Inverclyde Health and Social Care Partnership

Strategic Needs Assessment

Version 5.3 08/01/2019

Table of Contents

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 next 5 year strategic plan will focus 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 [https://www.inverclyde.gov.uk/assets/attach/7686/Inverclyde%20Children%27s%20Service%20Plan%202017.pdf], which also has its own needs assessment [https://www.inverclyde.gov.uk/assets/attach/7687/Strategic%20Needs%20Assessment%20Version%2011.docx]. 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 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.

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 the coming five years.

In order 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.

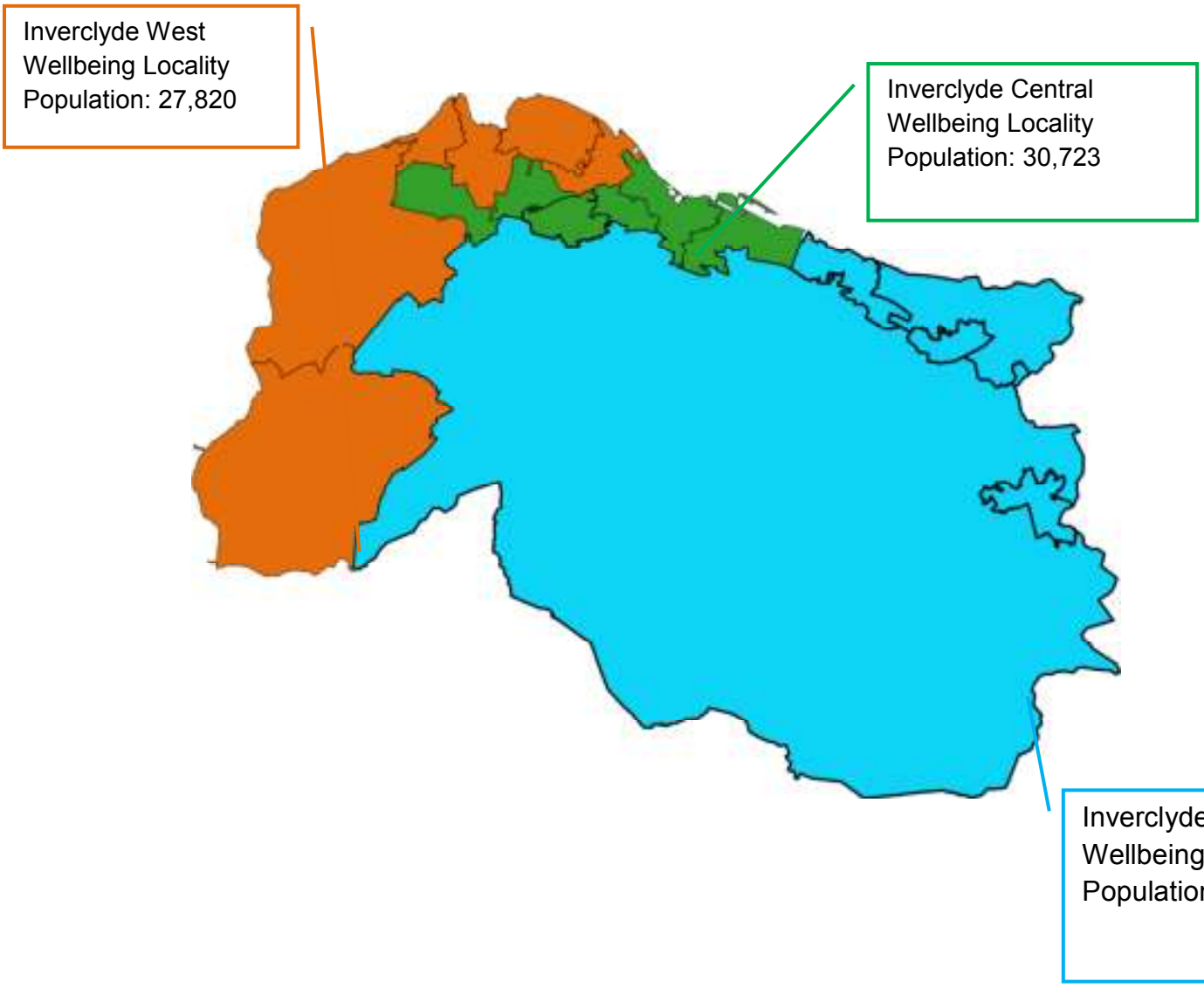
Need is the discrepancy between "what is" and "what should be". This document aims to bring together the available data in order to describe the current pattern and level of supply of these services and where possible identify the extent of the gap between need and supply.

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.

For the purpose of strategic locality planning Inverclyde has been split into three Wellbeing Localities, East (E), West (W) and Central (C), with neighbourhood areas identified under each locality. These three wellbeing locality areas were agreed in tandem with wider Community Planning Partnership place-based planning aspirations. The findings of consultation undertaken in recent years in respect of place based planning informed the decision making process and resulted in the geography which reflects the makeup of Inverclyde, and the natural community neighbourhood areas that fall into each locality area.

Figure 1.2A below shows an outline view of Inverclyde and is split into the three wellbeing localities. The West locality is orange, Central locality is green, and the East locality 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. For example, the West locality is made up of six intermediate zones, including Inverkip and Wemyss Bay, and Gourock Upper and West Central and Upper Larkfield.
These localities have been built up from the datazone 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 Wellbeing Localities



West Wellbeing Locality (31 Datazones)

Central Wellbeing Locality (36 Datazones)

East Wellbeing Locality (47 Datazones)

Figure 1.2B Inverclyde localities, neighbourhoods and communities

Locality	Intermediate Geography	Communities in Locality				
East	Kilmacolm Central	Kilmacolm	Quarrier's Village	Kelburn		
	Kilmacolm, Quarriers, Greenock Upper East and Central	Devol	Parkhill	Park Farm		
	Port Glasgow Upper, West and Central	Slaemuir	Clune Park	Chapelton		
	Port Glasgow Upper East	Oronsay	Lilybank	Kingston Dock		
	Port Glasgow Mid, East and Central	Woodhall	Port Glasgow Town Centre			
Central	Greenock East	Gibshill	Well Park	Bow Farm	Pennyfern	Larkfield
	Greenock Town Centre and East Central	Strone	Orangefield	Grieve Road	Peat Road	
	Greenock Upper Central	Weir Street	Prospecthill	Neil Street	Cowdenknowes	
	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	Cartsdyke	Drumfrochar	Whinhill	Barrs Cottage	
	Lower Bow & Larkfield, Fancy Farm, Mallard Bowl	Bridgend	Broomhill	Overton	Fancy Farm	
	Braeside, Branchton, Lower Larkfield and Ravenscraig	Leven Road	Greenock Town Centre	Branchton	Braeside	
West	Greenock West and Central	Midton	Greenock West End			
	Gourock Central, Upper East and IRH	Ashton	Cardwell Bay			
	Gourock East, Greenock West and Lyle Road	Levan	Gourock Town Centre			
	Gourock Upper and West Central & Upper Larkfield	Trumpethill	West Station			
	West Braeside, East Inverkip and West Gourock	Inverkip				
	Inverkip and Wemyss Bay	Wemyss Bay				

1.3 Scottish Index of Multiple Deprivation

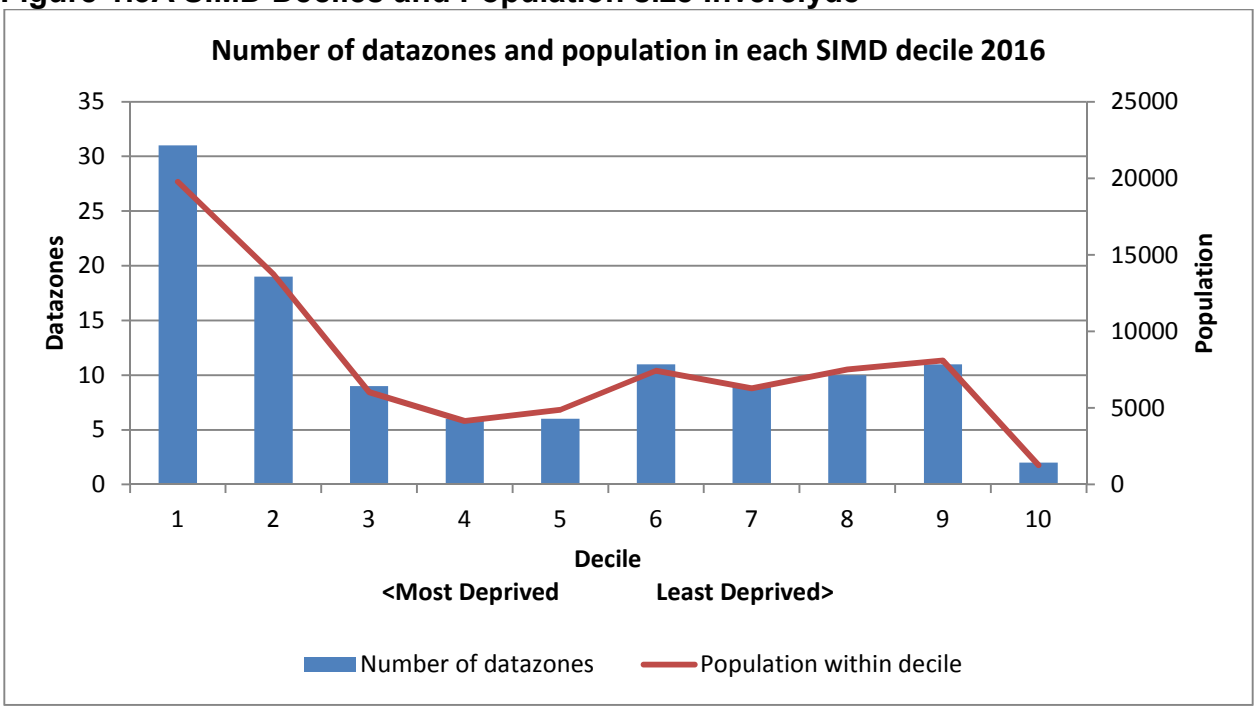
The Scottish Index of Multiple Deprivation (SIMD) measures a number of factors across seven domains including employment, income, health, and education to give an overall score of deprivation for small geographic areas of roughly equal population sizes called data zones.

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

[1] SIMD 2016

Figure 1.3A SIMD Deciles and Population size Inverclyde



Source: SIMD 2016

Figure 1.3A shows that just over 40% of the population of Inverclyde (33,500 people) are in the top 20% most deprived data zones in Scotland. This has an effect on demands 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.

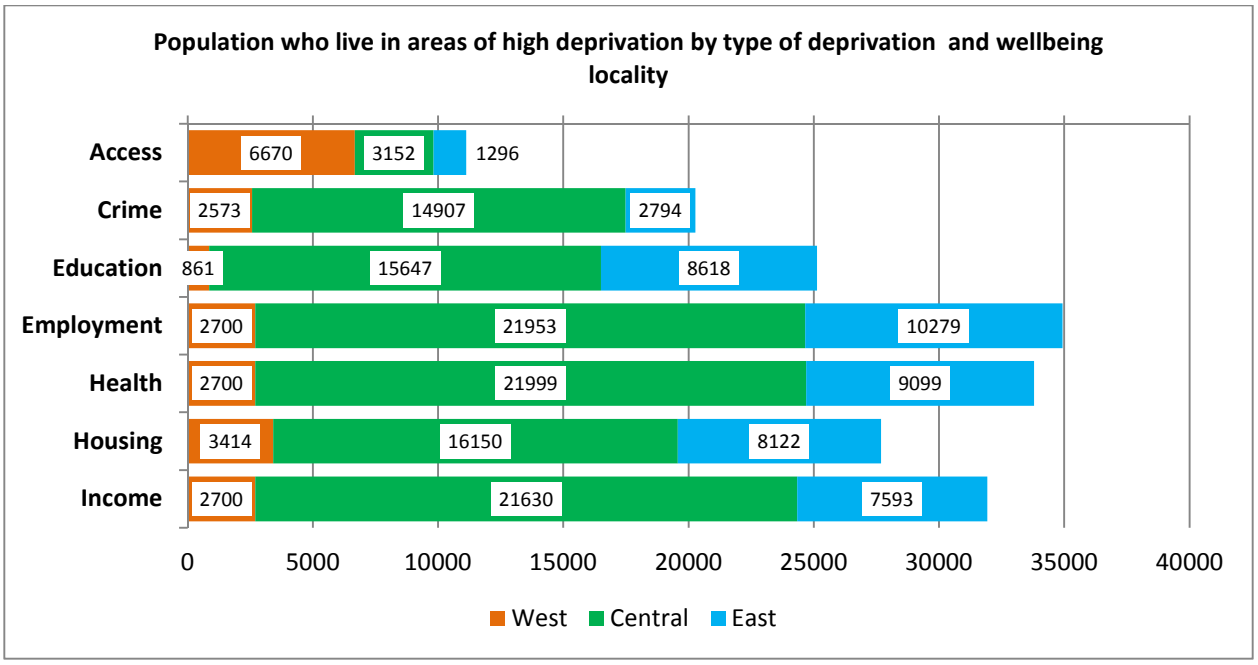
Figure 1.3B (below) shows the population in each locality who are in the most deprived 20% in Scotland by the type of deprivation domain. The Central locality has the largest population share in the most deprived quintile grouping. Quintiles are five equal groups into which a population can be divided. The most deprived quintile is comprised of the datazones in the lowest twenty percent ranking.

A full description of the deprivation categories and rankings can be found at SIMD.scot.

Figure 1.3B shows that 22,000 people in the central 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 high deprivation areas



Source: NRS population estimates

The majority of the population who live in high deprivation areas in Inverclyde live in the Central locality, with the exception of the access domain which is concerned with public transport times to various services. As the West locality is comprised of a larger rural area the people that live there are affected by the 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

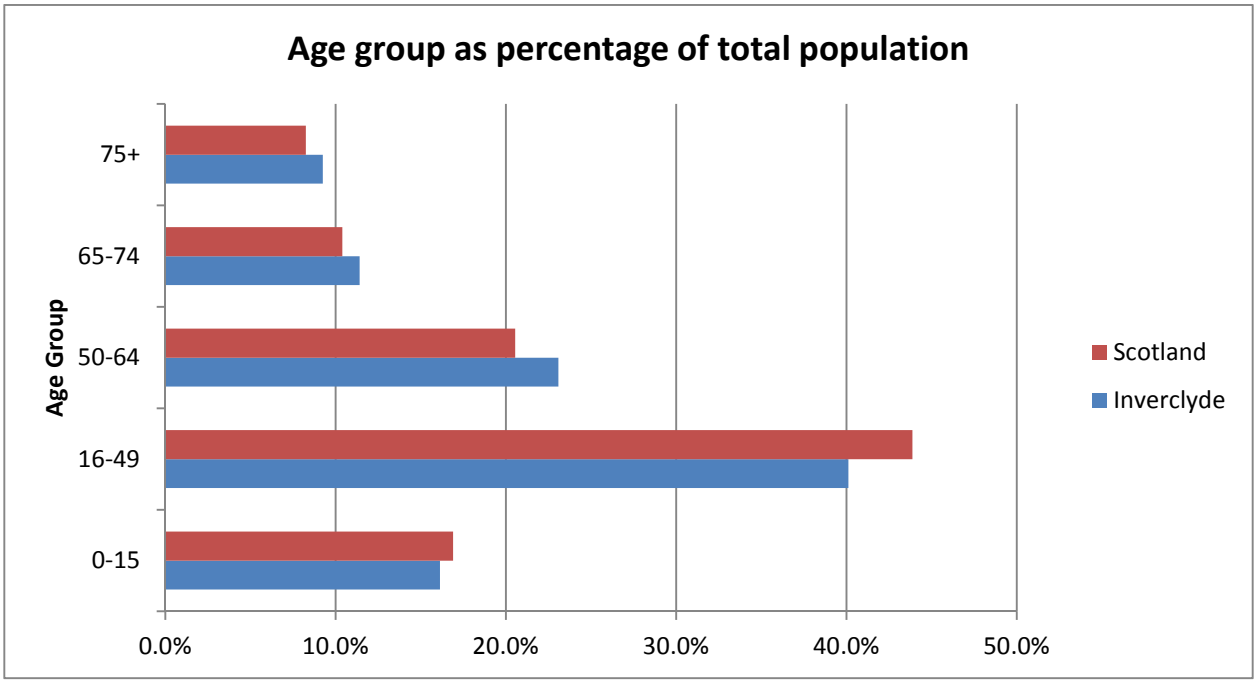
According to the latest official statistics from the National Records of Scotland the population of Inverclyde is 79,160 people (2017 NRS mid-year estimates). The breakdown of this figure into age groups and sex is shown in figure 2.1A below. There are more females than males in every age group except for those aged 0-15. Inverclyde's population is an increasingly elderly population as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland.

2.1 Current Population

Figure 2.1A Inverclyde Population Profile

Inverclyde	Total	Males	Females
0-15	12,851	6,650	6,201
16-49	32,224	15,631	16,593
50-64	17,916	8,646	9,270
65-74	8,871	4,156	4,715
75+	7,298	2,753	4,545
Total	**79,160**	**37,836**	**41,324**

Figure 2.1B Inverclyde age distribution compared to Scotland

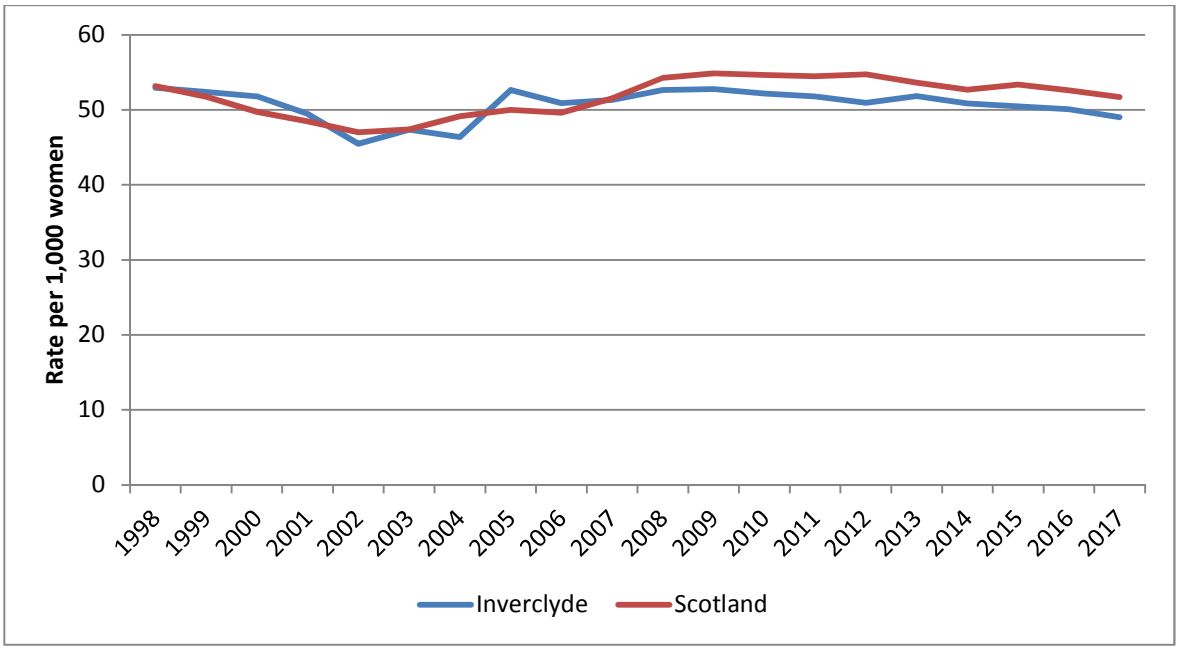


Source: NRS mid-year population estimates 2017

2.2 Births

There were 674 births in Inverclyde in 2017, a decrease of 4% from the previous year. Although this was the fewest births since 1998, 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 2017 rate, 49.0, was slightly under the Scottish figure of 51.7. A trend comparison between the Inverclyde and overall Scottish birth rates is demonstrated in figure 2.2A and it shows that the birth rate in Inverclyde has been lower than the Scottish average since 2006.

Figure 2.2A Rate of all births per 1,000 women aged 15-44, Inverclyde and Scotland 1998-2017



Source: ISD Scotland

2.3 Deaths

In 2017 there were 11,104 deaths registered in Inverclyde. Fifty-one percent of those deaths were caused by cancer and 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.

Figure 2.3A Number and percentage of deaths (all ages) by cause 2017

Cause of death	Inverclyde (n)	%	*Scotland %*
Cancer	309	28.0%	*28.6%*
Mental and behavioural disorders	113	10.2%	*7.9%*
Diseases of the nervous system	73	6.6%	*6.9%*
Diseases of the circulatory system	257	23.3%	*26.1%*
Diseases of the respiratory system	146	13.2%	*11.8%*
Diseases of the digestive system	57	5.2%	*5.4%*
External causes	62	5.6%	*5.4%*
Other	87	7.9%	*7.9%*
Total	**1104**	**100%**	***100%***

Source: National Records of Scotland

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

Figure 2.3B Cause of death for people aged under 75 Inverclyde 2017

Cause of death for people aged under 75	Percentage of deaths under 75
Cancer	38.5%
Diseases of the circulatory system	21.2%
Diseases of the digestive system	6.3%
Diseases of the nervous system	3.4%
Diseases of the respiratory system	9.7%
External causes	0.0%
Mental and behavioural disorders	2.5%
Other	8.6%

Source: GRO deaths

Figure 2.3C below breaks down some of the available data on causes into the localities. Inverclyde Central has a higher rate than the other areas for deaths from alcohol, deaths from cancer and deaths from coronary heart disease.

Figure 2.3C Rate per 100,000 by cause of death 2015-17

Cause	Inverclyde East	Inverclyde Central	Inverclyde West	GG&C	Scotland
Deaths from alcohol conditions	32.2	41.2	20.9	27.6	20.2
Early deaths from cancer	180.5	224.5	152.5	180.5	160.2
Early deaths from coronary heart disease	70.0	72.5	41.9	64.4	53.0

Source: ScotPHO

2.4 Ethnicity

The majority 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.

2.5 Projections of future population

The size and make-up of the 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 change in the population to 2037.

Figure 2.5A Population projections to 2037

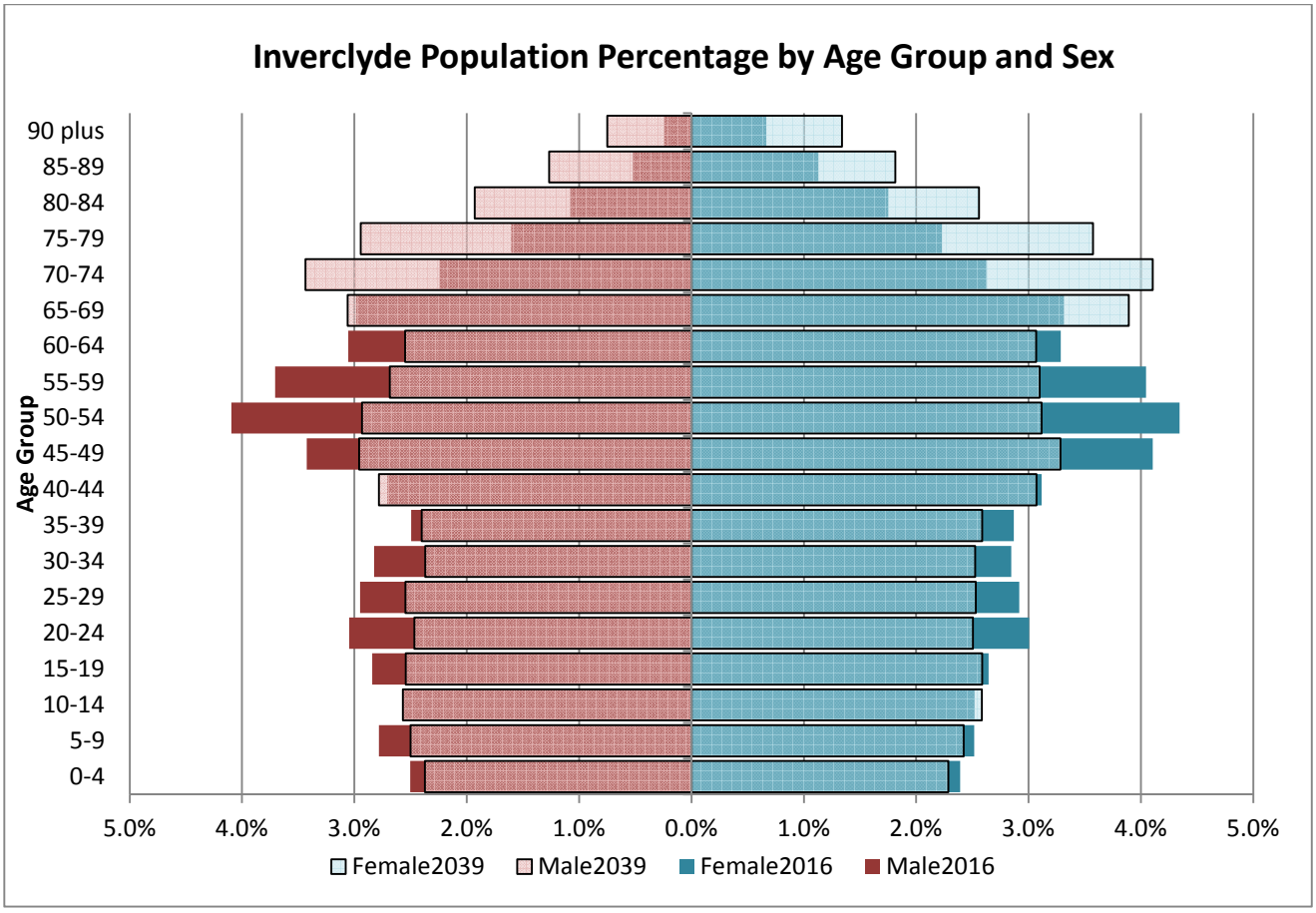
	2012		2022		2032		2037	
Age Group	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

Source: NRS population projections

The projections show that the percentage of the population in older age groups is due to rise, with those aged 75 and above going from about one in ten in 2012 to nearly one in five of the population by 2037.
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



Source: NRS population projections

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 to 2037.

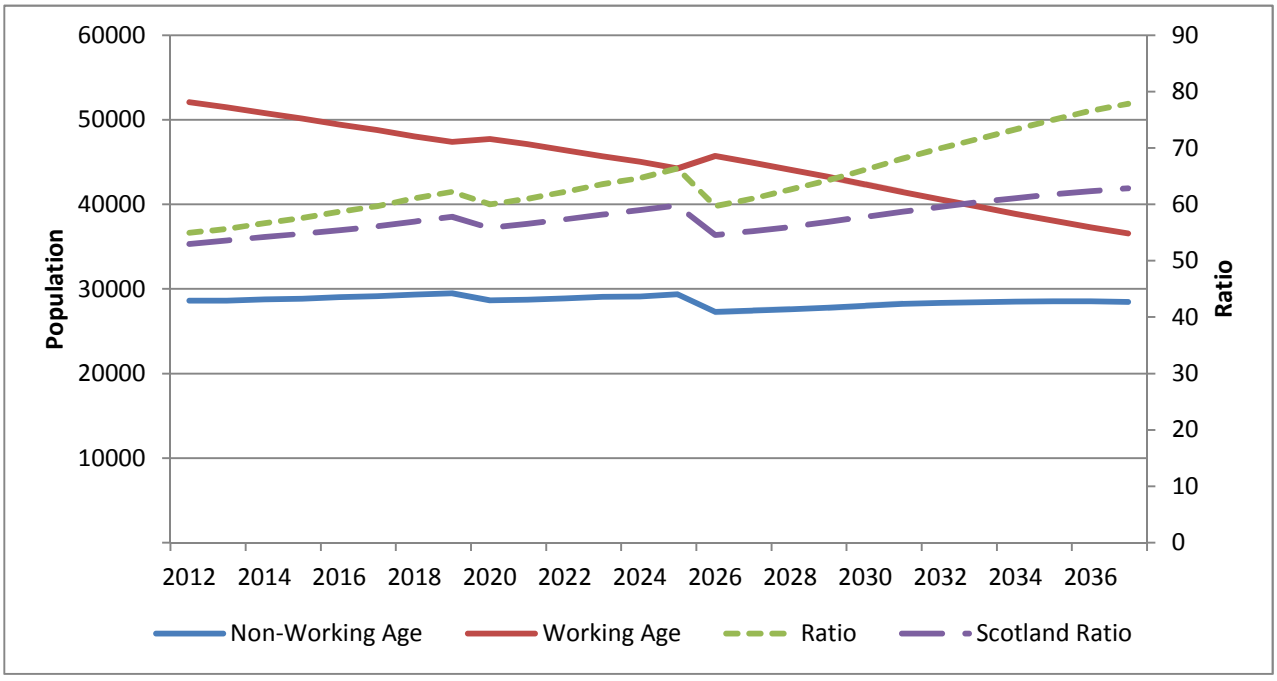
Figure 2.6A – Projected Dependency Ratios to 2037

Year	2012	2015	2020	2025	2030	2035	2037
Inverclyde	54.9	57.7	60.0	66.4	66.1	75.0	77.9
Scotland	53.0	54.8	55.8	59.8	57.8	61.7	62.9

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 upwardly trend. Figure 2.3B examines this trend more closely. The green dotted line represents the increasing dependency ratio and the purple 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 as a result 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 15,666 between 2012 and 2037 and most of these people will be of working age; by 2037 there will be 15,521 fewer people of working age. 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. Since 2000, the total population has fallen by an average of 342 people each year. Population projections estimate that the average annual decrease in the population will be approximately 640 people a year between 2016 and 2037, meaning that there will be just over 65,000 people in Inverclyde in 2037.

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 53.0 in 2012 to 62.9 in 2037.

This means for every 100 people in Inverclyde almost 63 will be under the age of 16 or of state pension age with only 37 of working age.

The changing age structure and increasing dependency ratios are likely to create increased demand on public services, while the drop in overall population will bring about a reduction in the funding that Inverclyde gets from the government.

Inverclyde Council and the Community Planning Partnership have implemented a range of strategies aimed at addressing the predicted population drop in the area. This has included;

- Incentives for people relocating to Inverclyde in the shape of council tax reductions.
- The employment of a relocation officer to help those moving to Inverclyde.
- Development of tourism.
- Business support.
- Promotional campaigns.

These strategies have been successfully put into practice and new programmes and policies are being developed to continue the repopulation delivery plan. Going forward, this may include subsidised leisure and social housing, and support with housing costs in the form of assistance with stamp duty, relocation, and council tax costs.

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 many years a person might be expected to live. 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 than the Scottish average.

While life expectancy at birth has improved for both males and females in Inverclyde since 2001 there has been a greater improvement for males.

Figure 3.1A: Life Expectancy in Inverclyde and Scotland, 2001-2003 and 2013-2015

	Inverclyde		Scotland	
Life Expectancy	**Male**	**Female**	**Male**	**Female**
2001-03	70.2	77.7	73.5	78.8
2014-16	75.6	80.1	77.1	81.1
% change 2001-03 to 2013-15	7.8%	3.0%	4.9%	2.9%

Source: National Records of Scotland

There is variation in the life expectancy of people living in the different areas and wellbeing localities within Inverclyde. Those in Kilmacolm Central have the longest life expectancy, both for men and women, whilst those in Greenock Town Centre and East Central have the shortest life expectancy (see figure 3.1B below).

The difference is nearly 14 years for men, and 15 years for women.

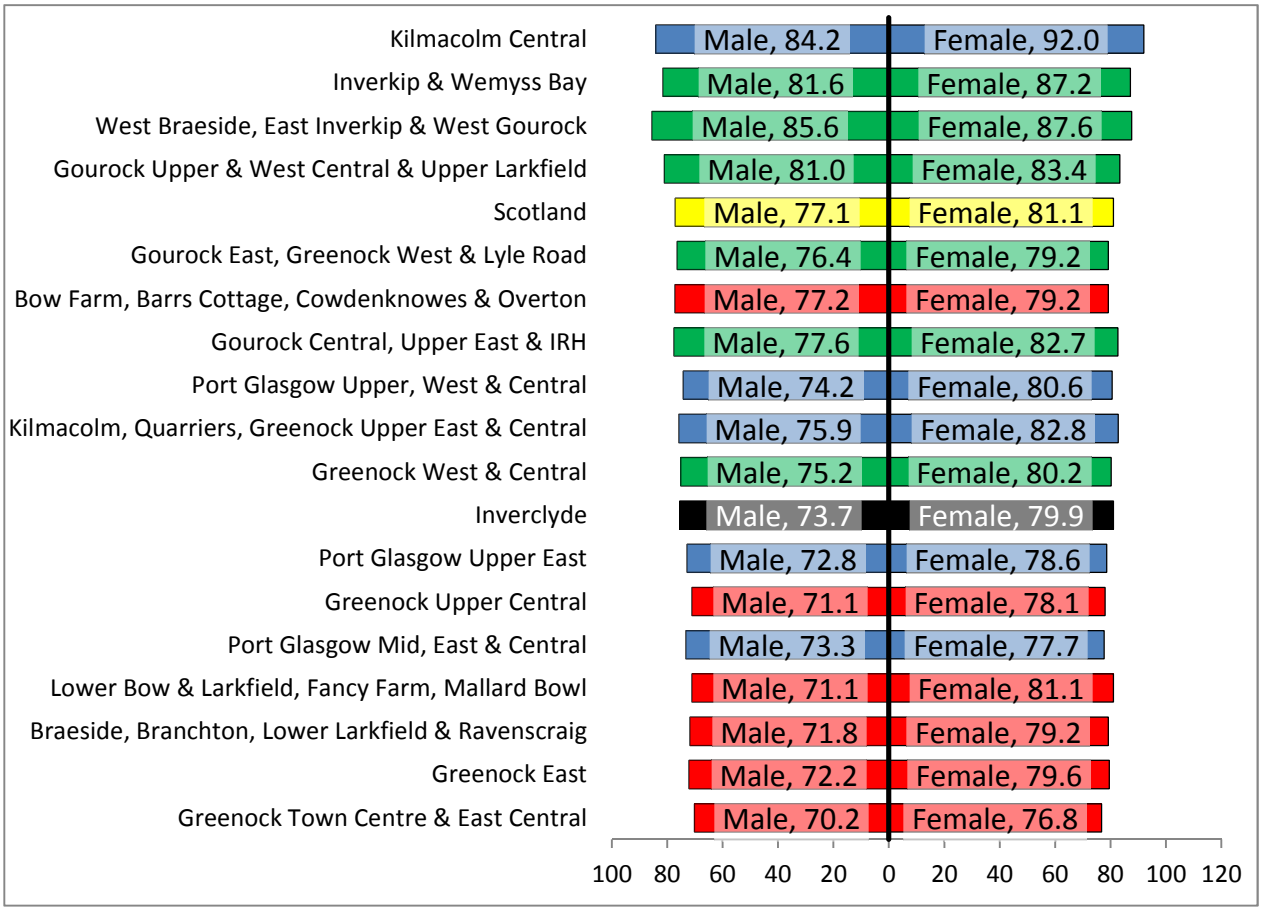
Figure 3.1B below shows the variation in life expectancy between the intermediate geographies (these are based on groups of data zones to form defined areas) by sex. These figures are based on the most recent available data at the intermediate zone level, which was in 2015. There is a greater difference between the life expectancy for women than for men because it has increased in the area with the highest life expectancy and decreased in the area with the lowest life expectancy.

Again, there is variation between the localities as men and women in the Central locality are more likely to have a poorer life expectancy than those in the other localities. Four out of five of the areas with the lowest life expectancy are in the Central locality.

The different colours represent the different wellbeing localities that each area falls under. The box below shows the key.

LOCALITY	
Central	
East	
West	
Inverclyde	
Scotland	

Figure 3.1B Life Expectancy by Intermediate Geography and Locality



Source: ScotPHO Health and Wellbeing Profile

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 the Inverclyde Central wellbeing locality, life expectancy for men is statistically worse than NHS Greater Glasgow & Clyde and Scotland. This locality also has pockets where female life expectancy is statistically significantly worse. The Inverclyde East locality has some areas where life expectancy is significantly worse than the Scotland average, however Inverclyde West shows a more positive picture, with areas where life expectancy is statistically better than NHS Greater Glasgow & Clyde and Scotland.

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

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

Source: ScotPHO Health and Wellbeing Profile

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 life expectancy and healthy life expectancy in Inverclyde and Scotland based on data for the five year period 2009-2013. It shows that both life expectancy and healthy life expectancy are lower in Inverclyde than in Scotland.

Figure 3.1D Healthy Life Expectancy in Inverclyde and Scotland 2009-2013

	Inverclyde		Scotland	
Healthy Life Expectancy	**Male**	**Female**	**Male**	**Female**
5-year period 2009-2013	59.6	63.4	63.1	65.3

Source: http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/local-authorities

These data have not been updated since 2013 therefore trend information is not available.

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 2017 the death rate per 100,000 population for under 75s was higher in Inverclyde than the Scottish rate, for both males and females.

Figure 3.2A Rate of deaths under the age of 75, 2017

Area	Male	Female	Total
Inverclyde	714.8	435.6	566.7
Scotland	518.1	338.6	425.2

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 2017, 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 36% compared to female deaths at 23%.

Figure 3.2B Percentage of deaths considered avoidable 2017

	Inverclyde	Scotland
Total	29%	27%
Male	36%	33%
Female	23%	22%

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. This is as a total and also when comparing figures within deprivation quintiles. Smoking in pregnancy is related to other health issues, particularly the low birth weight of babies and child health.

There are variations in the smoking habits of pregnant women across the intermediate zones that make up the wellbeing localities. Kilmacolm Central, and Gourock East, Greenock West and Lyle Road, have a significantly lower percentage of women who smoke during pregnancy. Conversely, Greenock East and Port Glasgow Mid, East and Central have a significantly higher percentage of women who smoke during pregnancy.

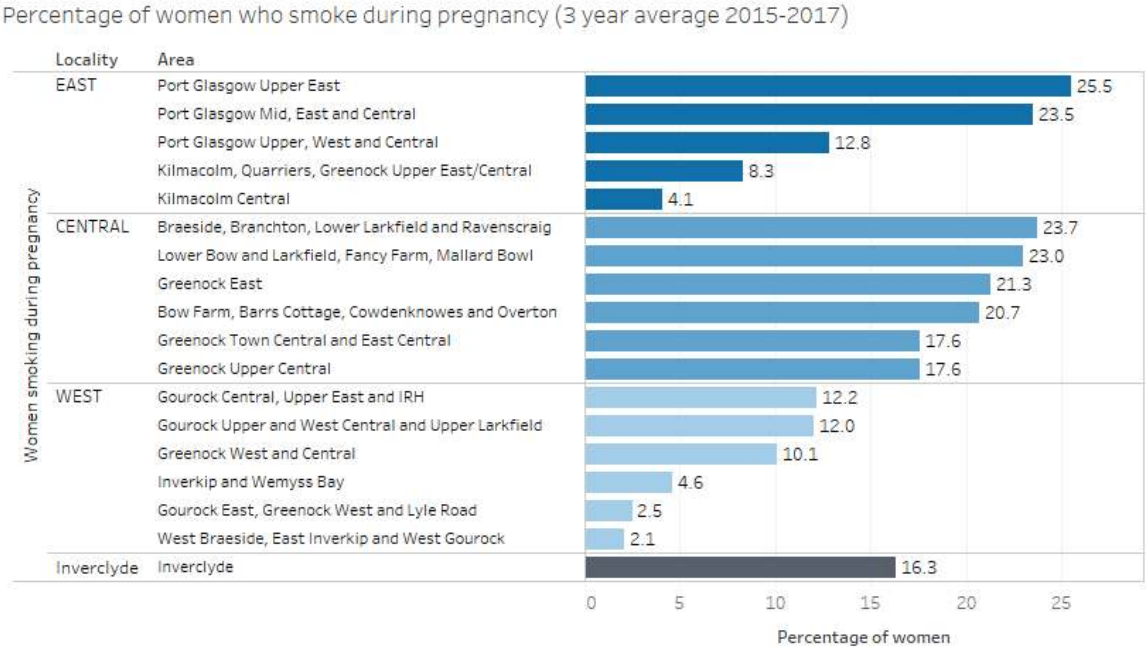
Figure 3.3A - Smoking during pregnancy 2014/15 – 2016/17

Smoking during pregnancy (% of women)	Inverclyde	Scotland
Quintile 1 (Most Deprived)	22.5	28.6
Quintile 2	14.4	20.3
Quintile 3	13.8	13.8
Quintile 4	6.7	8.5
Quintile 5 (Least Deprived)	3.5	4.0

Source: ScotPHO

Smoking during pregnancy is reducing across Inverclyde as a whole however there are areas within localities that continue to have a higher percentage of women smoking during pregnancy, these are predominantly in the East and Central localities, as detailed in figure 3.3B below.

Figure 3.3B - Smoking during pregnancy by locality



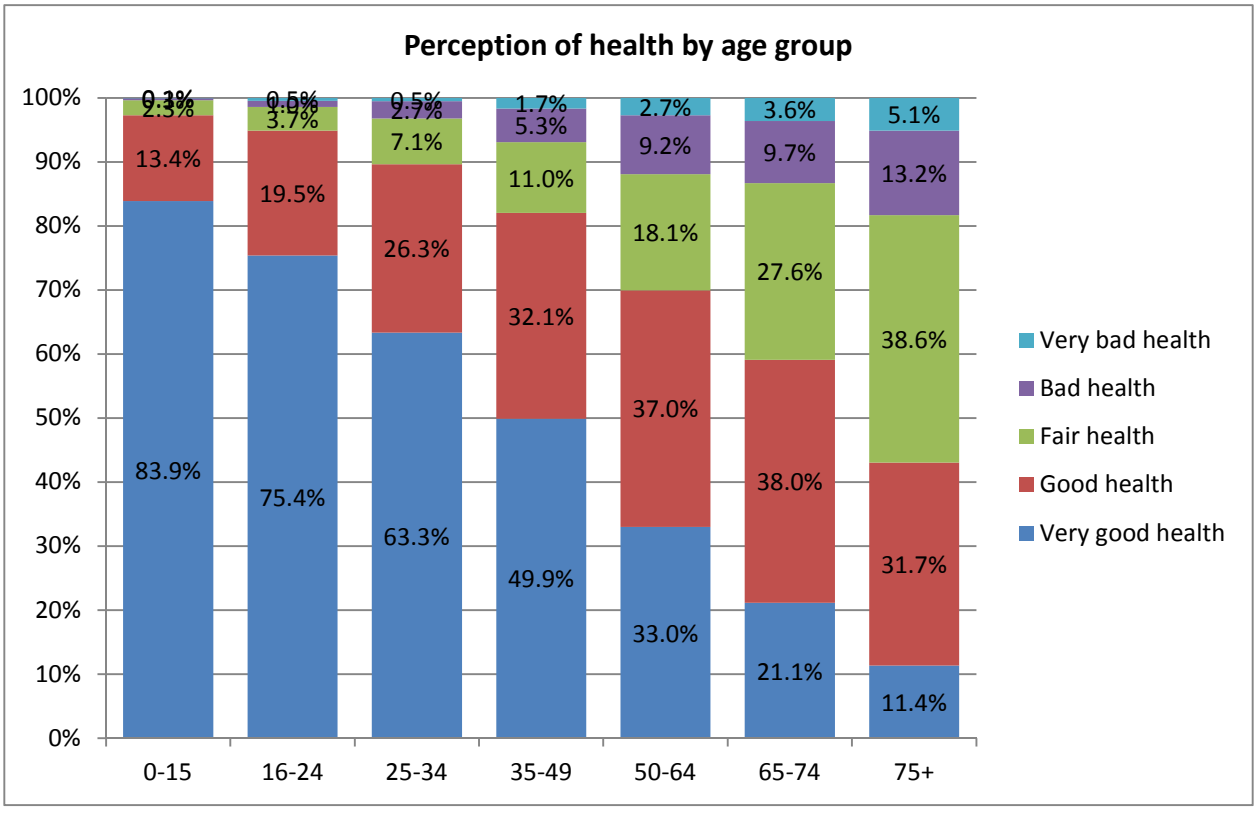
3.4 General Health

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

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. 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%

Source: NHS Greater Glasgow and Clyde 2014/15 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.

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

Year	Positive Perception of Overall Quality of Life
2008	84.9%
2011	85.4%
2014	88.3%

Source: NHS Greater Glasgow and Clyde 2014/15 Health and Wellbeing Survey

3.5 Burden of disease

Burden of disease is a measurement designed to take into account how death and ill health are affected by a number of 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 2016 and this section highlights some notable points about Inverclyde.[2]

The chart below shows the DALY rate per 100,000 population in Inverclyde for selected conditions in comparison to Scotland. The burden of disease in Inverclyde is greater than for Scotland for the majority of the conditions listed, including for substance use disorders where Inverclyde has the highest DALY rate in the country.

[2] https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview/

Other analysis from the Scottish Burden of Disease study has highlighted that the burden of substance use diseases is greater in higher deprivation areas.

Figure 3.5A DALY rate per 100,000 population by disease type

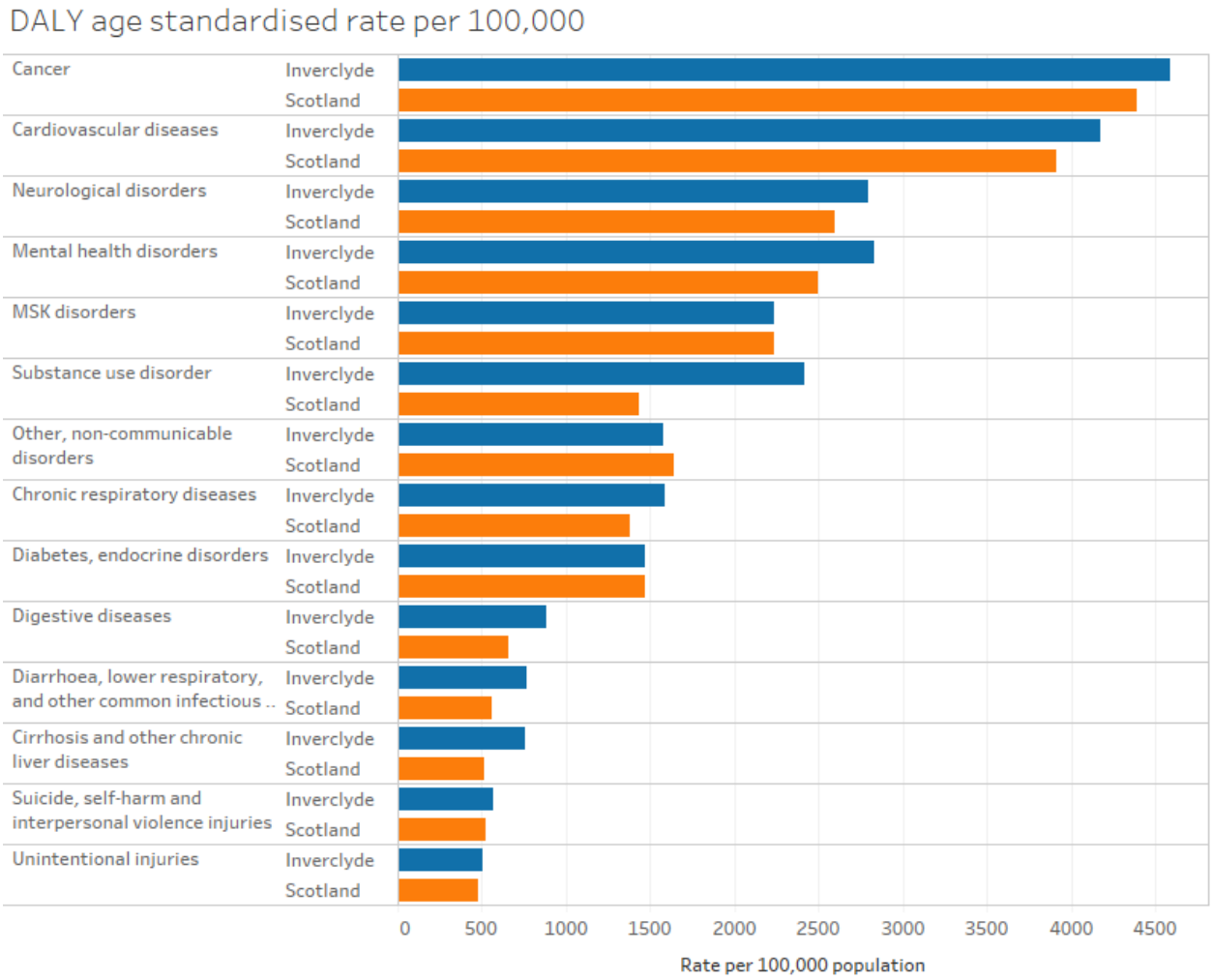
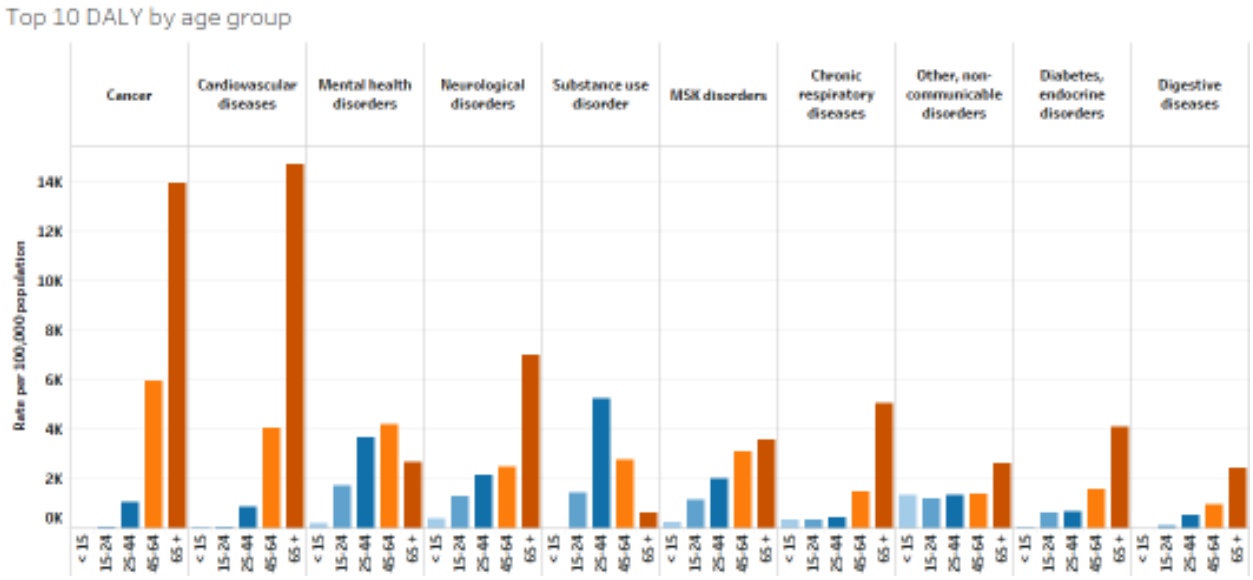


Figure 3.5B below demonstrates the DALY rate split by age group. Generally, the DALY rate increases as the age group increases, the musculoskeletal disorders (MSK disorders) is the best example of this as there is an almost equal step change increase in the rate of DALYs in each ascending age group.

The diseases which impact the most on healthy years or contribute to years of life lost are cancers and cardiovascular diseases. As diseases that tend to be more prevalent as people age, these affect people aged 45-64 and 65 and over more than they do for the younger age groups.

For those aged 25-44, the diseases with the greatest burden are mental health disorders and substance use disorders.

Figure 3.5B Top ten DALY diseases by age group



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 – 2016/17

Area	2010	2011	2012	2013	2014	2015	2016/17
Inverclyde	8.7	8.8	8.7	9.1	9.4	10.2	7.0
Scotland	6.4	6.0	6.0	5.9	6.0	6.1	5.2

Source: Learning Disabilities Statistics Scotland, National Records of Scotland

According to the Learning Disabilities Statistics Scotland, there were 464 adults with a learning disability in Inverclyde in 2016/17. Half of them lived in areas with high levels of multiple deprivation and the largest single group was those aged 21-34 who made up 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 in order to tackle these issues.

Figure 3.6B Rate of learning disability by locality

Learning disability	Inverclyde East	Inverclyde Central	Inverclyde West
Rate per 1,000 population	6.7	7.9	3.5

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 Inverclyde there were over 6500 people recorded as having a physical disability in the 2011 census. According to the Scottish Social Care Census of 2017, there were 1280 clients in Inverclyde receiving a social care service due to a physical disability.[3]

Figure 3.7A Number of people with a physical disability

Area	Physical disability	Percentage of total population
Inverclyde	6,537	8.0%

Source: 2011 Census

The majority of people who have a physical disability in Inverclyde are over the age of 50. Figure 3.7B below also shows that the proportion of those with a physical disability increases as people age. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over.

[3] Scottish Social Care Census 2017

Figure 3.7B Number of people in Inverclyde with a physical disability by age and sex

Age	Male	Female	Total	Percentage of total population with physical disability	Percentage of age group with physical disability
0-15	72	71	143	2.2%	1.0%
16-24	75	51	126	2.0%	1.4%
25-34	127	86	213	3.4%	2.3%
35-49	498	404	902	14.2%	10.0%
50-64	982	889	1871	29.4%	11.0%
65-74	637	673	1310	20.6%	16.5%
75-84	451	736	1187	18.7%	23.3%
85+	144	461	605	9.5%	34.4%

Source: 2011 Census

Figure 3.7C Rate of disability by Inverclyde locality

Disability	Inverclyde East	Inverclyde Central	Inverclyde West
Rate per 1,000 population	78.5	92.1	62.1

Higher rates of people live with a disability in the Central locality.

3.8 Unscheduled Care

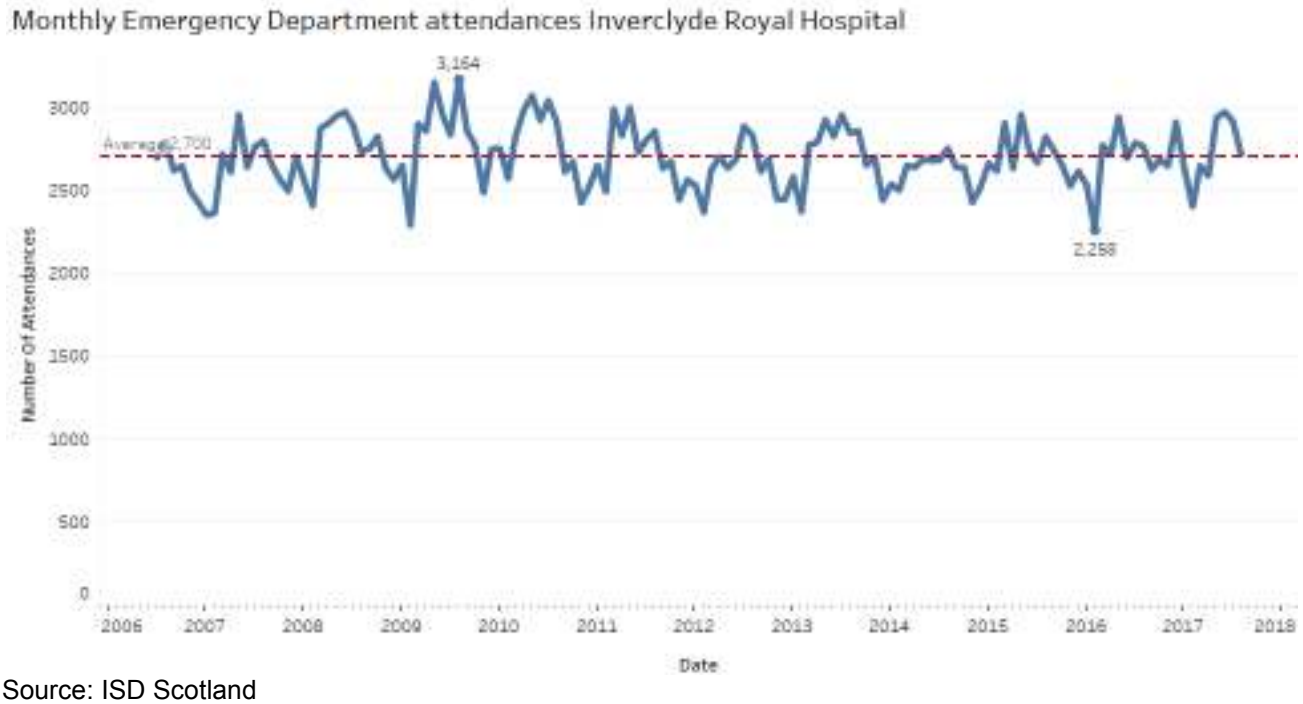
Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the attention on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital. The Scottish Government has made unscheduled care an important 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 is 2700. Between July 2007 and August 2018 the highest monthly attendance was 3164 people, and the lowest monthly attendance 2258. 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 85.7% in February 2015.

Figure 3.9A Monthly attendance at emergency department



Source: ISD Scotland

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.

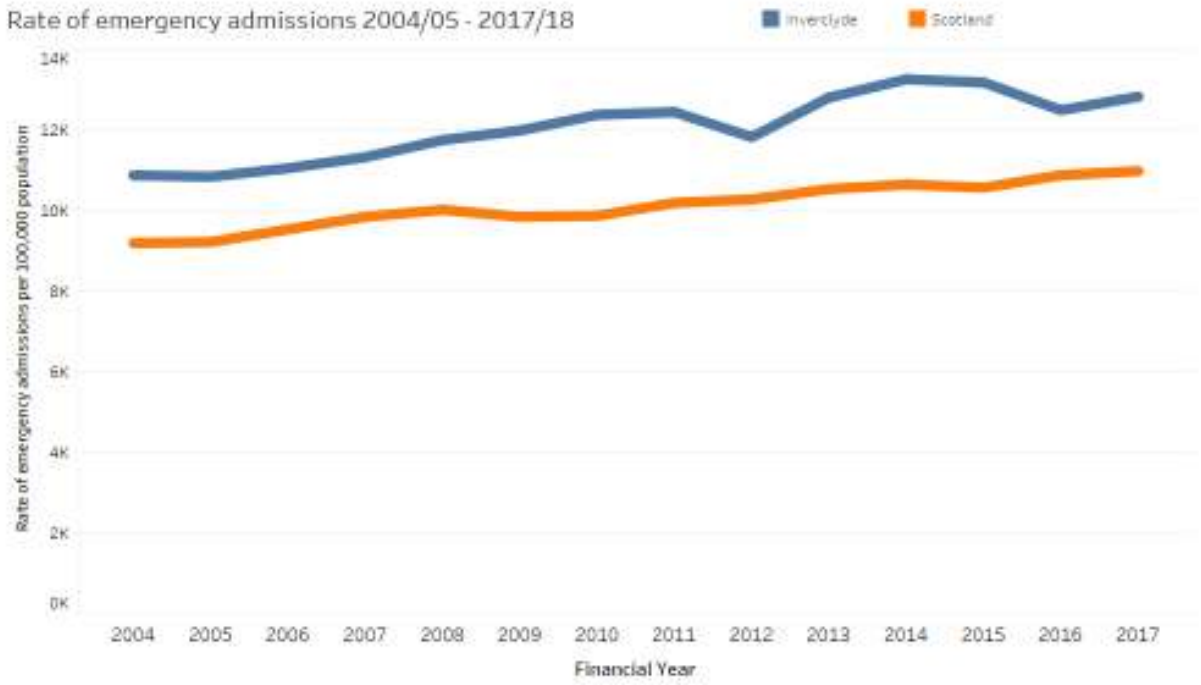
Emergency admission to hospital is inevitably unplanned and can be a time of stress and anxiety to both the patient and to relatives and friends. For hospital staff decisions have to be made very quickly, sometimes with limited information about the circumstances leading to the emergency, to ensure that 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 2004/05 to 2017/18. There has been a steady increase in emergency admissions rates in Inverclyde and also in Scotland but Inverclyde has consistently had higher rates of admissions.

Figure 3.9B Emergency admissions to hospital - Inverclyde 2004/05 to 2017/18

Number of emergency admissions

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Inverclyde	8,994	8,966	9,098	9,301	9,635	9,790	10,089	10,108	9,540	10,285	10,588	10,524	9,888	10,154



Source: ISD Scotland

The emergency admission rate is highest in the Central locality as shown in figure 3.9C below.

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

	Inverclyde East	Inverclyde Central	Inverclyde West
Emergency admissions rate 2017/18	9049	10646	8358

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.

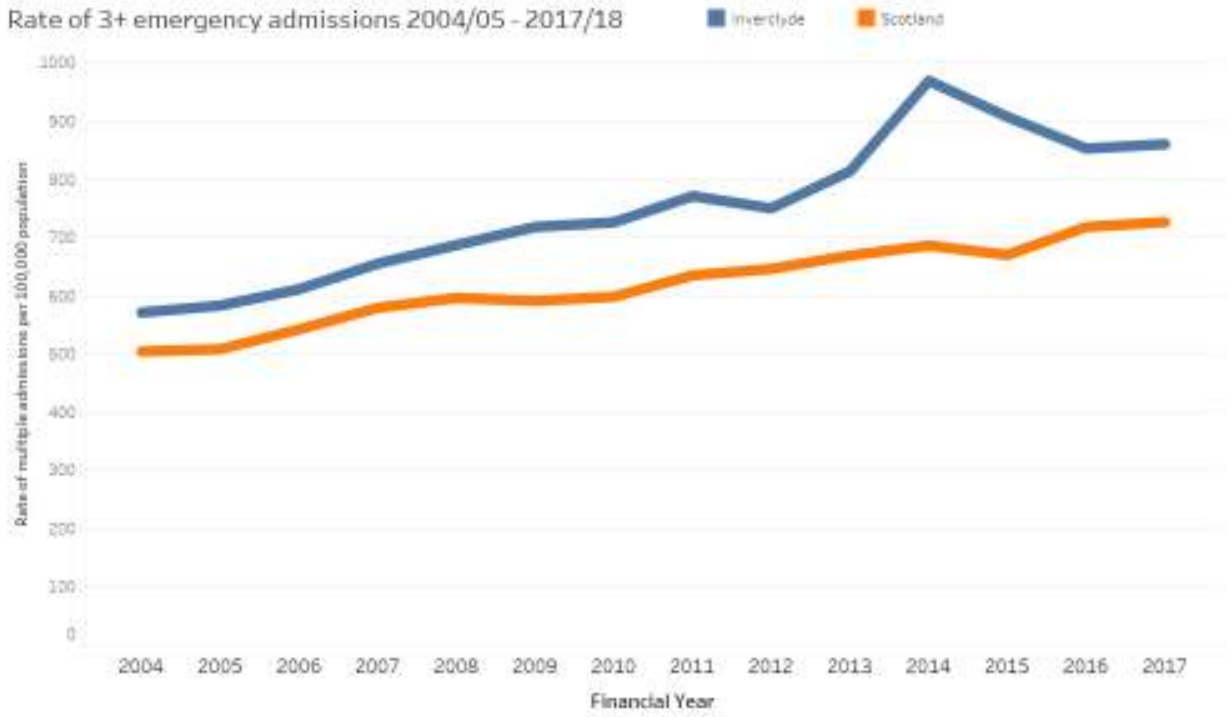
In Scotland the rate of patients who have multiple emergency admissions (3 or more) has been increasing since 2004. The same is true of Inverclyde and our rate of multiple admissions has been greater than in Scotland in each year since 2004.

Figure 3.9D below shows the number and rate of patients who have had 3 or more emergency admissions in Inverclyde since 2004.

Figure 3.9D Rate per 100,000 population and number of patients with 3 or more emergency admissions Inverclyde 2004/05 – 2017/18

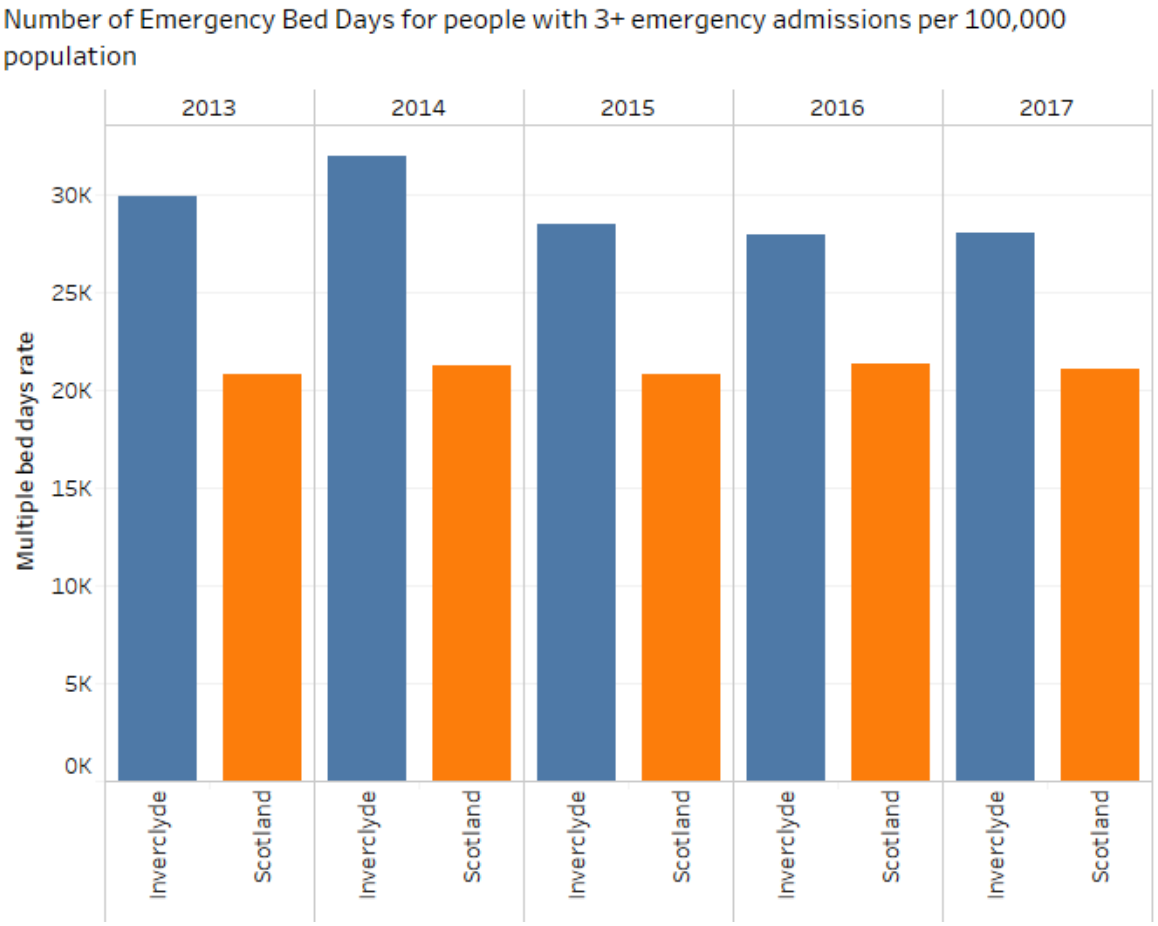
Number of people with 3+ multiple emergency admissions

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Inverclyde	472	482	503	538	563	586	592	626	605	654	774	724	675	681



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.

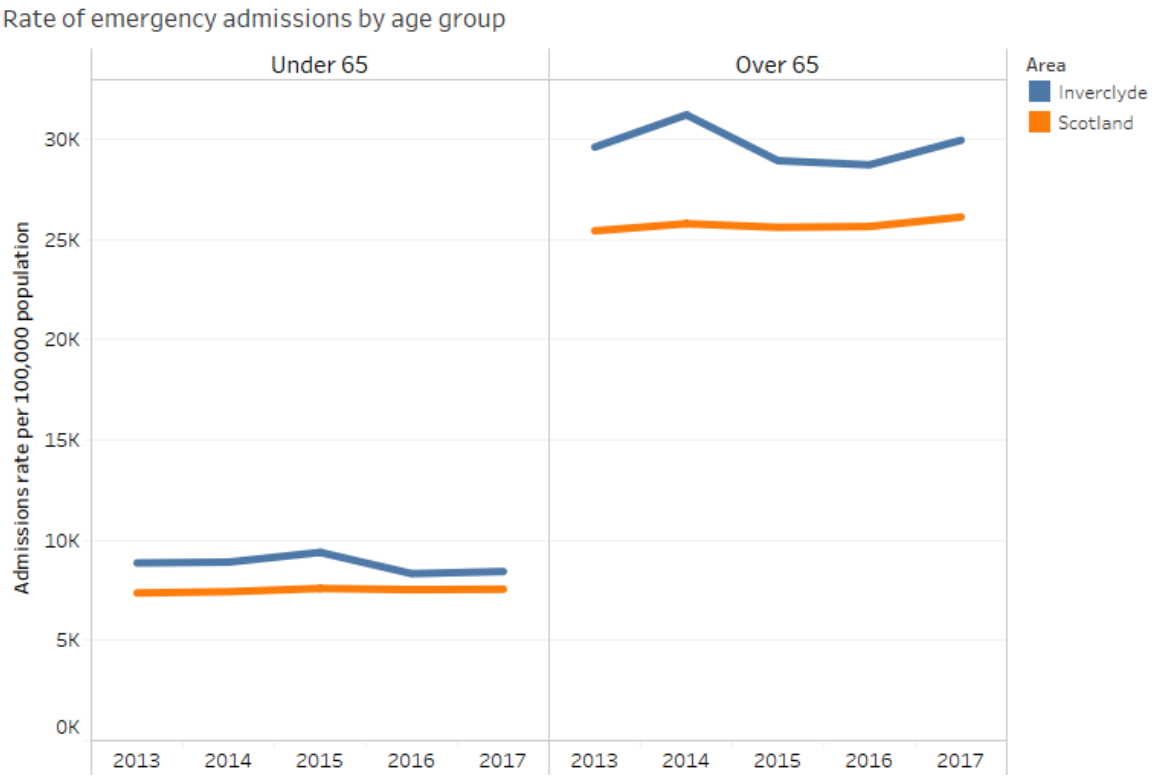
Figure 3.9E Rate of emergency bed days 2013/14 – 2017/18



Within the cohort of emergency admissions are those aged 65 and above. This group accounts for the majority of 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 between Inverclyde and Scotland is narrower for those aged under 65.

Figure 3.9F Emergency admissions by age group



Source: ISD Scotland

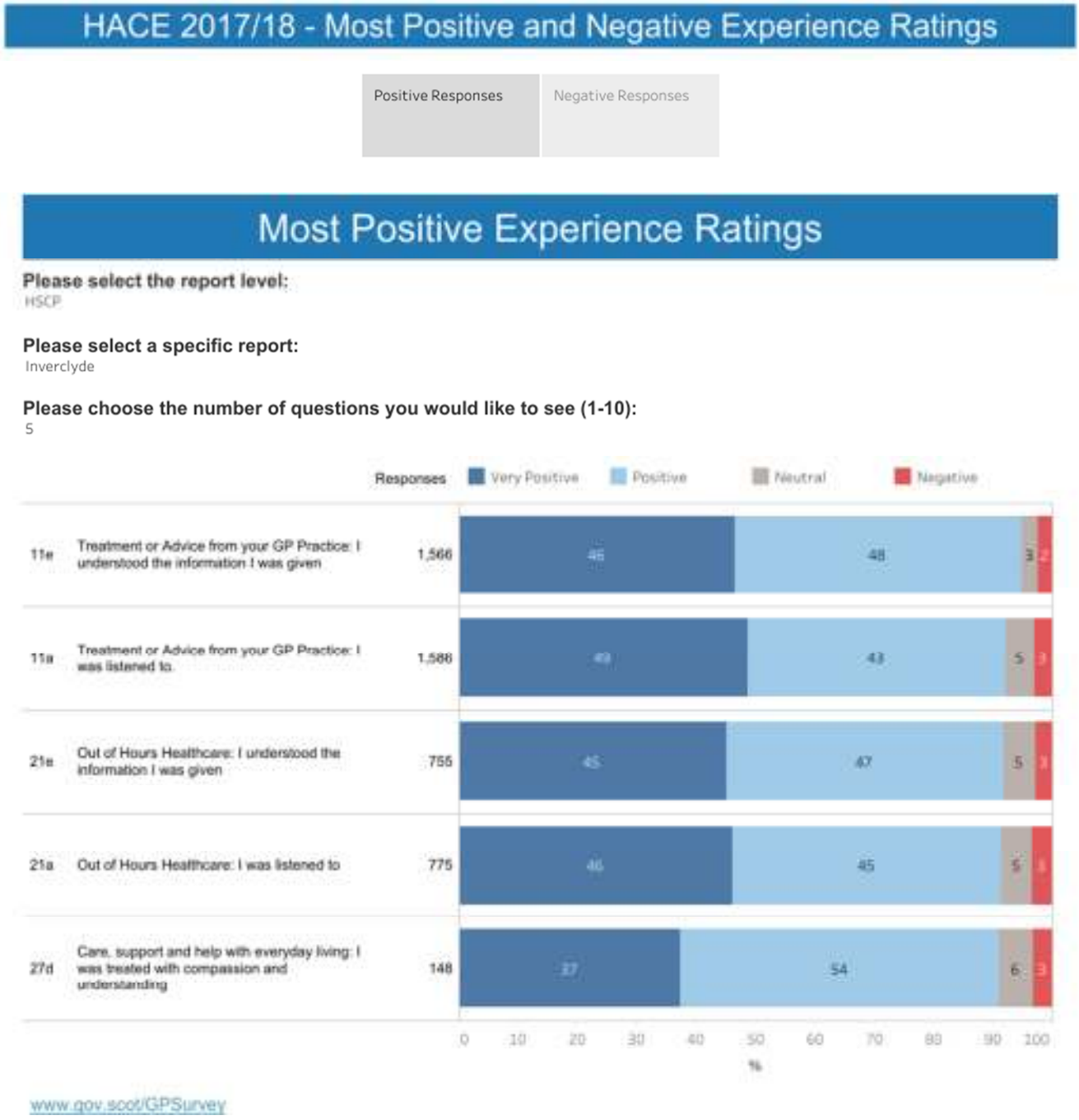
3.10 Experience of Care

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 10,446 people registered with GP practices in the area, and there were 1,965 responses.

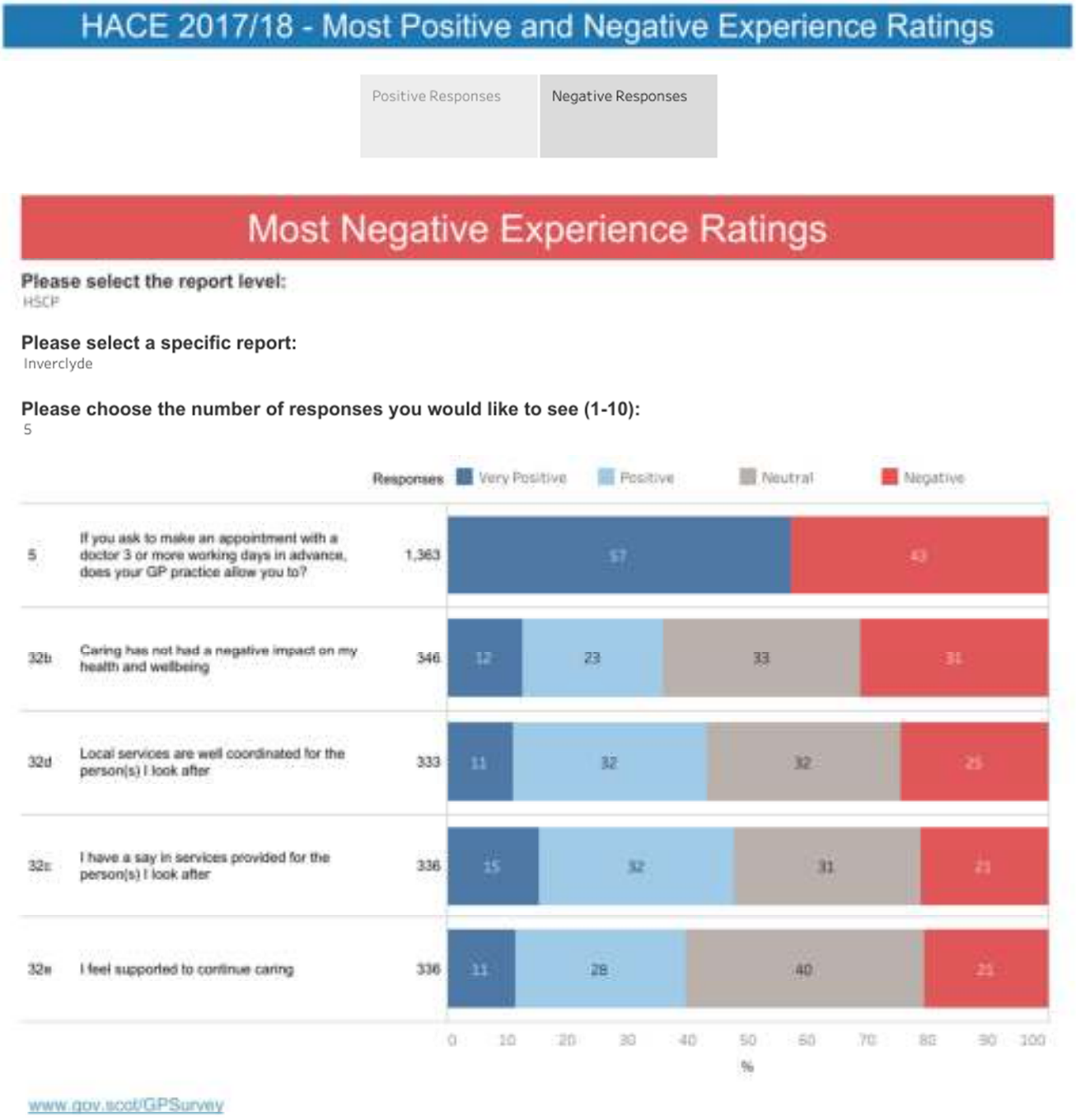
The top and bottom five responses for Inverclyde are shown in figure 3.10A.

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.

Figure 3.10A Top Five and Bottom Five Results for Inverclyde HSCP



These results show that respondents were most positive about understanding the advice and information provided by GP practices and out of hours services, and that people felt like they were being listened to. Respondents also felt that they were treated with compassion and understanding.



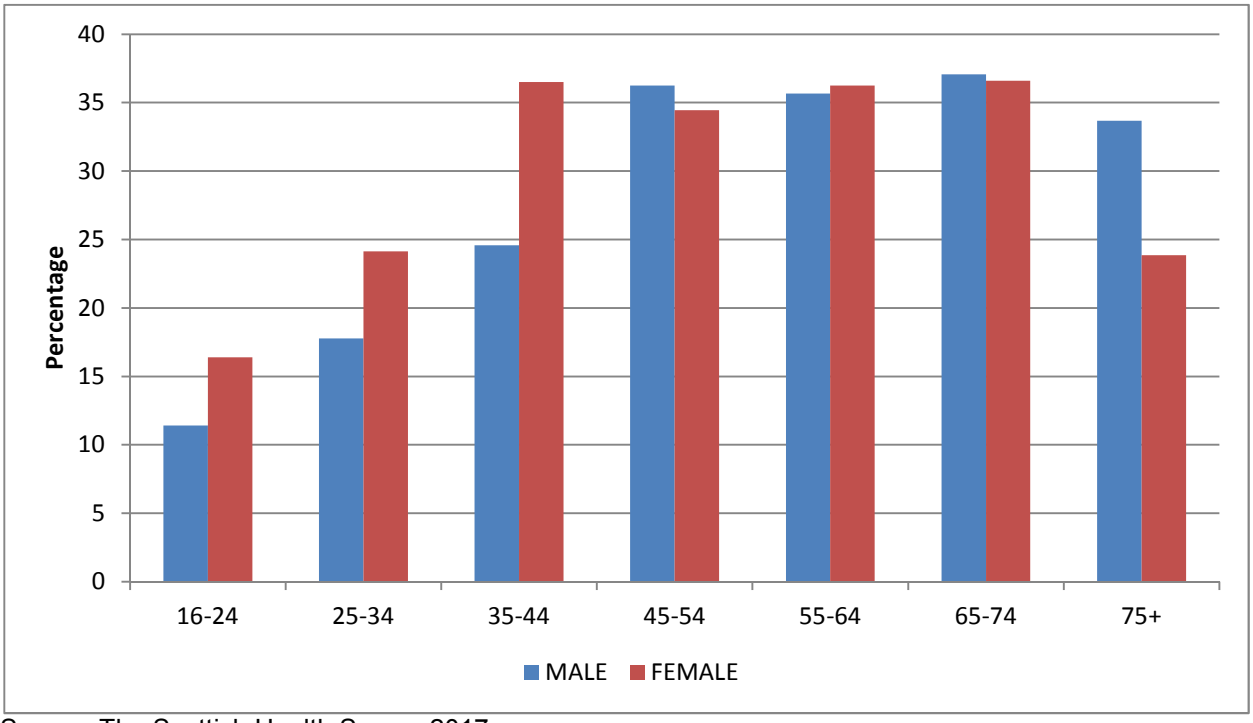
The results show that Inverclyde respondents were less positive about the availability of GP appointments, the coordination of services for service users and carers, and caring support.

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 a number of 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 2017 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 both women and men between the ages of 65-74 although for women the 35-44 age group also have a high percentage of obesity at 36%.
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 plus - 2017



Source: The Scottish Health Survey 2017

The NHS Greater Glasgow and Clyde Health and Wellbeing Survey used to ask respondents about obesity but these questions were dropped from the most recent survey. The obesity questions were based on self-reported measures and therefore may not have been as accurate as the Scottish Health Survey as people are more likely to underestimate weight and overestimate height when self-reporting. Nevertheless, the survey offered data on obesity that was not readily available from other sources. The results from 2014 showed that half of the Inverclyde survey respondents were overweight (BMI 25+) with about 17% obese (BMI 30+). This had not changed significantly from the previous survey in 2011. This information is shown in figure 3.11B.

Figure 3.11B Percentage Overweight and Obese Inverclyde

Year	BMI 25+	BMI 30+
2008	47.1%	14.0%
2011	52.7%	17.7%
2014	50.5%	17.3%

Source: NHS Greater Glasgow and Clyde Health and Wellbeing Survey

In Inverclyde, men are more likely to be overweight than women. 54% of men were overweight in 2014 compared to 47% of women.

Like the statistics for Scotland, the likelihood of being overweight increases with age in Inverclyde, peaking in the 45 - 54 age group where 59% are overweight.

Those in highest 15% deprived areas are more likely to be obese, with one in four in these areas being obese, compared to one in five elsewhere.[4]

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.

- 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 people[5]. 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 (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 2017/18 Health and Wellbeing Survey found that under half

[4] NHS Greater Glasgow and Clyde Health and Wellbeing Survey 2014/15
[5] Department of Health Start active, stay active: report on physical activity in the UK 2011

(48%) respondents in Inverclyde met this target. Younger age groups were more likely to achieve the target, as shown in figure 3.12 A below. Those in Inverclyde were less likely to meet the target of 150 minutes or more of physical activity per week compared to the NHSGG&C total (48% Inverclyde; 58% NHSGGC).

3.12A Proportion who had been active for 150 minutes or more in past week

Age Group	Meet Physical Activity Target
16-24	57%
25-34	68%
35-44	49%
45-54	46%
55-64	41%
65-74	39%
75+	41%
All	**48%**

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

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.
In terms of gender, more men are active and meet the physical activity target in comparison with women. In total, 45% of women met the physical activity target whilst just over half of men did. This is shown in figure 3.12B below.

3.12B Physical Activity by Gender

Sex	Proportion who met the Target of 150 Minutes of Exercise Per Week by Gender
Men	52%
Women	45%

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

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.
- 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 are important to them. Our Strategic Plan outlines a road map for how the HSCP will move forward in the next 5 years, with specific commitments 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

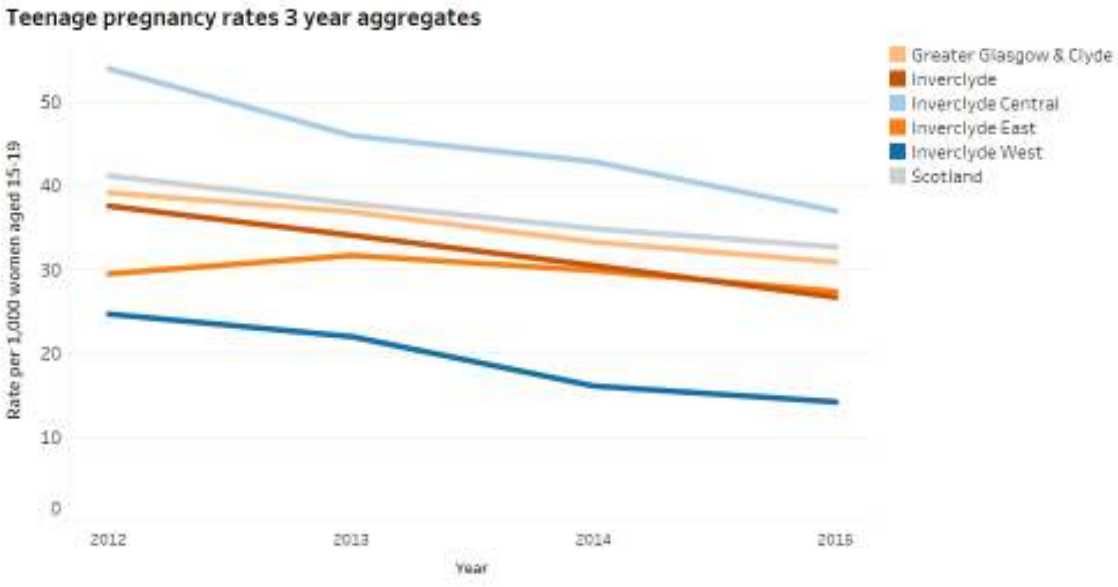
We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For our looked after children we take care of we will also ensure high standards of care,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

4.1 Children and Young People

Protecting and promoting the health of children is in itself 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 as a whole was lower than board and Scottish averages and has been decreasing since 2011- 13.There are differences in the localities however and the rate in Inverclyde Central is higher than in the other areas. In 2015/16 the rate was 37 per 1,000 women, the highest of the areas shown, but a decrease from the 54 per 1,000 in 2011-13.

Figure 4.1A Teenage pregnancy rates 2011-13 to 2014-16



Source: ScotPHO

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).

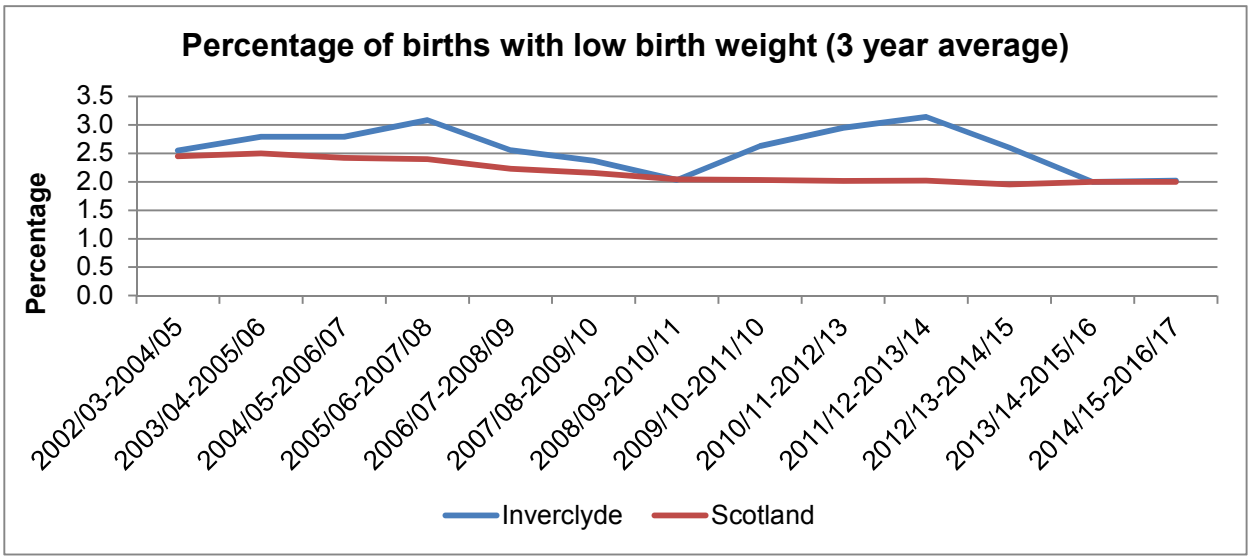
Low birth weight babies are at risk from increased mortality and morbidity. They are more likely to suffer from respiratory distress and require ventilation in intensive care units immediately after birth and in the longer term, low birth weight babies are more likely to have some form of disability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

There are a number of 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. In Inverclyde between 2014/15 and 2016/17 2% of babies were low birth weight babies, equal to the Scottish figure.

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 Central locality which had a higher percentage of low birth weight babies.[6]

Figure 4.2A below shows a comparison of birth weights between Inverclyde and Scotland between 2002/03 and 2016/17.

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



Source: ScotPHO

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.

[6] ScotPHO Health and Wellbeing Profile

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 ISD, 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. Infants who are exclusively breastfed has fallen from approximately 30% in 2002 to 17% in 2017. Over the same time period mixed formula and breast feeding has increased by 6%. In comparison, the national figures are that exclusively breast fed decreased by 3% and mixed feeding increased by 10%. 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

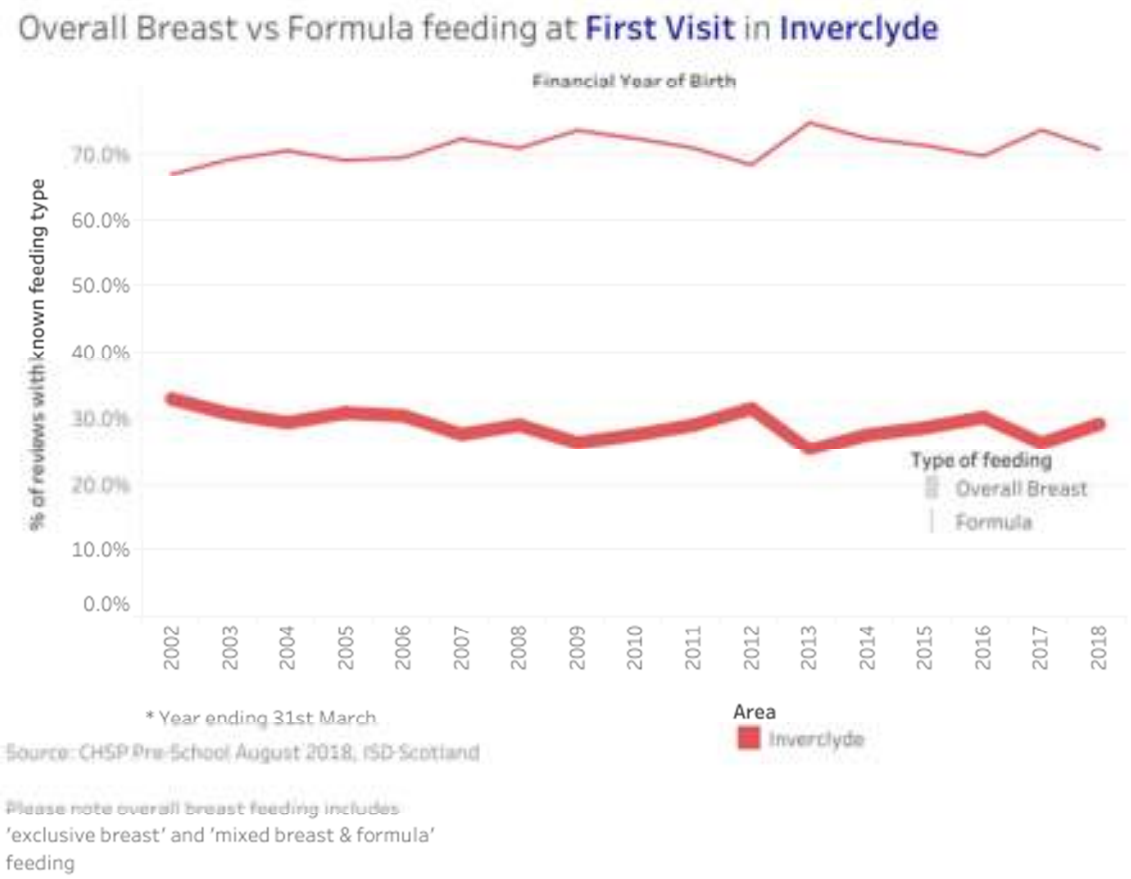
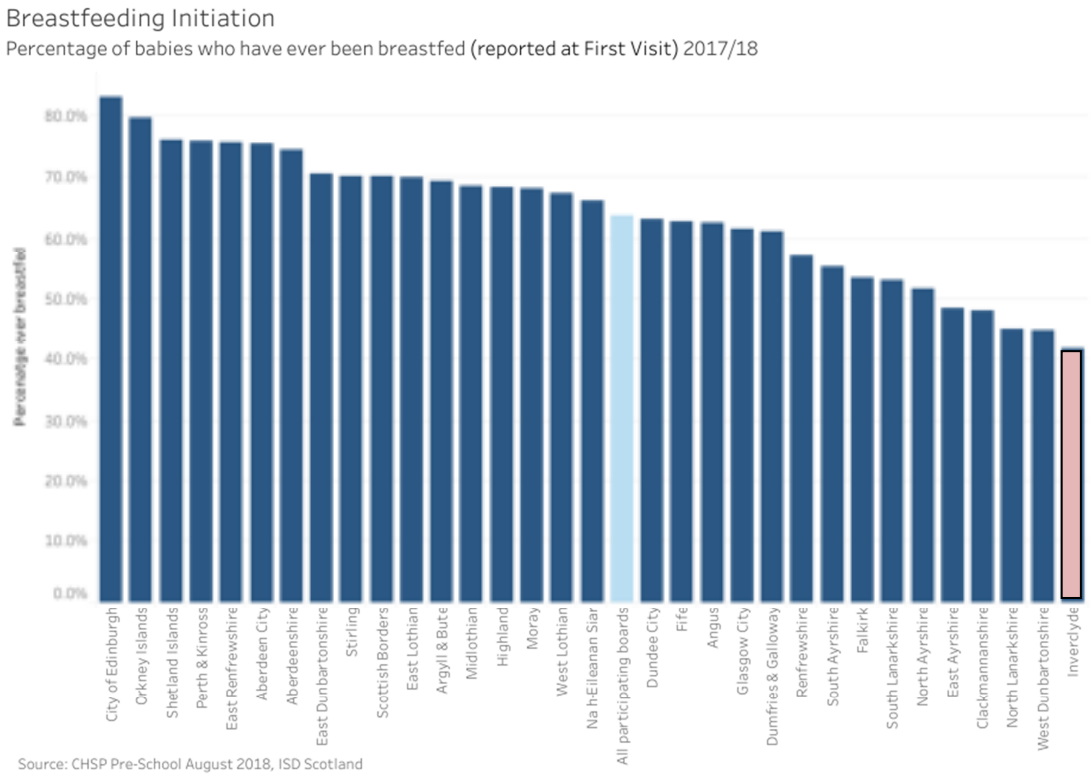
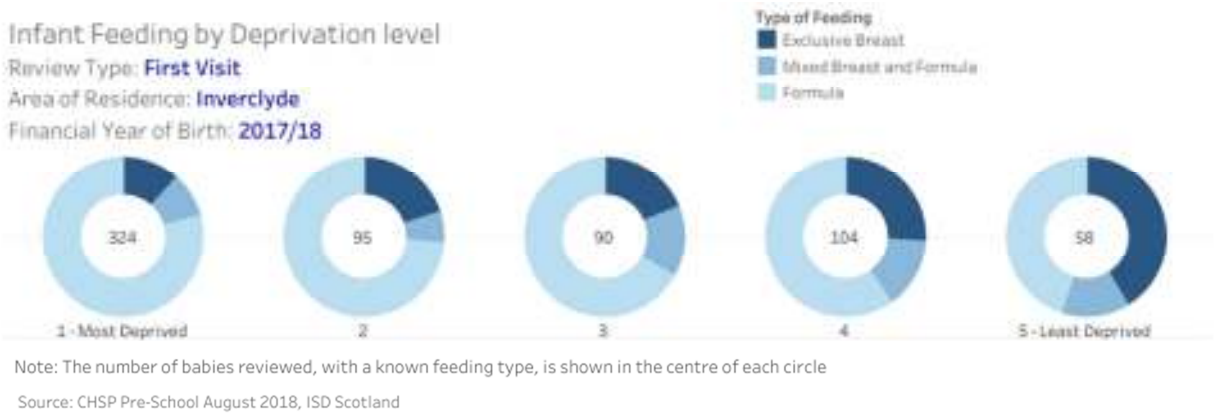


Figure 4.3B Percentage of babies that had ever been breastfed



In 2017/18 the national average for the percentage of babies who had ever been breastfed was 63.7%. In Inverclyde, the figure was 41.6%, the lowest of all the local authorities.

Deprivation also affects the types and levels of feeding.



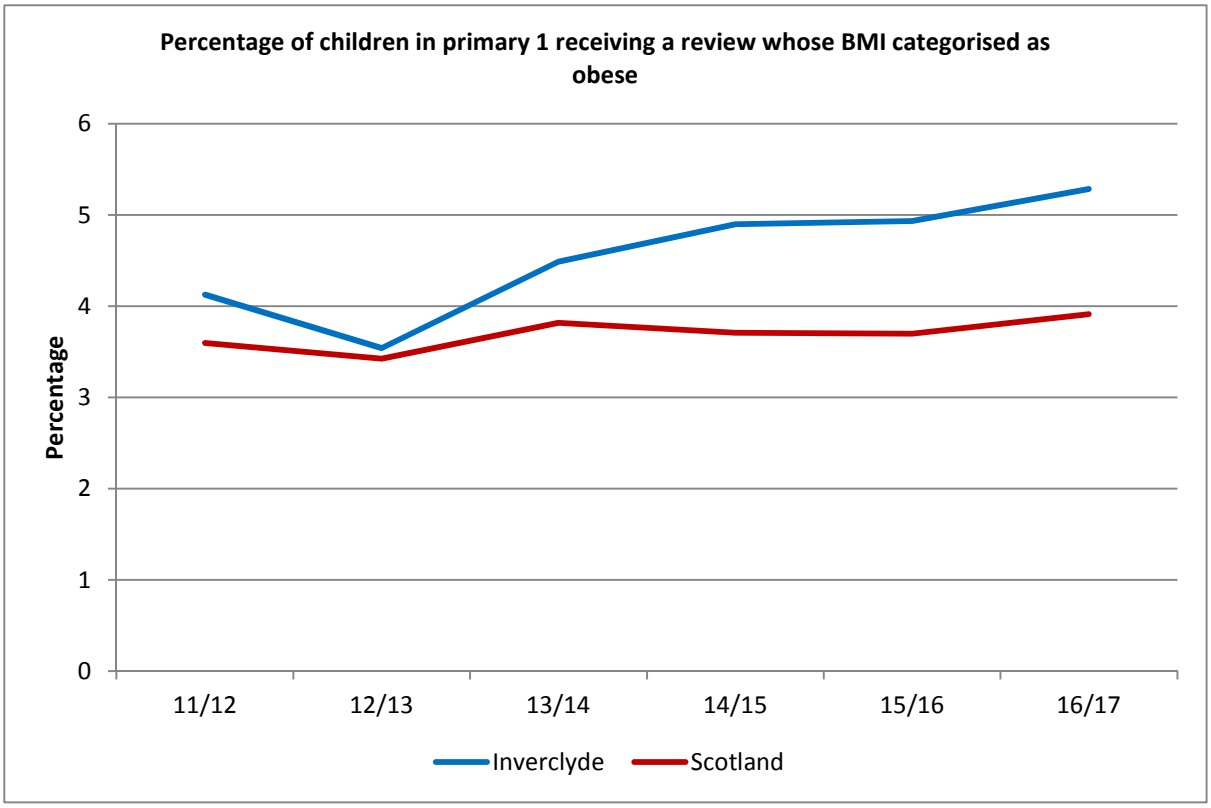
20.7% of those in the most deprived group had recorded exclusive or mixed breast feeding at first visit compared to 55.2% of the least deprived group.

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 over weight 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 is 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 2016/17. 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 is also a slight upward trend for higher percentages of children in Inverclyde being obese.

Figure 4.4A Body Mass Index at Primary 1



Source: ISD 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 (PCV). 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 September 2018 are shown in Figures 4.5A and 4.5B below.

Figure 4.5A Immunisations complete by 24 months (Children born 1 April to 30 June 2016)

% completed primary and booster course by 24 months	DTP/Pol/Hib	MMR1	Hib/MenC	PCVB	MenB (Booster)
Inverclyde	99.4	97.5	99.4	98.8	98.1
Scotland	97.5	94.5	95.1	95.3	94.3

Source: ISD Scotland

Figure 4.5B Immunisations complete by 5 years (Children born 1 April to 30 June 2013)

% completed primary and booster course by 5 years	DTP/Pol/Hib	MMR1	Hib/MenC	DTP/Pol	MMR2
Inverclyde	99.5	99.5	99.5	93.7	94.7
Scotland	98	96.9	95.9	91.6	91.1

Source: ISD Scotland

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

4.6 Child and Infant mortality

There have been low numbers of still born babies and deaths for children aged 0-9 between from 2006 and 2016. However the rate of still births is higher in Inverclyde than in Scotland in six of those years.

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 Deaths age 0-4 and 5-9, rates per 1,000 population

Age group	2016	2017
Ages 0-4	0.3	0.8
Ages 5-9	0.0	0.0

Sources: ISD Scotland and National Records of Scotland

Figure 4.6B Rate of Still Births Inverclyde and Scotland 2006-2016

Year	Still Births Rate per 1000 births Inverclyde	Still Births Rate per 1000 births Scotland
2016	2.9	2.7
2015	4.1	3.2
2014	8.0	3.7
2013	1.3	3.6
2012	8.9	4.4
2011	6.2	4.7
2010	1.2	5.1
2009	4.7	5.1
2008	4.6	5.0
2007	2.4	5.3
2006	7.0	5.0

Source: ISD Scotland

4.7 Child Protection Registrations

In July 2018 there were 199 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

Age and Sex	0	1-4	5-11	12-15	16-17	18+	Total
Male	*	22	33	35	13	*	107
Female	*	16	27	36	*	*	92
Total	*	38	60	71	24	*	199

Source: Inverclyde HSCP

Almost half of the Looked After Children had been registered under a statute for between 2 and 5 years. This includes statutes such as supervision requirements and permanence orders.

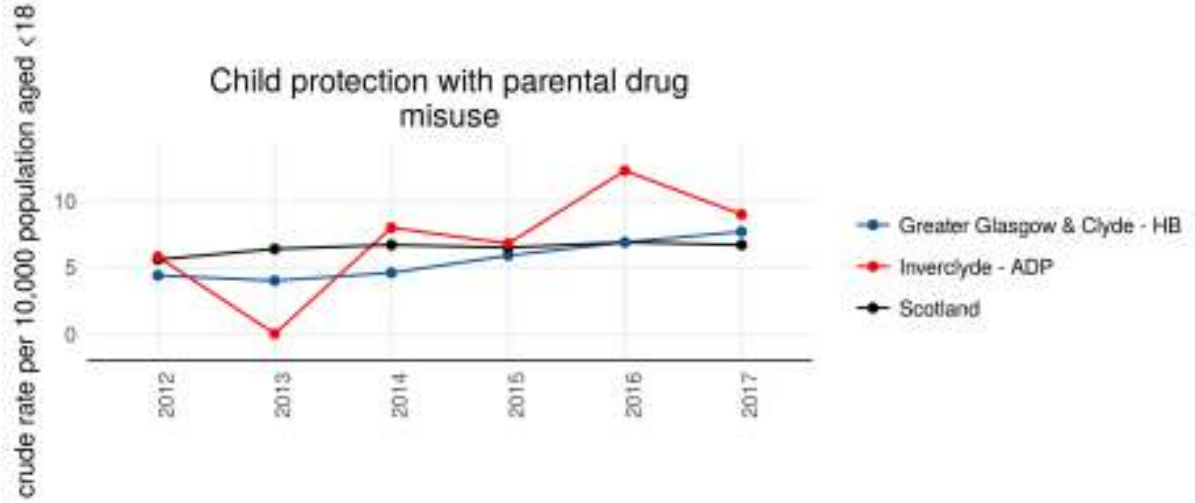
Figure 4.7B Looked After Children by length of time under statute

Period	< 6 months	> 6 months < 1 year	> 1 year < 2 years	> 2 years < 5 years	5 years +	Unknown	Total
Total	20	20	53	68	38	0	199

Source: Inverclyde HSCP

There are a number of 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.

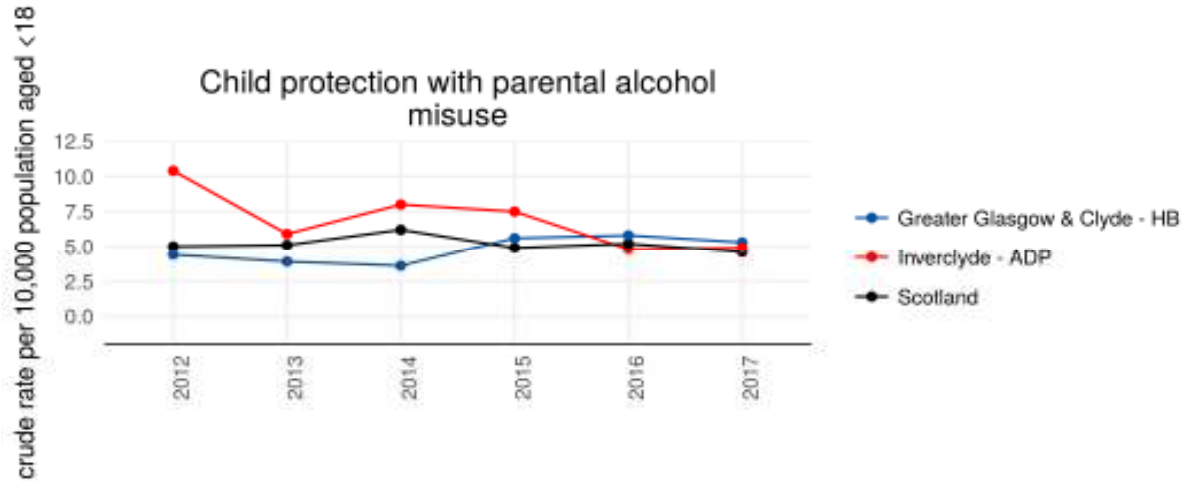
Figure 4.7C Child protection with parental drug misuse



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, having fallen from 2014. Child protection rates with alcohol misuse are similar between all three Inverclyde localities.

Figure 4.7D Child protection with parental alcohol misuse



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.

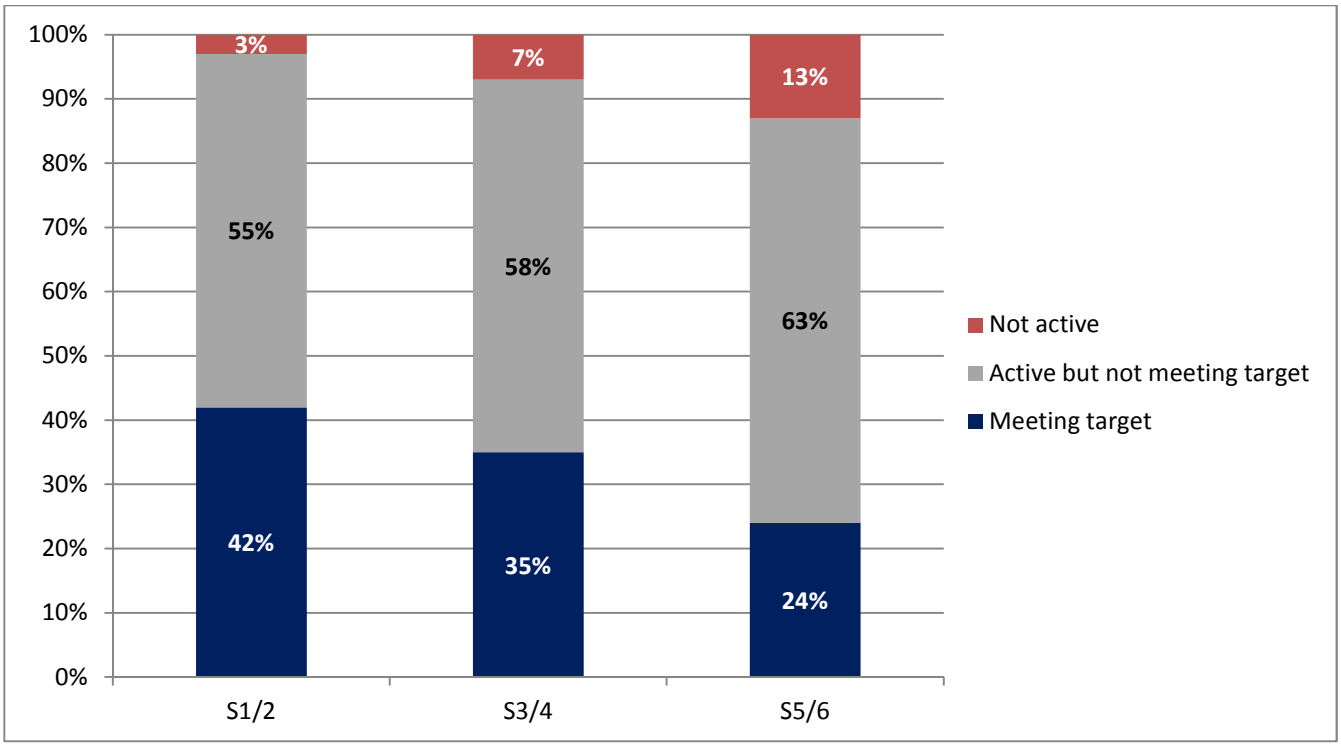
The 2013 Inverclyde Child and Youth Health and Wellbeing Survey asked secondary school pupils about their physical activity over the week prior to the survey.

Responses showed that just over under a quarter (24%) of pupils met the target of taking 60 minutes or more of physical activity on five or more days per week. Nearly three in five (63%) were active, but not enough to meet the target. A further 17% were not active at all. [7]

Pupils in the younger school classes were more likely to meet the activity targets than those in the senior school. Figure 4.8A below shows the physical activity levels by school year groups. It shows that activity decreases and inactivity increases in the older school year groups.

[7] NHS Greater Glasgow and Clyde Children and Young People Health and Wellbeing Survey 2013

4.8A Physical activity levels by school year groups



Source: NHS Greater Glasgow and Clyde Children and Young People Health and Wellbeing Survey 2013

The results from survey also showed that boys were more active than girls. 42% of boys met the activity target whilst only 28% of girls did.[8]

[8] NHS Greater Glasgow and Clyde Children and Young People Health and Wellbeing Survey 2013

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 affecting 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.

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 5 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 2014 and 2016 was 52%. This was slightly lower than the Scottish figure of 54% during the same time period. Part of the overall standard is that properties should have modern facilities and services. Between 2014 and 2016 Inverclyde had the second highest rate of dwellings that failed the modern facilities and services standard in the whole of Scotland. This was due in part to the higher number of social housing that failed to achieve this standard. The national average for social housing dwellings that failed to meet the standard was 10%. In Inverclyde 29% of social housing dwellings in the area did not meet the standard.

In terms of the profile of housing stock, 45% of dwellings in Inverclyde are houses, lower than the Scottish average of 63%. This means that 55% of the housing stock in Inverclyde is comprised of flats, compared to 37% for the rest of Scotland. **Figure 5.1A** below shows some basic information about housing in Inverclyde.

<table>
<tr><td></td><td colspan="2">Median household income £24,500; Scottish average £27,400 (11.8% higher)</td><td></td><td colspan="2">Average house price in Inverclyde £129,556
Scottish average £180,700 (40% higher)</td></tr>
<tr><td rowspan="2"></td><td>Of all Inverclyde Households

38% (14,000) are fuel poor</td><td rowspan="2"></td><td>Of all pensioner households in Inverclyde

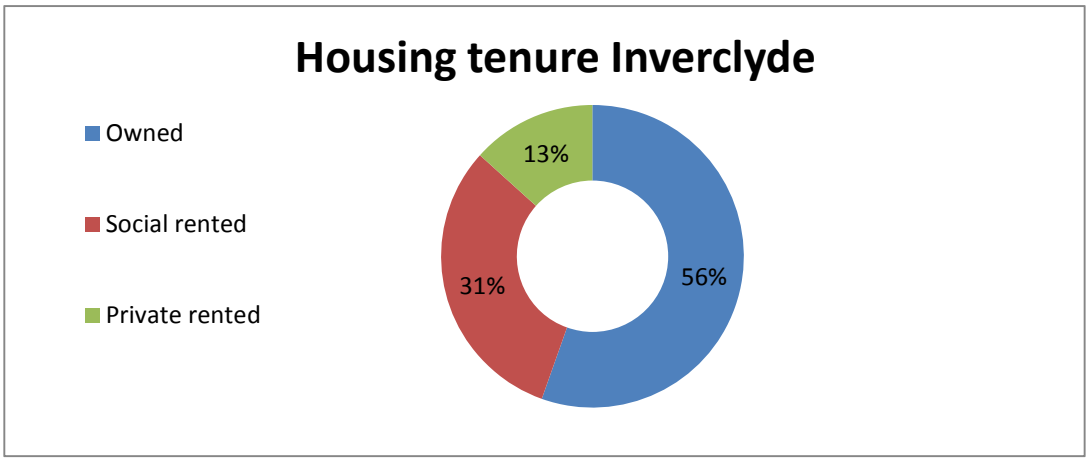
51% (7,000) are fuel poor</td><td rowspan="2"></td><td>72% (26,600) of dwellings have disrepair

33% (12,400) of dwellings have urgent disrepair</td></tr>
<tr><td>8% (3,000) are extremely fuel poor</td><td>13% (1,800) are extremely fuel poor</td><td>1% (370) dwellings are below tolerable standards</td></tr>
</table>

Sources: Scottish House Condition Survey Local Authority Tables 2014-2016, 2011 Census, Registers of Scotland

In terms of housing tenure, the majority of households in Inverclyde (61.9%) are owned. This is comparable to the Scottish average. The difference in housing tenure between Inverclyde and Scotland is in the renting sector, as the percentage of people renting with a social landlord is higher in Inverclyde, and the percentage of people renting privately is lower. Figure 5.1B shows the breakdown of housing tenure in Inverclyde from the 2014/16 Scottish House Condition Survey.

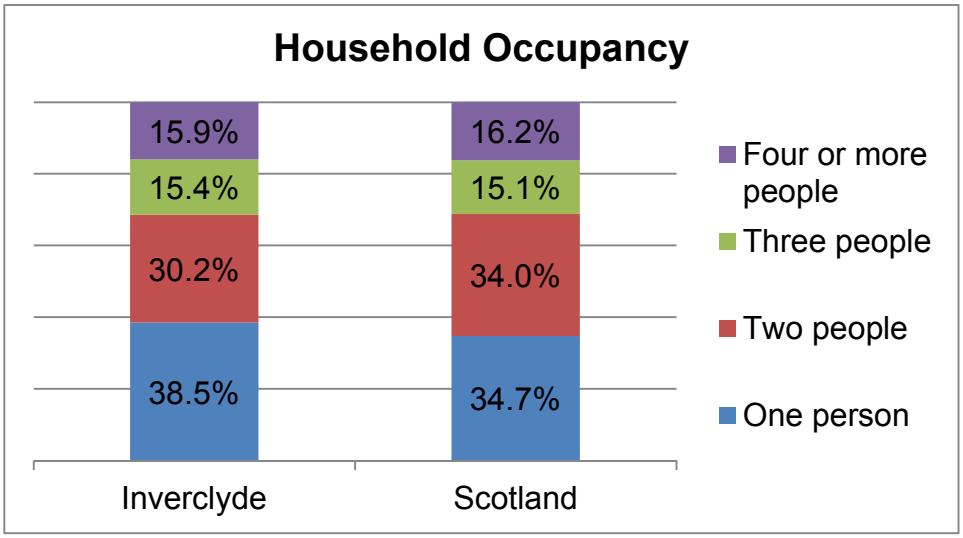
Figure 5.1B Housing tenure Inverclyde 2014-16



Source: Scottish House Condition Survey 2014-16

Figure 5.1C highlights the differences between Inverclyde and the national average for household occupancy. These are figures for all housing types and tenures. The percentage of single occupancy households in Inverclyde at 38.5% is higher than Scotland by 3.8%.

Figure 5.1C Percentage of households by occupancy Inverclyde and Scotland 2011

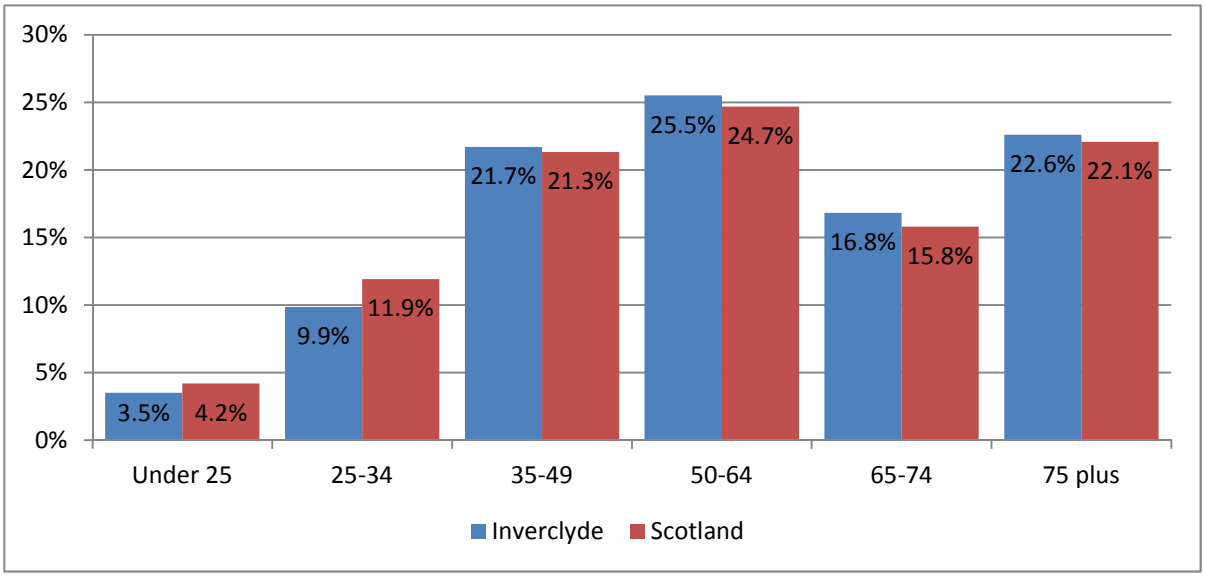


Source: 2011 Census

Figure 5.1D provides further analysis of the single occupancy households by breaking down the total into different age groups. Less than 15% of the single

households in Inverclyde are inhabited by people under the age of 35. The percentage of single person households in the older age groups (over 35) is greater in Inverclyde compared to Scotland but only slightly.

Figure 5.1D Single Person Households by Age Group



Source: 2011 Census

The picture of social housing in Inverclyde has changed over the last 10-12 years. Since taking over the housing stock in 2007, housing associations have demolished over 1800 homes and built approximately 500 new homes.[9]. 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 the majority of older households prepared to downsize do not want a one bedroom dwelling.[10]

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

[9] River Clyde Homes
[10] Review of sheltered housing for older households in Inverclyde, Newhaven Research Scotland 2015

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 5,000 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.

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 equal to the national average. Since the last needs assessment in 2016 the percentage of households considered fuel poor has remained the same 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	38%	8%
Scotland	31%	8%

Source: Scottish House Condition Survey Local Authority Tables 2014-2016

Figure 5.3B shows the percentage of pensioner households in Inverclyde that are fuel poor and extremely fuel poor. Whilst nearly half pensioners in Inverclyde are fuel poor, about 1 in 10 are extremely fuel poor.

Figure 5.3B Pensioner households in Inverclyde experiencing fuel poverty

Pensioner households	Fuel Poverty	Extreme Fuel Poverty
Inverclyde	51%	13%
Scotland	45%	13%

Source: Scottish House Condition Survey Local Authority Tables 2014-2016

There are a number of factors that contribute to fuel poverty.

- In Inverclyde, a third 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 2011/13 an average of only 43% 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.

5.4 Employment, Benefits and Financial Issues

The 2011 Census return details 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 about 64% of the population in Inverclyde. The percentage of the population who are economically inactive in Inverclyde is lower than the Scottish average. However nearly 9% of those who are inactive are those who are long-term sick or disabled, and this is greater than the figure for the whole of Scotland.

Figure 5.4A Percentage of total population by economic activity

Area	Economically active	Unemployed (actively seeking work)	Economically inactive (includes retirees & students)	Long-term sick or disabled
Inverclyde	64.2%	5.2%	35.8%	8.9%
Scotland	62.8%	5.1%	37.2%	4.8%

Source: 2011 Census

Figure 5.4B below is a snapshot of benefit claimants in Inverclyde in 2018. There are differences between the localities in terms of the percentage of the population that are claiming benefits. For example, nearly 1in 10 residents of Inverclyde Central

were claiming Universal Credit in August 2018, compared to almost 1 in 25 in Inverclyde West.
There have been known issues with the introduction of universal credit and thus by extension, more people in the Central locality have been affected than in the other areas.

Figure 5.4C Number of claims as a percentage of the population by benefit category Inverclyde 2018

Time period	Benefit	Inverclyde Central	% of population	Inverclyde East	% of population	Inverclyde West	% of population
Aug-18	Universal credit	3112	10.1%	1396	6.8%	1038	3.7%
Mar-18	Housing benefit claimants	3745	12.2%	1563	7.6%	1173	4.2%
Feb-18	Carer's allowance	764	2.5%	404	2.0%	311	1.1%
Feb-18	ESA caseload	2439	7.9%	1140	5.5%	1017	3.7%
Feb-18	Disability living allowance	1979	6.4%	1104	5.4%	1085	3.9%

Source: NOMIS Official labour market statistics

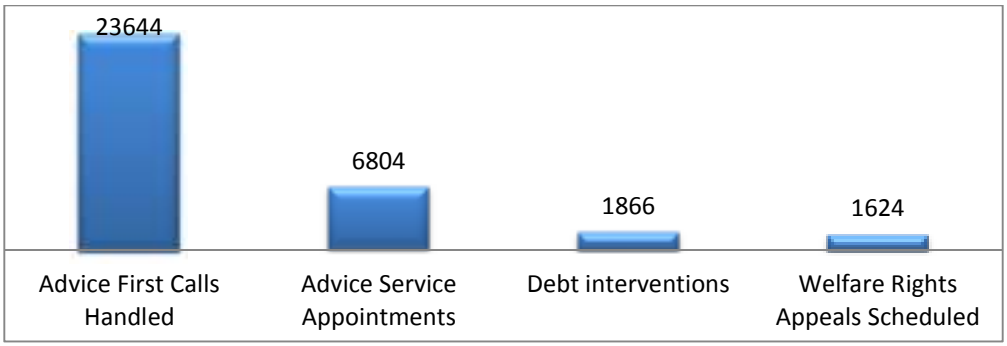
Figures from the Department for Work and Pensions also show that there were 6,481 claims for housing benefit in Inverclyde in March 2018[11]. This includes all historical claims as well as any new claims made in that month.

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 2016 and March 2018 Advice First handled over 23,600 calls to the service and scheduled nearly 7,000 consultations with clients. During this time period Inverclyde Advice services gained over £9,000,000 for clients who engaged with the various services.

[11] Source: https://stat-xplore.dwp.gov.uk/

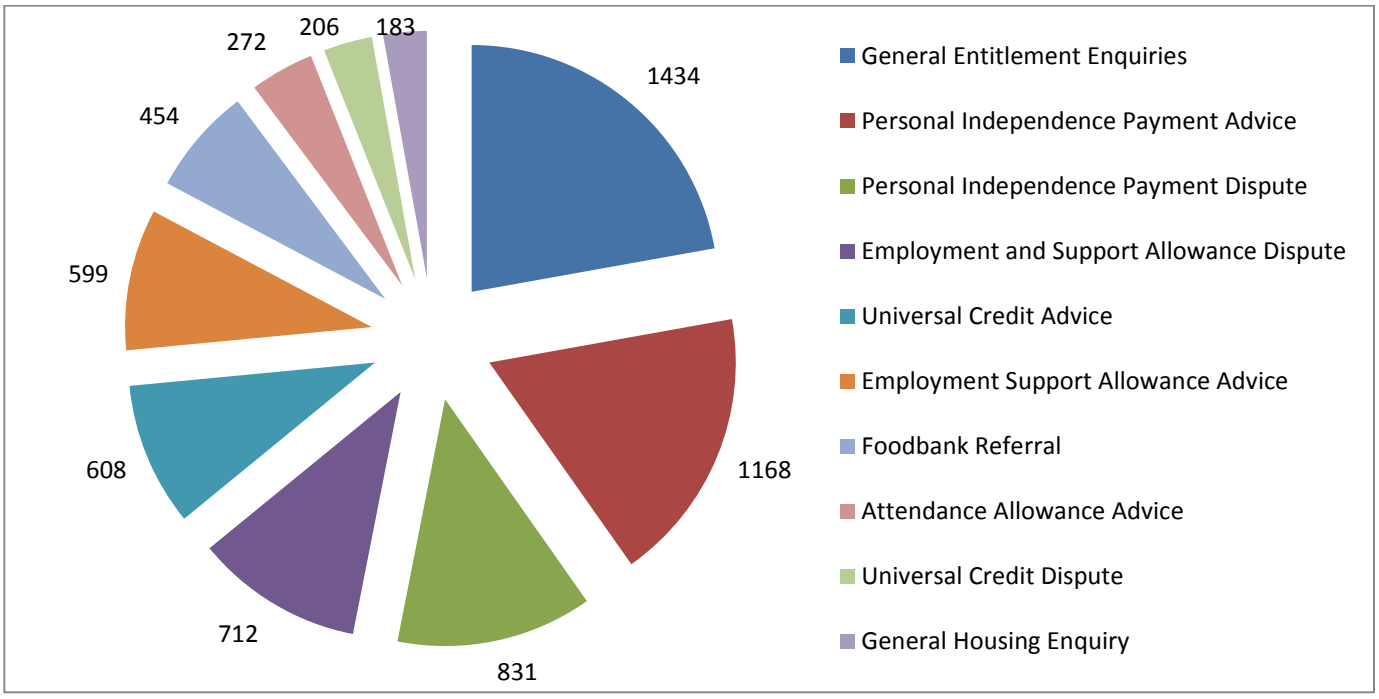
Figure 5.4D Service user contact Inverclyde Advice Service August 2016-2018



Source: Inverclyde Health and Social Care Partnership Advice Service Biennial Report 2016/18

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 increasing numbers of 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.[12] The top ten enquiry types for advice services are displayed in figure 5.4E.

Figure 5.4ETop 10 enquiry types Inverclyde advice services 2016/18



The service also provides a single point of access for people who need assistance with daily living tasks and activities to support them to live as independently as

[12] Inverclyde Advice Services Biennial Report 2016/18

possible at home. This includes: homecare; reablement; community alarm; telehealth care and respite at home.

Specialist services

As part of Inverclyde's strategy to tackle child poverty and improve lives, advice services deliver the Healthier Wealthier Children project. The main 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 GPs.

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

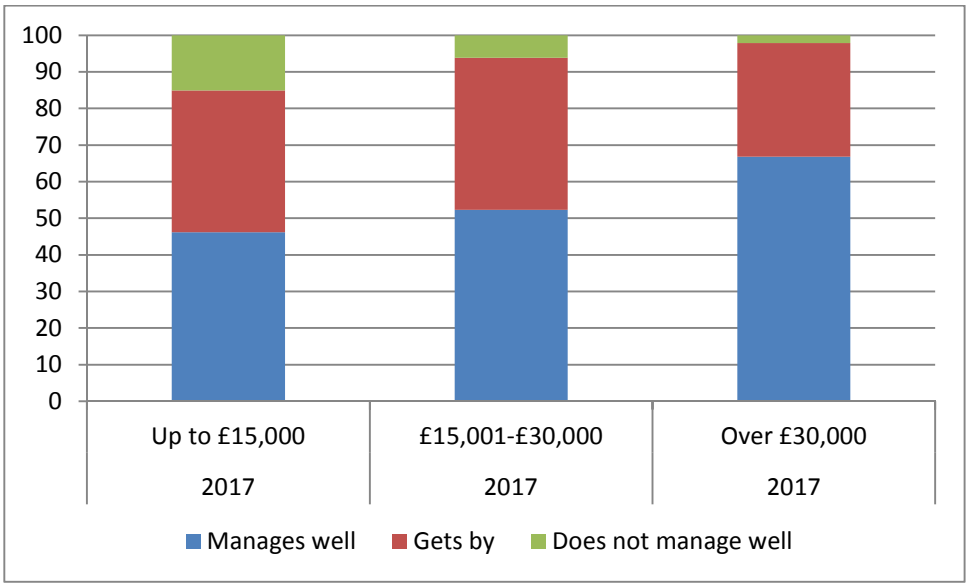
In Inverclyde, 40% of all respondents in the GG&C Health and Wellbeing survey received at least some of their income from state benefits. Those in Inverclyde were more likely to receive all household income from state benefits than the board area as a whole (17% Inverclyde; 14% NHSGGC).

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.[13] A third of those residing in the most deprived areas received all income from state benefits.

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 2017 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 also 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 roughly the same for those who earn up to £15,000 and those who earn between £15,001 and £30,000.

[13] NHS Greater Glasgow and Clyde 2017/18 Health and Wellbeing Survey

Figure 5.5A Household management by annual household income Inverclyde 2017



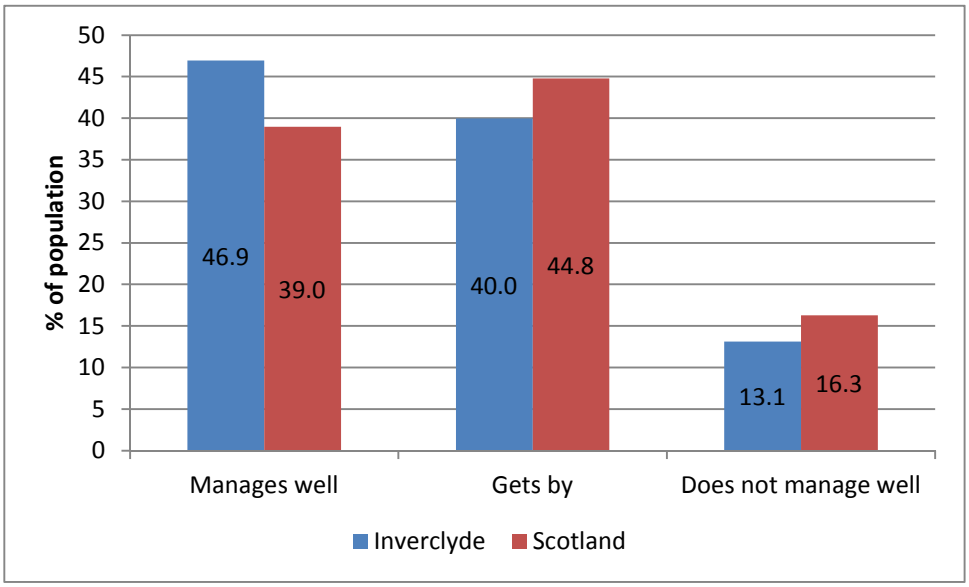
Source: Scottish Household Survey

Figure 5.5B Household management by income type Inverclyde 2017

Source: Scottish Household Survey

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 2017 13% 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%



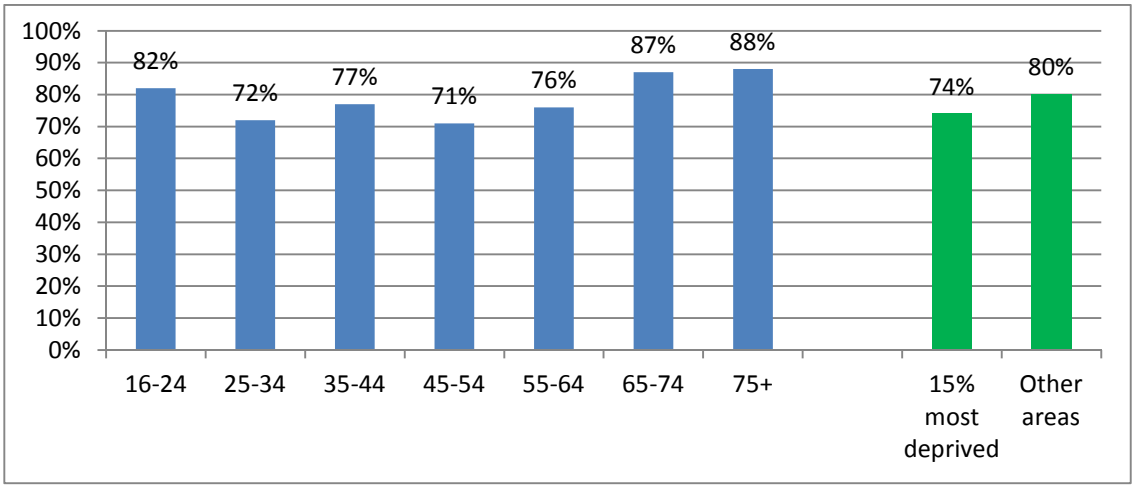
Source: Scottish Household Survey

5.6 Adequacy of Household Income

Respondents of the GG&C Health and Wellbeing survey were asked how they felt about the adequacy of their household income. Just under four in five (78%) gave a positive view, 12% gave a neutral view and 9% gave a negative view.
In comparison with NHSGGC those in Inverclyde were more likely to have a positive view of the adequacy of their household income (78% Inverclyde; 75% NHSGGC).

Those aged 65 or over were the most likely give a positive view of the adequacy of their household income. Additionally, those in the most deprived areas were less likely to give a positive view.[14]

Figure 5.6A Positive Perception of household finances by age group and deprivation



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

[14] NHS Greater Glasgow and Clyde 2017/18 Health and Wellbeing Survey

Affected by welfare reform

The 2017/18 Health and Wellbeing Survey asked those who received any of their household income from benefits whether they had experienced benefits sanctions or delays in benefits payments in the last year.

• One percent of those who received benefits had experienced benefit sanctions.

• Two percent had experienced delays in benefits payments in the last year.

All respondents were asked whether their household had been affected by benefit changes in the last 12 months (e.g. Working Tax Credits, DLA to PIP, benefit cap). Overall, 2% percent said they had been affected by benefit changes.

Compared to NHSGGC those in Inverclyde were less likely to have been affected by benefit changes (2% Inverclyde; 4% NHSGGC).

Those in the most deprived areas were more likely to have been affected by benefit changes (4% most deprived; 2% other areas). Those in the bottom 15% deprivation areas were also more likely to have difficulties meeting costs (44%) than other less deprived areas (26%). This includes costs associated with rent/mortgage payments, fuel bills, phone bills, council tax/insurance, food or clothes/shoes.

Another group that were identified as having difficulty with these household costs were those in the younger age groups, with 41% of 16-24 year olds recording difficulty.

Findings of the Scottish Governments Annual Report published June 2017, “Welfare Reform (Further Provisions) (Scotland) Act 2012” concluded that as a result of the reduction in welfare spending from the Westminster Government, that by 2020/21 the loss per adult, per annum, in Inverclyde will be £298.[15]

Universal Credit Full Service (UCFS) commenced in Inverclyde in November 2016. The experience to date has been one of claimants reporting difficulties in communicating with DWP, making even relatively straightforward issues difficult to resolve. In December 2017 approximately 3760 (34%) households claimed UC, around 7,200 (66%) claimed ‘legacy’ benefits. HSCP Advice Service has developed a positive relationship with DWP at a local level and other operational stakeholders to try and ensure the most effective roll out of UCFS in Inverclyde that is possible.

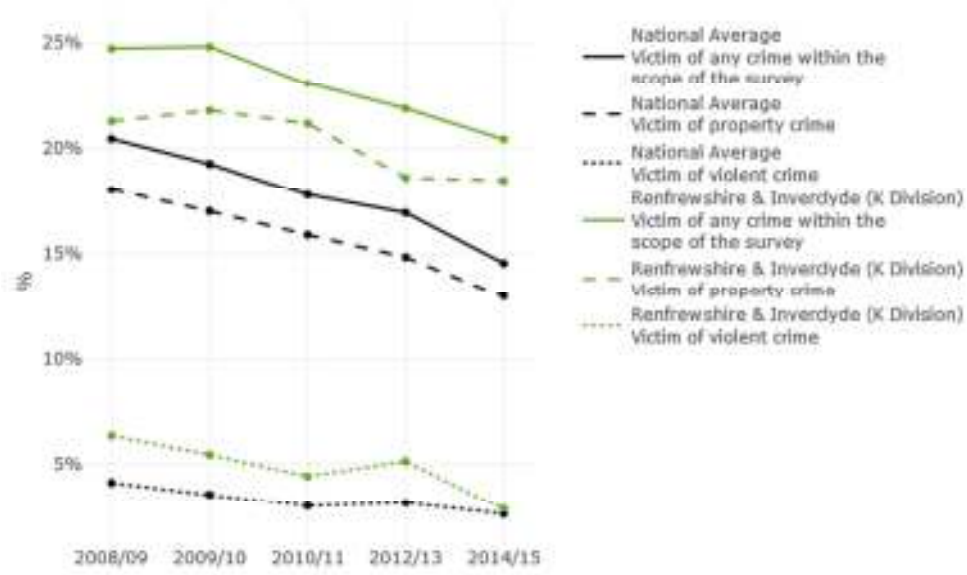
5.7 Crime and criminal justice

Ensuring that the people of Inverclyde live are protected from crime and life in a safe environment is an important aspect of Big Action 3. Data and information on crime is collected from a number of 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 victim of crime rates are decreasing, the

[15] Inverclyde Advice Services Biennial Report 2016/18

police division that incorporates Inverclyde (K Division) has higher rates than the national average for all crimes, property crimes, and violent crimes.[16]

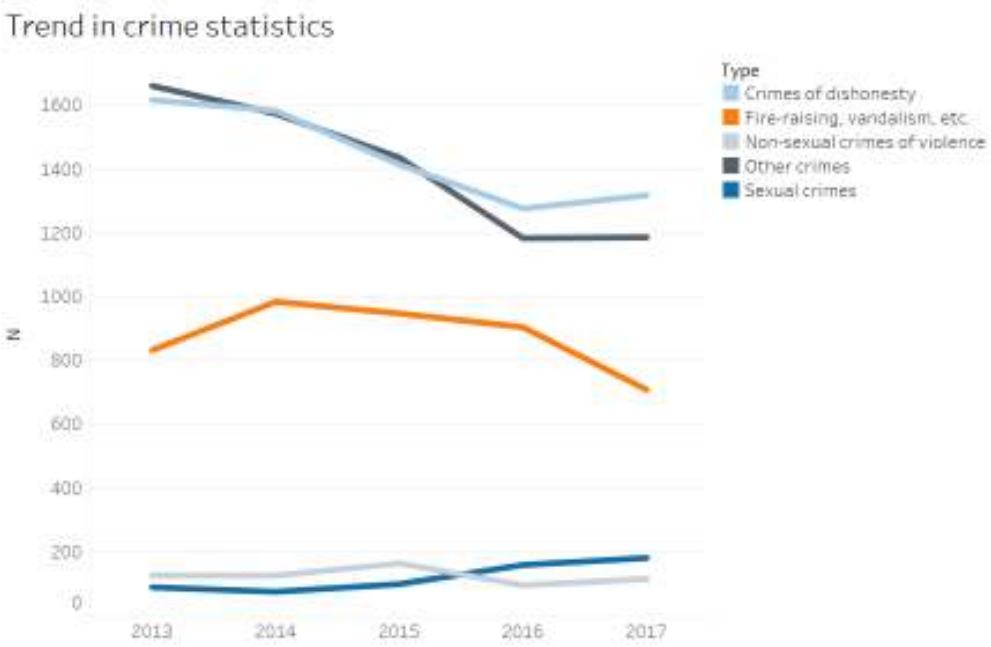
Figure 5.7A Victim of crime



Source: Scottish Crime and Justice Survey 2016/17

In terms of the types of crime that are being committed in Inverclyde, police statistics from the Recorded Crime in Scotland report of 2017/18 are shown in figure 5.7B.

Figure 5.7B: Recorded crime Inverclyde 2013/14 – 2017/18



Sources: Recorded Crime in Scotland 2013/14 to 2017/18

[16] http://register.scotstat.org/s/209e8e

There has been a slight increase in the number of recorded crimes for all types of crime between 2016/17 and 2017/18 except for the fire raising and vandalism category which fell by 22%. Sexual crimes have been increasing across Scotland and have more than doubled in Inverclyde between 2013/14 and 2017/18.

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 lower 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.

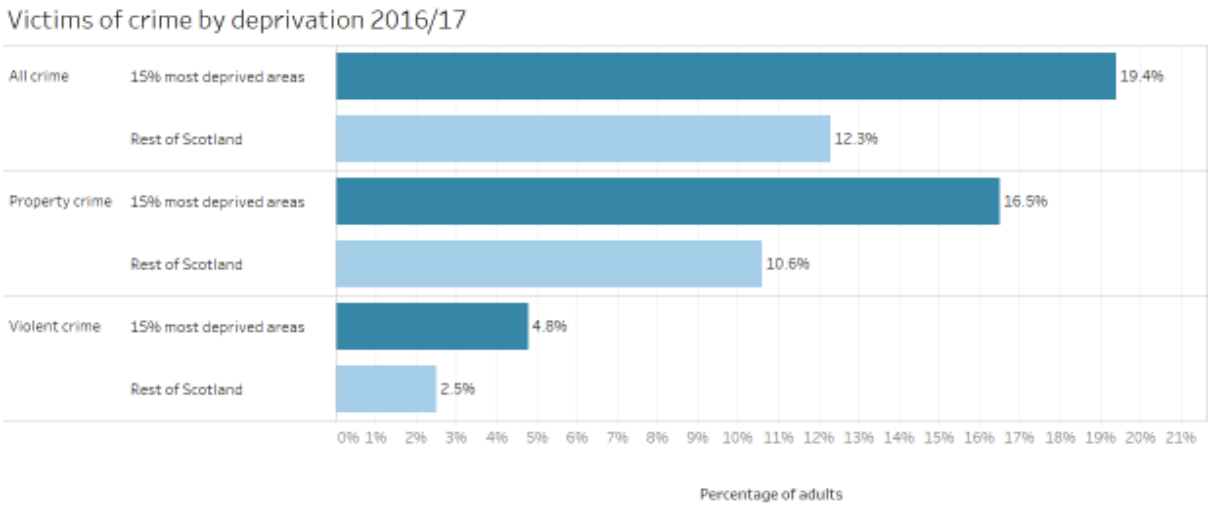
Figure 5.7C: Rate of crimes recorded by the Police per 10,000 populations

Local authority area	Non-sexual crimes of violence	Sexual crimes	Crimes of dishonesty	Fire-raising, vandalism, etc.	Other crimes	Total crimes
Inverclyde	14	23	167	90	151	445
Scotland	13	23	211	95	109	451

Source: Recorded Crime in Scotland 2017-2018

People are more likely to be victims of crime if they live in an area of high deprivation. Figure 5.7C is also from the Scottish Crime and Justice Survey and shows the percentage of respondents who were victims of crime by deprivation status. This data is not split to show the information by police division and is only available at the national level. In the high deprivation areas, 19.4% of respondents recorded that they were a victim of crime compared to 12.3% in the rest of the country. With areas of high deprivation in Inverclyde, the people that live in these areas are similarly adversely affected by crime.

Figure 5.7C Victim of crime by deprivation



Source: Scottish Crime and Justice Survey 2016/17

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".[17]
Data on recorded domestic abuse crimes are displayed in figure 5.7D. There was a slight increase in the rate in Inverclyde between 2016/17 and 2017/18 and for the last 2 years this rate has been higher than the Scottish rate. In 2017/18 this rate equated to nearly 900 recorded cases of domestic abuse in Inverclyde.

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

Local Authority	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Inverclyde	101	111	102	110	114
Scotland	110	112	108	109	110

Source: Domestic abuse in Scotland: 2017 - 2018 statistics

5.8 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 the area of 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 2016/17:

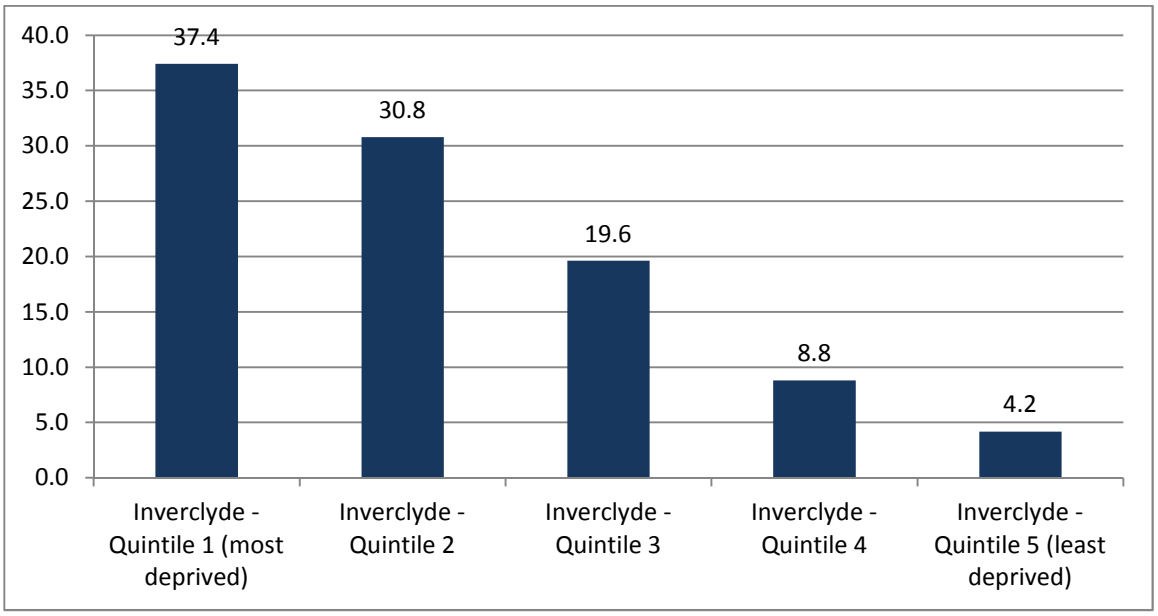
- 221 children, from 140 families, were referred to the Children and Families Social Work Team due to child protection concerns.
- 34 Children were on the Child Protection Register in Inverclyde on the 31st March 2017.

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

- 50% of children on the Child Protection Register in this reporting period were under 5 years of age.

Approximately a quarter of children in Inverclyde are living in poverty. The highest concentration of child poverty is in areas of high deprivation as 37.4% of children in poverty live in these areas. Figure 5.8A below shows a breakdown of children living in poverty by deprivation quintile.

Figure 5.8A - Percentage of children living in poverty by deprivation



Source: Inverclyde Chief Social Work Officer's Report 2016/17

Multi Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements (MAPPA) was established under Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005. It is a process by which key partnership agencies coproduce a risk management plan for individuals representing a risk of sexual or violent harm towards others. Agencies have a duty to cooperate and share information to inform risk management. Risk management is an ongoing process and risk management plans are reviewed on an ongoing basis. MAPPA is a key public protection mechanism.

The North Strathclyde MAPPA operates a governance structure which consists of the MAPPA Operational Group (MOG) which reports to the MAPPA Strategic Oversight Group (SOG). The CSWO is a member of the SOG which is the key strategic mechanism through which oversight of this area of public protection is exercised. These Groups meet 3 times a year respectively and are attended by partners from the Responsible Authorities (Councils, Police, Health and Scottish Prison Service) and in the case of the MOG Victim Support is also represented. The MAPPA Unit itself is hosted by Inverclyde HSCP.

Where issues or concerns are identified by partner agencies the MOG will create a Short Life Working Group (SLWG) to progress the matter. Membership of such groups will be drawn from representatives of the MOG and attention is given to ensuring all Responsible Authorities are represented.

In addition there are also established sub-groups which include the Quality Assurance subgroup and the Training subgroup.

The Quality Assurance subgroup has been engaged in a range of activities to support the effectiveness and efficiency of the MAPPA process. This has included reviewing and refreshing the document set used at MAPPA meetings; annual case audits; and surveys of both staff and individuals managed by MAPPA. The activities of this subgroup have also led to the establishment of a MAPPA Chairs Forum to provide peer support for those engaged in this critical role.

Significantly, the Quality Assurance subgroup have also been engaging with individuals whose convictions would require them to be managed through MAPPA to ask if they would voluntarily agree to take part in a service user survey. The purpose is to gain an understanding of their knowledge of the MAPPA process and to identify from their perspective any issues or areas for improvement. This work which commenced in February 2018 is on-going. To date feedback has been generally positive.

The Training subgroup plans, co-ordinates and reviews all MAPPA training events, including MAPPA Development Day, Awareness Raising Events and Chair training. They have conducted a number of awareness raising events which provide an insight into the MAPPA process, the role of the MAPPA unit and also includes an interactive exercise framed to meet the needs of the particular audience at any given event. This training helps to dispel any myths around what MAPPA is and is not, identifies the roles of key staff and aims to facilitate the exchange of information to support public protection. Training has been provided to a range of partner agencies including: Registered Social Landlords', Library, Education and Community Payback Unpaid Work staff. In total 16 Awareness events have taken place.

Serious Incident Reports (SIR's) are also an important learning resource. Inverclyde HSCP has a duty to notify the Scottish Government of any harmful behaviour likely to result in trauma enacted by individuals currently subject to Statutory Court Orders. Since 2015 a total of 6 SIR's have been undertaken. There has been a wealth of good practice identified from these investigations within the Criminal Justice Service including evidence of evidence informed practice, use of regular risk assessment and use of accredited risk assessment tools to inform decision making, collaborative partnership working and detailed case note recording. The Criminal Justice Service is committed to addressing violence in the local community.

Recently the North Strathclyde Multi Agency Public Protection (MAPPA) Unit successfully facilitated a multi-agency workshop within Inverclyde to explore learning

from a Serious Case Review (SCR). The SCR had been the result of further sexualised offending by an individual in central Scotland. The workshop was attended by a number of professionals from a health and social care background, including those from neighbouring local authorities

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.

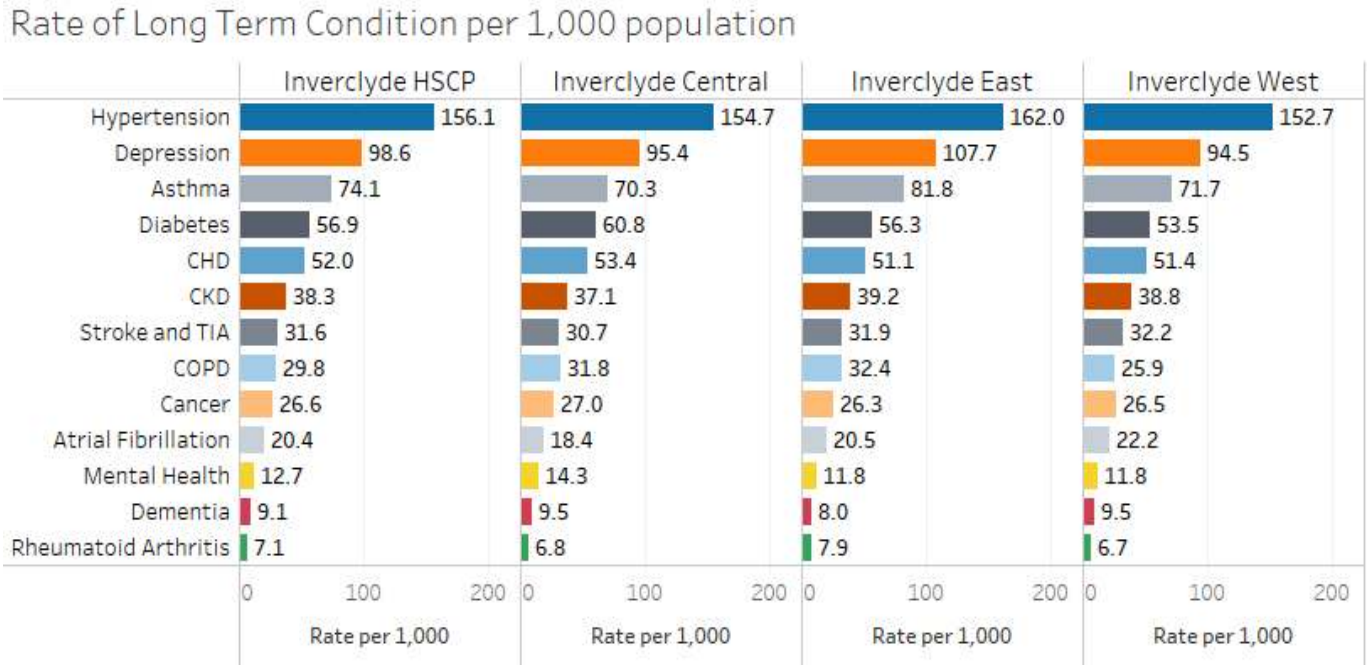
This big action will aim to create an Inverclyde where people are encouraged and supported to take an active role in managing their own health. When support or care is needed, we aim to provide it as much as possible in the person's community or own home, rather than in hospital.

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 2017/18.

Figure 6.1A Rate of Long Term Conditions



Source: ISD Scotland Primary Care Information Dashboard

The picture of LTCs is similar across each of the localities, with the prevalence rates, order and rank of the most common conditions almost exactly the same.

The following subsections will look at particular 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 fallen slightly from 0.9 in 2010/11 to 0.7 in 2014/15. This estimated prevalence is marginally less than the Scottish figure of 0.8 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 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 in Inverclyde (per 100 people)

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

Source: Quality and Outcomes Framework (QOF) www.isdscotland.org/qof

Dementia provision

Inverclyde has a Dementia Strategy that aims to ensure that the community embraces people with dementia, with services that provide appropriate care and support and enables people with dementia, their families and carers to live well with dementia. The dementia strategy is important as Inverclyde's population ages, and more people are at risk of developing dementia. The prevalence rates for older people with dementia aged 65+ is approximately 10% of the older population and an anticipated 30% for people aged over 80. In Inverclyde it is anticipated that there will be an increase of 10% of those aged 85-89 years with dementia and a 26% increase in those aged 90 or above as the demographic picture changes.[18]

Amongst the work on dementia that has progressed through the strategy includes:

- Review of existing information, ensuring people receive appropriate educational information relevant at stages of dementia for people with dementia, their families and carers.
- Review of existing approaches to assessment, and use of complementary assessment tools to focus on enabling people with dementia to live safely at home for as long as possible, facilitate effective care at times of transition,

[18] Inverclyde Dementia Strategy November 2013

including use of advance statements and life story work.

- Fast track mental health assessment with the aim of preventing hospital admission and facilitating appropriate care at home.
- Developments within acute hospital and care home settings to enable appropriate support and care where mental health needs are identified and are changing.
- Enabling access to the Dementia Care Pathway for people whose care is provided in these settings.

The Dementia Care Pathway is focussed on a handful of key issues. This includes diagnosis, post-diagnostic support, community services, care in other settings, and coordination and case management. A brief summary of these key aspects of the pathway is below.

Diagnosis

Access to comprehensive diagnostic services is essential to ensure that appropriate advice and support is given to individuals at the earliest opportunity, including access to local services if required.

Post-Diagnostic Support

Access to information and advice will enable people with dementia and their family put in place a support system which can adjust to changing needs at a pace and level which best meets their needs and circumstances. Post diagnostic support enables people to plan for the future, maintain independence and live well with their condition.

Community Services

People with dementia should be supported to maintain a normal life, sustaining family and community relationships. This support should be provided in the home for as long as possible and appropriate. Access to support is arranged when it is needed and tailored to meet personal choices.

Care in other Settings

There will be occasions where people with dementia can no longer be cared for within the home. When this occurs support will be given to ensure ongoing care is provided within the most appropriate setting, be this hospital or care home.

Coordination and Case Management

Services will be provided based on individual need delivered flexibly to take account of changing circumstances. A partnership approach will be taken to assessment, monitoring and review to ensure people with dementia have their needs assessed and services are delivered in a seamless way.

6.3 Cancer

Cancer registrations.

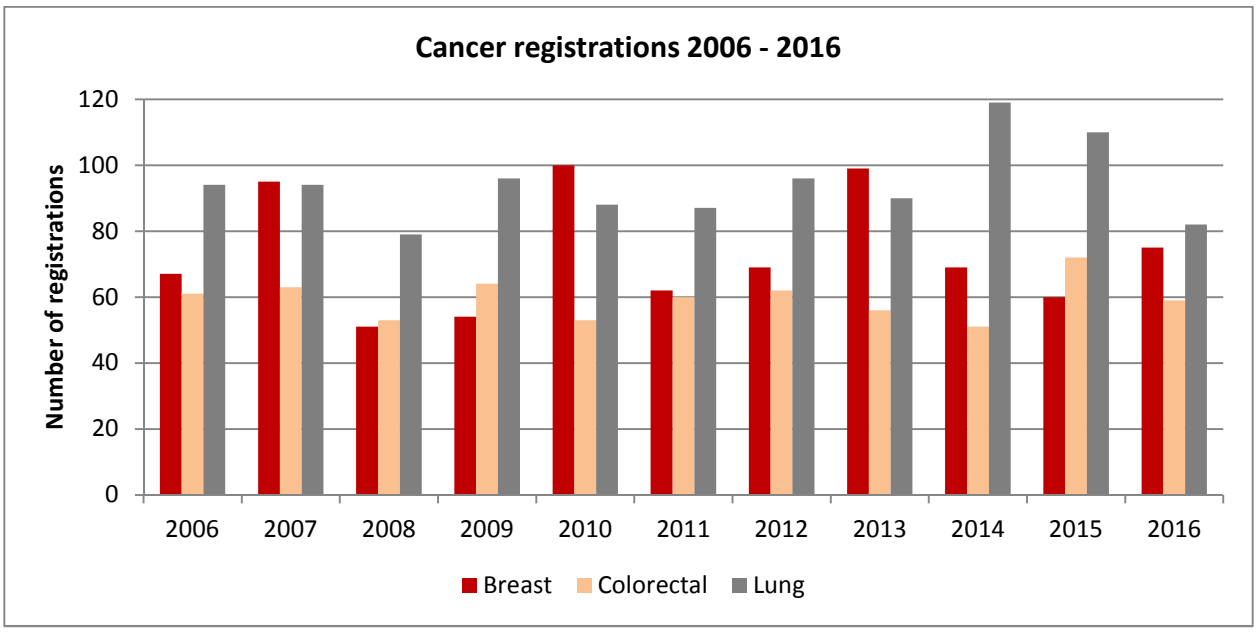
In 2016 there were 527 diagnoses of cancer in Inverclyde. This was a decrease of 5% from the previous year. Figure 6.3A below shows the trend in cancer registrations in Inverclyde from 2006 to 2016. The risk of developing cancer increases as a person gets older, and this, coupled with an increasing elderly population means that the number of cancer registrations is set to rise.

Figure 6.3A Cancer registrations in Inverclyde from 2006-2016

Cancer registrations	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
All cancers	478	512	455	517	548	469	524	517	561	555	527

Source: Scottish Cancer Registry, ISD Scotland

Figure 6.3B shows the number of registrations for breast, colorectal and lung cancer from 2006 to 2016. These three cancers account for approximately half of all cancer diagnoses in Inverclyde.



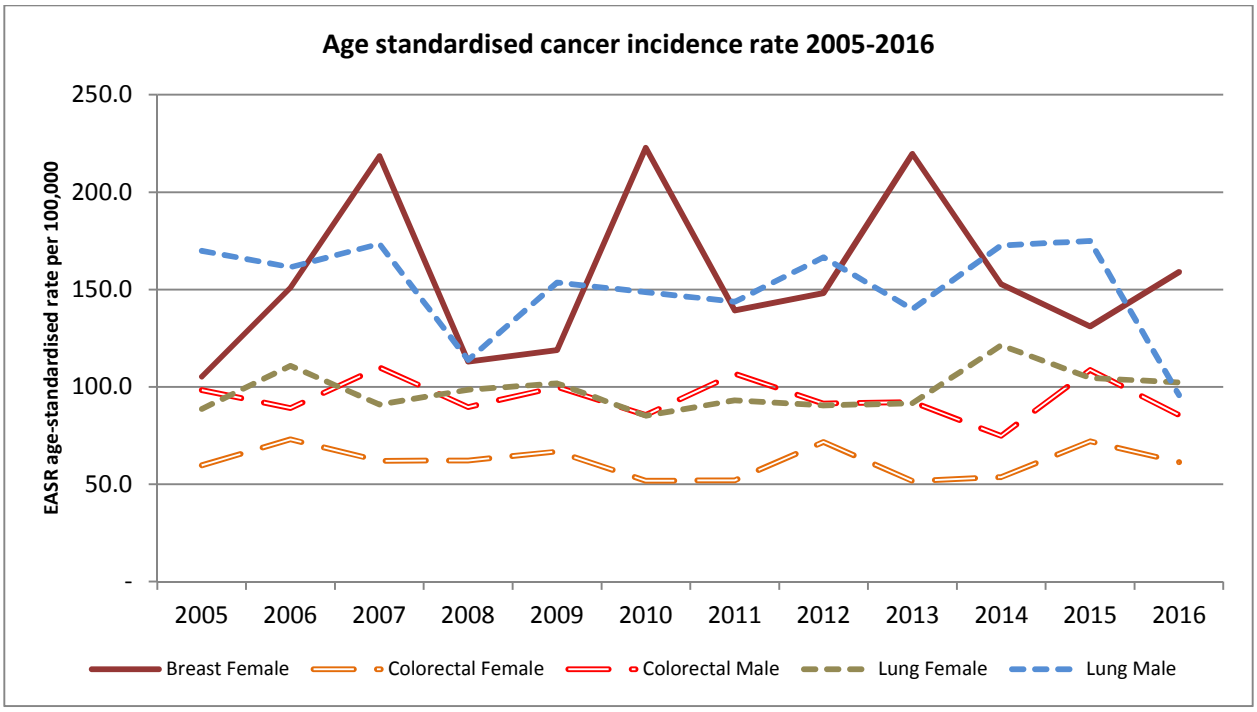
Source: Scottish Cancer Registry, ISD Scotland

Figure 6.3C shows the cancer incidence rate in Inverclyde for breast, colorectal and lung cancer between 2005 and 2016 for men and women. This is an age standardised rate per 100,000 population.[19] For women, the highest rate of incidence was in breast cancer and for men the highest rate was in lung cancer. The rate of breast cancer detection peaks 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

There has been a decrease in the incidence rate for lung cancer in males between 2015 and 2016 as the rate had almost halved. This incidence rate fell for the board area as whole as well, although less than what it did in Inverclyde. Further data will be required to assess whether this decrease is a one-off or part of a longer trend in lung cancer incidence rates. However reduced rates of smoking are likely to have a positive impact on lung cancer in the longer term.

[19] Age standardised rates are a method of adjusting the crude rate of a population to ensure that differences between age groups over time are reduced.

Figure 6.3C Age standardised cancer incidence rate in Inverclyde 2005-2016

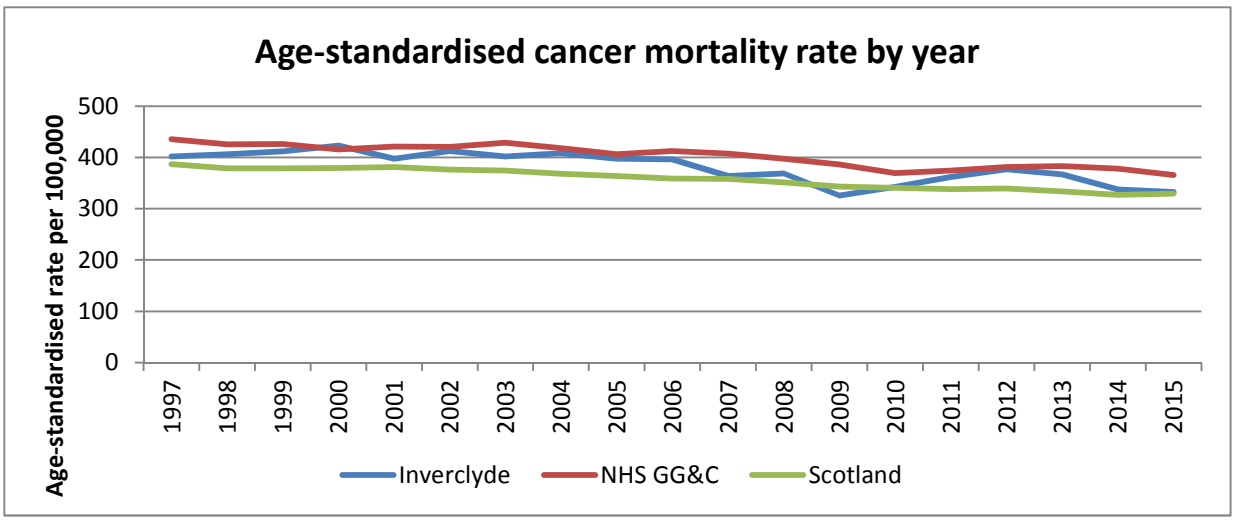


Source: Scottish Cancer Registry, ISD Scotland

Cancer Mortality

In Inverclyde, the age-standardised cancer mortality rate has fallen in the years from 2005 to 2015. In 2005, the rate per 100,000 people was 397.5 and this had fallen to 332.5 by 2015. However, as Figure 4.3.2G below shows, the rate was lowest in 2009. The mortality rate in Inverclyde is above the Scottish figure, but below that of NHS Greater Glasgow and Clyde as a whole.

Figure 6.3D Cancer Mortality in Inverclyde 1997-2015 (all cancers excluding non-malignant melanoma)



Source: ISD Scotland, National Records for Scotland

The number of cancer deaths in Inverclyde has followed a similar pattern to the mortality rate in the years between 2005 and 2015, they too have fallen.

Figure 6.3E – Number of cancer deaths in Inverclyde

Inverclyde	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of cancer deaths	281	266	259	270	246	252	272	277	282	267	262

Source: ISD Scotland, National Records of Scotland

The figures above represent a 7% drop in the number of cancer deaths in Inverclyde during the period. In contrast, in Scotland there was a 6% decrease in the number of cancer deaths, and a 13% increase in NHS GG&C.

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 2017/18. 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 2017/18 there were 4,595 patients with diabetes, up from 3,692 in 2010/11. The rate in 2017/18 in Inverclyde was 5.7 per 100 people. In comparison, the Scottish rate was lower at 5.1 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.[20]

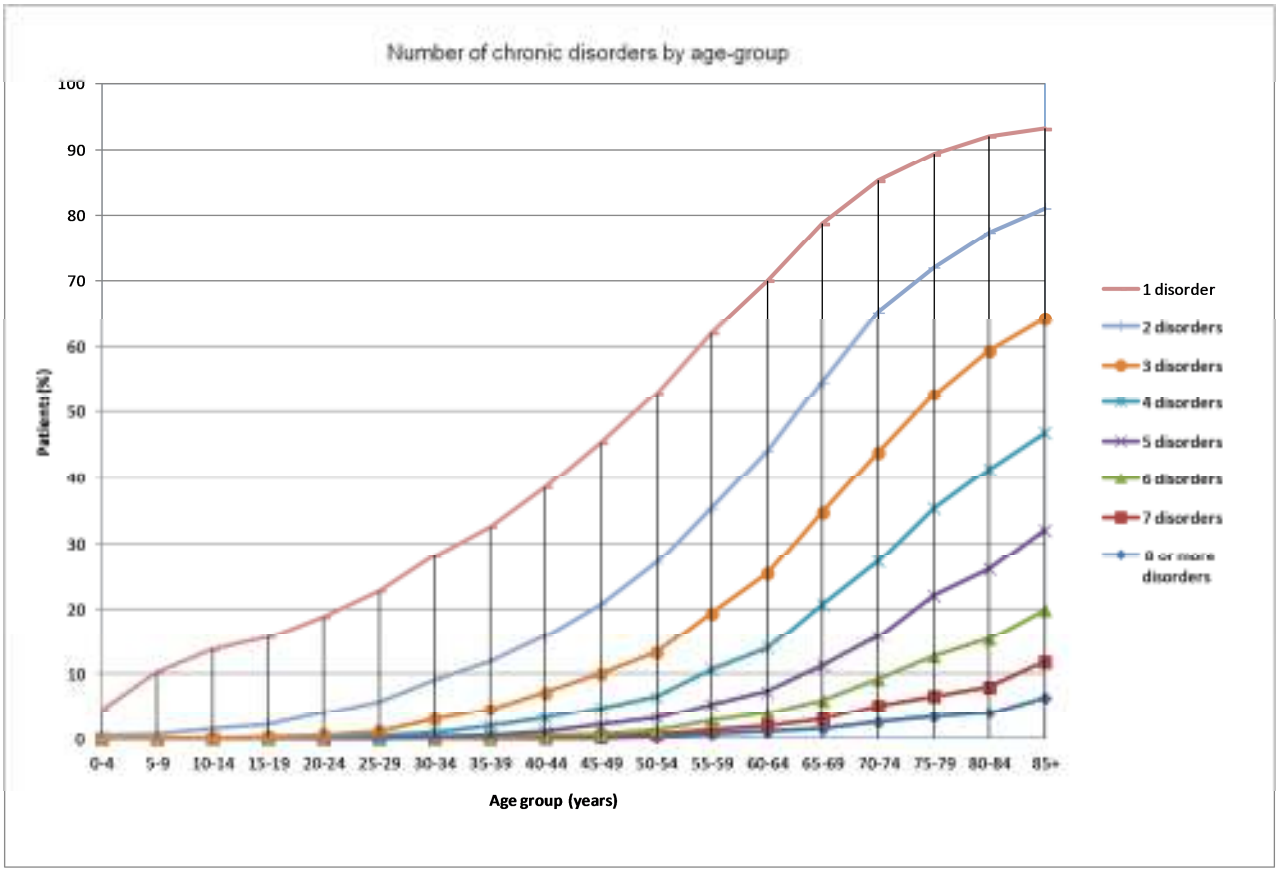
6.5 Multi-Morbidity

In light of ageing populations Inverclyde is faced with potentially an increase in the number of people with multiple long term conditions (also referred to as multi-morbidities). Multiple morbidities bring both person-centred as well as financial challenges (Christie, 2011). Patients with multiple complex long term conditions are currently making multiple trips to hospital clinics to see a range of uncoordinated specialist services. As part of Big Action 4, we will review pathways and guidelines away from the current disease specific models to generic approaches focused on the holistic needs of patients (Lunt, 2013, p. 17). The latter ties in with the Scottish Government's 2020 Vision and the values of designing the services around the patient.

Figure 6.5A demonstrates that in theory patients have more conditions as they age.

[20] http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/

Figure 6.5A – Estimated number of conditions by age group.



Source: The Challenge of Multimorbidity in Scotland, Professor Stewart Mercer

6.6 Supporting Independent Living

Adaptations and Equipment

In the period between the 1/7/2015 and 31/1/2016 Inverclyde Health and Social Care Partnership carried out over 1,000 adaptations and provided 4,100 pieces of equipment for people with disability. A breakdown of the type of adaptations made is in figure 6.6A and a list of equipment in figure 6.6B.

Figure 6.6A Adaptations made Inverclyde HSCP 1/7/15-31/1/16

Adaptation type	Number
Bathroom	172
Lift	40
Other	67
Rail	722
Ramp	11
Total	**1012**

Source: Inverclyde Health and Social Care Partnership

Seven out of ten adaptations carried out by the partnership involve installing a handrail or grab rail.

Figure 6.6B Equipment Provided Inverclyde HSCP 1/7/15-31/1/16

Equipment Category	Number
Bathing	668
Beds & associated Equipment	1130
Moving and Handling Equipment	402
Other	32
Pressure Care	437
Seating	352
Small Aids	360
Toileting	723
Total	**4104**

Source: Inverclyde Health and Social Care Partnership

There are a number of 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.

6.7 Self-Directed Support

Direct payments have been available in Scotland since 1996 and any adult who has been assessed as needing care and support services can apply to receive a direct payment. They allow people to choose and buy the services they need instead of receiving them directly from the local authority. Direct payments are an effective way of supporting people to take more ownership of their own health and care.

In 2013 the Scottish Parliament passed a new law on social care support (the Social Care (Self-directed Support)(Scotland) Act 2013) which gives people a choice in how their social care and support is provided to them. SDS gives people control over their own budget and allows them to choose how it is spent. There are four options

Option 1: Taken as a Direct Payment (a cash payment)

Option 2: Allocated to a provider the individual chooses. The council or funder holds the budget but the person is in charge of how it is spent.

Option 3: The council can arrange a service chosen by the individual.

Option 4: The individual can chose a mix of these options.

According to the 2017 Scottish Social Survey there were 4,120 clients in Inverclyde of self-directed support, with 80 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 6.7A below.

Figure 6.7A Number of people receiving Direct Payments (and value of payments) 2006-07 to 2016-17

Direct Payments	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Number of clients	10	20	20	20	70	80	90	90	70	80	80
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

Source: Scottish Social Care Survey 2017

6.8 Mental Health and Wellbeing

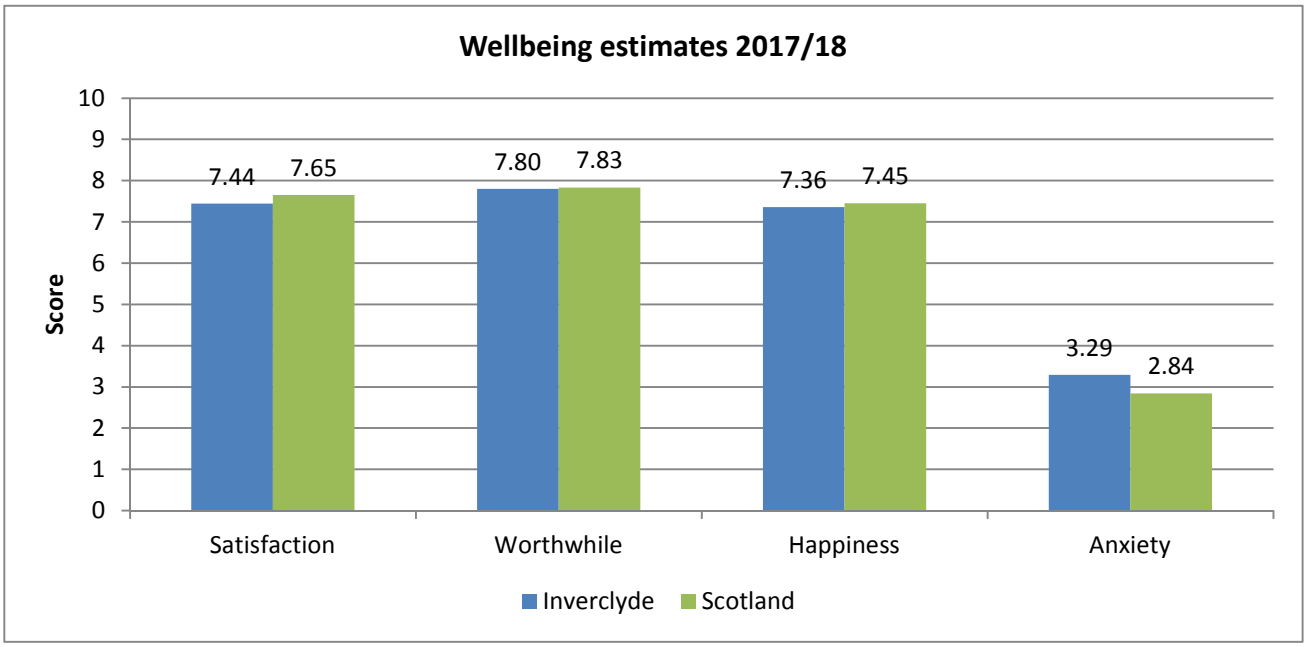
A well functioning mental health system has a range of community, inpatient and crisis mental health services that support people with severe and enduring mental illness. Across Scotland there were variations in the pace of change, the delivery and the models of service for mental health as boards attempted 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

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 2017/18 are shown in figure 6.8A below. The chart shows that on average people in Inverclyde have slightly poorer mental health wellbeing compared to the Scottish average.

Figure 6.8A Wellbeing estimates 2017/18



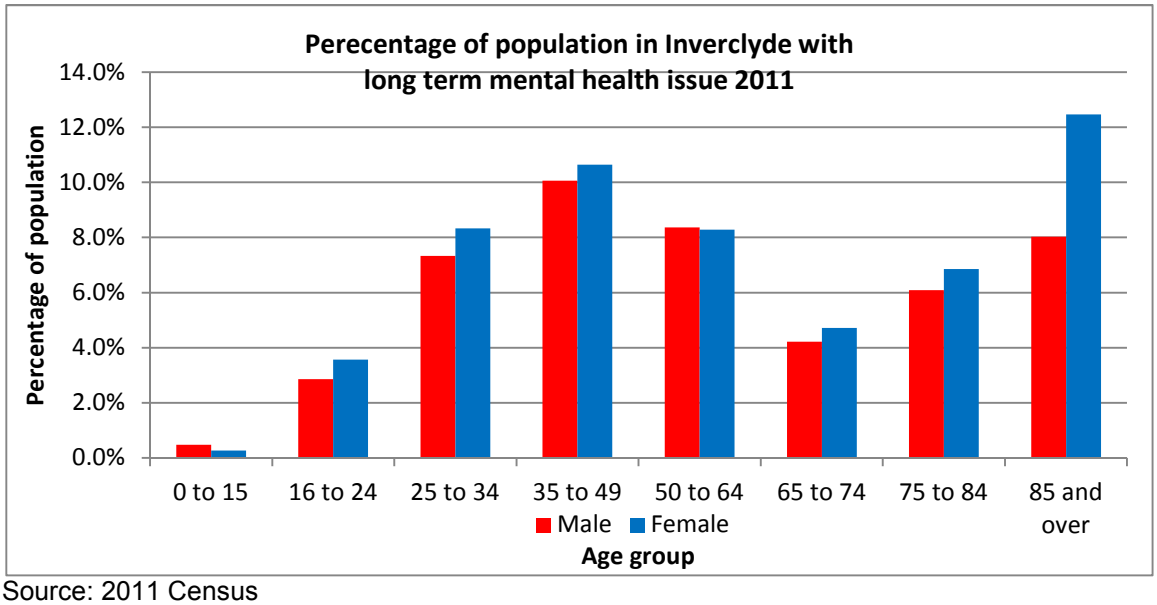
Source: Office for National Statistics

6.9 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.

In the 2011 Census return 5205 identified themselves as having a mental health condition. This is 6.4% of the total population. The distribution of this group by age group and sex is shown in Figure 6.9A.

Figure 6.9A Percentage of population with long term mental health condition in Inverclyde by age group and sex 2011



Source: 2011 Census

There is a slightly higher percentage of people in Inverclyde with a mental health condition in comparison with the Scottish average. In Inverclyde 6.4% of the total population had a mental health condition recorded in the 2011 census, the Scottish figure was 4.4%.

Further information on mental health and illnesses comes from general practice registers. Prevalence information is updated on a quarterly basis. A crude prevalence rate of the number of people in Inverclyde and Scotland with a mental health condition per 100 patients is shown in figure 6.9B. 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 last needs assessment review in 2016.

Figure 6.9B Rate of people with mental health issues in Inverclyde and Scotland Q2 2018/19

Area	Depression
Inverclyde	10.0
Scotland	7.5

Source: ISD Scotland

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).

- Girls in Inverclyde in second year at high school (aged 13) have statistically better scores than Scotland for pro-social behaviour, lower percentages of emotional and behavioural problems, and lower percentages for hyperactivity.[21]
- For girls two years older (aged 15 in fourth year) the scores for the same indicators are not statistically different from the Scottish average.[22]
- The Inverclyde boys' statistics are only significantly different from Scotland in the percentage who have emotional symptoms in second year (aged 13) where it is significantly higher.
- These differences in emotional symptoms percentages are not statistically significant for boys aged 15 and in fourth year. [23]

Men aged 16 and over in Inverclyde are also more likely to have a common mental health problem than those in the rest of the country. Nearly 1 in 5 respondents to the Scottish Health Surveys between 2011 and 2013 reported high scores for unhappiness, depression, anxiety and sleep disturbance. This was the highest

[21] ScotPHO Mental Health profile
[22] ScotPHO Mental Health profile
[23] ScotPHO Mental Health profile

amongst all the local authorities in the country, and significantly worse than the average.

6.10 Potentially preventable admissions

Potentially preventable admissions (PPA) analysis is produced by the Information Services Division of NHS 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.
In Inverclyde the Central locality has the highest rate of admissions for these conditions.

Figure 6.10A Potentially preventable admissions 2015/16

Potentially preventable admissions	Inverclyde East	Inverclyde Central	Inverclyde West
Stays per 1,000 population	23.4	30.5	19.2

6.11 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 thanks to the successful integration and partnership working between the HSCP and staff at the IRH, particularly through the award winning Home 1st team. The following provides an overview of delayed discharges for Inverclyde.

Figure 6.11A – Delays at monthly census 2016/17 – 2018/19

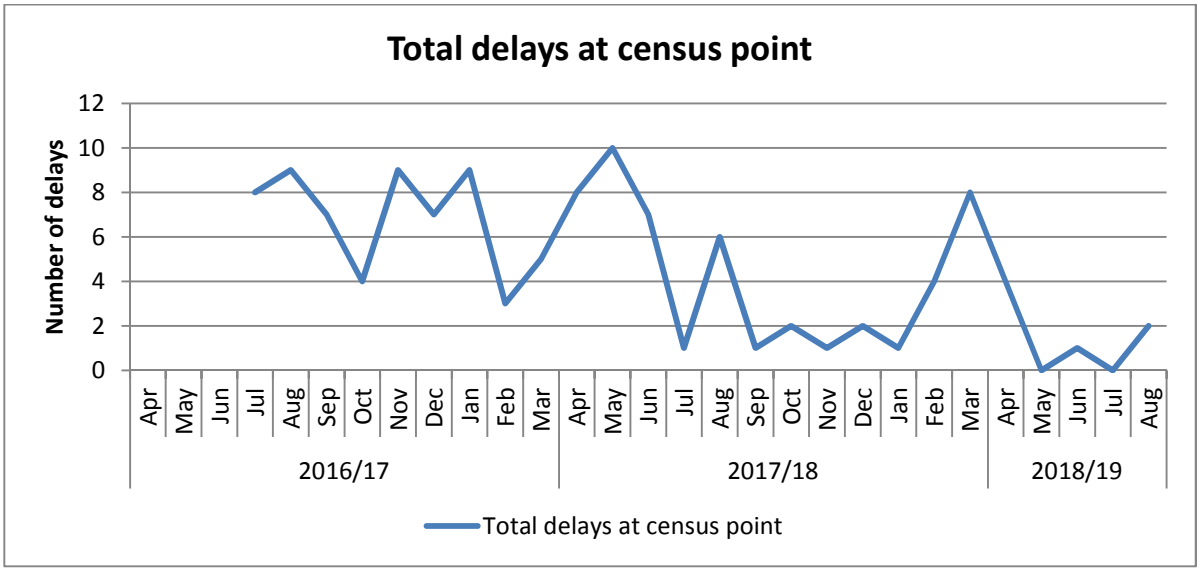
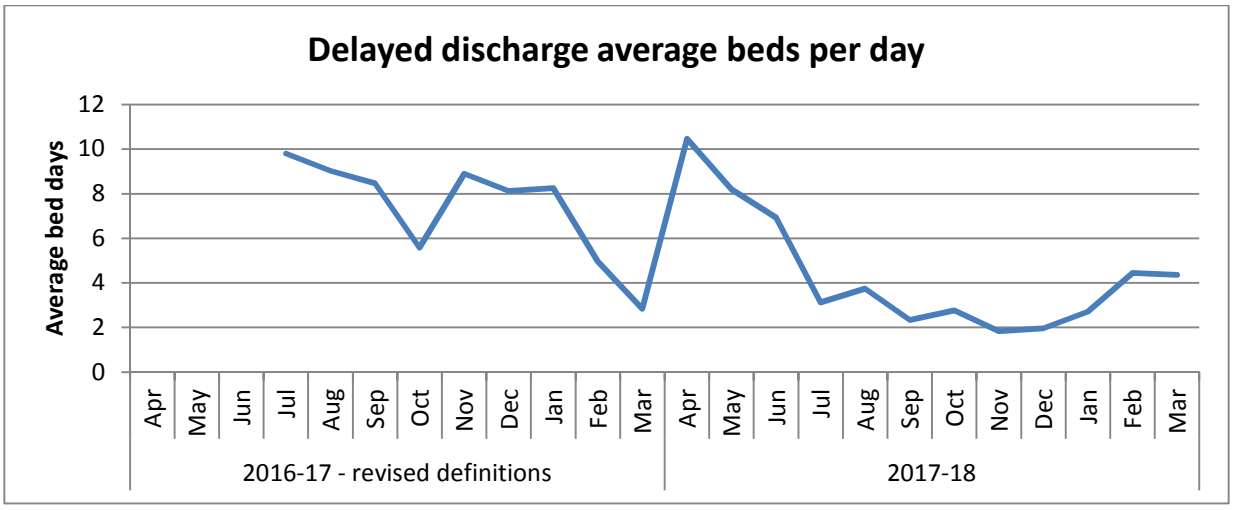


Figure 6.11B – Average delayed beds per day 2016/17 – 2018/19



In 2017/18 Inverclyde West had the highest delayed discharge rate of the three localities in Inverclyde.

Figure 6.11C – Delayed discharge rate by locality 2017/18

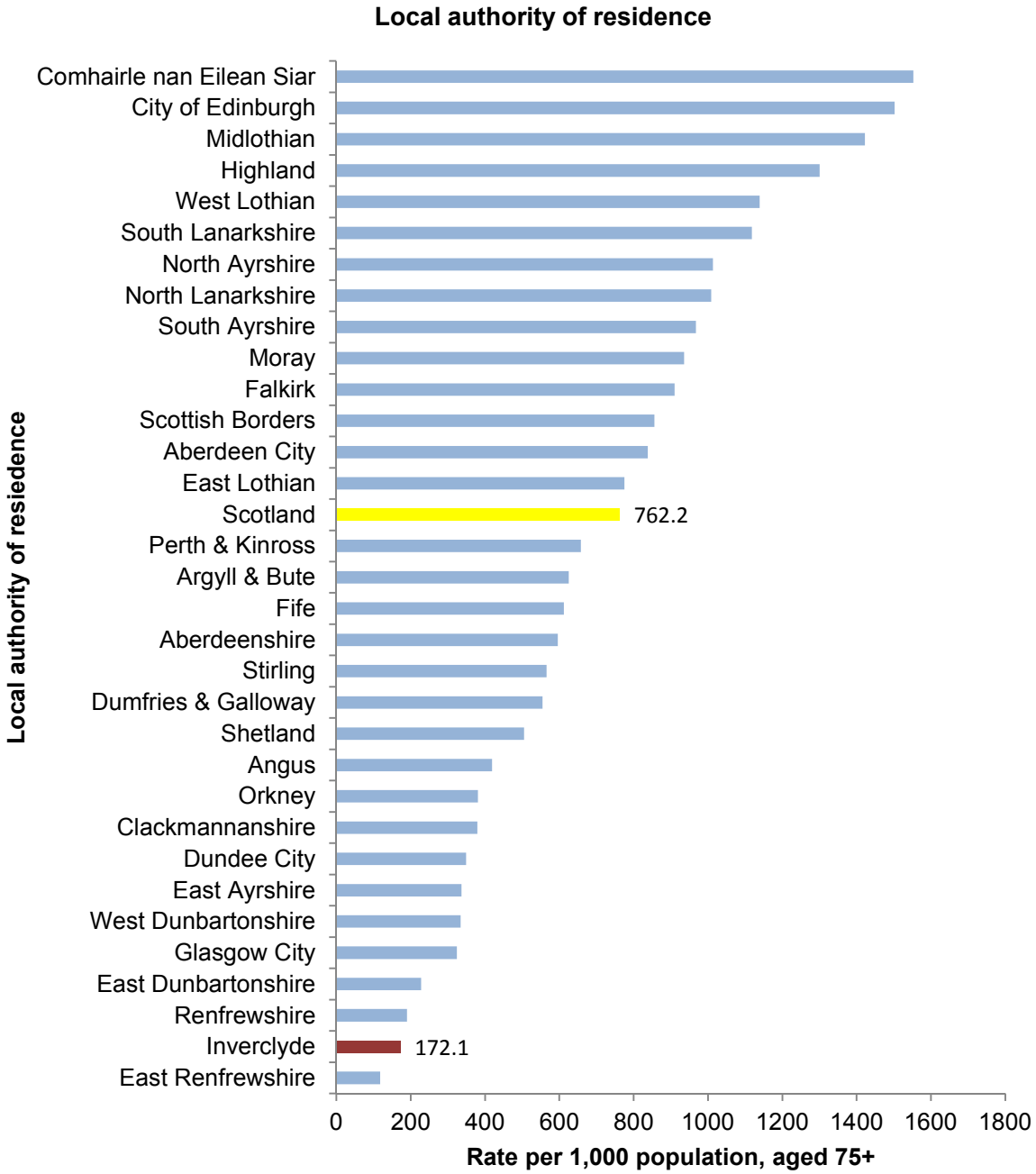
Delayed discharge rate	Inverclyde East	Inverclyde Central	Inverclyde West
Rate per 1,000 population	3.2	4.8	6.2

Source: ISD Scotland

This may be due to the population profile of the localities as there is an older population within Inverclyde West and the majority of delays are for elderly people.

Nearly 4 in 5 of delayed discharge patients are aged 75 and over. In 2017/18 Inverclyde had the second lowest rate for bed days occupied by these patients of all local authorities across Scotland. This is shown in Figure 6.11D.

Figure 6.11D: Bed days occupied by delayed discharge patients aged 75+ per 1,000 population, April 2017-March 2018

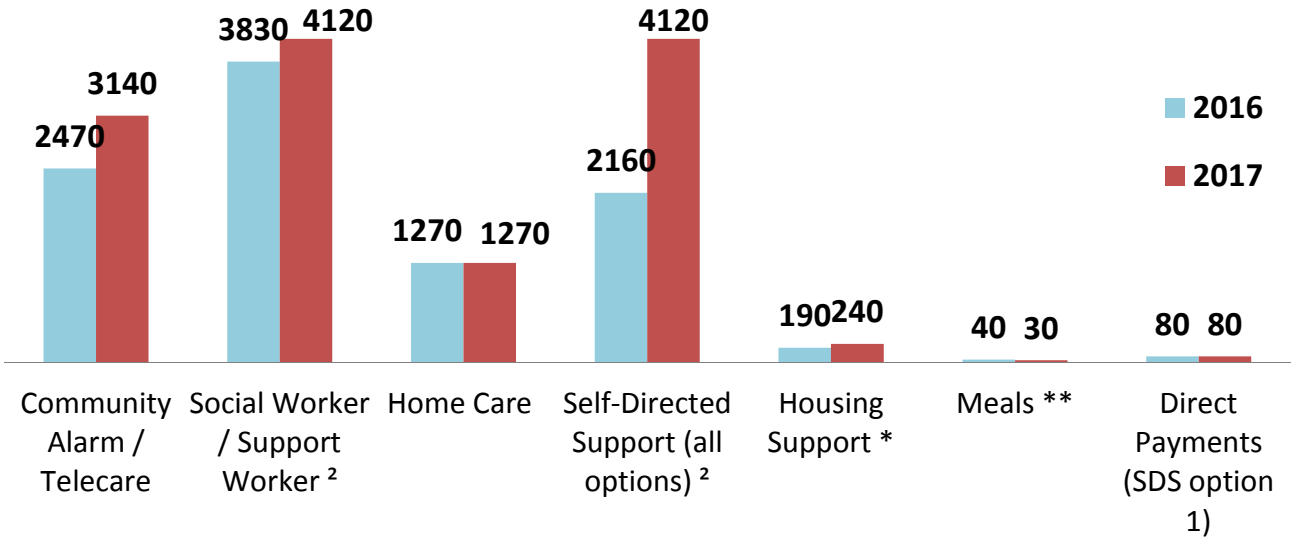


This rate fell in Inverclyde from the 2016/17 figure when the rate was 263 per 1,000 population.

6.12 Social Care Services

Social care services provided by the health and social care partnership include home care and community alarm services. The type of service that people received in 2016 and 2017 is shown in Figure 6.12A and the number of clients by client group in 6.12B below.

Figure 6.12A - Social Care service users by type of service[1], 2016 & 2017



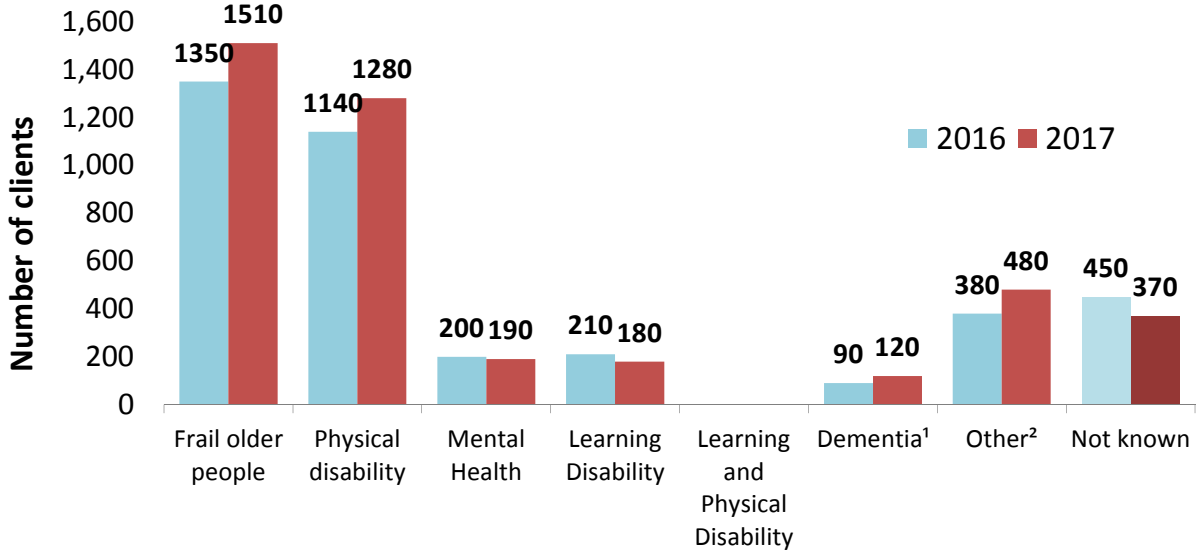
* Clients can receive multiple social care services.

[1]Community Alarm/Telecare, Direct Payments, SDS and Social Worker/Support Worker information are for the financial year. Home Care, Housing Support and Meals are from a weekly census.

[2]Data on Social Worker / Support Workers and Self-Directed Support is in development, and not reported on in detail.

Source: Scottish Social Care Survey 2016 & 2017

Figure 6.12B Number of service users receiving Social Care services, by client group



1 Dementia is known to be under-recorded in the social care management information system as it will only be recorded if a full and formal clinical diagnosis has been made.

2 "Other" includes addictions, palliative care and carers.

Source: Scottish Social Care Survey 2016 & 2017

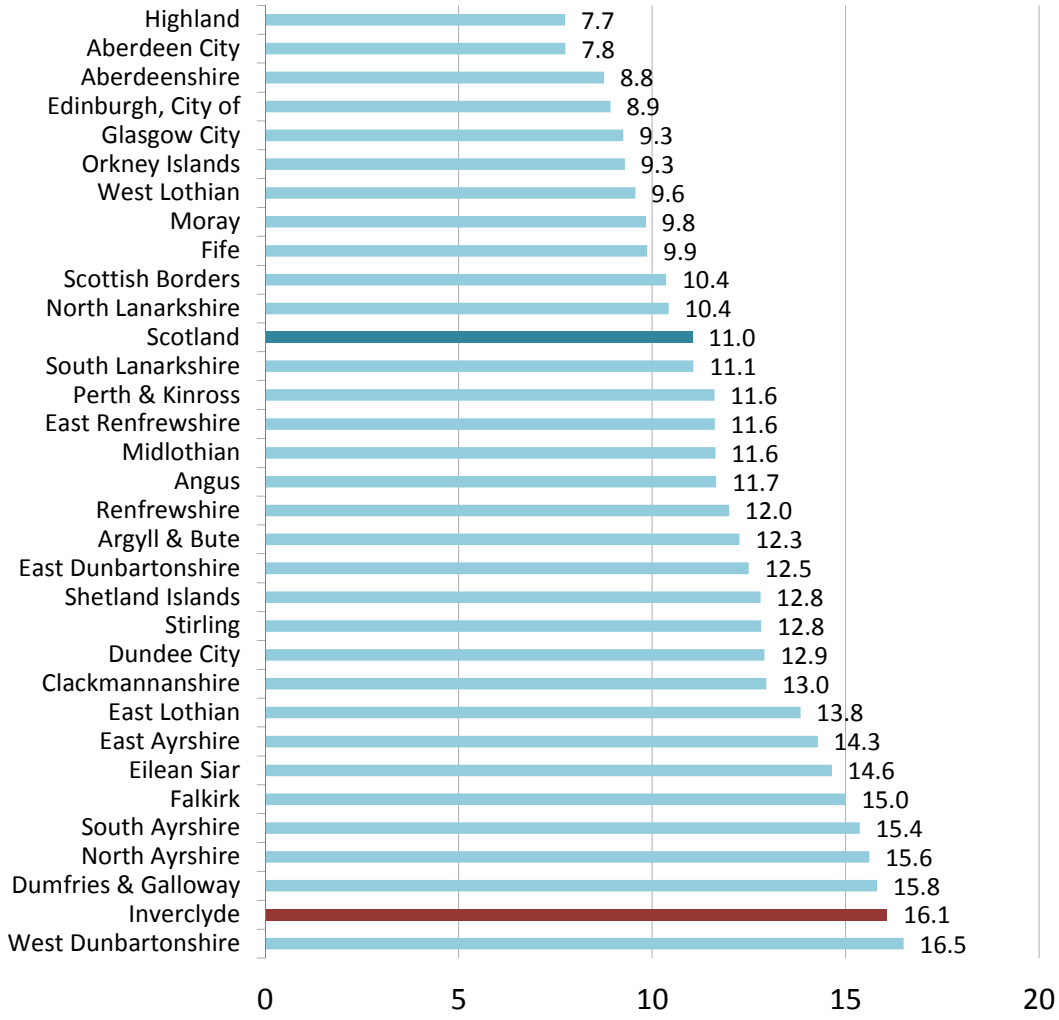
The charts demonstrate that there has been a slight increase in the number of clients receiving a social care service but a much greater increase in the number self

directed support services. This would indicate that clients are choosing to receive a wider range of services and packages of support than previously.

6.13 Care and Support at Home

According to the Scottish Social Care Survey there were 1,270 people in Inverclyde who were receiving care and support at home in 2017[24]. As a rate per a population of 1,000, this works out as 16.1 in Inverclyde, higher than the Scottish rate of 11.0. Figure 6.13A shows the national comparison of the rate of care and support at home between the local authorities in Scotland.

6.13A Clients receiving Home Care: rate per 1,000 population, by Local Authority, 2017

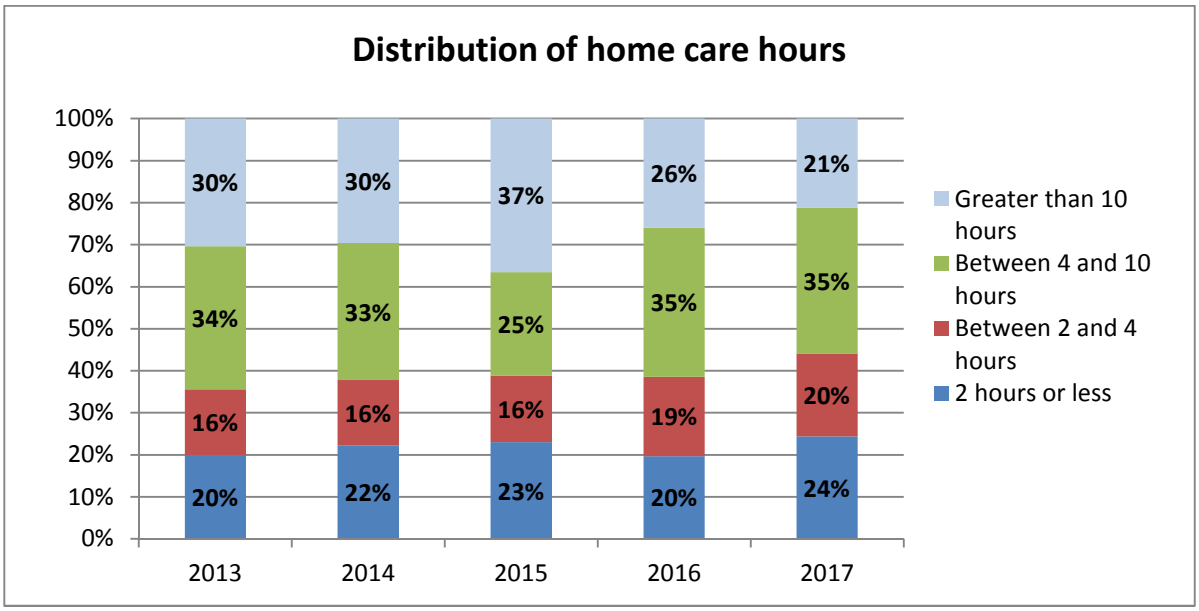


Source: Scottish Social Care Survey 2017

[24] Social Care Services, Scotland, 2016

In 2017 a fifth of clients in Inverclyde received over 10 hours of home care. The biggest changes between 2016 and 2017 were in the percentage of clients who received less than 2 hours, and those who received over 10 hours of care. Those who received less than 2 hours increased but those who received over 10 hours fell. Figure 6.13B demonstrates the trend in home care hours from 2013 to 2017.

Figure 6.13B Distribution of home care hours 2013-2017



Source: Scottish Social Care Survey 2017

More hours per population are provided to people living in Inverclyde Central than in the East or West localities, demonstrated in Figure 5.8C. In each of the localities 95% of the home care hours are for people aged 65 and above.

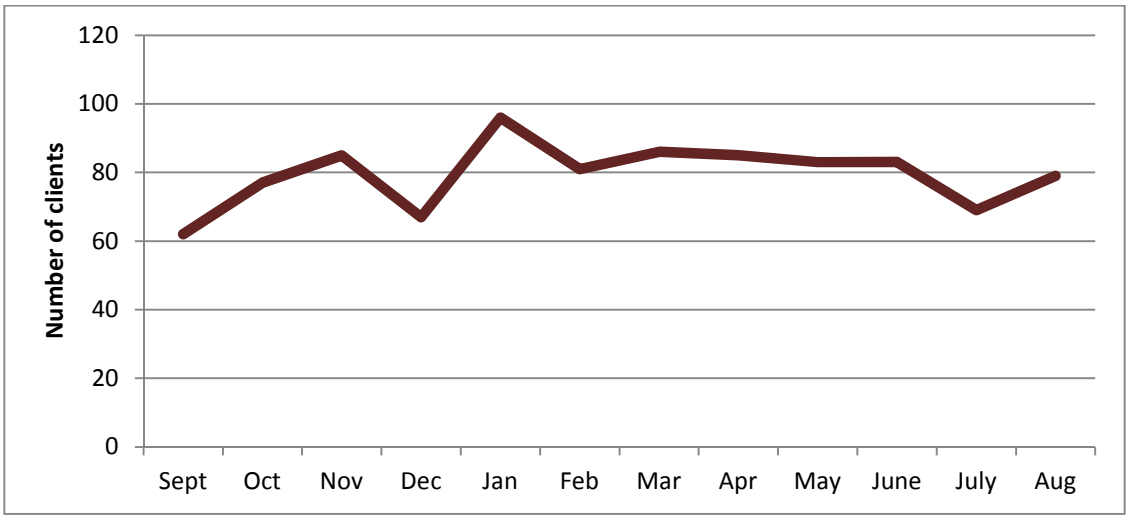
Figure 6.13C Home care hours by age group and locality

Home care hours per 1,000 population	Inverclyde East	Inverclyde Central	Inverclyde West
Adults (18-64)	1,254	1,472	1,120
Older people (65+)	22,231	29,498	27,726

6.14 Intermediate Care

Inverclyde HSCPS currently operates a reablement and rehabilitation service in the community. A step up beds service has also been in operation since January 2016. Figure 6.14A shows the number of new reablement users in Inverclyde for the twelve months between September 2017 and August 2018.

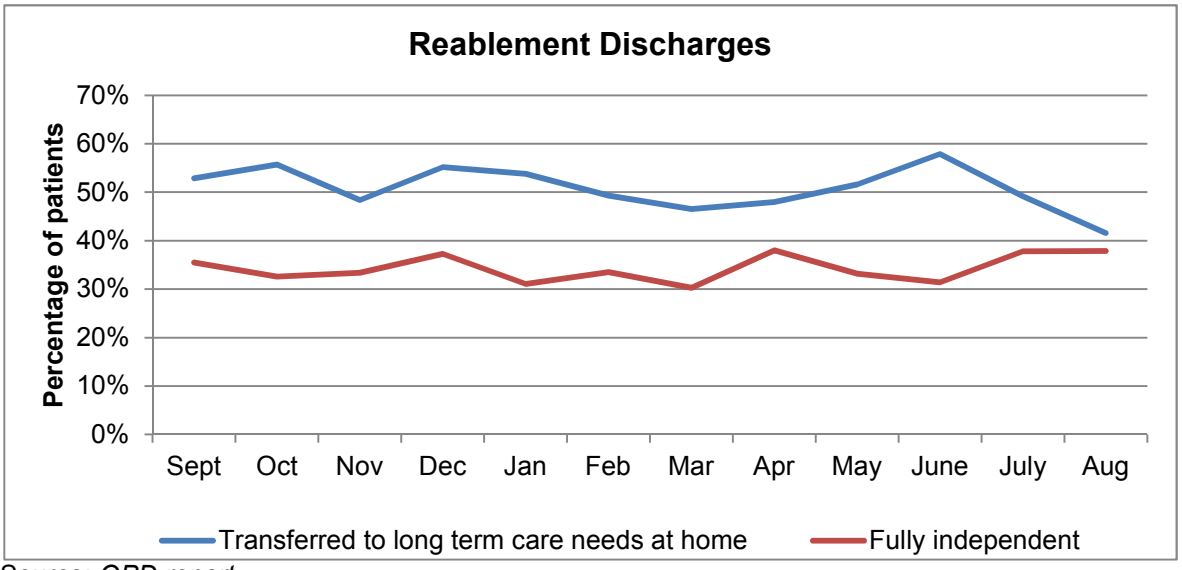
Figure 6.14A – New reablement service users Inverclyde September 2017 to August 2018



Source: *OPD report*

The monthly discharges from the reablement service for the patients identified in figure 6.14A are shown in 6.14B. About half of the patients who were discharged from the reablement service were transferred to long term care needs at home, a third were independent and fully discharged. The remainder were either readmitted to hospital, died, or were moved to long term care.

Figure 6.14B– Discharges from reablement service September 2017 to August 2018



Source: *OPD report*

6.15 Care Homes

There are currently 25 care homes in Inverclyde providing services to older people, children, and those with learning difficulties. The HSCP contracts with a variety of voluntary and private providers to supply care home places locally. For older people,

there are 14 care homes broken down into 11 nursing homes and 3 residential care homes.

In 2017 there were 749 older care homes residents in Inverclyde, with a mean age of 81.

Figure below shows the trend in care home places and residents in Inverclyde from 2011 to 2016. The number of registered places increased between 2015 and 2016 as well as the number of long stay residents. Occupancy of care homes in 2016 at 95% was the highest in a decade.

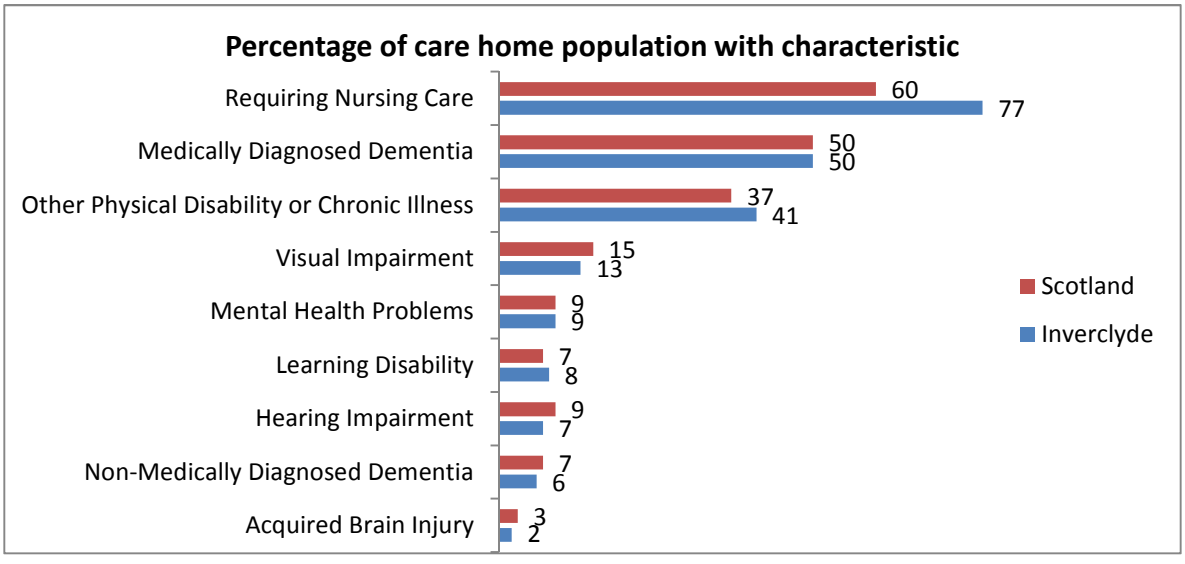
Figure 6.15A: Number of Care Homes, Registered Places, Residents and Percentage Occupancy 2012 – 2017

Inverclyde	2013	2014	2015	2016	2017
Total Number of Care Homes for Adults	28	27	26	26	26
Total Number of Registered Places	898	870	864	874	875
Total Number of Residents	779	810	786	828	749
Total Number of Long Stay Residents	746	761	771	806	713
Total Number of Short Stay and Respite Residents	33	49	15	22	36
Percentage Occupancy	87	93	91	95	86

Source: ISD Scotland Scottish Care Homes Census 2017

Figure 6.15B below shows the percentage of long term residents in 2017 that had a health or social care need in Inverclyde and Scotland. The percentage that requires nursing care is higher in Inverclyde as over three quarters of care home residents have a need for this type of care.

Figure 6.15B: Percentage of long term care home residents with a health or social care need

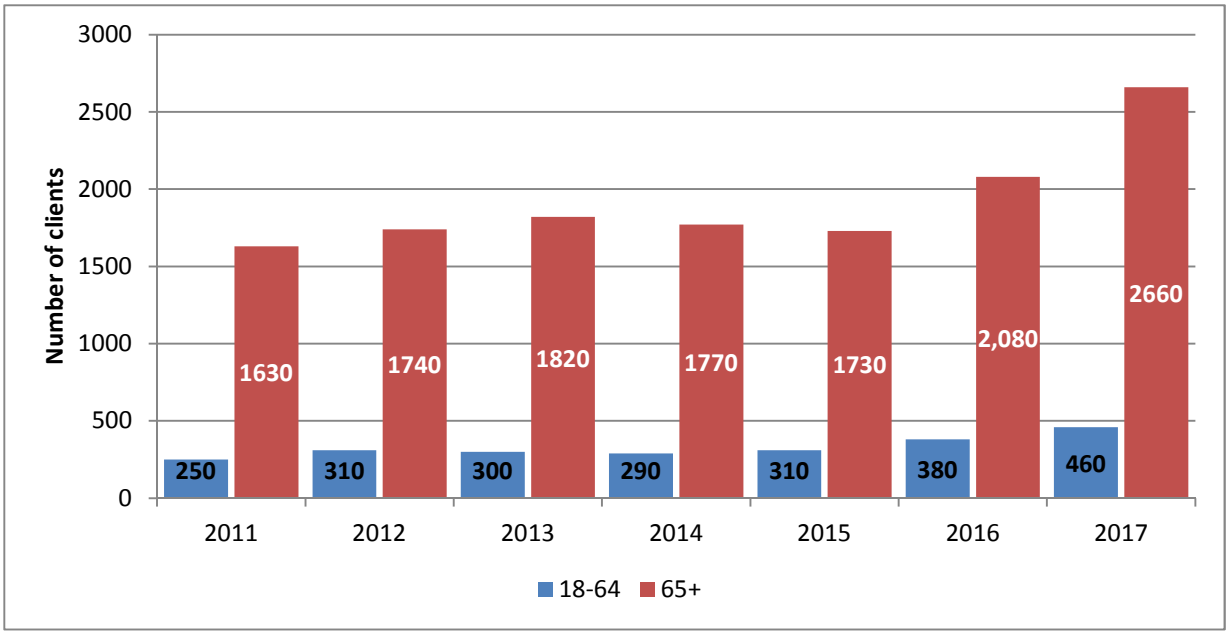


Source: ISD Scotland, Scottish Care Home Census 2017

6.16 Telecare

Telecare services use technology to help clients live more independently at home. They include personal alarms and health monitoring devices. Figure 6.16A shows the breakdown of telecare users in Inverclyde by age group between 2011 and 2017. 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 6.16A– Telecare users by age group in Inverclyde 2011-2017



Source: Scottish Social Care Survey 2017

Figure 6.16A demonstrates that between 2011 and 2017 the number of users of telecare services has been relatively constant over the five years, but the last two years have seen a 53% increase in the number of telecare clients.

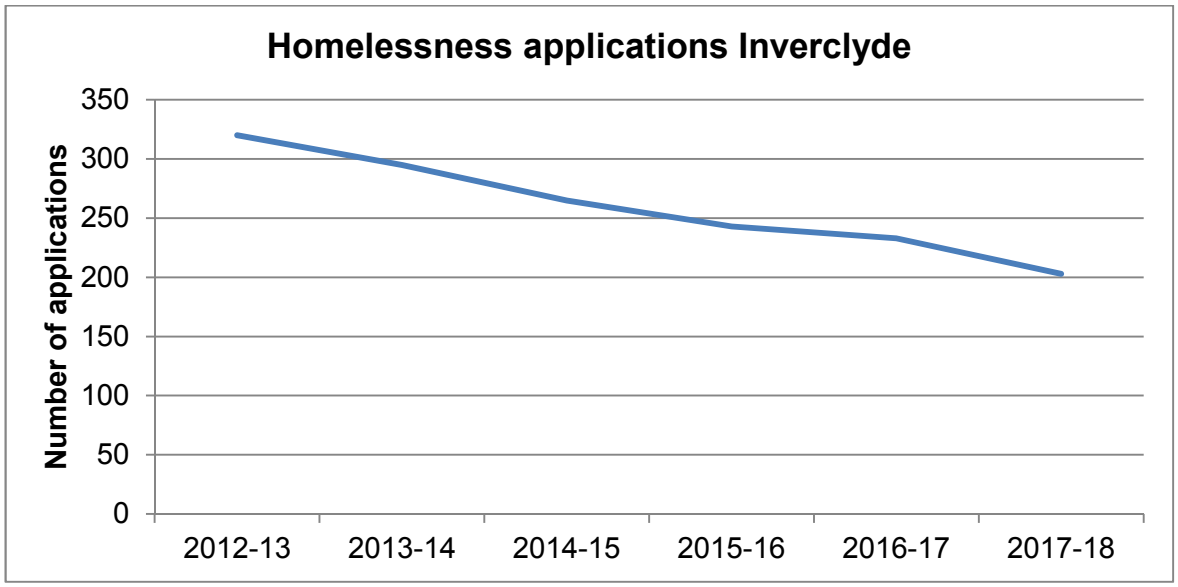
6.17 Homelessness

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.

In 2017/18 there were 900 approaches to homelessness services concerning housing options.[25] Of this, 203 applications were made to homelessness services. Figure 6.17A below shows the five-year trend in homelessness applications in

[25] Housing Options (PREVENT1) Statistics in Scotland: 2017/18

Inverclyde. There has been a constant decrease in the number of applications to homelessness services in Inverclyde.



Source: Homelessness in Scotland: Annual Publication 2017-18

6.18 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 6 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 be accountable for delivering the national health and wellbeing outcomes.

In 2017/18 87% of Inverclyde residents spent the last six months of their life at home or in the community, marginally lower than the Scottish average of 88%. There has been a slight increase in this percentage figure over the last seven years.

Table 6.17A 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
Inverclyde	82.4%	84.9%	84.9%	84.6%	84.6%	84.5%	85.5%	87.0%
Scotland	85.3%	85.8%	86.1%	86.0%	86.2%	86.7%	87.0%	87.9%

Source: ISD Scotland and National Records of Scotland

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 a number of key markers that highlight how Inverclyde is progressing towards this.
- The award winning delayed discharge team ensure that people are not staying longer than necessary in hospital and are returning to a home or homely setting.
- 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 2012 and 2014 there were nearly 1800 admissions attributable to smoking related illnesses.[26] 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, compared with the figures for the NHS Board area and Scotland as a whole. The prevalence of smoking in adults in Inverclyde is lower than the Scottish average for the youngest age group between 16 and 34 but higher for the oldest age group aged 65 and above. The age group with the highest smoking prevalence is the 35-64 age group, this is also true for the health board and Scotland.

Figure 7.1A Smokers by age group and area 2016

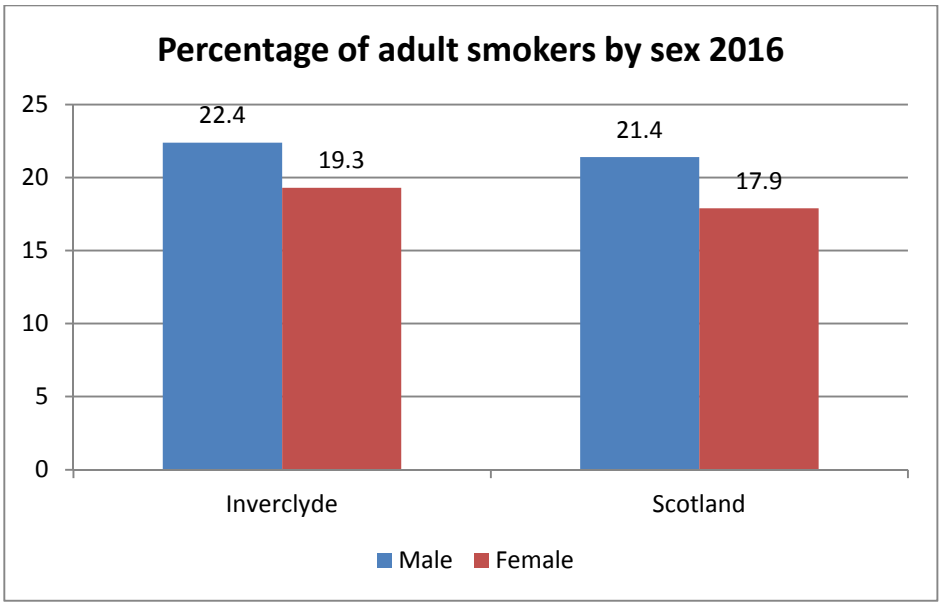
Area	Smoking prevalence ages 16-34	Smoking prevalence ages 35-64	Smoking prevalence ages 65+
Inverclyde	18%	24%	17%
Greater Glasgow and Clyde	18%	25%	15%
Scotland	21%	23%	11%

Sources: ScotPho Tobacco profile

Figure 7.1B shows a breakdown of those who smoked in 2016 by sex. The smoking rate for men and women is higher in Inverclyde compared to the Scottish average. This has an effect on the rates of smoking related illness and hospital admissions.

[26] ScotPHO Tobacco control profile

Figure 7.1B Smoking by sex



Sources: ScotPHO Tobacco profile

In 2013 researchers from NHS Greater Glasgow and Clyde carried out a survey on Child and Youth Health and Wellbeing in Inverclyde. 3,606 questionnaire responses were collated from secondary school pupils. The survey found that 5% of pupils were smokers, 13% had tried smoking and 82% had never smoked. Upper school pupils (S5 and S6) were more likely than middle or lower school pupils to be current smokers. Of the pupils who smoked, nearly a quarter said that they would not like to stop smoking. Two in five of all pupils lived in households where at least one other person smoked and 78% were exposed to environmental tobacco smoke (2,736 pupils).[27]

Smoking and Deprivation

The smoking rate in the 15% most deprived areas in Inverclyde was nearly twice 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 Current Smokers by Deprivation

Current smoker	
Bottom 15% datazones	28%
Other datazones	16%

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

[27] NHS Greater Glasgow and Clyde Inverclyde Child and Youth Health and Wellbeing Survey 2013

Smoking related illness

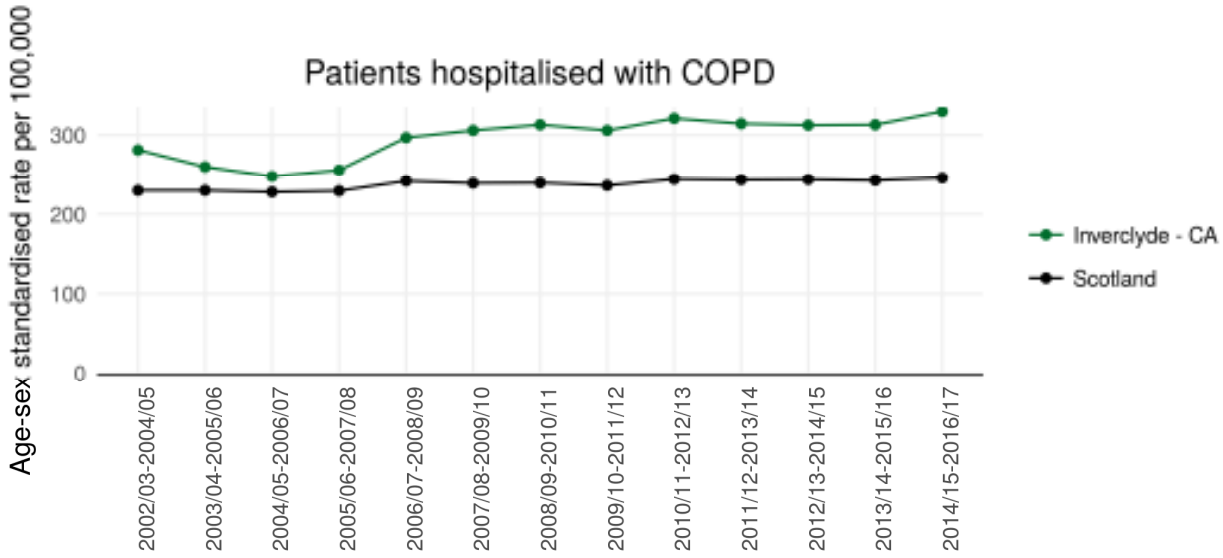
Figure 7.1D shows the rates (per 100,000) of smoking related illnesses in Inverclyde compared to the Scotland rate and figure 7.1E is the rate of patients hospitalised with COPD.

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

Measure	Period	Inverclyde	Scotland
Smoking attributable admissions	3 year aggregates 2012-14	2699.7	3156.3
Smoking attributable deaths	2 year aggregates 2013-14	425.7	366.8
Lung cancer registrations	3 year aggregates 2014-16	155.7	127.6
Lung cancer deaths	3 year aggregates 2014-16	109.4	99.3
COPD incidence[28]	3 year aggregates 2014/15-16/17	212.2	180.8
COPD deaths	3 year aggregates 2014-16	88.9	77.0

Source: ScotPHO Tobacco Control Profile

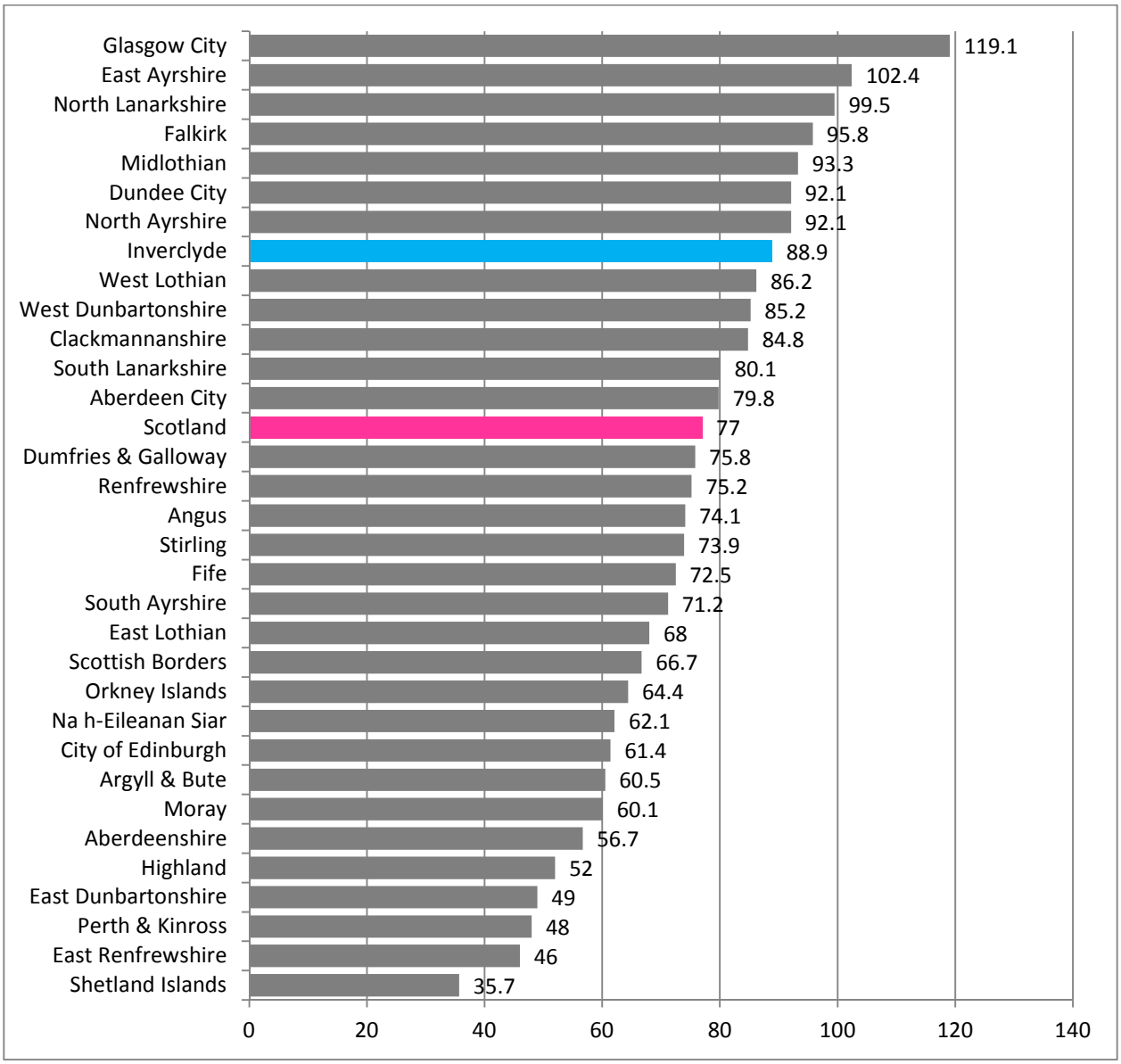
Figure 7.1E Rate of patients hospitalised with COPD



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

[28] 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 2014-16



Source: SCOTPHO Tobacco Profile

COPD HUBS

Twenty COPD hubs are currently in use for patients with COPD in Inverclyde. These telehealth devices were first introduced in 2007 and a specialist respiratory nurse was funded to specifically manage the hubs and the patients using them. The hubs are used by patients for self management and monitoring of their condition. This gives them information and guidance, and offers a greater peace of mind and reduced anxiety. As a result, the number of COPD admissions to hospital for these patients is reducing.

Currently, when hubs are given to patients, there are no time limiting conditions placed on their loan. This is prohibitive to the planning and management of hub use,

as patients tend to see the equipment as theirs to use 'indefinitely'. As a result there is currently a waiting list for patients to be allocated a hub. Work is ongoing in the partnership to assess the use and provision of the telehealth hubs and how they could be managed to maximise their effectiveness for those with COPD in Inverclyde.

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 but the rate per 100,000 people is still higher than the overall rate for Scotland, as demonstrated in figure 7.2A.

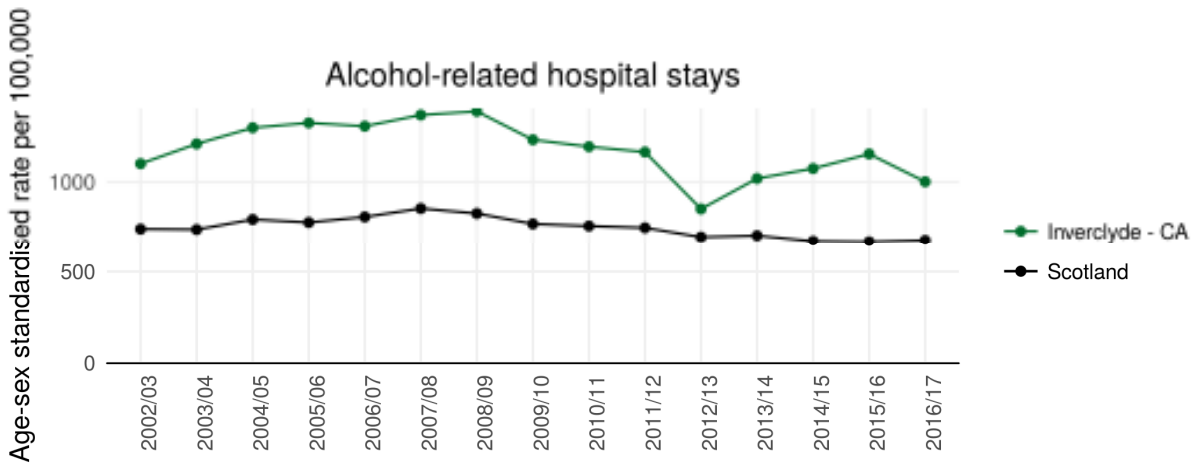
Figure 7.2A Alcohol Related Hospital Statistics 2010/11 - 2016/17

Inverclyde	EASR Standardised hospital stay rate	Number of hospital stays
2010/11	1192.2	954
2011/12	1163.2	938
2012/13	851.5	688
2013/14	1020.2	811
2014/15	1072.5	849
2015/16	1151.3	906
2016/17	1001.2	794

Source: ISD Scotland

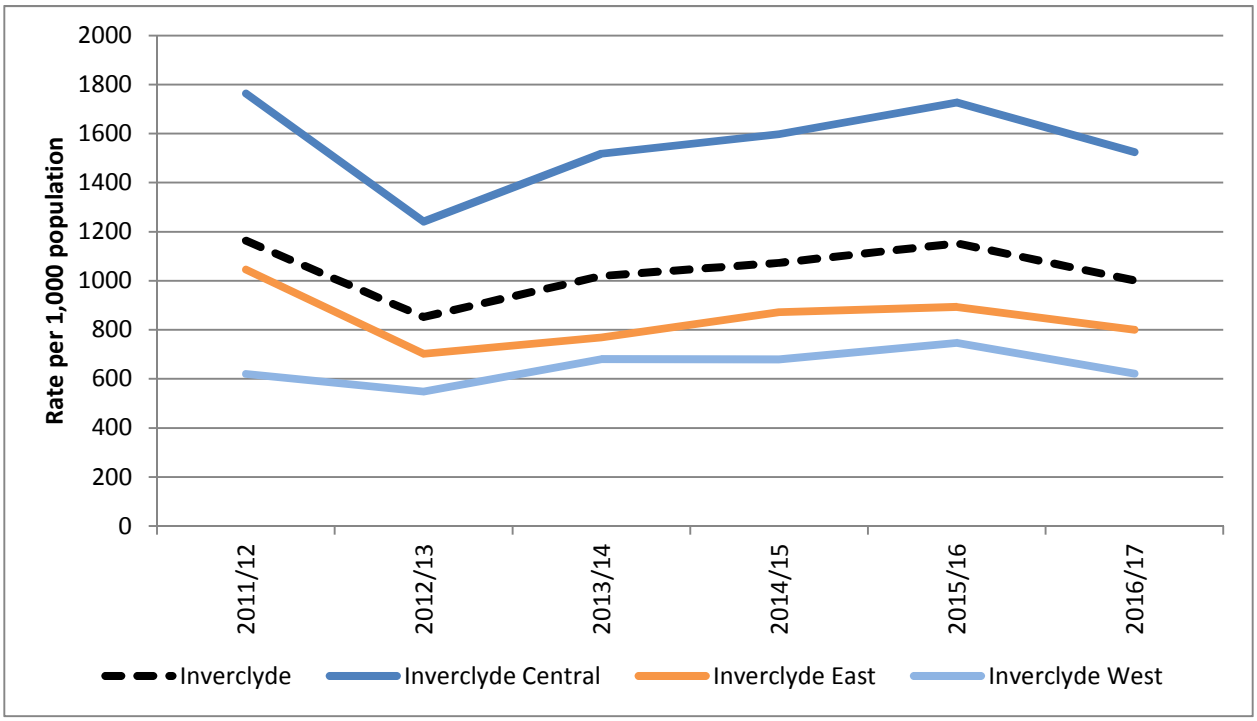
Figure 7.2B shows the trend information since 2002/03 for alcohol related stays; Inverclyde has consistently had higher rates than the Scottish total. Figure 7.2B compares Inverclyde and Scotland and 7.2C shows a comparison between the localities and the overall Inverclyde rate. The area with the highest rate is Inverclyde Central, with a rate in 2016/17 nearly 2 ½ times greater than the lowest rate in Inverclyde West.

Figure 7.2B Alcohol related stays



Source: ScotPHO

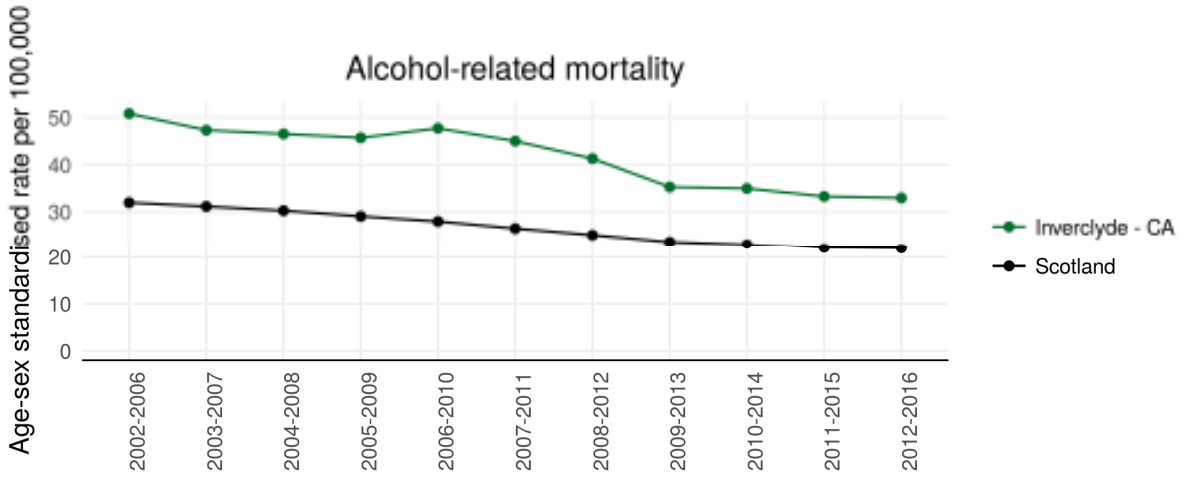
Figure 7.2C Alcohol related stays by locality



Source: ScotPHO

Similar to the rate for stays, the rate for alcohol related mortality in Inverclyde is higher than the Scottish average.

Figure 7.2C Alcohol related mortality



Source: ScotPHO

In 2016, the alcohol mortality rate in Inverclyde was the second highest amongst local authorities/alcohol and drugs partnerships in the country.

Figure 7.2D Alcohol related mortality

Year	Inverclyde EASR standardised alcohol mortality rate	National EASR standardised alcohol mortality rate
2010	48.4	26.1
2011	38.5	24.6
2012	27.9	21.2
2013	22.5	21.4
2014	38.9	22.2
2015	38.7	21.8
2016	33.0	22.0

Source: ISD Scotland/NRS

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

The 2017/18 Health and Wellbeing survey asked those who drank alcohol how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, 56% of drinkers had drunk alcohol at this level in the last year

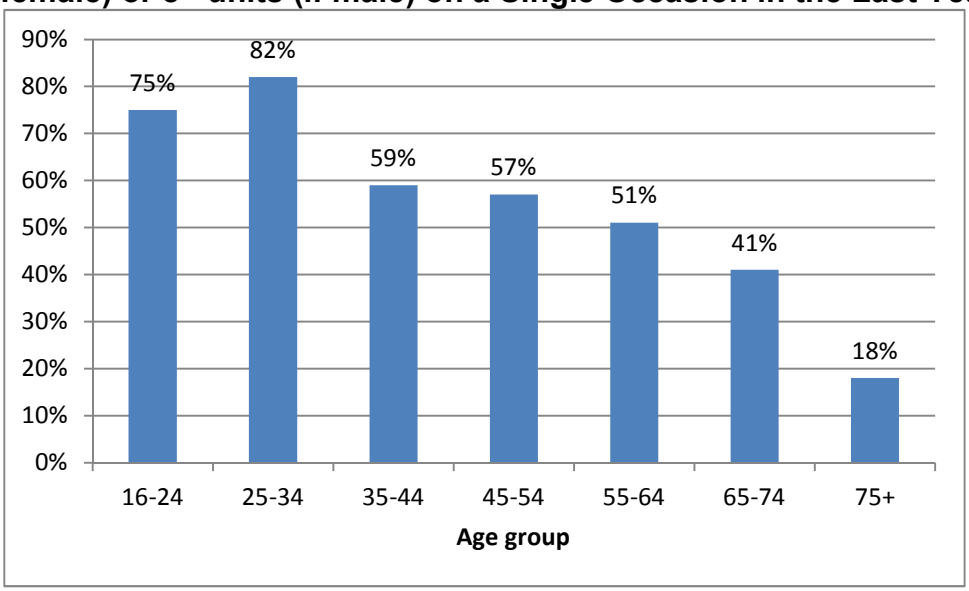
• Drinkers aged under 35 were the most likely to have binged in the last year.

• Men were more likely than women to have binged (61% compared to 52%)

• Drinkers in the most deprived areas were more likely to have binged (62% compared to 54%)

An age breakdown of binge drinking is shown in figure 7.2E.

Figure 7.2E Proportion of Alcohol Drinkers who had Exceeded 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age



Source: NHS Greater Glasgow & Clyde Heath and Wellbeing Report 2017/18

In 2017/18 the NHS Greater Glasgow & Clyde Health and Wellbeing survey asked respondents about their alcohol intake. Those in the youngest and oldest age groups were the least likely to drink alcohol, 41% of 16-14 year olds and 43% of people aged 75 above did not drink alcohol. Across Inverclyde, 32% of respondents did not drink alcohol, compared to17% nationally. This does not correlate with the hospital admission statistics where Inverclyde has higher rates of alcohol related admissions compared to Scotland and possibly due to issues with self reporting in the survey return.

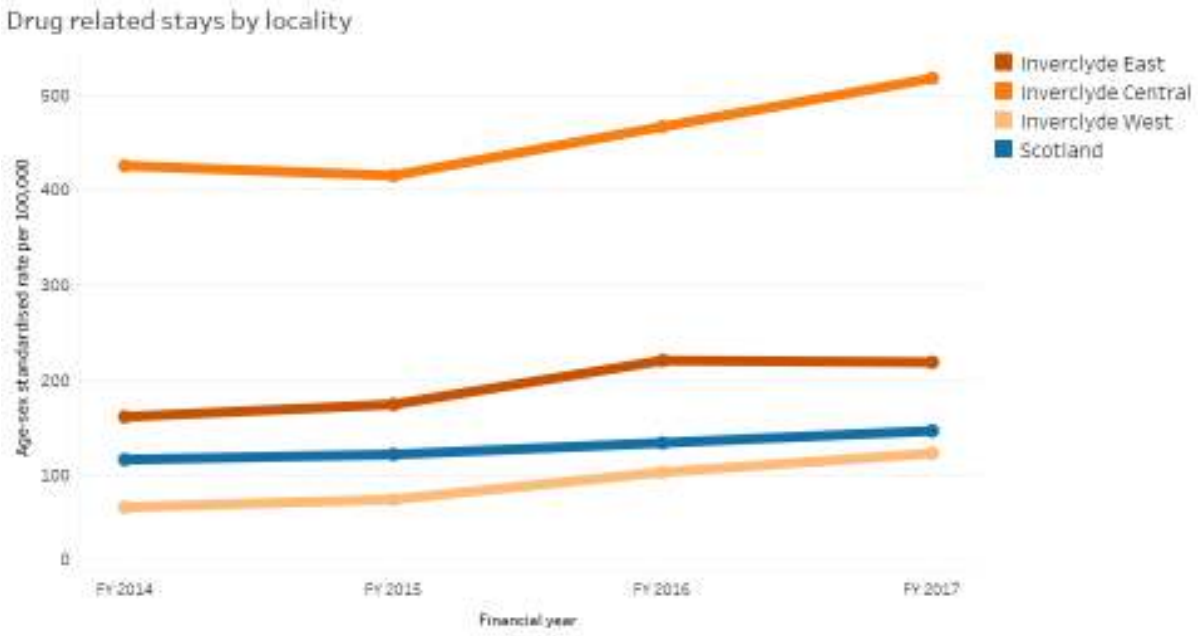
The 2017/18 questions about alcohol consumption differed to previous NHSGG&C health and wellbeing surveys, so it was not possible to examine trends.

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 2012/2013 in Inverclyde there were an estimated 1,700 people aged 15-64 with a problem drug use.

Problem drug use can lead to a number of health and social problems and drug-related stays for the Inverclyde area are higher than the Scottish average. There is however a clear difference between the locality geographies. Drug related stays in Inverclyde East and Central are higher than the Scottish average but the rate in the Central locality is the highest in the whole country at 517.4 stays per 100,000 population.

Figure 7.3A Trend in drug-related hospital stays



Source: ScotPHO Drugs Profile

Figure 7.3B Estimated number of individuals with problem drug use by Council area (ages 15 to 64); 2012/13

Council area	Estimated number of people with a problem drug use
Inverclyde	1700

Source: ISD Scotland

The estimated prevalence of those with a problem drug use has increased in Inverclyde when comparing the data from 2009/10 and 2012/13. This is in contrast to Scotland as a whole, where the estimated percentage of the population with a problem drug use fell slightly. The estimated prevalence in Inverclyde is the highest of all the alcohol and drug partnerships in Scotland.

Figure 7.3C Estimated prevalence of problem drug use by Council area (ages 15 to 64)

Council Area	Estimated Prevalence 2009/10	Estimated Prevalence 2012/13
	%	%
Inverclyde	2.61	3.20
Scotland	1.71	1.68

Source: ISD Scotland

Problem drug use is higher amongst males than females. In 2012/13, the estimated prevalence amongst males aged 15-64 in Inverclyde was 4.4% and for females 2.1%. Both of these figures were higher than the Scottish average.

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.
The rates for hospital stays related to drugs and the drug mortality rate are the highest in the country.[29]

For those aged under 16, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports on drug use among 13 and 15 year olds. The latest statistics for 2013 show that the percentage of 15 year olds who had reported drug use in the previous year was higher in Inverclyde than for Scotland as a whole, 19% versus 16%.[30]

Inverclyde Alcohol and Drug Partnership has made the reduction of drug prevalence a target as part of its Strategic Plan.

[29] ScotPHO Drugs Profile
[30] Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013

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 of 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 2018 in Inverclyde there were 14 practices served by 62 General Practitioners (headcount). The overall number of GPs serving Inverclyde has not changed significantly since 2006 when there were 66 GPs in the area. The number of individual practices has decreased over the last two years due mergers and retirements.

In 2018 the average list size for Inverclyde practices was 5,682 patients. This is about 200 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 and Kilmacolm.
The remaining practices have at least a third of the practice list in the most deprived areas, with seven having practice lists where approximately half of the patients are in the most deprived datazones. 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 and they are broadly aligned with the locality profiles for East, Central and West although the practices and populations are not geographically fixed and patients may be registered in a practice in the West cluster but live in the Central locality.

Figure 8.1A GP practices, list sizes and deprivation in Inverclyde 2018

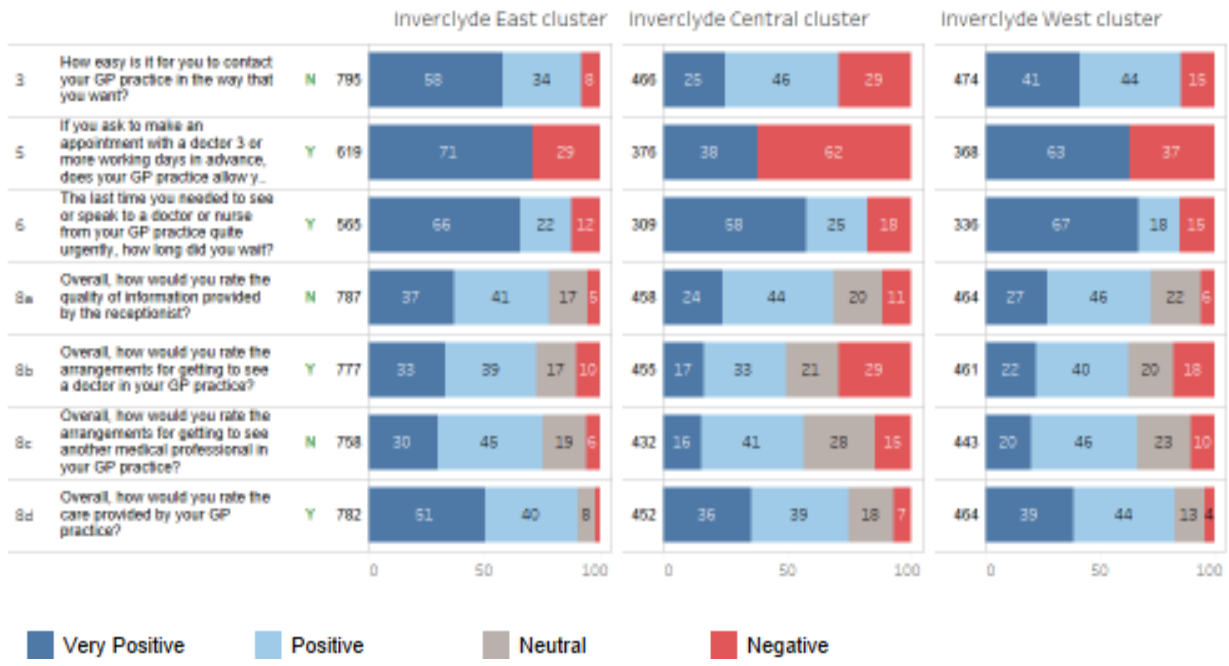
Practice Code	Practice List Size	Percentage of practice patients living in datazones defined as the 20% most deprived	GP Cluster and locality
86001	7,848	11	West
86040	5,847	47	Central
86177	9,041	38	West
86181	6,733	47	West
86196	2,966	1	East
86209	3,421	4	East
86228	2,881	58	Central
86271	3,550	58	East
86285	3,558	60	East
86321	3,785	61	East
86336	4,650	65	East
86341	5,520	53	West
86355	9,305	51	Central
86360	10,449	46	Central

Source: Primary Care Information Dashboards, ISD Scotland

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.

The majority of 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 in particular were more negative about making appointments three days in advance than 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 2017/18



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. 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 shows the number of carers in each age group and their general health.

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 from 2017/18 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 2017/18

Source: Scottish Health and Care Experience Survey 2017/18

Respondents in Inverclyde are less positive about carers having a balance between caring and other things in their life, and feeling supported to continue caring than the Scottish total.

There is no clear pattern to the amount of hours provided by carers across the three localities in Inverclyde. Inverclyde West has the highest percentage of carers providing between 0 and 19 hours a week, and Inverclyde Central has the highest percentage of carers providing more than 50 hours a week.

Figure 8.2C Care hours provided by locality

Hours provided	Inverclyde East	Inverclyde Central	Inverclyde West
0-19	47%	41%	62%
20-34	11%	11%	9%
35-49	9%	10%	7%
50+	33%	38%	22%

8.3 Day Care

The largest day care provider in Inverclyde is the HSCP, which delivers services from a variety of establishments. The Day Hospital (mental health) at the Argyll Unit is also delivered internally by the Health and Social Care Partnership.

The largest externally commissioned provider of day care is Muirshiel, a registered charity delivering services from its location in Port Glasgow. Specialist mental health day care is provided by Alzheimer's Scotland in Greenock. Marcus Humphrey, whilst not classed as specialist dementia care predominantly supports those with dementia and is another charitable organisation based in Quarrier's Village.

Crown Day Care Centre opened in 2014 and is a privately owned day care centre for individuals with dementia. Inverclyde HSCP currently has no contract with this provider however following assessment, individuals can choose through Self Directed Support to attend. The cost per placement is above the threshold which the HSCP will pay and incurs an additional cost to the service user.

There are number of criteria for eligibility for day care services. These include age (over 65), frailty, mental health illness, and physical disability. Referrals to services are made by health and social care staff following assessment, and from General Practitioners. The majority of service users are over the age of 65. Figure 8.3A shows a breakdown of day care service users by age group as at January 2016.

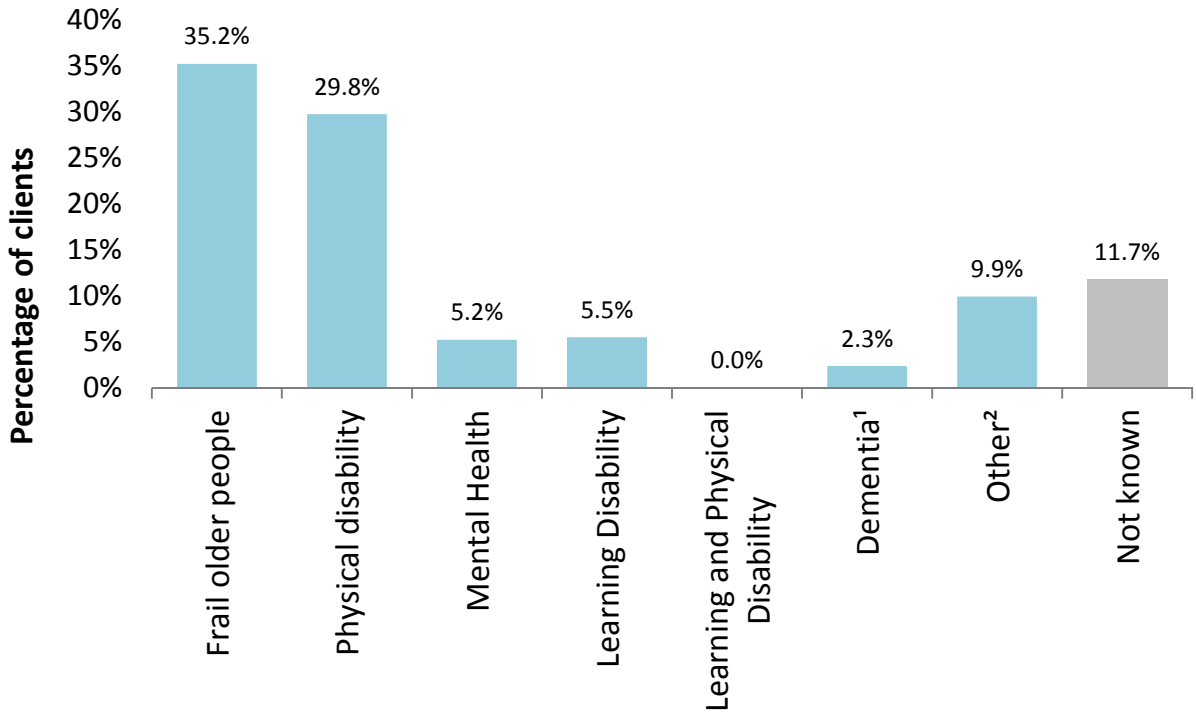
Figure 8.3A Day Care Service Users Inverclyde HSCP January 2016.

Age Group	Number
16 – 64	5
65 – 74	44
75 – 89	172
90+	55
Total	**276**

Source: Inverclyde Health and Social Care Partnership

Services provide the most support for frail older people, followed by those with a physical disability support. This is shown in figure 8.3B below.

Figure 8.3B Users by Support Category



Source: Inverclyde Health and Social Care Partnership

Additionally, just over 80% of day care users also receive homecare.[31] This demonstrates that day care is only part of the package of care that the service users receive.

8.4 Our People

It is important that the HSCP culture supports and values our staff, as well as those in services we commission. Our People Plan outlines an ambitious programme to develop staff and plan for the future. Full details of the People Plan can be found at https://www.inverclyde.gov.uk/assets/attach/7522/Inverclyde%20HSCP%20People%20Plan%202017-2020%20Full%20Version.pdf

[31] Inverclyde HSCP Day Service Report

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.

- 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.