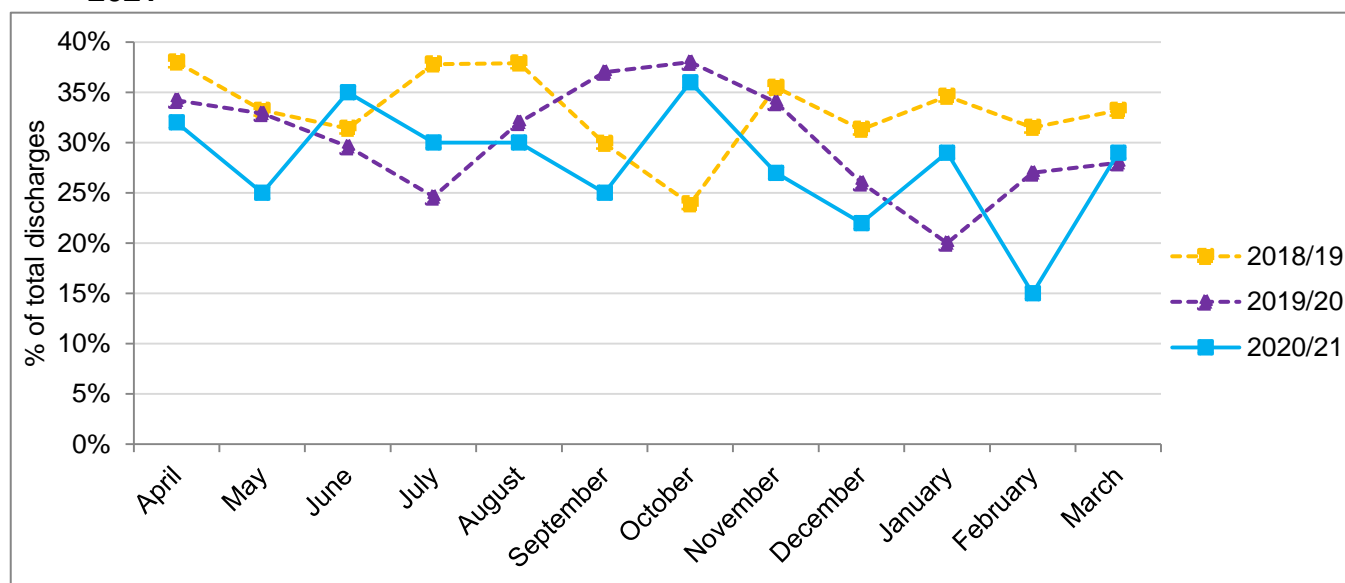
Figure 6.12A – New reablement service users Inverclyde April 2018 to March 2021



Source: Inverclyde HSCP's Health & Community Care - Quarterly Service Review

The monthly discharges from the reablement service for the patients identified in Figure 6.12A are shown in Figure 6.12B. The service aims for 30% of users being fully independent after discharge as opposed to being either readmitted to hospital, dying, or being moved to long term care. Figure 6.12B shows there has been a slight decrease in the proportion of service users who were fully independent after reablement.

Figure 6.12B– Discharges from reablement service September 2018 to March 2021



Source: Inverclyde HSCP's Health & Community Care - Quarterly Service Review

6.13 Care Homes

On 31 March 2021 there were 21 care homes in Inverclyde providing services to adults. The HSCP has contracts with a variety of voluntary and private providers to supply care home places locally. For older people, there are 14 care homes, 1 operated by local authority/health board sector, 8 private sector and 5 voluntary/not for profit sector.

In 2021 there were 593 older care homes residents in Inverclyde, with a mean age of 81.

Figure 6.13A below shows the trend in care home places and residents in Inverclyde from 2013 to 2021. The number of registered places decreased between 2017 and 2021 as well as the number of long stay residents. Occupancy of care homes in 2016 at 95% was the highest in a decade. Census data for 2021 was not collected to avoid causing undue pressure on the care homes during the height of the COVID-19 pandemic.

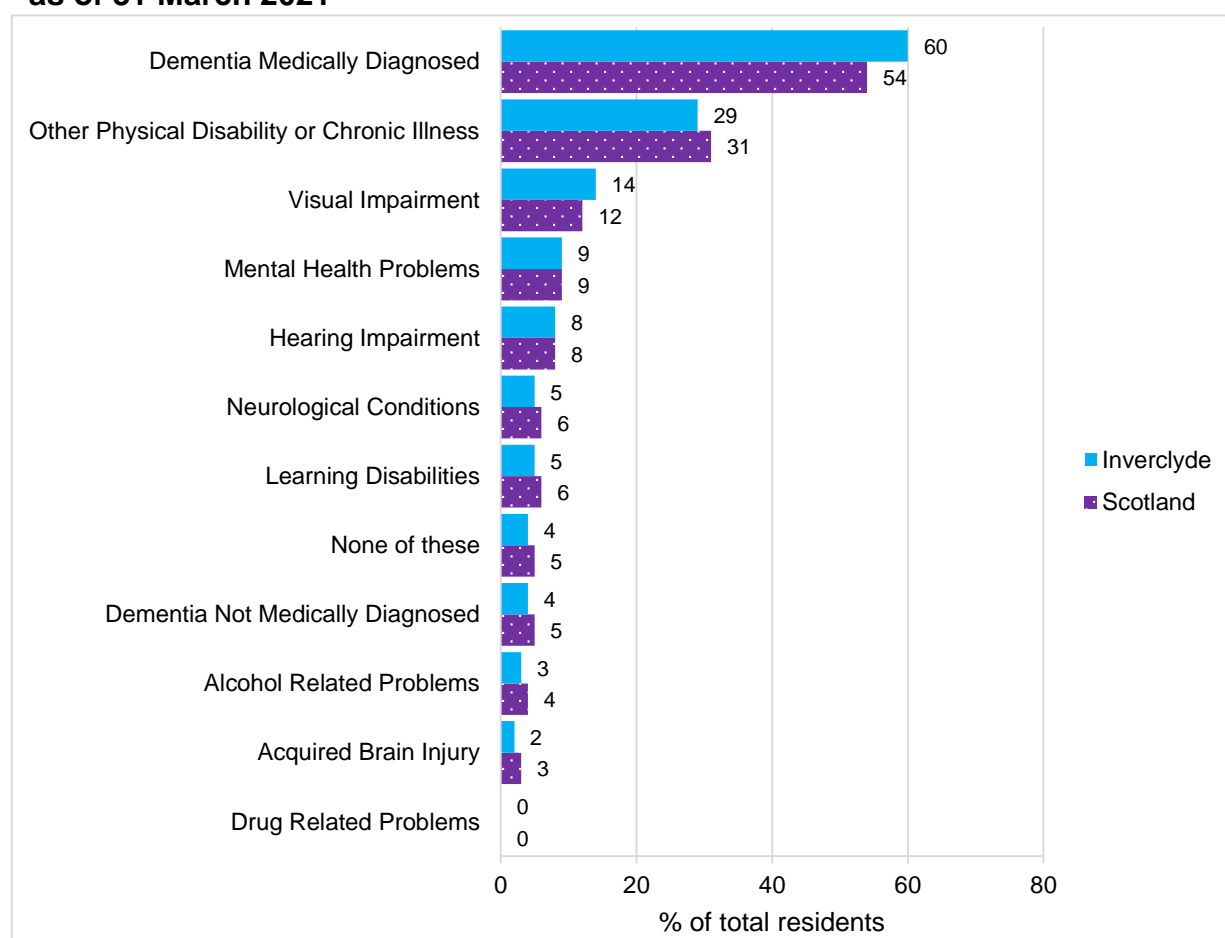
Figure 6.13A: Number of Care Homes, Registered Places, Residents and Percentage Occupancy 2013 – 2021

Inverclyde	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Number of Care Homes for Adults	28	27	26	26	26	25	25	n/a	21
Total Number of Registered Places	898	870	864	874	875	864	862	n/a	748
Total Number of Residents	779	810	786	828	749	775	752	n/a	644
Total Number of Long Stay Residents	746	761	771	806	713	731	693	n/a	615
Total Number of Short Stay and Respite Residents	33	49	15	22	36	44	59	n/a	29
Percentage Occupancy	87	93	91	95	86	90	87	n/a	86

Source: PHS - Care homes census for adults in Scotland Statistics for 2009 to 2021

Figure 6.13B below shows the breakdown of long-term residents by health characteristic in Inverclyde and Scotland as a percentage of total long-term residents. Dementia and visual impairments are the only characteristics that are higher for Inverclyde compared to Scotland.

Figure 6.13B: Long term care home residents split by health characteristic as of 31 March 2021

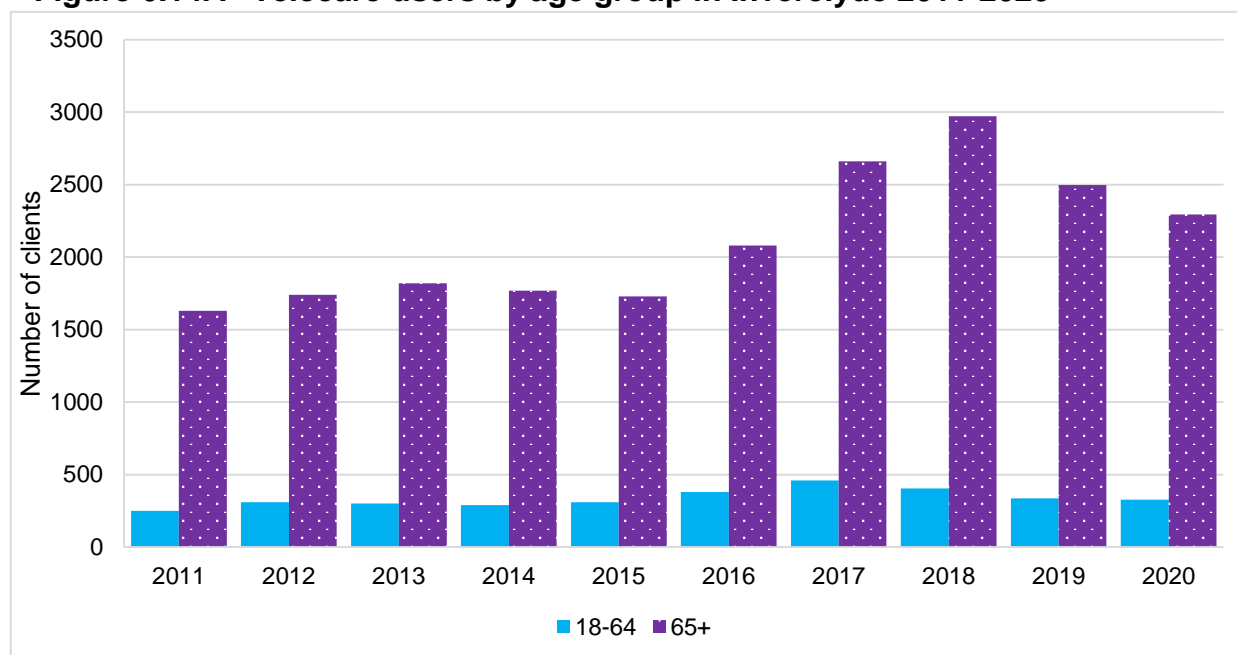


Source: PHS - Care homes census for adults in Scotland Statistics for 2009 to 2021

6.14 Telecare

Telecare services use technology to help clients live more independently at home. They include personal alarms and health monitoring devices. Figure 6.14A shows the breakdown of telecare users in Inverclyde by age group between 2011 and 2020. From 2015 local authorities were asked to record all clients receiving Community Alarms/Telecare at any time during the financial year. This is a possible reason for there being an increase of nearly 400 telecare users the following year.

Figure 6.14A– Telecare users by age group in Inverclyde 2011-2020



Source: Scottish Social Care Survey 2020 Update

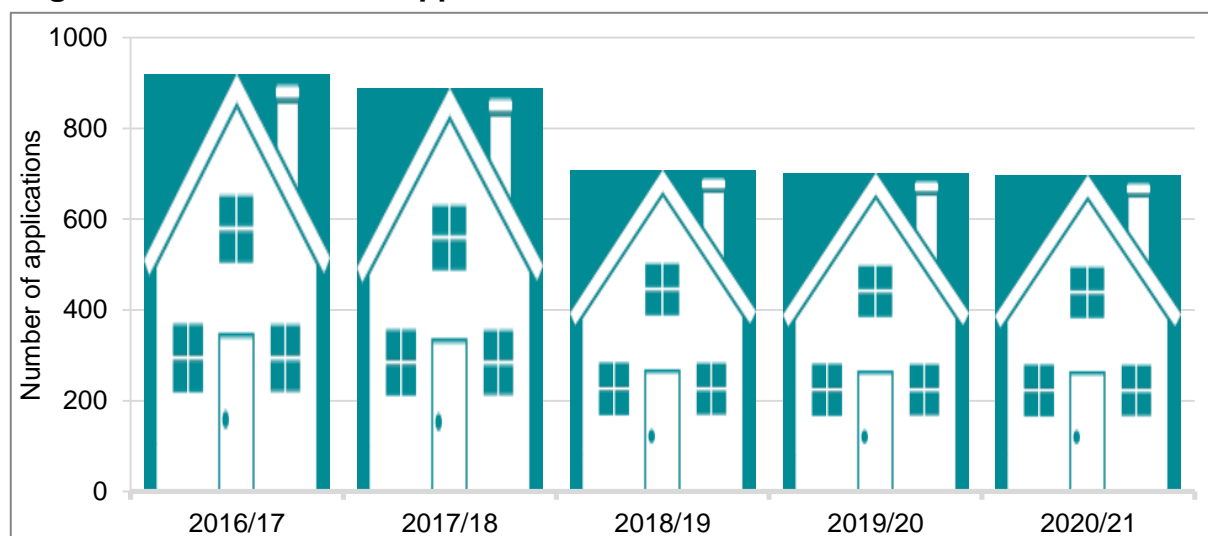
Figure 6.14A shows a 66% increase in the number of clients between 2015 and 2018. Since the initial implementation of the actions from the strategic needs assessment there has been a decrease of 22%. Both age groups shown followed the same general trend.

6.15 Homelessness

Homelessness statistics have been affected by the changes in definitions in recent years. This means that although the recorded numbers of people applying for accommodation due to homelessness has fallen, the factors and drivers that underpin homelessness remain. These include relationship breakdowns, financial difficulties, or tenants being asked to leave. However, work aiming to prevent homelessness including Housing Options activity is likely to have resulted in an overall decrease in the number of homelessness applications since 2009. This activity includes mediation/outreach work; financial assistance/advice; and negotiation with landlords over rent or repairs.

Figure 6.15A shows that there were 697 approaches to homelessness services in 2020/21, a 24% decrease since 2016/17.

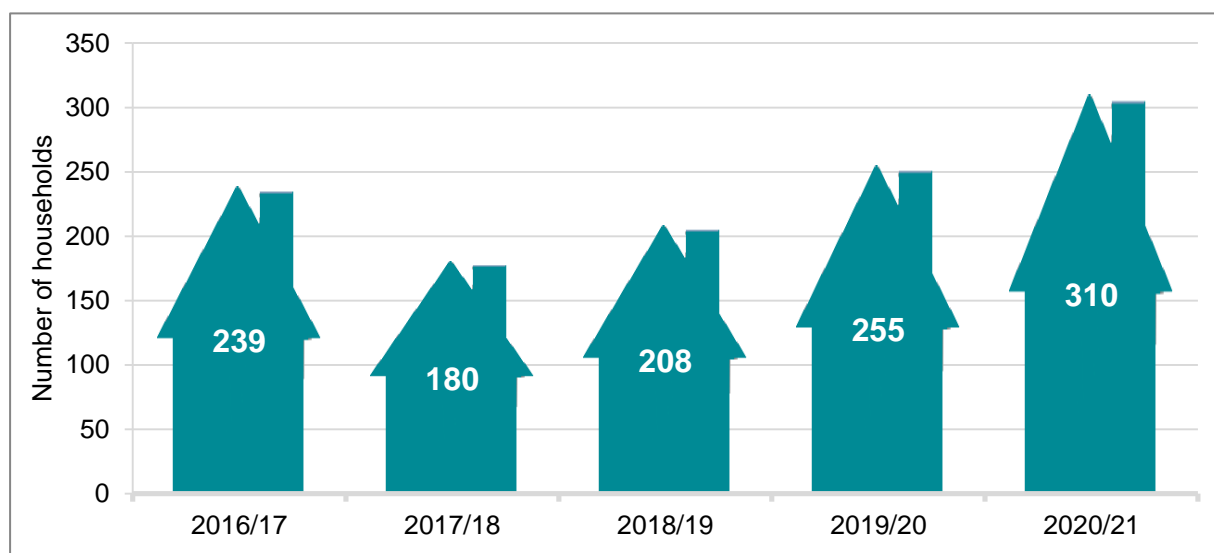
Figure 6.15A: Number of approaches to homelessness services



Source: Homelessness in Scotland: Annual Publication 2020/21 Update

Figure 6.15B shows that despite there being less approaches to homelessness services, the number of households requiring a 'full' assessment has increased in the past 5 years.

Figure 6.15B: Number of households requiring a 'full' homelessness assessment



Source: Homelessness in Scotland: Annual Publication 2020/21 Update

6.16 End of Life Care

End of life care is an important measure to indicate whether adequate plans and structures have been put in place to allow patients to spend their last six months of life at home or in the community and not in an acute hospital setting, in accordance with each individual patients' wishes. The proportion of the last six months of life spent at home or in a community setting is one of the quality outcome measures for integration in Health and Social Care Partnerships. Integration Authorities are responsible for planning and delivering a wide range of health and social care services and to be accountable for delivering the national health and wellbeing outcomes.

In 2019/20, 88.1% of Inverclyde residents spent the last six months of their life at home or in the community, slightly lower than the Scottish average of 88.6%. There has been a continuing increasing trend over the last four years.

Table 6.16A Percentage of last six months of life spent at home or in a community setting

Council Area	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20 ^p
Inverclyde	82.40%	84.90%	84.90%	84.60%	84.60%	84.50%	85.50%	87.00%	86.70%	88.10%
Scotland	85.30%	85.80%	86.10%	86.00%	86.20%	86.70%	87.00%	87.90%	88.10%	88.60%

Source: PHS and National Records of Scotland ('p' denotes provisional figure)

Big Action 4: We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living.

- This action is about providing the right support at the right time, and for the right length of time across all our services, so that we can help people towards the highest level of independence possible. There are several key markers that highlight how Inverclyde is progressing towards this.
- The award-winning delayed discharge team continues to ensure that people are not staying longer than necessary in hospital and are returning to a home or homely setting. Reliance on this service was highlighted during the COVID-19 pandemic.
- Inverclyde has one of the highest care at home rates in the country, ensuring that those with a care need and who wish to live at home can do so. This includes people with a long-term condition.

This information shows that there are significant numbers of people who regularly rely on health and social care services. We aim to deliver these services in ways that suit the recipients better, and in particular, close to or in their own homes.

7 Big Action 5 – We will reduce the Use of and Harm from Alcohol, Tobacco and Drugs

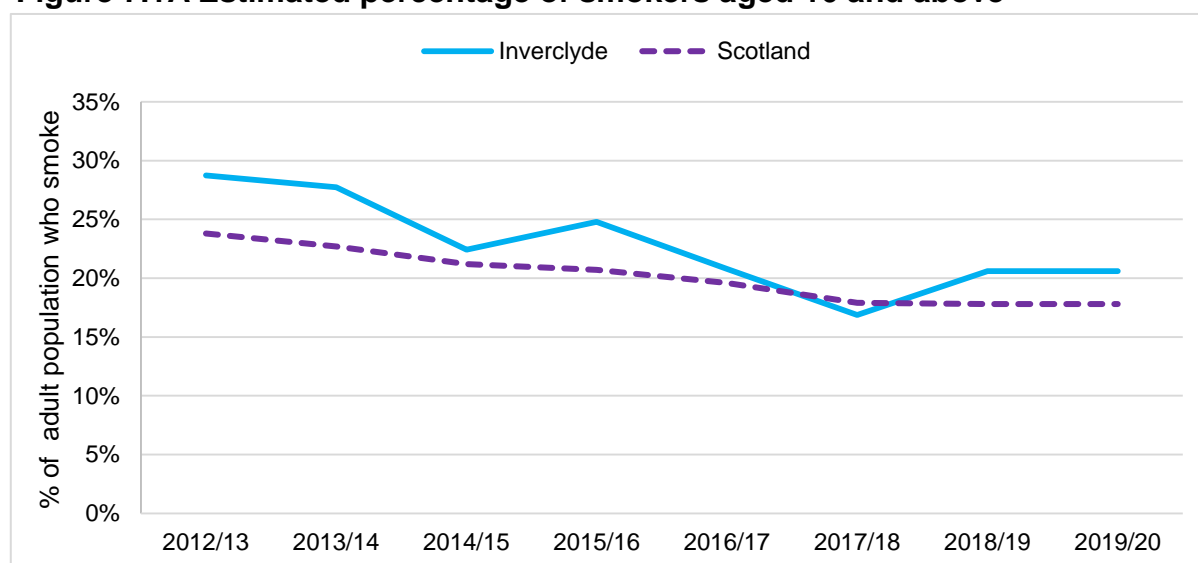
We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those affected to become more involved in their local community.

7.1 Smoking

Smoking related illnesses not only affect an individual's health and socio-economic outcomes but also put a strain on health services. In Inverclyde between 2017 and 2018 there were 1,029 hospital admissions attributable to smoking related illnesses.¹⁵ Reducing the number of people who smoke will therefore help individuals, but also reduce the pressure on services.

Figure 7.1A shows the percentage of the adult population who smoke in Inverclyde. There is a slightly higher percentage of adults who smoke in Inverclyde compared to Scotland as a whole. Figure 7.1A also shows an overall decrease over time in both Inverclyde and Scotland, although more recently there has been an increase in Inverclyde.

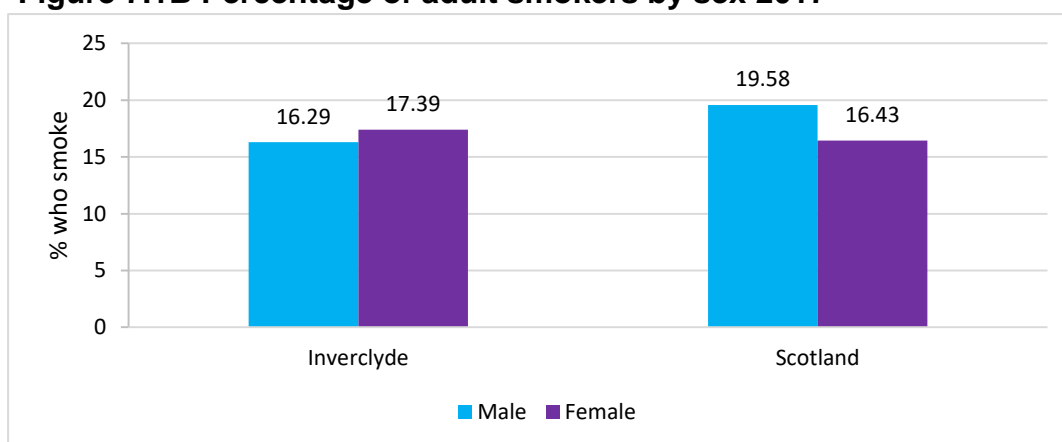
Figure 7.1A Estimated percentage of smokers aged 16 and above



Sources: NHS smoking cessation service statistics (Scotland) annual

Figure 7.1B shows a breakdown of those who smoked in 2017 by sex. Unlike the previous year, the smoking rate for men is lower in Inverclyde than the rate for Scotland. The rate of female adults smoking is still higher in Inverclyde compared to Scotland. This influences the rates of smoking related illness and hospital admissions.

¹⁵ ScotPHO Tobacco control profile

Figure 7.1B Percentage of adult smokers by sex 2017

Sources: ScotPHO Profiles Tool

In 2013 researchers from NHS Greater Glasgow and Clyde carried out an initial survey on Child and Youth Health and Wellbeing in Inverclyde to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress. A survey update was then carried out in 2019. In the six years since there have been many changes that have directly or indirectly impacted health equalities and outcomes. There was an increase in the proportion of smokers from 5% in 2013 to 9% in 2019. This is discouraging, particularly considering the ambition of a 'tobacco free generation'. However, it is worth noting that smokers in the 2019 survey were more likely to be infrequent smokers. Indeed, there was no significant difference in the proportion who smoked six or more cigarettes per week between 2013 (2.2%) and 2019 (3.1%). However, adult surveys have shown a continual decline nationally and locally (the adult survey in Inverclyde showed a reduction in smoking from 24% in 2014/15 to 20% in 2017/18). Of the pupils who smoked, 40% said it was to manage stress/anxiety. Students who currently smoke were also asked where they got their cigarettes from, most said they were purchases from others (35%) or from friends or relatives supplying them (31%).¹⁶

Smoking and Deprivation

The smoking rate in the 15% most deprived areas in Inverclyde was 12% more than the smoking rate in all other areas in 2017/18, as shown in Figure 7.1C below. Smoking status is strongly linked to deprivation and more people in deprived areas smoke than those in well-off areas. Smoking contributes to deprivation scores as it causes health problems that lead to increased mortality rates and emergency stays in hospital, two indicators of deprivation in health.

Figure 7.1C: Proportion of Smokers by Deprivation - 2017/18

Current smoker	
Bottom 15% data zones	28%
Other data zones	16%

Source: NHS Greater Glasgow and Clyde Health and Wellbeing Survey Report 2017/18

¹⁶ NHS GG&C Inverclyde Child and Youth Health and Wellbeing Survey Update 2019

Smoking related illness

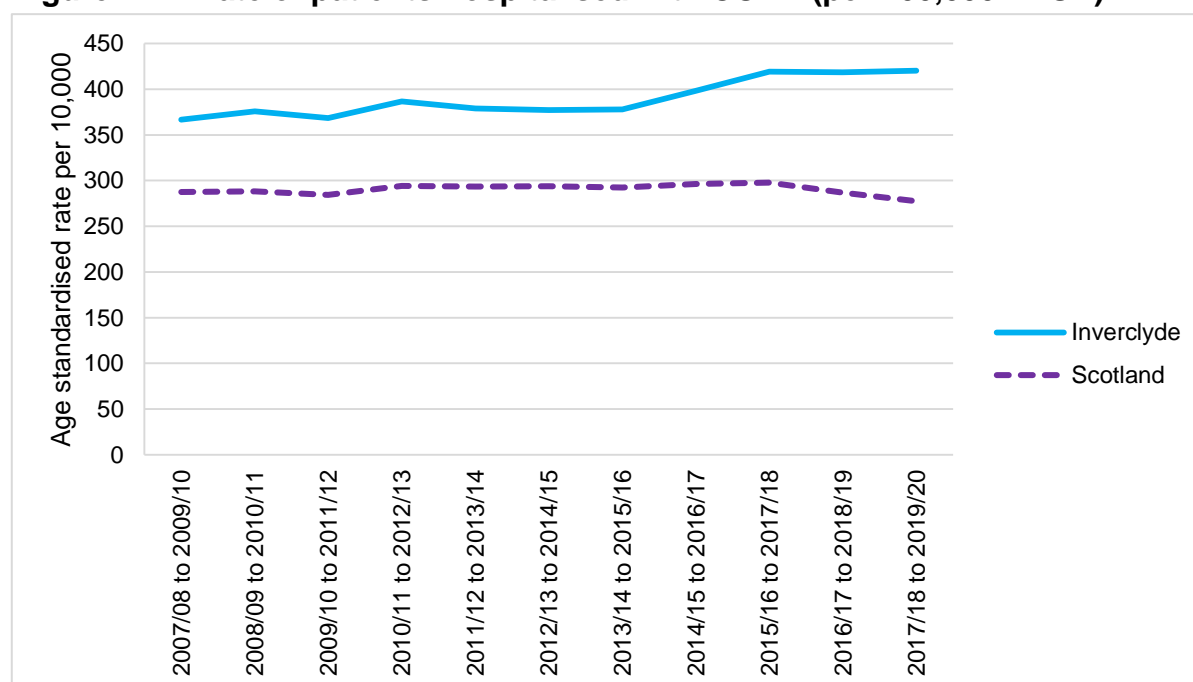
Figure 7.1D shows the rates (per 100,000 population) of smoking related illnesses in Inverclyde compared to Scotland and Figure 7.1E is the rate of patients hospitalised with COPD¹⁷.

Figure 7.1D Rates of Smoking Related Illness in Inverclyde and Scotland

Measure	Period	Inverclyde	Scotland
Smoking attributable admissions	2-year aggregates 2017-18	2061.03	1723.61
Smoking attributable deaths	2-year aggregates 2017-18	403.15	327.76
Lung cancer registrations	3-year aggregates 2017-19	133.65	125.94
Lung cancer deaths	3-year aggregates 2017-19	105.91	93.54
COPD incidence	3-year aggregates 2017/18 to 2019/20	252.31	168.06
COPD deaths	3-year aggregates 2017-19	92.21	77

Source: ScotPHO Profiles Tool

Figure 7.1E Rate of patients hospitalised with COPD (per 100,000 EASR)

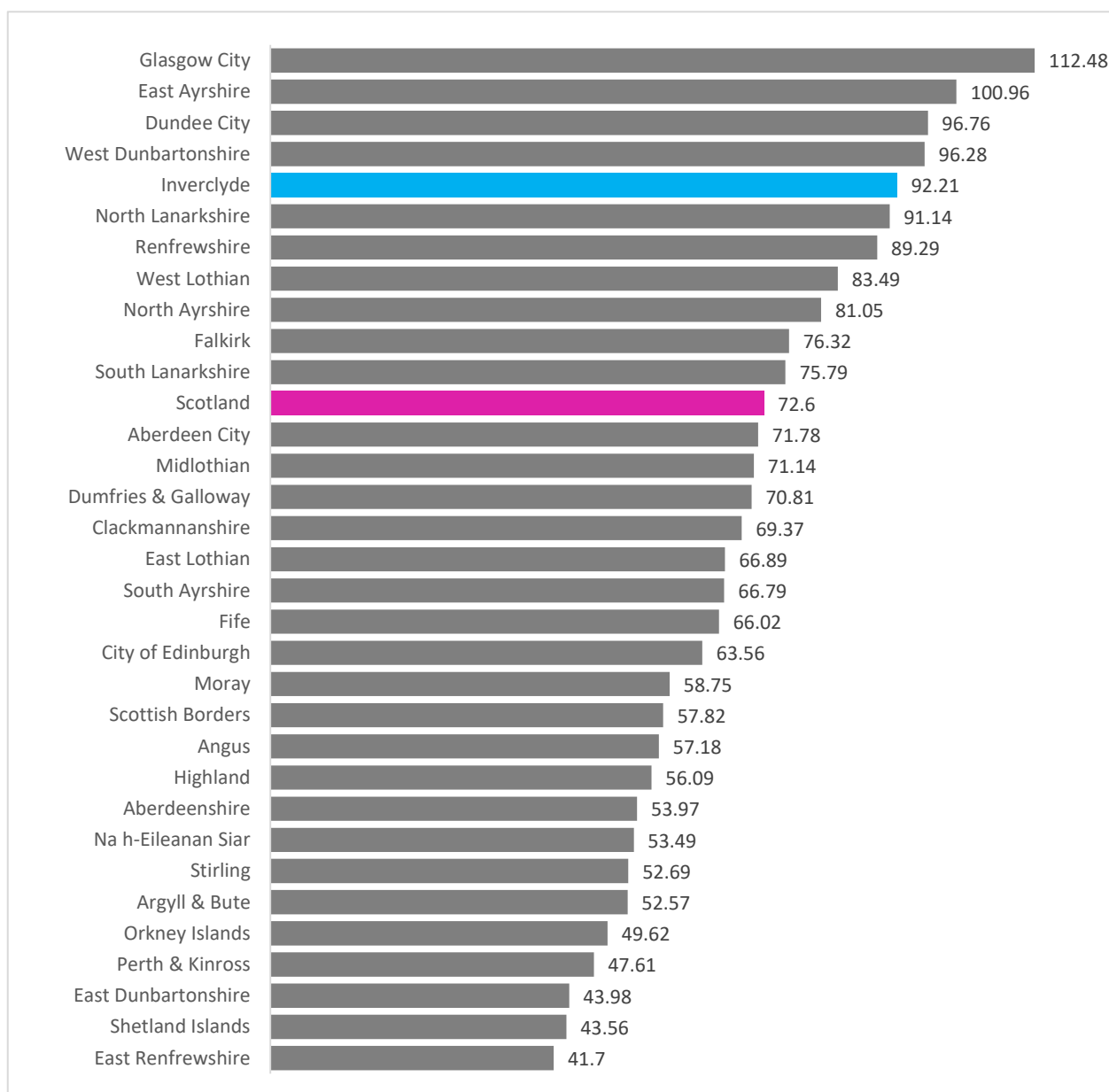


Source: ScotPHO Profiles Tool

The rate of patients hospitalised with COPD is higher in Inverclyde than for the rest of the country.

¹⁷ COPD (chronic obstructive pulmonary disease) is the name for a collection of lung diseases, including bronchitis and emphysema.

Figure 7.1F – Age standardised rate of COPD deaths per 100,000 population 2017-19



Source: ScotPHO Profiles Tool

7.2 Alcohol

Alcohol related health issues are a major concern for public health in Scotland. Excessive consumption of alcohol can cause both short-term and long-term health and social problems. This includes liver and brain damage, as well as mental health issues, and it is also a contributing factor in cancer, stroke and heart disease.

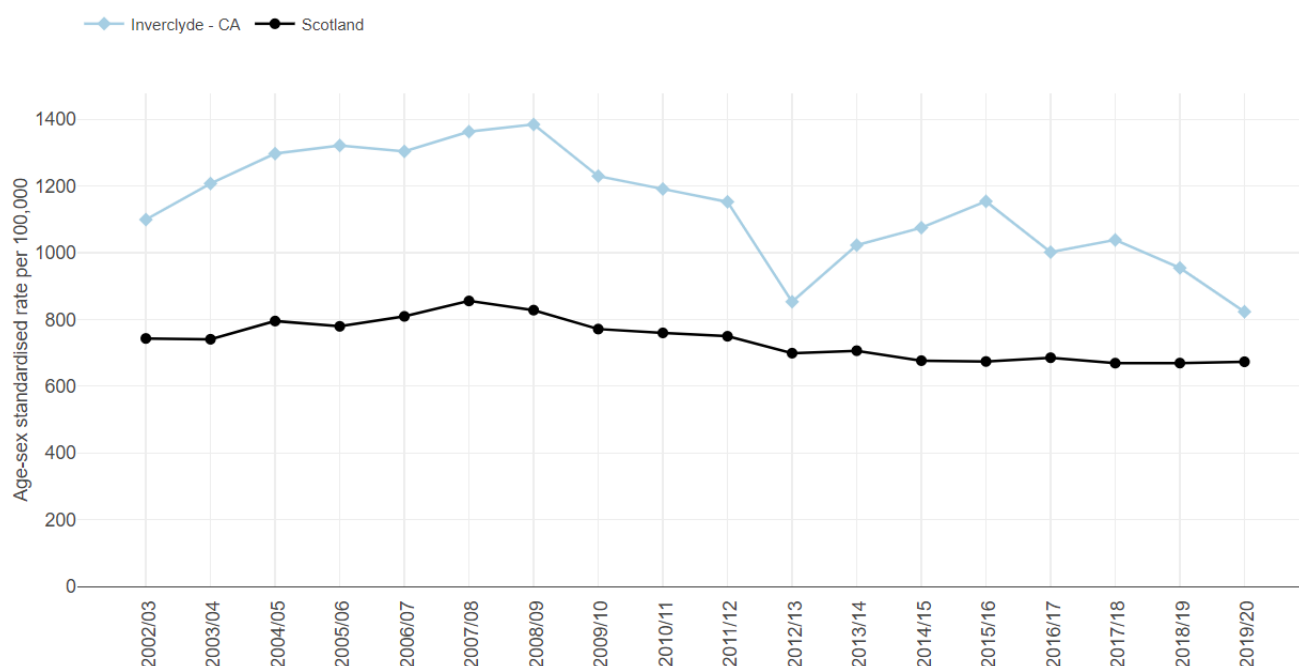
Alcohol related hospital stays dipped in Inverclyde in 2012/13 before rising for three consecutive years. There was a slight decrease between 2015/16 and 2016/17 which has continued up to 2019/20 but the rate per 100,000 people is still higher than the overall rate for Scotland, as demonstrated in Figure 7.2B.

Figure 7.2A Alcohol Related Hospital Statistics 2011/12 – 2019/2020

Inverclyde	Age Sex Standardised hospital stay rate	Number of hospital stays
2011/12	1152.6	930
2012/13	853.0	690
2013/14	1023.7	813
2014/15	1075.0	852
2015/16	1154.2	909
2016/17	1001.9	795
2017/18	1037.0	822
2018/19	955.9	735
2019/20	817.4	633

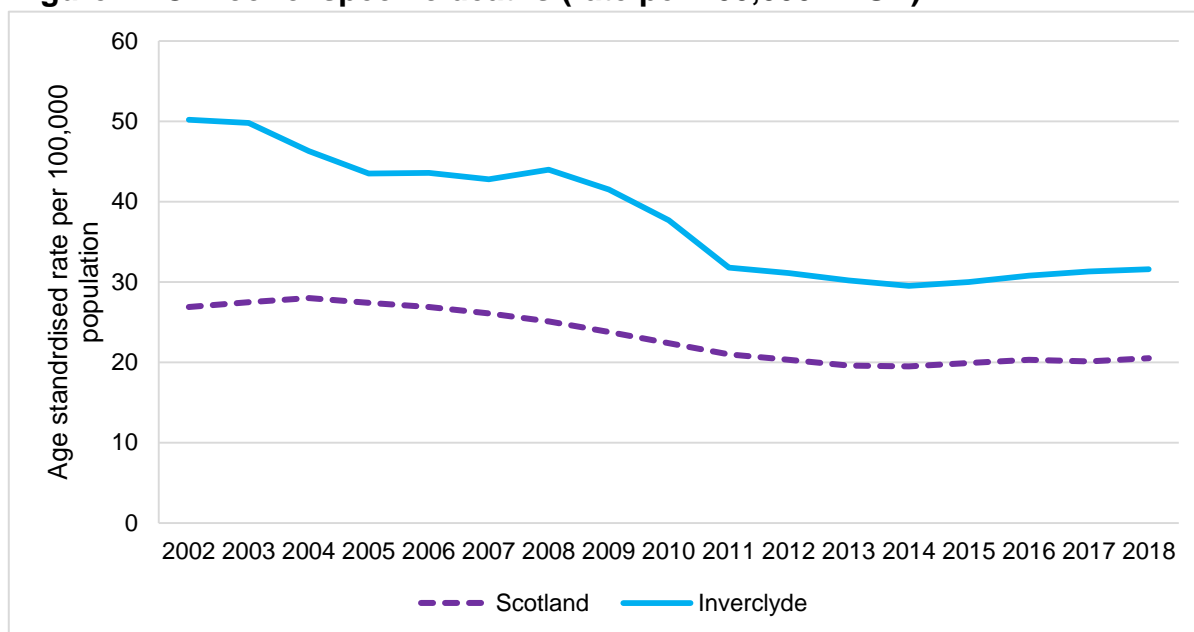
Source: ScotPHO Profiles Tool

Figure 7.2B shows the trend information since 2002/03 for alcohol related stays; Inverclyde has consistently had higher rates than the Scottish total. Figure 7.2B compares Inverclyde and Scotland.

Figure 7.2B Alcohol related hospital stays (Age sex standardised rate per 100,000 population)

Source: ScotPHO

Like the rate for stays, the rate for alcohol specific deaths in Inverclyde is higher than the Scottish average.

Figure 7.2C Alcohol specific deaths (rate per 100,000 EASR)

Source: NRS Alcohol Specific Deaths (5-year aggregates per council area)

In the period 2016-2020, the alcohol specific death rate in Inverclyde was the highest amongst local authorities/alcohol and drugs partnerships in the country.

Figure 7.2D Alcohol specific deaths

Year	Inverclyde EASR standardised alcohol specific deaths rate	National EASR standardised alcohol specific deaths rate
2010	37.7	22.4
2011	31.8	21
2012	31.1	20.3
2013	30.2	19.6
2014	29.5	19.5
2015	30	19.9
2016	30.8	20.3
2017	31.3	20.1
2018	31.6	20.5

Source: NRS Alcohol Specific Deaths

Excessive or binge drinking is a reason why alcohol use can lead to emergency department attendances or admission to hospital.

Preventing Alcohol Deaths

Inverclyde HSCP are continuing to actively respond with regards to applications made to the Inverclyde Licensing Board. The Alcohol and Drugs Partnership (ADP) has a distinct priority to decrease alcohol related harm 'Inverclyde is a place where less harm is caused by alcohol' and has an action plan to support delivery.

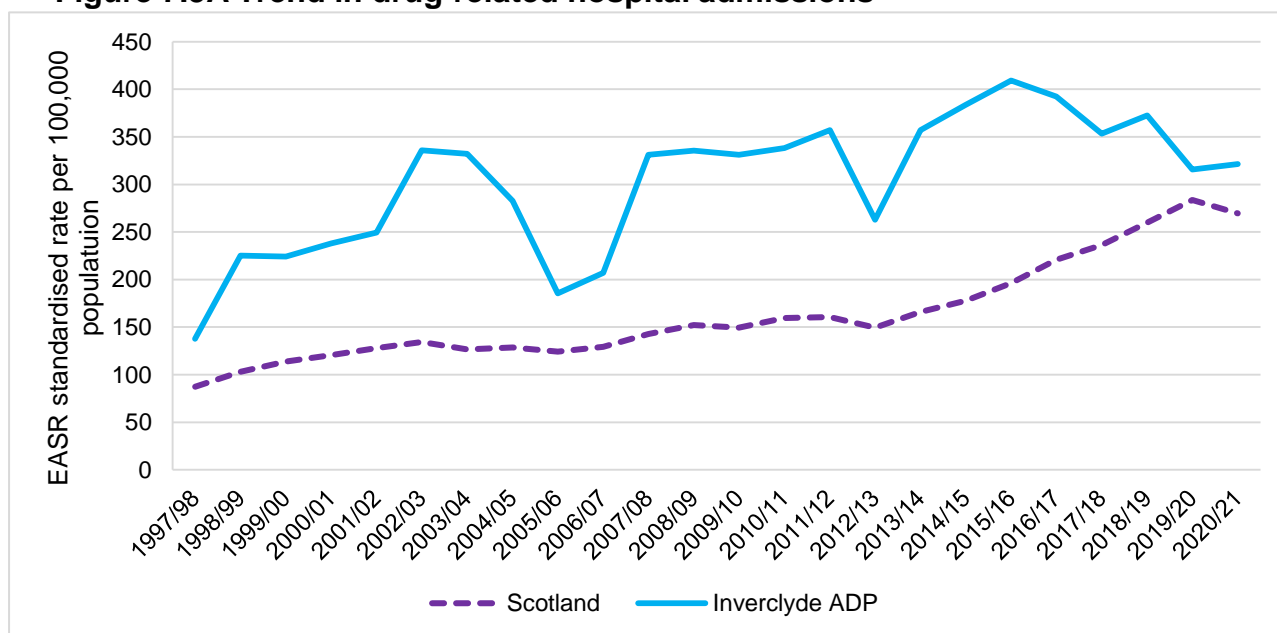
7.3 Drugs

Because the drug using population is hidden, prevalence figures can only ever be estimates. The prevalence of drug misuse can be derived from numerous sources, for example from surveys (among the general adult population, among school children, among prisoners), from drug offences and drug seizures recorded by the police, from drug testing in prisons, from drug users coming into contact with health care providers because of their drug use or coming forward for treatment.

Due to this issue data is difficult to gather and is not frequently updated. In 2015/16 in Inverclyde there were an estimated 2,022 people aged 15-64 with a problem drug use.

Problem drug use can lead to several health and social problems. Figure 7.3A shows the change in the rate of drug-related hospital stays in the past couple of decades. Inverclyde has consistently had a far higher rate of drug related hospital stays in comparison to the Scottish average. There have been signs of improvement more recently as the gap has started to close.

Figure 7.3A Trend in drug-related hospital admissions



Source: PHS Drug-related hospital statistics

Figure 7.3B Estimated number of individuals with problem drug use by Council area (ages 15 to 64); 2015/16

Council area	Estimated number of people with a problem drug use
Inverclyde	2,022

Source: PHS Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates PDU Def 3

Inverclyde has statistically worse rates of drug prevalence in both men and women, drug related hospital stays, and drug mortality in comparison with Scotland as a whole.

In 2020, Inverclyde continued to have the highest rate of drug related deaths (51 per 100,000 population) in comparison to all other areas of Scotland with a rate double the rate of the Scottish average (25 per 100,000 population). Inverclyde also still have a higher rate of drug related hospital stays in comparison to the Scottish average.¹⁸

In 2018, adolescent school children were asked a series of questions relating to drug use as part of SALSUS¹⁹:

- There has been no significant change in the proportion of 13- and 15-year-olds who've tried drugs at least once compared to when previously asked in 2013.
- 1% of 13-year-olds reported that they'd taken drugs in the last month. This proportion was significantly less than the Scottish average (3% less)
- 2% of 15-year-olds reported usually taking drugs at least once a week. This is a significant decrease of 7% since 2013.
- There has been a significant increase in the proportion of respondents who'd been offered drugs in comparison to when asked in 2013 (+13% for 13-year-olds and +17% for 15-year-olds). This is significantly higher than the Scottish average.
- 32% of 15-year-olds obtained their drugs from a friend of the same age on the last occasion they took them. This is a 31% decrease since 2013 and is also 13% less than the Scottish average in 2018 (small sample size means this cannot be classed as a significant decrease)

Despite the drawback of more adolescents being offered drugs, there are signs to show improvement in the proportion responding to say they regularly take illegal drugs.

Preventing Drug Related Deaths

Inverclyde Alcohol and Drug Partnership's (ADP) Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:

- ✓ Targeted distribution of naloxone
- ✓ Immediate response pathway for non-fatal overdose
- ✓ Medication-Assisted Treatment
- ✓ Targeting the people most at risk
- ✓ Public Health Surveillance
- ✓ Equity of Support for People in the Criminal Justice System

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. Further information on the progress of Inverclyde ADP can be found in the 2020/21 Annual Performance Report²⁰.

¹⁸ ScotPHO Drugs Profile

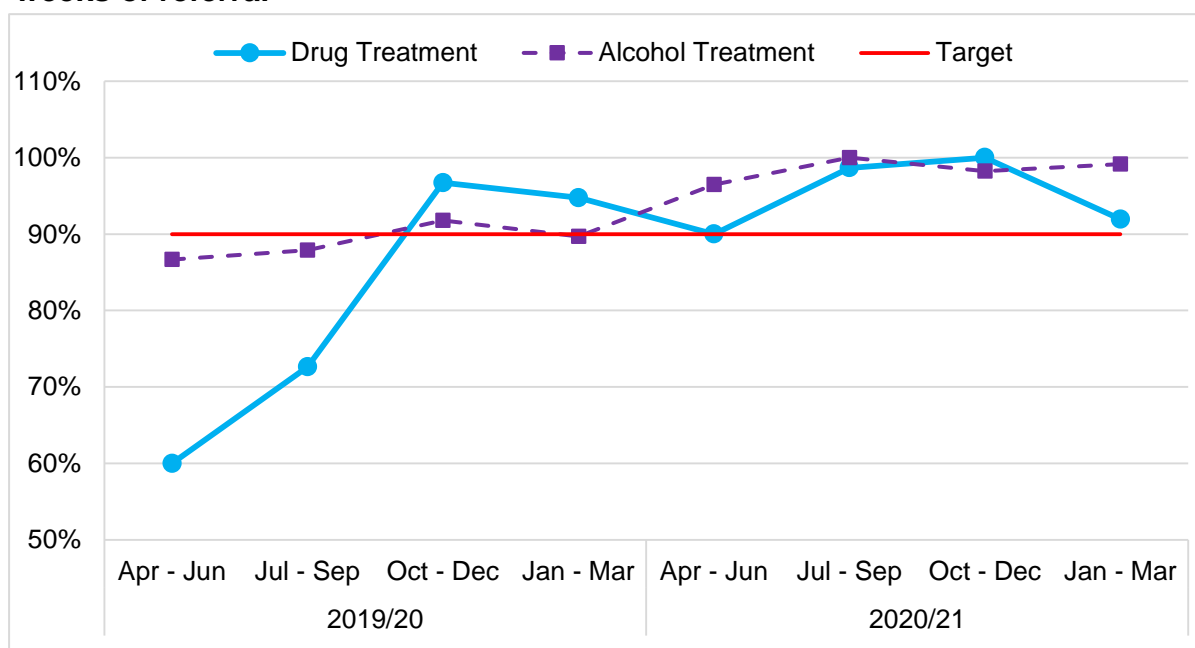
¹⁹ Scottish Schools Adolescent Lifestyle and Substance Use Survey 2018

²⁰ Inverclyde IJB Annual Performance report 2020/21

7.4 Alcohol and Drug Recovery Service (ADRS)

The Scottish Government set a national target for starting with the service that states, “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes. Figure 7.4A shows the progress made in meeting this target over the past few years.

Figure 7.4A Percentage of people beginning recovery treatment within three weeks of referral



Source: Inverclyde IJB Annual Performance Report 2020/21

Big Action 5: Together we will reduce the use of, and harm from Alcohol, Tobacco and Drugs.

- Smoking rates are declining, as are smoking related admissions. Smoking related deaths are also decreasing, although the rates are higher than the Scottish average. This is partly due to the decrease in smoking prevalence in younger age groups.
- Alcohol related stays and alcohol related mortality rates have been amongst the highest in the country for the last five years.
- Alcohol and drug misuse issues are factors that are present across the range of big actions that have been identified as part of the strategic plan, from inequalities in health to child protection and care for long-term conditions.
- The impact of addressing the use and harm from alcohol, tobacco and drugs will therefore be felt across the spectrum of the HSCP's work.

The information shows that there are serious problems with alcohol, tobacco and drugs in Inverclyde, but there are also signs of progress.

The reduction in smoking prevalence is good news, and our Strategic Plan will set out how we intend to start tackling problem addictions to alcohol and drugs. We will set clear targets and milestones covering the time span of our plan.

8 Big Action 6 We will build on the strengths of our People and our Community

We will build on our strengths. This will include our staff, our carers, our volunteers, and people within our community, as well as our technology and digital capabilities.

This Big Action is aimed at improving the quality of the lives of all our people by building on our strengths. A nurturing Inverclyde has been key to our HSCP success, whether that is our staff, carers or communities. A shared desire to see Inverclyde thrive motivates us to work together, to build on our assets and develop communities that care for one another.

8.1 GP Services

General practitioner and primary care services are an integral aspect of the provision of healthcare. Inverclyde HSCP and Inverclyde GP practices have worked in collaboration to be the pioneers of testing innovative methods of working for the new General Medical Services contract for GPs in Scotland. This work has informed and shaped the new models of working in primary care by testing and evaluating the impact of additional healthcare professionals in practices. As leaders of these changes Inverclyde HSCP and the GP practices have demonstrated an ability to adapt and move forward with innovation in primary care to the benefit of patients and residents of Inverclyde.

In 2021 in Inverclyde there were 13 practices served by 67 General Practitioners (headcount). The overall number of GPs serving Inverclyde has not changed significantly since 2011 when there were 70 GPs in the area. The number of individual practices has decreased over the last four years due to mergers and retirements.

In 2021 the average list size for Inverclyde practices was 6,147 patients. This is 177 patients fewer than the Scottish average. Most of the practices in Inverclyde treat patients who have high levels of multiple deprivation. Figure 8.1A below shows the Inverclyde GP practices by their list sizes and the percentage of the list who are in the 20% most deprived areas in Scotland. The practices that do not have high levels of multiple deprivation are the exceptions in the list. These are in Gourock (86001) and Kilmacolm (86196 & 86209).

The remaining practices have at least a third of the practice list in the most deprived areas, with nine having practice lists where more than 40% of the patients are in the 15% most deprived data zones. These practices are likely to treat more patients with complex health problems and needs due to their deprivation status.

Clusters

GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government.

GP clusters bring together individual practices to form groups of practices to collaborate on quality improvement and health improvement projects for the benefit of patients. There are three clusters in Inverclyde: East, Central and West. The practices and populations are not geographically fixed, and patients may be registered in a practice in the West cluster but live in a locality located in the east of Inverclyde.

Figure 8.1A GP practices, list sizes and deprivation in Inverclyde 2021

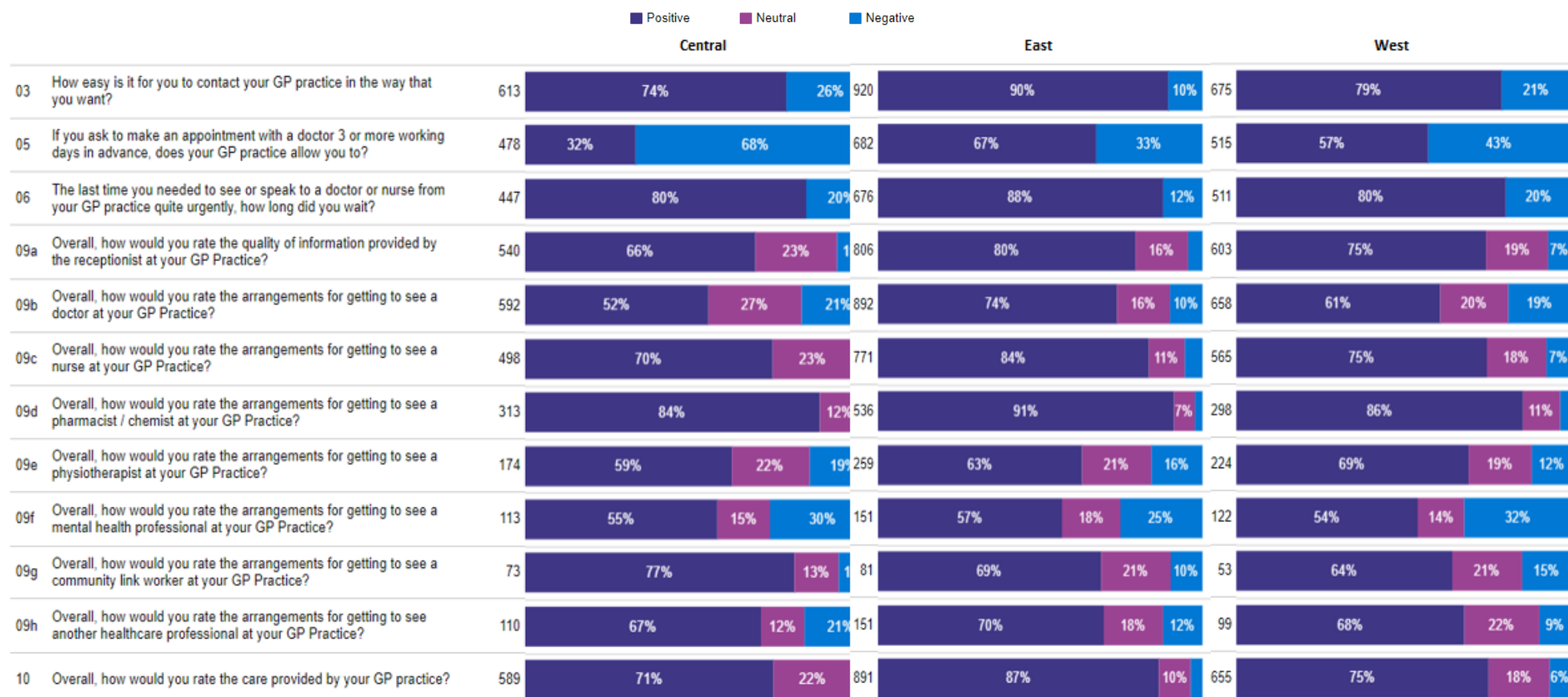
Practice Code	Practice List Size	Patients in 15% most deprived areas (%)	GP Cluster
86001	8,144	11	West
86374	14,646	43	Central
86177	9,233	33	West
86181	6,189	40	West
86196	2,917	1	East
86209	3,531	3	East
86228	2,847	48	Central
86271	3,877	43	East
86285	3,801	44	East
86321	3,970	45	East
86336	5,096	47	East
86341	5,464	47	West
86360	10,184	42	Central

Source: General Practice – GP Workforce & practice list sizes - PHS

The Scottish Health and Care Experience survey asks respondents about their opinions of their GP practices. The results for the Inverclyde clusters are shown below.

Most respondents were very positive or positive about the care provided by the practices but were less positive about making appointments or arranging to see a GP. Respondents in the Central cluster were more negative about making appointments three days in advance compared to respondents in the other clusters. This may be due to pressures on appointment availability in that cluster.

Figure 8.1B Health and Care Experience Survey results 2020



Source: Health and Care Experience Survey - PHS

8.2 Carers

Carers are essential in our network of supports for vulnerable people. This section is concerned with the work and characteristics of carers in Inverclyde who provide unpaid health and social care to others, mostly to close friends and relatives. Figures shown reflecting 2011 from the last census can only be updated when the next census is released.

Information from the 2011 census returns showed that in Inverclyde;

- 8,252 people identified themselves as carers, 10% of the population of Inverclyde at that time.
- Nearly a third of those carers (2,562 people) provided 50 hours or more unpaid care a week.
- 61% of all carers were women.
- 20% of all carers were aged 65 and over, in terms of gender split, 23% of male carers were aged 65 and above and 17% of female carers.
- 4,903 carers provide care in a household for someone with a long-term health problem or disability.

Figure 8.2A: The number of carers in each age group and their general health (2011)

Carers	Very good or good health	Fair health	Bad or very bad health
All ages	5,985	1,573	677
0 to 24	536	35	5
25 to 49	2,590	430	122
50 to 64	2,063	547	293
65 and over	796	561	257

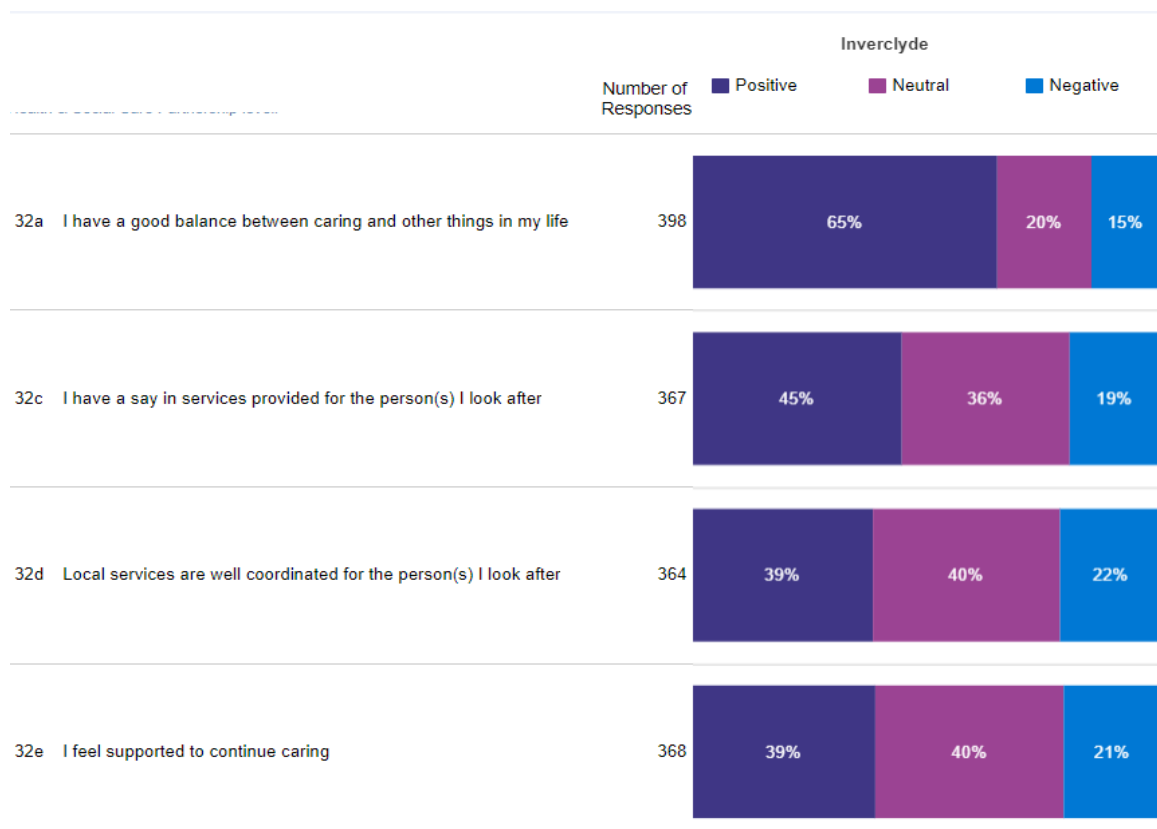
Source: 2011 Census

This shows that in Inverclyde, sixteen percent of carers aged 65 and above are themselves in bad or very bad health.

Experience of Carers

The Scottish Health and Care Experience survey for 2020 details the experience of carers in Inverclyde using a set of questions. Respondents were asked to judge how positively or negatively they felt about statements concerning caring responsibilities. The results for Inverclyde are shown in figure 8.2B below.

Figure 8.2B Caring Responsibilities Inverclyde 2020



Source: Health and Care Experience Survey – PHS

The opinions of carers in Inverclyde have somewhat improved since the previous update in 2018. In 2020, a slightly higher proportion of carers felt they had a good balance between caring and other things in their life compared to Scotland as a whole. The proportion of positive responses was higher for all four questions compared to Scotland.

8.3 Our People

It is important that the HSCP culture supports and values our staff, as well as those in services we commission. Our Workforce Plan outlines an ambitious programme to develop staff and plan for the future. Full details of the Workforce Plan can be found at

<https://www.inverclyde.gov.uk/assets/attach/11508/Final-Inverclyde-HSCP-Workforce-plan-2020-2024.pdf>

Big Action 6: We will build on the strengths of our people and our community

Inverclyde HSCP has a good track history of engagement with communities in order to inform and shape services for the people of Inverclyde by the people of Inverclyde.

GP list sizes are decreasing over time in Inverclyde with the population. Surveys showed that patients had positive experiences when coming in to contact with primary care services although access to appointments was seen as one of the less positive aspects.

The data in the needs assessment document highlights that nearly half of carers are positive about having a say in the services for the people they are caring for.

With nearly 3,000 carers over the age of 50 caring for an increasingly older population it is important that people are supported by the HSCP, as well as the wider community, and voluntary and third sector organisations to continue to provide adequate care.

Under the Strategic Plan we will continue to create opportunities so that people are able to support one another, and we will support Your Voice so that those with specific conditions or similar issues are able to spend time together. The underlying principle is that people in Inverclyde want to help one another and that can often be more effective than formal services.